

## Rivercross Hospice wins iPad drawing

Sunflower Health Plan recently held a contest encouraging providers to sign up for provider email alerts and be entered into a drawing for an iPad Mini. The contest ran from April 13 through May 15. All providers who were previously signed up for email alerts were already entered into the drawing. The winner, Nikki Dennis from Rivercross Hospice in Wichita, was randomly selected and presented with the iPad Mini by Doug Klise, Provider Relations director. The contest added 95 providers to our email distribution list. We appreciate our providers for staying in touch on important network updates!

## Clinical practice **guidelines**

**Our clinical and quality programs** are developed from evidence-based preventive and clinical practice guidelines. Sunflower Health Plan adopts guidelines based on the health needs of the membership, and opportunities for improvement identified as part of the Quality Improvement Program. The guidelines are based on valid and reliable clinical evidence formulated by nationally recognized organizations, government institutions, state-wide collaboratives and/or a consensus of healthcare professionals in the applicable field.

Clinical practice guidelines are reviewed annually and updated to reflect the current standard of care. These guidelines are used for preventive services, as well as for the management of chronic diseases. Sunflower providers are expected to follow these guidelines, and adherence is evaluated at least annually as part of the Quality Improvement Program.

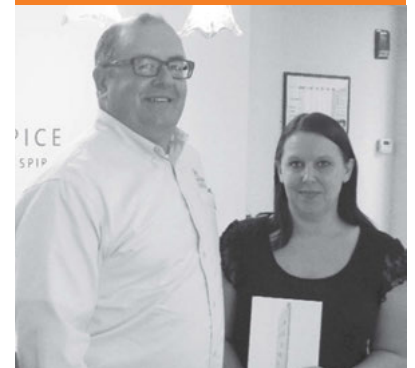
### **The guidelines:**

- Consider the needs of the members
- Are adopted in consultation with network providers
- Are reviewed and updated periodically, as appropriate

### **Preventive and chronic disease guidelines and recommendations include:**

- Adult, adolescent and pediatric preventive care guidelines
- Guidelines for diagnosis and treatment of asthma, ADHD, hypertension, diabetes and major depressive disorders

For the most up-to-date version of preventive and clinical practice guidelines, go to [SunflowerHealthPlan.com](http://SunflowerHealthPlan.com). A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.





## RECORD KEEPING

Sunflower Health Plan requires participating practitioners to maintain uniform, organized medical records that contain patient demographics and medical information regarding services rendered to members.

These standards are intended to help providers keep complete files about all our members. They are consistent with state contract requirements and industry standards.

### Medical records must be:

- Complete and systematic
- Confidential
- Maintained for a period of time
- Available for audits

Sunflower may conduct a medical record audit of a random sampling of our members and provider offices to evaluate compliance with these standards.

You may view a complete list of record documentation standards in our provider manual, which is available online at [SunflowerHealthPlan.com](http://SunflowerHealthPlan.com).

# You can impact **HEDIS** scores

**Sunflower Health Plan strives** to provide quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee composed of purchasers, consumers, health plans, healthcare providers and policy makers.

HEDIS allows for standardized measurement and reporting, and accurate, objective side-by-side comparisons. Learn more at [www.ncqa.org](http://www.ncqa.org).

### How to improve your scores

To help your practice increase its HEDIS rates, we review key HEDIS measures in each issue of this newsletter. We also offer guidance on how to bill appropriately. Please always follow the state and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.

### Other ways to help your scores include:

- Submit claim/encounter data for each and every service rendered.
- Ensure chart documentation reflects services billed.
- Bill (or report by encounter submission) for services delivered, regardless of contract status.
- Ensure that claim/encounter data is the most clean and efficient way to report HEDIS.
- Do not include services that are not billed or not billed accurately in the calculation.
- Submit accurate and timely claim/encounter data, which will positively reduce the number of medical record reviews required for HEDIS rate calculation.
- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart, such as BMI screenings and lab results.

Please take note of the HEDIS measures highlighted on the next page regarding flu, women's health screenings and pharyngitis.

# HEDIS measures **in summary**

## **FLU:**

HEDIS measurements include reviews of childhood immunizations, including for influenza. Data on flu vaccine given to adults 18 to 64 is also reviewed using survey methodology.

