ProviderReport

magnolia health™

Review of denials

Any time we make a decision to deny, reduce, suspend or stop coverage of certain services, Magnolia Health (Magnolia) will send you and your patient written notification. The denial notice includes information on the availability of a medical director to discuss the decision.

Peer-to-peer reviews

If a request for medical services is denied because of a lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling Magnolia at **1-866-912-6285**. A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Filing appeals

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted orally or in writing.

Please remember to always include sufficient clinical information when submitting appeals to allow for Magnolia to make timely medical necessity decisions based on complete information.

REMINDER: Don't delay on credentialing

During the credentialing and recredentialing process, Magnolia obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank.

Practitioners have the right to review primary source materials collected during this process. If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Magnolia will notify the practitioner and request clarification.

A written explanation detailing the error or the difference in information must be submitted to Magnolia in order to be included as part of the credentialing and recredentialing process. It's important that we receive this information in a timely manner to avoid delays in credentialing decisions.

Providers also have the right to request the status of their credentialing or recredentialing applications at any time by contacting Provider Services at **1-866-912-6285**.

Advance directives: **The conversation can start with you**

Advance directives can be a sensitive topic to bring up with your patients, but it's vital they understand their rights to execute these important documents. Magnolia wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

We encourage you to explain this process to your patients and to show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so that it can be filed with their medical records.

Providers are required to document provision of information and note whether patients have an advance directive in their permanent medical records.

Why HEDIS matters

HEDIS, the Healthcare Effectiveness Data and Information Set, is a list of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most of America's health plans to measure performance on important aspects of care and service.

HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year.

Through HEDIS, NCQA holds Magnolia accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Magnolia also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve those 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: diabetes, medication adherence, high blood pressure and cardiovascular disease. Also, review Magnolia's clinical practice guidelines at **www.magnoliahealthplan.com** and encourage your Magnolia members to contact Magnolia for help managing their medical conditions. Magnolia care management staff members are available to assist with patients who have difficulty managing their conditions, challenges adhering to prescribed medications or difficulty filling their prescriptions. If you have a member you feel could benefit from our care management program, please contact Magnolia Member Services at **1-866-912-6285** and ask for medical care management.

The following are areas in which we perform well:

Measure	2014	2015	Goal
Diabetes A1c testing	81.90%	85.65%	81.10%
Diabetes – Monitoring for kidney disease	85.15%	92.13%	90.33%
Cervical cancer screening	57.82%	59.14%	56.05%

Areas that need improvement:

Measure	2014	2015	Goal
Controlling blood pressure	46.36%	32.23%	91.84%
Weight assessment for children and adolescents	36.28%	24.04%	33.17%
Chlamydia screening in women	60.64%	58.25%	68.00%

Inform your patients: The National Hospice and Palliative Care Organization has compiled key information about advance directives in a question-and-answer format: **www.caringinfo.org/files/public/brochures/Understanding_Advance_Directives.pdf**. Patients can find state-specific advance directives here: **www.caringinfo.org/i4a/pages/index.cfm?pageid=3289**.

What our members are saying

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers, as well as the service they receive from the health plan. Magnolia will be using the results to guide our improvement efforts.

We also want to share the results with you, since you and your staff are vital components of our members' satisfaction.

Here are some key findings from the survey. Areas where we scored well include:

- Customer service: 92.4 percent
- Rating of personal doctor: 85.5 percent
- How well doctors communicate: 91.2 percent

Based on the feedback we received, some areas we have been working to improve include:

- Getting care quickly: 80.6 percent
- Rating of health plan: 76.6 percent
- Rating of healthcare: 76.6 percent

Magnolia takes our members' concerns seriously and will work with you to improve members' satisfaction in the future.

Let us know your plans

Our goal is to provide seamless care for our members. To support this goal, it's important that we know if you're planning to move, change phone numbers or leave the network.

To ensure that your contact information and status are up to date, visit our secure provider portal at **www.magnoliahealthplan.com** or call **1-866-912-6285**. Please let us know at least 30 days before you expect a change to your information.

HEDIS for medication adherence

Medication adherence remains an integral part of the overall health outcomes for patients prescribed medications for diseases such as asthma and depression.

What providers can do

1. Consider prescribing the simplest medication regimen.
2. Schedule regular follow-up appointments to assess medication adherence.
3. Refer the patient to Magnolia care management.

HEDIS FOR DIABETES CARE

The HEDIS measure for comprehensive diabetes care is directed to adult patients ages 18 to 75 who have type 1 or type 2 diabetes.

