



## Building our network

Buckeye Health Plan offers a network of primary care providers (PCPs) to ensure every member has access to a medical home within the required travel distance standards. Physicians who may serve as PCPs include internists, pediatricians, obstetrician/gynecologists, family and general practitioners, physician assistants and advanced registered nurse practitioners.

Our approach to developing and managing the provider network begins with a thorough analysis and evaluation of the state Department of Health and Human Services (HHS) network adequacy requirements for the managed care organization networks. We will develop and maintain a network of qualified providers in sufficient numbers and locations. Providers will be adequate and reasonable in number, in specialty type and in geographic distribution to meet the medical needs of members, both adults and children, without excessive travel requirements, and will be in compliance with HHS access and availability requirements.

## What's your **availability?**

**Availability is defined as** the extent to which Buckeye Health Plan contracts with the appropriate type and number of practitioners necessary to meet the needs of its members within defined geographic areas. The availability of our network practitioners is key to member care and treatment outcomes.

We evaluate compliance with these standards on an annual basis and will use the results of appointment standards monitoring to ensure adequate appointment availability and reduce unnecessary emergency room utilization.

TYPE OF APPOINTMENT	SCHEDULING TIME FRAME
Routine care (without symptoms)	Within 28 days
Non-urgent care (sick calls)	Within 72 hours
Emergency care	Immediately, 24 hours a day, seven days a week
Urgent care	Within 24 hours
OB services	Within three weeks of positive pregnancy test
Referrals to specialist	Within four weeks of request

## Record keeping

Buckeye Health Plan requires participating practitioners to maintain uniform, organized medical records that contain patient demographics and medical information regarding services rendered to members.

These standards are intended to help providers keep complete files about all our members. They are consistent with state contract requirements and industry standards.

Medical records must be:

- Complete and systematic
- Confidential
- Maintained for a period of time
- Available for audits

Periodically, Buckeye will conduct an onsite medical record audit of a random sampling of our members and provider offices to evaluate compliance to these standards.

You may view a complete list of record documentation standards in our provider manual, which is available online at [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com).

## 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).

**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 <http://www.buckeyehealthplan.com/for-providers/pharmacy/>

The Q1 update includes Pramipexole, Nexium 24HR, Astelin and Astepro. To see additional updates, visit the website above and click on PDL Quick Reference Guide.



# You can impact HEDIS scores

**Buckeye Health Plan strives to provide** quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee composed of purchasers, consumers, health plans, healthcare providers and policy makers.

HEDIS allows for standardized measurement and reporting and accurate, objective side-by-side comparisons. Learn more at [www.ncqa.org](http://www.ncqa.org).

### HOW TO IMPROVE YOUR SCORES

To help your practice increase its HEDIS rates, we review key HEDIS measures in each issue of this newsletter. We also offer guidance on how to bill appropriately. Please always follow the state and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.

### OTHER WAYS TO HELP YOUR SCORES INCLUDE:

- Submit claim/encounter data for each and every service rendered.
- Ensure chart documentation reflects services billed.
- Bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- Do not include services that are not billed or not billed accurately in the calculation.
- Submit accurate and timely claim/encounter data, which will positively reduce the number of medical record reviews required for HEDIS rate calculation.
- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as BMI screenings and lab result.

Please take note of the HEDIS measures highlighted on the next page regarding flu, women's health screenings and pharyngitis.

## OB ultrasound prior authorization

Buckeye has eliminated its previous requirement to obtain a prior authorization for certain obstetric ultrasounds after three had already been performed. There is no longer any requirement for prior authorization for any OB ultrasound or prenatal testing. We listened to our providers and see how well you are working to help bring healthy babies into Ohio. This is a good step to allow you to take even better care of your patients.

## HEP B DOCUMENTATION

Immunizations are essential and the documentation of immunization status is imperative.

Please help us to build clearly documented records reflecting the outstanding care our providers deliver. Please enter all dates of immunizations into your records—including the all-important first hepatitis vaccine. This helps us document completion of the immunization series and helps you to have the detailed record that will be needed for school forms to be completed.

