provider report

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SPRING 2015 | WWW.SUNFLOWERHEALTHPLAN.COM

ICD-10 Update

Sunflower Health Plan is preparing for the implementation of ICD 10 on October 1, 2015. We are currently in the advanced stages of internal remediation and are continuing to work with all stakeholders on readiness activities.

Sunflower Health Plan has been monitoring progress and is in conversations with providers, clearinghouses, vendors and state agencies on their plans for a successful implementation. We will be ready to receive ICD-10 codes on claims with end dates on or after October 1, 2015, and on authorizations beginning on July 1, 2015, for services beginning on or after October 1, 2015.

ICD-10 updates will be made available to providers on our website and through provider relations staff. The website content will be published on a quarterly basis and will address Sunflower's readiness activities and FAQs.

To prepare for a successful implementation, Sunflower Health Plan will be conducting end-to-end testing with providers on a limited basis in early 2015. Testing will occur throughout Q1 2015 and will be the only window available to providers for end to end testing. For more details on end to end claims testing, please reach out to your Sunflower Health Plan provider relations or ICD-10 team. If providers are not able to participate in end to end testing, claim "format" testing will still be made available throughout 2015.

The Intersection of Asthma and Heart Disease

We've long known that heart disease may be accompanied by diabetes or depression. Researchers continue to explore a link between asthma and heart disease. Two recent studies, presented at the American Heart Association's annual meeting in 2014, suggest an association—though they do not prove a causal relationship.

One of the studies showed that individuals with active asthma had about a 70 percent higher risk of heart attack than those without asthma—even when controlling for risk factors like obesity, hypertension, smoking, diabetes and high cholesterol.

Another study found that those who take daily medications for their asthma have a 60 percent greater chance of heart attacks and strokes versus individuals without asthma.

The question remains whether there is a causal relationship between asthma and heart disease or whether the association is the result of the same factors influencing both conditions.

The short-term takeaway, however, may be the need for increased awareness and education among asthma patients. Asthma patients may dismiss chest pain or discomfort as an asthma symptom and fail to get adequate treatment in time.

It's also important for physicians to help asthma patients manage their modifiable cardiovascular risk factors, researchers note.

HEDIS measures take into account patients with asthma ages 5 to 64 who receive medication for long-term control of asthma. Two rates are measured—the percentage of patients who stay on their asthma controller medication for at least 50 percent of the treatment period and the percentage who remain on their controller medication for at least 75 percent of the treatment period.

HOW ARE WE DOING?

HEDIS MEASURE	SUBMEASURE NAME	HEDIS RATE	GOAL: NCQA
Medication Management for People with Asthma (MMA)	Total Population 50% Covered	53.57%	N/A
	Total Population 75% Covered	27.81%	25%

Disease Management Can Help Your Patients

As part of our medical management and quality improvement efforts, we offer members disease management programs. Disease management programs aim to:

- **Promote coordination among the medical, social and educational communities**
- **Ensure that referrals are made to the proper providers**
- **Encourage family participation**
- **Provide education regarding a member's condition to encourage adherence and understanding**
- **Support the member's and caregiver's ability to self-manage chronic conditions**
- **Identify modes of delivering coordinated care services, including home visits**

These programs are intended for patients with conditions such as asthma, diabetes and high-risk pregnancies. Learn more about our disease management services by visiting www.SunflowerHealthPlan.com or by calling 1-877-644-4623.

Member Rights and Responsibilities

Sunflower Health Plan's member rights and responsibilities policy addresses its members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider manual to review them.

Find the complete provider manual online at **www.SunflowerHealthPlan.com** or get a printed copy by calling **1-877-644-4623**.

