



## Providing quality care

We're committed to providing access to high-quality and appropriate care to our members. 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 also reviews HEDIS rates on an ongoing basis and looks for ways to improve our rates. Please consider the HEDIS topics covered in this issue of our provider newsletter: vaccinations, appointment accessibility standards, access to behavioral health. Also, review our preventive health and clinical practice guidelines at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

Providers play a central role in promoting the health of our members. You and your office staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

If you have questions, you can reach Buckeye provider services at **866-296-8731**.

## Checkups keep kids healthy

**Please remind parents** that it is important for children to have a well-child visit every year. This annual check-up, including routine health screening, can help ensure that children are healthy and developing normally.

It is also important that teenagers receive an annual check-up. At this time, in addition to an evaluation of physical and emotional development, teenagers should be provided with education and guidance about sexual activity, drug use, and smoking.

If a teenager is still seeing a pediatrician, it may be time to change to an adult primary care provider. You can help ensure that there are no breaks in a child's care by discussing this with the child's parents or guardians. Buckeye will help members who are reaching adulthood choose an adult primary care provider. Members who need help selecting their provider or making appointments can call our member services at **866-246-4358**.

Share the chart on page 2 to remind members what immunizations their child or adolescent needs.

# Vaccines are a path to better **community health**

All members under the age of 18 should receive recommended immunizations, unless there are medical contraindications, or unless immunizations are contrary to the member's parents' religious beliefs. Children should be immunized during medical checkups according to the current Advisory Committee for Immunization Practices (ACIP) Schedule. The most up-to-date recommendation for kids up to 18 years old can be found at [www.cdc.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules).

## Lead screening

Lead exposure is a known risk for long-term learning and behavioral problems. For children enrolled in Medicaid, federal law requires a blood lead level measured at 12 and 24 months of age. Children between the ages of 3 and 5 years of age must receive a blood lead test immediately if they have not been previously tested for lead poisoning.

VACCINE	BIRTH	1 MO	2 MOS	4 MOS	6 MOS	9 MOS	12 MOS	15 MOS	18 MOS	19-23 MOS	2-3 YRS	4-6 YRS	7-10 YRS	11-12 YRS	13-15 YRS	16-18 YRS
Hepatitis B (HepB)	1st dose	2nd dose		3rd dose												
Rotavirus (RV) RV (2-dose series); RV (3-dose series)			1st dose	2nd dose												
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose		4th dose					5th dose				
Haemophilus influenzae type b (Hib)			1st dose	2nd dose		3rd or 4th dose										
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		4th dose									
Inactivated poliovirus (IPV: <18 yrs)			1st dose	2nd dose	3rd dose											
Influenza (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only			
Measles, mumps, rubella (MMR)							1st dose					2nd dose				
Varicella (VAR)							1st dose					2nd dose				
Hepatitis A (HepA)							2-dose series									
Meningococcal (Hib-MenCY > 6 weeks; MenACWY-D >9 mos; MenACWY-CRM ≥ 2 mos)														1st dose		Booster
Tetanus, diphtheria, & acellular pertussis (Tdap: >7 yrs)														(Tdap)		
Human papillomavirus (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)		
Meningococcal B																
Pneumococcal polysaccharide (PPSV23)																

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
- No recommendation



# Meeting appointment accessibility **standards**

**Accessibility is defined as** the extent to which a patient can obtain available services when they are needed. The availability of our network practitioners is key to member care and treatment outcomes.

Buckeye evaluates compliance with these standards on an annual basis and uses the results of appointment standards monitoring to ensure adequate appointment accessibility and reduce unnecessary emergency room utilization.

## Appointment Type Access Standard

TYPE OF APPOINTMENT	SCHEDULING TIME FRAME
PCPs – routine visits	Within 28 business days
PCPs – adult sick visit	72 hours of request
PCPs – pediatric sick visit	24 hours of request
Specialist	4 weeks of request
Behavioral health urgent care	24 hours of request
Behavioral health routine office visit	10 days of request
Urgent care providers	24 hours of request
Emergency providers	Immediately, 24 hours a day, 7 days a week and without prior authorization
Initial visit – pregnant women	Within 3 business weeks of positive pregnancy test



## Ensuring appropriate, quality care

Buckeye has utilization and claims management systems in place to identify, track and monitor care provided to our members. We do not reward practitioners, providers or employees who perform utilization reviews or issue denials of coverage or care.