# HEDIS measures in summary

## FLU:

HEDIS measurements include reviews of childhood immunizations, including for influenza. Data on flu vaccine given to adults 18 to 64 is also reviewed, using survey methodology.

**Influenza:** At least two doses before age 2 CPT: 90655, 90657, 90661, 90662, 90673, 90685

## WOMEN'S HEALTH SCREENINGS:

### • Chlamydia screening in women measure:

Evaluates the percentage of women ages 16 to 24 who are sexually active and who had at least one test for chlamydia per year. Chlamydia tests can be completed using any method, including a urine test. "Sexually active" is defined as a woman who has had a pregnancy test or testing for any other sexually transmitted disease or has been prescribed birth control. CPT: 87110, 87270, 87320, 87490-87492, 87810

• **Breast cancer screening measure:** Evaluates the percentage of women ages 50 to 74 who had a mammogram at least once in the past two years. Women who have had a bilateral mastectomy are exempt from this measure. CPT: 77055-77057

### • Cervical cancer screening measure:

Evaluates the percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: 1) Cervical cytology performed every three years for women ages 21-64; 2) Cervical cytology/human

papillomavirus (HPV) co-testing performed every five years (must occur within four days of each other) for women ages 30-64. Women who have had a hysterectomy without a residual cervix are exempt from this measure. CPT (cervical cytology, ages 21-64): 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175; CPT (cervical cytology, HPV, ages 30-64): 87620, 87621, 87622

• **Postpartum visits measure:** Evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 21 and 56 days after delivery (three and eight weeks). CPT (any postpartum visit): 57170, 58300, 59430, 99501, 0503F; CPT (any cervical cytology procedure): 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175; CPT (any postpartum bundled services): 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

• **Prenatal visits:** Timeliness of first visit and frequency of visits measure: Evaluates the percentage of pregnant women who had their first prenatal visit in the first trimester or within 42 days of enrollment with the plan. Also, the frequency of prenatal visits is assessed. CPT (stand-alone prenatal visit): 99500, 0500F, 0501F, 0502F; CPT (bundled services): 59400, 59425, 59426, 59510, 59610, 59618; CPT (OB prenatal visit): 99201-99205, 99211-99215, 99241-99245

## PHARYNGITIS & UPPER RESPIRATORY:

### • Appropriate testing for children with pharyngitis measure:

Evaluates the percentage of children ages 2-18 diagnosed with pharyngitis, dispensed an antibiotic and given a group A streptococcus (strep) test for the episode. A higher rate represents better performance (that is, appropriate testing). Rapid strep tests in the office are acceptable and should be billed. CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880

### • Appropriate treatment for children with upper respiratory infection measure:

Assesses the percentage of children ages 3 months to 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim.



## Provider satisfaction: We take it seriously

Buckeye Health Plan has made great strides to improve upon our Provider Satisfaction results. The satisfaction of our providers is taken seriously at Buckeye and we want you to be the first to know of our recent changes.

1. Removal of prior authorization requirements. Effective May 1, 2015, prior authorization is no longer required for the following services:
  - Trigger point injections - 20552 and 20553
  - Pulmonary rehab
  - Non-ER transportation; wheelchair van - A0130
  - Wheelchair van, mileage, per mile for under 30 miles - S0209
  - BiPAP with and without back-up - E0470 and E0471
  - CPAP - E0601
  - Vivitrol - J2315
2. Removal of OB ultrasound prior authorization, as of August 1, 2015
3. Creation of a centralized utilization management triage team to better answer questions timely and efficiently
4. Restructuring of our utilization management team to include six functional teams that are now subject matter experts

5. Implementation of an additional Medicare and Medicaid check run each week to pay claims more timely beginning August 1, 2015
6. Removal of the standard "three-member maximum" in provider call center to decrease wait time and improve consistency

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

- Mandatory customer service training for all staff that have interaction with provider offices
- Improved internal staff resources and ongoing education to improve upon consistency when it comes to answering your questions and overall health plan knowledge
- Increase in e-mail communication
- Increase in specialization across Buckeye Health Plan (ie: communications, trainings, etc.)

