



Caring for **adolescents**

Growing into adulthood is a time of great transition—including changes in healthcare needs. Buckeye Health Plan supports members of all ages getting the care they need.

Parents and providers should discuss whether adolescents and teens are seeing the right doctor. For example, children who are seeing pediatricians may need to switch to an adult doctor. Talk with parents. You can help ensure that there are no breaks in a child's care. It's important for children to see their doctor at least once a year.

Buckeye Health Plan is required to provide information about how it can help members who are reaching adulthood choose an adult primary care practitioner. Members who need help finding the right doctor or making appointments can call our Customer Service staff at **1-866-246-4358**.

REMINDER:

Submit medical records

To help us process authorization requests accurately and efficiently, please submit sufficient medical information to justify the request and allow for timely processing. Submitting insufficient medical records can cause processing delays and increase the risk for denials.

If you have questions or concerns about the type of medical information required, contact our Medical Management Department at **1-866-296-8731**.

DISEASE MANAGEMENT SUPPORTS HEALTHY OUTCOMES

As part of our medical management and quality improvement efforts, we offer members disease management programs.

A major goal of our disease management program is to support the member's ability to self-manage chronic conditions. We strive to achieve this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence.

Learn more about our disease management services at <http://www.buckeyehealthplan.com/for-members/health-management/> or by calling 1-866-246-4358.

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 and we encourage you to consult your provider handbook to review them.

Member rights include, but are not limited to:

- Receiving all services that we must provide
- Assurance that member medical record information will be kept private
- Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/ corrected if needed

Member responsibilities include:

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



We help moms Start Smart

Start Smart for Your Baby® (Start Smart) is our special program for women who are pregnant. We want to help women take care of themselves and their babies every step of the way. 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).

Case managers connect the dots

Case managers are advocates, coordinators, organizers and communicators. They are trained nurses and practitioners who can support you and your staff, as well as your patients.

Support and communication

Their goal is to promote quality, cost-effective outcomes by supporting patients and their caregivers. They are often assigned by the health plan to a member when the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A case manager connects the member with the healthcare team by providing a communication link between the member, his or her primary care physician, the member's family and other healthcare providers, such as physical therapists and specialty physicians.

On your team

Case managers do not provide hands-on care, diagnose conditions or prescribe medication. The case manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become the eyes and ears for the healthcare team, and a resource for physicians, the member and the member's family.

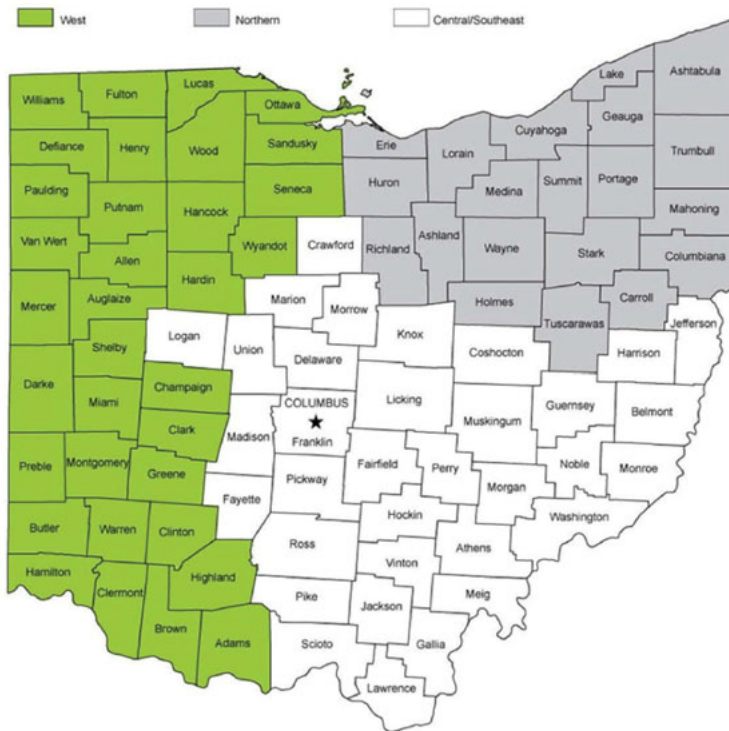
Our team is here to help your team with:

- Non-compliant members
- New diagnoses
- Complex multiple co-morbidities

Providers can directly refer members to our case management group. Providers may call 1-866-296-8731 for additional information about the case management services offered by Buckeye Health Plan.

