



Review of denials

Any time we make a decision to deny, reduce, suspend or stop coverage of certain services, Peach State Health Plan will send you and our member written notification. The denial notice includes information on the availability of a medical director to discuss the decision.

Peer-to-peer reviews

If a request for medical services is denied because of lack of medical necessity, you can request a peer-to-peer review with our medical director on the member's behalf. During the peer-to-peer consultation, a determination can be reversed without a formal appeal if medical necessity requirements are met. The medical director may be contacted by calling Peach State Health Plan at **1-800-704-1484, ext. 57035**, Monday through Friday between 8 a.m. and 5 p.m. A case manager may also coordinate communication between you and the medical director as needed.

Filing appeals

In addition to the peer-to-peer opportunity to be able to discuss the decision with the reviewer for reconsideration of the prior authorization request, the denial notice will also inform you and our member about how to file an appeal in case your reconsideration regarding the adverse benefit determination is denied. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to allow Peach State Health Plan to make timely medical necessity decisions based on complete information.

Let us know your plans

Our goal is to provide seamless care for our members. To support this goal, it is important that we know if you are planning to move, change phone numbers or leave the network.

To ensure that your contact information and status are up to date, visit our secure provider portal at **provider.pshpgeorgia.com** or call **1-866-874-0633**. Please let us know at least 30 days before you expect a change to your information.



What our members are saying

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance (NCQA) per accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers, as well as the services they receive from the health plan. Peach State Health Plan will be using the results to guide our improvement efforts.

We also want to share the results with you, since you and your staff are vital components of our members' satisfaction.

Here are some key findings from the survey.

Areas where we scored well include:

- Overall rating of the health plan
- Overall rating of personal doctor (children's survey)

Based on the feedback we received, we have worked to improve the following:

- Members' perceptions of how well their doctors communicate with them
- Members' ability to obtain an appointment with a specialist as soon as needed
- Resolving concerns or questions the first time a member calls Peach State Health Plan's Customer Service Department.

Peach State Health Plan looks forward to working with you to improve our members' experience.

Advance directives: The conversation can start with you

Advance directives can be a sensitive topic to bring up with your patients, but it is vital that they understand their rights to execute these important documents. Peach State Health Plan wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

We encourage you to explain this process to your patients and to show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so it can be filed with their medical records.

Providers are required to document provision of information and note whether patients have an advance directive in their permanent medical records.

Inform your patients

The National Hospice and Palliative Care Organization has compiled key information about advance directives in a question-and-answer format:

www.caringinfo.org/files/public/brochures/Understanding_Advance_Directives.pdf

Patients can find state-specific advance directives here:

www.caringinfo.org/i4a/pages/index.cfm?pageid=3289

Why **HEDIS** matters

HEDIS, the Healthcare Effectiveness Data and Information Set, is a list of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most of America'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 healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year.

Through HEDIS, NCQA holds Peach State Health Plan accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Peach State Health Plan also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve those rates. It's an important part of our commitment to provide access to high-quality and appropriate care to our members.

Please read the HEDIS topics covered in this issue on diabetes, high blood pressure and cardiovascular disease. Also, review Peach State Health Plan's clinical practice guidelines at www.pshp.com and encourage your Peach State Health Plan members to contact Peach State Health Plan for help managing their medical conditions. Peach State Health Plan's Case Management team is available to assist your patients who have difficulty managing their conditions, challenges adhering to prescribed medications or difficulty filling their prescriptions.

If you have a member you think could benefit from our case management program, please contact Peach State Health Plan's Provider Services at **1-866-874-0663** and ask for medical case management.



HEDIS FOR DIABETES CARE

The HEDIS measure for comprehensive diabetes care includes adult patients ages 18 to 75 who have type 1 or type 2 diabetes.

- **HbA1c testing:** Completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- **HbA1c levels:**
 - HbA1c result >9 = poor control (CPT II code 3046F)
 - HbA1c result 7-9 = in control (CPT II code 3045F)
- **Dilated retinal eye exam:** Exam in previous two years
- **Medical care for nephropathy:** At least one of the following: nephropathy screening, ACE /ARB therapy or documented evidence of nephropathy
- **Blood pressure:** <140/90 mm Hg considered in control

What providers can do

1. **Dilated retinal eye exam:** Peach State Health Plan can assist your office with finding a vision provider. Our vision vendors support our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
2. **Nephropathy screening test:** A spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening. You may offer either to your patients.



HEDIS FOR HIGH BLOOD PRESSURE

The high blood pressure control HEDIS measure applies to the percentage of adults ages 18 to 85 years old who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Adequate control is defined by the following criteria:

- Adults 18 to 59 years of age whose blood pressure was less than 140/90 mm Hg
- Adults 60 to 85 years of age, with a diagnosis of diabetes, whose blood pressure was less than 140/90 mm Hg
- Adults 60 to 85 years of age, without a diagnosis of diabetes, whose blood pressure was less than 150/90 mm Hg

Exclusions apply if there is evidence of the following during the measurement year:

- End-stage renal disease
- Kidney transplant or dialysis
- Pregnancy
- Non-acute inpatient admission

What providers can do

1. **Teach patients how lifestyle changes can control high blood pressure:** Encourage low-sodium diets, increased physical activity and smoking cessation.
2. **Prescribe and follow up on blood pressure medication(s):** Patients may assume that because they “feel good,” they may stop filling their prescription(s). Confirm that they understand the importance of keeping up with these prescriptions.

HEDIS FOR CARDIOVASCULAR DISEASE

- The HEDIS measure for persistence of beta-blocker treatment after heart attack applies to adults age 18 and older during the measurement year who were hospitalized and then discharged with a diagnosis of acute myocardial infarction from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.
- The HEDIS measure for statin therapy for patients with cardiovascular disease applies to men ages 21 to 75 and women ages 40 to 75. Rates reported include:
 - Members who received at least one high- or moderate-intensity statin medication during the measurement year
 - Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period, from prescription date through the end of the year

What providers can do

1. **Suggest specific lifestyle changes:** Quitting smoking, losing excess weight, beginning an exercise program and improving nutrition are valuable health goals. However, broad goals like these are hard to attain. Instead, stress the value of small changes over time.
2. **Stress the value of prescribed medications for managing heart disease:** Peach State Health Plan can provide educational materials and other resources addressing the above topics.



Published by Manifest LLC. © 2017. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. Manifest makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.