

FALL 2010 | BCHPOHIO.COM

Take Note

Submit encounters and claims forms in a timely fashion. EPSDT encounters and claims are due within 180 days of service unless otherwise stipulated by your Buckeye contract.

Paper Claims Submission

Buckeye Community Health Plan
PO Box 6200
Farmington, MO 63640

Electronic Claims Submission

→ CALL:

Centene EDI
Department
1-800-225-2573,
ext. 25525

→ E-MAIL:

EDIBA@centene.com
(Payor ID 32004)

→ VISIT:

bchpohio.com
Click Provider Home/
Resources/Electronic
Transactions (EDI)

Follow Buckeye on Twitter
at Buckeye_Health.



Flu Season Preparation

By Ronald A. Charles, Vice President, Medical Affairs

Fall is once again upon us, and that means back-to-school, cooler weather and autumn leaves. For physicians, now is the time to prepare for the flu season. Traditionally, this meant family physicians and internists had to ensure they encouraged their patients over age 65 and those with certain chronic diseases to get a flu vaccine.

Vaccination decreases the chances of someone getting the flu, diminishes the severity and duration of illness if someone gets it, or decreases the chances of a person getting a complication of the flu, such as a secondary pneumonia. New recommendations on who should receive the flu vaccine and what type of vaccine they should get have been made, and they will affect all physicians.

The CDC and the Advisory Committee on Immunization Practices (ACIP) have finalized new recommendations for flu vaccine administration. These recommendations are updated every year. The recommendations for the 2010-2011 season are very simple: Everyone over the age of six months should be vaccinated.

Buckeye Community Health Plan fully supports these recommendations and is willing to support physicians in this effort. Our care management staff will be reinforcing the fact that certain high-risk patients who should receive flu immunizations do so. This includes groups who are at high risk for flu complications such as children six months to five years, adults over 65 years of age, pregnant women and those planning on pregnancy during the flu season, and those with chronic cardiopulmonary disease and the immunocompromised.

One new change in vaccination administration is that for the 2010-2011 season, there will be one vaccine containing three flu strains. The new vaccine will contain the H3N2, influenza B, and H1N1 viruses. Only one dose of the vaccine will be needed. Flu vaccinations can be given in the office or are available to patients through local health departments and pharmacies.

We will be launching a telephonic campaign, sending mailings to patients, and collaborating with Federally Qualified Health Centers (FQHCs) and large rural multispecialty practices. Our goal is to work with physicians to ensure that this flu season will not be a burdensome one to your practices and the healthcare system.

Information is available at the CDC's influenza website (cdc.gov/flu), including any updates or supplements to these recommendations that might be required during the 2010-11 influenza season. Vaccination and healthcare providers should be alert to announcements of recommendation updates and should check the CDC influenza website periodically for additional information.



Provider/Hospital Directories

Buckeye Community Health Plan can help our members find a doctor or hospital nearest to them. Our website offers a “Find a Doctor” tab at the top of the home page. Members can locate primary care providers, specialists, hospitals, clinics and other medical facilities near to them that provide the medical care they need. Members can also call Buckeye’s Member Services, which can offer assistance in locating providers.

Healthy Women Screenings

A female patient comes in with a minor illness. If she’s not asked about her latest mammogram and Pap test, there may be a missed opportunity to help her manage her health.

As part of the patient interview and check of vital signs, if not already included, consider adding a routine question to determine how recently the patient had a breast cancer screening and Pap test. Remember to discuss the importance of these tests during your exam and consider having a list of recommended OB/GYNs available.

RECOMMENDATIONS

The Centers for Disease Control and Prevention recommends that women have a Pap test every two years starting at age 21. Women over 30 who have had three normal results in a row may have a Pap every three years. And women over 65 may be able to stop having the tests. However, women with weakened immune systems or HIV should be tested more frequently.

The U.S. Preventive Services Task Force and the National Cancer Institute agree that women of average breast cancer risk should speak with their doctors about mammograms beginning at age 40 and have the test as their doctor recommends. Starting at 50, women should have mammograms every one or two years, as recommended by their doctor.



Go With the Guidelines

Make our recommendations part of your plan.

