



Providers play an important role in Buckeye's coverage decisions

Healthcare providers can help Buckeye Health Plan make appropriate and timely utilization management (UM) decisions by submitting complete clinical information with their initial request for a service or treatment.

Buckeye's UM decisions are based only on the appropriateness of care and service and the existence of coverage. Buckeye does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit.

Buckeye's UM and claims management systems identify, track and monitor the care provided to our members.

UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, health homes, maternity care and ancillary care services. Buckeye uses nationally recognized criteria (such as InterQual®) if available for the specific service. Other criteria are developed internally through a process that includes a review of scientific evidence and input from relevant specialists.

Providers can discuss any medical UM denial decisions with a physician or another appropriate reviewer at the time of notification of an adverse determination.

Providers can obtain a copy of Buckeye's UM criteria, ask questions of UM staff or contact a reviewer by calling **1-866-296-8731**.

HEDIS® measures health plan performance on quality measures

Buckeye Health Plan strives to provide quality healthcare to our members as measured through Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics.

HEDIS 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 allows for standardized measurement and reporting, as well as accurate, objective side-by-side comparisons. Learn more at www.ncqa.org or review the Quality Improvement information at BuckeyeHealthPlan.com.

Please take note of the HEDIS measures highlighted on the following pages regarding child and adolescent health visits.



Screening for lead exposure

Buckeye informs our members that elevated blood lead levels can result in decreased IQ, developmental delays and behavioral issues. For children enrolled in Buckeye, federal law requires a blood lead level test at 12 and 24 months old. Children ages 3-5 must receive a blood lead test if they have not previously been tested for lead poisoning.

Buckeye members are also educated regarding who may be at a higher risk of elevated blood lead levels. These include children who meet any of the following criteria identified by the Centers for Disease Control and Prevention:

- Child has a sibling or frequent playmate with elevated blood lead levels.
- Child is a recent immigrant, refugee or foreign adoptee.
- Child's parent or principal caregiver works professionally or recreationally with lead.
- Child lives with someone who uses traditional, folk or ethnic remedies or cosmetics or who routinely eats food imported informally from abroad.
- Child's family has been designated at increased risk of lead exposure by the health department because the family has local risk factors for lead exposure.

Keeping kids healthy with well-child checkups

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service is Medicaid's preventive health program for members younger than 21. EPSDT services include periodic screening, vision, dental and hearing services. Buckeye Health Plan encourages members to keep their children healthy with regular well-child checks and informs members that these visits are a good time to assess their child's health and receive anticipatory guidance.

A periodic health screening assessment should include:

- Comprehensive health and development history (for both physical and mental development)
- Comprehensive unclothed physical examination
- Immunizations
- Assessment of nutritional status
- Laboratory tests
- Developmental assessment
- Vision screening and services
- Dental screening and services
- Hearing screening and services
- Health education and anticipatory guidance
- Annual well-child visits for members younger than 21

Buckeye promotes adherence to the EPSDT periodicity schedule for members younger than 21. A comprehensive schedule of screenings is available from the American Academy of Pediatrics at www.aap.org/en-us/Documents/periodicity_schedule.pdf. Buckeye reminds members about health checks through reminder postcards, educational materials and outreach calls to members who have missed appointments.



HEDIS® for child and adolescent well visits

In addition to HEDIS immunization measures that assess whether children and adolescents receive recommended immunizations on schedule, several HEDIS measures cover topics related to child and adolescent well visits:

Well-Child Visits in the First 15 Months of Life (W15): Assess children who turned 15 months old during the measurement year and had up to six well-child visits with a primary care physician during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34): Assess children ages 3-6 who received one or more well-child visits with a primary care practitioner during the measurement year.

Adolescent Well-Care Visits (AWC): Assess adolescents and young adults ages 12-21 who had at least one comprehensive well-care visit with a primary care practitioner or an OB-GYN practitioner during the measurement year.

Supporting healthy adolescents

Parents are reminded that adolescence is a time of great change, and as children become more mature and independent, their health needs will change. Parents of Buckeye adolescent members are encouraged to schedule preventive visits, as health checks are a good time to address preventive care and offer anticipatory guidance.

