



ProviderFocus

A Publication of The Health Plan • March 2021

Provider Manual

The Provider Manual is being updated in April and may be accessed on The Health Plan's corporate website at healthplan.org/providers/resources/provider-manual. 🍏

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Provider Portal Enhancement Coming Soon!

The Health Plan (THP) is planning an enhancement to our provider portal that will go into effect later this year. The Altruista GuidingCare® platform will aid physicians by providing the ability to submit authorizations, track clinical measures, and interact with care coordinators and managers. By streamlining communication and engaging patients, this enhancement will ultimately assist in facilitating quicker and more effective care outcomes.

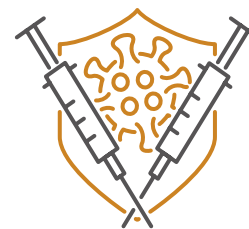
This collaboration will give providers a heightened view in the following areas:

- Prior Authorizations – opportunity to upload documents to show medical necessity attached to the request
- Member Rosters – easy access to patients assigned to your practice
- Quality Measures/ Care Gaps – easily accessible gap reports
- Document Upload – opportunity to upload documents to close measures/gaps
- Hospital Admission, Discharge & Transfer Information – increase in continuity of care
- Case Management/ Care Coordination – communicate with THP case managers.
- Inpatient admission notifications with document upload for level of care assessment and concurrent review
- Status updates on inpatient admissions
- Ability to communicate with UM staff within an authorization request

The Health Plan (THP) will be offering educational webinars to familiarize you with the portal enhancements. More information on webinar dates and topics will be announced in the near future. 🍏

The COVID-19 Vaccine

Encouraging Your Patients to Receive the Vaccine



Our Role as Health Care Providers

We are a few months into the COVID-19 vaccine rollout, and the side effect profile and hospitalization rates are extremely promising. West Virginia and Ohio fall into the highest percentile for rate of administration. Herd immunity is crucial for combating the pandemic, and to achieve this we must encourage as many of our patients as possible to receive their dose. While administration to hospital and community health care professionals has been successful, the general population will be less receptive to schedule and thus receive their vaccine.

Our role as front line health care providers allows us to effectively educate, instruct, and encourage the community to register for their vaccine. As your patients most trusted source of medical information, it is vital to inform them about the importance of the vaccine based on the clinical trials and data that has been collected. The amount of misguided information online and in the media is troublesome; therefore, it is our duty to provide the most accurate and up to date information as possible. Below are Frequently Asked Questions and data that you can use to better educate and assist your patients in the shared clinical decision-making process.

COVID-19 Vaccine FAQ

How does the vaccines work?

They instruct your body to make proteins that attack the virus. They **DO NOT** give you COVID-19 or make you sick.

What are the side effects of the vaccine?

Common reactions include headache, dizziness, fever, muscle pain, swollen lymph nodes similar to most vaccines. Usually only acutely (1-3 days).

Rare (<1%) - Allergic reactions have been reported, it is required to sit and watch at least 15 minutes after the dose was given, 30 minutes if severe allergy to other medications or vaccines exist.

Can I take an over-the-counter medication to prevent these reactions?

No, it is not recommended to take antihistamines, acetaminophen or NSAIDs prior to your vaccine.

There have not been sufficient studies to suggest they do not alter the immune response to the vaccine.

Prophylactic medications do not prevent post-vaccine symptoms and can mask allergic reaction to the vaccine.

Use AFTER the vaccine can be appropriate, recommended waiting at least 12 hours but avoid if possible.

How long will the immunity last?

Long-term data has not been completed making it crucial to vaccinate as soon as possible to limit the spread.

How effective is the vaccine?

It is very effective. In fact, it is more effective than the annual flu shot.

Pfizer shows around 55% effectiveness after the 1st dose and 95% after the 2nd.

Moderna shows around 80% after the 1st dose and 94% after the 2nd.

Will these vaccines protect me against the new strains being found?

Yes, they should from the limited data we have.

