



Well visits help keep **children healthy**

Buckeye Health Plan (Buckeye) encourages members to keep their children healthy with regular well-child checks. It is important for children to have these visits every year. The annual checkup can help ensure that children are healthy and developing normally and can provide any needed immunizations.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is Medicaid's preventive health program for members younger than 21. EPSDT includes periodic screening, vision, dental and hearing services.

The program aims to identify problems **early**, check in at **periodic**, age-appropriate intervals, provide **screening** to detect potential problems, perform **diagnostic** tests when a risk is identified and provide **treatment** for any health issues found.

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 aap.org/en-us/Documents/periodicity_schedule.pdf.

One of the screenings at well-child visits should be for lead poisoning. For children enrolled with 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.

Teens need special care

Adolescence is a time of dramatic physical, mental, social and emotional changes. In addition to routine health checks, regular well-care visits present an opportunity for providers to identify physical and mental health conditions, substance abuse disorders and high-risk behaviors.

The American Academy of Pediatrics offers tools to guide providers during well visits for young adults. You can find them online at brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/pages/adolescence-tools.aspx.

As teens mature, they will need to switch from a pediatrician to an adult primary care provider. You can help ensure there are no breaks in care by discussing this with the child's parents or guardians. Members can get help finding a provider or making appointments by calling our Customer Service staff at **1-866-246-4358**.

Learn more about HEDIS

What is HEDIS?

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

How often are HEDIS measures updated?

HEDIS measures are updated annually. You can find the latest measures online at [ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018](https://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018).

How are HEDIS numbers used?

Most health plans use HEDIS measures to evaluate their performance on important aspects of care and service. Buckeye reviews HEDIS data to identify opportunities to improve performance and ensure members are receiving appropriate care. In addition, NCQA uses the measures to hold Buckeye accountable for the timeliness and quality of healthcare services.

How can we improve our HEDIS scores?

We discuss key HEDIS measures in each issue of our newsletter. On this page, we review HEDIS measures for immunizations. Appropriate billing is also important. Providers should submit timely and accurate claim or encounter data for every service rendered and should consider using CPT II codes to reduce medical record requests.

Vaccines key to community health

Vaccines play an important role in keeping patients, and the community as a whole, healthy.

The Centers for Disease Control and Prevention (CDC) recommends administering vaccines for 17 different diseases. Yet many adult patients may not realize they still need immunizations, and parents may have questions about the safety of the immunizations recommended for their children.

Immunization schedules detailing when patients should receive vaccines are available online at [cdc.gov/vaccines/schedules/hcp/index.html](https://www.cdc.gov/vaccines/schedules/hcp/index.html).

The CDC also offers clinical practice guidelines for vaccines on its website ([cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf)). The guidelines detail issues such as timing and spacing of doses, the educational needs of patients, and preventing and managing adverse reactions.

HEDIS for immunizations

Topic	Measure
Childhood Immunization Status The National Committee for Quality Assurance reports that about 300 children die in the United States each year from vaccine-preventable diseases such as measles and whooping cough. Vaccines not only protect the child receiving the vaccine, but also prevent a resurgence of vaccine-preventable diseases.	This HEDIS measure assesses 2-year-old children who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chickenpox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines.
Immunizations for Adolescents As with childhood immunizations, vaccines for adolescents can prevent diseases such as measles and meningitis. The human papillomavirus (HPV) vaccine, which can prevent the virus that may lead to cervical, anal, throat and other cancers, is the most recent addition.	This HEDIS measure assesses 13-year-old adolescents who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series.
Flu Vaccinations for Adults Ages 18-64 The CDC recommends that everyone 6 months and older receive a flu shot, unless they have a severe life-threatening allergy to the flu vaccine or any of its ingredients.	This 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 survey was completed.

Ohio attorney general's Insurer Task Force on Opioid Reduction

Ohio Attorney General Mike DeWine recently announced the recommendations issued by the Insurer Task Force on Opioid Reduction, a group he formed last year to foster discussion on how health insurance companies in Ohio can help combat the opioid epidemic.

"The opioid epidemic knows no boundaries, and we all must work together to prevent abuse and ensure those suffering get the treatment they need," DeWine said. "Health insurers have stepped up with ideas for action in prevention, intervention

and treatment to help Ohioans that are outlined in the report released today."

The group's 15 recommendations focused on ways health insurers could help prevent opioid abuse, better target intervention efforts and improve treatment of those suffering opioid addiction.

The task force consists of representatives from Aetna, Anthem Inc., Buckeye Health Plan, CareSource, Medical Mutual, Molina Healthcare, Ohio Association of Health Plans, Paramount

and United Healthcare. These organizations represent the vast majority of health insurance coverage offered in Ohio. The task force met five times, received written testimony and conducted research to formulate these recommendations.

The report can be found on the attorney general's website, www.ohioattorneygeneral.gov.

—News release courtesy of www.ohioattorneygeneral.gov



Meeting appointment accessibility standards

Buckeye is committed to making sure members have timely access to healthcare.

Accessibility requirements are set forth by 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. 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	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 24 hours
Routine pregnancy well care	Within seven days of request in first and second trimesters; within three days of request in third trimester
Behavioral health urgent care	Within 24 hours

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

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/providers/login.html or calling us at 1-866-296-8731.

Ensuring appropriate, quality care

Buckeye has developed utilization management and claims management systems to identify, track and monitor the care provided to our members. Utilization management (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.

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 help us make appropriate and timely UM decisions by submitting complete clinical information with the initial request for a service or treatment.

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 **1-866-246-4356**.



Help for new moms

Perinatal depression has many of the same symptoms of regular depression, but it occurs in women who are pregnant or have recently given birth. Women who have previously suffered from depression or have challenging life events or interpersonal conflicts are at higher risk. The Agency for Healthcare Research and Quality recommends screening for all women who are pregnant or have recently given birth, utilizing the same tools used for the general population.

Buckeye offers pregnant members access to the Start Smart for Your Baby® program. The care management program offers support, advice and other help to keep women and their babies healthy.

To take part in Start Smart for Your Baby, women can contact Member Services at **1-866-246-4358**. As soon as you confirm a member's pregnancy, submit a notification of pregnancy (NOP). The NOP form can be located in the "Pregnancy and Prenatal Forms" section of our website at **BuckeyeHealthPlan.com/providers/resources/forms-resources.html**.



Be on the lookout for depression

According to the Agency for Healthcare Research and Quality (AHRQ), depression is among the leading causes of disability in people ages 15 and older.

Screening tools vary, but AHRQ says providers may start with the PHQ-2, a two-question patient health questionnaire. If providers receive affirmative answers to the questions, they can follow up with the more detailed PHQ-9 questionnaire or a different diagnostic tool.

Several HEDIS measures examine the diagnosis and treatment of depression:

- **Depression Screening and Follow-Up for Adolescents and Adults:** The percentage of members ages 12 and older who were screened for depression using a standardized tool and who, if screened positive, received follow-up care.
- **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis of depression who had an outpatient encounter that resulted in a PHQ-9 score in their record.
- **Depression Remission or Response for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis of depression and an elevated PHQ-9 score who had evidence of response or remission within four to eight months after the initial elevated PHQ-9 score.

Additional HEDIS measures examine treatment standards, including care after a hospitalization for a mental health issue, and antidepressant medication management.

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, Buckeye has resources to help. You can learn more about our behavioral health services at **BuckeyeHealthPlan.com/providers/behavioral-health.html**. For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call **1-866-246-4356**.



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Information regarding Buckeye's 2018 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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