



Managing complex care

Do you have patients whose conditions need complex, coordinated care they may find it difficult to manage on their own? A Buckeye Health Plan care manager may be able to help.

Care managers are advocates, coordinators, organizers and communicators. They are trained nurses and other clinicians who promote quality, cost-effective outcomes by supporting you and your staff, as well as your patients and their caregivers.

Buckeye care managers link members to a healthcare team that may include family members, the primary care physician and other providers such as physical therapists and specialty physicians.

Care managers do not provide hands-on care, diagnose conditions or prescribe medication. They help members understand the benefits of following a treatment plan and the consequences of not following the plan outlined by a physician.

Our team is here to help your team with:

- Noncompliant members
- New diagnoses
- Complex multiple comorbidities

Providers can directly refer members to Buckeye's care management program by phone or through the provider portal. Providers may call **1-866-296-8731** for additional information about the care management services Buckeye Health Plan offers.

Supporting member health

As a part of Buckeye Health Plan's quality improvement efforts, disease management programs are offered to members with conditions such as diabetes, asthma and high-risk pregnancy.

The programs provide education and help members and their caregivers manage their conditions and adhere to treatment plans.

The goals of the programs include:

- Increasing coordination among the medical, social and educational communities
- Ensuring that referrals are made to the proper providers
- Ensuring coordinated participation from physicians and specialists
- Identifying modes of delivery for coordinated care services, such as home visits, clinic visits and phone contacts

If you know a member who would benefit from disease management, call Buckeye Health Plan at **1-866-296-8731** or visit our provider portal to initiate a referral at **www.buckeyehealthplan.com/providers/login.html**.

Helping moms Start Smart

Start Smart for Your Baby® is a care management program for women who are pregnant or have just given birth. We want to help women take care of themselves and their babies every step of the way, through pregnancy, postpartum and newborn periods. To take part in this program, women can contact Member Services at **1-866-246-4358**. As soon as you confirm a patient's pregnancy, submit a notification of pregnancy (NOP) to ensure Buckeye Health Plan is aware of the pregnancy and can provide needed support and member incentives through the Start Smart program. The NOP form can be found on Buckeye's provider website at www.buckeyehealthplan.com/providers/resources/forms-resources.html.



A shared agreement

Member rights and responsibilities cover members' treatment, privacy and access to information. We have highlighted a few below. There are many more member rights and responsibilities, and we encourage you to consult your provider manual to review them. Visit www.buckeyehealthplan.com/providers.html or call **1-866-296-8731** if you need a copy of the manual.

Member rights include but are not limited to:

- Receiving all services that Buckeye Health Plan must provide
- Being treated with dignity and respect
- Knowing their medical records will be kept private
- Being able to ask for, and get, a copy of their medical records
- Being able to ask that their medical records be changed or corrected, if needed

Member responsibilities include:

- Asking questions if they don't understand their rights
- Keeping scheduled appointments
- Having a member ID card with them
- Always contacting their PCP first for nonemergency medical needs
- Notifying their PCP of emergency room treatment

HEDIS® measures performance

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA).

Most health plans use HEDIS to measure performance on important aspects of care and service. Through HEDIS, NCQA holds Buckeye Health Plan accountable for the timeliness and quality of healthcare services (including acute, preventive, mental health and other services). We also review HEDIS data to identify opportunities to improve rates and ensure our members are receiving appropriate care.

Please familiarize yourself with the behavioral health HEDIS topics covered in this issue of the provider newsletter.

Keep up to date on pharmacy coverage

Buckeye Health Plan is committed to providing appropriate and cost-effective drug therapy to our members. We use a preferred drug list (PDL) and update it quarterly. A printed copy of the most current PDL includes the procedure for prior authorization and other guidelines, such as step therapy, quantity limits and exclusions.

If you have questions about our pharmacy procedures or would like a printed copy of the PDL, please call 1-866-296-8731. You can also view the PDL at www.buckeyehealthplan.com/providers/pharmacy.html.