- **HbA1c testing:** Completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- **HbA1c level:**
  - → HbA1c result > 9.0 = poor control (CPT II code 3046F)
  - → HbA1c result < 8 = in control (CPT II code 3045F)
- **Dilated retinal eye exam:** Exam in previous two years
- **Medical care for nephropathy:** At least one of the following: nephropathy screening, ACE /ARB therapy or documented evidence of nephropathy
- **Blood pressure:** < 140/90 mm Hg considered in control

What providers can do

1. **Dilated retinal eye exam:** Magnolia can assist your office with finding a vision provider. Our vision vendors support our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
2. **HbA1c levels:**
   - → Refer to care management
   - → Refer to endocrinologist
   - → Assess A1c level multiple times a year
   - → Verify patient has properly working equipment to test at home

HEDIS for high blood pressure

The medical costs of high blood pressure total more than $46 billion annually. This number could increase to $274 billion by 2030. Approximately 1 in 3 U.S. adults, or about 70 million people, has high blood pressure, but only about half of these people have it under control.

The high blood pressure control HEDIS measure applies to the percentage of adults 18 to 85 years old who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Adequate control is defined by the following criteria:

- Adults 18–59 years of age whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 years of age, with a diagnosis of diabetes, whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 years of age, without a diagnosis of diabetes, whose blood pressure was less than 150/90 mm Hg

Exclusions apply if there is evidence of the following during the measurement year:

- End-stage renal disease
- Kidney transplant or dialysis
- Pregnancy
- Non-acute inpatient admission

What providers can do

1. Recheck and document blood pressure before a patient leaves the clinic.
2. Ensure routine calibration of equipment in the office.
3. Ensure the correct size blood pressure cuff is used for each patient.
4. Teach patients how lifestyle changes can control high blood pressure: Encourage low-sodium diets, increased physical activity and smoking cessation.
5. Prescribe and follow up on blood pressure medication: Patients may assume that because they "feel good," they may stop filling their prescriptions. Confirm that they understand the importance of keeping up with these prescriptions.
6. Educate patients on how to check blood pressure at home.
7. Refer to Magnolia care management.

HEDIS for cardiovascular disease

- The HEDIS measure for **persistence of beta-blocker treatment after heart attack** applies to the percentage of adults age 18 and older during the measurement year who were hospitalized and then discharged with a diagnosis of acute myocardial infarction.
- The HEDIS measure for **statin therapy for patients with cardiovascular disease** applies to men ages 21 to 75 and women ages 40 to 75. Rates reported include:
  - → Members who received at least one high- or moderate-intensity statin therapy during the measurement year
  - → Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period, from prescription date through end of year

What providers can do

1. **Suggest specific lifestyle changes:** Quitting smoking, losing excess weight, beginning an exercise program and improving nutrition are valuable health goals. However, broad goals like these are hard to attain. Instead, stress the value of small changes over time.
2. **Stress the value of prescribed medications for managing heart disease:** Magnolia can provide educational materials and other resources addressing the above topics.

Recommendations for preventive pediatric healthcare
Bright Futures/American Academy of Pediatrics

Bright Futures is a national health promotion and prevention initiative, promoting and improving the health and well-being of children and adolescents. The Bright Futures periodicity schedule was adopted by the Division of Medicaid in November 2015.

For more information regarding the Bright Futures periodicity schedule, please go to **www.BrightFutures.org**.

	INFANCY							EARLY CHILDHOOD				
Age	Newborn	3-5 days	By 1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	24 mos	30 mos
Measurements	•	•	•	•	•	•	•	•	•	•	•	•
Sensory screening	•	•	•	•	•	•	•	•	•	•	•	•
Developmental/ behavioral assessment	•	•	•	•	•	•	•	•	•	•	•	•
Physical examination	•	•	•	•	•	•	•	•	•	•	•	•
Lead screening						•	•	•		•	•	
Oral health						•	•	•		•	•	•
Anticipatory guidance	•	•	•	•	•	•	•	•	•	•	•	•

According to the Bright Futures periodicity schedule, babies should receive seven screenings beginning at birth and prior to turning 12 months of age. The schedule guideline that is recommended by Bright Futures is as follows:

Newborn **3-5 days** **1 month** **2 months** **4 months** **6 months** **9 months**

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

CPT codes: New patient – 99381 / Established patient – 99391

3 YEARS – 21 YEARS

Every year from age 3-21
EPSDT screening
Calculate BMI percentile

Age 9, 10, 11
Tdap required
HPV recommended
Meningococcal recommended

After age 16
Chlamydia screening

Early screenings for children

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive healthcare services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
- **Treatment:** Control, correct or reduce health problems found

EPSDT is made up of the following screening, diagnostic and treatment services:

- Vision
- Dental
- Hearing
- **Other necessary healthcare services:** States are required to provide any additional healthcare services that are coverable under the federal Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered, regardless of whether the service is covered in a state's Medicaid plan. It is the responsibility of states to determine medical necessity on a case-by-case basis.
- **Diagnostic services:** When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided. Necessary referrals should be made without delay, and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation. States should develop quality assurance procedures to ensure that comprehensive care is provided.
- **Treatment:** Necessary healthcare services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

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