



Your options for denied services

Any time Buckeye Health Plan (Buckeye) decides to deny, reduce, suspend or stop coverage of certain services, we will send you and your patient written notification. The denial notice will include information on the availability of a medical director to discuss the decision.

Peer-to-Peer Reviews

If a request for medical services is denied because of a lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling Buckeye at **1-866-296-8731**. A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Filing Appeals

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to allow Buckeye to make timely medical necessity decisions based on complete information.

Keep us informed

Buckeye wants to provide the best care we can to our members. That means it's important for us to know if you plan to move, change phone numbers or leave the network. Call **1-866-296-8731** to update or verify your contact information or status. You can also check your information on our secure provider portal at BuckeyeHealthPlan.com/login.html.

Please let us know at least 30 days before you expect a change to your information.



Getty Images



HEDIS for diabetes

More than 100 million Americans have diabetes or prediabetes. Left untreated, the condition can lead to heart disease, stroke, hypertension, blindness, diseases of the nervous system, amputations and death. Providers can help members manage their condition and control their glucose levels by prescribing medications and recommending lifestyle changes, such as eating a healthy diet, getting sufficient exercise and quitting smoking.

HEDIS measures for diabetes include:

- Comprehensive diabetes care
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
- Diabetes monitoring for people with diabetes and schizophrenia
- Statin therapy for patients with diabetes

NCQA provides a Diabetes Recognition Program to recognize providers who use HEDIS measures to care for their patients with diabetes. To learn more about the program, go to the [NCQA website](#).

Tests for diabetics

The HEDIS measure for comprehensive diabetes care, directed to patients ages 18 to 75 who have Type 1 or Type 2 diabetes, lists the following tests and exams:

- **HbA1c testing.** Completed at least annually
 - HbA1c result > 9 = poor control
 - HbA1c result < 8 = in control
- **Dilated retinal eye exam.** Performed in previous two years
- **Medical care for nephropathy.** At least one of the following: nephropathy screening, ACE/ARB therapy or documented evidence of nephropathy
- **Blood pressure.** Lower than 140/90 mm Hg considered in control

HEDIS measures performance

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). HEDIS is a tool used by most U.S. health plans to measure performance on important aspects of care and service.

HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans. Final HEDIS rates are typically reported to NCQA, Centers for Medicare & Medicaid Services, and state agencies once a year. Through HEDIS, NCQA holds Buckeye accountable for the timeliness and quality of healthcare services (e.g., acute, preventive and mental health) delivered to its diverse membership. Buckeye also continually reviews HEDIS rates and looks for ways to improve.

HEDIS topics covered in this issue of the provider newsletter include diabetes, hypertension and metabolic monitoring for children and adolescents on antipsychotics.

HEDIS for hypertension

The HEDIS measure for controlling high blood pressure is designed to assess how well adults with hypertension are managing their condition, as uncontrolled high blood pressure can lead to heart attacks, stroke and kidney disease.

NCQA recently updated the measure to reflect a new blood pressure target: below 140/90 mm Hg for adults ages 18 to 85 with a diagnosis of hypertension. The previous measure included a different target for older adults without diabetes.

In addition to updating the measure, NCQA will allow:

- More administrative methods to collect the measure
- Blood pressure readings to be taken using remote patient monitoring devices
- Telehealth encounters to satisfy certain components of the measure

To learn more about revisions to the high blood pressure measure, review the **2019 summary of HEDIS changes**.



Ohio Department of Medicaid and Ohio Department of Aging **issue waiver provider signature requirement**

As of Dec. 31, waiver service providers for the Assisted Living, MyCare, Ohio Home Care and PASSPORT waivers are required to sign the individual's person-centered service plan (service plan). This change meets the Centers for Medicare & Medicaid Services' (CMS) 42 CFR 441.301 rule requiring the service plan "be finalized and agreed to, with the informed consent of the individual, in writing, and by all people and providers responsible for its implementation."

The provider's signature shows that the provider acknowledges and agrees to provide

the waiver service, as authorized in the waiver service plan. Providers may sign the service plan in person, electronically, by mail, etc. The signed service plan must be returned by the provider to the case management agency, PASSPORT administrative agency, or managed care health plan authorizing the service.

A signature is required when a new service is authorized, an existing service authorization is adjusted and anticipated to continue for the duration of the service plan or a new service plan has been issued. Only the provider affected by the change needs to provide a signature.

