

# provider report



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## Appointment **Availability**

**Home State Health Plan** works with contracted providers like you to establish clear standards for availability and wait times.

When scheduling PCP services, members should be able to make appointments as follows:

- ▶ **Routine care without symptoms** (e.g. well-child exams, routine physicals)—within thirty (30) calendar days.
- ▶ **Routine care with symptoms** (e.g. persistent rash, recurring high grade temperature)—within one (1) week or five (5) business days, whichever is earlier.
- ▶ **Urgent care** (e.g. high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services)—within twenty-four (24) hours of referral.

- ▶ **For emergent or emergency visits**—immediately upon presentation.

For office wait times (defined as time spent both in the lobby and in the exam room), these standards should be followed:

- ▶ Wait times for scheduled appointments should not exceed sixty (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 business hours, providers are required to offer arrangements for access to a covering physician, or have an answering service, triage service or voice message that directs members how to access urgent and emergency care.

When scheduling OB services, members should be able to make appointments as follows:

- ▶ **First trimester appointments**—within seven (7) calendar days of first request.
- ▶ **Second trimester appointments**—within seven (7) calendar days of first request.
- ▶ **Third trimester appointments**—within three (3) calendar days of first request.
- ▶ **High-risk pregnancies**—within three (3) calendar days of identification of high risk or immediately if emergency exists.

When scheduling behavioral health services, members should be able to make appointments as follows:

- ▶ **After-care appointments**—within seven (7) calendar days after hospital discharge.
- ▶ **Emergent services**—immediately.

## HOW WE STRIVE FOR QUALITY

Home State Health Plan'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 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 [www.HomeStateHealth.com](http://www.HomeStateHealth.com) or call us **1-855-694-HOME (4663)**.

## Are You In Our Provider Directory?

Home State Health Plan's website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers and other medical facilities. They can visit [www.HomeStateHealth.com](http://www.HomeStateHealth.com) and select "Find a Provider" in the member section.

Members may also call Member Services at **1-855-694-HOME (4663)** for help finding a provider.

If any of your demographic information, such as location, office hours, phone or fax number, has changed or is not listed accurately in our Provider Directory, you can request demographic changes via our secure provider portal at [www.HomeStateHealth.com](http://www.HomeStateHealth.com) or call **1-855-694-HOME (4663)**, Monday through Friday, 8 a.m. to 5 p.m. Please notify Home State at least thirty (30) days prior to the effective date of any demographic change.



For the most up-to-date version of preventive and clinical practice guidelines, go to [www.HomeStateHealth.com](http://www.HomeStateHealth.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.

## 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 many conditions, including the following:

- ▶ 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 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.

# 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 excepted.)

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.

## You Can Impact 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).

At Home State Health Plan, we review HEDIS rates on an ongoing basis, 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 and flu.





## Resources for Providing Culturally Competent Care

Home State Health Plan encourages and advocates for providers to offer culturally competent care for its members. Sensitivity to differing cultural influences, beliefs and backgrounds can improve not only a provider's ability to treat and communicate with patients but also, in the long run, the health of the patients themselves.

Local, state and national provider organizations to which you belong are likely to have information resources available. Providers may request this information by contacting their Provider Services Representative.

Providers are also encouraged to participate in training provided by other organizations. For information on these resources and trainings, visit:

► <https://cccm.thinkculturalhealth.hhs.gov>, "A Physician's Practical Guide to Culturally Competent Care," developed by the U.S. Department of Health and Human Services, Office of Minority Health.

► [www.hrsa.gov/healthliteracy](http://www.hrsa.gov/healthliteracy), The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) site. Providers can find free online courses on topics such as addressing health literacy, cultural competency and limited English proficiency.



## 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](http://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](http://www.washingtonpost.com/blogs/wonkblog/wp/2013/01/12/why-64-8-percent-of-americans-didnt-get-a-flu-shot).

