



Provider Relations adds “Provider Partnership” team

Every day we strive to ensure our members are receiving high-quality care, when they need it and where they need it. Your partnership helps us achieve our goal. To that end, our Provider Relations team recently added three dedicated staff to support quality improvement across our network and assist our efforts to reward providers for delivering quality care.

Our “Provider Partnership” team consists of two Provider Partnership Managers (one serving Northern California, the other serving Southern California) and one Provider Partnership Associate. The team will work with providers to share improved performance reporting and offer quality improvement training and education. For more information, contact Provider Relations at 1-877-658-0305.

Message from the CEO

We recognize the important role our providers play in ensuring member access to high quality services. Our success is built on the philosophy that quality healthcare is best delivered locally—so partnerships with physicians such as you are essential to us.

We strive to provide our provider partners with the information and resources they need so that they can focus on what they do best—providing quality health care to patients. We hope you will find our Provider Report newsletter helpful in that regard. This issue features articles on our 2015 Quality Incentive program, how you can impact HEDIS scores, our growing provider network, additions to our Provider Relations team, and an ICD-10 transition update.

Again, thank you for the contributions you make to help our members get well, stay well and be well. Together we can achieve the goal of transforming the health of the community, one member at a time.

Gregory S. Buchert, MD, MPH
President and CEO
California Health & Wellness



You can impact **HEDIS**

California Health & Wellness 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.

How to improve your scores

To help your practice increase its HEDIS rates, we review key HEDIS measures in each issue of this newsletter. Please always follow the state and/or CMS billing guidance to 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.
- 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 result.

Please take note of the HEDIS measures regarding adult and pediatric health screenings highlighted on the next page.

RECORD KEEPING

California Health & Wellness 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

Periodically, California Health & Wellness will conduct an onsite medical record audit of a random sampling of our members and provider offices to evaluate compliance to these standards.

You may view a complete list of record documentation standards in our provider manual, which is available online at www.CAHealthWellness.com.

ICD-10 update

On October 1, 2015, the nation switches from ICD-9 to ICD-10 coding for medical diagnoses and inpatient hospital procedures. To prepare for the transition, California Health & Wellness formed a robust cross-departmental ICD-10 implementation team and has been testing system changes with a small number of pilot providers since last spring.

It is extremely important that our providers be adequately prepared for this significant operational change. We have guidance and resources to support providers on our website at: http://www.cahealthwellness.com/for-providers/icd_10_overview/. Please contact your provider relations specialist at **1-877-658-0305** if you have any questions or concerns regarding the ICD-10 transition.

California Health & Wellness Formulary Now Available on the Epocrates Smartphone App

Our formulary* is now available via the Epocrates smartphone app. Epocrates is a drug reference app that helps providers prescribe the preferred medications by proactively showing them formulary alternatives and coverage limitations. This avoids disruption to access of medications by limiting pharmacy rejections and the need for prior authorizations. For information on how to download and use Epocrates, visit: <http://www.cahealthwellness.com/epocrates/>.

The formulary is not inclusive nor does it guarantee coverage, but represents a summary of prescription drug coverage. The California Health & Wellness Preferred Drug List (PDL), also known as our formulary, is available on our Pharmacy Program page or by phone at **1-877-658-0305.*

HEDIS measures in summary

ADULT HEALTH SCREENINGS:

Comprehensive Diabetes Care:

Evaluates the percentage of members ages 18-75 with diabetes (Type I or Type II) who had each of the following:

- Hemoglobin A1c (HbA1c) test with result
- Eye exam (retinal) performed
- Medical attention to nephropathy
- Blood pressure control (<140/90)

Controlling High Blood Pressure:

Evaluates the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year (2015) by the following criteria:

- Members 18-59 years of age whose BP was <140/90
- Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90
- Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90

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:

- Cervical cytology performed every three years for women ages 21-64
- Cervical cytology/human papillomavirus (HPV) co-testing performed every five years (must occur within four days of each other) for women ages 30-64

Please note: Women who have had a hysterectomy without a residual cervix are exempt from this measure.

Timeliness of Prenatal Care: 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.

Postpartum Visits: Evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 21 and 56 days after delivery (three and eight weeks).

Annual Monitoring for Patients on

Persistent Medications: The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent.

