



Supporting **successful transitions in care**

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

We support members of all ages in getting the right care for their needs. Buckeye 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 **1-866-246-4358**. Providers can call **1-866-296-8731** for assistance.

When is the right time to move to adult care?

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

We encourage your staff to contact Buckeye 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 a sore throat and strep throat?
See page 2.

Quality is a cornerstone

The Buckeye 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

Toward this end, we've developed an extensive and comprehensive system to monitor compliance, member and provider experience, complaints, continuity and coordination of care, medical record documentation, and effectiveness of our case management and disease management services.

We define quality of 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. If you are interested

in contributing to our QI efforts or have questions about our QI program, call **1-866-296-8731**.

Examples of efforts underway to support our QI goals include:

- Members recently diagnosed with high blood pressure will receive a call from our Quality Improvement staff to assist them in learning to take care of their high blood pressure. This includes helping Buckeye members obtain a free blood pressure cuff or helping them find a doctor.
- Kroger Pharmacy partnership—Buckeye members diagnosed with diabetes who use Kroger Pharmacy and are due for HbA1c testing will be able to have their lab testing done while at the pharmacy. Test results will be sent to the primary care physician.

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

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 time frames
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within five to seven days

If you have questions, you can reach Buckeye provider services at **1-866-296-8731**.

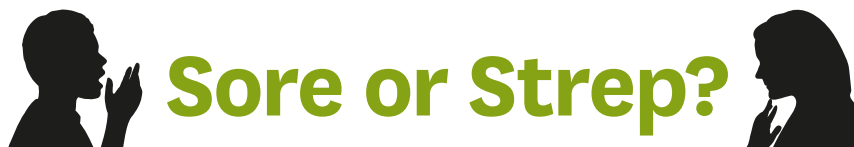
We value your opinion

Our annual provider satisfaction survey helps Buckeye identify concerns and guide efforts toward improvement. The results of our latest survey will shape our priorities for the year ahead. Please return the survey if one is received; your responses will help us to adequately measure provider satisfaction with our health plan and best meet the needs of our providers.

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 out 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 also may 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. Symptoms may go away without antibiotics, but antibiotics are needed to help avoid complications and stop the spread of infection.

Why does **HEDIS** matter?

Through **HEDIS**, NCQA holds Buckeye accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Buckeye also reviews HEDIS rates regularly as part of its quality improvement efforts.

Please consider the HEDIS topics covered in this issue of our provider newsletter:

- Women's health screenings
- Flu



HEDIS health screenings

Chlamydia screenings have remained relatively steady in the last few years—and that's a good thing, since 75 percent of chlamydia infections in women are asymptomatic.

However, there is still room for improvement. The Partnership for Prevention program estimates that if screening rates could reach 90 percent (up from the current rate, which lingers between 50 and 60 percent), thousands of cases of pelvic inflammatory disease could be prevented every year.

The HEDIS measure definition: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Learn more: www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/chlamydia-screening

Breast cancer screenings remain a critical way to improve survival. According to the American Cancer Society, among women with regional disease, the five-year relative survival rate is 95 percent for tumors less than or equal to 2.0 cm, 83 percent for tumors 2.1–5.0 cm and 65 percent for tumors greater than 5.0 cm.

The HEDIS measure definition: The percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

Learn more: www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/breast-cancer

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 ages 21–64 who had cervical cytology performed every three years
- Women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years

Learn more: www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/cervical-cancer-screening

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

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

Learn more: www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/flu-vaccinations

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 aid members in making decisions about their healthcare.

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.buckeyehealthplan.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.

Quality communication, quality care

Buckeye members have access to a comprehensive network of contracted quality providers to meet their individual healthcare needs. Each member has a designated primary care physician (PCP) who, in addition to delivering care, also helps guide the member through the healthcare delivery system. Network specialists are key partners in the healthcare continuum. Communication between specialists and PCPs is critical to ensure the highest quality of care and best use of resources.

Buckeye encourages our specialty providers to communicate with the member's PCP regarding visits, diagnosis, testing, medication prescribed, etc. This may be a progress note in a shared EHR system, a secure fax copy of notes or a letter sent by standard mail. Sharing the information supports collaboration between treating physicians and assists the PCP in maintaining up-to-date, accurate information about each member.

Thank you for partnering with your colleagues and Buckeye to provide the highest quality care.

Provider website

Get access to resources, education and training. Go to **www.buckeyehealthplan.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

2017 holiday schedule

Buckeye Health Plan (Buckeye) will be closed on the following days in 2017. A holiday that falls on a Saturday is observed on the Friday before it. One that falls on a Sunday is observed on the Monday after it:

New Year's Day

Monday, Jan. 2

Martin Luther King Jr. Day

Monday, Jan. 16

Memorial Day

Monday, May 29

Independence Day

Tuesday, July 4

Labor Day

Monday, Sept. 4

All Staff Meeting/Training

Friday, Oct. 27

Thanksgiving Day

Thursday, Nov. 23

Day after Thanksgiving

Friday, Nov. 24

Christmas Day

Monday, Dec. 25

When Buckeye is closed, you can call our 24-Hour Nurse Advice Line at **1-866-246-4358**, and follow the voice prompts to get health information.

Buckeye Member Services:

1-866-246-4358 (TTY **1-800-750-0750**); Monday through Friday, 7 a.m. to 7 p.m. excluding holidays.