

Dental Health Supports Total Health

A look inside the mouth of a patient is your opening to talk about the mouth-body connection:

→ Explain the seriousness of gum disease caused by plaque that forms below the gumline. Research consistently has documented the association between oral infections—primarily from gum disease—and diabetes, heart disease, stroke, preterm births and other conditions.

→ Remind patients about the importance of regular dental checkups as a preventive health measure. A dentist can remove plaque, fill cavities and correct other oral health problems before they become serious.



Medical Record Documentation Standards

Guidelines for files help ensure quality and confidentiality.

Buckeye Community Health Plan providers must have a medical record system that ensures the highest quality healthcare services are provided to members. The medical record keeping system must ensure confidentiality and allow access for quality reviews in accordance with HIPAA guidelines, while also ensuring records are kept current in a detailed, organized and comprehensive manner.

Records must be maintained for at least seven years from the date of service unless federal or state law or medical practice standards require a longer retention period.

Complete medical records must be maintained for members in accordance with current federal and state requirements. Below is a partial list of standards. The entire list can be found in the provider handbook which can be obtained on our website or by calling Provider Relations.

Partial Guidelines for Patient Files

- Member's name and/or medical record number on all chart pages
- Personal/biographical data is present (i.e., employer, home telephone number, spouse, next of kin, etc.)
- All entries must be dated and signed, or dictated by the provider rendering the care
- Medication, allergies and adverse reactions are prominently documented in a uniform location in the medical record; if no known allergies, NKA or NKDA is documented
- An up-to-date immunization record is established for pediatric members or an appropriate history is documented in adult members' charts
- Past medical history (for members seen three or more times) is easily identified and includes any serious accidents, operations and/or illnesses, discharge summaries and ER encounters; for children and adolescents (18 years and younger) past medical history relating to prenatal care, birth, any operations and/or childhood illnesses

Medical records may be audited to determine compliance with required standards for documentation. The coordination of care and services provided to members, including over- or underutilization of specialists, as well as the outcome of such services, also may be assessed during a medical record audit.



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MEMBER RIGHTS AND RESPONSIBILITIES

Our members have many rights, as well as several responsibilities. These rights cover their treatment, privacy and access to information.

We list several rights here. There are many more and we encourage you to consult your provider manual to learn about all of 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 to be able to ask that the records be changed/corrected if needed

Some 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 non-emergency medical needs
- Notifying their PCP of emergency room treatment

DON'T FORGET

PLEASE BE SURE YOUR PATIENTS ARE UP TO DATE WITH HEALTHCHEK/EPSDT EXAMS.

Use every opportunity to complete a HealthChek exam for patients, including during sick visits.

EPSDT/ HealthChek

How to encourage preventive care.

Thanks to the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program and others like it, many children and adolescents have benefited from improved health and developmental gains.

Because the preventive services EPSDT offers are so comprehensive, navigating the schedule of screenings and checkups can be tricky for parents and guardians. That's where you can help.

As the primary care provider, you can communicate the value of preventive care to families and remind them of specific services to use—and when to schedule them. Health education and counseling of families about preventive health measures is a required component of EPSDT.

Whether snail mail or text, find out and use family members' preferred ways of

getting reminders and tips about check-ups, screenings and immunizations.

The Value of Vaccination

Prepare new parents for a rigorous immunization schedule that starts at the baby's birth because infants need protection early. When faced with patients or family members who are wary about vaccinations, listen to their concerns and address each one. Hit on these two main points:

- 1 Not getting vaccinated creates potentially serious health risks—for the individual as well as for others.
- 2 Vaccines work. They're tested and monitored for safety. No scientific relationship has been found between vaccines and autism.

→For a complete list of recommended immunizations, see opposite page.



Good to Know: Lead Screenings

In place of universal blood lead level (BLL) screening of Medicaid-eligible children ages 1 to 5, states may now screen specific targets based on local risk for elevated BLLs.

If a Medicaid-eligible child age 1 to 5 meets any one of the following CDC-recommended criteria, he or she is considered at higher risk for elevated BLLs and should be screened:

- Parent or healthcare provider suspects the child to be at risk for lead exposure.
- Child has a sibling or frequent playmate with an elevated BLL.
- Child is a recent immigrant, refugee or foreign adoptee.
- Child's parent or principal caregiver works professionally or recreationally with lead.
- A household member uses traditional, folk or ethnic remedies or cosmetics or routinely eats food imported informally from abroad.
- Child's family has been designated at increased risk for lead exposure by the health department due to local risk factors (e.g., resides in high-risk ZIP code).



