ProviderReport

peach state health plan™

Providing quality care

Peach State Health Plan is accountable for the timeliness and quality of healthcare services delivered to its diverse membership. We are committed to providing access to high-quality and appropriate care to our members. Peach State Health Plan reviews HEDIS rates on an ongoing basis and looks for ways to improve our rates. Please consider the topics covered in this issue of our provider newsletter. Also, review our preventive health and clinical practice guidelines at **www.pshp.com**.

Providers play a vital role in promoting the health of our members. You and your office staff can help improve member health outcomes and facilitate process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

Checkups keep kids healthy

Please remind parents that it is important for children ages three years and older to have a well-child visit every year. This annual check-up can help ensure that children are healthy and developing normally.

It is also important that teenagers receive an annual health check-up. At this time, in addition to an evaluation of physical and emotional development, teenagers should be provided with education and guidance about sexual activity, drug use, and smoking.

If a teenager is still seeing a pediatrician, it may be time to change to an adult primary care provider. You can help ensure that there are no breaks in a child's care by discussing this with the child's parents or guardians. Peach State Health Plan will help members who are reaching adulthood choose an adult primary care provider. Members who need help selecting their provider or making appointments can call our Member Services staff at **1-800-704-1484**.

Be sure to reference and follow the American Academy of Pediatrics (AAP) Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule updated 10/15 (copyright 2016) as the periodicity schedule for preventive visits and services.

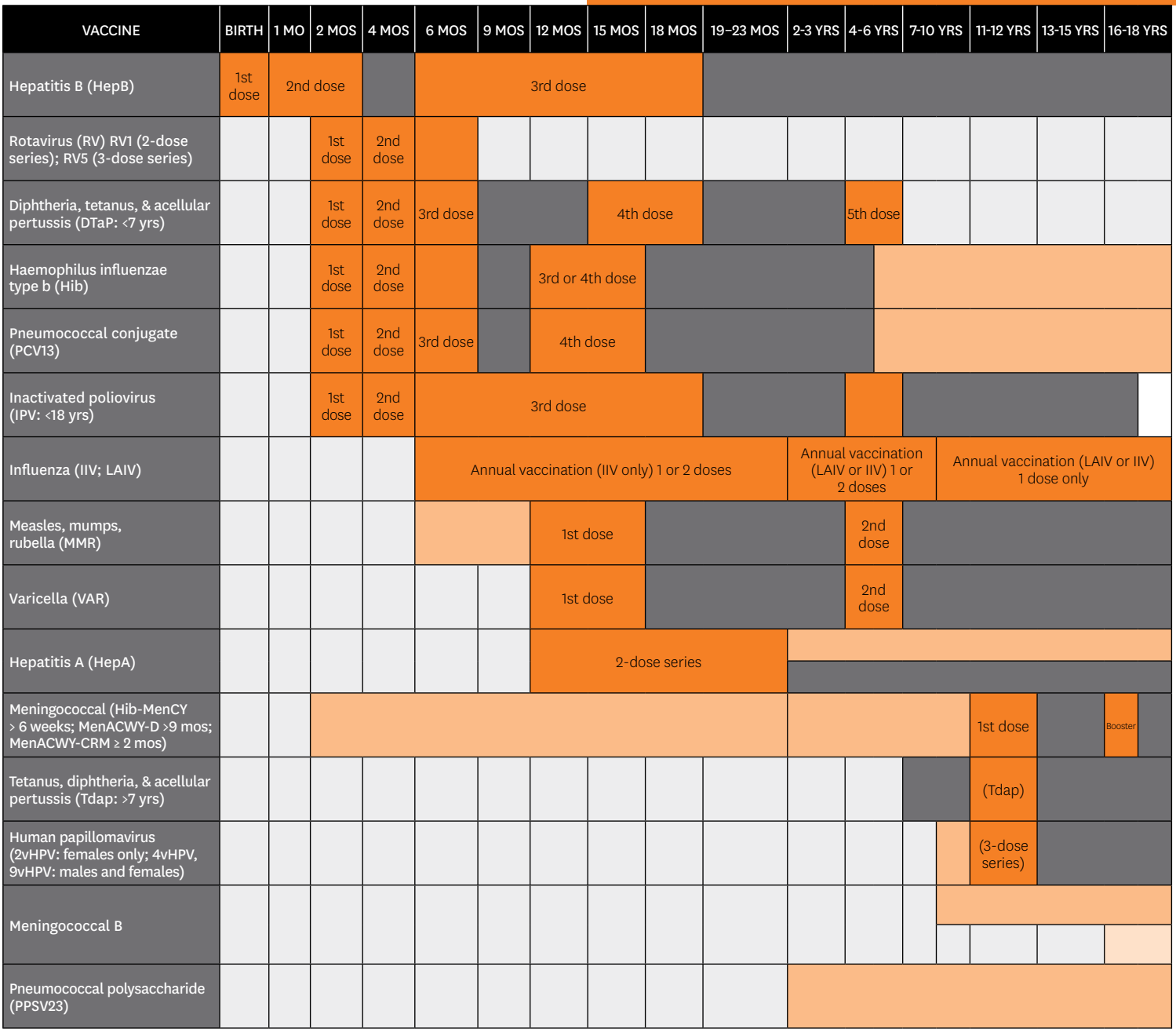
Share the chart on page 2 to remind members what immunizations their child or adolescent needs.

