



Q&A: Credentialing rights

What happens during the credentialing and recredentialing process? Buckeye Health Plan obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank. Practitioners have the right to review primary source materials collected during this process.

How can I review these sources?

The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department.

What if there is a discrepancy between these sources and the information I provide?

If any information gathered as part of the primary source verification process differs from data

submitted by the practitioner on the credentialing application, Buckeye Health Plan will notify the practitioner and request clarification.

How can I respond to any discrepancy?

A written explanation detailing the error or the difference in information must be submitted to Buckeye Health Plan within 14 days of notification of the discrepancy in order to be included as part of the credentialing and recredentialing process.

How can I learn the status of my application?

Providers also have the right to request the status of their credentialing or recredentialing application any time by contacting the Credentialing Department at **1-866-296-8731** or by email at **OhioCredentialing@centene.com**.

Hours of operation policies

Review your hours of operation policy to ensure that you are offering Medicaid members the same hours as commercial members, as required by the National Committee for Quality Assurance (NCQA).

Medicaid law requires that providers give equal offerings in terms of hours and appointments to Medicaid and non-Medicaid patients. If you are a provider that only sees Medicaid patients, you must provide parity of hours to Medicaid managed care members and Medicaid fee-for-service members.

Please note that NCQA will review provider contracts, manuals and marketing materials for any language that suggests hours of operation are different for Medicaid and non-Medicaid patients.

HEDIS FOR DIABETES

The HEDIS measure for comprehensive diabetes care includes adult patients with Type I and Type II diabetes. There are multiple sub-measures included:

- HbA1c testing—completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- HbA1c level—
 - HbA1c result > 9.0 = poor control
 - HbA1c result < 8.0 = good control
 - HbA1c result < 7.0 for selected population
- Blood pressure control— < 140/90
- Dilated retinal eye exam—annually, unless the exam the year prior was negative, then every two years
- Nephropathy screening test—macroalbumin or microalbumin urine test at least annually (unless documented evidence of nephropathy)

What providers can do

1. Dilated retinal eye exam:

Buckeye Health Plan can assist your office with finding a vision provider. Our vision vendor supports our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.

2. Nephropathy screening test:

Did you know a spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening?

WE ARE HERE TO HELP

Contact us at 1-866-296-8731 to speak with our provider services team. Explore our site for tools and tips about utilization management, quality improvement, prior authorization and more. To learn more about our provider services, please check our provider manual, available at buckeyehealthplan.com/for-providers/provider-resources/manuals/

If you or one of our members would like a paper copy of anything found on our site, please call 1-866-246-4356.

Help your patients, help our **HEDIS scores**

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 of America'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 health care plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year. Through HEDIS, NCQA holds Buckeye Health Plan accountable for the

timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Buckeye Health Plan also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates. It's an important part of our commitment to providing access to high-quality and appropriate care to our members.

Please consider the HEDIS topics covered in this issue of the provider newsletter: diabetes, hypertension and cardiac health. Also, review Buckeye Health Plan's clinical practice guidelines at www.buckeyehealthplan.com.

HEDIS for heart care

The high blood pressure control HEDIS measure applies to patients who have been diagnosed with hypertension (excluding individuals with end-stage renal disease and pregnant women). The HEDIS measure evaluates the percentage of patients with hypertension with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg, or 140/90). For patients ages 60-85, adequate control is defined as less than 150/90.

The HEDIS measure for persistence of a beta-blocker treatment regimen after heart attack applies to patients who were hospitalized and discharged after an acute myocardial infarction (AMI). This measure calls for treatment with beta-blockers for six months after discharge. Patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure. Despite strong evidence of the effectiveness of drugs for cardiac problems, patient compliance remains a challenge.

What providers can do:

- Continue to suggest and support lifestyle changes, such as quitting smoking, losing excess weight, beginning an exercise program and improving nutrition.
- Stress the value of prescribed medications for managing heart disease. Buckeye Health Plan can provide educational materials and other resources addressing the above topics.
- Please encourage your Buckeye Health Plan patients to contact Buckeye Health Plan for assistance in managing their medical condition. Buckeye Health Plan case management staff members are available to assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions. If you have a member you feel could benefit from our case management program, please contact Buckeye Health Plan member services at **1-866-246-4358** and ask for medical case management.

New technology, new coverage

Buckeye Health Plan evaluates the inclusion of new technology and new application of existing technology for coverage determination on an ongoing basis. We may provide coverage for new services or procedures that are deemed medically necessary. This may include medical and behavioral health procedures, pharmaceuticals or devices.

Requests for coverage will be reviewed and a determination made regarding any benefit changes that are indicated. When a request is made for new technology coverage on an individual case and a plan-wide coverage decision has not been made, Buckeye Health Plan will review all information and make a determination on whether the request can be covered under the member's current benefits, based on the most recent scientific information available.

For more information, please call **1-866-246-4356**.



