

WINTER 2010 | BCHPOHIO.COM

## Advance Directives

Lack of provider initiation is a primary reason why many Americans have not executed advance directives. Which is why Buckeye Community Health Plan is committed to ensuring that its members receive information on advance directives and are informed of their right to execute advance directives. Buckeye is equally committed to ensuring that its providers and staff are aware of, and comply with, their responsibilities under federal and state law regarding advance directives.

Discussing advance directives while patients are healthy can make the topic more comfortable for everyone involved. It also helps providers fulfill their requirement to document provision of information, and whether or not the patient has executed an advance directive, in the patient's permanent medical record. Buckeye will randomly monitor compliance with this provision during our annual medical record compliance audits.

## HealthChek/ EPSDT Reminder

Please be sure your patients are up to date with their HealthChek/EPST exams. Use every opportunity to complete a HealthChek exam for patients, including during sick visits.



## One Way to Go Green

Save paper and time by using our online tools.

Our Buckeye Community Health Plan website provides an array of tools to help you manage your business needs and access important information. Online claims submission is one of those tools—and it will allow your office to start going green. Log on and submit claims through our website or use one of our clearinghouses, and you can significantly reduce the use of paper in your office.

Visit [bchpohio.com](http://bchpohio.com) to register and create a username and password to begin utilizing the available services that our website provides. Doing so will give our providers access to items such as:

- Improved claims review with detailed information regarding claims status.
- Updated online prior authorization.
- Updated online claims submission.

Buckeye also offers a number of clearinghouse choices for you to submit your claims electronically.

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BUCKEYE COMMUNITY  
HEALTH PLAN  
US Bank Building  
175 South Third St., Suite 1200  
Columbus, OH 43215

→ For more  
information about  
[bchpohio.com](http://bchpohio.com) or  
for questions about  
enrolling, please  
call the Buckeye  
Community Health  
Plan Provider Services  
Department at  
1-866-296-8731.

## PATIENT ROSTERS

Buckeye Community Health Plan regularly sends its primary care providers (PCPs) a roster of current patients. The questions and answers below will help you more clearly understand this process.

**Q: If the member has not chosen a PCP, does Buckeye auto assign to the PCP or does the state of Ohio handle this?**

A: The state of Ohio requires that Buckeye assign each member a PCP prior to the member's initial eligibility date. The member's ID card includes the PCP's name.

**Q: Is the auto assignment accomplished using demographics?**

A: If a member is re-enrolling, Buckeye will check for that member's prior PCP and reassign if that PCP is still contracted with us. Otherwise, assignment is based on demographics as much as possible using ZIP codes in concentric circles. This process is impacted by open versus closed practices, as well as PCP-documented capacity (i.e., 50 members per PCP, 150 per PCP based on the contract).

**Q: What information is included on the patient roster?**

A: The member's ID, name and date of birth.

**Q: How often does Buckeye mail the rosters to PCPs?**

A: Buckeye generates rosters monthly immediately following an upload of enrollment files from the state of Ohio. Rosters are hand-delivered to large practices, and all others are mailed.

**Q: What if there are patient names on the roster that the PCP has never seen?**

A: The provider is responsible for accepting those patients who call to request appointments. Buckeye encourages its members to contact their assigned/selected PCPs and establish a relationship. Some members will contact Buckeye to change their PCP prior to making any appointments.

**Q: Can PCPs access this roster via the Buckeye website?**

A: Yes. Visit [bchpohio.com](http://bchpohio.com) Go to the Providers section and click Login. PCPs can log in using their username and password. Click Eligibility; then click Patient List.

**→ To learn more, contact your provider relations representative at 1-866-246-4356.**

# Providers, Take Note

Buckeye is preparing for 2010 HEDIS season.