Member rights include:

- To be treated with respect and with due consideration for his/her dignity and privacy
- To participate in decisions regarding his/her healthcare, including the right to refuse treatment
- To receive complete information about his/her specific condition and treatment options, regardless of cost or benefit coverage

Member responsibilities include:

- To provide, to the extent possible, information needed by providers for care
- To make his/her primary care provider the first point of contact when needing medical care
- To follow appointment scheduling processes
- To follow instructions and guidelines given by providers

2015 PROVIDER MANUAL AVAILABLE!

Sunflower Health Plan has published its 2015 Provider Manual. The new provider manual is designed to be more user friendly, and Sunflower will keep an updated version on its website throughout the year. The manual is available online at **www.SunflowerHealthPlan.com**. If your provider office would like to receive a free, printed copy of Sunflower's 2015 Provider Manual, please contact your designated Provider Relations Representative.

Measuring Performance

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA).

HEDIS is used by most health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with information to compare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year.

Through HEDIS, NCQA holds Sunflower Health Plan accountable for the timeliness and quality of healthcare services (including acute, preventive, mental health and others) delivered to its diverse membership. Sunflower also reviews HEDIS data for ways to improve rates. It's an important part of our commitment to providing access to high quality and appropriate care to our members.

You can help us improve our quality ratings. Familiarize yourself with the HEDIS topics covered in this issue of the provider newsletter. Also, review our clinical practice guidelines at **www.SunflowerHealthPlan.com.**

MATERIALS AVAILABLE

HEDIS Quick Reference Guides are now available. Provider network representatives will be delivering poster-sized copies to provider offices throughout 2015, but if you would like to see the electronic version now, visit the **Manual & Guides** section of the Sunflower website.

Additionally, Sunflower is producing pocket flip charts for HEDIS measures for adults, women and adolescents. To order free, hard copies of the Reference Guides or Pocket Flip Charts, contact your designated Provider Relations Representative.

We want to work with you. If you have any questions about coverage, claims, credentialing or contracting, call us at **1-877-644-4623** or visit **www.SunflowerHealthPlan.com**. If a member would like a paper copy of anything found on our site, please call **1-877-644-4623.**

How to Refer to Case Management

Medical case management is a collaborative process that coordinates and evaluates options and services to meet an individual's health needs. It relies on communication and resources to promote quality and cost-effective outcomes.

Sunflower Health Plan case management is intended for high-risk, complex or catastrophic conditions–including transplant candidates and members with special healthcare needs and chronic conditions such as asthma, diabetes, sickle cell disease, HIV/AIDS and congestive heart failure.

Case managers can help patients understand why it's important to follow the treatment plan outlined by their physician. They are a resource for the healthcare team, the member and the member's family.

Our case management team is here to support your team with non-adherence, new diagnosis and complex multiple comorbidities. Providers can directly refer members to our case management program at any time. Call 1-877-644-4623 to get information about the case management services offered or to initiate a referral. Learn more about our case management services at www.SunflowerHealthPlan.com.

The Unexpected Reach of Depression

Depression is a serious medical condition—one that can accompany other chronic diseases or present independently.

Many people with depression do not get the care they need. In fact, it's estimated that only about two-thirds of those with depression seek treatment. Additionally, it can take years to get a diagnosis and begin treatment after the onset of depression. That's why it's important for primary care physicians to be on the lookout for signs and symptoms of depression and to educate patients when possible.

Some research indicates that nearly 10 percent of primary care patients have a major depressive disorder. However, patients may be reluctant to use the word "depressed" and may deny having depression when asked.

Plus, symptoms of an illness being treated may overlap with the symptoms of depression, making it harder to identify mental illness. Look out for the following signs of depression:

- Unexplained weight loss and fatigue
- Anxiety
- Reduced concentration
- Lack of interest in activities
- Headaches
- Gastrointestinal problems
- Heart palpitations

Practitioners may also notice subtle signs of changing mental health—for instance, a patient who stops caring for his physical appearance or a patient who complains of sleep troubles. If you do identify depression in a patient, let them know that help is available. Therapy can be helpful for some people, while others find relief with medications or other treatments.