Vaccines are a path to better community health

Peach State Health Plan members should receive all recommended immunizations. Immunizations must be provided during preventive health checkups following the current Advisory Committee for Immunization Practices (ACIP) Schedule. The most up-to-date recommendation can be found at **www.cdc.gov/vaccines/schedules**.

Lead screening

Lead exposure is a known risk for long-term learning and behavioral problems. For children enrolled in Peach State Health Plan, a blood lead level (BLL) screening test must be done at preventive visits for children ages 12 and 24 months of age. Children between the ages of 3 and 6 years of age must receive a blood lead test immediately if they have not been previously tested for lead poisoning. A Blood Lead Risk Assessment is required at 6, 9 and 18 months and 3 to 6 years per the BFG periodicity schedule.



Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making

No recommendation

Meeting appointment accessibility standards

Accessibility is defined as the extent to which a patient can obtain available services when they are needed. The availability of our network practitioners is key to member care and treatment outcomes.

Peach State Health Plan evaluates compliance with these standards on an annual basis and uses the results of appointment standards monitoring to ensure adequate appointment accessibility and reduce unnecessary emergency room utilization.

APPOINTMENT TYPE ACCESS STANDARD	
PCP (routine visits)	Not to exceed 14 calendar days
PCP (adult sick visit)	Not to exceed 24 hours
PCP (pediatric sick visit)	Not to exceed 24 hours
Specialists	Not to exceed 30 calendar days
Dental providers (routine visits)	Not to exceed 21 calendar days
Dental providers (urgent care)	Not to exceed 48 hours
Elective hospitalizations	30 calendar days
Mental health Providers	14 calendar days
Urgent care providers	Not to exceed 24 hours
Emergency providers	Immediately (24 hours a day, 7 days a week) and without prior authorization

Scheduled Appointments: Waiting times shall not exceed 60 minutes. After 30 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment.

Work-in or Walk-in Appointments: Waiting times shall not exceed 90 minutes. After 45 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment.

Help members access behavioral health care

Peach State Health Plan can help members get treatment for a wide range of behavioral health issues, from drug addiction and alcohol abuse to depression and bipolar disorder.

If you identify a patient who is struggling with a mental or behavioral health issue by noticing changes in a patient's behavior or health, such as unexplained weight loss or weight gain, reduced concentration, a loss of interest in activities that were once enjoyable and physical symptoms like heart palpitations, or other signs of changing mental health such as a patient who stops caring for his physical appearance or a patient who complains of sleep troubles, let them know that help is available.

For members who need behavioral health services, Peach State Health Plan case managers can assist you in finding the appropriate behavioral health provider to see the member.

Call case management at **1-800-504-8573.**

Ensuring appropriate, quality care

Peach State Health Plan has utilization and claims management systems in place to identify, track and monitor care provided to our members. We do not reward practitioners, providers or employees who perform utilization reviews or issue denials of coverage or care.

Utilization management (UM) decision-making is based only on appropriateness of care, service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Denials are based on lack of medical necessity or lack of covered benefit.

Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. Peach State Health Plan uses nationally recognized criteria (e.g. InterQual) if available for the specific service; other criteria are developed internally through a process which includes thorough review of scientific evidence and input from relevant specialists.

Criteria are periodically evaluated and updated with appropriate involvement from physician members of our UM Committee.

Providers may obtain the criteria used to make a specific decision, discuss any UM denial decisions with a physician or other appropriate reviewer, or discuss any other UM issue by contacting the Medical Management Department at **1-800-704-1483**.

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