

# provider report



california  
health & wellness™

FALL 2014 | WWW.CAHEALTHWELLNESS.COM



## Are You in Our Provider Directory?

California Health & Wellness' 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.CAHealthWellness.com](http://www.CAHealthWellness.com) and select "Find a Provider" in the member section.

Members may also call our Member Services at **1-877-658-0305** (TDD/TTY: **1-866-274-6083**) for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call **1-877-658-0305**, Monday through Friday, 8 a.m. to 5 p.m.

## Appointment Availability

**California Health & Wellness** works with contracted providers like you to establish clear standards for availability and wait times.

**When scheduling services**, members should be able to make appointments as follows:

- ▶ **Routine care**—within 10 calendar days.
- ▶ **Urgent care**—within 48 hours of request.
- ▶ **For PCP emergent care**—within 24 hours.
- ▶ **Emergency care**—should be performed immediately upon arrival.

### **Appointment wait-time standards**

- ▶ **Scheduled appointments:** Waiting times shall not exceed 60 minutes. After

30 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling the appointment.

- ▶ **Work-in or walk-in appointments:** Waiting time shall not exceed 90 minutes. After 45 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment.

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

California Health & Wellness' 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 conditions.
- ▶ 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.CAHealthWellness.com](http://www.CAHealthWellness.com) or call us **1-877-658-0305**.



## 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 are 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 and 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.



Go to [www.CAHealthWellness.com](http://www.CAHealthWellness.com) for a link to the preventive and clinical practice guidelines.

# How to Promote Women's Screenings

**Get to know** the four key HEDIS measures for women's preventive care.

## 1. BREAST CANCER SCREENING

The U.S. Preventive Services Task Force recommends women ages 50 and older should have a mammogram every one to two years (with the exception of women who have had bilateral mastectomies). For women 40 to 49 years old, it is an individual decision to begin biennial screening according to the patient's circumstances and values.

## 2. CERVICAL CANCER SCREENING

Remind patients when they're due for a well-woman exam. The American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA) and the American Cancer Society (ACS) recommend Pap testing every one to three years for all women who have been sexually active or who are over the age of 21.

Cervical cytology is recommended every three years for women ages 21 to 64, or cervical cytology and HPV co-testing every five years for women ages 30 to 64.

## 3. CHLAMYDIA SCREENING

Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the U.S. If your patient is 16 to 24 and sexually active, suggest an annual chlamydia test. Pharmacy and claims data can help you identify which patients might be sexually active and therefore benefit from screening.

## 4. PRENATAL AND POSTPARTUM

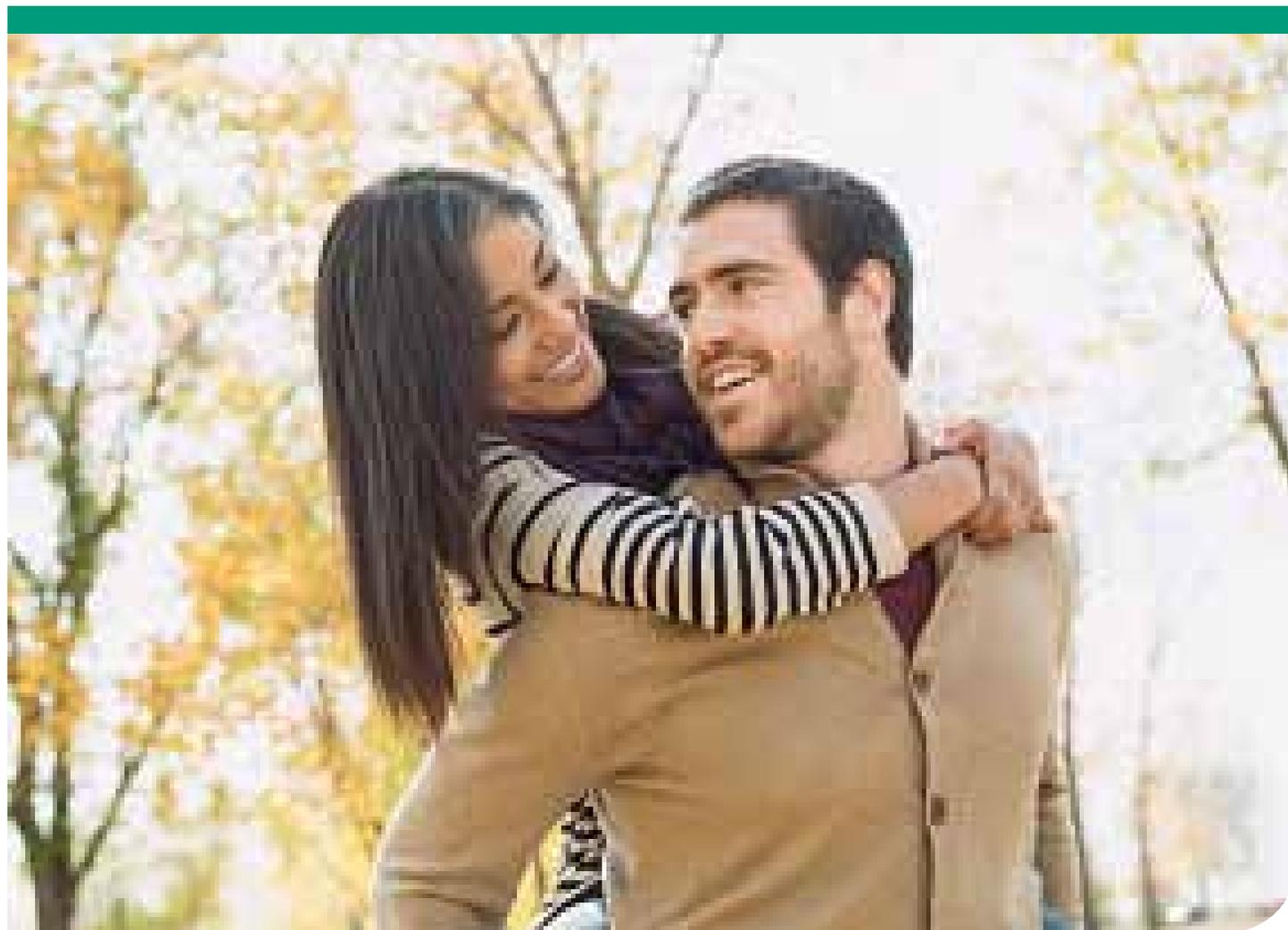
For pregnant women, the timing of doctor's visits is key. Your patients should see you within the first trimester or within 42 days of enrollment, and again between 21 and 56 days after delivery. Talk with patients about family planning goals and inform them of recommendations early on.

## 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 California Health & Wellness, 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.

Please take note of the HEDIS measures highlighted in this issue: women's health screenings and flu.





## Resources for Providing Culturally Competent Care

California Health & Wellness 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:

- ▶ [cccm.thinkculturalhealth.hhs.gov](http://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](http://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 getting vaccinated. Here are some common concerns your patients may have and responses to help you lay their fears to rest.

### **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, when the flu season is at its peak, and still benefit.

### **PATIENT CONCERN:**

#### **"The shot will give me the flu."**

You cannot get the flu from flu shot. The vaccine is made either with 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—typically 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 the flu.

### **PATIENT CONCERN:**

#### **"What if I'm allergic?"**

Allergic reactions are extremely rare and happen quickly (within minutes or hours). We can review your allergy risk together.



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](http://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/](http://www.washingtonpost.com/blogs/wonkblog/wp/2013/01/12/why-64-8-percent-of-americans-didnt-get-a-flu-shot/).



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