2010 HEDIS MEASUREMENT/DATA ELEMENT	Administrative/ Hybrid Review*
<b>EFFECTIVENESS OF CARE: PREVENTION AND SCREENING</b>	
Adult BMI Assessment	Administrative
Weight Assessment and Counseling for Nutrition and Physical Activity For Children/Adolescents	Administrative
Childhood Immunization Status	Hybrid
Lead Screening in Children	Administrative
Breast Cancer Screening	Administrative
Cervical Cancer Screening	Hybrid
Chlamydia Screening in Women	Administrative
<b>EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS</b>	
Appropriate Testing for Children With Pharyngitis	Administrative
Appropriate Treatment for Children With URI	Administrative
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Administrative
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Administrative
Pharmacotherapy Management of COPD Exacerbation	Administrative
Use of Appropriate Medications for People With Asthma	Administrative
<b>EFFECTIVENESS OF CARE: CARDIOVASCULAR</b>	
Cholesterol Management for Patients With Cardiovascular Conditions	Hybrid
Controlling High Blood Pressure	Hybrid
Persistence of Beta Blocker Treatment After a Heart Attack	Administrative
<b>EFFECTIVENESS OF CARE: DIABETES</b>	
Comprehensive Diabetes Care	Hybrid
<b>EFFECTIVENESS OF CARE: MUSCULOSKELETAL</b>	
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	Administrative
Use of Imaging Studies for Low Back Pain	Administrative
<b>EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH</b>	
Antidepressant Medication Management	Administrative
Follow-Up Care for Children Prescribed ADHD Medication	Administrative
Follow-Up After Hospitalization for Mental Illness	Administrative
<b>EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT</b>	
Annual Monitoring for Patients on Persistent Medications	Administrative
Annual Dental Visit	Administrative
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Administrative
Prenatal and Postpartum Care	Hybrid
<b>USE OF SERVICES</b>	
Frequency of Ongoing Prenatal Care	Administrative
Well-Child Visits in the First 15 Months of Life	Administrative
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Administrative
Adolescent Well-Care Visits	Hybrid

\*Administrative measures are calculated using claims data only. Hybrid measures include administrative data and medical record documentation of services.

# Information Building Blocks

## Do your diabetic patients know how to manage their disease?

**F**or healthcare providers, the results of yearly screenings completed for the HEDIS comprehensive diabetes care measures reveal a health snapshot of adult patients with diabetes. For most patients, however, the picture isn't very clear. Studies reveal that patients with diabetes have a considerable lack of understanding about their disease.

Discussion of test results offers a useful opportunity for patient education. Why not talk to patients not only about what the individual screening numbers mean, but also how they fit together? In particular, adults with diabetes need to know why their heart-related numbers—cholesterol and blood pressure—are as important as their glucose numbers.

### Lifestyle Choices

The challenge of helping patients achieve and maintain good control is complicated by the fact that most Americans underexercise and overeat, two unhealthy lifestyle practices. In a recent study of Americans with diabetes, published in the *Journal of*

*the American Dietetic Association*, most consumed fat, saturated fats and sodium in excess of recommended amounts and didn't eat enough fruits, vegetables, dairy and grains.

Consider findings like those a clarion call for more effective, lifelong patient education and guidance on diabetes self-management.

### Connect the Dots

As you review results of blood pressure and LDL cholesterol screenings with patients, explain the link between diabetes and cardiovascular disease.

CVD is the leading cause of premature death among people with diabetes. In one study published in the *Journal of the American College of Cardiology*, only 17 percent of patients with diabetes were aware that CVD is a serious complication of diabetes.

Fortunately, healthy lifestyle modifications that contribute to glycemic control—diet, exercise and stress reduction—also help in the management of CVD, so your patient education efforts are doubly important.



### Listen to Learn

Ask your patients to walk you through a typical day of managing their diabetes. This helps them to “own” their role as manager of their condition. You get to listen for clues to what's working and what's a problem. When they're done, offer encouragement and reinforce their strengths. Address their frustrations and concerns. If you pick up on lack of family support or cultural obstacles, be sensitive in talking about them with the patient.

→ Patients can learn more from the American Diabetes Association at [diabetes.org](https://www.diabetes.org), which offers practical health and lifestyle tips.



HEMOGLOBIN A1C LEVELS  
**LOWER THAN 7 PERCENT**  
INDICATE GOOD GLYCEMIC CONTROL.

# Pharmacy Carve-Out Reminder

## Questions answered about recent coverage changes.

**O**n February 1, 2010, the Ohio Department of Job and Family Services (ODJFS) implemented changes for prescription drug coverage for members of Medicaid managed care plans (MCPs) and to coverage of certain medical supplies for all Ohio Medicaid consumers, including MCP members.

Previously, Ohio's MCPs, including Buckeye Community Health Plan, were responsible for providing all pharmacy benefits to their members. The ODJFS paid MCPs a capitation payment that included a fixed amount of funds to provide the pharmacy benefit, and MCPs were at full risk for the drug costs of their members. Now that the pharmacy is carved out of the benefit provided by MCPs, the ODJFS has assumed responsibility for medications administered in the home. Capitation payments to MCPs have been adjusted accordingly to reflect the change in policy.

Currently, each of the seven Medicaid MCPs is responsible for pharmacy claims processing and prior authorization activities related to drugs dispensed by pharmacy providers to their members. Under the carve-out, managed care members will use the Ohio Medicaid fee-for-service (FFS) pharmacy benefit. All drug coverage policies will be the same for members enrolled in each of the seven MCPs as well as the FFS program.