The process will vary depending on the waiver. As ODM and ODA finalize implementation plans for this process, additional guidance will be shared. For general questions about the waiver signature requirement, please send questions to **PCSPsignature@medicaid.ohio.gov**.

Please contact the case management agency, PASSPORT administrative agency, or health plan for specific process questions.

Also, please note: This process is separate from Electronic Visit Verification (EVV). For any questions regarding EVV, please email **EVV@medicaid.ohio.gov**.



What's new in **HEDIS**?

Each year, NCQA releases new technical specifications for HEDIS measures. The 2019 changes include:

New Measures

- **Risk of continued opioid use.** This measure assesses the percentage of members ages 18 and older who have a new episode of opioid use that puts them at risk of continued use.
- **Prenatal immunization status.** This addition assesses the percentage of deliveries at 37 gestational weeks or more in which women received influenza and diphtheria and pertussis (Tdap) vaccines.
- **Adult immunization status.** This measure tracks the percentage of adults ages 19 and older who are up to date on vaccines for influenza, tetanus and diphtheria (Td) or tetanus, Tdap, herpes zoster and pneumococcal disease.

Changes to Existing Measures

- **Controlling high blood pressure.** The measure was updated to align with clinical guidelines. Read more in the article on Page 2.
- **Follow-up after emergency department visit for mental illness.** Patients going to the emergency room with intentional self-inflicted injuries may receive a principal diagnosis for the injury and a secondary diagnosis for mental illness. Because of this, NCQA added a principal diagnosis of intentional self-harm to the denominator and a principal diagnosis of intentional self-harm with a secondary diagnosis of a mental health disorder to the numerator.
- **Follow-up after hospitalization for mental illness.** NCQA added a principal diagnosis of intentional self-harm to the denominator.
- **Plan all-cause readmissions.** This measure will now include observation stays as index hospitalizations and readmissions events for all product lines. It will also remove patients with high-frequency hospitalization from the risk-adjusted readmission rate and report a rate of these outlying individuals among the plan population. Implementation of this measure is delayed until 2020.

Cross-Cutting Topics

NCQA instituted two changes across multiple measures. These are the introduction of telehealth into 14 measures and the exclusion of members with advanced illness from certain **measures**, including cancer screenings and some cardiovascular measures.

Guidelines for care

Buckeye 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.

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 evaluates providers' adherence to the guidelines at least annually, primarily through monitoring of relevant HEDIS measures.

For the most up-to-date version of our preventive and clinical practice guidelines, go to **BuckeyeHealthPlan.com** or call **1-866-296-8731**.

Monitoring youths on antipsychotic medications

Children and adolescents who are prescribed antipsychotic medications are at increased risk of weight gain, high blood sugar, high cholesterol and triglyceride levels and elevated blood pressure. If three or more of these occur at the same time, it is called metabolic syndrome.

The HEDIS measure for metabolic monitoring for children and adolescents on antipsychotics assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.

Providers can help members by continually monitoring factors such as blood sugar and weight and by advising children and adolescents to be physically active and eat a healthy diet.



Getty Images



Providers can help members plan ahead

Do members you care for have advance directives? Many Americans do not. Buckeye wants to make sure members are getting the information they need to execute these important documents for helping to communicate the type of end-of-life care they want.

What providers can do:

- Talk to members about their end-of-life wishes and explain the role of advance directives in determining the care they receive.
- Inform members they should share a copy of the advance directive with the person or people designated to be involved in their care decisions. Members should also add a copy to their medical records.
- Provide members with resources for advance care planning, such as the National Hospice and Palliative Care Organization's CaringInfo website, which includes downloadable, state-specific advance directives. Learn more at caringinfo.org.

Providers are required to document advance care planning discussions and note whether an advance care plan is in the member's medical record.



Getty Images

Your credentialing rights

Credentialing protects our members by ensuring that providers meet state and federal regulatory requirements and accreditation standards.

During the credentialing and recredentialing process, Buckeye obtains information from outside sources such as state licensing agencies and the National Practitioner Data Bank.

If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Buckeye will notify the practitioner and request clarification.

A written explanation detailing the error or the difference in information must be submitted to Buckeye to be included as part of the credentialing and recredentialing process. Information must be sent in a timely manner to avoid delays in the credentialing process.

Practitioners have the right to:

- Review primary source materials collected during this process.
- Request the status of their credentialing application.
- Ask questions about the credentialing process at any time.

Providers can learn more by contacting Provider Services at **1-866-296-8731**.



Information regarding Buckeye's 2019 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.

Published by Manifest LLC. © 2019. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. Manifest makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.