



ProviderFocus

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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. 🍏

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



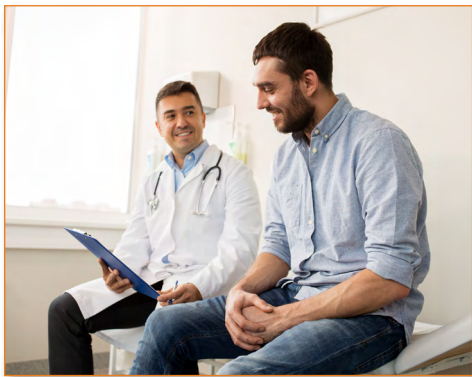
Public Health Emergency Update

Medicaid Redetermination

Each year, Medicaid and WVCHIP members must renew their eligibility for benefits with the West Virginia Department of Health & Human Resources (DHHR). Due to the COVID-19 pandemic, this requirement was put on hold and members did not lose coverage for not completing their redetermination.

The Biden-Harris Administration announced the Public Health Emergency (PHE) declaration will end on May 11, 2023 which means the requirement will be reactivated, and members will need to complete their review to keep their Medicaid benefits active.

If your patients receive Medicaid or WVCHIP benefits, they should contact DHHR and verify their home address to ensure they receive their redetermination packet.



ONLINE



Log on to your WV PATH account at wvpath.org.

BY MAIL



Send your paperwork back to WVDHHR.

IN PERSON



Visit your local WVDHHR office or your case worker.

How can your patients contact their local DHHR?

Print and post reminders in your office with [these flyers](#)! You may also request copies be delivered or mailed to your office by contacting your area's [PMC](#). 🍏

Telehealth Guidance

Extended Resource Availability

The Consolidated Appropriations Act of 2023 extended many of the telehealth flexibilities authorized during the Public Health Emergency (PHE).

The Centers for Medicare & Medicaid Services (CMS) announced that temporary telehealth services added during the PHE will continue either for an extension period of 151 days following the end of the PHE or through the end of 2023. Additionally, CMS implemented a permanent policy allowing clinical staff of outpatient hospital departments (including Critical Access Hospitals) to provide remote behavioral health services to patients in their homes.



Read more about Telehealth policy changes after the PHE, [here](#).

As the end of the PHE approaches, additional resources and guidance will be available.

For a full list of materials on waivers and flexibilities, visit [CMS' Emergencies Page](#). 🍏

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. 🍏

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 providerservicing@healthplan.org with your ideas as we tailor to your needs. 🍏

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." 🍏

Physicians Can Make the Difference in Patient Satisfaction

Get to know your THP Patients

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. 🍏

TheHealthPlan  **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.*

Opioid Prescribing

Pharmacy Bulletin



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.

In 2019, thirty-eight people passed away 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 being caused by an opioid. The rate of opioid relapse is between 40 and 60 percent.

What is The Health Plan (THP) 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 which consists 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)

What can providers do to help?

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

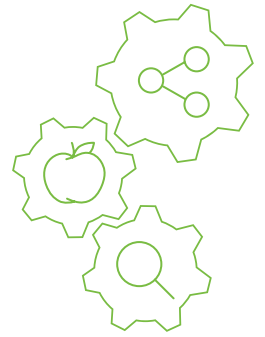
The CDC's guidelines recommend:

- 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 🍏



Regional Education Seminar Events

Upcoming Seminar: June 2, 2023 | Morgantown, WV



THP 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
 - Gold Star Program
- Mountain Health Trust
- Member Quality Incentives
- Member Redetermination
- Medicare Advantage/DSNP (Dual Eligible Special Needs Plan)
- 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! 🍏

The Health Plan is very easy to work with and is one of my favorite insurances to work with!

– Princess Smith, Renal Consultants, PLLC
South Charleston, West Virginia

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. 🍏

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
April 6	Quality Measures: Improving Measure Performance	Brenda Cappellini, <i>Assistant Vice President, Population Health</i>
May 4	West Virginia Medicaid: Let's talk Policy, Procedure, & Redetermination	Jeff Wiseman, <i>Vice President, Mountain Health Trust Contract Compliance</i>

Ready to Listen In?

Access the THP MyPlan provider portal on or after the release dates provided above.

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

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

Licensed Behavioral Health Clinic (LBHC) Reminder

WV Medicaid

Licensed Behavioral Health Center (LBHC) providers **may** bill with the individual rendering provider National Provider Identification (NPI).

WV CHIP

Licensed Behavioral Health Center (LBHC) providers **must** include the individual rendering provider NPI.

For outpatient services, LBHC providers should utilize **Place of Service (POS) 11 – Office** or **53 – Community Mental Health Center**. 🍏



Hours of Operation Reminder



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. 🍏

Member Rights and Responsibilities

THP's Provider Practitioner Manual describes the member rights and responsibilities. This manual is available on THP's corporate website, healthplan.org. 🍏



Cultural Competency & Social Determinants of Health (SDoH)

Providers are required to perform healthcare services in a culturally competent manner to all members. This includes members with limited English proficiency or reading skills, those with diverse cultural and ethnic backgrounds, those experiencing homelessness, and individuals with physical and mental disabilities, regardless of sex, sexual orientation, or gender identity.

To ensure that providers provide services in a culturally competent manner, THP developed training materials related to cultural competence and social determinants of health. Please access Cultural Competency & SDoH training on the MyPlan provider portal and complete the required training by **June 1, 2023**. 🍏

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. 🍏



Provider Workshops

Bureau for Medical Services (BMS)

Tune in on April 18, 20, & 26, to hear THP updates!

Each year, Gainwell Technologies and BMS host a workshop for providers and their staff that service West Virginia Medicaid or WV West Virginia CHIP members. These workshops allow Medicaid Managed Care Organizations (MCOs) and other vendors to share policy updates, guidelines, and incentive programs

When? Provider Workshops are held in the spring and fall each year with sessions in the AM and PM. *Upcoming: April 18, 20, & 26.

Where? Virtual.

Who? BMS, Gainwell Technologies (formerly DXC Technology), Medicaid MCO and other vendors.

How can individuals register? Register through the link provided on BMS site or by contacting your Practice Management Consultant to obtain the registration link. Contact Gainwell Technologies at **304.558.1700** with questions. 🍏



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