### **Q** WHAT DRUGS ARE PART OF THE CARVE-OUT? WILL ANY DRUGS BE COVERED BY THE MCPs?

The carve-out is limited to "take-home" drugs, meaning those drugs that are prescribed by a physician to be self-administered by the patient in his or her residence. Drugs administered by the physician or another professional in the course of an office or hospital visit are under the medical benefit and will still be part of the managed care benefit. Drugs administered via home health services or in a long-term care facility are carved out and under the FFS program.

### **Q** ARE ANY MEDICAL SUPPLIES PART OF THE CARVE-OUT?

Some medical supplies that are usually obtained at the pharmacy, such as diabetic testing supplies, supplies for injection of insulin and other drugs, inhaler spacers and peak flow meters, will only be able to be billed by pharmacies (including hospital pharmacies) and will no longer be covered when billed by any other provider type, including durable medical equipment (DME) dealers, clinics or individual physician offices.

### **Q** HOW WILL THE ODJFS ENSURE MCP MEMBERS CAN CONTINUE TO FILL THEIR PRESCRIPTIONS?

Prescription drug coverage for Medicaid MCP members will be the same as coverage for Medicaid FFS consumers. A transition period for MCP members will be in effect from February 1 through April 30, 2010. For claims within these dates of service, MCP members will be able to continue to receive medications that were filled under the MCP within the previous six months. If the drug claim for a MCP member requires prior authorization (PA) through FFS, the claim will be authorized during February, March and April 2010 if the MCP member had a claim for the same drug during the previous six months that was covered by the MCP. MCP members will be notified that the drug that was filled requires PA, but that they may continue to receive that drug through April 30, 2010. Beginning May 1, 2010, claims will deny at the pharmacy, and the prescriber should either change to a drug that does not require PA or request PA.

### **Q** WILL MCP MEMBERS HAVE A DIFFERENT ID CARD FOR PRESCRIPTIONS?

No, MCP members will continue to use their MCP ID card to receive prescriptions. The MCPs have changed the ID card to include information about billing prescriptions through FFS.

HCPCS Code	Description
A4206	Syringe with needle, sterile less than or equal to 1 cc
A4215	Needles only, sterile, any size, including pen needles
A4245	Alcohol wipes or swabs, box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50
A4256	Normal, low high calibration solutions/chips (pkg)
A4258	Spring-powered device for lancet
A4259	Lancets, per box of 100
E0607	Home blood glucose monitor complete
E2100	Blood glucose monitor with voice (PA required)
E2101	Blood glucose monitor with integrated lancing/blood sample (PA required)
S5560	Insulin delivery device, reusable pen; 1.5 ml size
S5561	Insulin delivery device, reusable pen; 3 ml size
A4614	Peak expiratory flow rate meter
A4627	Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler

# H1N1 and Seasonal Flu Drug Information

## What to know about antiviral treatment.

**B**uckeye Community Health Plan (Buckeye) is pleased to remind you that the Buckeye drug list (DL) as well as the Quick Reference Guide are available online at [bchpohio.com](http://bchpohio.com) in the Providers section. Click Resources; then click Forms & Reference. Please refer to the DL for the most current list of covered medications.

### WHAT ARE ANTIVIRAL DRUGS?

Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu in your body. While **CDC recommends flu vaccine as the first and most important step in preventing flu**, antiviral drugs are a second line of defense against the flu. Antiviral drugs are not sold over the counter and are different from antibiotics.

### WHO SHOULD TAKE ANTIVIRAL DRUGS?

It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications (see below). Other people may also be treated with antiviral drugs by their doctor this season. **Most healthy people with flu, however, do not need to be treated with antiviral drugs.**

### WHEN SHOULD ANTIVIRAL DRUGS BE TAKEN FOR TREATMENT?

Studies have shown that flu antiviral drugs work best for treatment if they are **started within two days** of getting sick.

There may still be benefit in treating people with antiviral drugs even after two days have gone by, especially if the sick person has a greater chance of serious flu complications or if the person has certain symptoms (such as shortness of breath, chest pain/pressure, dizziness or confusion) or is in the hospital because of the flu.

### → People who have a greater chance of serious flu complications can include:

- Children younger than 2 years old\*
- Adults 65 years and older
- Pregnant women and women up to 2 weeks from end of pregnancy
- People with certain chronic medical conditions (such as asthma, heart failure, chronic lung disease) and people with a weak immune system (such as those with diabetes, HIV)
- People younger than age 19 who are receiving long-term aspirin therapy

\*It is also important to know that children ages 2 through 4 also have a higher rate of complications compared to older children, although the risk for these children is lower than the risk for children younger than age 2.