Buckeye Community Health Plan’s preventive and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of the QI Program. Whenever possible, Buckeye adopts preventive and clinical practice guidelines that are published by nationally recognized organizations or government institutions, such as AHRQ, CDC, AAP and ACOG. These guidelines have been reviewed by our QI Committee, which includes representation from Buckeye network physicians. We encourage providers to use these guidelines as a basis for developing a personalized treatment plan for our members and to aid members in making decisions about their healthcare.

Buckeye measures compliance with these guidelines through monitoring of related HEDIS measures and through random ambulatory medical record audits.

Buckeye’s utilization management, member education, coverage of services and other areas to which the guidelines apply are consistent with

these guidelines. These guidelines are used for both preventive services as well as for the management of chronic diseases. Preventive and chronic disease guidelines include, but are not limited to:

- ADHD
- Adult preventive
- Asthma
- Breast cancer
- Depression
- Diabetes
- Immunizations
- Lead screening
- Pediatric preventive
- Perinatal care
- Sickle cell

As with any clinical guidelines, the adopted guidelines are intended to augment, not replace, sound clinical judgment. Guidelines are reviewed and updated at least every two years or upon significant change. Current preventive and clinical practice guidelines are available on our website and may be mailed to practitioners as part of disease management or other quality program initiatives. The guidelines are available upon request to members.

HOW WE RATE

Here are some numbers that show how our members used and received services in 2009. These numbers are based on Buckeye's claims information.



If you have questions about this information, contact Provider Services at 1-866-296-8731.

BUCKEYE COMMUNITY HEALTH PLAN 2010 HEDIS RATES

HEDIS Measure	2010 HEDIS (CY 2009)	HEDIS Measure	2009 HEDIS (CY 2008)			
Childhood Immunizations		Behavioral Healthcare Measures				
Dtap/DT	77.26%	Antidepressant Med Management (Effective Acute Phase Treatment)	63.86%			
IPV	91.86%	Antidepressant Med Management (Effective Continuation Phase Tx)	48.33%			
MMR	93.81%	Follow-up Care in Children for ADHD Medications (Initial)	48.34%			
HIB	100%	Follow-up Care in Children for ADHD Medications (Continued)	56.02%			
Hep B	92.10%	Follow-up After Hospitalization for Mental Illness (7 Day)	35.33%			
VZV	91.86%	Follow-up After Hospitalization for Mental Illness (30 Day)	46.49%			
Pneumococcal	78.97%	Frequency of Ongoing Prenatal Care				
Combo 2	70.45%	< 21% of Expected Visits	12.03%			
Combo 3	65.58%	< 21—40% of Expected Visits	9.16%			
Childhood Measures		< 41—60% of Expected Visits	13.30%			
Lead Screening in Children	62.61%	< 61—80% of Expected Visits	22.07%			
Appropriate Testing for Children with Pharyngitis	60.22%	> 81% of Expected Visits	68.44%			
Appropriate Testing for Children with an Upper Respiratory Infection (URI)	83.97%	Cardiovascular Conditions				
Adolescent Well Care	44.66%	LDL-C Screening for Patients with Cardiovascular Conditions	85.78%			
Annual Dental Visit (2–21 Years)	54.16%	LDL-C Level <100 mg/dL	38.82%			
Frequency of Well-Child Visits in the 1st 15 Months of Life		Controlling High Blood Pressure	54.88%			
No Visits in the 1st 15 Months of Life	8.18%	Persistence of Beta Blocker Post-MI	92.50%			
One Visit in the 1st 15 Months of Life	8.57%	Respiratory Conditions				
Two Visits in 1st 15 Months of Life	10.23%	Appropriate Meds for Asthma	93.11%			
Three Visits in 1st 15 Months of Life	12.43%	Avoidance of Antibiotics in Adults With Bronchitis	23.34%			
Four Visits in 1st 15 Months of Life	16.91%	Use of Spirometry in the Diagnosis of COPD	28.90%			
Five Visits in 1st 15 Months of Life	21.90%	Rx Management for COPD—Corticosteroid	76.60%			
Six or More Visits	56.79%	Rx Management for COPD—Bronchodilator	92.14%			
Well-Child 3-, 4-, 5-, 6-Year-Olds	68.27%	Musculoskeletal Conditions				
Comprehensive Diabetes Care		Anti-Rheumatic Drug for Rheumatoid Arthritis	86.13%			
HbA1c Testing	82.37%	Use of Imaging Studies for Low Back Pain	80.68%			
HbA1c Good Control < 7	NR	Women's Prevention and Screening				
HbA1c Good Control < 8	44.42%	Breast Cancer	48.32%	51.66%	↑ 3.34%	50th percentile
HbA1c Poor Control > 9 (the lower the better)	62.18%	Cervical Cancer	67.53%	67.13%	↓ 0.40%	50th percentile
Eye Examination	54.39%	Chlamydia Total Rate	54.33%	56.64%	↑ 2.31%	50th percentile
Monitoring for Nephropathy	81.40%	Timeliness of Prenatal Care	92.34%	92.34%	0	90th percentile
LDL-C Screening	72.40%	Postpartum Care	72.99%	72.99%	0	90th percentile
Blood Pressure Control < 140/90	59.26%					
Blood Pressure Control < 130/80	32.35%					