The vaccines provide a broad spectrum of specificity for COVID-19 variants, meaning they can effectively detect and bind to numerous COVID-19 strains.

A booster shot may be needed in the future, however.

How much will it cost me to get the vaccine?

There will be no charge for the vaccine however, some administering sites may charge an administration fee

Do I still need to wear a mask and socially distance?

Yes, a mask will be needed until sufficient herd immunity allows us to reduce restrictions. While you are protected once you get the vaccine, we are not sure if you can still spread it; therefore, restriction will remain the same until data suggests we can loosen restrictions concerning wearing masks. 🍏

COVID-19

Scheduling for the Vaccine

Ohio

- Register online at coronavirus.ohio.gov or by calling 1.833.4.ASK.ODH (Available daily 9 a.m. – 8 p.m.)
- Can also contact local health department at odh.ohio.gov
- Under the tab “Find Local Health Districts”

Ohio Department of Health
COVID-19 Support Hotline
1.833.4.ASK.ODH (1.833.427.5634)

The Call Center is available from 9 a.m. to 8 p.m. each day, including weekends.

West Virginia

- Pre-register at vaccinate.wv.gov or by visiting WV DHHR coronavirus website
- Elect to receive text, call or email for updates about scheduling your vaccine
- For patients needing assistance or unable to use computer, use 1.833.734.0965 for the COVID-19 vaccine information line (Available Monday – Friday 8 a.m. – 6 p.m. and Saturday 9 a.m. – 5 p.m.)

WV DHHR COVID-19 Support Hotline
1.800.887.4304

The call center is available 24 hours a day, 7 days a week. 🍏



Hours of Operation Reminder to Providers



The Health Plan ensures that practitioners offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid or non-Medicare members. 🍏

REMINDER: Signatures, Credentials and Dates Are Important

Each entry in the patient's medical record requires an acceptable signature and credentials, as defined by CMS, and the date on which the service was performed. 🍏



Advanced Practice Physicians to Be Listed in the THP Provider Directory

As of March 1, 2021, The Health Plan (THP) is listing all Primary Care Certified Nurse Practitioners (CNP) and Physician Assistants (PA-Cs) in the THP Provider Directory. This applies to all Advanced Practice Clinicians (APCs) practicing under the scope of family practice, general practice, pediatrics, geriatrics, and/or internal medicine. This change will allow THP members to select APCs as their primary care provider (PCP). 🍏

Low Income Medicare Beneficiaries

The Qualified Medicare Beneficiary (QMB) Program is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. Federal law prohibits Medicare providers from collecting Medicare Part A and Part B coinsurance, copayments and deductibles from those enrolled in the QMB Program, including those enrolled in Medicare Advantage and other Part C Plans. If you are a PCP, THP has coded your patient rosters with a symbol to help you identify which of your patients meet this income level. Patient rosters are available on our secure provider portal located at myplan.healthplan.org.

Refer to CMS MedLearn Matters article for further guidance: cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf

The patient should make the provider aware of their QMB status by showing both their Medicare and Medicaid or QMB card each time they receive care. Patients should not receive a bill for medical care that Medicare covers. Patients cannot be charged for Medicare deductibles, co-insurance, and copayments.

1.800.MEDICARE (1.800.633.4227). 🍏

Prior Authorization No Longer Required

Sensipar (J0604) & Parsabiv (J0606)