Recommended Immunization Chart:

Birth Through 18 Years Old

AGE	HepB Hepatitis B	DTaP/ Tdap Diphtheria, tetanus, pertussis	Hib <i>Haemo- philus influenzae</i> type b	Polio	PCV Pneumo- coccal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chicken- pox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningo- coccal conjugate	Influenza Flu
Birth	✓											
2 months	✓ (1-2 mos)	✓	✓	✓	✓	✓						
4 months	✓ ¹	✓	✓	✓	✓	✓						
6 months		✓	✓ ²		✓	✓ ²						
12 months	✓ (6-18 mos)		✓ (12-15 mos)	✓ (6-18 mos)	✓ (12-15 mos)		✓ (12-15 mos)	✓ (12-15 mos)	✓✓ (2 doses given 6 mos apart at age 12-23 mos)			
15 months		✓ ⁴ (15-18 mos)										
18 months			Catch- up ⁵ (to 5 years)	Catch- up ⁵	Catch- up ⁵ (to 5 years)		Catch- up ⁵	Catch- up ⁵				
19-23 months		Catch- up ⁵		Catch- up ⁵			Catch- up ⁵	Catch- up ⁵				✓ ³ (given each fall or winter to children ages 6 mos- 18 years)
4-6 years		✓		✓			✓	✓				
7-10 years	Catch- up ⁵	Catch- up ⁵							Catch- up ⁵			
11-12 years		✓ Tdap		Catch- up ⁵			Catch- up ⁵	Catch- up ⁵		✓✓✓ ⁶	✓	
13-18 years		Catch- up ⁵ (Tdap/Td)								Catch- up ^{5,6}	Catch- up ^{5,7}	

1. Infants may not need a dose of HepB at age 4 months depending on the type of vaccine used.
2. Infants may not need a dose of Hib vaccine or RV vaccine at age 6 months depending on the type of vaccine that your healthcare provider uses.
3. One dose is recommended for most people. Children younger than 9 years who are receiving influenza vaccine for the first time, or who received only one dose in the previous season (if it was their first vaccination season), should receive two doses spaced at least four weeks apart this season.
4. This dose of DTaP may be given as early as age 12 months if it has been six months since the previous dose.

5. If a child's vaccinations are delayed or missed entirely, they should be given as soon as possible.
6. All girls and women age 11 through 26 years should be vaccinated with three doses of HPV vaccine, given over a 6-month period. Boys and men age 11 through 26 years may also be vaccinated with one of the HPV vaccines (Gardasil) to reduce their likelihood of getting genital warts. The vaccine may be given to children as young as age 9 years.
7. If a teenager is enrolling in college and planning to live in a dormitory, and hasn't previously been vaccinated against meningococcal disease, he or she should be vaccinated now.

→ Please note: Some children may need additional vaccines.



PLAN POINTS



Peer-to-Peer Denial Notices

How it works and what you need to do.

We will send you and your patient a printed message any time we make a decision to deny, reduce, suspend or stop certain services.

In the event that a request for medical services is denied due to lack of medical necessity, the provider can request a peer-to-peer review with our Medical Director on the member's behalf. Providers will have two business days from the date of the denial letter to initiate a peer-to-peer review by calling the Medical Management department

at 1-866-246-4356, ext. 24112, to be directed to a Medical Director.

If the peer-to-peer option has expired, providers can still submit a request in writing via mail for an appeal. In urgent cases, an expedited appeal can be submitted verbally by

calling our Peer-to-Peer Coordinator at 1-866-246-4356, ext. 24112, or in writing.

The denial notice you receive will inform you about how to file an appeal and how to contact us if you need assistance.



FOR AN UPDATED
PROVIDER MANUAL, VISIT

WWW.BCHPOHI.COM.



AVAILABLE UPON REQUEST: YOU MAY REVIEW INFORMATION ABOUT BUCKEYE'S QUALITY IMPROVEMENT PROGRAM.

MEMBER SERVICES: 1-866-246-4358
PROVIDER SERVICES: 1-866-296-8731



Buckeye 
Community Health Plan.