



Supporting successful transitions in care

Peach State Health Plan supports integrated care for its members. We can help providers find the appropriate facility, specialist or physician for members. Patients with complex or coexisting conditions, individuals who are receiving behavioral health services, and older adolescents particularly benefit from thorough transitions in care.

We support members of all ages in getting the right care for their needs. Peach State Health Plan can assist members who are reaching adulthood choose an adult primary care practitioner.

Members who need help finding the right doctor or making appointments can call Member Services at Peach State Health Plan at **1-800-704-1484**. Providers can call **1-866-874-0633** for assistance.

When is the right time to shift to adult care?

The American Academy of Pediatrics recommends a transition to an adult care provider between the ages of 18 and 21, considering each case individually and including a discussion with the patient and his or her caregivers.

We encourage your staff to contact Peach State Health Plan, if needed, for help shifting a patient to a new physician. You can also find tip sheets and clinical resources at gottransition.org, a program of The National Alliance to Advance Adolescent Health.

Why does HEDIS matter?

NCQA uses HEDIS measures to hold Peach State Health Plan accountable for the timeliness and quality of healthcare services provided to our diverse membership. Peach State Health Plan also reviews HEDIS rates regularly as part of its quality improvement efforts. As plan-participating providers, your performance also contributes to the overall state's performance, which is reported to the Centers for Medicare and Medicaid Services and to Congress.

Please consider the HEDIS topics covered in this issue of our provider newsletter:

- Women's health screenings
- Diabetes care
- Child preventive screenings

WOMEN'S HEALTH SCREENINGS

Breast Cancer Aside from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity. Screening can improve outcomes: Early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower healthcare costs.

The HEDIS measure definition: The percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years, prior to the measurement year.

What you can do:

- Encourage members ages 50-74 to have a mammogram at least every two years
- Provide orders or locations of mammography centers
- Document history of mastectomy in the medical record

Cervical Cancer Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable. Yet, according to the National Cancer Institute, only 46 percent of cervical cancers are diagnosed when the cancer is localized and highly treatable. Each year, cervical cancer results in 4,000 deaths in the United States.

The HEDIS measure definition: The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women ages 21-64 who had cervical cytology performed every three years
- Women ages 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years

What you can do:

- Encourage members ages 21-64 to have a cervical cancer screening
- If referring to an OB/GYN, ensure documentation of the cervical screening is received from the performing physician

DIABETES CARE

Comprehensive Diabetes Care This care is essential to control blood glucose, reduce risk of complications and prolong life. Diabetes cost the nation \$245 billion in 2012: \$176 billion in direct medical expenses and \$69 billion in disability and unemployment. It is the seventh-leading cause of death in the United States. With support from healthcare providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.

The HEDIS measure definition: The percentage of adults 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing and control (< 8%)
- Eye exam (retinal) performed
- Medical attention for nephropathy
- Blood pressure control (< 140/90 mm Hg)

What you can do:

- Perform annual HbA1c and more frequently as needed
- Refer members for a retinal eye exam and ensure results are incorporated into the medical record
- Obtain lab tests to assess kidney function at least annually and more frequently as needed
- Schedule follow-up visits to re-evaluate members with elevated blood pressure

CHILD PREVENTIVE SCREENINGS

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This is an important method to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle. Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. It is the primary health concern among parents in the United States, topping drug abuse and smoking. Childhood obesity has both immediate and long-term effects on children's health and well-being.

The HEDIS measure definition: The percentage of children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or an OB/GYN during the measurement year and who had evidence of:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

What you can do:

- Obtain and document (in the medical record) the BMI percentile and provide nutritional and physical activity counseling regardless of weight
- Submit appropriate codes (ICD-10-CM, CPT, HCPCS) to indicate the BMI percentile and that nutritional and physical activity counseling were performed
- Ensure each member receives a BMI percentile and counseling annually, even if the member comes in for a visit other than a well visit

Child and Adolescent Well-Care Visits These visits provide an opportunity for providers to influence health and development. A well-care visit is a critical opportunity for screening and counseling. Assessing changes in physical and social circumstances can help lessen the risk of serious and long-term health effects. A healthcare provider's advice or guidance pertaining to health behaviors can have a significant impact.

The HEDIS measure definition:

- *Well-Child Visits in the First 15 Months of Life.* The percentage of children who turned 15 months old during the measurement year and had from no well-child visits to six or more well-child visits with a primary care physician during their first 15 months of life.
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life.* The percentage of children 3-6 years of age who received one or more well-child visits with a primary care practitioner during the measurement year.
- *Adolescent Well-Care Visits.* The percentage of enrolled adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

What you can do:

- Perform due or past-due well visits when members present for sick visits
- Take the opportunity to perform a comprehensive well visit when members present for sports or camp physicals
- Always check immunization status and perform due or past-due developmental and blood lead level screenings
- Ensure all components of a well visit are performed in accordance to the most current Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care

To learn more about these HEDIS measures and others, visit:

<http://www.ncqa.org/report-cards/health-plans/health-insurance-plan-ratings/ncqa-health-insurance-plan-ratings-2016>



Your role

Providers play a central role in promoting the health of our members. You and your staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated time frames
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records in five to seven days

If you have questions, you can reach Peach State Health Plan Provider Services at 1-866-874-0633.

