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Utilization Management Criteria

Utilization management (UM) is the process of determining coverage for and appropriateness of medical care services. UM also provides needed assistance to the clinician or patient to ensure the appropriate use of resources.

We have adopted utilization review criteria primarily developed by McKesson InterQual Products. Criteria are refined by specialists representing a national panel from community-based and academic practice. They are updated with appropriate involvement from physician members of our Quality Improvement Committee.

Criteria cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment.

Providers may obtain the criteria used to make a decision by calling Buckeye Community Health Plan's Provider Services department at 1-866-296-8731.

HOW DECISIONS ARE MADE

Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require deviation from the norm stated in the screening criteria. We make UM decisions based on appropriateness of care and existence of coverage. We do not reward our physician reviewers or other individuals for issuing denials of coverage, services or care.

START SMART Study

START SMART for Your Baby® continues to be one of Buckeye Community Health Plan's most successful programs. A component of that program is 17P therapy for our members who are pregnant and have history of previous spontaneous preterm delivery (SPTD).



Dr. Brad Lucas, our National Medical Director, presented our 17P outcomes in May at the annual meeting for the American College of Obstetricians and Gynecologists. Dr. Lucas, along with Dr. Gary Stanziano, from Alere, performed a retrospective study of data that was prospectively collected from July 2004 to May 2010. A total of 790 women with previous SPTD

received home-administered 17P and robust case management from our START SMART staff.

The primary outcome of the study was adherence to treatment guidelines (initiation of 17P at 16 to less than 21 weeks or more). They also looked to see how many completed the course of therapy. They found that the average gestational age at initiation was 21 weeks. Data shows that 59 percent of women started treatment at 16 to 21 weeks gestation, and 89 percent of women received all of their expected injections.

The secondary outcome was the rate of preterm delivery at <37 weeks, <35 weeks and <32 weeks. Data showed 28 percent had SPTD at less than 37 weeks, 12 percent at less than 35 weeks and 6 percent at less than 32 weeks. These outcomes are notable, as they are better than those seen in the original NICHD/Meis study. This may indicate that there is further benefit from our case management efforts and weekly nurse visits.

The most important contribution of this data was that they found no differences in rates of recurrent SPTB between women initiating 17P within the recommended guidelines and those with later initiation of therapy (21 to 28 weeks). They also showed that discontinuing therapy early led to statistically significant differences for preterm delivery in each gestational age band compared to those patients who completed therapy.

The presentation received national coverage, with Dr. Lucas on the front page of ObGyn News. The article was titled, "Starting 17P Later Is Okay; Stopping Early Is Not."



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CONTACT US: Buckeye Community Health Plan's Utilization Management department's hours of operation are 8 a.m. to 5 p.m., weekdays, at 1-866-246-4359. Additionally, clinical staff are available on weekends if needed to discuss urgent UM issues.

Preventive Behavioral Health Programs

Do you have patients who are struggling with depression, stress, substance abuse or other behavioral health conditions? Remember, we have resources available to help them.

Buckeye Community Health Plan can refer members to behavioral health specialists at Cenpatico Behavioral Health, our mental health entity, to connect them to appropriate professionals as needed.

Provider Tip: Running Behind Schedule?

No one likes to wait, especially when they're not feeling well. If you are running behind your appointment schedule for any reason, please have your office staff notify our members upon signing in and/or when placed in the exam room. A simple explanation is not only courteous, but it can make the visit more pleasant for both you and the member.

Open Wide

As part of your conversation with parents, don't neglect the topic of dental health. Reinforce the part that dental health plays in a child's total health, particularly in the formative years.

Many years ago, the U.S. Preventive Services Task Force (USPSTF) determined that preschool children with low fluoride exposure benefit from a prescription of fluoride supplements in order to prevent dental caries. It is therefore recommended by the USPSTF that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than six months of age if the community's primary water source is deficient in fluoride.

IMMUNIZATIONS

For the Health Of Families

Prepare your patients to make smart preventive health choices.

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. Communicate the value of preventive care to families, reminding 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.

The Value of Vaccination

Discuss with new parents the rigorous immunization schedule that starts at their baby's birth. When faced with patients or family members who are wary about vaccinations, listen to their concerns and explain why these shots are recommended.

According to recent research, there's a good chance that your advice will be followed. A study led by the director of the Child Health Evaluation and Research Unit at the University of Michigan surveyed 1,552 parents of children ages 17 and younger about vaccines. Published in *Pediatrics*, the survey results showed that 76 percent of parents say they trust their child's doctor a lot, 26 percent say they trust other healthcare providers and 23 percent say they trust government vaccine experts/officials.

Attending to Teens

Remind parents and adolescents that recommended vaccinations and preventive care continue through the college years. Make time for you and your teen patient to talk without parents in the room.

Set the tone for this conversation by clarifying what information you share with parents and explaining your role and goals. If a young person seems hesitant to speak with you, you may wish to consider offering the option of seeing another provider.



For a recommended schedule of immunizations for patients up to age 18, view the next page.

RECOMMENDED CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE

Below is the recommended shot schedule to help keep children healthy and prevent serious disease. **It is important to follow this schedule.** In the event a child has missed shots, an additional catch-up schedule has been noted. **Print this page and display it in your office to help educate patients and parents.**

Vaccine	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	24 mos.	2-3 yrs.	4-6 yrs.	7-10 yrs.	11-12 yrs.	13-14 yrs.	15 yrs.	16-18 yrs.
Hepatitis A						Hep A (2 doses)					Hep A Series						
Hepatitis B	Hep B	Hep B			Hep B								Hep B Series				
Rotavirus			RV	RV	RV												
Diphtheria, tetanus, pertussis			DTaP	DTaP	DTaP		DTaP					DTaP		Tdap	Tdap		
Haemophilus influenzae type b			Hib	Hib	Hib	Hib											
Pneumococcal			PCV	PCV	PCV	PCV					PPSV						
Inactivated poliovirus			IPV	IPV	IPV							IPV	IPV Series				
Influenza					Influenza (yearly)												
Measles, mumps, rubella						MMR						MMR	MMR Series				
Varicella						Varicella						Varicella	Varicella				
Meningococcal											MCV			MCV	MCV		
Vaccine	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	24 mos.	2-3 yrs.	4-6 yrs.	7-10 yrs.	11-12 yrs.	13-14 yrs.	15 yrs.	16-18 yrs.