**Influenza:** At least two doses before age two

## **WOMEN'S HEALTH SCREENINGS:**

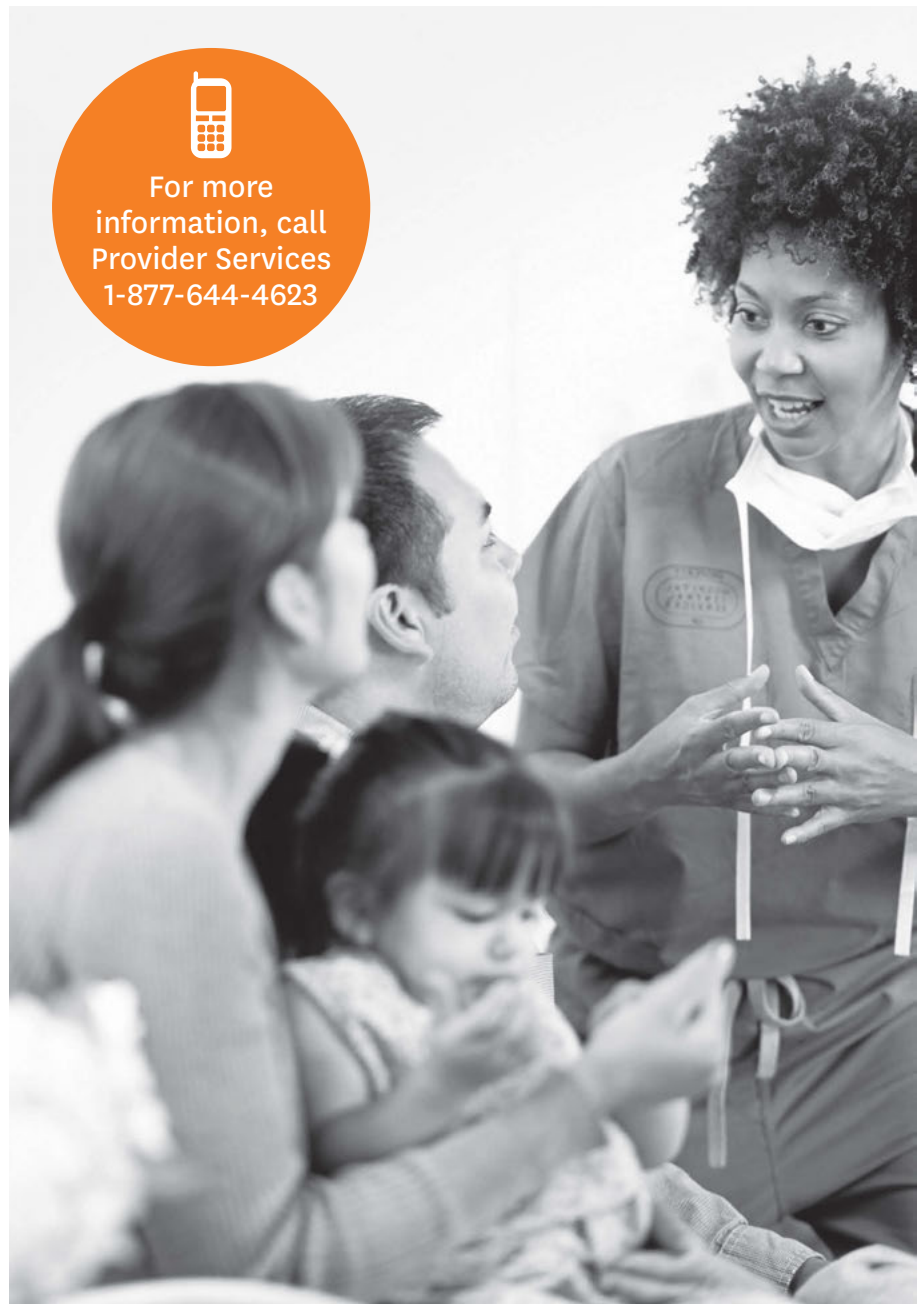
- **Chlamydia screening in women measure:** Evaluates the percentage of women ages 16 to 24 who are sexually active and who had at least one test for chlamydia per year. Chlamydia tests can be completed using any method, including a urine test. "Sexually active" is defined as a woman who has had a pregnancy test or testing for any other sexually transmitted disease or has been prescribed birth control.
- **Breast cancer screening measure:** Evaluates the percentage of women ages 50 to 74 who had a mammogram at least once in the past two years. Women who have had a bilateral mastectomy are exempt from this measure.
- **Cervical cancer screening measure:** Evaluates the percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: 1) Cervical cytology performed every 3 years for women ages 21-64; 2) Cervical cytology/human papillomavirus (HPV) co-testing performed every five years (must occur within four days of each other) for women ages 30-64. Women who have had a hysterectomy without a residual cervix are exempt from this measure.
- **Postpartum visits measure:** Evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 21 and 56 days after delivery (3 and 8 weeks).
- **Prenatal visits/timeliness of first visit and frequency of visits measure:** Evaluates the percentage of pregnant women who had their first prenatal visit in the first trimester or within 42 days of enrollment with the plan. The frequency of prenatal visits is also assessed.

