

provider report



FALL 2014 | WWW.SUNFLOWERHEALTHPLAN.COM



Are You In Our Provider Directory?

Sunflower's website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers, pharmacies and other medical facilities. They can visit www.SunflowerHealthPlan.com and select "Find a Provider" in the member section.

Members may also call our Customer Service Department at **1-877-644-4623** for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call **1-877-644-4623**, Monday through Friday, 8 a.m. to 5 p.m.

Appointment Availability

Sunflower Health Plan works with contracted providers like you to establish clear standards for availability and wait times.

When scheduling services with their Primary Care Physician (PCP), members should be able to make appointments as follows:

- ▶ **Routine care**—within 3 weeks from date of member request.
- ▶ **Urgent care**—within 48 hours.
- ▶ **Emergency care**—should be performed immediately upon arrival.
- ▶ Sunflower requests that PCPs inform our Customer Service department at **1-877-644-4623** when a Sunflower member misses an appointment so we may monitor that in our system and provide outreach to the member on the importance of keeping appointments.

For office wait times, these standards should be followed:

- ▶ Wait times for scheduled appointments should not exceed 45 minutes.
- ▶ Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment.
- ▶ Emergency patients should be seen immediately.

After business hours, providers are required to offer arrangements for access to a covering physician, or have an answering service, triage service or voice message that directs members how to access urgent and emergency care.



How We Strive For Quality

Sunflower's primary quality improvement goal is to advance members' health through a variety of meaningful initiatives across all care settings.

We rely on our Quality Improvement (QI) Program to support this goal. The scope of our QI Program is comprehensive, addressing both the quality of clinical care and the quality of non-clinical aspects of service. The program monitors a variety of factors, including:

- ▶ Potential quality of care and quality of service complaints.
- ▶ Key performance measures such as access and availability.
- ▶ Ensuring members with chronic conditions are getting recommended tests and appropriate medications for their condition.
- ▶ Conducting member satisfaction surveys.
- ▶ Provider feedback via surveys, committee participation and direct feedback.
- ▶ Monitoring utilization management effectiveness.
- ▶ HEDIS data reporting.

Learn more about the QI program online at www.SunflowerHealthPlan.com or call us at 1-877-644-4623.



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 Improvement (QI) Program.

When possible, we adopt preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by our QI Committee.

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

Preventive and chronic disease guidelines cover the following:

- ▶ ADHD
- ▶ Adult and child preventive services
- ▶ Asthma
- ▶ Breast cancer
- ▶ Depression
- ▶ Diabetes
- ▶ Immunizations, including influenza and pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and through 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 www.sunflowerhealthplan.com/for-providers/provider-resources/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.

Sunflower Network Updates

The latest Sunflower bulletin topics and provider notices are listed below. Bulletins are found on the Provider Resources page of the Sunflower website.

- ▶ As of August 1, 2014, Dental Health & Wellness (DHW) is our new administrator of dental benefits for Sunflower Health Plan members. If you were a provider for Sunflower Health Plan through DentaQuest, you were asked to complete the contracting process as soon as possible to avoid disruptions for your current patients. DHW participating providers benefit from support that helps you lower your administrative cost. Visit Dental Health & Wellness at: www.dentalhw.com.
- ▶ A revised CAQH Data Credentialing Form was posted to the Sunflower website

in June. Instructions are found in the corresponding provider bulletin online.

- ▶ An updated list of billing codes for spirometry services was announced in July. Sunflower is reprocessing historical spirometry claims on behalf of providers as a result of changes in our list of covered services for asthma management.
- ▶ In July, the State of Kansas Division of Health Care Finance, KanCare Program, posted new Clinical Prior Authorization criteria for some medications on the Preferred Drug List. Find the impacted list of meds on the Sunflower website at www.SunflowerHealthPlan.com/for-providers/prior-authorization.



Email Alerts Now Available!

Visit our website at www.SunflowerHealthPlan.com to sign up for Sunflower's email alerts.



You Can Impact Our HEDIS Scores

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).

At Sunflower, we review HEDIS rates on an ongoing basis, looking for ways to improve outcomes as part of our commitment to providing access to high-quality and appropriate care to our members.

We need your help to ensure our members receive the care that produces the best possible outcomes for their health. Over the next 12 months we will be sending reports to physicians that provide a status on their PCP panel assignments related to testing. Physicians can use the Care Gaps function on the provider portal to get important information about services their patients need. Please contact your Provider Relations representative or Sunflower's Quality Department if you would like reports or instructions on how to use the portal to help your patients reach important care goals. For the initial round of reports, Sunflower is sending information on the HEDIS measure Comprehensive Diabetes Care (CDC), which includes the following data about the treatment of our diabetic members:

- ▶ HbA1c testing completion
- ▶ HbA1c level of control
- ▶ Performance of retinal eye exam
- ▶ LDL C testing completion
- ▶ LDL C level of control
- ▶ Medical attention for nephropathy
- ▶ Blood pressure control level



Resources for Providing Culturally Competent Care

Sunflower encourages and advocates for providers to offer culturally competent care for its members. Sensitivity to differing cultural influences, beliefs and backgrounds can improve not only a provider's ability to treat and communicate with patients but also, in the long run, the health of the patients themselves.

Local, state and national provider organizations to which you belong are likely to have information resources available. Providers may request this information by contacting their Provider Services Representative.

Providers are also encouraged to participate in training provided by other organizations. For information on these resources and trainings, visit:

- <https://cccm.thinkculturalhealth.hhs.gov>, "A Physician's Practical Guide to Culturally Competent Care," developed by the U.S. Department of Health and Human Services, Office of Minority Health.
- www.hrsa.gov/healthliteracy, the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) site. Providers can find free online courses on topics such as addressing health literacy, cultural competency and limited English proficiency.



Addressing Patients' Concerns About the Flu Vaccine

As you know, the flu vaccine is one of the most important steps your patients can take to protect their health every year. HEDIS measures flu shots for people ages 50 to 65.

But myths abound, scaring some people away from this preventive measure. Lay their fears to rest with this helpful guide.

PATIENT CONCERN:

"I waited too long to get the vaccine."

It's ideal to get vaccinated by October, when seasonal outbreaks begin. But you can get the shot in January or later and still benefit. Flu season typically hits its peak in February.

PATIENT CONCERN:

"The shot will give me the flu."

The flu shot can't cause flu illness. The vaccine is made with either a flu virus that has been inactivated or with no flu virus at all. The most common side effects—soreness where the shot was administered, low-grade fever, body aches—disappear within two days.

PATIENT CONCERN:

"It's better to get the flu than the vaccine."

The flu can be fatal. Older adults, young children and people with chronic illnesses

including asthma, diabetes and heart disease risk complications. One little shot can protect you and loved ones from the flu, and make your illness milder if you do catch something.

PATIENT CONCERN:

"What if I'm allergic?"

Allergic reactions are extremely rare and happen quickly (within minutes or hours). These are life threatening, but effective treatments exist.



Every flu season, 5 to 20 percent of Americans catch the flu, and 200,000 are hospitalized with complications, according to the Centers for Disease Control and Prevention, www.cdc.gov/flu/about/qa/disease.htm.

The CDC estimates that fewer than half of U.S. residents get the vaccine. Why? See what the *Washington Post* says at www.washingtonpost.com/blogs/wonkblog/wp/2013/01/12/why-64-8-percent-of-americans-didnt-get-a-flu-shot.



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