



Providing quality care

We're committed to providing our members access to high-quality and appropriate care. Through HEDIS, NCQA holds Sunflower Health Plan accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. We also review HEDIS rates on an ongoing basis and look for ways to improve them. Please consider the HEDIS topics covered in this issue of our provider newsletter: well-child checkups and immunizations. Also, review our preventive health and clinical practice guidelines at www.SunflowerHealthPlan.com.

Providers play a central role in promoting the health of our members. You and your office staff can help facilitate the HEDIS 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 to have a well-child visit every year. This annual checkup, including routine health screening, can help ensure that children are healthy and developing normally.

It is also important that teenagers receive an annual checkup. 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 teen's care by discussing this with her parents or guardians. Sunflower 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 Customer Service staff at **1-877-644-4623**.

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

Vaccines are a path to better **community health**

All members under the age of 18 should receive recommended immunizations, unless there are medical contraindications, or unless immunizations are contrary to the member's parents' religious beliefs.

Children should be immunized during medical checkups according to the current Advisory Committee for Immunization Practices (ACIP) Schedule. The most up-to-date recommendation for kids up to 18 years old 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 Medicaid, the Centers for Disease Control and Prevention highly recommends a blood lead level measured at 12 and 24 months of age. Children between the ages of 3 and 5 years should receive a blood lead test immediately if they have not previously been tested for lead poisoning.

| VACCINE | BIRTH | 1 MO | 2 MOS | 4 MOS | 6 MOS | 9 MOS | 12 MOS | 15 MOS | 18 MOS | 19-23 MOS | 2-3 YRS | 4-6 YRS | 7-10 YRS | 11-12 YRS | 13-15 YRS | 16-18 YRS |
|---|----------|----------|----------|----------|--|-------|-----------------|----------|--------|-----------|---|----------|--|-----------|-----------------|-----------|
| Hepatitis B (HepB) | 1st dose | 2nd dose | | 3rd dose | | | | | | | | | | | | |
| Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series) | | | 1st dose | 2nd dose | | | | | | | | | | | | |
| Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs) | | | 1st dose | 2nd dose | 3rd dose | | | 4th dose | | | | 5th dose | | | | |
| Haemophilus influenzae type b (Hib) | | | 1st dose | 2nd dose | | | 3rd or 4th dose | | | | | | | | | |
| Pneumococcal conjugate (PCV13) | | | 1st dose | 2nd dose | 3rd dose | | 4th dose | | | | | | | | | |
| Inactivated poliovirus (IPV: <18 yrs) | | | 1st dose | 2nd dose | 3rd dose | | | | | | | | | | | |
| Influenza (IIV; LAIV) | | | | | Annual vaccination (IIV only) 1 or 2 doses | | | | | | Annual vaccination (LAIV or IIV) 1 or 2 doses | | Annual vaccination (LAIV or IIV) 1 dose only | | | |
| Measles, mumps, rubella (MMR) | | | | | | | 1st dose | | | | | 2nd dose | | | | |
| Varicella (VAR) | | | | | | | 1st dose | | | | | 2nd dose | | | | |
| Hepatitis A (HepA) | | | | | | | 2-dose series | | | | | | | | | |
| Meningococcal (Hib-MenCY > 6 weeks; MenACWY-D >9 mos; MenACWY CRM ≥ 2 mos) | | | | | | | | | | | | | | 1st dose | | Booster |
| Tetanus, diphtheria, & acellular pertussis (Tdap: >7 yrs) | | | | | | | | | | | | | | | (Tdap) | |
| Human papillomavirus (2vHPV: females only; 4vHPV, 9vHPV: males and females) | | | | | | | | | | | | | | | (3-dose series) | |
| Meningococcal B | | | | | | | | | | | | | | | | |
| Pneumococcal polysaccharide (PPSV23) | | | | | | | | | | | | | | | | |

- 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



Supporting health information technology

Kansas Foundation for Medical Care (KFMC) and KDHE's Division of Health Care Finance (KDHE/DHCF) are working together to assist Medicaid healthcare providers in Kansas with health information technology, to meet Meaningful Use and facilitate the electronic exchange of health information.

Services offered include:

- Electronic health record (EHR) selection
- EHR implementation
- Meaningful Use assistance
- Electronic protected health information security risk analysis and remediation
- Process analysis and redesign
- Health information exchange connectivity

You are eligible for free services if all of the following statements are true for you.

1. I am contracted with at least one of the three managed care organizations (United Healthcare, Sunflower, Amerigroup) as a Medicaid provider OR I have a Kansas Medical Assistance Program (KMAP) fee-for service number.
2. I am a physician (MD, DO), nurse practitioner, nurse midwife or dentist.
3. I am NOT hospital-based. (An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient setting (Place of Service code 21) or emergency room setting (Place of Service code 23).

If all of these statements are true for you, please contact Kelly Stephens at kstephens@kfmc.org or 1 785-273-2552 ext 312.

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.

Sunflower 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.

| TYPE OF APPOINTMENT | SCHEDULING TIME FRAME |
|----------------------------|---|
| Routine care | Within 3 weeks from date of member request |
| Specialty routine care | Within 30 days |
| Emergency care | Should be performed immediately upon arrival |
| Urgent care | Within 48 hours |
| Behavioral health services | Immediately to 14 days, depending on the type of care |

Ensuring appropriate, quality care

Sunflower 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. Sunflower uses nationally recognized criteria (e.g. InterQual) if available for the specific service; other criteria are developed internally through a process that 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 **1-877-644-4623**.



Help members access behavioral health care

Drug overdoses now kill more Americans than car accidents. According to the CDC, more people died from drug overdoses in 2014 than in any year on record.

Sunflower 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, let them know that help is available. Some changes that may signal trouble include:

- unexplained weight loss or weight gain;

- reduced concentration;
- a loss of interest in activities that were once enjoyable;
- evidence of substance abuse;
- physical symptoms like heart palpitations;
- ceasing to care for physical appearance; and
- sleep problems.

For members who need behavioral health services, Sunflower case managers can help you find the appropriate behavioral health provider to see the member. You can reach case management at **1-877-644-4623**.



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