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…

The Health Plan

Glucose Monitors

Diabetes Management

Did you know that your patients could be getting blood glucose monitors for free?

Yes, you read that correctly!

The Health Plan is committed to helping members with diabetes achieve a healthy lifestyle and testing blood glucose is essential in diabetes management. With coverage at The Health Plan, members can get test strips at a discounted price and certain glucose monitors free of charge. These products include:

- OneTouch Verio Reflect®
- OneTouch Verio Flex®
- OneTouch Verio® test strips.

Medicare Part B deductibles may apply for some members.

These meters have the most up-to-date technology and are fast, accurate, and easy to use. The Bluetooth feature allows patients to connect their meters to a smartphone (Apple or Android) where they can view their blood glucose results using the free App called OneTouch Reveal™. Patients have the option to securely share their results with their healthcare team and Diabetes Disease Managers at THP.

Opioid Prescribing in 2022

The opioid overutilization crisis remains an area of significant concern, especially among the Centers for Medicare and Medicaid Services' (CMS) population.

In 2020, approximately 92,000 drug overdose deaths occurred in the United States with over seventy-five percent being caused by an opioid[1]. Overdose deaths involving prescription opioids increased in West Virginia and remained stable in Ohio from 2019 to 2020[2]. Approximately forty-four people died each day from overdoses involving prescription opioids[2]. Similarly to other chronic diseases, the rate of opioid relapse is between 40 and 60 percent[3].

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, real time safety alerts at THP's pharmacy have been implemented. THP is notified of:

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)

References:

1. CDC Staff. Death Rate Maps and Graphs. [Updated June 2,2022]. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/drugoverdose/deaths/index.html. Accessed on 10/17/22.
2. CDC Staff. Prescription Opioid Overdose Death Maps. [Updated June 6, 2022]. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/drugoverdose/deaths/prescription/maps.html. Accessed on 10/17/22.
3. Partnership Staff. Risks for Relapse, Overdose, and What You Can Do. [Updated April 1, 2021]. Partnership to End Addiction. Available at: https://drugfree.org/article/relapse-overdose/. Accessed on 10/22/21
4. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. J Addict Med. 2020 Mar/Apr;14(2S Suppl 1):1-91. doi: 10.1097/ADM.0000000000000633. Erratum in: J Addict Med. 2020 May/Jun;14(3):267. PMID: 32511106.

What can you, the provider, do to help?

THP recommends following the Centers for Disease Control's (CDC) opioid prescribing guidelines. These guidelines are intended 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 starting an opioid for chronic pain, use a short acting opioid at the lowest possible dose not to exceed more than 90 MME per day
- Assess the patients 1 to 4 weeks after starting an opioid to evaluate the benefit and harm
- Reassess the patient after 3 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

What if a patient has opioid use disorder?

For patients that receive a diagnosis of opioid use disorder, THP recommends consideration of medication assisted treatment (MAT) by an authorized provider or referral to a pain specialist and/or treatment addiction provider. For providers that have this authorization, the American Society of Addiction Medicine National Practice Guidelines for the Treatment of Opioid Use Disorder is a recommended resource that covers MAT options like:

- Methadone
- Buprenorphine
- Naltrexone[4]

Patients 65 and Older

Annual Flu Vaccination

It's that time of year! For adults 65 years and older, the CDC recently announced that the higher-dose or adjuvanted flu vaccines are preferred over standard-dose unadjuvanted flu vaccines. It is vital for these individuals to receive the annual flu vaccination because they account for many of the seasonal flu-related deaths and hospitalizations.

Flu vaccines that are preferred for patients 65 years and older include:

- Fluzone High-Dose Quadrivalent
- Flublok Quadrivalent
- Fluad Quadrivalent

Patients in this age group may alternatively receive a standard-dose flu vaccine if one of these vaccines is not available at the time of administration.

