# ProviderReport

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## Review of denials

Any time it is necessary to deny, reduce, suspend or stop coverage of certain services, Buckeye Health Plan will send the provider and their patient written notification. 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 because of a lack of medical necessity, a provider can request a peer-to-peer review with Buckeye's medical director on the member's behalf by calling **1-866-296-8731**. 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 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 appeals to allow for Buckeye to make timely medical necessity decisions based on complete information.

## Verify your credentials with Buckeye

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

Please submit a written explanation detailing the error or the difference in information to ensure your update is included in the credentialing or recredentialing process. It's important to provide Buckeye with this information in a timely manner to avoid delays in credentialing decisions.

Providers also have the right to request the status of their credentialing or recredentialing application at any time by contacting Provider Services at **1-866-296-8731**.

## Advance directives: **The conversation can start with you**

Advance directives can be a sensitive topic to bring up with your patients, regardless of their current health status. It's vital, however, that patients understand their rights to execute these important documents. Buckeye wants to make sure our members are getting the guidance and information they need.

We encourage you to explain this process to your patients and to show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions. They should also send one copy to your office so that it can be filed with their medical records.

Providers are required to document provision of information and note whether patients have an advance directive in their permanent medical records.

**Inform your patients:** The National Hospice and Palliative Care Organization has compiled key information about advance directives in a question-and-answer format: **www.caringinfo.org/files/public/brochures/Understanding_Advance_Directives.pdf**. Patients can find state-specific advance directives here: **www.caringinfo.org/i4a/pages/index.cfm?pageid=3289**.

# What our members are saying

**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 will be using the results to guide our improvement efforts.

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

Here are some findings from the 2016 survey. In particular, Buckeye and our providers scored well in several areas:

- **Obtained needed care right away**
- **Rating of specialist**
- **Rating of healthcare**

Based on this important feedback, Buckeye has been making improvements in several key areas such as:

- **Getting information or help from customer service**
- **Getting child's appointment with specialists as soon as needed**
- **Rating of health plan**

We all care deeply about member satisfaction. Buckeye is committed to working with our providers to make improvements.

## Let us know your plans

Our goal is to provide seamless care for our members. To support this goal, it's important that we know if you're planning to move, change phone numbers or leave the network.

To ensure that your contact information and status are up to date, visit our secure provider portal at **www.buckeyehealthplan.com** or call **1-866-296-8731**. Please let us know at least 30 days before you expect a change to your information.

# Why HEDIS matters

HEDIS, the Healthcare Effectiveness Data and Information Set, is a list 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 healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year.

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 on an ongoing basis and continually looks for ways to improve those 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: diabetes, medication management in the elderly, high blood pressure and cardiovascular disease. Also, review Buckeye's clinical practice guidelines at **www.buckeyehealthplan.com** and encourage your Buckeye members to contact Buckeye for help managing their medical conditions. Buckeye case management staff members are available to assist with patients who have difficulty managing their conditions, challenges adhering to prescribed medications or difficulty filling their prescriptions. If you have a member you feel could benefit from our case management program, please contact Buckeye Member Services at **1-866-246-4358** and ask for medical case management.

## HEDIS FOR DIABETES CARE

The HEDIS measure for comprehensive diabetes care is directed to adult patients ages 18 to 75 who have type 1 or type 2 diabetes.

- **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 percent = poor control (CPT II code 3046F)
  - → HbA1c result between 7 and 9 percent = in control (CPT II code 3045F)
  - → HbA1c result < 7 percent = good control (CPT II code 3044F)
- **Dilated retinal eye exam:** Exam in the 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:** < 140/90 mm Hg = in control

### What providers can do

1. **Dilated retinal eye exam:** Buckeye can assist your office with finding a vision provider. Our vision vendors support our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
2. **Nephropathy screening test:** 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. You may offer either to your patients.

## HEDIS for medication management in the elderly

Prescription drug abuse by the elderly contributes to hospitalizations, longer illnesses, loss of independence, and an increase in falls and fractures.

There are two HEDIS measures related to medication management in the elderly. The first measure—potentially harmful drug-disease interactions in the elderly—assesses the percentage of adults 65 and older who have a specific disease or condition (i.e., chronic renal failure, dementia, history of falls) and who were dispensed a prescription for a medication that could exacerbate that condition. The second measure—use of high-risk medications in the elderly—assesses the percentage of adults 65 and older who received at least one high-risk medication or who received at least two different high-risk medications.

### What providers can do

1. **Avoid prescribing high-risk drugs:** This is an important, simple and effective strategy in reducing medication-related problems and adverse drug events in older adults.
2. **Regularly review your patients' prescriptions and over-the-counter medications:** Look for signs of unnecessary or duplicate medications, prescribing from multiple doctors, as well as harmful interactions. Ask patients if they understand what each of the drugs is for and explain how to take them properly.
3. **Learn more about potentially inappropriate medication for older adults:** The American Geriatrics Society guidelines are online at **http://geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001**.

# HEDIS for high blood pressure

The medical costs of high blood pressure total more than $46 billion annually. This number could increase to $274 billion by 2030. Approximately 1 in 3 U.S. adults, or about 70 million people, has high blood pressure, but only about half of these people have it under control.

The high blood pressure control HEDIS measure applies to the percentage of adults 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Adequate control is defined by the following criteria:

- Adults 18 to 59 whose blood pressure was less than 140/90 mm Hg
- Adults 60 to 85, with a diagnosis of diabetes, whose blood pressure was less than 140/90 mm Hg
- Adults 60 to 85, without a diagnosis of diabetes, whose blood pressure was less than 150/90 mm Hg

Exclusions apply if there is evidence of the following during the measurement year:

- End-stage renal disease
- Kidney transplant or dialysis
- Pregnancy
- Non-acute inpatient admission

## What providers can do

1. **Teach patients how lifestyle changes can control high blood pressure:** Encourage low-sodium diets, increased physical activity and smoking cessation.
2. **Prescribe and follow up on blood pressure medication:** Patients may assume that because they "feel good," they may stop filling their prescriptions. Confirm that they understand the importance of keeping up with these prescriptions.

# HEDIS for cardiovascular disease

- The HEDIS measure for **persistence of beta-blocker treatment after heart attack** applies to the percentage of adults 18 and older during the measurement year who were hospitalized and then discharged with a diagnosis of acute myocardial infarction and who received persistent beta-blocker treatment for six months after discharge.
- The HEDIS measure for **statin therapy for patients with cardiovascular disease** applies to men ages 21 to 75 and women ages 40 to 75. Rates reported include:
  - → Members who received at least one high- or moderate-intensity statin therapy during the measurement year
  - → Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period, from prescription date through the end of the year

## What providers can do

1. **Suggest specific lifestyle changes:** Quitting smoking, losing excess weight, beginning an exercise program and improving nutrition are valuable health goals. However, broad goals like these are hard to attain. Instead, stress the value of small changes over time.
2. **Stress the value of prescribed medications for managing heart disease:** Buckeye can provide educational materials and other resources addressing the above topics.

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buckeye health plan™ Advantage

Information regarding Buckeye's 2017 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.**