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of Dec. 1, 2008, for children from birth through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: cdc.gov/vaccines/pubs/acip-list.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at vaers.hhs.gov or by telephone, 1-800-822-7967.



OB Measures of Care

Buckeye Community Health Plan is working with its obstetric providers to find appropriate measures of quality care. We are presenting the health plan averages for 2010.

A measure that looks at OB practices related to cesarean delivery is a risk-adjusted C/S rate. The Buckeye average rate is 14.57 percent. These are patients who are low-risk and full-term with a vertex presentation. Repeat cesarean deliveries are also excluded.

High enrollment in our START SMART program through the notification of pregnancy (NOP) process is critical. The Buckeye average for NOP success is 61.28 percent. This is the percentage of the total deliveries that have a Notification of Pregnancy that came from their obstetrician or clinic.

Another measure is for postpartum follow-up. The postpartum visit is one of the most important office visits our members can have. They need evaluation and guidance from their providers as they prepare for their family's future. Only 55 percent of Buckeye members receive postpartum care within the recommended time frame.

Recommended: Blood Lead Level Screenings

If a Medicaid-eligible child ages one to five meets any one of the following CDC-recommended criteria, he or she is considered at higher risk for elevated blood lead levels (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).

If you identify a patient who has elevated BLLs, he or she should be evaluated and treated in accordance with CDC guidelines for follow-up care and services—including more frequent blood lead testing, environmental investigation, case management and lead hazard control.

In many places, public health or environmental agencies can provide or support follow-up care for children with elevated lead levels who are referred by healthcare providers.

Appointment Availability

Buckeye Community Health Plan wants its members to have timely, appropriate care for all their health needs. We are pleased to be able to work with our providers to set standards on appointments standards and the length of wait times.

Members should be able to get an appointment with a primary care physician (PCP) as follows:

- Routine visits should be scheduled by the physician's office within 28 days.
 - Nonurgent visits should be scheduled within 28 days.
 - Urgent visits should be scheduled within 24 hours (no later than the end of the following working day after initial contact with PCP).
 - Emergency visits should be performed immediately upon arrival.
- For office wait times, primary care physicians should follow these standards:
- Walk-in patients with nonurgent needs should be seen if possible or scheduled for an appointment.
 - Emergency patients should be seen right away.

Attention, Dental Providers

Here's what you should know about braces and retainers.

In order for an appropriate medical necessity review to be conducted by DentaQuest, please remember the following Ohio Administrative Code (OAC) when evaluating and requesting prior authorization for orthodontic treatment.

According to the Ohio Administrative Code (OAC) 5101:3-5-10, paragraph C, the following is noted for Comprehensive Orthodontics:

- 1) Coverage of comprehensive orthodontics is limited to the most severe handicapping orthodontic conditions. Coverage is further limited to consumers under age 21. Only one course of orthodontic treatment per consumer, per lifetime is covered.
- 2) Prior authorization is required for all comprehensive orthodontic treatment. The following must be included with the prior authorization request.
 - a. A completed prior authorization form (JFS 03612/appendix to rule 5101:3-5-01 of the Administrative Code).
 - b. Lateral and Frontal photographs of consumer with lips together.
 - c. Cephalometric film with lips together, including a tracing.

- d. A complete series of radiographs or a panoramic radiograph.
 - e. Diagnostic models.
 - f. Treatment plan, including projected length and cost of treatment.
 - g. A completed referral evaluation criteria form (JFS 03630/appendix to rule 5101:3-5-01 of the Administrative Code). A consumer must demonstrate a minimum of five symptoms, with at least two of the symptoms appearing under dentofacial abnormality before the provider submits a request for consideration
- Furthermore, OAC 5101:3-10(C)(3) states that "upon evaluation of all the documentation which includes study models, cephalometric film and tracing, radiographs, photographs and the referral evaluation criteria form, the department will determine if the condition will be considered a severely handicapping orthodontic condition and covered by Medicaid."

Please refer to the Ohio Department of Job and Family Services Website for more information. <http://jfs.ohio.gov/OHP/provider.stm>, Other Resources, e-Manuals or Legal Services, ODJFS Ohio Administrative Code.

Submit Requests

Buckeye Community Health Plan's Utilization Management (UM) department wants to make your life easier. How? By making sure elective surgical procedures can take place when they are scheduled. How can that happen? By ensuring we receive your request for a procedure well in advance of the procedure date.

It is also quite helpful if our UM staff has all supporting documents for the request submitted with the request, at the same time you make the request.

Submitting your surgical procedure request at the same time the elective procedure is scheduled in the hospital will ensure that you are meeting necessary time frames. Our goal is to avoid the postponement of a procedure because there has not been adequate time to process the request.

Remember: Requests for elective procedures should be submitted at least five working days prior to the requested date of service. Please refer to the provider manual for more information.

We appreciate your office's cooperation in helping to ensure that Buckeye members have access to the right care, at the right place, at the RIGHT time.



CHECK IN, CHECK UP: Are your patients up to date with their HealthChek/EPSTDT exams? Use every opportunity to complete a HealthChek exam for patients—including during sick visits.

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