Let our guidelines be **your guide**

Our preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Assessment and Performance Improvement (QAPI) program.

When possible, we adopt preventive and clinical practice guidelines published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by Peach State Health Plan and our Quality Oversight Committee.

We encourage providers to use these guidelines, for both preventive services as well as the management of chronic diseases, as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare.

Preventive and chronic disease guidelines include the following:

- ADHD
- Adult and child preventive services
- Asthma
- Depression
- Diabetes
- Immunizations, including influenza and pneumococcal vaccines

We measure compliance with these guidelines by monitoring related HEDIS measures and may perform random audits of ambulatory medical records. Our preventive care and clinical practice guidelines are intended to augment—not replace—sound clinical judgment. Guidelines are reviewed and updated annually or upon significant change.

For the most up-to-date version of preventive and clinical practice guidelines, go to <http://www.pshpgeorgia.com/for-providers/qapi-program/clinical-practice-guidelines>. A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

Community education

As patient visits increase because of general respiratory ailments, runny noses and sore throats, here's an easy way to educate about the difference between a sore throat and strep throat. **Print out this chart and post it in your waiting room.**



Sore or Strep?



VIRAL SORE THROAT SYMPTOMS	STREP THROAT SYMPTOMS
Cough	Sudden throat pain and difficulty swallowing
Fever	Fever over 101°F
Mucus	Headache
Runny nose	Body ache
Watery eyes	Vomiting
Fatigue	Redness of the throat
There may also be redness in the throat, swollen lymph nodes or white patches on the tonsils.	Swollen lymph nodes
	White patches on the throat
REMEMBER: Antibiotics are not a cure for viral conditions. To ease symptoms of a sore throat, try fluids, lozenges, pain reliever medication, and gargling warm water with salt.	REMEMBER: Antibiotics treat strep throat. Your symptoms could go away without antibiotics, but they are needed to help avoid complications and stop the spread of infection.

Quality is a cornerstone

The Peach State Health Plan's Quality Assessment and Performance Improvement (QAPI) program has three primary goals. Those goals align with the Institute for Healthcare Improvement's (IHI) Triple Aim framework to:

- Improve member health
- Enhance member care experiences
- Decrease per-capita healthcare costs

We've developed an extensive and comprehensive system to monitor compliance, member and provider experiences, complaints, continuity and

coordination of care, medical record documentation, as well as effectiveness of our case management and disease management services.

We define quality of care as care that is accessible, efficient and culturally sensitive and provided in the most appropriate setting. Wherever possible, delivery of care occurs within the member's community and is provided according to professionally accepted standards in a coordinated, continuous manner.

Our QAPI strategy is developed with the help of practitioners and members. If you are interested in contributing to our QAPI efforts or have questions about our QAPI program, call **1-866-874-0633**.

Examples of efforts underway to support our QAPI CY 2016 goals include:

GOAL	OBJECTIVE	STRATEGY
Improve member health	Improve health outcomes for women and children members through focused prevention and wellness programs so that select performance metrics for 2016 will reflect a relative 2 percentage point increase over 2015 rates, as reported in June 2017.	Engage parents of members 3-6 years old residing in the Southeast Region about the importance of preventive care visits.
		Eliminate barriers for targeted members to actively participate in their own healthcare.
	Improve members' self-management of chronic conditions through member education for members diagnosed with diabetes, mental illness or ADHD such that identified measures of effectiveness demonstrate an absolute 2 percentage point improvement over 2015 rates.	Ensure providers utilize evidence-based guidelines to manage and assist their patients in managing chronic conditions.
		Increase the rate of the 30-day follow-up appointments for members 6-12 years old in the Central Region who had an initial prescription filled for ADHD medication.
		Increase the percentage of members with diabetes in the Southwest Region who had HbA1c rates < 9.
Improve member and provider experience with care	Achieve a statistically significant increase in members' and providers' overall satisfaction with the plan from 2015 survey results to 2016 survey results.	Achieve improvement on the provider satisfaction survey results for overall satisfaction with the health plan.
Lower per-capita cost	Have smarter utilization of each dollar by improving select rates associated with appropriate utilization of emergency departments and all cause readmissions by relative 2 percent when comparing 2015 rates with 2016 rates (reported in June 2017).	Improve access to urgent care facilities in the Atlanta Region.
		Reduce the all cause readmission rate for all members with inpatient stays at a specific hospital.

One of our QAPI goals is to improve members' health through a variety of meaningful initiatives across all care settings.

Reminder

To help Peach State Health Plan process authorization requests accurately and efficiently, please submit sufficient medical information. Submitting insufficient medical records can cause processing delays and increase the risk of denials. If you have questions or concerns about the type of medical information required, contact Peach State Health Plan Provider Services at **1-866-874-0633**.

Provider website

Get access to resources, education and training. Go to **provider.pshpgeorgia.com** for the following materials:

- Preferred drug list
- Manuals, forms and resources
- Prior authorization online tool
- Provider news and educational information

On the secure portal, you can also:

- Check member eligibility and patient listings
- View historical health records and care gaps
- Submit claims and view claims status
- View and submit service authorizations
- Submit assessments
- Update demographic data



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