



2020 Provider Satisfaction Survey Results

Peach State Health Plan earned the highest provider satisfaction rating among all CMO's for over five years!

This year, we achieved a satisfaction rating of 81%. This is the highest rating we have received so far so we are very proud of this accomplishment. The results are based on an annual survey conducted by SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified vendor.

Compared to the other health plans, Peach State Health Plan received the highest scores in Overall Satisfaction, Finance Issues, Utilization and Quality Management and Pharmacy. The results also indicated that 72% of providers would recommend Peach State Health Plan to other physicians' practices. The survey results demonstrate that we continue to work closely with our providers to ensure they have everything they need to deliver the best possible care to our members.

The Provider Report is for healthcare providers, physicians, and office staff provides important and timely information to support providing quality healthcare to your patients.

Peach State Health Plan is dedicated to providing you with reliable services and support.

As our partner, we always want you to have access to industry knowledge, resources and programs created to deliver efficiency for your practice, so you can focus on your patients.

Provider Relations Leadership Team

The Provider Relations Department has made some significant changes in its Leadership team to provide a more robust provider experience. We are excited and looking forward to working with each of you.



- Effective May 1, 2021 **Andre Greenwood** will be the VP, Provider Performance Programs



- **Brittney Mathis** is the Senior Director, Provider Network Performance & Communications for the Central, East, Southwest, Southeast regions and FQHCs statewide



- **Kimberly Weakley-Johnson** is the Senior Director, Provider Network Performance & Communications for the Atlanta and North regions

HEDIS® Measures Performance

HEDIS measures performance HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most U.S. health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans. Final HEDIS rates are typically reported to NCQA, Centers for Medicare & Medicaid Services, and state agencies once a year.

Through HEDIS, NCQA holds Peach State Health Plan accountable for the timeliness and quality of healthcare services (e.g., acute, preventive and mental health) delivered to its diverse membership. Peach State Health Plan also continually reviews HEDIS rates and looks for ways to improve.

HEDIS topics covered in this issue of the *Provider Report* include appropriate testing for pharyngitis, appropriate treatments for upper respiratory infections and avoidance of antibiotic treatment for acute bronchitis.

Peach State Health Plan Is Proud to Support Georgia's Rural Communities

Peach State Health Plan is committed to ensuring our members and providers in rural communities have access to the care and support they need. To further our efforts in supporting the unique needs of the rural communities we serve, Peach State Health Plan has created an **Office of Rural Health and Strategic Initiatives**, which will deliver innovative programs to improve access to quality healthcare for underserved, rural, and low-income Georgians. By addressing provider workforce shortages, rural hospital stabilization, technology opportunities, and healthcare disparities.

Peach State Health Plan is committed to making a meaningful, tangible difference in these communities. With increased focus by our state leaders on the issues specific to rural communities, combined with over 230,000 rural members enrolled in our products, we are uniquely positioned to positively impact the lives of rural Georgians.

We are excited about continuing our work to expand access to care in rural communities in Georgia.



For additional information about the Office of Rural Health and Strategic Initiatives programs, please contact us at: theofficeofruralhealthga@centene.com

Appropriate Testing for Pharyngitis

This measure reports the percent of episodes for members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group-A strep test. A higher rate indicates better performance (i.e., appropriate testing).

Pharyngitis is the only condition among upper respiratory infections (URI) where diagnosis is validated easily and objectively through administrative and laboratory data, and it can serve as an important indicator of appropriate

antibiotic use among all respiratory tract infections. Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance. Promoting cautious use of antibiotics is important to reducing levels of antibiotic resistance. Clinical practice guidelines recommend group-A strep should be tested by a rapid antigen detection test and/or throat culture, and that patients who test positive should be treated with an appropriate antibiotic at an appropriate dose.

<i>Discuss the Facts</i>	<i>Making it Routine</i>	<i>Give Information</i>
<ul style="list-style-type: none"> ■ Pharyngitis is most commonly caused by viral infections. ■ According to the CDC, an antibiotic will not help the patient get better. ■ Pharyngitis normally gets better on its own. ■ Taking antibiotics when not indicated could cause more harm than good. 	<ul style="list-style-type: none"> ■ Obtain a comprehensive medical history. ■ Perform a thorough physical exam. ■ Document all findings in the medical record. 	<ul style="list-style-type: none"> ■ Set expectations by educating on the recovery time for symptoms and comfort measures. ■ Educate on comfort measures to ease symptoms. ■ For patients insisting on an antibiotic, prescribe medication to relieve symptoms as applies. ■ Encourage follow-up after 3 days if symptoms persist or get worse. ■ When to prescribe antibiotic. ■ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics.

BEST PRACTICES:

Educate patients that an antibiotic is not necessary for viral infections if rapid strep test and/or throat culture is negative

- Never treat “red throats” empirically, as they are viral even in children with a long history of Strep. Clinical findings alone do not adequately distinguish Strep vs. no Strep pharyngitis. The patient’s strep may have become resistant and needs a culture.
- Submit any co-morbid diagnosis codes that apply on claim/encounter.

Additional resources for clinicians and parents/caregivers about pharyngitis can be found here: <http://www.cdc.gov/getsmart/index.html>



Upper Respiratory Infection - Appropriate Treatment

This measure calculates the percentage of episodes among members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

The common cold (or URI) is a frequent reason for patients visiting the doctor's office. Though existing clinical guidelines do not support the use of antibiotics for the common cold, physicians often prescribe them for this

ailment. The Clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections, including the common cold. A performance measure of antibiotic use for URI sheds light on the prevalence of inappropriate antibiotic prescribing in clinical practice and raises awareness for the importance of reducing inappropriate antibiotic use to combat antibiotic resistance in the community.

