



Healthcare without hassles

California Health & Wellness is partnership driven. We are dedicated to providing “healthcare without hassles” so that you and your staff can focus on what you do best: providing quality healthcare to our members. We offer many programs and services to help you care for your patients, including, but not limited to, case management, a 24-hour nurse advice line, disease management programs, telephonic health coaching, health education, transportation assistance and a special outreach program to provide home visits. There is no cost for any of these services to you or our members.

We also understand provider challenges with administrative tasks and are committed to providing resources and support for you, when and how you need it. This includes:

- Initial and ongoing education through orientations, office visits, training and updates
- A dedicated claims team to ensure prompt payment
- Timely, informative reports to assist with patient outreach
- Minimal referral requirements and limited prior authorizations
- A dedicated provider network relations team with resources available in-person or by phone
- The ability to check member eligibility, authorization and claims status online
- A robust Quality Incentive Program that provides bonus opportunities for HEDIS performance improvement

Message from the CEO

On behalf of the California Health & Wellness family, I would like to extend our best wishes to our providers as we enter the holiday season. Thank you for your partnership as we work to transform the health of the community one member at a time.

As you know, the holiday season coincides with flu season. We strongly encourage you to participate in our 2015 Fluvention program, highlighted in this issue of our Provider Report. Fluvention is an initiative aimed at educating, encouraging and coordinating access for annual flu vaccinations in order to prevent or reduce the risk of influenza transmission.

You can help by encouraging your patients to get flu shots, either at your clinic or at a participating pharmacy. Your recommendation plays an important part not only in your patient's decision to get vaccinated, but in getting their family members vaccinated as well. Some patients express reservations or are misinformed

about the flu vaccine. We have included tips for addressing patient concerns with responses that clarify the facts about the flu vaccine.

Also in this issue are articles on how to impact HEDIS scores, our effort to provide “Healthcare without Hassles,” a Quality Incentive Program update, tips for quick claims payment, the latest news on the ICD-10 transition, and our new Mental Health Severity Guide. Our goal is to make the Provider Report a useful tool for you—which is why we would like to hear your input! You can share any thoughts or suggestions you might have via the contact form on our website:

<http://www.cahealthwellness.com/contact-us/>.

As always, thank you for the contributions you make year round to help our members get well, stay well and be well.

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



HEDIS for **heart care**

The high blood pressure control HEDIS measure applies to patients who have been diagnosed with hypertension (excluding individuals with end-stage renal disease and pregnant women). The HEDIS measure evaluates the percentage of patients with hypertension with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg, or 140/90). For patients ages 60-85, adequate control is defined as less than 150/90. HEDIS requires the last blood pressure result for 2015. It is recommended that if the blood pressure result is elevated (>140/90) it should be rechecked at a later time.

What providers can do

Continue to suggest and support lifestyle changes such as quitting smoking, losing

excess weight, beginning an exercise program and improving nutrition. Stress the value of prescribed medications for managing heart disease. California Health & Wellness can provide educational materials and other resources addressing the above topics.

Please encourage your California Health & Wellness patients to contact California Health & Wellness for assistance in managing their medical condition. California Health & Wellness case management staff members are available to assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions. If you have a member you feel could benefit from our case management program, please contact California Health & Wellness member services at **1-877-658-0305** and ask for medical case management.

HEDIS hybrid season is coming to all health plans

HEDIS rates are reported once a year and are a reflection of the health plan's performance. Rates for HEDIS Reporting Year 2016 will be submitted in June of 2016 and reflect services provided in 2015. Every year between February and the end of May, all health plans are allowed to supplement their administrative rates (collected through claims and encounters) with medical record data. We will be contracting with a vendor to assist with the search for medical records that will improve HEDIS rates. Every effort is being made to

complete this part of the medical record collection with as minimal disruption to you and your staff as possible. We understand we are not the only health plan requesting medical records and we want to minimize the impact this has on your office. You will soon receive information on what to expect in the next few months, as well as dates for upcoming webinars. We look forward to working with you and thank you in advance for your cooperation for this important and state required quality improvement project.

Tips for quick claims payment

We strive to process claims quickly, efficiently and accurately, and have streamlined our claims process to ease the administrative burden on our providers. We pay 99 percent of our claims within 30 days or less, and clean claims are typically paid in 6-9 days.