Utilization management (UM) decision-making is based only on appropriateness of care, service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Denials are based on lack of medical necessity or lack of covered benefit.

Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. Buckeye uses nationally recognized criteria (e.g. InterQual) if available for the specific service; other criteria are developed internally through a process which includes thorough review of scientific evidence and input from relevant specialists.

Criteria are periodically evaluated and updated with appropriate involvement from physician members of our UM Committee.

Providers may obtain the criteria used to make a specific decision, discuss any UM denial decisions with a physician or other appropriate reviewer, or discuss any other UM issue by contacting the Medical Management Department at Buckeye.

## Help members access behavioral healthcare

**Drug overdoses now kill more Americans than car accidents;** as *The New York Times* reported in spring, the ever-increasing rate of deaths due to overdoses is lowering the life expectancy of the white population as a whole.

Buckeye can help members get treatment for a wide range of behavioral health issues, from drug addiction and alcohol abuse to depression and bipolar disorder. If you identify a patient who is struggling with a mental or behavioral health issue by noticing changes in a patient's behavior or health, such as unexplained weight loss or weight gain, reduced concentration, a loss of interest in activities that were once enjoyable and physical symptoms like heart palpitations, or other signs of changing mental health such as a patient who stops caring for his physical appearance or a patient who complains of sleep troubles, let them know that help is available.

For members that need behavioral health services, Buckeye case managers can assist you in finding the appropriate behavioral health provider to see the member. You can reach case management at **866-296-8731**.



## Notification of pregnancy

Start Smart for Your Baby®, Buckeye's maternity program, has demonstrated positive impact in birth outcomes for mothers participating in the program. Results were statistically significant for babies deemed seriously ill at birth and low, very low and extremely low birth weight babies.

The Notification of Pregnancy Form (NOP) is the key to your patient's enrollment in the Start Smart for Your Baby program and access to all of its resources. As a provider, you play a critical role in identifying pregnancy and submitting the NOP to us. Buckeye offers additional reimbursement for up to three NOPs per member per pregnancy. Please see the following details to assist you in submitting claims.

The first NOP is reimbursed based upon when it is received. Please note that the codes indicated below must be included in the claim.

- First trimester—59899 U1—\$75
- Second trimester—59899 U2—\$50
- Third trimester—59899 U3—\$25

A second and third NOP can be reimbursed at \$25 using the 59899 U3 regardless of the trimester. NOP forms are available on Buckeye's website at [www.buckeyehealthplan.com/for-providers/provider-resources](http://www.buckeyehealthplan.com/for-providers/provider-resources). We also accept the Ohio Perinatal Quality Collaborative (OPQC) form.

Thank you for the care you provide to Buckeye members and for partnering with us to improve health outcomes for expectant mothers and their newborn children.



## Free educational opportunity: Safe opiate prescribing

Opiate abuse is an issue both locally and nationally. There are many reasons why this has become an issue, but factors include the increase in:

- heroin use
- opioid pain medication misuse and therapeutic use
- transdermal opioid use

It is important for physicians to make appropriate narcotic choices in order to effectively treat patients with both acute and chronic pain. We must also be vigilant about narcotics being used inadequately or being misused. As states and the federal government increase their restrictions around physicians' application of narcotics—especially opioids—it is critical to be equipped with knowledge about monitoring, abuse and treatment for abuse.

Primed is a medical education company that, in conjunction with the American College of Physicians, has developed a free online continuing medical education program about safe opioid prescribing.

Buckeye Health Plan has been allowed to provide a link directly to the Primed website so that physicians can directly access the course. The course offers 3.5 CMEs and includes three modules that are an hour each. Buckeye encourages every physician to complete this educational activity as it allows you to more effectively care for your patients with acute and chronic pain.

Learn more at: [www.pri-med.com/SAFE-Opioid\\_Prescribing/ACP?ccode=r35&utm\\_source=referral&utm\\_medium=referral&utm\\_campaign=om\\_DrCharles\\_r35](http://www.pri-med.com/SAFE-Opioid_Prescribing/ACP?ccode=r35&utm_source=referral&utm_medium=referral&utm_campaign=om_DrCharles_r35).



# We take **provider satisfaction** seriously

**Buckeye has received the results of the 2015 Provider Satisfaction survey.** Thanks to all who completed the survey and shared feedback with us. As we reviewed those responses, we identified some opportunities to improve providers' experience with Buckeye.