Thank you for your continued support as we work to improve our processes. We are looking forward to getting your feedback in this year's provider satisfaction survey!

# “What are the foods I should avoid during pregnancy?”

**When you're caring for pregnant women,** be sure to share these dietary restrictions.

**Raw meat:** Uncooked seafood and rare or undercooked beef or poultry should be avoided because of the risk of contamination with coliform bacteria, toxoplasmosis and salmonella.

**Deli meat:** Deli meats are sometimes contaminated with a bacteria called listeria, which can cause miscarriage. Listeria has the ability to cross the placenta and may infect the baby, leading to infection or blood poisoning, which may be life-threatening. Pregnant women should heat the meat until it is steaming.

**Fish with mercury:** Fish that contain high levels of mercury should be avoided. Mercury consumed during pregnancy has been linked to developmental delays and brain damage. Samples of these types of fish include shark, swordfish, king mackerel and tilefish. Canned, chunk light tuna generally has a lower amount of mercury than other tuna, but still should only be eaten in moderation. Certain types of fish used in sushi should also be avoided due to high levels of mercury.

**Smoked seafood:** Refrigerated, smoked seafood—labeled as lox, nova style, kippered or jerky—should be avoided because it could be contaminated with listeria. (These are safe to eat when they are in an ingredient in a meal that has been cooked, like a casserole.) This type of fish is often found in the deli section of the grocery store. Canned or shelf-safe smoked seafood is usually OK to eat.

**Fish exposed to industrial pollutants:** Avoid fish from contaminated lakes and rivers that may be exposed to high levels of polychlorinated biphenyls (PCBs). This is primarily for those who fish in local lakes and streams. These fish include bluefish, striped bass, salmon, pike, trout and walleye. Contact the local health department or Environmental Protection Agency to determine which fish are safe to eat in your area. Remember, these guidelines apply to fish caught in local waters and not fish from the local grocery store.

**Raw shellfish:** The majority of seafood-borne illness is caused by undercooked shellfish, which include oysters, clams and mussels. Cooking

helps prevent some types of infection, but it does not prevent the algae-related infections that are associated with red tides. Raw shellfish pose a concern for everybody, and they should be avoided altogether during pregnancy.

**Raw eggs:** Raw eggs or any foods that contain raw eggs should be avoided because of the potential exposure to salmonella. Some homemade Caesar dressings, mayonnaise, homemade ice cream or custards, and Hollandaise sauces may be made with raw eggs. If the recipe is cooked at some point, this will reduce the exposure to salmonella. Commercially manufactured ice cream, dressings and eggnog are made with pasteurized eggs and do not increase the risk of salmonella. Restaurants should be using pasteurized eggs in any recipe that is made with raw eggs, such as Hollandaise sauce or dressings.

**Soft cheeses:** Imported soft cheeses may contain listeria, which can cause miscarriage. Listeria has the ability to cross the placenta and may infect the baby, leading to infection or blood poisoning, which can be life-threatening. Pregnant women should avoid soft cheeses such as Brie, Camembert, Roquefort, Feta, Gorgonzola and Mexican style cheeses that include queso blanco and queso fresco, unless they clearly state that they are made from pasteurized milk. All soft non-imported cheeses made with pasteurized milk are safe to eat.

**Unpasteurized milk:** Unpasteurized milk may contain bacteria called listeria, which can cause miscarriage. Listeria has the ability to cross the placenta and may infect the baby leading to infection or blood poisoning, which can be life-threatening.

**Pate:** Refrigerated pate or meat spreads should be avoided because they may contain the bacteria listeria. Canned pate or shelf-safe meat spreads can be eaten.