REVIEW OF DENIALS

Buckeye Health Plan sends you and your patients written notification any time a decision is made to deny, reduce, suspend or stop coverage of certain services. The denial notice includes information on the availability of a medical director to discuss the decision.

Peer-to-peer reviews

If a request for medical services is denied due to 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 Health Plan at **1-866-786-8731**. A case 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 the 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 for Buckeye Health Plan to make timely medical necessity decisions based on complete information.

Member satisfaction survey results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

ask consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance (NCQA) to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers, as well as the service they receive from the health plan. Buckeye Health Plan will be using the results to help plan improve.

We also want to share the results with you, since you and your staff are a key component of our members' satisfaction.

Here are some key findings from the survey: Areas where we scored well include:

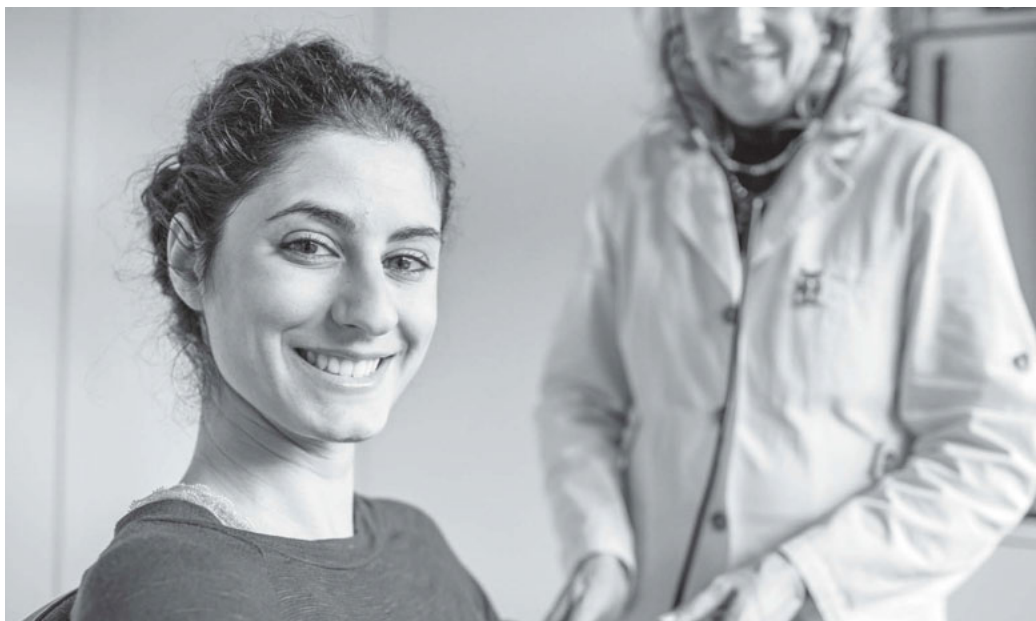
- Rating of personal doctor (general child and child with chronic care conditions)
- Customer service (general child and child with chronic care conditions)
- Rating of healthcare (adult and general child)

Based on the feedback we received, some of the areas we have been working to improve include:

- Rating of health plan (child with chronic care conditions)
- Getting care quickly (adult)

- Rating of specialist (adult and general child)

Buckeye Health Plan takes our members' concerns seriously and will work with you to improve their satisfaction in the future.



What is infant mortality?

Pregnancy can be an exciting and scary time for many women. Most newborns grow and thrive, but there is still a risk—albeit a small one—that a newborn will not survive after birth. This tragic phenomenon, called infant mortality, is defined as the death of a baby before his or her first birthday. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. For every 1,000 births, six babies will die during their first year. The death of a newborn is a serious, traumatic event that can take a serious toll on the health and well-being of mothers and families.

In 2013, the top five leading causes of infant mortality accounted for about 57% of all infant deaths in the United States. They were:

- Birth defects
- Preterm birth (earlier than 37 weeks) and low birth weight
- Sudden Infant Death Syndrome (SIDS)
- Maternal complications of pregnancy
- Injuries (such as asphyxiation)

Reducing the Risk

There are many factors that influence a woman's risk of infant mortality and other pregnancy related health outcomes, including race, age and ethnicity. Many of these factors are beyond a mother's control. However, the primary factor—a woman's health—is well within her control. With guidance from their healthcare providers, expectant mothers can take steps to mitigate the risk of infant mortality and other serious complications.

Healthcare providers should discuss all of the risks and variables with

expectant mothers and women considering pregnancy. Here is some general advice to give to pregnant women:

- Take folic acid: Folic acid is a B vitamin. Taking folic acid before and during pregnancy can help prevent birth defects in the baby's nervous system.
- Maintain a healthy diet and weight: Being obese during pregnancy can have major effects on the health of both mother and baby. Offer expectant moms tips on nutrition, weight gain and calorie intake.
- Avoid alcohol during pregnancy: Consumption of alcohol during pregnancy puts the newborn at risk for fetal alcohol spectrum disorders, a group of conditions that can cause a variety of serious birth defects. Provide guidance and resources to women who are drinking.
- Discuss medications: Talk with women who are thinking about becoming pregnant about medications they are currently taking. This includes prescription, over-the-counter drugs and alternative medicine. Many medications have not had their effects on pregnant women extensively tested. This is because pregnant women are often not included in clinical studies that test the safety of new medications.

