ProviderFocus
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## REMINDER: Signatures, Credentials and Dates Are Important

**THP requires that each entry in the patient's medical record contain an acceptable signature, credentials, and the date on which the provider performed a service. Visit the Centers for Medicare and Medicaid Services (CMS) website at cms.gov for more information on signature requirements.**

## Inside this issue …



# Medical Record Requests are Coming Soon

## It is HEDIS® Season

The Centers for Medicare and Medicaid Services (CMS) requires The Health Plan (THP) to collect data annually for the Healthcare Effectiveness Data and Information Set (HEDIS®) and Ambulatory Medical Record Review (AMRR). THP selects patients for this project (identified via claims data) through a randomized selection process.

THP has contracted with Episource, LLC, a medical record retrieval vendor, to retrieve the medical records selected for this process. A representative from Episource, LLC may be contacting you soon to schedule an appointment and to arrange the medical record collection method that is most convenient for you.

THP is requesting that providers respond within 5 days to arrange retrieval of the medical records if Episource, LLC contacts you. It is important that you provide these records as soon as possible to be compliant with federal, state and accreditation requirements. THP appreciates your cooperation in allowing Episource, LLC the opportunity to assist THP in the completion of this project.

If you have any questions about these requests, please feel free to contact your Practice Management Consultant (PMC). Contact information for your assigned PMC is located at healthplan.org "For Providers," "Meet the Provider Servicing Team."

# Substance Use Disorder Populations

## Drug Screenings

The Health Plan (THP) works hard to responsibly manage available health resources while promoting best practices and adherence to governmental regulations.

THP has approved Point of Care testing with oral fluids billed as CPT code 80305. THP recommends random point of care screening for illicit or inappropriate substances for programs providing outpatient pain management and substance use disorder (SUD) services (using either oral fluids or urine).

Occasionally confirmatory drug testing will be necessary, particularly under the following conditions:

- The member appears intoxicated or impaired but point of care testing is negative
- Results of point of care/presumptive testing yield unexpected results (possibly due to metabolites from other medications or over the counter products resulting in false positives)
- The member is negative for the prescribed substance(s) but denies diversion
- The member is positive for illicit substances but denies use when confronted
- There is evidence that the sample was adulterated or altered

THP does not recommend routine confirmatory testing and doing so may be viewed as overbilling by THP, particularly if the clinician cannot justify the testing in his/her documentation.

The American Society of Addiction Medicine guidelines for drug screening, summarized in Appropriate Use of Drug Testing in Clinical Addiction Medicine, make the following recommendations:

### Test Frequency

- Patient acuity and level of care should dictate the frequency of testing for people in addiction treatment
- Providers should look to a tests' detection capabilities and windows of detection to determine the frequency of testing
- Providers should understand that increasing the frequency of testing increases the likelihood of detection of substance use, but there is insufficient evidence that increasing the frequency of drug testing influences substance use itself
- Providers should schedule drug testing more frequently at the beginning of treatment
- Providers should decrease test frequency as recovery progresses
- When possible, testing should occur on a random schedule
- Providers should consider less frequent testing if a patient is in stable recovery

### Random Testing

THP prefers random unannounced drug tests to scheduled drug tests. THP recommends a random interval schedule to a fixed interval schedule to eliminate known non-testing periods. THP prefers a random interval schedule to a truly random schedule because it limits the maximum number of days between tests.

## Member Rights and Responsibilities

**The Provider Practitioner Manual describes the member rights and responsibilities in Sections 3 and 5. This manual is available on THP's corporate website, healthplan.org. To obtain a copy please contact the Customer Service department at 1.800.624.6961.**

# Peer Recovery Support Services Require Board Certification

Beginning October 1, 2022, the Bureau for Medical Services (BMS) will require board certification for all new and existing Peer Recovery Support Services personnel (PRSS) through the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP).

WVCBAPP certification requirements, applications and manuals are accessible online at: https://www.wvcbapp.org/applications.

