



Supporting **successful** transitions in care

Magnolia Health supports integrated care for its members. We can help providers find the appropriate facility, specialist or physician for members. In particular, patients with complex or coexisting conditions, individuals who are receiving behavioral health services and older adolescents benefit from thorough transitions in care.

We support members of all ages in getting the right care for their needs. Magnolia can assist members who are reaching adulthood choose an adult primary care practitioner.

Members who need help finding the right doctor or making appointments can call our Member Services at **1-866-912-6285**. Providers can call **1-866-912-6285** for assistance.

When is the right time to shift to adult care?

The American Academy of Pediatrics recommends a transition to an adult care provider between 18 and 21 years old, considering each case individually and including discussion with the patient and his or her caregivers.

We encourage your staff to contact Magnolia for help shifting a patient to a new physician, if needed. You can also find tip sheets and clinical resources at gottransition.org, a program of The National Alliance to Advance Adolescent Health.



What's the difference between sore and strep throat? See page 2.



Quality is a cornerstone

The Magnolia Quality Improvement (QI) Program has two primary goals:

1. To ensure the quality and safety of clinical care and services
2. To ensure compliance with any relevant state and federal regulations and accreditation (e.g., NCQA, URAC) standards

To support these goals, we've developed a comprehensive system to monitor compliance, member and provider experience, complaints, continuity and coordination of care, medical record documentation, as well as effectiveness of our case management and disease management services.

We define quality care as care that is accessible, efficient and culturally sensitive and provided in the most appropriate setting. Wherever possible, delivery of care occurs within the member's community and is provided according to professionally accepted standards in a coordinated, continuous manner.

Our QI strategy is developed with the help of practitioners and members. Magnolia Health partners with providers and practitioners to gather performance data through HEDIS and other contractual and regulatory programs to ensure the success of the QI Program.

If you are interested in contributing to our QI efforts or have questions about our QI program, call **1-866-912-6285**.

Examples of efforts under way to support our QI goals include:

- Direct member outreach to assist with scheduling well-visits and screenings
- Back to school immunization fairs
- Care and Disease Management referrals

Our QI goal is to advance members' health through a variety of meaningful initiatives across all care settings.

Community Education

As patient visits increase due to general respiratory ailments, runny noses and sore throats, here's an easy way to educate about the difference between a sore throat and strep throat. **Print this chart and post it in your waiting room.**



Sore or Strep



VIRAL SORE THROAT SYMPTOMS	STREP THROAT SYMPTOMS
Cough	Sudden throat pain and difficulty swallowing
Fever	Fever over 101°F
Mucus	Headache
Runny nose	Body ache
Watery eyes	Vomiting
Fatigue	Redness of the throat
There may also be redness in your throat, swollen lymph nodes or white patches on your tonsils.	Swollen lymph nodes
	White patches on the throat
REMEMBER: Antibiotics are not a cure for viral conditions. To ease symptoms of a sore throat, try pain reliever medication, fluids, warm water with salt and lozenges.	REMEMBER: Antibiotics treat strep throat. Your symptoms could go away without antibiotics, but they are needed to help avoid complications and stop the spread of infection.

Why does HEDIS matter?

Through the Healthcare Effectiveness Data and Information Set (HEDIS), NCQA holds Magnolia Health accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Magnolia Health also reviews HEDIS rates regularly as part of its quality improvement efforts. Please review the HEDIS measures and goals shown below.



HEDIS health measures

The flu vaccine is the best protection against flu and flu-related complications. Vaccinations can reduce flu-related hospitalizations by 71 percent, according to U.S. Department of Health and Human Services.

The HEDIS measure definition: The percentage of adults 18–64 years of age who report receiving an influenza vaccination.

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/flu-vaccinations>

Cervical cancer is preventable with effective screening. Yet, according to the National Cancer Institute, only 46 percent of cervical cancers are diagnosed when the cancer is localized and highly treatable. Each year cervical cancer results in 4,000 deaths in the United States.

The HEDIS measure definition: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/cervical-cancer-screening>

How are we doing?

HEDIS Measure	Magnolia Rate	Goal: Division of Medicaid
Cervical cancer screening (CCS)	55.91%	56.05%

Rates current as of August 1, 2016

Human papillomavirus vaccination can reduce the risk of infection and help prevent cervical cancer. According to the CDC, male and female adolescents should receive the vaccine.

The HEDIS measure definition: The percentage of adolescents 13 years of age that had 3 doses of the human papillomavirus (HPV) vaccine by their 13th birthday

Learn more: www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/hpv

How are we doing?

HEDIS Measure	Magnolia Rate	Goal: Division of Medicaid
Immunization for adolescents—sub measure HPV	6.21%	12.06%

Rates current as of August 1, 2016

Early Periodic Screening Diagnostic and Treatment (EPSDT)

According to the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care, babies should receive 7 screenings beginning at birth and prior to turning 12 months of age. The schedule guideline that is recommended by Bright Futures is as follows:

Screening 1	Newborn
Screening 2	3-5 days
Screening 3	By 1 month
Screening 4	2 months
Screening 5	4 months
Screening 6	6 months
Screening 7	9 months

If a baby misses any of these visits, the visit can be made up prior to the baby turning 12 months of age.

CPT codes: 99381 and 99391
CPT 4 codes: 99202-99205 and 99213-99215
These codes must be used in conjunction with codes V20-V20.2, V20.3, V20.31 and V20.32 and or V70.0 and/or V70.3-V70.9



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 published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by the Centene Clinical Policy Committee and our QI Committee.

We encourage providers to use these guidelines, for both preventive services as well as the management of chronic diseases, as a basis for developing personalized treatment plans for our members and to help members make decisions about their healthcare.

If you have questions, you can reach Magnolia provider services at 1-866-912-6285.

Provider website

Preventive and chronic disease guidelines include the following:

- ADHD
- Adult and child preventive services
- Asthma
- Breast cancer
- Depression
- Diabetes
- Immunizations, including influenza and pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and may perform 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 www.MagnoliaHealthPlan.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.

Your role

Providers play a central role in promoting the health of our members. You and your staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

Get access to resources, education and training. Go to www.MagnoliaHealthPlan.com for the following materials:

- Preferred drug list
- Manuals, forms and resources
- Prior authorization online tool
- Provider news and educational information

On the secure portal, you can also:

- Check member eligibility and patient listings
- View historical health records and care gaps
- Submit claims and view claims status

- View and submit service authorizations
- Submit assessments
- Update demographic data



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