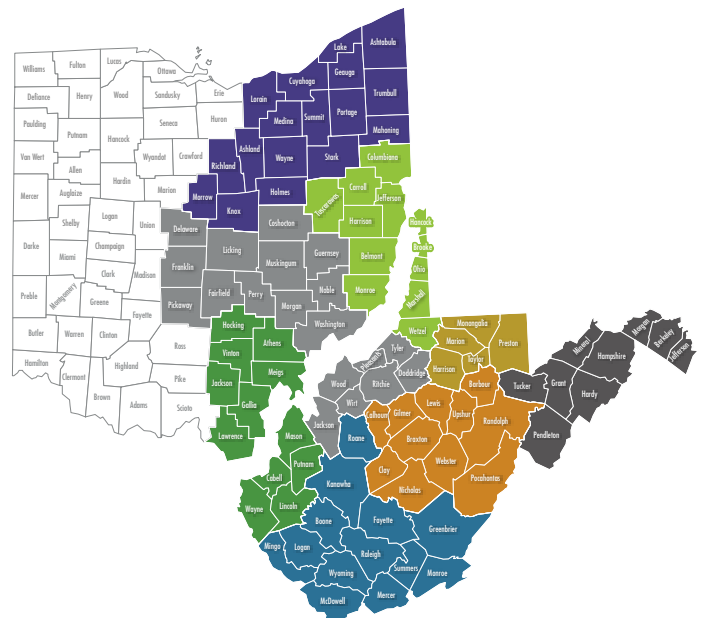
The Health Plan is pleased to announce that effective February 16, 2021, prior authorization requirements have been discontinued for Sensipar (Cinacalcet, oral, 1 mg, [for ESRD on dialysis]) and Parsabiv (Injection, Etelcalcetide, 0.1 mg) when billing J0604 (Sensipar) and J0606 (Parsabiv). This prior authorization removal is effective for all lines of business. 🍏

Provider Servicing Contacts

Updated Information

As the healthcare industry continues to evolve, improving relationships with providers, hospitals and health systems is vital in maintaining superior service to our members. In an effort to maximize positive member and provider experiences, The Health Plan has a Provider Servicing Team to serve our provider network. Each county in our network has a designated practice management consultant available to answer questions, provide education and serve as a valuable resource to our providers and their staff.

Check out our Provider Servicing Contacts at healthplan.org/providers/overview/meet-provider-servicing-team to meet your practice management consultant. 🍏



The “Patient Experience” and How it Impacts Your Practice



The patient experience is becoming increasingly important within healthcare. According to the Agency for Healthcare Research and Quality (AHRQ), the patient experience “encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities.”



In the U.S., estimates show that active patient choices can affect more than 60% of health care spending. While the patient experience includes many elements of healthcare quality,

patient satisfaction, and convenience of care, it is important to understand not only what constitutes the patient experience, but also how you and your staff can support a positive patient experience.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey performed annually assesses your patients' experiences and satisfaction with health care. Here are some ideas for helping improve your patients' healthcare experience while improving health outcomes, based on our most recent survey results.

Getting needed care and getting care quickly: 10 – 20% of THP enrollees surveyed recently reported that they have difficulty getting appointments and necessary care, especially when it is needed urgently.

What you and your staff can do:

- When your patient needs to see a specialist, help coordinate the visit and follow-up with the patient after the visit is completed.
- Reach out to The Health Plan to assist in arranging specialists visits.
- Offer to schedule follow-up visits and annual wellness visits as patients are leaving the office.
- Provide your telephone number, after-hours access, and website information so patients know how to reach you in urgent situations.
- Help your patients set up electronic chart access for electronic communication to assist in scheduling appointments.

Care Coordination: 10 – 15% of THP enrollees surveyed reported that their physicians do not follow-up and discuss test results

What you and your staff can do:

- Always follow-up with your patients to review testing results and tell your patients you will be doing this when ordering any tests.
- Schedule a follow-up appointment in anticipation of having this conversation.

Overall Quality of Healthcare: The Health Plan's SecureCare and SecureChoice members rated the overall quality of their healthcare high, with positive responses in 86% – 89% of the respondents. There are some key differentiators within the respondents.

If you would like more detail about responses that may help guide you in supporting a positive patient experience, please contact your practice management consultant. 🍏

Member Rights and Responsibilities

We would like to remind all provider offices that the member rights and responsibilities can be found in the Provider Manual in Section 3 and Section 5_21. This manual is available on our website, healthplan.org.