Please note that this certification differs from certifications granted in the past by the West Virginia Department of Health and Human Resources (DHHR).

PRSS staff must be employed by a licensed behavioral health center (LBHC) and have a current CPR/First Aid card and pass a fingerprint-based background check.

The LBHC must maintain documentation in the PRSS personnel files, and the documentation must be available to The Health Plan (THP) upon request.

Please see Section 504.4 of the BMS Provider Manual for more information. The provider manual is available online at: https://dhhr.wv.gov/bms/Pages/Manuals.aspx.

**THP will not reimburse services provided by a non-WVCBAPP certified PRSS after October 1, 2022.**

Questions may be directed to THP's Medicaid Customer Service Department at 1.888.613.8385.

## Smoking Cessation
# Varenicline Recommended

The Federal Drug Administration (FDA) has approved the generic drug Varenicline for smoking cessation.

The Health Plan (THP) advises providers to write prescriptions for Varenicline instead of Chantix.

The Bureau for Medical Services' (BMS) covers the generic drug for the Mountain Health Trust (MHT) population. BMS' guidelines state that prescriptions for Varenicline must be for the entire 90-day supply for MHT members.

The manufacturer of Chantix voluntarily recalled Chantix 0.5 mg and 1 mg tablets on September 16, 2021.

## Pharmacy Management Updates

**We may add or remove drugs from our formularies during the year. To view a list of the drugs on the formulary and/or initiate the exception process, please visit The Health Plan's corporate website: healthplan.org. Search under "For You & Family" "Pharmacy" "Formularies."**

**AND**

**We may update policies throughout the year. The most up-to-date policies are located on the secure provider portal located at myplan.healthplan.org. Search under "Policies."**

## D-SNP Required Annual Training

**The Centers for Medicare and Medicaid Services (CMS) require annual training of providers that provide services to members of THP's dual-eligible special needs population (D-SNP).**

**If your practice includes D-SNP members, please remember to complete the training. THP's Practice Management Consultants (PMC) will contact identified providers that care for five or more D-SNP members in a calendar year to complete training and attest to the training.**

**Training materials and the DSNP Attestation Form are available on The Health Plan's secure provider website, myplan.healthplan.org in the Resource Library, under "Training and Education."**

**Contact your PMC if you have any questions. Contact information for your PMC is available online at: healthplan.org "For Providers" "Overview" "Meet the Provider Servicing Team."**

# Opioid Prescribing in 2022

## Preventing Opioid Abuse

As many of you are aware, the opioid overutilization crisis has been catastrophic for several years now and remains an area of concern, especially among the Centers for Medicare and Medicaid Services' (CMS) population.

According to the Centers for Disease Control (CDC), in 2019, thirty-eight people died each day from overdoses involving prescription opioids. Additionally, a total of 70,630 drug overdose deaths occurred in the United States with over seventy percent caused by an opioid. The Partnership to End Addiction states that the rate of opioid relapse is between 40 and 60 percent, similar to chronic diseases.

### What is The Health Plan doing to help?

The Health Plan (THP) has implemented a drug management program (DMP) to aid in identifying and managing high risk opioid use. In addition to the DMP, THP's Pharmacy has implemented real time safety alerts. THP receives alerts if one of the following occur:

1. A 7-day supply limit for opioid naïve patients
2. A combined Morphine Milligram Equivalents (MME) of all opioids equal to or greater than 90 MME/day
3. Concurrent prescribing of a benzodiazepine with an opioid or duplicate long-acting opioid therapy
4. A cumulative 200 MME opioid dosage (with or without multiple prescribers or pharmacies)

### What can you, the provider, do to help?

THP recommends following the Centers for Disease Control's (CDC) opioid prescribing guidelines to improve communication between providers and patients. The goal is to reduce the long-term use of opioid therapy and improve the safety and effectiveness of pain management.