Important appeals and claims information

Address to send Medical Necessity Appeals

Buckeye Health Plan
4349 Easton Way, Suite 400
Columbus, OH 43219

Address to send Appeals Regarding Claim Payment

Buckeye Health Plan
P.O. Box 3000
Farmington, MO 63640

Address to send Claim Disputes and Resubmissions

Buckeye Health Plan
P.O. Box 6200
Farmington, MO 63640

An appeal should be submitted in writing within 180 days of the adverse finding and with "APPEAL" clearly marked on the letter. The letter should include why the procedure or service merits reconsideration as well as a copy of the Explanation of Payments (EOP). If applicable, the provider should also include medical records, chart notes and other pertinent information to support the request for reconsideration.

Please do not send a copy of the disputed claim. An acknowledgement letter will be sent within five business days of receipt of the appeal. If the final determination is upheld, the provider will be notified within 30 days of receipt of the appeal. If the final determination is overturned, the provider will be notified via EOP.

CPT Category II codes

What are CPT II codes? These supplemental tracking codes facilitate data collection about quality of care. They allow providers to report services based on nationally established, evidenced-based performance guidelines for improving quality of patient care. The codes provide information unavailable from claims data.

CPT II codes may include:

- Results from clinical laboratory, radiology tests and other procedures
- Clinical components, such as those typically included in evaluation and management services or other clinical services
- Identified processes intended to address patient safety practices
- Services reflecting compliance with state or federal law

How are CPT II codes developed? The codes are reviewed and adopted by the Performance Measures Advisory Group (PMAG), which is an advisory body to the CPT Editorial Panel and the CPT/HCPAC Advisory Committee. The PMAG is made up of experts in performance measurement from organizations including the AMA, NCQA, CMS, AHRQ and JCAHO, among others.

Where can I find a list of CPT II codes? CPT II codes are released annually as part of the full CPT code set and are updated semiannually in January and July by the AMA. The current listing of CPT II codes can be found on the AMA website: www.ama-assn.org.

Why should I use CPT II codes? CPT II codes allow data to be captured at the time of service and may reduce the need for retrospective medical record review for a number of quality-based initiatives, including HEDIS. The use of these codes may be beneficial because they allow internal monitoring of performance, patient compliance and outcomes throughout the year, rather than once per year as measured by health plans and pay-for-performance. By identifying opportunities for improvement, interventions can be implemented to improve performance during the year.

How should my practice bill CPT II codes? CPT II codes contain five characters and are comprised of four digits followed by the letter "F." They are billed in the procedure code field, just as CPT Category I codes are billed. CPT II codes are not associated with any relative value; therefore, they are billed with a \$0 billable charge amount. The current set of CPT II codes contains the following subcategories:

- | | | | |
|--|---------------|---|---------------|
| ▪ Composite Measures | 0001F – 0015F | ▪ Therapeutic, Preventative or Other Interventions | 4000F – 4563F |
| ▪ Patient Management | 0500F – 0584F | | |
| ▪ Patient History | 1000F – 1505F | ▪ Follow-Up or Other Outcomes | 5005F – 5250F |
| ▪ Physical Examination | 2000F – 2060F | | |
| ▪ Diagnostic/Screening Processes or Results | 3006F – 3776F | ▪ Patient Safety | 6005F – 6150F |
| | | ▪ Structural Measures | 7010F – 7025F |

The use of these codes is optional. The codes are not required for correct coding and may not be substituted for Category I codes.

What do we hope to achieve? Buckeye Health Plan works to ensure that we promote the most efficient processes for our providers while continuously improving the quality of care and services that our members receive. By increasing the use of CPT II codes, Buckeye hopes to:

- Improve the health of our members
- Monitor and ensure that our members receive seamless, continuous and appropriate care throughout the continuum of care
- Improve the provider experience

We thank you and appreciate your cooperation. Please contact your Provider Relations Representative or the Quality Department at Buckeye with any questions regarding HEDIS measures and reporting.