Following the guidelines below will greatly improve turnaround times and reduce the likelihood the claim will be rejected and/or denied.

- **Timely filing:** Submit first-time claims no later than the sixth month following the month of service
- **Required fields:** All required fields must be completed
- **Valid, complete codes:** All diagnosis, procedure, modifier, location (place of service), revenue, type of admission and source of admission codes must be valid and all diagnosis codes must be complete to their highest number of digits available (4th or 5th digit)
- **Correct forms:** Paper claims must be submitted using current industry standard CMS 1500 Claim Form (HCFA) or CMS 1450 (UB-04) Claim Form
- **Prior authorizations:** Appropriate authorizations must be obtained for the services performed

For the fastest processing, we strongly recommend that providers use Electronic Data Interchange (EDI) or submit claims through our Provider Portal. The benefits of billing electronically include:

- Reduction of overhead and administrative costs
 - o No need for paper claim submission
 - o Reduces claim re-work (adjustments)
- Receipt of clearinghouse reports as proof of claim receipt
- Faster transaction time
- Efficient validation of data

For more information, contact Provider Services at **1-877-658-0305** (V/TTY) or refer to your Provider Manual. Questions regarding electronically submitted claims should be directed to our EDI BA Support at **1-800-225-2573** Ext. **6075525** or via e-mail at **EDIBA@centene.com**.



HEDIS FOR DIABETES

The HEDIS measure for comprehensive diabetes care includes adult patients with Type I and Type II diabetes. There are multiple sub-measures included:

- HbA1c testing — completed at least once each calendar year. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- HbA1c level —
 - HbA1c result > 9.0 = poor control, for results >9 it's important to have them rechecked at a later date within the same calendar year.
 - HbA1c result < 8.0 = good control
- Blood pressure control — <140/90
- Dilated retinal eye exam — annually, unless the exam the year prior was negative, then every 2 years
- Nephropathy screening test — macroalbumin or microalbumin urine test at least annually (unless documented evidence of nephropathy)

What providers can do

1. Dilated retinal eye exam:

California Health & Wellness can assist your office with finding a vision provider. Our vision vendor supports our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.

2. Nephropathy screening test: Did you know a spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening?

Help your patients, help 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). Final HEDIS rates are reported to NCQA and state agencies once a year. Through HEDIS, NCQA and the state of California Department of Healthcare Services holds California Health & Wellness accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.)

delivered to its diverse membership. California Health & Wellness also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our 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 of the provider newsletter: diabetes and hypertension. Also, review California Health & Wellness's clinical practice guidelines at www.CAHealthWellness.com.

ICD-10 update

As you know, the nation switched from ICD-9 to ICD-10 coding for medical diagnoses and inpatient hospital procedures in October. Now that healthcare providers are using ICD-10 codes, some questions are coming up about using the diagnosis and procedure codes.

Recognizing that health care providers may need help with the transition, CMS has issued a new resource guide and contact list. The Centers for Medicare and Medicaid Services also has an ICD-10 Ombudsman to help healthcare organizations work out any ICD-10 issues.

There are also numerous resources for the provider community on the web. The Workgroup for Electronic Data Interchange (WEDI) Issue Reporting System is a repository for user-posted ICD-10 coding

questions and answers. If you have an ICD-10 coding problem, you can leave your contact information on the site and WEDI will contact you once they have a resolution to your issue.

You can also check the American Academy of Professional Coders (AAPC) forums to see if anyone has brought up your issue and addressed it. Many of the AAPC forums are for members only, but the value of this resource could justify the cost of an AAPC membership.

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.

Provider quality incentive program update

California Health & Wellness would like to thank all of our providers who are participating in the 2015 Provider Incentive Program. The first of two payouts was released at the end of October and we are proud to announce that we distributed more than \$1 million to providers who chose to participate.

There is still time to reap the benefits of this incentive program. We will continue to collect medical records for services provided through December 31, 2015. If records submitted meet NCQA HEDIS 2015 specification guidelines and result in converting a non-compliant member into a compliant member, you will receive an incentive payout in March of 2016. Please see your monthly HEDIS Status Report for your potential payout amount.