The CDC's guidelines recommend:

- Use of non-pharmacologic and non-opioid pharmacologic therapies as first line treatments for chronic pain
- Determine and measure treatment goals for all patients prior to starting an opioid
- When a patient starts an opioid for chronic pain, prescribe a short acting opioid at the lowest possible dose (not to exceed more than 90 MME per day)
- Assess the patients one to four weeks after starting an opioid to evaluate the benefit and harm
- Reassess the patient after three months (or sooner if needed) to determine the necessity of continuing opioid treatment
- Avoid prescribing benzodiazepines with opioids
- Provide naloxone in the event of opioid overdose
- Review the Prescription Drug Monitoring Programs (PDMPs) to ensure that patients aren't receiving prescriptions from other providers
- Require a urine screen before beginning an opioid and then at least annually thereafter

Contact THP's Pharmacy Department at 1.800.624.6961, ext. 7914 with questions or for assistance.

## We Want to Hear From You

**Providers, The Health Plan (THP) would love to hear your suggestions for articles to include in upcoming newsletters. Feel free to e-mail providernotification@healthplan.org with your ideas as we tailor to your needs.**

Low Income

# Medicare Beneficiaries

The QMB (Qualified Medicare Beneficiary) 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 co-insurance, 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 the following CMS MedLearn Matters article for further guidance: https://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. Providers may contact Medicare at 1.800.MEDICARE (1.800.633.4227) for additional information.

# New Partnership and New Statin Use

## Persons with Diabetes (SUPD) Program Announced

The Health Plan (THP) is pleased to announce their partnership with MagellanRx and the development of a new Statin Use in Persons with Diabetes (SUPD) Program. THP created the SUPD program for patients with diabetes who should be taking a statin to help prevent negative health consequences.

Approximately 34 million Americans have diabetes, which can lead to other health problems such as heart attack and stroke. THP's goal is to ensure that this targeted patient population is receiving the care it needs for diabetes management.

Through the SUPD program, THP hopes to work with providers to improve the health of patients with diabetes. We appreciate your collaboration and dedication to patient care.

Diabetic patients between 40 and 75 years of age may receive a phone call from MagellanRx to discuss statin use.

Contact THP's Pharmacy Department at 1.800.624.6961, ext. 7914 should you or a THP member have any questions.

# Pharmacy Benefit Changes

## Due to WV House Bill 2263

The West Virginia Legislature passed a new West Virginia law that became effective January 1, 2022. The new WV House Bill 2263 imposes significant changes on pharmacy benefit managers (PBM) like Express Scripts and health insurers like The Health Plan (THP) that administer pharmacy benefit plans and pharmacy benefit programs.

The new law's requirements will impact the pharmacy benefit programs THP administers for Fully Insured (including health maintenance organizations [HMO], preferred provider organizations [PPO] and point of service [POS] plans) and ASO/Self-Funded West Virginia employer groups and West Virginia residents.

The following provisions will begin as each Fully Insured and ASO/Self-Funded plan renews their membership with THP in 2022:

- Any Willing Pharmacy Provision: any pharmacy willing to accept the contract terms will be accessible within our network.
- Equalization Rules: no monetary advantage or penalty, including a copayment incentive, to utilize one participating pharmacy over another (including specialty and mail order pharmacies).
- Anti-Mandatory Mail Order Provision: a health benefit plan may NOT limit consumers to purchase prescription drugs exclusively through a mail-order pharmacy.
- National Average Drug Acquisition Cost (NADAC)/ Wholesale Acquisition Cost (WAC) Pricing: a reimbursement floor is set at NADAC + $10.49 dispensing fee. If NADAC pricing is unavailable for the drug, WAC + $10.49 dispensing fee will be utilized.
- Point of Sale (POS) Rebate Administration: brand medication rebates apply at the time the pharmacy bills the claim. The member's cost share is calculated after the rebate has been applied.

Contact THP's Pharmacy Department at 1.800.624.6961, ext. 7914 with questions.