Access and availability

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate you working with us to accommodate our members' clinical needs. In order to ensure appropriate care, we have adopted the geographic accessibility standards below.



Thank you for complying with this assessment and providing the highest quality care for our members.

Updates to our pharmacy coverage

Buckeye Health Plan is committed to providing high-quality, appropriate and cost-effective drug therapy to its members. We are regularly evaluating therapeutic classes and new drugs that arrive on the market.

Our Pharmacy and Therapeutics Committee, whose membership includes community-based physicians, pharmacists and other practitioners, makes decisions on changes to the Preferred Drug List (PDL), or formulary.

Learn more: To get a printed copy of the most current PDL, which includes the procedures for prior authorization and other guidelines such as step therapy, quantity limits and exclusions, please call provider relations at **1-866-296-8731**. You can also view the PDL online at <http://www.buckeyehealthplan.com/for-providers/pharmacy/pdl-quick-reference-guide/>

BEHAVIORAL HEALTH: POST-DISCHARGE APPOINTMENTS

Do you have a patient who was recently hospitalized for a behavioral health condition and is having difficulty arranging a post-discharge appointment? Let us help. Outpatient follow-up within 7 days of discharge—as well as another visit within 30 days of discharge—is vital to an individual's recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

We have staff who will work with you to encourage the appropriate follow-up care. If you're an outpatient provider and you cannot meet the appointment needs of these discharging members, or if you have more

availability than is being utilized, contact your Buckeye Health Plan Provider Relations Specialist to let them know.

Buckeye Health Plan will continue to work diligently with our facilities, outpatient providers and members to help schedule these valuable appointments. Here are some ways we can assist:

- Scheduling support for follow-up appointments within the 7-day and 30-day time frames
- Appointment reminder calls to members
- Member transportation assistance

HEDIS SPOTLIGHT:

Antidepressant medication management

The HEDIS AMM measure includes two sub-measures:

- 1. Antidepressant medication management (acute phase).** Percent of health plan members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 12 weeks.
- 2. Antidepressant medication management (continuation phase).** Percent of members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 6 months.

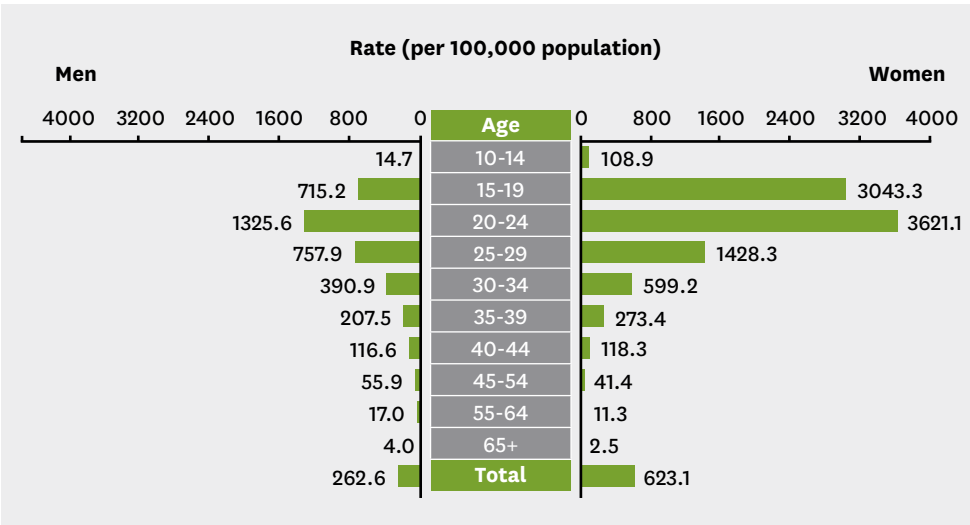
Depression is the most common form of mental illness, affecting about 6.9 percent of American adults. Antidepressants have a significant role in treatment plans, but patient adherence is a notable challenge.

Make adherence a priority among patients who have been prescribed antidepressants. Ask patients to discuss side effects should they arise. Suggest patients track their feelings with a simple notation on their calendar—a plus or minus mark, a smiling or frowning face. At their next appointment, review overall trends along with medication compliance. For many patients, feeling involved in their treatment program can encourage adherence.

Chlamydia and **your patient**

According to the Centers for Disease Control and Prevention (CDC), chlamydia is the most commonly reported sexually transmitted disease (STD) in the United States. In Ohio, the total rate of reported cases for 2013 were 460 per 100,000 population.

