



## Support HEDIS for member health

Sunshine Health strives to provide quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS provides a standardized method for managed care organizations to collect, calculate and report information about their performance. This allows employers, purchasers and consumers to compare plans. Health plans themselves use HEDIS results to see where to focus their improvement efforts.

More than 90 percent of America's health plans use HEDIS to measure performance on important dimensions of care and services.

Please take note of the HEDIS measures highlighted on the following pages regarding colds and flu and women's healthcare screenings.

### You can improve HEDIS scores

To help your practice increase its HEDIS performance scores, we discuss key HEDIS measures in each issue of our newsletter. We also offer guidance on how to bill appropriately. Please follow state and Centers for Medicare & Medicaid Services billing guidance, and ensure the HEDIS codes are covered before submitting.

Here are some ways to help your scores:

- Submit claim or encounter data for every service rendered. Using claim or encounter data is the most efficient way to report HEDIS.
- Submit accurate and timely claim or encounter data, which will reduce the number of medical record reviews required.
- Ensure that chart documentation reflects services billed.
- Bill (or report by encounter submission) for services delivered, regardless of contract status.
- Do not include services that are not billed or are not billed accurately.
- Consider including CPT II codes to reduce medical record requests. These codes provide details such as body mass index screenings, blood pressure readings and lab results.

# Helping members weather cold and flu season

Sunshine Health reminds our members that maladies such as sore throats, upper respiratory infections and bronchitis can strike all year, but the flu typically flares between October and May. There are a few things Sunshine Health would appreciate providers doing to help our members cope when they're feeling ill:

**1. Recommend rest, fluids and over-the-counter treatments**, such as nonsteroidal anti-inflammatories, that may relieve symptoms. Remind members that antibiotics will not help many of these illnesses, which are typically caused by viruses.

**2. Inform members that the best way to prevent the flu is to get a flu shot.** The Centers for Disease Control and Prevention recommends a flu shot for everyone ages 6 months and older.

**3. Remind members of other methods for staying healthy and preventing the spread of illness**, including frequently washing their hands with warm water and soap, staying away from people who are sick, staying home when they are sick and covering their noses and mouths when they sneeze or cough.

## Note these HEDIS measures related to cold and flu season:

<p><b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</b></p> <p>Guidelines recommend against using antibiotics to treat otherwise healthy adults with acute bronchitis. According to the CDC, up to half of all antibiotic use is unnecessary. When prescribed inappropriately, antibiotic use can lead to antibiotic resistance.</p>	<p>The HEDIS measure assesses adults ages 18-64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate represents better performance.</p> <p><i>Learn more: <a href="http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/acute-bronchitis">http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/acute-bronchitis</a></i></p>
<p><b>Flu Vaccinations</b></p> <p>According to the CDC, vaccinations could reduce flu-related hospitalizations by more than 70 percent.</p>	<p><b>Flu Vaccinations for Adults Ages 18-64:</b> The HEDIS measure assesses the percentage of adults ages 18-64 who report receiving an influenza vaccination between July 1 of the measurement year and the date when the commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0H survey was completed.</p> <p><b>Flu Vaccinations for Adults Ages 65 and Older:</b> The HEDIS measure assesses the percentage of adults ages 65 and older who report receiving an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed.</p> <p><i>Learn more: <a href="http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/flu-vaccinations">http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/flu-vaccinations</a></i></p>
<p><b>Appropriate Testing for Children with Pharyngitis</b></p> <p>Pharyngitis (sore throat) can be caused by viruses or bacteria. Proper testing and treatment ensures that only cases of bacterial pharyngitis are treated with antibiotics.</p>	<p>This HEDIS measure assesses children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode. A higher rate represents better performance (i.e., appropriate testing).</p> <p><i>Learn more: <a href="http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/pharyngitis">http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/pharyngitis</a></i></p>
<p><b>Appropriate Treatment for Children with Upper Respiratory Infection</b></p> <p>As with bronchitis, most upper respiratory infections will resolve without the use of antibiotics.</p>	<p>This HEDIS measure assesses children ages 3 months-18 years who were diagnosed with an upper respiratory infection and were not dispensed an antibiotic prescription. A higher rate represents better performance (i.e., appropriate treatment).</p> <p><i>Learn more: <a href="http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/uri">http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/uri</a></i></p>



## Smoothing the transition to adult care

Sunshine Health can help providers find an adult provider (e.g., a primary care physician, specialist or other provider) for members reaching adulthood.

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

The National Alliance to Advance Adolescent Health (NAAAH) says the process can begin as early as age 12, when patients and their families can be informed of the transition policy. Transition planning can begin at age 14 and can continue with readiness assessments until the transition takes place between ages 18 and 21.

