

# provider report



WINTER 2015 | WWW.BUCKEYEHEALTHPLAN.COM

## Peer-to-Peer Review

Buckeye Health Plan will send you and your patient written notification any time we make a decision 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 denial decision.

In the event that 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 1-866-296-8731.

A case manager may also coordinate communication between the medical director and the requesting practitioner as needed.

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 to make timely medical necessity decisions based on complete information.



## You Can Impact 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 healthcare 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 (including

acute, preventive, mental health, and others) delivered to its diverse membership. Buckeye Health Plan also reviews HEDIS data on an ongoing basis for ways to improve 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 cholesterol monitoring. Also, review Buckeye Health Plan's clinical practice guidelines at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

## We Asked, They Answered

Buckeye Health Plan recently asked members what they thought of our care and services. How patients rate their healthcare is an important measure of quality. 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 on how to improve these statistics.

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 child and adult surveys as well as our benchmarks.

Areas where we scored well on the child survey include:

- ▶ Treated with courtesy and respect by customer service staff: 95.4% (Benchmark 92.9%)
- ▶ Obtained child's appointment with specialist as soon as needed 89.2% (Benchmark 80.5%)

We have identified the following areas for improvement from the child survey:

- ▶ Getting information/help from customer service: 79.9% (Benchmark 82.3%)
- ▶ Child's doctor listened carefully to you: 92.2% (Benchmark 94.2%)

Areas where we scored well on the adult survey include:

- ▶ Obtained needed care right away: 88.2% (Benchmark 83.1%)
- ▶ Obtained appointment for care as soon as needed: 82.3% (Benchmark 79.3%)

We have identified the following areas for improvement from the adult survey:

- ▶ Getting information/help from customer service: 79.4% (Benchmark 83.8%)
- ▶ Obtained appointment with specialist as soon as needed: 76.6% (Benchmark 79.0%)

We take our members' concerns seriously and will work with you to enhance their satisfaction.



## Diabetes: The Good News and the Bad News

**Here's the good news:** Diabetes rates may be reaching a plateau, according to researchers from the U.S. Centers for Disease Control and Prevention. In a study in the *Journal of the American Medical Association*, researchers note that while both type 1 and type 2 diabetes rose from 1990 to 2008, those rates leveled off between 2008 and 2012.

But here's the bad news: Among Hispanics and blacks, incidence of diabetes continues to increase. Continued focus on diabetes screening and prevention as well as ongoing patient education therefore remain critical—particularly among these higher-risk populations.

Noting the documented link between obesity and diabetes, researchers also pointed out that obesity rates have leveled off as well. But even with the plateau, the rates remain a cause for concern, especially

given the serious risks associated with diabetes, such as amputation, blindness, end-stage renal disease and more.

So, while we may be headed in the right direction, it's important to continue to talk to patients about lifestyle factors that affect their diabetes risk, such as diet and exercise.

In addition, be sure to follow the HEDIS measure for comprehensive diabetes care, which includes adult patients with type 1 and type 2 diabetes:

- ▶ HbA1c testing—completed at least annually
  - HbA1c result > 9.0 = poor control
  - HbA1c result < 8.0 = good control
  - HbA1c result < 7.0 for selected population
- ▶ Dilated retinal eye exam—annually, unless prior negative exam then every 2 years
- ▶ Nephropathy screening test—at least annually (unless documented evidence of nephropathy)

### HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	NCQA %
Hemoglobin A1c (HbA1c) Testing	77.95%	75th percentile
HbA1c Poor Control (>9.0%)	61.47%	75th percentile
HbA1c Control (<8.0)	33.18%	75th percentile
Eye Exam (Retinal) Performed	52.34%	75th percentile
Medical Attention for Nephropathy	74.67%	75th percentile

## 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 ICD-10.

To learn more about our provider services and processes, please check our provider manual, available at

[www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

If you or one of our members would like a paper copy of anything found on our site, please call **1-866-296-8731**.



## Four Facts About Credentialing and Recredentialing

1. Practitioners are sent a recredentialing application at least 180 days in advance of their last recredentialing date. To be recredentialled, all practitioners must meet specific criteria. In addition, a medical record review by Quality Improvement staff may be required. You can review further details about credentialing requirements in our provider manual on [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).
2. 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 materials collected during this process. The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department.
3. 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. A written explanation detailing the error or the difference in information must be submitted to Buckeye Health Plan within 30 days of notification of the discrepancy in order to be included as part of the credentialing and recredentialing process.
4. 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**.