Below is a visual representation of chlamydia rates in the United States (2013) by age and sex (CDC, 2014).



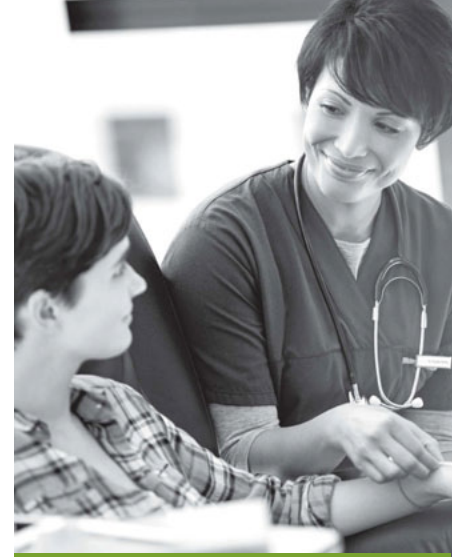
Data provided by the CDC December 16, 2014

Since 2000, chlamydia trachomatis has been included as a HEDIS® (Health Plan Employer Data and Information Set) measure. Statistical data is based upon the information collection based on the percentage of women 16-24 years old who are sexually active and who had at least one test for the STD during the measurement year (NCQA, 2014).

How may you help your patients? Planned Parenthood provides the following information (2014):

- **Communication and education** are first and foremost to prevention of infection exposure. Abstinence is the best, but if you are sexually active: 1.) use female or latex condoms each and every time with vaginal, anal or oral sex and 2.) limit your number of sexual partners—monogamous is best.
- **Symptoms of chlamydia:** 70-95% of women and about 90% of men are asymptomatic. If they get infected, symptoms may occur in 5-10 days. Women may experience symptoms like: abdominal pain, abnormal vaginal discharge, break-through bleeding, painful intercourse, burning with urination or odorous discharge. Men may experience: burning while urinating, unusual penile discharge or swollen testicles. Anally, women and men may experience swelling, itching, bleeding, anal discharge or diarrhea. Orbital chlamydia may cause redness, discharge and itching. Oral may cause a sore throat.
- **Complications of chlamydia:** Because chlamydia often has few or no symptoms, it may go undetected, undiagnosed and untreated for an extended period of time. If left untreated, it may cause pelvic inflammatory disease (PID) in women or epididymitis in men. Ultimately, this may affect their ability to get pregnant and sterility, respectively.
- **Diagnosis:** Visual examination; swab samples of the cervix, penis, urethra or anus; or urine sample testing.
- **Treatment and cure:** Chlamydia is easily treatable with antibiotics. Some are single dosage and some are taken for a week. Help your patients decide what is best for them. Remind your patients that their sexual partners also need to be treated. Retest them in 3 to 4 months to make sure the infection is gone.

References: CDC. (2014, December 16). Chlamydia statistics. Retrieved June 23, 2015, from <http://www.cdc.gov/std/chlamydia/stats.htm>
 NCQA. (2014). HEDIS 2015, Volume 2: Guidelines for effectiveness of care measures. National Committee for Quality Assurance: Washington, DC.
 Planned Parenthood. (2014). Chlamydia at a glance. Retrieved June 23, 2015, from <http://www.plannedparenthood.org/learn/stds-hiv-safer-sex/chlamydia>



10 FACTS ON ZIKA

1. Zika virus is a single-stranded RNA virus of the Flaviviridae family genus Flavivirus.
2. It is transmitted through the Aedes species mosquito bites.
3. Outbreaks have occurred in areas of Africa, Southeast Asia and Pacific Islands. There are more than 4,000 suspected infections in Brazil.
4. There are no vector-transmitted cases in the continental U.S., but there has been transmission of the virus in the Puerto Rico. There has been one case recently that was sexually transmitted in Texas and confirmed by the CDC.
5. Most people who are infected have no symptoms.
6. Signs and symptoms include acute onset of fever, maculopapular rash, arthralgia or conjunctivitis. Other symptoms included myalgia and headache. The clinical illness is usually mild with symptoms lasting for several days to a week.
7. Hospitalization is uncommon and case fatality is low.
8. There is a possible association between babies born with microcephaly and maternal Zika virus infection.
9. Treatment is usually supportive with rest, fluids, and use of analgesics and antipyretics.
10. Prevention is most important for those people traveling to or returning from endemic areas. Condom use is a must for those having sexual intercourse with anyone who has been in an endemic area.

www.cdc.gov/zika/

Diabetes quick reference guide

Buckeye is committed to providing appropriate, high quality and cost-effective drug therapy to all Buckeye members. Buckeye works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered.