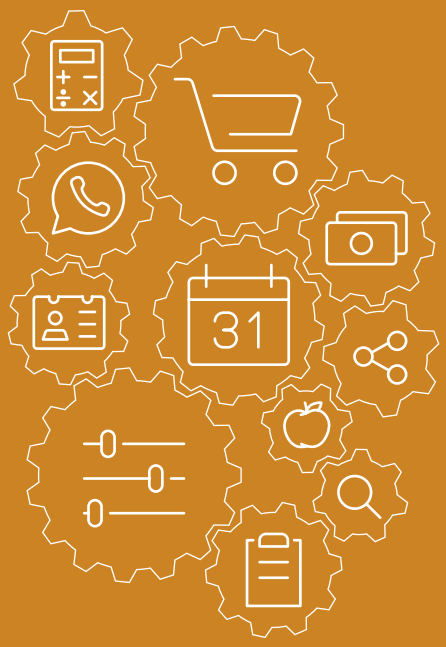
The Health Plan thanks you for your collaboration in helping protect your patients and community against influenza!

Regional Education Seminar Events

Effective November 2022, THP has developed regional education seminars to celebrate our physician staff. Attendees will meet and hear from members of THP's leadership team on topics that include:

- Quality of care measures
- Provider information accuracy
- Programs and initiatives
  - SDoH Incentive Program
  - Gold Star Program
- Mountain Health Trust
- Member Quality Incentives
- Member Redetermination
- Medicare Advantage/DSNP
- Provider Model of Care Training Attestation
- Q & A Session

Sign up for our provider communications to learn when and where our next seminar is taking place!



Model of Care for D-SNP: Required Annual Training

The Health Plan has developed a specific model of care (MOC) to help address the complex health care needs of members enrolled in the dual eligible special needs (D-SNP) plan.

The Health Plan's MOC is a written document that describes the measurable goals of the program, along with The Health Plan staff structure and care management roles, and the use of clinical practice guidelines and protocols. The program includes training for personnel and providers, a health risk assessment tool to collect information on the health needs of our members as they enroll and the development of an individualized care plan for each member.

Training materials and the Provider Training Attestation Form are available on The Health Plan's secure provider website (myplan.healthplan.org) in the Resource Library, under "Training and Education." All providers must attest individually.

HHS OIG Cautions Practitioners

Inappropriate Telemedicine Arrangements

HHS OIG has issued a fraud alert warning practitioners about the dangers of getting involved in inappropriate transactions related to telemedicine. One common scheme involves telemedicine companies paying kickbacks to induce practitioners to order or prescribe medically unnecessary items or services for patients with whom they have had little or no interaction. Additionally, the telemedicine companies may limit the item or service the practitioner may order or prescribe, with no consideration for medical necessity or clinical appropriateness. Participants in such schemes may be held civilly and criminally liable and/or may be subject to administrative actions.

The Health Plan encourages providers to be aware of suspicious arrangements such as the following:

- Practitioners ordering or prescribing items or services for patients who were never examined or meaningfully assessed.
- Patients are recruited by the telemedicine company, often through ads on social media, with promises of free or low-cost items or services.
- Practitioner is compensated based on volume of items or services ordered or prescribed.
- Practitioner's treating options are limited to a predetermined item or service.
- Telemedicine company does not expect practitioner to follow up with patients and does not provide necessary information that would facilitate follow up.

Telemedicine services can be beneficial in increasing access to care, when utilized appropriately. However, practitioners should be cautious about entering into any arrangements that include the risk factors outlined above.

To report suspicious telemedicine arrangements, or any other potential healthcare fraud, contact The Health Plan's fraud hotline at **1.877.296.7283** or email SIU@healthplan.org.

Get to Know Your THP Patients

Physicians Can Make the Difference in Patient Satisfaction

When patients feel valued and respected it allows physicians to not only help identify needed care but also to create effective care plans.

How can physicians help build trust in patient interactions?

Hear their story: Asking open ended questions such as "What is important to you?" can encourage patients to engage in the conversation. It is extremely important for their own awareness and strengthens trust.

Empower: When patients are empowered, everyone benefits.

Social Determinants of Health (SDoH)

THP Extends SDoH Provider Incentive Program

In July 2021, THP implemented a pay for reporting program: Social Determinants of Health (SDoH) for participating PCPs, Specialists, and Behavioral Health providers, including those in Value Based Agreements (VBAs) to reduce barriers to healthcare access and strengthen the quality of care of our members. Providers who submit a WV Medicaid and CHIP or Medicare Advantage (SecureCare and SecureChoice) covered Evaluation and Management (E/M) code and a qualifying SDoH diagnosis code will receive a 3% enhanced payment. To ensure timely payments to providers, THP includes the enhancement as part of the standard remit process.