## Medically Necessary

# Screening Breathalyzer Reimbursement

Effective January 1, 2022, The Health Plan will reimburse screening breathalyzers only when the test is medically necessary.

Breathalyzer claims are medically necessary under the following circumstances:

1. No other test ordered on the day of the visit could screen for alcohol use in the panel; and
2. The member has a history of:
   a. Alcohol use disorder or
   b. DUI in the past five years or
   c. Has the appearance of being intoxicated on the date of service (DOS) or
   d. Smells of alcohol on the DOS

Most available urine and saliva drug screens can incorporate alcohol as a screened substance, except for point of care dip stick testing (CPT code 80305).

The provider must clearly document the use of breathalyzer testing as being medically necessary and state the reason for medical necessity in their clinical notes. The provider's clinical notes must be custom to the client (no check box forms or copying and pasting) and the provider must document the results of the screen in the clinical notes. The provider must document and justify any exceptions. All providers are subject to retrospective review and requests for medical documentation.

# eviCore Partnership

## Expanded

The Health Plan (THP) is pleased to announce the expansion of our ongoing partnership with eviCore healthcare.

Effective with dates of service beginning January 1, 2022, eviCore will provide medical necessity review and authorization for the following services (previously provided through Palladian Health):

Musculoskeletal (MSK)

- Specialized Outpatient Therapies
  - Physical and Occupational Therapies
  - Chiropractic Care
- Pain Management

Additionally, eviCore healthcare will begin to review and authorize:

- Joint and Spine Surgery

These changes will affect THP members belonging to the following lines of business:

- Commercially insured fully funded plans (including HMO, PPO, POS, and WV PEIA plans)
- Mountain Health Trust (WV Medicaid and WVCHIP)
- Medicare (including SecureCare HMO, SecureChoice PPO, and Dual Eligible Special Needs Plans [DSNP])

Services performed without authorization may be denied for payment, and providers may not seek reimbursement from members.

Please direct questions to eviCore by phone 1.800.918.8924 or email support@evicore.com.

# Affirmative Statement

## Regarding Incentives

The Health Plan bases its decision-making for coverage of healthcare services on medical appropriateness utilizing nationally recognized criteria. The Health Plan does not offer incentives to providers or employees involved in the review process for issuing non-authorization nor does The Health Plan specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage. Also, The Health Plan does not offer incentives that foster inappropriate under-utilization by the provider, nor do we condone under-utilization, nor inappropriate restrictions of healthcare services.

## REMINDER: CMS Annual Training

**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. Search under "Resource Library" "Compliance" "FDR Training."**

**You and your employees should complete Compliance/FWA training within 90 days of hire and at least annually thereafter. As a contracted provider, The Health Plan requires that you 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.**

## 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.**

## Out-of-Network and Tertiary Facility Transfers Require Prior Authorization

**The Health Plan (THP) requires authorization prior to transferring patients to an out-of-network or tertiary facility. If you are unsure of a facility's status with THP or to request prior authorization, call THP at 1.800.624.6961.**

Keep Up To Date

# Provider Information

It is very important to remember to contact The Health Plan with any changes to your office location, telephone numbers, back-up physicians and hospital affiliations. This information is necessary to provide the most current information to our members 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 Providers" button found on our corporate website at healthplan.org. After searching your name, 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.

Sequestration Suspension Continued

# Medicare Advantage

The Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), enacted on March 27, 2020, suspended the sequestration of Medicare programs between May 1, 2020, and December 31, 2020.

Sequestration suspension of prospective payments will continue through March 31, 2022, due to "The Protecting Medicare and American Farmers from Sequester Cuts Act 2021."

The Health Plan, following the Centers for Medicare and Medicaid Services' (CMS) guidelines, will resume sequestration reductions beginning with April 1, 2022, payment for Medicare Advantage claims.

Please call 1.877.847.7907 if you have any questions.



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