If a member is listed on your HEDIS Status Report as currently non-compliant there is still an opportunity to earn an incentive. Here are a few suggestions to help you maximize your incentive between now and the end of the year:

- Review your medical records and send us the documentation that indicates the member is compliant. We recommend you start with the critical measures as this will yield the greatest payout opportunity (PAP test results, HbA1C test results from 2015, immunization records, well-child exams).
- Identify which members still need services and try to get them in before the end of the year. Once the member has received the service, submit the claim or send us a copy of the medical record before Dec. 31, 2015.
- Identify which children are turning 2 years old before Dec. 31, 2015 and still need to complete their Combo 3 immunizations. If you complete their immunization series prior to their second birthday and submit their records to us by Dec. 31, 2015, you will get credit on your incentive.
- Turn a sick visit into a well-child visit by documenting health history, physical and mental developmental history, a physical exam and health education/anticipatory guidance.

Please contact our HEDIS department at **1-877-658-0305** if you have any questions and we'll be happy to offer a consultation to help you earn your incentive. We want you to receive as much of the incentive as you can. Your success is our success!

We will be introducing our 2016 Provider Incentive Program in early 2016. In the meantime, please join our Lunch and Learn HEDIS Educational Series to learn how you can get a jump start on the 2016 Provider Incentive Program (please visit the webinars page on our website for more details: http://www.cahealthwellness.com/for-providers/provider_webinars/). We look forward to partnering with you in our ongoing effort to deliver the highest quality care to our members.

How to dispel patient concerns about flu shots

The Centers for Disease Control and Prevention recommends that everyone 6 months of age and older be vaccinated. Your recommendation plays an important part not only in your patient's decision to get vaccinated, but in getting their family members vaccinated as well.

Ensuring your patients get vaccinated can be challenging as you may find that some patients express reservations or are misinformed about the flu vaccine. Here are some common concerns and misinformation your patients may have and responses to help clarify the facts about the flu vaccine.

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 the 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 2 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.

