

ProviderReport



Throughout our growth, we're focused on you

We are excited to share that, effective March 24, 2016, Centene Corporation, the parent company of California Health & Wellness, and Health Net, Inc. have combined as one company. Together, we are a strong, energized organization that provides access to quality healthcare services for more than 10 million members across the country. And, as our contracting practitioner, you can count on our continued support in providing care for our members.

Our combined company offers new, innovative healthcare products and specialty service solutions through government-sponsored programs, such as Medicaid, Medicare, TRICARE and Veterans Affairs. In addition, we are committed to serving commercial members through employer-sponsored benefits, individual policies and state health insurance exchanges. By offering a range of healthcare solutions, we make it easy for your patients to get covered.

In addition to expanding and improving our product options, we are focusing on the experience of our providers. We are determined to provide

you with support in effective ways, so you can continue delivering quality care to our members.

Additional information regarding the merger will be communicated as it becomes available. There are no changes to the way California Health & Wellness serves you and coordinates care for members. Please continue following current policies and procedures as outlined in your Provider Participation Agreement and our provider manuals. This includes eligibility verification, prior authorization and referrals, claims submission, grievances and appeals, and all other policy and procedural functions.

As always, your participation in our network is greatly appreciated. If you have any questions, please visit our website at CAHealthWellness.com or call provider services at **1-877-658-0305**.

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

Closing gaps in care: Quality incentive program update

California Health & Wellness providers earned more than \$1.8 million in bonuses through our Quality Incentive Program in 2015. The program, launched in July 2015, offers incentive bonus opportunities based on HEDIS performance. Provider groups were given monthly HEDIS Status Reports that identified patients with a gap in care for measures including comprehensive diabetes care, well-child visits, cervical cancer screenings, childhood and adolescent Immunizations, weight assessment and counseling for nutrition and physical activity, and controlling high blood pressure.

To support the program, the California Health & Wellness HEDIS Team collaborated with provider groups via webinar and in-person training to focus on topics such as:

- HEDIS – What it means and why we report HEDIS data
- Medical record documentation – per NCQA specifications
- Electronic health record (EHR) functionality – Ensuring EHR's capture everything needed for HEDIS reporting
- Review and adjustment of clinic processes to increase preventive health screenings
- Tools and work flows to increase HEDIS scores

PCPs who converted their noncompliant HEDIS patient listings to compliant by the end of 2015 received a Patient Level Compliance Bonus.

We're proud of the program's results. Participating provider groups made meaningful changes in their everyday practices, improving their HEDIS rates while raising patient compliance levels. All told, 137 provider groups and individual providers participated in 2015, positively affecting more than 35,000 members.

Two provider groups in particular went above and beyond their normal routines, significantly decreasing their gaps in care: Clinicas de Salud del Pueblo and Ampla Health.

Our Quality Improvement team is currently developing the 2016 Quality Incentive Program, which will launch in the upcoming months. For more information, contact the Quality Improvement Team at **1-877-658-0305**.



CLINICAS DE SALUD DEL PUEBLO

With more than 20,000 California Health & Wellness members, Clinicas de Salud del Pueblo (CSDSP) in Imperial County faced an uphill battle to improve HEDIS scores. With the help of our Quality Team, CSDSP increased their patient screenings by designing a program that truly changed the provider and patient experience:

- Assigning employees to work the monthly HEDIS Status Report
- Tracking how many patients were called, how many patients were scheduled, and how many HEDIS records were submitted to California Health & Wellness on a weekly basis
- Creating special Saturday clinics for women (cervical cancer screening measure)
- Implementing fast-track, in-house A1c testing and results
- Fostering employee engagement via a celebration luncheon

CSDSP converted more than 400 women in the cervical cancer screening HEDIS measure from non-compliant to compliant in December. With a simple change in their EHR system, they also converted more than 1,000 children to compliant for the weight assessment and counseling for nutrition and physical activity measure.

AMPLA HEALTH

Ampla Health serves more than 20,000 California Health & Wellness members in 11 Northern California counties. Like CSDSP, Ampla took the opportunity to partner with the California Health & Wellness HEDIS team to learn about the various reported HEDIS measures and NCQA specifications. As a result, Ampla assigned employees to review and interpret the monthly HEDIS Status Report and instituted special Saturday clinics for children (well-child visits for children ages 3-6). In the month of December, Ampla converted over 200 children from non-compliant to compliant.

Re-credentialing reminder

To comply with accreditation standards, California Health & Wellness re-credentials providers at least every 36 months from the date of the initial credentialing decision. The purpose of this process is to identify any changes in the practitioner's licensure, sanctions, certification, competence or health status that may affect the ability to perform services the provider is under contract to provide. This process includes all providers, primary care providers, specialists and ancillary providers/facilities previously credentialed to practice within the California Health & Wellness network.

NOTE: California Health & Wellness was established in November 2013. This means that providers who joined our network at, or prior to, our plan's inception will need to complete the re-credentialing process prior to November 2016. Providers will receive two notices by mail before credentialing expiration: once at 180 days from expiration and a final notice 60 days prior to expiration.

For more information, please contact our Contracting Department at chwp_contracting@cahealthwellness.com.



Pharmacy Home Program **announced**

California Health & Wellness has created a Pharmacy Home Program (PHP) to detect and prevent abuse of the pharmacy benefit by restricting members suspected of abuse to one specific pharmacy. To qualify for enrollment, the member must meet the following criteria: Over a three-month period, the member had narcotic analgesic prescriptions filled on a monthly basis that were written by three or more different prescribers. Members enrolled in the PHP are restricted to a single pharmacy for a 12-month period.

