

# Provider Report™

Buckeye  
Community Health Plan.



## Going Green: Reducing Paper Claims

In an effort to go green, Buckeye Community Health Plan is urging its providers to submit all claims electronically, either over the Buckeye web portal or with EDI. In addition to environmental benefits, providers will also realize the following benefits:

- Claims paid faster and more accurately than paper claims.
- Reduced postage and paper costs.
- More efficient and productive submission process.
- Cleaner data submissions results in fewer claims denials.
- Faster acknowledgement of received claims.

There are two options for electronic submissions: EDI and the Buckeye web portal. Please contact your plan representative to help you determine which option is best for you.

If you are ready to get started, you will find a list of our associated EDI trading partners on our website at [bchpohio.com](http://bchpohio.com) or you may call 1-800-225-2573, ext. 25525, to speak with someone at our EDI Help Desk. You can also begin the web registration process when you visit our website. Our staff can help you get set up for electronic submissions, help you choose a clearinghouse and answer any other questions about this process. For additional information about submitting claims via our website, please register on our website or contact your Provider Relations Representative.

Information regarding Buckeye's 2009 Quality Improvement Program Description is available for review upon request.

## Update for Type 2 Diabetes Treatment

Learn about revisions to the 3-step treatment approach.

For patients newly diagnosed with Type 2 diabetes, the goal is to get their glycemic level to as close to a normal range as soon as possible and maintain it. Treatment **step one** is a one-two punch of lifestyle changes (weight loss and increased physical activity), plus the drug metformin.

The next step, which involves adding a second medication for patients whose glycemic goals aren't reached within three months, is where new guidelines differ from earlier versions. According to the authors of the update, issued in December 2008 by the American Diabetes Association and the European Association for the Study of Diabetes, their revision focuses "on the new classes of medications that now have more clinical data and experience."

The preferred protocol in **step two** is the addition of insulin (intermediate- or long-acting) or sulfonylurea. This step is preferred because it's well-validated, with both drugs having a long-term record of effectiveness and safety. A less-validated option is the addition of pioglitazone (brand name Actos) or exenatide (brand name Byetta). The new guidelines removed rosiglitazone (brand name Avandia) from the list of recommended drugs, citing evidence of potential cardiovascular risks associated with the drug.

In **step three**, if the first two steps don't get blood glucose to target levels, start insulin, if you haven't already, or increase it to a more intensive level—in addition to continuing lifestyle intervention plus metformin. The web address for accessing the updated guidelines is [care.diabetesjournals.org/cgi/reprint/dc08-9025v1](http://care.diabetesjournals.org/cgi/reprint/dc08-9025v1).



Did you know? InterQual criteria are available for your review by request.

**2** Talking Points: When Patients Are Mentally Ill

**3** An Insider's View of Medical Record Auditing

**4** Childhood Obesity In the Spotlight

# Discussing Medical Treatments With a Severely Mentally Ill Patient

Try these techniques to increase comprehension.

**D**iscussing treatment with a severely mentally ill patient can be a challenge whether that person has depression, bipolar disorder, schizophrenia or even a personality disorder.

You might wonder if the patient is actually understanding what is being discussed or listening at all. You then may have doubts about the patient's ability to comply with treatment. However, you can use several techniques to increase your chances of having a successful interaction with the patient:

**1]** Keep your sentences short and direct so they are easy to concentrate on and understand.

**2]** Repeat your instructions and have the patient repeat them back to you, preferably not immediately after you give them.

**3]** If the patient is with a spouse or significant other, ask if that person can come in to the exam room toward the end of the examination to help make sure instructions are followed.



**4]** Write important things down on paper for the patient so he or she can review the information, and share that as necessary with someone who is helping care for the patient.

**5]** If there is a psychiatrist involved, call to receive more information about your patient's capacity to participate in treatment and coordination of care.

**6]** Above all, make sure that the psychiatric disorder is being

adequately treated in order to attain maximum clinical response and compliance.

You may have to spend a little more time with these patients, particularly in finding out how they are doing and what medical problems they may have. However, you will be rewarded with less frequent medically necessary (and unnecessary) visits as well as lower complications from poor compliance.

## HEDIS TIME AGAIN

HEDIS (Healthcare Effectiveness Data and Information Set) season is once again approaching.

HEDIS comprises more than 20 Effectiveness of Care type measures, as well as Access to Care and Use of Services measures and services based on claims and/or medical record data. Similar to 2008, Buckeye Community Health Plan (Buckeye) plans to begin medical record data abstraction in early spring.

Buckeye contractually reports these rates to the State of Ohio Department of Job and

Family Services and the National Committee for Quality Assurance. The HEDIS measures being targeted for medical record data abstraction are:

- Cervical Cancer Screening
- Childhood Immunization Status
- Controlling High Blood Pressure
- Comprehensive Diabetes Care (HbA1c, Lipids, Eye Exam, Nephropathy Screening)
- Timeliness of Prenatal and Postpartum Care
- Cholesterol Management

Outcomes, Inc. will soon be contacting your office with a detailed letter and a telephone call to set up an appointment.

We realize that early spring can be a time of increased stress in provider offices, with multiple organizations requesting copies of medical records and setting appointments for on-site medical record data abstraction, as well as the increased incidence of sick visits. We are working to make our information collection process as smooth as possible.