Qualifying SDoH diagnosis codes are as follows with all subcodes within the below ranges eligible for the enhanced payment:

ICD-10	Description
Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances

Advance Care Planning

Five Wishes

At THP, it is our goal to provide physicians and practitioners with the tools to engage and best serve your patients, our members.

The Five Wishes booklet is a resource for Advanced Care Planning and helps patients make tough discussions easier.

The Five Wishes booklet is the most widely used person-centered advance directive document in the country. It speaks to all a person's needs: medical, personal, emotional, and spiritual.

The booklet will help your patients through discussions with their family and physicians, making ACP an easier process. Patients can read, complete, then sign "My Five Wishes" on page 10 of the booklet. Their signature is required to be witnessed, and notarization is also a requirement in West Virginia. Once this document is completed, please direct them to provide you and others who care for them, with a copy of the entire booklet. To obtain copies of a Five Wishes booklet, please contact your area's Practice Management Consultant.

Member Rights and Responsibilities

THP's 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.

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. 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.

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

THP's Primary Provider Portal

MyPlan.HealthPlan.org

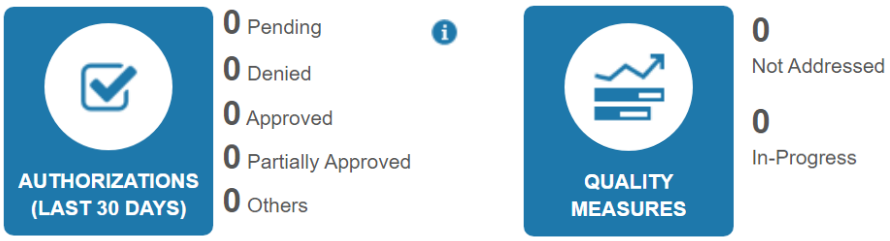
Providers and their staff can access The Health Plan's (THP) secure portal, myplan.healthplan.org, to:

- Verify Member eligibility & benefits
- Submit and check claims status
- View payment vouchers
- Access Announcements & the Resource library

Through a single sign on, Altruista Health GuidingCare® enhancement gives providers access to directly communicate with THP clinical staff and a better view into:

- Prior Authorizations (with the ability to upload documentation!)
- Disease and Case Management
- Care Coordination
- Quality Measures/ Care Gaps

For more comprehensive information, providers can navigate through the tabs and tiles.



Request a demo of the portal by contacting your area's Practice Management Consultant (PMC).

THP's Affirmative Statement Regarding Incentives

THP 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.

Pharmacy Management Updates

THP may add or remove formulary drugs during the year. To view a list of formulary drugs and/or initiate the formulary exception process, please visit THP's corporate website: healthplan.org. Search under "For You & Family" "Pharmacy" "Formularies."

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

THP requires prior authorization before transferring patients to an out-of-network or tertiary facility. If you are unsure of a facility's status with THP call THP at 1.800.624.6961. To request prior authorization, visit our secure provider portal.

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.

We Want to Hear From You

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.

THP's Preferred Lab Network is Labcorp

THP members enrolled in a health plan with lab cost sharing pay the lowest applicable out-of-pocket through Labcorp.

Labcorp offers many services including the following:

- Comprehensive Testing – nearly 5,000 frequently requested, specialty and genetic tests, with an increased emphasis on precision medicine tests to help providers deliver more personalized care to each patient.
- Patient Convenience & Access – easy-to-use online and web-based tools to help patients make appointments, streamline the lab check-in process, get advance estimates of out-of-pocket costs for testing, access test results and experience simplified billing and payment.
- Variety of Test Order & Results Delivery Solutions – simplified test orders and results through Electronic Health Records (EHR) interfaces, including access to historical test results regardless of the ordering physician.

Physicians can log in to Labcorp's provider portal, Labcorp Link, to access tools to improve patient service and satisfaction

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