**Caffeine:** Although most studies show that caffeine intake in moderation is OK, there are others that show that caffeine intake may be related to miscarriages. Some research shows that large amounts of caffeine are associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants. Avoid caffeine during the first trimester to reduce the likelihood of a miscarriage. As a general rule, caffeine should be limited to fewer than 300 mg per day during pregnancy. The safest thing is to refrain from consuming caffeine. Caffeine is a diuretic, which means it helps eliminate fluids from the body. This can result in water and calcium loss. It is important that women are drinking plenty of water, juice and milk rather than caffeinated beverages.

**Alcohol:** There is no amount of alcohol that is known to be safe during pregnancy, and therefore alcohol should be avoided during pregnancy. Prenatal exposure to alcohol can interfere with the healthy development of the baby. Depending on the amount, timing and pattern of use, alcohol consumption during pregnancy can lead to fetal alcohol syndrome or other developmental disorders. New moms should continue to avoid alcohol during breastfeeding. Exposure of alcohol to an infant poses harmful risks, and alcohol does reach the baby during breastfeeding.

**Unwashed vegetables:** Vegetables are safe—and good—for pregnant women to eat. However, it is essential to make sure they are washed to avoid potential exposure to the parasitic disease toxoplasmosis. The soil where the vegetables were grown may be contaminated.





## An accurate directory

Have you moved or changed contact information? Or maybe your practice is not listed accurately in our Provider Directory? You can request changes via our secure provider portal at <http://www.buckeyehealthplan.com/for-providers> or by calling 1-866-296-8731. Please let us know at least 30 days before you expect a change to your demographic information.

## CLINICAL PRACTICE GUIDELINES

Our clinical and quality programs are formed from evidence-based preventive and clinical practice guidelines. Buckeye Health Plan adopts guidelines based on the health needs of the membership, and opportunities for improvement identified as part of the Quality Improvement (QI) Program. The guidelines are based on valid and reliable clinical evidence formulated by nationally recognized organizations, government institutions, statewide collaboratives and/or a consensus of healthcare professionals in the applicable field.

Clinical practice guidelines are reviewed annually and updated to reflect the current standard of care. These guidelines are used for preventive services, as well as for the management of chronic diseases. Buckeye providers are expected to follow these guidelines and adherence is evaluated at least annually as part of the Quality Improvement Program.

### The guidelines:

- Consider the needs of the members
- Are adopted in consultation with network providers
- Are reviewed and updated periodically, as appropriate

### Preventive and chronic disease guidelines and recommendations include:

- Adult, adolescent and pediatric preventive care guidelines
- Guidelines for diagnosis and treatment of asthma, ADHD, hypertension, diabetes and major depressive disorder

For the most up-to-date version of preventive and clinical practice guidelines, go to [buckeyehealthplan.com](http://buckeyehealthplan.com). A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

## Fraud and abuse

**Buckeye Health Plan**, a wholly owned subsidiary of Centene Corporation, is dedicated to conducting business in an ethical and legal manner. As a key partner, it is critical that you understand we are committed to preventing, detecting and responding to fraud, wrongdoing or any type of misconduct.

If you ever have any concerns or are ever asked by anyone, including a Buckeye employee, to engage in any behavior that you believe is wrong, unethical or illegal, please immediately contact Buckeye at one of the numbers below or the Ohio Department of Medicaid listed in your Provider Manual.

### OUR PLEDGE

Our Ethics and Compliance department will promptly investigate allegations of wrongful, illegal or unethical business practices by a Buckeye employee or any provider and, when necessary, report allegations of the Anti-Kickback Statute, Stark Law violations and the False Claims Act to government regulators.

### Centene's Ethics & Compliance Helpline:

1-800-345-1642

[www.mycompliancereport.com/brand/centene](http://www.mycompliancereport.com/brand/centene)

Available 24 hours a day, seven days a week. Callers are not required to give their names and all calls will be investigated and remain confidential.

### Billing Errors, Abuse, and Fraud (BEAF) Hotline

1-866-685-8664

Buckeye Compliance Officer Dave Amerine at:

614-220-4900 ext. 24108

Buckeye Compliance Mailbox (i.e.: [buckeyecompliance@centene.com](mailto:buckeyecompliance@centene.com))

### WHAT ARE FRAUD, WASTE AND ABUSE?

- Fraud refers to a false action that is used to gain something of value.
- Waste is the misuse of services.
- Abuse refers to overused or unneeded services.