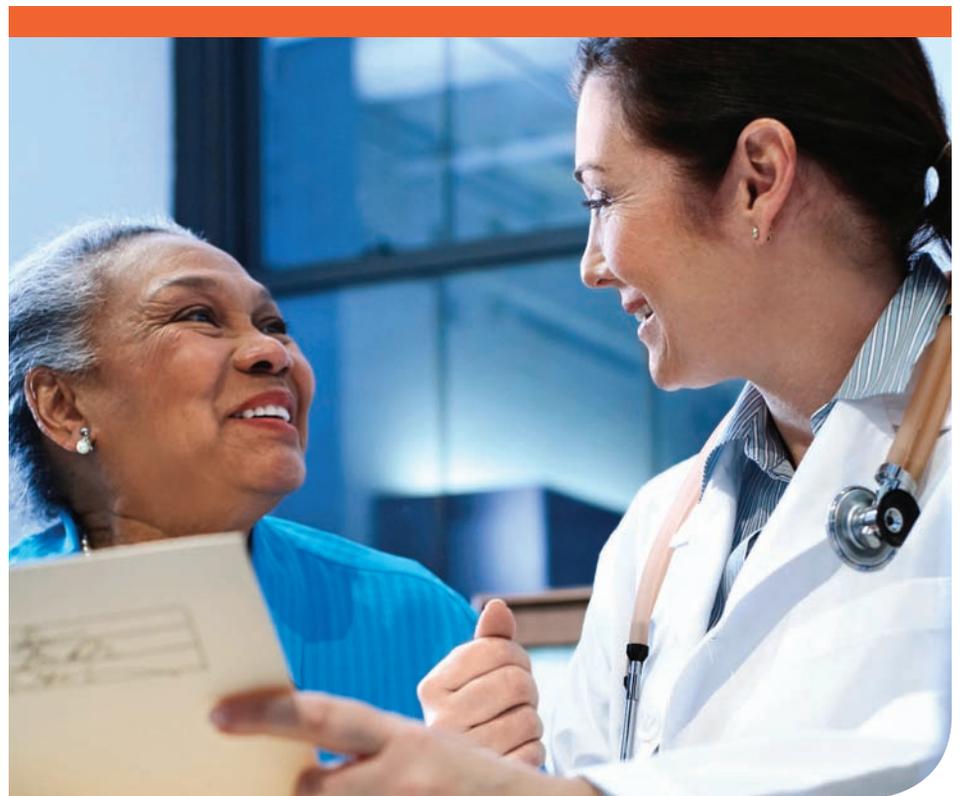
Learn more about the credentialing process in the provider section of [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

# Patient Prep for Cholesterol Monitoring

**If you are monitoring** cholesterol levels in your patients, it's wise to thoroughly prepare patients for the test to help ensure accurate and meaningful results.

Consider providing the following information to help patients get properly prepared:

- ▶ **Fasting instructions.** Some studies question whether fasting really makes a difference in the results of a cholesterol test. But fasting remains generally preferred. Besides, some labs may ask a non-fasting patient to reschedule his or her test. Recommend that patients schedule their test for first thing in the morning and to avoid food and liquids (other than water) for nine to 12 hours before the test.
- ▶ **Request a list of medications.** Because medications can affect a patient's cholesterol levels, be sure you have a complete list of medications (prescription and over the counter) and supplements the patient is taking. Be sure to ask about blood pressure medications, diuretics, beta blockers, steroids and birth control pills. In some cases, you may even consider asking the patient to stop taking these medications right a few days before the test.
- ▶ **Notes for pregnant and nursing women.** Pregnancy can affect cholesterol levels, and breastfeeding women may experience elevated HDL ratios. You may elect to postpone a test based on whether a woman is pregnant or nursing.
- ▶ **Advice for before the test.** For the most accurate results, advise patients to avoid high-fat foods and alcohol the night before the test and to forgo strenuous exercise right before the test.



## NEW TECHNOLOGY: WHAT'S COVERED?

Buckeye Health Plan evaluates new technology and new applications 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 medical 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 **1-866-296-8731**.



# Treating Low Back Pain

**National Imaging Associates** manages MRI and CT imaging for lower back pain for Buckeye members.

Note that the HEDIS measure that applies to lower back pain states that patients (without red flag symptoms) should not have any imaging within 28 days of diagnosis. That includes plain X-rays of the lower back that are not managed by NIA.

To be considered compliant with this measure, providers cannot order plain X-rays, MRIs, or CTs within 28 days of diagnosis. To determine how compliant NIA is with the measure, all patients who had plain X-rays done but no MRI or CT done within the first 28 days of diagnosis would have to be removed from the measured population. This is the only way to determine if the entities managed by NIA are meeting the HEDIS criteria.

The plan reviews claims and checks for compliance with this measure.

## **HEDIS MEASURE DEFINITION:**

The percentage of adults with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis.

**THE BOTTOM LINE:** Costly imaging studies fail to produce positive health outcomes for patients with low back pain. X-ray, MRI and CT scans should be used primarily for patients with neurologic deficits or other serious underlying conditions.

## Mental Health and Primary Care

Cenpatico recognizes that many health plan members are most comfortable with their primary care physician (PCP) as their initial point of contact for health concerns, including behavioral health.

