



nh healthy families™

provider bulletin

FALL/WINTER 2016



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 this preventive measure. Lay their fears to rest with this helpful guide.

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 and still benefit. Flu season typically hits its peak in February.

PATIENT CONCERN:

"The shot will give me the flu."

The flu shot can't cause flu illness. The vaccine is made with either 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—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 something.

PATIENT CONCERN:

"What if I'm allergic?"

Allergic reactions are extremely rare and happen quickly (within minutes or hours). These are life threatening, but effective treatments exist.

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.

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/. ■

The Importance of 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 NH Healthy Families, we review HEDIS rates on an ongoing basis and collaborate with providers, 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, children’s health, and flu.** ■

HEDIS® Measurements: Children’s Health

HEDIS® measurements are an important part of measuring and reporting on health care quality. They give consumers and employers a way to make informed decisions as they choose care. Below is a summary of key HEDIS® measurements related to children’s health.

Well-Child Exams

- Ages 0 to 15 months: Six well-care visits (at least two weeks apart) with a Primary Care Physician (PCP), to include health and development history, physical exam, and health education/anticipatory guidance.
- Ages 3 to 6 years: Annual well-care visit with a PCP each year, to include health and development history, physical exam and health education/anticipatory guidance.
- Ages 12 to 21 years: Annual well-care visit with a PCP or ob/gyn, to include health and development history, physical exam and health education/anticipatory guidance.

Lead Screening

- For children in the Medicaid population, at least one capillary or venous lead screening test on or before their second birthday.

We are here to help

Contact Provider Services at 1-866-769-3085.

Explore our site for tools and tips about utilization management, quality improvement, prior authorization and more. To learn more about our provider services, please check our provider manual, available at NHhealthyfamilies.com. If you or one of our members would like a paper copy of anything found on our site, please call Provider Services. ■



How We Strive for Quality

NH Healthy Families’s 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 Quality Improvement (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 condition.
- 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 NHhealthyfamilies.com or call us at **1-866-769-3085.** ■

Are You Available?

“Availability” is defined as the extent to which NH Healthy Families 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 essential to member care and treatment outcomes. NH Healthy Families evaluates its performance in meeting these standards and appreciates providers working with us. Summary information is reported to the Quality Improvement Committee for review and recommendation and is incorporated into our annual assessment of quality improvement activities. The Quality Improvement Committee reviews the information for opportunities for improvement and provides recommendations.

TYPE OF APPOINTMENT	SCHEDULING TIME FRAME
Transitional care after inpatient stay (medical or behavioral)—PCP, specialist or CMHC	Within 7 calendar days of discharge
Transitional care after inpatient stay (medical or behavioral)—home care	Within 2 calendar days of discharge—must be ordered by PCP, specialist care provider or as part of discharge plan
PCP—non-symptomatic office visit	Within 45 calendar days of request
PCP—non-urgent, symptomatic visits	Within 10 calendar days of request
PCP or other provider urgent, symptomatic office visits	Within 48 hours
Mental health providers	Care within 6 hours for a non-life threatening emergency; care within 48 hours for urgent care; appointment within 10 business days for a routine office visit
Post discharge from New Hampshire Hospital	Contact with community mental health center within 49 hours of psychiatric discharge from New Hampshire Hospital and follow-up appointment to occur within 7 calendar days
Private hospital psychiatric discharge	Follow-up appointment within 7 calendar days
Emergency providers (medical and behavioral)	Immediately (24 hours a day, 7 days a week) and without prior authorization

The Appropriate Use of Resources

NH Healthy Families and its delegated partners have utilization and claims management systems in place to identify, track, and monitor care provided and to ensure appropriate care is provided to members.

NH Healthy Families does not reward practitioners, providers, or employees who perform utilization reviews, including those of the delegated entities for issuing denials of coverage or care. Utilization Management (UM) decision-making is based only on appropriateness of care, service, and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Utilization denials are based on lack of medical necessity or lack of covered benefit. Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, and referrals

to specialists and ancillary services. Criteria are established and periodically evaluated and updated with appropriate involvement from physician members of the NH Healthy Families UM Committee. A link to NH Healthy Families Medical Policies can be found by going to Provider Resources in the “For Providers” section of NHhealthyfamilies.com. Practitioners have the opportunity to discuss any medical or behavioral health UM denial decisions with a physician or other appropriate reviewer at the time of notification to the requesting practitioner/ facility of an adverse determination.

For questions or to obtain the criteria used to make a specific decision: **call 1-866-769-3085 and ask for our UM staff.**

We are available Monday through Friday, 8 a.m. – 5 p.m. ■

How to Promote Women's Screenings

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

1 BREAST CANCER SCREENING

Women ages 50 and older should have a mammogram every one to two years. (Women who've had bilateral mastectomies are exempt.) Some medical practices take the fear out of mammography with fun, female-focused parties, where patients can network, get spa treatments and check the test off their lists in a relaxing environment.

2 CERVICAL CANCER SCREENING

It's natural for patients to put off those less-than-pleasant tests. Remind patients when they're due for a well-woman exam with emails or mailers. Consider suggesting getting the test on the same day every year. Some women choose their birthdays so they never forget.

HEDIS requests one of two tests: cervical cytology 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

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. A good time to bring it up? The annual physical exam.

4 PRENATAL AND POSTPARTUM

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

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 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 as well as for management of chronic diseases.

Preventive and chronic disease guidelines cover the following:

- ADHD
- Preventive services
- Asthma
- Immunizations, including influenza and pneumococcal
- Breast cancer
- Depression
- Diabetes

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.

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

- **NH Healthy Families PROVIDER SERVICES:**
1-866-769-3085, Monday to Friday, 8 a.m. to 5 p.m.
- Ambetter from NH Healthy Families 1-844-265-1278



nh healthy families.

©2016 Granite State Health Plan, Inc. All rights reserved.
NH Healthy Families is underwritten by Granite State Health Plan, Inc.