We plan to update you about our HEDIS project over the next few months with information in this newsletter. Please contact Buckeye's Quality Improvement Department or your Provider Relations Representative directly if you have questions or concerns regarding the upcoming HEDIS season.

# What We Look for in Medical Records

Thorough medical record documentation assists providers in providing quality healthcare to patients and members. Buckeye uses the following standards as part of the process for medical records documentation audits.

- [1] Each page of the medical record contains the patient's name and/or ID number.
- [2] Personal biographical data includes address, employer, home and work telephone numbers and marital status, as well as assessment of cultural and/or linguistic needs, such as deaf/blind, etc.
- [3] All entries are dated.
- [4] All entries in the medical record contain author identification.
- [5] The record is legible to someone other than the writer and is in ink.
- [6] Record format is organized and consistent.
- [7] Records are stored securely with access limited to authorized personnel.
- [8] Staff receives periodic training in confidentiality of member information.
- [9] All services are provided directly by the practitioner.
- [10] Significant illnesses and medical conditions are indicated on a problem list.
- [11] Treatment plans are consistent with diagnoses.
- [12] Medication information list includes instructions to member regarding dosage, initial date of prescription and number of refills.
- [13] Medication allergies and adverse reactions are prominently noted in the record. If the patient has no known allergies or history of adverse reactions, note this in the record.
- [14] The history and physical exam record appropriate subjective and objective information for presenting complaints.
- [15] Consultation, lab and imaging reports filed in the chart are initialed by the practitioner who ordered them to signify review. If the reports are presented electronically or by some other method, there is also representation of review by the ordering practitioner. Consultation and abnormal lab and imaging study results have an explicit notation in the record of follow-up plans.
- [16] Laboratory and other studies are ordered, as appropriate.
- [17] Working diagnoses are consistent with findings.
- [18] There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure (does the care appear to medically appropriate?).
- [19] Past medical history (for patients seen three or more times) is easily identified and includes serious accidents, operations and illnesses. For children and adolescents (18 years or younger), past medical history relates to prenatal care, birth, operations and childhood illnesses.
- [20] For patients age 11 and over, there are appropriate notations concerning the use of cigarettes, alcohol and substance abuse (for patients seen three or more times).
- [21] Encounter forms or notes have a notation, when indicated, regarding follow-up care, calls or visits. The specific time of return is noted in weeks, months or PRN. Encounter notes must also indicate clinical findings and evaluation for each visit.
- [22] Unresolved problems from previous office visits are addressed in subsequent visits.
- [23] No evidence of under- and over-utilization of consultants (evidence of appropriate use of consultants).
- [24] If a consultation is requested, there is a note from the consultant in the record.
- [25] An immunization record has been initiated for children, or an appropriate history has been created in the medical record for adults.
- [26] There is evidence that preventive screening and services are offered in accordance with Buckeye's practice guidelines.
- [27] Evidence of an advance directive for patients over age 18 (Medicaid or Medicare only) is prominently noted in the medical record.

To guard members' privacy, please keep your medical records in a secure location. We require our participating providers to maintain Buckeye member records for at least seven years. If you have questions related to our medical record documentation standards, please contact Buckeye's Quality Improvement Department.

# A Growing Problem for Kids

Overweight children and adolescents is a serious health issue, and data shows that the prevalence of overweight is increasing (see graph). The most recent data (2004) shows that for children ages six to 19, the prevalence of overweight was over 17 percent—more than three times the target prevalence of five percent set in *Healthy People 2010*.

*Healthy People 2010*, a report citing a set of health objectives for the nation, identified overweight and obesity as a leading health indicator. Studies link overweight children with Type 2 diabetes and show that 60 percent of overweight children already have one risk factor for heart disease.

Primary care providers are on the frontline in addressing the issue. An expert committee, convened last year by the American Medical Association and the Centers for Disease Control and Prevention, offers these recommendations for PCPs and pediatricians when seeing children:

1. Assess children for obesity risk: Identify elevated BMI, medical risk, unhealthy eating and physical activity habits.
2. Annually calculate and plot BMI.
3. Provide obesity prevention messages and suggest weight control interventions.

### V Codes Help Track Weight Changes

With the help of network providers, health plans like Buckeye Community Health Plan are able to track and monitor the prevalence of childhood obesity.

When you assess a child and determine his or her BMI, please document it in the medical record and use the appropriate V code on the claim you submit to Buckeye.

V85.54—Body mass index, pediatric, greater than or equal to 95th percentile for age (obese).

V85.53—Body mass index, pediatric, 85th percentile to less than 95th percentile for age (overweight).

V85.52—Body mass index, pediatric, 5th percentile to 85th percentile for age (normal weight).

V85.51—Body mass index, pediatric, less than 5th percentile for age (underweight).

## TRENDS IN CHILDHOOD OBESITY

Prevalence of Overweight Children and Adolescents in the U.S.  
[Ages 2 to 19]

	1971–1974	1976–1980	1988–1994	2003–2004
Ages 2 through 5	5 percent	5 percent	7.2 percent	13.9 percent
Ages 6 through 11	4 percent	6.5 percent	11.3 percent	18.8 percent
Ages 12 through 19	6.1 percent	5 percent	10.5 percent	17.4 percent

Source: National Health and Nutrition Examination Survey

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