With that in mind, the significance that PCPs play in the diagnosis and treatment of mental health issues and mental illness cannot be understated. According to the National Institute of Mental Health 26.2% of the population (approximately 57 million Americans) ages 18 and older suffer from a diagnosable mental disorder in any given year. For example, approximately 10% of individuals treated in primary care have major depression and depression is expected to be the second leading cause of disability by 2020 (Reddy 2010).

Additionally, according to the Centers for Disease Control and Prevention (2013) there is strong evidence that mental disorders—especially depressive disorders—are directly related to the occurrence, successful treatment, and overall course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma and obesity and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep.

Therefore, achieving positive health outcomes with patients can be significantly dependent on recognizing and treating the whole person, as well as coordinated communication between all treating providers and the managed care plan.

Cenpatico offers resources to help the member and the provider in understanding and treating many types of mental health diagnosis. These resources include educational brochures, guidance regarding validated screening tools, and a clinical training program designed to support providers in sustaining and enhancing the quality clinical services currently being provided.

For information on any of these resources or general information about Cenpatico, please call **1-800-224-1991**, extension **57148**.

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## THE MOST UP-TO-DATE FORMULARY

The Pharmacy Department at Buckeye is charged with providing the most clinically sound and cost-effective drug therapy for our members. Due to ever-changing market conditions, there is an ongoing evaluation of 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, make decisions for changes to the Preferred Drug List (PDL).

The Q2 update includes Natroba, Hemangeol, select Insulin Pens, and Aerospan.

» **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 Services at **1-866-296-8731**. You can also view the PDL online at [buckeyehealthplan.com/for-providers/pharmacy](http://buckeyehealthplan.com/for-providers/pharmacy).

## Planning Advance Directives With Your Patients

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

We encourage you to explain this

process to your patients and 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 and send one copy to you office so that it can be filed with their medical records. Providers are required to document provision of

information and note whether or not patients have an advance directive in their permanent medical records.

During our medical record compliance audits, Buckeye Health Plan may monitor compliance with this recommendation. Please contact us at **1-866-296-8731** if you would like information about advance directives.

## Consistency Is Key for Hypertension

For patients who are taking medications to control blood pressure, it's essential they take those medications consistently for the best results.

The HEDIS measure for high blood pressure control includes patients who have been diagnosed with hypertension (excluding those with end-stage renal disease and pregnant women).

It measures the percentage of hypertensive patients with adequate control, which, as of 2015, is defined as a reading of less than 140/90 mm Hg for patients ages 18 to 59 and for diabetic patients ages 60 to 85. For patients ages 60 to 85 without diabetes, adequate control is defined as 150/90 mm Hg.

Even if they are "feeling better," it's good to remind patients to keep taking their medication. Here are a few ways to help people comply with their medication regimen:

- ▶ **Suggest they take medications around mealtimes.** Taking medications at a mealtime every day is a good way to remember to take the medication. You might suggest, for example, that a beta-blocker be taken right after dinner every night.
- ▶ **Recommend a pillbox.** Some practitioners give away pillboxes or recommend their patients pick one up at a drug store.
- ▶ **Discuss a reminder app.** If your patient is tech savvy, a smartphone app or other digital alarm can remind him that it's time to take his medication.
- ▶ **Stay in contact.** Checking on your patient—whether in person, electronically or by phone—can help motivate patients to stay on track and lets you know if you need to modify their medications. A short call by one of your staff asking how the medication regimen is going may be all it takes to help patients stay on track.

### HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	NCQA %
Controlling High Blood Pressure (CBP)	39.42%	<10th percentile

# The Emotional Toll of Heart Disease

**You know how to talk** with your patients about beta-blockers after a heart attack. The HEDIS measure, which applies to patients who were hospitalized and discharged after an AMI, calls for treatment with beta-blockers for six months after discharge. (However, patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure.)

But do you also know to ask about depression? According to a 2011 article in the journal *Circulation*, depression is three times more common in heart attack patients than in the general population. This is especially worrisome because depression can increase a person's risk of having a subsequent cardiac event and even increase their risk of dying. In fact, one study found that depression increased the risk of death to 17 percent within six months of a heart attack versus 3 percent in those who didn't have depression.

So, be sure to monitor a heart attack

patient's mood as part of your regular check-ins, and be proactive by asking about signs and symptoms of depression. That can include questions like:

- ▶ How are you feeling?
- ▶ Would you describe yourself as happy most days?
- ▶ How are you sleeping?
- ▶ How is your energy level?
- ▶ What activities are you enjoying?

In addition, be sure to offer information on depression to patients and their families so they know the signs to watch for. You can also recommend community resources such as support groups for heart attack survivors so that patients have a support network from the beginning of their recovery.

If you are concerned about a patient's risk for depression, be sure to refer them to a mental health professional for an evaluation and treatment. Buckeye Health Plan can also help guide members to the right resources. Call **1-866-296-8731**.

### HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	NCQA %
Antidepressant Medication Management (AMM) Effective Acute Phase Treatment	42.12%	<10th percentile
Antidepressant Medication Management (AMM) Effective Continuation Phase Treatment	27.94%	<10th percentile



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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