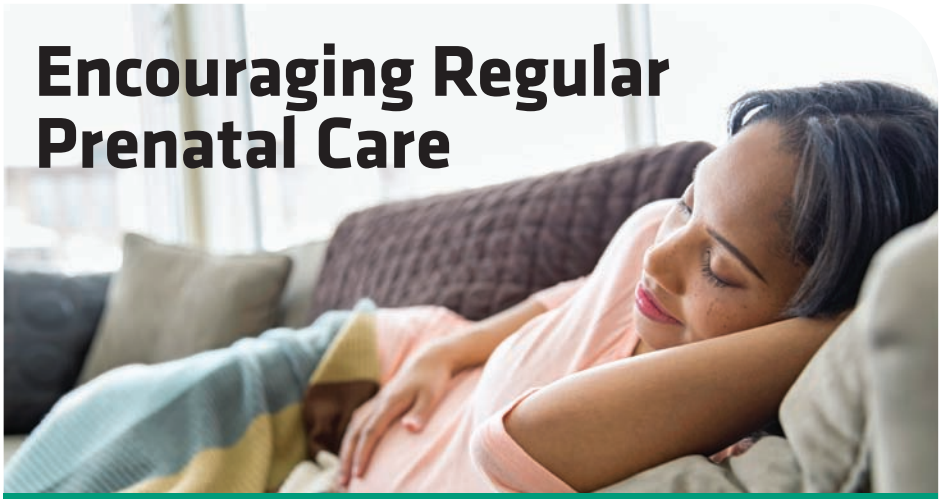
Whether you treat depression in your office or choose to refer patients, set patients up for success with realistic expectations: Let them know that relief is likely, but that it won't be instant, and be sure to prepare them for the potential side effects of treatment.

FOLLOW-UP IS KEY: Sunflower Health Plan can help your patients schedule appropriate after-care to improve the follow-up rates for members who have been hospitalized for a behavioral health condition.

A patient who has been hospitalized for a mental illness should be seen within 7 and 30 days of discharge.

Please contact Sunflower if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We will work with your staff to make these arrangements.

Encouraging Regular Prenatal Care



You know the statistics: Women who do not receive prenatal care are three times more likely to have low birth-weight babies and five times more likely to lose the baby. Still, in a recent study, about 20 percent of women who gave birth didn't receive care until the second trimester, and 6 percent didn't receive prenatal care until the third trimester or at all.

Here are a few ways you can help make a difference for your patients.

- **Talk to women before they become pregnant.** For some women, there is a health literacy gap. And if she's only seeing you once a year, you can miss an opportunity to provide education about prenatal care if you wait until she becomes pregnant. Let women know that after a positive home pregnancy test, they should schedule a prenatal exam with an ob/gyn to confirm the pregnancy and begin prenatal care. This is also a good time to talk about prenatal vitamins and folic acid with women who hope to conceive.
- **Make it easy.** Make scheduling prenatal visits simple for pregnant patients. For example, encourage them to make their next appointment before they leave your office. Provide them with information at each visit, so they know what to expect. For example, give women easy-to-understand instructions for blood work or tests and for registering for parenting, prenatal and breast-feeding classes.
- **Hand out a prenatal care schedule.** Share a prenatal care schedule (see sample below) with newly pregnant women so they understand that prenatal care starts immediately and continues throughout their pregnancy.

When you confirm a member's pregnancy, it's important to submit the necessary **Notification of Pregnancy (NOP) form** to Sunflower Health Plan. Doing so helps us best use our resources to help you and your patients achieve a healthy pregnancy. Visit **www.SunflowerHealthPlan.com** for the NOP form.

SAMPLE PRENATAL SCHEDULE:*

- Weeks 4 through 28 – Once a month
- Weeks 28 through 36 – Every two weeks
- Week 36 through birth – Once a week

**Note: Women who are older than 35 or have what is considered a high-risk pregnancy may need to see their doctor more often. This is a sample schedule and not a recommendation for care or proof of coverage.*

Caring for adolescents

For parents, watching their children grow can cause mixed emotions. Growing into adulthood is a time of great transition—including changes in healthcare needs. Sunflower Health Plan supports members of all ages getting the care they need.