Our members are advised that adolescents require many of the same services provided to younger children during well-child visits, such as hearing and vision screenings, and that the American Academy of Pediatrics recommends the following assessments and screenings:

Developmental and behavioral health:

- Tobacco, alcohol or drug use assessment: Risk assessment to be performed annually beginning at age 11
- Depression screening: To be performed annually beginning at age 12

Physical examination procedures:

- Testing for sexually transmitted diseases: Risk assessment to be performed annually beginning at age 11
- Testing for HIV: Risk assessment to be performed annually beginning at age 11. Test to be performed at least once between ages 15-18. Those at increased risk should be tested and reassessed annually.
- Testing for cervical dysplasia: To be performed on female patients at age 21

Preventive guidelines are available to help you care for your adolescent members. Buckeye adopts guidelines based on the health needs of the membership and opportunities for improvement identified as part of the Quality Improvement program. When possible, we adopt guidelines established by nationally recognized organizations, government institutions, statewide collaboratives or a consensus of healthcare professionals in the applicable field. Buckeye providers are expected to follow these guidelines, and their adherence is evaluated at least annually.

You can find adolescent preventive care guidelines, as well as guidelines for adult and child preventive care and for chronic diseases, online at BuckeyeHealthPlan.com. Call **1-866-296-8731** for more information or if a copy of the guidelines is needed. Members also have access to these guidelines.





Do you meet **appointment availability standards?**

Buckeye Health Plan follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. Buckeye monitors compliance with these standards annually and uses the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits.

The availability of our network practitioners is key to member care and treatment outcomes. Please ensure your information is up to date with Buckeye so our members can reach your office to schedule appointments without difficulty. You can update your information by visiting the provider portal on our website at **BuckeyeHealthPlan.com** or calling us at **1-866-296-8731**.

Please review the appointment availability standards below:

Type of appointment	Scheduling time frame
Life-threatening emergency care	Immediate and available 24 hours a day, seven days a week
Urgent care (non-life-threatening)	Within 24 hours of presentation or request
Routine appointments	Within 28 business days
General physical examinations and new patient examinations	Within four weeks of enrollment or request
Adult sick visit	Within 72 hours of request
Pediatric sick visit	Within 24 hours of request
Routine pregnancy well care	Within seven days of request in first and second trimesters; within three days of request in third trimester
Specialist	Within four weeks of request
Behavioral health urgent care	Within 24 hours of request

To ensure appropriate care, we have adopted the following geographic availability standards:

- Primary care practitioner within 10 miles of a member ZIP code (25 miles for rural)
- Specialist within 25 miles of a member ZIP code

After-hours **requirements**

After business hours, providers are required to offer access to a covering physician or have an answering service, a triage service or a voice message that explains to members how to access urgent and emergency care. This helps ensure our members get the best possible healthcare.

Members must be able to access their provider after normal business hours and on weekends. The requirements below ensure that our members have adequate access to needed healthcare services:

Offices using an answering machine must:

- Provide a message directing the member to contact 911 or go to the nearest emergency room if he or she feels it is too urgent to wait for a doctor to call back.
- Provide instructions on how to page the doctor if the situation is urgent.

- If the provider's practice serves a high percentage of foreign-language speakers, the message should be recorded in both English and that language.

Offices using an answering service must:

- Direct the member to call 911 or go to the nearest emergency room if he or she feels it is too urgent to wait for a doctor to call back.
- Provide an option to page or otherwise contact the provider on call with the member's contact information. When possible, the provider must return the call within 30 minutes.
- If the provider's practice serves a high percentage of foreign-language speakers, the service should meet the language requirements.

Asthma vs. COPD overview

	Asthma	COPD
Pathophysiology	Reversible chronic inflammation of airway	Nonreversible persistent airflow obstruction
Symptoms	Wheezing, shortness of breath, chest tightness and/or cough	Dyspnea, chronic cough and/or sputum production
Onset	Early in life (often childhood)	Midlife
Patient history	May report allergies and/or eczema	Strong association with smoking history
Rescue inhaler use	As needed only	Can be scheduled or as needed based on COPD progression

Asthma treatment guidelines: Global initiative for asthma (GINA) 2017

Step 1	Step 2	Step 3	Step 4	Step 5	Goal: Symptom control and risk reduction
<ul style="list-style-type: none"> Rescue inhaler PRN 	<ul style="list-style-type: none"> Low-dose ICS daily + rescue PRN Montelukast daily + rescue PRN 	<ul style="list-style-type: none"> Low-dose ICS with LABA daily + rescue PRN Low-dose ICS with formoterol as maintenance and reliever 	<ul style="list-style-type: none"> Low-dose ICS with formoterol as maintenance and reliever Medium-dose ICS with LABA + rescue PRN 	<ul style="list-style-type: none"> Refer for specialist investigations 	

COPD treatment guidelines: Global initiative for chronic obstructive lung disease (GOLD) 2017