LEARN MORE:

- Info on medications and pregnant women - <http://www.cdc.gov/pregnancy/meds/index.html>
- General infant mortality info - <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm>
- Fetal Alcohol Syndrome - <http://www.cdc.gov/ncbddd/fasd/facts.html>

STARTING THE NEW YEAR OFF WITH HEALTHY BEHAVIORS

After consuming all the holiday sweets and goodies, it is definitely time to have a dental exam and cleaning. Whether a member is pregnant, 2-20 years old, or an adult, they need to be maintaining optimum oral health and development. It's also a great time to get sealants on the back molars of permanent teeth, which can significantly prevent future dental decay. Buckeye Health Plan's dental vendor, Dental Health & Wellness, is ready to assist you in keeping our member's teeth healthy. Please take a moment to remind your patient of the need for their cleaning and oral exam. This appointment is free of charge twice a year. Buckeye's Member Services (1-866-846-4358 or TYY 1-800-750-0750) can assist you in locating a Buckeye-approved dentist and with transportation, if needed. Also, visit our website www.buckeyehealthplan.com.



Be smart when prescribing antibiotics

According to the Centers for Disease Control and Prevention (CDC), viral infections should not be treated with antibiotics. Viruses include the common cold, bronchitis, flu, most sore throats, many sinus infections and many ear infections. Overuse and misuse of antibiotics may lead to higher medical costs and antibiotic-resistant bacteria.

Promote appropriate antibiotic use by:

- Explaining to parents or guardians that unnecessary antibiotics use can be harmful

unnecessary antibiotics use can be harmful

- Sharing facts about usage only for bacterial infections
- Suggesting alternative treatments, as appropriate (i.e. analgesics, decongestants, antitussives, rest and fluids)
- Starting an educational area in the waiting room
- Developing a FAQ or information sheet related to antibiotics (risks vs. benefits)

HEDIS guidelines

How can you assist with HEDIS data?

The National Committee for Quality Assurance (NCQA) releases technical specifications yearly for the identified HEDIS measurements. Specifications define the measurement and list the requirements, exclusions and best practice tips to fulfill a compliant medical record. Please pay particular attention to the needs related to your specialty and patient population.

A FEW EXAMPLES:

Adolescent Well Care (AWC = 12-21 years old); Well-Child 34 (W34 = 3-6 years old); and Well-Child 15 (W15 = children who turned 15 months during the measurement year)

- All five components should be completed:
 - Health history
 - Physical developmental history
 - Mental developmental history
 - Physical exam
 - Health education/anticipatory guidance

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC = 3-17 years old)

- Must have three indicators (DO NOT have to be from the same date of service):
 - BMI percentile
 - Counseling for nutrition
 - Counseling for physical activity

Annual Dental Exam (ADV = 2-20 years old)

- Members eligible for two periodic oral exams and cleanings per year.

Postpartum Care

- New mothers need a postpartum visit documented between 21-56 days after delivery.

Newborn Care

- Infants need a visit documented within 30 days after discharge.

Cervical Cancer Screenings (CCS = women 21-64 years old)

- Please ask your patients for updates.
- Women 21-64 with a cervical cytology every 3 years
- Women 30-64 with a cervical cytology/HPV co-testing every 5 years

References for providers:

NCQA: www.NCQA.org

Bright Futures: http://brightfutures.aap.org/pdfs/BF3%20pocket%20guide_final.pdf

Buckeye Health Plan: www.buckeyehealthplan.com or Provider Services 1-866-296-8731

Fax: 1-866-786-0482



Well-child winners

The 10 winners of Buckeye's latest well-child drawing and their families are enjoying gifts cards they selected from Hallmark Business Connections after visiting their doctors for annual checkups. Buckeye also gave away five backpacks stuffed full of goodies for the back-to-school well-child drawing. The latest winners are from Fremont (2), Medina, Celina, Canton, Bolivar, Toledo (4), Stow, Columbus (2), New Franklin and Akron. Congratulations!

Heredity, time outdoors affect **myopia**

Myopia affects almost 33% of adults in the United States. Axial length of the eye is estimated to be the greatest determinant of refractive error. Heritability estimates for axial length were reported to be 81% in a whole genome twin study in Australia. This study was the first to identify a locus implicated in ocular axial length, on chromosome 5q, and it identified additional regions with suggestive multipoint logarithm of the odds (LOD) ratios on chromosomes 6,

10, and 14 linked to axial length.

Many interventions intended to slow myopia progression have been introduced, but few have been subjected to the scientific rigors of randomized controlled trials. Recent data however has identified outdoor activity as a key environmental determinant of myopia. In studies of children, total time spent outdoors was associated with less myopic refraction.



Information regarding Buckeye's 2015 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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