Using the 2015 results, we gained insight into our key priorities for 2016: Buckeye's ability to answer questions in a timely manner, resolution of claims payment, ease of prescribing preferred medication, procedures for obtaining prior-authorization information, timeliness of obtaining prior-authorization, and consistency of pharmacy formulary.

**Keeping those priority items in mind, Buckeye has made great strides to address the key priorities. Provider satisfaction is taken seriously at Buckeye Health Plan and we want you to be the first to know of our recent changes:**

1. Development of our MyCare Concierge Team to assist our MyCare Provider Network in a quicker response and resolution of problems specific to the MyCare.
2. Creation of two new forms that are both fillable and able to be submitted on Buckeye's Provider Website:
  - a. CMS Data Survey Form- The purpose is to collect the new provider data elements (Cultural Competency training, ADA compliance, Office location accessible via public transportation, Language spoken) from providers and display them on FAP
  - b. Location Update Request Form- submitted by providers who need to make a change to location or panel information
3. Pharmacy Liaison to be the main point of contact for providers needing assistance with pharmacy related concerns or questions.
4. Continued Office Manager Advisory meetings to assist Buckeye in understanding the barriers our providers and office managers are experiencing
  - a. If interested in participating, please feel free to send an email to: **BuckeyeOMAC@centene.com**
5. Provider Relations department has been restructured to allow for reps more time in the field
6. Removal of prior authorization for progesterone products
7. Implemented an additional Medicare and Medicaid check run each week to pay claims more timely
8. Regular outreach to verify demographic and panel outreach

**In addition to those changes already in place, we continue to work diligently to improve our processes. Changes to come include:**

1. Online Appeals process
2. Pharmacy searchable formulary available online
3. Enhanced phone tree to assist providers with the timeliness and ease of obtaining prior-authorization, resolution of claims dispute and reaching a Buckeye Health Plan team member
4. Improved internal staff resources and ongoing education to improve upon consistency when it comes to answering your questions and overall health plan knowledge
5. Increase in e-mail communication to our providers



**Send us a direct message regarding any questions or issues!**

Do you utilize our secure Buckeye Web Portal? In addition to claim submissions and member eligibility inquiries, you can also send us a direct message regarding any questions or issues!

Visit our website **[www.buckeyehealthplan.com](http://www.buckeyehealthplan.com)**, log into your account and simply click the "Messaging" icon at the top of your screen to contact us.

# Drug-drug interactions in Medicare and Medicare-Medicaid patients

As you know, quality health care is a high priority for the Centers for Medicare & Medicaid Services (CMS). CMS considers drug-drug interactions an important quality measure that should be monitored. Drug-drug interactions are monitored to ensure patients' therapeutic regimens are both safe and effective. CMS measures the use of drugs with potential drug-drug interactions based on a list of drugs identified by the Pharmacy Quality Alliance (PQA). A list of some of these drugs is included in the table below.

TARGET DRUG(S) OR DRUG CLASS	CONTRAINDICATED DRUG(S) OR DRUG CLASS
Benzodiazepines	Azole antifungal agents
Carbamazepine	Clarithromycin, erythromycin, telithromycin
Cyclosporine	Rifamycins
Digoxin	Clarithromycin, erythromycin, azithromycin, telithromycin
Ergot alkaloids	Clarithromycin, erythromycin, azithromycin
Estrogen/progestin oral contraceptives	Rifamycins
MAO Inhibitors	Sympathomimetics, serotonergic agents
Methotrexate	Trimethoprim/sulfamethoxazole
Nitrates	Phosphodiesterase inhibitors
Simvastatin (40mg & 80mg)	Amiodarone
Theophylline	Ciprofloxacin, fluvoxamine
Mercaptopurine	Allopurinol
Warfarin	Trimethoprim/sulfamethoxazole, non-steroidal anti-inflammatory drugs

Please note: This is not a complete table of all potential drug-drug interactions.

Please be aware of the potential for drug-drug interactions when prescribing medications for your patients. Being cognizant of these drug interactions when choosing therapy will allow you to make the most appropriate therapy choices and help prevent avoidable adverse drug reactions.

In the future in an effort to strive for the highest quality care, you may receive information about drug-drug interactions for your patients.

For more information regarding the PQA measure for drug-drug interactions, please see: [www.qualitymeasures.ahrq.gov/content.aspx?id=47511](http://www.qualitymeasures.ahrq.gov/content.aspx?id=47511)



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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