As of April 1, 2016, when a member is enrolled in the Pharmacy Home Program, the Pharmacy Department will notify the member's primary care provider and the assigned pharmacy of their selection. Pharmacy claims will not pay at any other pharmacy. Enrolled members will be allowed to obtain a 72-hour emergency supply of medication at pharmacies other than the designated pharmacy home in an emergency (e.g. when the designated pharmacy is closed, the member cannot readily access the pharmacy, or the pharmacy does not have the required medication in inventory).

IMMUNITYCONNECT LAUNCHES

California Health & Wellness members age 19 and older can now receive commonly administered adult vaccines at participating pharmacies via the ImmunityConnect program. Providers can send members to our ImmunityConnect network, which is comprised of the same pharmacies as our flu network, including CVS, Walgreens, Rite Aid, Target, Wal-Mart, regional chains and local independents.

The program will reduce scheduling and resource hassles for providers, while positively impacting HEDIS measures and improving member outcomes. Vaccines available through ImmunityConnect include: adult hepatitis A; adult hepatitis B; adult human papillomavirus (HPV); influenza (flu); measles/mumps/rubella (MMR); meningococcal; pneumococcal; herpes zoster (shingles); rabies; tetanus and diphtheria (Td); tetanus, diphtheria and pertussis (Tdap); and varicella (chickenpox).

Emergency Department (ED) Diversion program

Our Care Management Department has implemented an Emergency Department (ED) Diversion program intended to standardize our approach to identifying and assisting in appropriate ED room usage, promote continuity and coordination of care, educate members about available resources and encourage them to be active participants in their health.

Members who have three or more ED visits within a three-month period are offered care management support, coordination and education to overcome any obstacles preventing care from being rendered in a non-ED setting.

Your partnership is critical in this effort to modify behavior. Improving collaboration between our members and their primary care physicians will go a long way towards decreasing the frequency of inappropriate ED utilization and increasing appropriate preventative and non-emergent acute care services.

California Health & Wellness Telehealth **pilot program**

California Health & Wellness has developed a strategic plan to utilize Telehealth technologies to expand the reach of our contracted specialists. Contracting and credentialing with Telehealth specialty vendor groups are currently in process.

Telehealth will have a tremendous impact in terms of service timeliness and removing geographic barriers to access for our members. Clinicas de Salud del Pueblo in Imperial County is utilizing Telehealth technologies to determine if patients are at risk of blindness associated with diabetes. Clinical staff capture images using the highly sophisticated digital retinography camera. The images are then transmitted securely over the internet to specialists at the University of California Berkeley, who analyze the images and give a diagnosis within 24 hours.

Along with Clinicas, two other target organizations were selected for a six-month pilot phase. Ampla Health, which serves members in Butte, Colusa, Glenn, Sutter, Tehama and Yuba counties, is using Telehealth for diabetic retinopathy and video remote interpretation. Chapa De Indian Health Program in Placer, Nevada and Sierra counties is using Telehealth for "Direct Derm," a store-and-forward teledermatology program.

Further expansion of the Telehealth program is anticipated within our service areas once the pilot project concludes.

2015 PROVIDER SATISFACTION SURVEY RESULTS ANNOUNCED

The results of our 2015 Provider Satisfaction Survey have arrived, and we're pleased to share that we have improved in a majority of categories compared to the results of our 2014 survey. Our providers gave us higher ratings in five areas:

- Overall satisfaction increased from 40 percent to almost 57 percent.
- Our rating compared to all other plans the provider contracts with increased from 15.1 percent to 31.1 percent.
- Our rating on finance issues increased from 17 percent to 28 percent.
- Our pharmacy rating increased from 7.5 percent to 15.7 percent.
- "Recommended to other physicians' practices" increased from 54.4 percent to 67.1 percent.

The survey also identified areas for improvement:

- Resolution for claims payment problems and disputes.
- Access to case/care managers and the degree to which the plan covers and encourages preventive care and wellness.
- Network/coordination of care.
- Variety of branded drugs and ease of prescribing preferred medications within formulary guidelines.
- All aspects of provider relations.

We are grateful for your input, because it helps us identify opportunities to improve our service. Our Provider Satisfaction Workgroup is reviewing the survey results, evaluating initiatives already in place and developing new short-term and long term strategies to improve our ratings in 2016.

Readmission Prevention

Our Readmission Prevention program is designed to promote continuity of service to members as they transition from an acute care setting to home. The goal of the program is to redirect the member to primary care to prevent secondary health conditions or complications, re-hospitalization, or avoidable emergency room use.

The program is comprised of three components:

- Pre-admission calls are made to members with an upcoming scheduled in-patient stay. The objective is to assess current level of function, living arrangements and support structure to anticipate needs that may arise from the hospitalization.
- Post-discharge outreach to connect the member with their PCP and ensure they have appropriate access to needed follow-up care, home care services, DME and medications.
- Intervention with eligible members before they are discharged. Members that are readmitted within 30 days of a hospital stay or have three admissions in six months (maternity deliveries and behavioral health admissions are excluded) receive face-to-face interventions to identify barriers and encourage the member to connect with their PCP within seven days of discharge. The encounters include a screening to identify potential barriers to a successful discharge or any unidentified needs, coordination of the PCP post-discharge appointment and related aftercare services/equipment, and referrals to DM, community resources, and transportation as needed.

Currently, face-to-face interventions are only available at designated facilities. More facilities are slated to be added later this year.

