provider report

coordinated care™

FALL 2013 | COORDINATEDCAREHEALTH.COM

Updates to the Provider Directory

Coordinated Care s website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers, pharmacies and other medical facilities. Members can visit **www.CoordinatedCareHealth.com** and select "Find a Provider.

Members may also call our Member Services at **1-877-644-4613,** Monday through Friday, 8 a.m. to 5 p.m. PST for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call Provider Services at **1-877-644-4613** during normal business hours to have it corrected. Or you may access the form on our website to change your demographic information.

Let Our Standards Be Your Starting Point

Coordinated Care's 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 collaborative. 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 include:

- ADHD
- Adult preventive
- 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.

GET THE GUIDELINES: For the most up-to-date version of preventive and clinical practice guidelines, go to **www.CoordinatedCareHeatlh.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.

How We Strive for Quality

Coordinated Care's primary quality improvement goal is to advance members' health through a variety of meaningful activities implemented across all care settings. Our culture and processes are structured around this mission and our Quality Improvement (QI) program is a critical part of these efforts.

SCOPE: The scope of our QI program is comprehensive, addressing the quality and safety of clinical care and services provided to our members—including physical, behavioral, dental and vision care. Coordinated Care incorporates all demographic groups, care settings and services in our QI activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care and ancillary services.

OBJECTIVES & METRICS: As we strive to improve the health of our members, the QI program is involved in planning and monitoring several metrics. Components include, but are not limited to:

- QI studies.
- Investigation and tracking of potential quality of care and quality of service complaints.
- Ongoing monitoring of 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 **www.CoordinatedCareHealth.com** or call us at **1-877-644-4613.**

COUNTDOWN TO ICD-10 COMPLIANCE

ICD-10 OVERVIEW

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. healthcare settings. Diagnosis coding under ICD-10-CM uses three to seven digits instead of the three to five digits used with ICD-9-CM, but the format of the code sets is similar. ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10-PCS uses seven alphanumeric digits instead of the three or four numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. (**www.cms.gov/ICD10**)

The health plan will be ICD-10 compliant by 10/1/2014. The health plan will be able to process (send/ receive) transactions and perform analytics using ICD-10 diagnosis and procedure codes. Providers must submit claims with codes that align with CMS and state guidelines.

Your Role in Medication Management

Patients of all ages are adding pills to their daily lives. In addition to prescribed medication, they may take over-the-counter medications. Vitamins, dietary supplements or herbal remedies are also a possibility. With no medical person overseeing this menu of medications, the ingredients could possibly clash, causing dangerous side effects or drug interactions.

That's where physicians and their staff can make a big difference. Here's how:

- You make sure your patients' medications are taken as directed. You encourage patients to ask questions and report on side effects.
- Through your appointment coordinator, you ask patients to bring a list of any pills they take to their next checkup. You review the list for dangerous interactions or duplicates.
- You remind your patients to get rid of expired or discontinued meds.
- When you prescribe new medication, you check the patient's list of existing medications. You make certain that the patient understands when and for how long to take the medication. You also explain exactly why you are prescribing it.

Record Keeping

Coordinated Care requires participating practitioners to maintain uniform, organized medical records that contain patient demographics and medical information regarding services rendered to members.

Please note, medical records must be:

- **Complete and systematic:** Medical records must be maintained in an organized system that's in compliance with the Coordinated Care medical documentation and record-keeping practice standards. These standards are intended to assist providers in keeping complete files about all our members, and are consistent with state contract requirements and industry standards.
- **Confidential:** Medical records and information must also be protected from public access. Any information released must comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines.
- **Maintained for a period of time:** Records must be maintained for at least seven years from the date of service—unless federal or state law or medical practice standards require a longer retention period.
- **Available for audits:** Upon request, all participating practitioners' medical records must be available for Utilization Management and Quality Improvement initiatives, as well as regulatory agencies' requests and member inquiries, as stated in the practitioner agreement. Periodically, Coordinated Care 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.CoordinatedCareHealth.com**.

When Are Your Services Available?

Coordinated Care strives to ensure members have access to timely, appropriate care for their health needs. We work with contracted providers like you to establish clear standards for scheduling appointments and the length of wait times.

When scheduling appointments, members should be able to get an appointment as follows:

- Routine care—within 30 calendar days.
- Urgent care—within 48 hours of referral.
- Emergency care—should be performed immediately upon arrival.

For office wait times, these standards should be followed:

- Wait times for scheduled appointments should not exceed 60 minutes.
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment.
- Emergency patients should be seen immediately.

After normal business hours, all practitioners are required to provide arrangements for access to a covering physician, an answering service, a triage service or a voice message that directs members how to access emergency care.

Flu Shots for Adults Ages 18 to 64

This recently updated HEDIS measure was expanded to include adults 18 to 49. Don t miss a chance to protect your patients and community from this year s flu. Ask every patient you see if they have received their vaccine. Staff members who make appointments should check with patients about their flu vaccine status. Lastly, make sure you and your staff get the annual vaccine.

Women's Health Screenings

- **BREAST CANCER:** This recently updated HEDIS measure now monitors the percentage of women 50 to 74 years old who had a mammogram to screen for breast cancer in the last year. According to the Centers for Disease Control and Prevention, mammograms are the best method to detect breast cancer early, when it is easier to treat and before a tumor is big enough to feel or cause symptoms.
- **CERVICAL CANCER:** This measure reviews the number of women who were appropriately screened according to evidence-based guidelines. The 2014 HEDIS measures allow for two appropriate methods of screening: cytology performed every three years in women 21 to 65 years old and cytology/HPV co-testing performed every five years for women 30 to 65 years old.
- **CHLAMYDIA:** This measure looks for one chlamydia test per year for sexually active women 16 to 24 years old. Start the conversation about this potentially serious STI by reassuring patients that screening is simple and can be non-invasive. Explain that there may be no symptoms, but treatment is easy. Add the chlamydia screening as a standard lab for women in this demographic.

HELP US IMPROVE 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). HEDIS provides purchasers and consumers with reliable information to compare the performance of healthcare plans.

At Coordinated Care, we review HEDIS rates on an ongoing basis and continually look for ways to improve our numbers as part of our commitment to providing access to high-quality and appropriate care to our members. While final HEDIS rates are reported to NCQA and state agencies every year, we monitor these scores on an ongoing basis.

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

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

This measure is checking for patients 2 to 18 years old who had a diagnosis of pharyngitis, strep throat or tonsillitis and whether they received a strep test before antibiotics were prescribed. Provider offices should remember to conduct a rapid strep or throat culture to confirm diagnosis before prescribing antibiotics. Educating patients and caregivers about ways to relieve discomfort is also valuable. Recommend acetaminophen for pain and fever, extra fluids, rest and salt water gargles.

coordinated care™

Published by McMurry/TMG, LLC. © 2013. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. McMurry/TMG makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.