Stage C	Stage D	Goal: Reduce symptoms and risk
<ul style="list-style-type: none"> LAMA alone 	<ul style="list-style-type: none"> LAMA + LABA or LAMA alone 	
<ul style="list-style-type: none"> SAMA or LAMA 	<ul style="list-style-type: none"> LAMA or LABA 	<p>Stage: See chart for first-line recommendations</p> <p>A: 0-1 exacerbations + no hospitalizations AND mMRC 0-1 OR CAT <10</p> <p>B: 0-1 exacerbations + no hospitalizations AND mMRC ≥2 OR CAT ≥10</p> <p>C: ≥2 exacerbations OR ≥1 hospitalization AND mMRC 0-1 OR CAT <10</p> <p>D: ≥2 exacerbations OR ≥1 hospitalization AND mMRC ≥2 OR CAT ≥10</p> <p>Exacerbations:</p> <ul style="list-style-type: none"> SABA alone, SAMA alone, or SAMA + SABA Oral corticosteroids Antibiotic <p>Chronic oxygen therapy: Only in patients with O₂ saturation at or below 88 percent</p>

ABBREVIATIONS

CAT: COPD Assessment Test; ICS: Inhaled corticosteroids; LABA: Long-acting β-agonist; LAMA: Long-acting antimuscarinic; mMRC: Modified British Medical Research Council questionnaire; PRN: As needed; SABA: Short-acting β-agonist; SAMA: Short-acting antimuscarinic



Lab2U program

Buckeye is teaming up with U.S. Medical Management (USMM) and the Visiting Physicians Association (VPA) to help members better manage their health. The Lab2U program will offer an in-home, self-administered kit to eligible members for the following tests:

- Colon screening (FOBT FIT kit)
- Diabetes monitoring (HgbA1c)
- Kidney function monitoring (microalbumin)

If a member is eligible, he or she will receive a letter about the program. Lab2U staff will mail the collection kit to the member's home. The kit includes:

- Instructions to help members complete the test
- Items members need to complete the sample collection
- Prepaid-postage return envelope to mail the test back to VPA

The steps for completion are easy to follow:

- Member receives the kit.
- Member completes test and mails back in the prepaid envelope.
- Results are ready within 24 hours of VPA receiving the kit.
- Results are sent to the member, the PCP on file and Buckeye.

Lab2U staff will call members who receive the kit to answer questions and remind them to complete the tests and send back to VPA.

Drug-drug interactions in Medicare and Medicare-Medicaid patients

As you know, quality healthcare is a high priority for the Centers for Medicare & Medicaid Services (CMS). CMS considers drug-drug interactions an important quality measure that should be monitored. Drug-drug interactions are monitored to ensure patients' therapeutic regimens are both safe and effective. CMS measures the use of drugs with potential drug-drug interactions based on a list of drugs identified by the Pharmacy Quality Alliance (PQA). A list of some of these drugs is included in the table below.

Target Drug(s) or Drug Class	Contraindicated Drug(s) or Drug Class
Benzodiazepines	Azole antifungal agents
Carbamazepine	Clarithromycin, erythromycin, telithromycin
Cyclosporine	Rifamycins
Digoxin	Clarithromycin, erythromycin, azithromycin, telithromycin
Ergot alkaloids	Clarithromycin, erythromycin, azithromycin
Estrogen/progestin oral contraceptives	Rifamycins
MAO inhibitors	Sympathomimetics, serotonergic agents
Mercaptopurine	Allopurinol
Methotrexate	Trimethoprim/sulfamethoxazole
Nitrates	Phosphodiesterase inhibitors
Simvastatin (40mg and 80mg)	Amiodarone
Theophylline	Ciprofloxacin, fluvoxamine
Warfarin	Trimethoprim/sulfamethoxazole, nonsteroidal anti-inflammatory drugs

Please note: This is not a complete table of all potential drug-drug interactions.

Please be aware of the potential for drug-drug interactions when prescribing medications for your patients. Being cognizant of these drug interactions when choosing therapy will allow you to make the most appropriate therapy choices and help prevent avoidable adverse drug reactions.

In the future, in an effort to strive for the highest-quality care, you may receive information about drug-drug interactions for your patients.

For more information regarding the PQA measure for drug-drug interactions, please see www.qualitymeasures.ahrq.gov/content.aspx?id=47511.



Behavioral health services for your patients

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, we have resources to help. Buckeye Health Plan offers our members access to all covered, medically necessary behavioral health services. You can learn more about our behavioral health services at BuckeyeHealthPlan.com. For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call 1-866-296-8731.



Information regarding Buckeye's 2017 Quality Improvement Program Description is available for review upon request.

MEMBER SERVICES:
1-866-246-4358

PROVIDER SERVICES:
1-866-296-8731

To receive a paper copy of any information referenced in this newsletter or on the Buckeye website, please call Buckeye's Provider Services.

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