



# Provider Focus

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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](https://www.cms.gov) for more information on signature requirements. 🍏

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## Retina Labs

### Saving Vision in People Living with Diabetes

The Health Plan has partnered with Retina Labs to provide in home diabetic retinopathy screening services for THP members.

As the patient's primary care provider, you can refer a patient to Retina Labs to receive this service. Screening is a proven and effective means to improve outcomes in your patients, our members.

#### How does it work?

1. The provider contacts Retina Lab's service line at **1.888.238.2460** to provide patient details
2. Retina Labs will work with THP to complete member registration
3. Retina Labs Outreach Team will contact the member to schedule an in-home appointment for the diabetic eye exam
4. The results are read by an ophthalmologist and returned to you. The diagnostic report provides you with clear care plan recommendations for specialist referral or re-screening.



#### Uncover the benefits of screening

##### • **Prevent Blindness**

Detect diabetic retinopathy in its earliest stages and ensure that patients in need of treatment are referred to specialists.

##### • **Improve Diabetes Care**

Identify patients with early signs of eye disease, risk factors for hyperglycemia, hypertension, dyslipidemia and systemic health issues. 🍏

# 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.

To establish a Labcorp specimen box for your office, contact Labcorp's Regional Business Development Manager, Shelby Neri, at **304.377.1088** or [NeriS@labcorp.com](mailto:NeriS@labcorp.com). 🍏



## New at The Health Plan (THP): Podcasts!

THP launches podcasts for our provider network!

Beginning in March 2023, THP's Provider Delivery Services (PDS) team will host podcasts exclusively for our participating providers.

### What will we discuss?

THP's Information Technology, Clinical Services, Provider Delivery Services, and Operations experts will be guests to talk about:

Cyber Security • Systems & Tools • Data Accuracy • & more!

Release Date	On This Month's Episode...	THP Guest Speaker
March 2	<b>"Why a Podcast?"</b>	<b>Kourtney Koscevic,</b> <i>Provider Communication &amp; Education Specialist</i>
March 17	<b>Cultural Competency</b>	<b>Kerri Tomer,</b> <i>Director, Clinical Quality</i> <b>Crystal Bauer,</b> <i>Health Equity Program Coordinator</i>



### Ready to Listen In?

Access the THP's Resource Library on the MyPlan provider portal on or after the release dates provided above.

Contact your area's [Practice Management Consultant \(PMC\)](#), with questions. 🍏

# Regional Education Seminar Events



**Upcoming Seminar: February 24, 2023 in Charleston, WV | [Register Now](#)**

THP has developed regional education seminars to celebrate our physicians and their 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 seminars are taking place in 2023! 🍏

## Virtual Orientations

New opportunity for our network to learn about THP

THP created a virtual orientation for participating providers and their staff to learn about THP and the resources available

### **What will be covered at the orientation?**

During the orientation, attendees will receive:

- THP provider portal Demonstration
- Cultural Competency & Social Determinants of Health (SDoH) training
- Dual Eligible Special Needs Program (D-SNP) Model of Care training (Required for all Medicare Advantage providers)
- Standard Informational Toolkit walkthrough
- & more!



### **How do providers access the orientation video?**

Beginning March 2023, participating providers will obtain the prerecorded presentation in their THP [MyPlan](#) provider portal account.

Contact your area's [Practice Management Consultant](#) with questions about the orientation or registering for the provider portal.

We look forward to meeting you! 🍏

## 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 [providersupport@healthplan.org](mailto:providersupport@healthplan.org) with your ideas. 🍏

## 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. 🍏

# Quality Measures & Healthcare Effectiveness Data and Information Set (HEDIS)



## Quality Measures & Healthcare Effectiveness Data and Information Set (HEDIS)

The Healthcare Effectiveness Data and Information Set (HEDIS) was developed and maintained by the National Committee for Quality Assurance (NCQA) and has become one of the most widely used set of performance measures in managed care.

HEDIS data is collected through a combination of surveys, medical record audits, and claims data. The data collected provides information regarding customer satisfaction, specific health care measures, and structural components that ensure quality of care.

How can you improve measure performance and quality of care for your patients?

1. Use THP's Quality & HEDIS Measure Guideline located [here](#). The reference guide includes information on each measure, required service/documentation, and coding tips.

Reference Guide Example

Adults		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<b>Advance Care Planning (ACP)</b> <b>• Medicare</b> Percentage of adults 66 years and older who had advance care planning during the measurement year	Evidence of advance care planning during the measurement year	<b>Advance Care Planning</b> <b>CPT:</b> 99483, 99497 <b>HCPCS:</b> S0257 <b>CPT-CAT-II:</b> 1123F, 1124F, 1157F, 1158F <b>ICD-10:</b> Z66

2. Track quality measures through THP's provider portal [here](#). Click "Manage My Managers" to be routed to Altruista through a single sign on. Next, click "Quality Measures." Each measure is listed along with a status for each patient.

0 Not Addressed

0 In-Progress

Completed

not completed

not applicable

Status is determined by claims.  
Data is uploaded every 30 days.