Behavioral health **HEDIS** measures

Antidepressant medication management

is an important part of helping patients recover from mental health issues. Adherence to prescribed medications is a priority for patients who have been diagnosed with depression. Ask patients about side effects, and discuss any other barriers to medication compliance. Buckeye Health Plan can assist members with staying adherent to their antidepressants.

The HEDIS measure definition:

Antidepressant medication management (acute phase): Percentage of health plan members ages 18 and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 12 weeks.

Antidepressant medication management (continuation phase): Percentage of members ages 18 and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least six months.

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

Follow-up after hospitalization for mental illness

is vital to a patient's recovery. There are more than 2 million hospitalizations for mental health issues in the U.S. each year. Follow-up care can help patients transition back into the community and ensure they are taking prescribed medications correctly. Buckeye Health Plan can help by scheduling follow-up appointments, making reminder calls about appointments and providing member transportation assistance.

The HEDIS measure definition:

Percentage of members ages 6 and older who received follow-up within seven days of discharge and within 30 days of discharge.

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

Adherence to antipsychotic medications for people with schizophrenia

is critical in treating this chronic mental illness. Although antipsychotic medications reduce the risk of relapse and hospitalization, nonadherence to prescribed medications is common. Ongoing treatment and monitoring are essential. Buckeye Health Plan provides support to members with schizophrenia through our care coordination and care management programs.

The HEDIS measure definition:

Percentage of members ages 19–64 who have schizophrenia and were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

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

Screening for depression

The U.S. Preventive Services Task Force recommends screening patients, including older adults and pregnant and postpartum women, for depression. According to the American Academy of Family Physicians, patients with depression may show signs of:

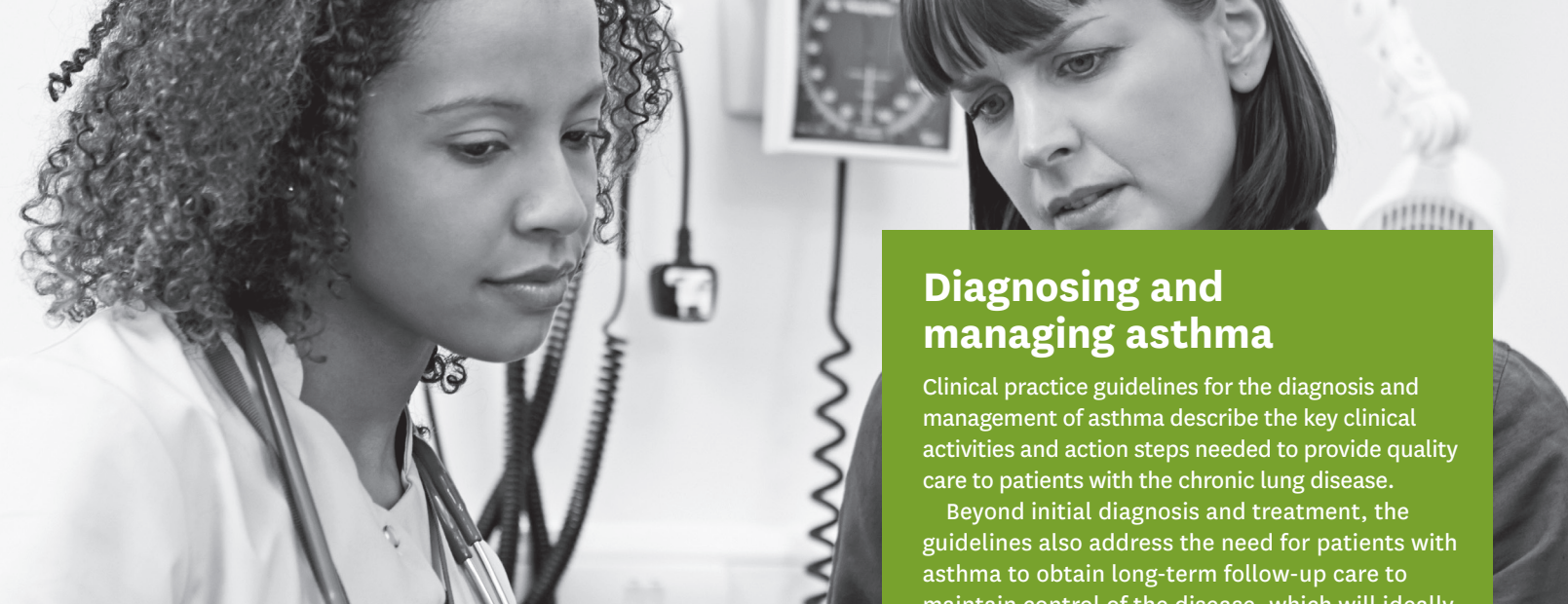
- Depressed mood
- Feelings of worthlessness or guilt
- Loss of interest in activities
- Poor concentration
- Suicidal ideation