We encourage your staff to contact Sunshine Health for help shifting a patient to a new physician, if needed. You can also find tip sheets and clinical resources at [gottransition.org](http://gottransition.org), an NAAAH program.



## Spotlight on breast and cervical cancers

Sunshine Health educates our members about how the increased use of the Pap test and mammograms, which can find cancers in their earlier and more treatable stages, has helped lead to a sharp drop in the number of women who die from breast and cervical cancers. As a reminder:

The American Cancer Society recommends that women at average risk follow these screening guidelines to detect breast cancer:

- **Ages 40-44:** Optional annual mammograms
- **Ages 45-54:** Annual mammograms
- **Ages 55 and older:** Mammogram every other year, or optional annual mammograms

The society recommends that women follow these screening guidelines to detect cervical cancers and pre-cancers:

- **Ages 21-29:** Pap test every three years
- **Ages 30-65:** Pap test and human papillomavirus (HPV) test every five years, or just a Pap test every three years
- **Over age 65:** Women who have had regular screenings for the previous 10 years and have not had pre-cancers for the previous 20 years can stop being screened for cervical cancer. Women with a history of serious pre-cancers should be screened for at least 20 years after the abnormality was found.

## Testing for chlamydia

After a period of improvement, sexually transmitted disease (STD) rates are rising again in the United States. More than 1.5 million cases of chlamydia were reported to the Centers for Disease Control and Prevention in 2015, the highest number of annual cases of any notifiable condition reported to the agency. According to the CDC report “Sexually Transmitted Disease Surveillance 2015,” chlamydia cases rose 5.9 percent between 2014 and 2015.

Chlamydia is treatable with antibiotics, but many cases go undetected because the infection is often asymptomatic. Left untreated, chlamydia can lead to pelvic inflammatory disease, which can damage a woman’s reproductive system. It can also put women at higher risk of HIV infection. Some studies have shown that women with a current or past chlamydia infection may be at higher risk of cervical cancer.

Providers can help prevent and diagnose chlamydia infections by making STD screening a standard part of medical care. STD prevention and treatment should be integrated into prenatal care and routine visits. Providers can also make sure young people, who are at higher risk of infection, have the information and services they need to stay healthy.

People ages 15-24 accounted for 65 percent of reported chlamydia cases in 2015. It is recommended that women in that age group who are sexually active be tested annually for chlamydia.

### HEDIS measures related to women’s health

**Breast cancer screening:** Assesses women ages 50-74 who had at least one mammogram to screen for breast cancer in the past two years

**Cervical cancer screening:** Assesses women ages 21-64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21-64 who had cervical cytology performed every three years
- Women ages 30-64 who had cervical cytology and HPV co-testing performed every five years

**Chlamydia screening in women:**

Assesses women ages 16-24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year





## Keep patients smiling with good oral health

Sunshine Health encourages our members to get regular dental checkups as an important part of their healthcare. Our members are educated about how poor oral health can contribute to conditions such as endocarditis, cardiovascular disease, premature birth and low birth weight.

Providers can help Sunshine Health members stay healthy by asking about their dental health and reminding them to get regular dental care.

Medicaid enrollees ages 2-21 should have at least one dental visit per year. The American Dental Association says there is no one-size-fits-all dental treatment. Some people may need routine visits once or twice a year, while others may need to see a dentist more often because of their individual health considerations.

Members with conditions such as diabetes, HIV or AIDS, osteoporosis, eating disorders or Alzheimer's disease may suffer more dental issues.

Providers who need assistance with helping members find dental care providers can contact Sunshine Health or refer members in need of a dental provider to Sunshine Health member services at 1-866-796-0530.

## We appreciate your feedback

Sunshine Health recently conducted our annual Provider Satisfaction Survey. If you participated, thank you.

Survey questions covered topics including provider relations, coordination of care, utilization, finance and overall satisfaction. Addressing continuity of care and sharing information among providers are important parts of providing quality care for our members. Your feedback will guide our improvement efforts over the next year.

MMA		
Composites	2016 Summary Rates	2017 Summary Rates
Overall satisfaction	74.3%	87.1%
Finance issues	66.6%	74.5%
Utilization and quality management	68.7%	76.8%
Network/coordination of care	71.4%	75.4%
Pharmacy	62.9%	73.7%
Health plan call center service staff	71.6%	77.0%
Provider relations	70.3%	75.6%

If you are randomly selected, we encourage you to participate in the survey. The statistics below compare 2016 and 2017 results.

MMA		
Methodology	2016	2017
Provider sample size	1,500	1,500
Provider survey completed	317	94
Response rate	29.7%	10.6%



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