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Annual monitoring for members on digoxin
- Annual monitoring for members on diuretics

PEDATRIC HEALTH SCREENINGS:

Childhood Immunization Status: A

complete series of vaccinations on or before child's second birthday:

- 4 DTaP
- 4 PCV
- 3 IPV
- 3 Hep B
- 3 Hib
- 1 MMR
- 1 VZV

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:

Evaluates the percentage of

members ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the year:

- BMI percentile
- Counseling for nutrition
- Counseling for physical activity

Well-Child Visit: Evaluates the percentage of children ages 3, 4, 5 and 6 years old who had a least one comprehensive well-care visit per year. Every well-care visit must include:

- Health and development history (physical and mental)
- Physical exam
- Health education/anticipatory guidance

Immunizations for Adolescents:

- TDap: One dose on or between their 10th and 13th birthday
- MCV: One dose on or between their 11th and 13th birthday





2015 Quality Incentive Program

Every day we strive to ensure our members are receiving high quality care, when they need it and where they need it. Your partnership helps us achieve our goal, which is why we launched our new 2015 Quality Incentive Program in July. The program offers our provider partners three potential incentive bonus opportunities based on HEDIS performance improvement.

The program allows our providers to earn bonuses for patient compliance, provider quality performance ratings, and completing Notice of Pregnancy forms. For more details, visit the 2015 Quality Incentive Program page on our website.

Clinical practice guidelines

Our clinical and quality programs are formed from evidence-based preventive and clinical practice guidelines. California Health & Wellness 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. California Health & Wellness providers are expected to follow these guidelines and adherence is evaluated at least annually as part of the Quality Improvement Program.

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 disorder

For the most up-to-date version of preventive and clinical practice guidelines, go to www.CAHealthWellness.com. A copy may be mailed to your office as part of disease management or other Quality Improvement initiatives. Members also have access to these guidelines.

BUILDING OUR NETWORK

California Health & Wellness recently added Rideout Memorial Hospital in Marysville, California, to our provider network. A contract with Rideout physicians was pending when the Fall Provider Report went to press. These additions significantly strengthen our network coverage in Yuba County, and reflect the growth we've seen in our network over the past year:

PROVIDERS	7-1-14	7-1-15
PCPs	578	746
Specialists	1830	3862
Hospitals	36	40
Ancillaries	514	1490

We have also successfully completed hundreds of single case agreements with health care systems such as Sutter Health, UC Davis,

Dignity Medical Foundation and other non-participating providers over the past year. With the finite capacity of providers to accommodate the tremendous demand for health care services, our members have experienced difficulty gaining access to providers within these large health care systems on a consistent basis. Our contracting team regularly meets with these large health care systems to discuss ways to minimize delays in appointment availability.

California Health & Wellness has prioritized contracting efforts in the following areas: skilled nursing facilities, urgent care, long term acute rehabilitation, dialysis, home health, neurosurgery, and orthopedics. We have added more than 30 skilled nursing facilities to our network over the last year. We also prioritize contracting efforts for specialties or services that are specifically requested by providers and when geographic access and appointment availability studies conducted show access deficiencies.



DID YOU KNOW?

California Health & Wellness offers cultural, linguistic and disability access services to our members at no charge. These services include:

- 24-hour interpretation services in all languages (including American Sign Language) at all key points of contact for members accessing routine, urgent and emergency health care services;
- Fully translated written-informing materials in threshold languages, in other languages through oral interpretation upon request, and in alternative formats upon request;
- Referrals to culturally and linguistically appropriate community service programs; and
- Auxiliary aids and services, and modifications of policies, practices, and procedures for members with disabilities within a reasonable time frame appropriate for the situation (e.g. Telecommunications Device for the Deaf (TDD)).

To request cultural, linguistic and disability access services, contact Provider Services at **1-877-658-0305** (V/TTY) for assistance. During business hours, Spanish-speaking representatives are available, and our after-hours nurse advice line, NurseWise, provides Spanish-speaking representatives and registered nurses.

What's your **availability?**

Availability is defined as the extent to which California Health & Wellness 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 will 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 (without symptoms)	Within 10 business days of request
Routine care (with symptoms)	Within 10 business days of request
Emergency care	On demand — 24 hours a day seven days a week
Urgent care	Within 48 hours of a request (no prior authorization required); within 96 hours of request (prior authorization required)
Prenatal visit/OB services	First prenatal appointment should take place within two weeks of member request.
Behavioral health services	<ul style="list-style-type: none"> • Urgent care: Within 48 hours • Routine care with symptoms: within 10 business days • Routine care without symptoms: Within 30 calendar days • Behavioral health & substance use disorder services: Aftercare appointments within seven calendar days after hospital discharge

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 www.CAHealthWellness.com or by calling us at 1-877-658-0305. Please let us know at least 30 days before you expect a change to your demographic information.



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