## 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](http://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](https://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](https://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf) 🍏



## MagellanRx Statin Therapy

Cardiovascular Disease (SPC) & Statin Use in Persons with Diabetes (SUPD)

According to the American Heart Association (AHA), cardiovascular disease (CVD) is listed as the underlying cause for 874,613 deaths in the United States in 2019. Approximately 37 million Americans have diabetes, which can lead to other health problems such as heart attack and stroke. One of the main preventative measures for ASCVD-related deaths is initiating a statin in patient medication regimens. Statins work to reduce the risk of strokes and heart attacks by lowering cholesterol levels, enhancing functionality in the lining of the blood vessels, supporting the stability of atherosclerotic plaques, reducing oxidative damage, and preventing platelets from clotting.



**The Health Plan has partnered with MagellanRx to implement the Statin Therapy for Patients with Cardiovascular Disease (SPC) and the Statin Use in Persons with Diabetes (SUPD) Programs.**

The SPC program will target males 21-75 years old and females 40-75 years old who have Atherosclerotic Cardiovascular Disease (ASCVD). The primary goal of the program is to help these members receive at least one moderate- or high-intensity statin this year. The SUPD program will target diabetic patients between 40 and 75 years old to identify if statins may be beneficial in their diabetes management. Magellan Rx will contact prescribers, members, and/or pharmacies to ensure that the patient's healthcare team is involved in adding statin treatment if deemed appropriate.

MagellanRx's vital role can promote communication, fill in any gaps in patient care, and provide patient education/medication counseling. With all parts of the healthcare team working together, we hope to reduce the number of patients experiencing sequelae and/or death from ASCVD and diabetes. You may receive a phone call from MagellanRx to discuss statin use in these patient populations. We appreciate your collaboration in elevating the lives of our members. 🍏

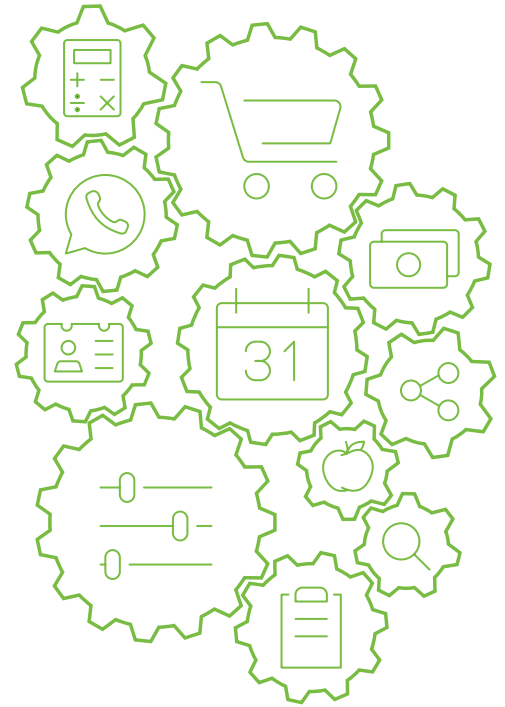
## Required Annual Training

# Model of Care for D-SNP

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](https://myplan.healthplan.org)) in the Resource Library, under "Training and Education." All providers must attest individually. 🍏



## 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. 🍏



## 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. 🍏



## 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](http://healthplan.org). Search under "For You & Family" "Pharmacy" "Formularies." 🍏

# A Collaboration to Promote Colorectal Cancer (CRC) Screening



## **Early Detection can Save Lives | Begin Screening at age 45**

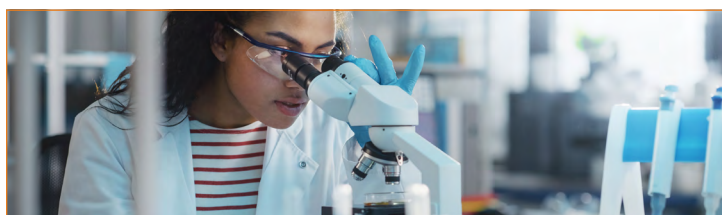
Colorectal Cancer is West Virginia's second leading cause of cancer related deaths.

The Health Plan (THP) partnered with Labcorp to eliminate barriers to Colorectal Cancer (CRC) testing and encourage early screening when prevention is possible.

A member's primary care provider (PCP) can directly distribute Labcorp's in-home fecal immunochemical test (FIT) screening test during an office visit. These services are at no cost to you or your patients.

### **Process Overview**

Labcorp supplies FIT test to the office → PCP distributes test to patient during annual well visit → The specimen is mailed to Labcorp → Results are returned to the PCP via Labcorp's portal.



### **How can providers identify members?**

By accessing THP's provider portal, providers can utilize the quality measures tool to identify members with CRC and other gaps in care. THP's Population Health team can assist in conducting outreach and/or scheduling appointments.

THP's Mountain Health Trust (WV Medicaid) and Medicare (SecureCare) plan members will receive a \$25 gift card when completing the CRC screening using the FIT test or another recommended test found [here](#). 🍏

The Health Plan • 1110 Main Street • Wheeling, WV 26003-2704 • 1.800.624.6961 • [healthplan.org](http://healthplan.org)



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