### FRAUD STATUTES

**The Anti-Kickback Statute** is a criminal statute that prohibits anyone (not only physicians) from knowingly and willfully offering, paying, soliciting or accepting anything of value to induce or reward patient referrals or generate Medicare or Medicaid business. When contracting with physicians for services the following factors are required:

- There is a legitimate need for those services.
- The services are provided as described in the contract.
- Compensation is consistent with terms of provider agreement or contract and conducted in an arm's length transaction.
- The arrangement is completely decoupled from the volume or value of Medicare or Medicaid business generated.

Violations of Anti-Kickback rules require proof of intent. Penalties can include fines, jail time, and exclusion from federal healthcare programs.

**The Stark Law** is a strict liability statute that does not require proof of intent—meaning even inadvertent infringements are illegal. Quite simply, it is illegal for physicians to refer patients for Medicare-insured "designated health services"—clinical lab services, home health services, physical therapy, etc.—to an entity in which they (or a comprehensive list of related family members) have a financial stake. Penalties for Stark violations can include fines, jail time and exclusion from federal health care programs.

**The False Claims Act** prohibits the submission of "knowing" false claims to obtain federal funds. The United States may sue violators for treble damages (three times the government's loss), plus \$5,500 to \$11,000 per false claim. The law is not limited to claims submitted with fraudulent intent. It also applies to "ostriches with their heads in the sand" who make false claims with "deliberate ignorance" or "reckless disregard" of truth or falsity, or "gross negligence." Everyone involved in a scheme can be prosecuted—even "down-stream" providers or subcontractors who receive federal funds through third parties, such as government contractors and HMOs.

For fraud concerns pertaining to our Medicare Part D product, you may also report to the National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) at **1-877-7SafeRx** or **1-877-772-3379**.



## How can dads help their kids?

According to the Ohio Commission on Fatherhood (<http://fatherhood.ohio.gov/>), children benefit when fathers are involved.

### Children in father-absent homes are:

- Five times more likely to live in poverty
- Three times more likely to fail in school
- Two times more likely to develop emotional or behavioral problems
- Two times more likely to abuse drugs
- Two times more likely to be abused and neglected
- Two times more likely to be involved in crime
- Three times more likely to commit suicide

### Children with involved fathers have:

- Better cognitive outcomes, even as infants
- Higher self-esteem and less depression as teenagers
- Higher grades, test scores and overall academic achievement
- Lower levels of drug and alcohol use
- Higher levels of empathy and other pro-social behavior
- More economic stability
- Fewer problems with the judicial system
- Healthier child development
- More support from their paternal relatives

## The well-child care visit

A closer look at how the well-child visit addresses the patient's entire well-being.

**Q** A 15-year-old female presents to the office to have a form completed for her participation in intramural soccer. I talk to the patient about her general health and agility. I inquire about possible respiratory, cardiac or orthopedic problems. I then carefully examine the patient's cardiovascular and orthopedic body systems. The form is completed and I have the office staff schedule her back for a physical in one year.

After she leaves, I realize that she had lost significant weight since the previous exam. And on reflection, I realize that although responsive to my questions, she seemed somewhat sad. What did I miss?

**A** You missed the "well-child/adolescent check." As providers of healthcare for children and teens, we are well aware that these are years of dynamic physical and emotional change. School and family challenges also impact our young patients. At least once a year, we are compelled to sit with our patients and actively explore a thorough history and physical exam in order to assess the impact of these changes on the individual patient. With that information, we can determine diagnoses and develop a treatment plan as needed.

Remember, the sports physical is designed to obtain specific information that will determine fitness for specific sports activities. It is a targeted encounter with a specific focus.

A well-child/healthy-adolescent visit is intentionally general in scope but detailed in nature in order to understand the entire life and well-being of that child.

The exams have different goals and therefore they are entirely different in nature. One cannot substitute for the other.



**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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