If you would like a copy please contact Provider Relations Customer Service at 1-800-624-6961, ext. 7901. 🍏

WV Medicaid's Adult Dental Benefit

Important Information

Effective April 1, 2021, The Health Plan (THP) will transition both the adult emergent dental benefit and the adult preventive \$1,000 benefit for WV Medicaid members to Skygen USA. This transition will align the administration of dental services with those for Medicaid and WVCHIP members under age 21.

Providers will need to submit claims, authorization requests and pre-treatment estimates to Skygen as of the April 1 date.



WV Medicaid Adult Dental Benefit

(Emergent and \$1,000 Preventive/Restorative)

Claims should be submitted on ADA claim form 2012 or newer.

Claims are to be submitted to:

West Virginia Claims
PO Box, 795
Milwaukee, WI 53201

Provider Services:

1.888.983.4690

Clearinghouse Information (Payer ID: SCION)

Change Healthcare (formerly Emdeon)

*Also contracted for attachment services

changehealthcare.com

1.866.371.9066

Vyne Dental (dba Tesia Clearinghouse)

*Providers can use Fast Attach™

vynedental.com

1.800.724.7240

DentalXChange (formerly EHG)

*Also contracted for attachment services

dentalxchange.com

1.800.576.6412

SDS

*Providers can use Fast Attach™ for attachment services

sdata.us

1.855.297.4436

Adult members age 21 and older will receive new cards with the Skygen information listed on it on or about April 1.

Please contact us if you have any questions at 1.888.613.8385. 🍏

Clinical Practice Guidelines

Available Online

The Health Plan and participating practitioners routinely review and update the preventive health guidelines and clinical practice guidelines. These are available to providers as a reference tool to encourage and assist in planning patients' care. To make the information more accessible and convenient for providers, THP has posted the complete set of guidelines online. Visit healthplan.org/providers/patient-care-programs/quality-measures to view standards, guidelines, and program descriptions for quality improvement, disease management, and behavioral health practice guidelines. 🍏

CMS Annual Training

Reminder



Compliance and Fraud, Waste and Abuse (FWA) training should be completed on an annual basis. You and your employees should complete Compliance/FWA training through your own internal compliance program or by using training documents provided by The Health Plan, which are available at myplan.healthplan.org.

You and your employees should complete Compliance/FWA training within 90 days of hire and at least annually thereafter. As a contracted provider, you are required to maintain evidence of Compliance/FWA training, such as training logs or other records, for at least 10 years. You must be able to produce evidence of Compliance/FWA training upon request. 🍏



Cyber Security

Healthcare breaches made up 79% of all cyber security breaches in 2020. Is your practice at risk? The Health Plan cares about the cyber security of your practice. There will be an upcoming webinar discussing this topic in the near future. 🍏



Pediatric Well Exams

For Medicaid and WVCHIP members, providers must use the EP modifier when billing for EPSDT services. 🍏

Facility Transfers Require Prior Authorization

Before transferring patients from facility to facility, prior authorization is required. 🍏

The Health Plan

**COMPLIANCE
FRAUD, WASTE & ABUSE
HOTLINE**

**Anyone
can report**
suspected **fraud** or issues of
noncompliance

- Employees
- Volunteers
- Providers
- Members
- Vendors
- Subcontractors

Dial: 1.877.296.7283
Email: siu@healthplan.org

*You may report anonymously.
There can be **NO** retaliation against you for
reporting suspected noncompliance in good faith.*

Help Us Help Members Find You

Keep Provider/Practice Info Up-to-Date

It is very important to remember to contact The Health Plan with any changes to your office location, telephone number, back up physicians and hospital affiliations. This information is needed in order to provide the most current information to members of The Health Plan in the form of directories, whether they are electronic or paper.

The Health Plan has instituted a feature on our website to assist providers in verifying and updating information. It is located on the Find a Doc tool on THP's public website at healthplan.org. Search by provider's name and view the provider details on file. Click the "Verify/Update Practice Info" button to submit corrected information or verify that the listed information is current and correct. 🍏



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