## **PHARYNGITIS & UPPER RESPIRATORY:**

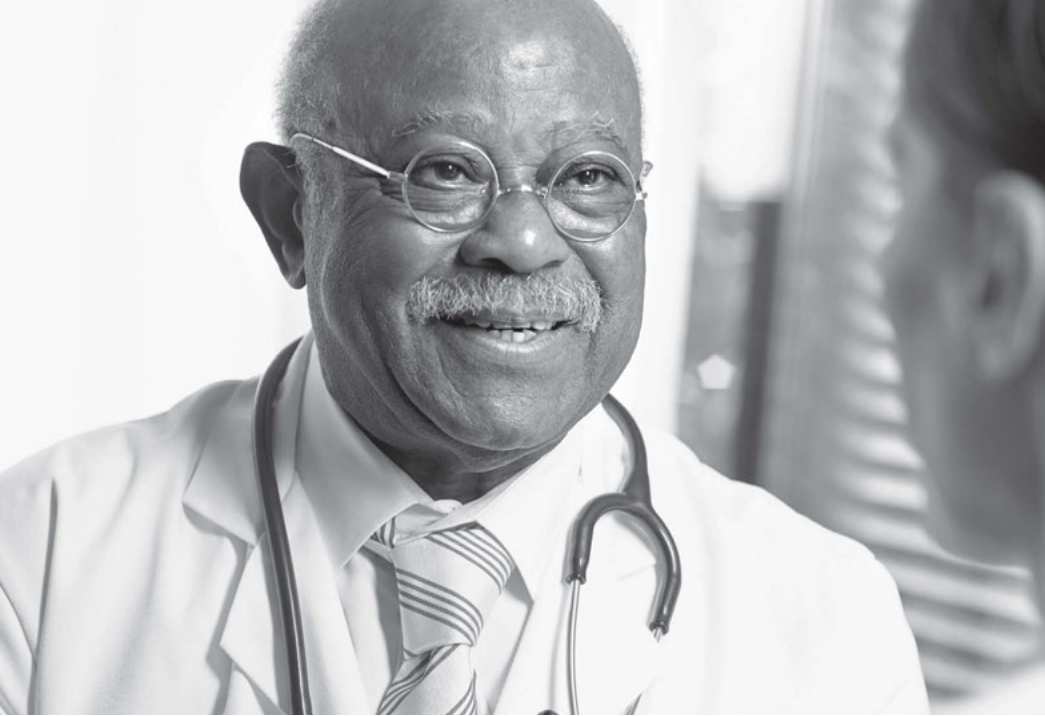
- **Appropriate testing for children with pharyngitis measure:** Evaluates the percentage of children ages 2-18 diagnosed with pharyngitis, dispensed an antibiotic and given a group A streptococcus (strep) test for the episode. A higher rate represents better performance (that is, appropriate testing). Rapid strep tests in the office are acceptable and should be billed.

- **Appropriate treatment for children with upper respiratory infection measure:**

Assesses the percentage of children ages three months to 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim.







## FRAUD, WASTE AND ABUSE

Sunflower Health Plan is dedicated to conducting business in an ethical and legal manner. As a key partner, it is critical that you understand that we are committed to preventing, detecting and responding to fraud, wrongdoing or any type of misconduct. If you ever have any concerns or are ever asked by anyone, including a Sunflower Health Plan employee, to engage in any behavior that you believe is wrong, unethical or illegal, please immediately contact Sunflower Health Plan at the number below.

### OUR PLEDGE

Our Ethics and Compliance Department will promptly investigate allegations of wrongful, illegal or unethical business practices by any Sunflower Health Plan employee or any provider, and when necessary, report allegations of violations of the Anti-Kickback Statute, Stark Law or False Claims Act to government regulators.

### CONTACT US

*Sunflower Health Plan*  
*Ethics & Compliance Helpline:*  
**1-800-345-1642**

**[www.mycompliancereport.com/brand/centene](http://www.mycompliancereport.com/brand/centene)**

Available 24 hours a day, seven days a week. Callers are not required to give their names, and all calls will be investigated and remain confidential.

Local contact information:

*Virginia Picotte, Compliance Officer*  
**913-333-4543**  
**Sunflower\_Contract\_Compliance@**  
**sunflowerhealthplan.com**

## What's your **availability?**

**Availability is defined** as the extent to which Sunflower Health Plan contracts with the appropriate type and number of practitioners necessary to meet the needs of its members within defined geographic areas. The availability of our network practitioners is key to member care and treatment outcomes.

We evaluate compliance with these standards on an annual basis and use the results of appointment standards monitoring to ensure adequate appointment availability and reduce unnecessary emergency room utilization.

TYPE OF APPOINTMENT	SCHEDULING TIME FRAME
Routine care	Within three 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

## An accurate directory

Have you moved or changed contact information? Or maybe your practice is not listed accurately in our Provider Directory? You can request changes via our secure provider portal at [SunflowerHealthPlan.com](http://SunflowerHealthPlan.com), or by calling 1-877-644-6423. Please let us know at least 30 days before you expect a change to your demographic information.



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