Parents and providers should discuss whether growing children are seeing the right doctor. Children who are seeing pediatricians may need to switch to an adult doctor. Talk with parents about this transition. You can help ensure that there are no breaks in a child's care.

Sunflower is required to provide information about how it can help members who are reaching adulthood choose an adult primary care practitioner.

It's important for children to see their doctor at least once a year. Members who need help finding the right doctor or making appointments can call our Customer Service staff at **1-877-644-4623**.

LATEST PROVIDER BULLETINS Continue to check in on the latest news affecting the Sunflower provider network. Provider bulletins and other announcements are posted online at: **http://www.SunflowerHealthPlan.com/for-providers/provider-resources/other-resources/** Sunflower provider bulletins are available only on the web or through email alerts. Sign up for alerts at **www.SunflowerHealthPlan.com.**

ADHD Diagnoses On the Rise

Ninety percent of all Ritalin takers used to be in the U.S. But that's changing, as worldwide diagnoses of ADHD are on the rise. A paper questioning the reasons for this change recently received attention.

Sociologists Peter Conrad and Meredith Bergey published a paper in *Social Science and Medicine*, examining the growth of ADHD in the U.K., Germany, France, Italy and Brazil.

They suggest there are five non-medical reasons why ADHD diagnoses and Ritalin prescriptions are increasing:

1. Determined lobbying by pharmaceutical companies to allow direct marketing of medications
2. Greater popularity of medication than counseling or other non-medical treatments
3. Increased usage of the Diagnostic and Statistical Manual (DSM)—and acceptance of its broader ADHD standards—in Europe and South America
4. ADHD advocacy groups raising awareness of pharmaceutical treatments
5. Online research that leads consumers to checklists or articles from drug companies, suggesting they ask their doctors about medication

Bergey and Conrad note that these reasons do not have anything to do with medicine, and warn doctors and consumers to be careful to distinguish between what is "part of the human condition" (e.g., we all fidget or are restless sometimes) and what is actually a disease.

The HEDIS measure for follow-up care states that children ages 6 to 12 who are receiving a new ADHD medication should have a follow-up visit to the prescribing doctor within 30 days of starting the drug. Then, after the initial follow-up visit, the child should have two subsequent follow-up visits during the next nine months.

HOW ARE WE DOING?

HEDIS MEASURE	SUBMEASURE NAME	HEDIS RATE	GOAL: NCQA
Follow-Up Care for Children prescribed ADHD Medication (ADD)	Initiation Phase	55.43%	90%
	Continuation and Maintenance Phase	64.27%	90%

Comprehensive Diabetes Care Screening Is Important

According to the Kansas Department of Health and Environment, 9.5% of Kansas adults have been diagnosed with diabetes. This is a higher rate than the national average. In 2010, an estimated 25.8 million people (8.3%) of the country's population had diabetes.

Diabetes is the seventh leading cause of death in the United States, according to the statewide and community-level health research tool called Kansas Health Matters **(www.KansasHealthMatters.org)**. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke. In economic terms, the direct medical expenditures attributable to diabetes in the U.S. in 2012 was estimated to be $176 billion.

Continued focus on diabetes screening and prevention, as well as ongoing patient education, therefore remain critical—particularly among higher-risk populations. It is important to continue to talk to patients about lifestyle factors that affect their diabetes risk, such as diet and exercise.

In addition to regular checks for blood pressure control (<140/90), providers follow the HEDIS measure for comprehensive diabetes care, which includes adult patients with Type 1 and Type 2 diabetes:

COMPREHENSIVE DIABETES CARE (CDC)	
HbA1c Testing	At least annually
HbA1c >9	At least annually
HbA1c <8	At least annually
HbA1c <7 for selected population	At least annually
Retinal Eye Exam	Annually (unless prior negative exam; then every 2 years)
Nephropathy Screening Test	At least annually (unless documented evidence of nephropathy)

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