Buckeye offers an extensive list of diabetes medications that are covered on the Buckeye Health Plan PDL (preferred drug list).

The following list is an example of many of the medications covered by Buckeye for the treatment of diabetes. For a more extensive list of diabetes medications, including PDL status and prior authorization requirements, please see our website at www.buckeyehealthplan.com search under Medicaid - Pharmacy - preferred drug list and select Diabetes Therapy Quick Reference Guide. This document can also be found at the following link. <http://www.buckeyehealthplan.com/files/2014/07/Diabetic-therapies-QRG-4-2014-2.pdf>.

Insulins	Apidra; Humalog; NovoLog; Humulin R; Novolin R; Humulin N; Novolin N; Lantus (vials and Solostar); Levemir ; Humulin 70/30; Novolin 70/30; Humalog Mix 50/50; Humalog Mix 75/25; Novolog Mix 70/30; Humulin R Regular U-500. Please note: vials, pens and KwikPen dosage forms if available are all covered on Buckeye Health Plan PDL
Alpha-Glucosidase Inhibitors	Acarbose* (Precose®)
Biguanides	Metformin* (500mg, 850mg, 1000mg); Metformin ER* (500mg ER, 750mg ER)
Dipeptidyl Peptidase-4 Inhibitor	Onglyza; Tradjenta
Meglitinides	Nateglinide* (Starlix®)
Sulfonylureas	Chlorpropamide*(Diabinese®); Glimepiride* (Amaryl®); Glipizide*(Glucotrol®); Glipizide ER* (Glucotrol XL®) ; Glyburide* (Micronase®, Diabeta®); Glyburide, micronized*(Glynase®); tolazamide* tolbutamide*(Orinase®)
Thiazolidinediones (TZDs)	Pioglitazone* (Actos®)
Combination Products	Pioglitazone/metformin* (ActoPlus Met®); Jentadueto (linagliptin/metformin); Kombiglyze® XR (saxagliptin/metformin); glipizide/metformin* (Metaglip®); glyburide/metformin* (Glucovance®)

*Generic product available

Brush! Rinse! Floss! Make a dental appointment! HELPING YOUR PATIENTS

How many children in Ohio have never been to the dentist?

According to the Ohio Department of Health, nearly 340,000 children in Ohio have never been to a dentist.

Should pregnant women go to the dentist?

Yes. Oral exams and cleanings are safe at every stage of pregnancy. Research shows that if a woman's dental health is not maintained during pregnancy, this can affect the health of the baby. If the woman has cavities, the decay-causing germs may be transmitted to the infant, making them more susceptible to the risk for future cavities (Ohio Department of Health).

Does Buckeye Health Plan's dental benefits only cover one cleaning a year?

Actually, Dental Health & Wellness, Buckeye's dental vendor, covers two periodic oral exams and cleaning per year. So, about every 6 months, our members may elect to visit the dentist. This is also a great time to get sealants on the back molars of permanent teeth, which can significantly prevent future dental decay.

Please help your patients in finding a dentist, making an appointment or encouraging them to call Member Services at **1-866-246-4358** (TTY **1-800-750-0750**) with additional questions regarding appointment or transportation assistance.



Asthma education: Go back to basics

A **comprehensive medication plan** is critical in order to successfully manage asthma. If patients are struggling to control their asthma symptoms, try discussing the basics: Ask them if they understand when and how to take their everyday maintenance medication, their quick-relief medication and any nebulizer medications.

Also, take advantage of these online resources to help educate patients and their caregivers:

- The American Lung Association's (AHA) free interactive online course, "Asthma Basics," at www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-basics.html
- Lungtropolis®, an interactive website and game developed by AHA specially designed for children, at www.lungtropolis.com
- The CDC's asthma resources for schools and childcare providers, which features a video series on how to use an inhaler, at www.cdc.gov/asthma/schools.html

ASTHMA HEDIS MEASURES

Medication management for people with asthma: Members ages 5 to 85	Two measures reported: 1. Members remaining on asthma controller medication for at least 50% of their treatment period. 2. Members remaining on asthma controller medication for at least 75% of their treatment period.
Codes	ICD-10 J45.20-J45.22, J45.30-J45.32, J45.40- J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990, J45.991, J45.998
How we did in 2015	50% compliance: 55.18% 75% compliance: 30.38%



Information regarding Buckeye's 2016 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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