



Review of authorization denials

Anytime we make a decision to deny, reduce, suspend or stop coverage of certain services, Sunflower Health Plan will send you and your patient 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 due to a lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. Request a peer-to-peer discussion appointment by calling **1-877-644-4623**. A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Filing appeals

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted orally or in writing.

Please remember to always include sufficient clinical information when submitting appeal requests to allow for Sunflower to make timely medical necessity decisions based on complete information.

REMINDER: Don't delay on credentialing

During the credentialing and recredentialing process, Sunflower obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank.

Practitioners have the right to review primary source materials collected during this process. If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Sunflower will notify the practitioner and request clarification.

A written explanation detailing the error or the difference in information must be submitted to Sunflower in order to be included as part of the credentialing and recredentialing process. It's important that we receive this information in a timely manner to avoid delays in credentialing decisions.

Providers also have the right to request the status of their credentialing or recredentialing application at any time by calling Contracting at **1-877-644-4623** or by email at sunflowerstatehealth@centene.com.

Advance directives: The conversation can start with you

Advance directives can be a sensitive topic to bring up with your patients, but it's vital they understand their rights to execute these important documents. Sunflower 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 for filing 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.

Let us know your plans

Our goal is to provide seamless care for our members. To support this goal, it's important that we know if you're 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 www.SunflowerHealthPlan.com or call 1-877-644-4623. 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 to meet 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 service they receive from the health plan. Sunflower 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 on our adult survey include:

- Customer service, also noted on child survey as strength
- Getting needed care
- How well doctors communicate
- Coordination of care

Based on the feedback we received, some of the areas we have identified as opportunities to improve member experience are:

- Coordination of care on child survey
- How well doctors communicate on child survey
- Health promotion and education for both adult and child
- Shared decision-making for both adult and child
- Getting needed care on child survey

At Sunflower, we take our members' concerns seriously and will work with you to improve their satisfaction in the future. Sunflower has other resources available on the plan website for CAHPS tips and reminders. We have an Office Visit Checklist members can use to prepare for their physician appointments by writing down their medications, health concerns, questions and appointment details.

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 Sunflower Health Plan accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Sunflower 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 providing access to high-quality and appropriate care to our members.

Please consider the HEDIS topics covered in this issue: diabetes, medication management in the elderly, high blood pressure and cardiovascular disease. Also, review Sunflower's clinical practice guidelines at <https://provider.sunflowerstatehealth.com> and encourage your Sunflower members to contact us for help managing their medical conditions.

Sunflower care management staff members are available to assist with patients who have difficulty managing their conditions, challenges adhering to prescribed medications or have difficulty filling their prescriptions. If you have a member you think could benefit from our care management program, please contact Customer Service at **1-877-644-4623** and ask for care management.

HEDIS FOR DIABETES CARE

The HEDIS measure for comprehensive diabetes care is directed to adult patients ages 18 to 75 who have type I or type II diabetes.

- **HbA1c testing**—Completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- **HbA1c levels**—Completed at least annually. CPT II codes 3044F, 3045F or 3046F can be used to indicate result.
- **Dilated retinal eye exam**—Retinal/dilated exam completed in measurement year or negative retinal/dilated exam completed in previous year.
- **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:** Sunflower 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 albumin 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 medication management in the elderly

Prescription drug use by the elderly contributes to hospitalizations, longer illnesses, loss of independence and an increase in falls and fractures.

There are two HEDIS measures related to medication management in the elderly. The first measure—potentially harmful drug-disease interactions in the elderly—assesses the percentage of adults 65 and older who have a specific disease or condition (e.g., chronic renal failure, dementia, history of falls) and who were dispensed a prescription for a medication that could exacerbate that condition. The second measure—use of high-risk medications in the elderly—assesses the percentage of adults 66 and older who received at least one high-risk medication or who received at least two different dispensing events for the same high-risk medication.

What providers can do

- 1. Avoid prescribing high-risk drugs:** This is an important, simple and effective strategy in reducing medication-related problems and adverse drug events in older adults.
- 2. Regularly review your patients' prescriptions and over-the-counter medications:** Look for signs of unnecessary or duplicate medications, prescribing from multiple doctors, as well as harmful interactions. Ask the patient if they understand what each of the drugs is for and explain how to take them properly.
- 3. Learn more about potentially inappropriate medication for older adults:** The American Geriatrics Society guidelines are online at www.geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001.



HEDIS for **high blood pressure**

The medical costs of high blood pressure total more than \$46 billion annually. This number could increase to \$274 billion by 2030. Approximately one in three U.S. adults, or about 70 million people, has high blood pressure, but only about half of these people have it under control.

The high blood pressure control HEDIS measure applies to the percentage of adults 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 18–59 years of age whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 years of age, with a diagnosis of diabetes, whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 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:** Patients may assume that because they “feel good,” they may stop filling their prescriptions. 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 the percentage of adults 18 years of age and older during the measurement year who were hospitalized and then discharged (from July 1, 2015, to June 30, 2016) with a diagnosis of acute myocardial infarction 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 who were identified as having clinical atherosclerotic cardiovascular disease and met the following criteria. Rates reported include:
 - Members who received at least one high- or moderate-intensity statin therapy during the measurement year and
 - Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period, from prescription date through end of 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:** Sunflower can provide educational materials and other resources addressing the above topics.



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