OUR COMMITMENT

Quality Improvement

How we're impacting the health of our members.

Buckeye Community Health Plan is committed to managing a well-designed and well-implemented Quality Improvement (QI) Program. Buckeye's culture, systems and processes are structured around its mission to improve the health of all our members.

SCOPE

The scope of the QI Program is comprehensive, addressing the quality and safety of clinical care and services provided to our members including medical, behavioral health, dental and vision care.

The QI Program is run by Buckeye's Medical Director, the Quality Improvement Director and the Quality Improvement Committee. We incorporate all demographic groups, care settings and services in our QI activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care and ancillary services.

OBJECTIVES

Buckeye's primary quality improvement goal is to improve members' health through a variety of meaningful improvement activities implemented across all care settings, aimed at improving quality of care and services delivered.

The QI Program includes planning, implementing and monitoring of programs. The QI Program monitors several metrics and comprises components such as, but not limited to:

- Quality improvement studies
- Investigation and tracking of risk management and potential quality of care complaints
- Ongoing monitoring of key performance measures (well-child visits and immunizations, pregnant women receiving early and regular care, health tests such as chlamydia screenings, mammograms, lead screenings, etc.)
- Ensuring members with chronic conditions like diabetes and asthma are getting recommended tests and appropriate medications for their condition
- Conducting member satisfaction surveys regarding the healthcare and services they are receiving
- Provider feedback via surveys, structured committees and direct feedback
- Monitoring utilization management effectiveness
- HEDIS data reporting

LEARN MORE

More information about the Quality Improvement Program is available upon request by calling Provider Services.

CONSIDER THIS

Appointment Access

Buckeye Community Health Plan strives to ensure members have access to timely, appropriate care for all their health needs. We will work with you to establish clear standards for scheduling appointments and for the length of wait times.

For scheduling appointments, members should be able to get an appointment with their primary care doctor as follows:

ROUTINE VISITS

28 days

URGENT VISITS

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, these standards should be followed:

- Walk-in patients with nonurgent needs should be seen if possible or scheduled for an appointment
- Emergency patients should be seen immediately





ON THE MARK

MIND AND BODY

Dig Deeper

Probing questions may reveal mental health concerns.



As a physician, you're in a great position to ask questions to determine if your patient is suffering from mental health concerns. In particular, depression and panic or anxiety disorders can be identified during routine interaction using any one of several short questionnaires available through the American Academy of Family Physicians, the MacArthur Initiative or other organizations.

In a Northwestern University study published in *American Family Physician*, researchers reported that depression, which affects people of all ages and socioeconomic levels, is the second most common chronic disorder seen in primary care. Depression affects about 12 percent of patients significantly, and its effects

are similar to those of other chronic medical conditions.

The researchers note that depression often presents in primary care as a collection of physical symptoms, such as fatigue, pain, sleep disturbance or sexual dysfunction. Asking a routine series of questions may help you aggregate the symptoms and determine the severity of the problem so it can be treated directly—rather than exclusively treating the related physical complaints.

Whether your patient's condition is mild and treatable in the primary care setting, or more severe and in need of specialty care, the first step in treatment is diagnosis. By asking insightful questions, you could help your patient get back on track for better mental and overall health.

PREVENTIVE BEHAVIORAL HEALTH PROGRAMS

We have resources available to help members with behavioral and mental health issues. From managing stress to depression screening to substance abuse or other behavioral health conditions, we can refer members to behavioral health specialists at Cenpatco Behavioral Health, our behavioral healthcare sister company, and connect them to appropriate professionals.

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



Buckeye 
Community Health Plan.