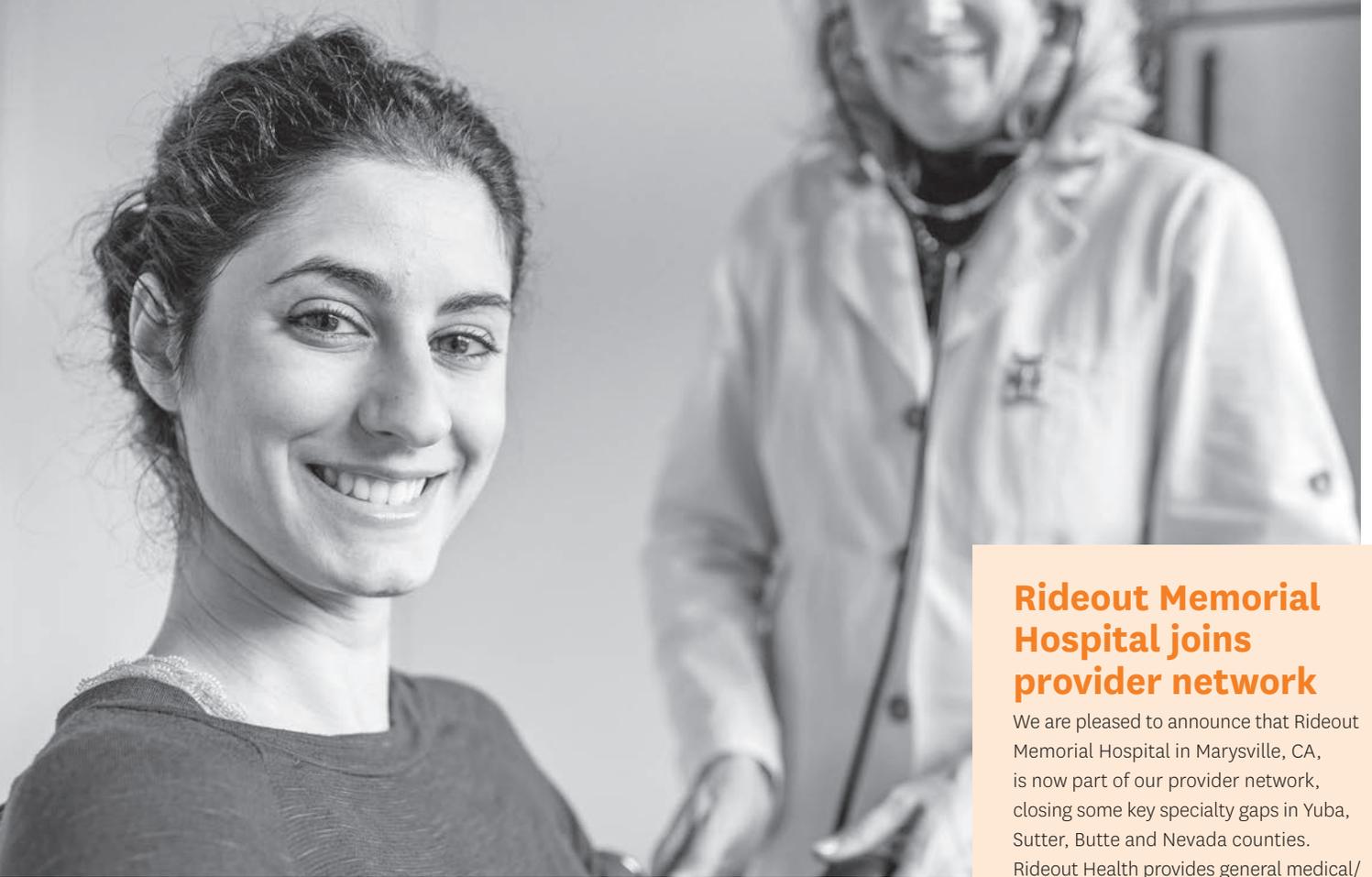
FLUVENTION 2015 ROLLS OUT

Flu season is here again and it's vitally important that our members get flu shots. Our Fluvention program is designed to promote healthy behaviors, including immunization and hygiene practices that can protect members from the seasonal flu. California Health & Wellness members over the age of 6 months can get a flu shot at no cost through their primary care provider (PCP), or by visiting a participating pharmacy.

The Fluvention program directly targets high-risk populations with mailings and phone calls, and includes a number of resources to support both members and providers. Provider toolkits featuring posters, flyers and tear pads will be sent out this month. The materials, available in both English and Spanish, are designed for use during your conversations and in your exam and waiting rooms. If you have not received a Fluvention toolkit, or would like more information, contact

Tiffany Perez at **1-877-658-0305**.

Remember, pharmacies are a great flu shot option for members who can't make it to their PCP and for PCPs who don't have capacity to provide flu shots to all members who need them. California Health & Wellness has a network of pharmacies participating in the Fluvention program. For a list of participating pharmacies in your area, contact your Provider Relations representative at **1-877-658-0305**.



Rideout Memorial Hospital joins provider network

We are pleased to announce that Rideout Memorial Hospital in Marysville, CA, is now part of our provider network, closing some key specialty gaps in Yuba, Sutter, Butte and Nevada counties.

Rideout Health provides general medical/surgical care, intensive care, heart care, pain management care, urologic care, neurosurgery, cancer care, extended care services, a senior living/senior services campus and a full range of support and ancillary services.

An ongoing renovation project has doubled the size of Rideout's Cancer Center and significantly expanded its Emergency Department, Level III trauma center, STEMI-receiving center and base hospital for emergency services in the region. In 2016, the project will culminate with the opening of a new six-level hospital building connected to the current structure, and a rooftop Heliport for Life Flight operations.

We welcome Rideout as a participating provider and look forward to working closely with them going forward!

New mental health severity guide developed

As many of our providers are aware, as of January 1, 2014, California Health & Wellness has covered certain outpatient mental health services. These services are for the treatment of mild to moderate mental health conditions, which include:

- Individual and group mental health testing and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services that include lab work, drugs, and supplies
- Outpatient services to monitor drug therapy
- Psychiatric consultation

To better support providers, we have developed a Mental Health Severity Guide to help providers identify patients that they can treat, versus patients that would benefit from a referral to our county behavioral health partners.

This tool is available on the Provider Resources page of our website. For more information, contact your Provider Relations representative at **1-877-658-0305**.



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