Discuss the Facts	Making it Routine	Give Information
<ul style="list-style-type: none"> ■ A majority of upper respiratory infections are caused by viral infections. ■ According to the CDC, an antibiotic will not help the patient get better. ■ Taking antibiotics when not indicated could cause more harm than good. ■ Taking antibiotics will not make you feel better. 	<ul style="list-style-type: none"> ■ Obtain a comprehensive medical history. ■ Perform a thorough physical exam. ■ Document all findings in the medical record. 	<ul style="list-style-type: none"> ■ Set expectations by educating on the recovery time for symptoms and comfort measures. ■ Educate on comfort measures to ease symptoms. ■ Discuss the inappropriate use of antibiotics increases the risk of antibiotic resistance. ■ For patients insisting on an antibiotic, prescribe medication to relieve symptoms as applies. ■ Encourage follow-up after 3 days if symptoms persist or get worse.
When to Prescribe Antibiotics (Exclusions)		Code and Submit Claim
<ul style="list-style-type: none"> ■ Comorbid Condition History: Emphysema, COPD, Chronic Bronchitis. ■ Competing Diagnosis that requires an antibiotic: Acute Pharyngitis, Acute Sinusitis, Otitis Media are examples. 		<ul style="list-style-type: none"> ■ If prescribing antibiotics, list all competing or comorbid diagnosis codes on the claim when submitted.

BEST PRACTICE

- Patients with purulent green or yellow secretions do not benefit from antibiotic treatment.
- Acute cough associated with the common cold may be relieved by antihistamines and decongestants. Prescribe over-the-counter cough medicine and anti-inflammatory medicine to decrease pain and fever.
- Avoid treating viral syndromes with antibiotics, even if they are requested. Recommend plenty of rest and suggest the use of a cool-mist humidifier.
- Encourage lots of fluids to keep the lining of the nose and throat moist and to keep the patient hydrated. For a sore throat recommend gargling with salt water, by adding ½ teaspoon salt in 1 cup warm water.
- For younger children, consider saline nose drops or use of a bulb syringe to remove the mucus.



Avoidance of Antibiotic Treatment for Acute Bronchitis

This HEDIS measure assess the percentage of episodes among members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event

Antibiotics are most often inappropriately prescribed for acute bronchitis. The antibiotics are not indicated in clinical guidelines for treating with acute bronchitis who do not have co-morbidity or other infection for which antibiotics

may be appropriate. The inappropriate antibiotic treatment of patients with acute bronchitis is of clinical concern, especially since misuse and overuse of antibiotics lead to antibiotic drug resistance.

Inappropriate antibiotic use can be addressed by adhering to clinical guideline recommendations and being mindful of proper prescribing behaviors.

Discuss the Facts	Making it Routine	Give Information
<ul style="list-style-type: none"> Most cases of bronchitis are caused by viral infections. According to the CDC, an antibiotic will not help the patient get better. Acute bronchitis normally gets better on its own. Taking antibiotics when not indicated could cause more harm than good. 	<ul style="list-style-type: none"> Obtain a comprehensive medical history. Perform a thorough physical exam. Document all findings in the medical record. 	<ul style="list-style-type: none"> Set expectations by educating on the recovery time for symptoms and comfort measures. Educate on comfort measures to ease symptoms. For patients insisting on an antibiotic, prescribe medication to relieve symptoms as applies. Encourage follow-up after 3 days if symptoms persist or get worse.
When to Prescribe Antibiotics (Exclusions)	Tonsillitis, Acute Tonsillitis, or Otitis Media	Code and Submit Claim
<ul style="list-style-type: none"> Competing condition such as Sinusitis, Pharyngitis, Streptococcal. 	<ul style="list-style-type: none"> Comorbid conditions such as Chronic Bronchitis, Emphysema, COPD. 	<ul style="list-style-type: none"> If prescribing antibiotics, list all competing or comorbid diagnosis codes on the claim when submitted.

BEST PRACTICE

Refer to the illness as a “chest cold” or viral upper respiratory infection and suggest at home treatments such as:

- Over-the-Counter (OTC) cough medicine and anti-inflammatory medicine
- Drinking extra fluids and resting
- Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief



Register Today!

Peach State Health Plan & WellCare of Georgia Are Hosting Integration Information Provider Summits

Peach State Health Plan is offering virtual Integration Information Summits for Providers in March and April 2021 to include the following topics:

- **Important Dates**
- **Peach State Health Plan Overview**
- **No Wrong Door**
- **What You need to know**
 - » Contracting
 - » Claims, Adjustments & Appeals
 - » Utilization Management/Prior Authorizations/Continuity of Care
 - » Eligibility
 - » Pharmacy
 - » Risk Adjustment/Quality/Incentive Programs
 - » Member Value Adds
- **Review of Provider Toolkit**

To attend a free virtual training session, **please register** ([click here](#)) for the date you would like to attend.

Registration is required to attend the webinar session.



Keep Us Informed

At Peach State Health Plan we value everything you do to deliver quality care to our members. We want to make sure your practice receives timely information to help you do business with us and help change the health of our communities' one person at a time.

Please keep Peach State Health Plan informed of your most up to date demographic information for your practice. That means it's important for us to know if you plan to move, change phone numbers or leave the network.

Call **1-866-874-0633** to update/verify your contact information or status. You can also check your information on our secure provider portal at psph.com.

Please let us know at least **30 days before** you expect a change to your information.



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