## BUCKEYE DRUG LIST CHANGES

Effective November 2009

### Buckeye Drug List Additions

Vigamox solution 0.50%

Aminocaproic acid:

- 500 mg tablets
- 250 mg/ml syrup

Bisacodyl: 5 mg tablets 10 mg supp.

Senna: 187 mg tablets and powder

Psyllium: 0.52 gm caps and powder

Docusate sodium:

- 50 mg caps, 100 mg caps
- 250 mg caps, 150 mg/15 ml liquid
- 60 mg/15 ml syrup

Glycerin: 1.5 gm and 3 gm supp.

Fleet Prep Kit

Halflytely Bowel Prep



US SCRIPT PRIOR AUTHORIZATION LINES

Phone: 1-866-399-0928

Fax: 1-866-399-0929



# Have a Heart to Heart

Monitor the effectiveness of care of cardiac patients.

**T**he 2010 HEDIS measure for acute myocardial infarction (AMI) assesses the percentage of members age 18 and older with a diagnosis of AMI who were hospitalized and discharged during the period of July 1, 2009, to June 30, 2010, and who were taking a beta blocker for at least 180 days after discharge.

Use of beta blockers after AMI has been shown to reduce the risk of rehospitalization and death from subsequent attacks within the first two years. But despite these potentially lifesaving benefits, compliance is a problem. In a study of Medicaid patients, only 32 percent of AMI patients continually filled their beta blocker prescriptions for six months after discharge. Within 30 days of hospital discharge, just over half of patients had filled their initial ambulatory prescription.

## Steps You Can Take

Impart a strong message to your AMI patients about the value of long-term, persistent use of beta blockers. Do this at every appointment. Ask about side effects. If possible, coordinate with pharmacies to remind patients to fill or refill prescriptions.

## Keep an Eye on LDL Levels

The higher the level of low-density lipoprotein cholesterol (LDL-C), the

greater the risk of plaque buildup on artery walls, where hemorrhaging or clot formation can block arteries and cause heart attack and stroke. For patients with cardiovascular disease, an LDL level of less than 100 mg/dL is a desirable target. 2010 HEDIS cholesterol management measures assess the percentage of patients ages 18 to 75 years old with cardiovascular conditions who had an LDL-C screening performed during the year and the percentage of those patients with an LDL level less than 100 mg/dL.

People at risk of a major coronary event are most likely to benefit from

statin therapy to lower LDL levels, as are those with elevated LDL levels and any cardiac risk factors (smoking, high blood pressure, obesity or family history of heart disease). But supplement it with lifestyle counseling. Changes in diet and exercise can have dramatic effects in a relatively short time and may be the most important recourse for CVD patients unable to tolerate the side effects, like muscle pain or liver damage, produced by statins.

→ **Where there's heart trouble, depression also may occur. Depression, in turn, can increase cardiac risks, so screen promptly and periodically.**

## RIGHT TO REVIEW AND CORRECT INFORMATION

During the credentialing and re-credentialing process, Buckeye Community Health Plan obtains information from various outside sources (e.g., state licensing agencies, National Practitioner Data Bank). Practitioners have the right to review any primary source information that was collected during this process. Information obtained from any outside primary source will be released to a practitioner only after a written and signed request has been submitted to the credentialing department.

Additionally, should any information gathered as part of the primary source verification process differ from that submitted by the practitioner on the application, Buckeye will notify the practitioner in writing requesting clarification. A written explanation detailing the error or the difference in information must be submitted to Buckeye within fourteen (14) days of receipt of the letter in order to be included as part of the credentialing/re-credentialing process.

# The Skinny on BMI

## Time for straight talk about weight.

**A**s part of the outpatient visit, practitioners should enter the body mass index of all patients ages 18 to 74 into the medical record. It's for the Adult Body Mass Index Assessment, a HEDIS measure introduced in 2009 that assesses the percentage of health plan members ages 18 to 74 who had an outpatient visit and had their BMI documented during the current measurement year or the year prior to the measurement year.

An indirect measure of body fat, BMI is a weight-to-height index. The measurement is a convenient opener to a straight-talk discussion of the patient's weight, the health risks of excess weight and weight-management strategies. Tailor your message to the patient's weight and readiness for behavior change.