Others may report nonspecific symptoms including:

- Change in weight or appetite
- Fatigue
- Headache
- Insomnia or hypersomnia
- Pain in the abdomen, back, neck or joints

Buckeye Health Plan offers preventive behavioral health programs, including the Start Smart for Your Baby® program for expecting and new mothers. For more information on programs or to refer a patient, call 1-866-296-8731 or visit our provider portal.





Guidelines for care

Buckeye Health Plan adopts preventive and clinical practice guidelines based on the health needs of our membership and on opportunities for improvement identified as part of the quality improvement (QI) program.

When possible, we adopt preventive and clinical practice guidelines formulated by nationally recognized organizations, government institutions, statewide initiatives or a consensus of healthcare professionals in the applicable field.

Guidelines are available for preventive services, as well as for the management of chronic diseases, to assist in developing treatment plans for members and to help them make healthcare decisions. Buckeye Health Plan evaluates providers' adherence to the guidelines at least annually, primarily through monitoring of relevant HEDIS measures.

The guidelines:

- Consider the needs of the members
- Are adopted in consultation with network providers
- Are reviewed and updated periodically, as appropriate
- Are intended to augment, not replace, sound clinical judgment

Preventive and chronic disease guidelines and recommendations include:

- Adult, adolescent and pediatric preventive care guidelines
- Guidelines for diagnosis and treatment of ADHD, asthma, depression, diabetes, hypertension and other diseases and disorders

For the most up-to-date version of our preventive and clinical practice guidelines, go to www.buckeyehealthplan.com/providers/quality-improvement/practice-guidelines.html or call 1-866-296-8731.

Diagnosing and managing asthma

Clinical practice guidelines for the diagnosis and management of asthma describe the key clinical activities and action steps needed to provide quality care to patients with the chronic lung disease.

Beyond initial diagnosis and treatment, the guidelines also address the need for patients with asthma to obtain long-term follow-up care to maintain control of the disease, which will ideally reduce the frequency and intensity of symptoms and resulting functional limitations, decrease the likelihood of future asthma attacks and prevent a decline in lung function.

Guidelines from the U.S. Department of Health and Human Services include the following action steps:

- Establish an asthma diagnosis
- Assess asthma severity
- Initiate medication and demonstrate use
- Develop a written asthma action plan
- Schedule follow-up appointments

At follow-up appointments, providers should:

- Assess and monitor asthma control
- Review medication technique and adherence, side effects and environmental control
- Maintain, step up or step down medication
- Review the asthma action plan and revise as needed
- Schedule the next follow-up appointment

For more information on clinical practice guidelines for diagnosing and managing asthma, go to www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines or www.buckeyehealthplan.com/providers/quality-improvement/practice-guidelines.html.



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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