Surprising numbers of Americans are unaware—or in denial—of their condition: In a 2006 Thomson

Medstat study, 80 percent of overweight people and 64 percent of morbidly obese people described their eating habits as very or somewhat healthy; 40 percent of obese people reported that they exercise vigorously for 20 minutes a day, three times a week.

→ **If you don't use an electronic health record that calculates BMI (kg/m<sup>2</sup>), you can run the numbers using a BMI calculator at [nhlbisupport.com/bmi](http://nhlbisupport.com/bmi) (standard or metric; text in English or Spanish) or print out the BMI table for manual estimates.**

Classification	BMI (kg/m <sup>2</sup> )
Underweight	Below 18.5
Healthy weight	18.5–24.9
Overweight	25.0–29.9
Obese	30.0 and above
Morbid/Extreme Obesity	40.0 or higher

Source: CDC, 2009

## A MATTER OF COMPLIANCE

Before you prescribe an antidepressant, keep in mind that 30 to 60 percent of patients don't take depression medication as prescribed.

Make compliance a focus of patient education and your collaboration with the patient on a treatment plan. By engaging the patient, you gain insight into attitudes and beliefs that may signal a risk for noncompliance.

Is cost a concern? Most older classes of antidepressants are available in lower-cost generic versions. They're effective, but they produce more adverse effects than the newer classes. Discuss potential side effects and the patient's willingness and ability to tolerate them.

Patients may quit antidepressants prematurely because they think the medication isn't working, or because it is working and they decide they don't need to continue it. Emphasize that several weeks of consistent use of an antidepressant are needed to achieve the drug's main effects. Dosage changes are frequently required to attain desired effects, and this process could take up to six months. Stopping too soon can lead to a relapse, which may be more severe and less responsive to treatment.

The 2010 HEDIS measure for antidepressant medication looks at the percentage of members age 18 and older newly diagnosed with depression and being treated with antidepressants who remained on the medication during the acute phase treatment of 12 weeks and the continuation phase treatment of at least 180 days.

Strongly encourage the patient to keep appointments and contact you with questions or concerns, especially if he or she is thinking about stopping the medication.

→ **Make it easier for patients to follow instructions by putting them in writing. Also, provide educational handouts for take-home reading.**

**Are your patients aware of their risk?**



# Adopting An EHR?

**Technical support is on the way.**

**A**re you willing to adopt electronic health records, but need some help making the transition? HITRC is another way to spell help for qualifying providers in their efforts to achieve meaningful use of electronic health records.

## A Legislative Recap

HITRC stands for Health Information Technology Research Centers and was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the 2009 federal economic stimulus law.

To stimulate a transformation of the nation's health system, HITECH makes funds available for the development of a nationwide electronic health information system that, ultimately, will enhance the quality and value of healthcare. HITECH offers Medicare and Medicaid incentive payments that health providers can start claiming once they demonstrate their adoption and meaningful use of EHRs. (The formal definition of "meaningful use" will be issued in early 2010.)

## Services and Support Available

If you're like most primary care providers, you're somewhat willing to adopt and use EHRs but reluctant to take the leap on your own. You'd like expert assistance every step of the way so that you make the right choice of vendor and implement the system with the least disruption to your practice. What you need are the services of one of the 70 HITRC-established regional extension centers. You'll receive health IT education, training and on-site technical assistance, including unbiased guidance and troubleshooting for a wide range of EHR vendor products.

The extension centers are targeting clinicians furnishing primary care services and small group practices (fewer than 10 clinicians with prescribing privileges). Each extension center

will help approximately 1,500 PCPs, for a nationwide goal of 100,000.

Groups seeking to be a not-for-profit extension center must apply for a HITRC grant. Possible applicants are health information exchanges, Medicare quality improvement organizations, universities with health profession programs, hospitals and health centers, medical or professional societies, and provider organizations or associations. Grants are capped at around \$10 million per center. The first centers are expected to be operating in early 2010.

➔ **The extension program is a work in progress. Frequently updated information is available online at the Department of Health and Human Services' Health IT website. Visit [healthit.hhs.gov](http://healthit.hhs.gov) (click HITECH Funding Opportunities, then HIT Extension Program).**

**AVAILABLE UPON REQUEST:**

YOU MAY REVIEW INFORMATION ABOUT BUCKEYE'S 2010 QUALITY IMPROVEMENT PROGRAM DESCRIPTION OR INTERQUAL CRITERIA.

**Follow Buckeye on Twitter at [Buckeye\\_Health](https://twitter.com/Buckeye_Health).**



**Member Services:  
1-866-246-4358**

**Provider Services:  
1-866-296-8731**

