Provider Check Up

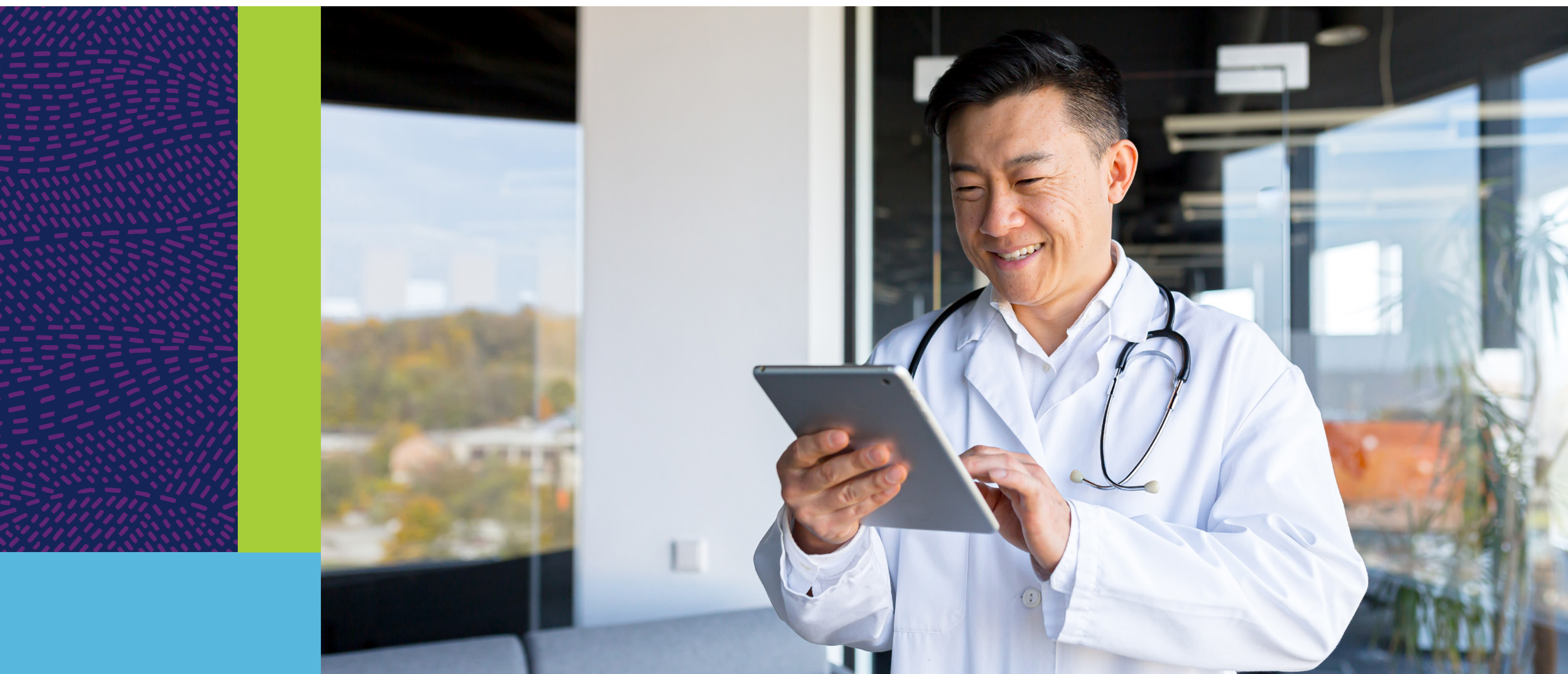
WINTER 2023

Thank You for a Great 2023!

From all of us at Jefferson Health Plans, thank you for your dedication to our members and your cooperation as provider partners. The support you provide is invaluable to us and we appreciate your patience and commitment, especially during our ongoing rebranding. 2023 has been an exciting year for us and we're excited for what 2024 has in store.

Beginning January 1, 2024, Jefferson Health Plans will be entering the Health Exchange Marketplace across Bucks, Montgomery and Philadelphia counties to provide even more offerings for our members. We are excited to launch our 2024 Jefferson Health Plans Individual and Family Plans and to continue serving the needs of our community.

In the new year, we're looking forward to maintaining our strong relationships with our provider network and supporting your offices. You'll continue to hear from us on the latest education and training opportunities, surveys and reporting requirements to ensure our members continue to receive outstanding care.



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Pharmacy Corner

Opioid Centers of Excellence

Opioid addiction affects millions of Americans and their families across all races and income levels. As our members' trusted health partners, we want to help them get support and recovery services in a compassionate environment.

Opioid Centers of Excellence (COE) for Opioid Use Disorder (OUD) were designed to engage the community to identify all persons with OUD and make sure every person with OUD achieves optimal health. This involves the coordination of care across multiple domains, including physical, mental and behavioral health and social needs.

COEs offer services on-site and through community partners. Management teams at COEs work together to coordinate clients' care and ensure all treatment needs are addressed.

Although your patient can visit a COE without talking to you, your involvement helps increase the success of their recovery from opioid addiction. Help your patients find an Opioid COE.

Resources for Prescribers

Because of the wide-reaching impacts of opiate addiction, the State of Pennsylvania has a dedicated portal with information and resources to help prescribers in treating patients with addiction issues. The Centers for Disease Control and Prevention (CDC) also has updated Clinical Practice Guidelines for Prescribing Opioids for Pain.

Additional tools and resources like the Prescription Drug Monitoring Program (PDMP) are available to help you manage your patients. Visit the Department of Health website to learn more.

If you have any questions, you can also contact your Network Market Manager or the Provider Services Helpline at **1-888-991-9023**, Monday–Friday, 9 a.m. to 5:30 p.m.

Required Training Reminder

Model of Care D-SNP (Special Needs Plan) Provider Training

If you are a provider who has at least one Health Partners Medicare Special (D-SNP) member assigned to your practice, at least one person on your staff who is involved in the care of our dual-eligible special needs plan (D-SNP) members must complete our annual D-SNP Model of Care training module. This training is required by the Centers for Medicare & Medicaid Services (CMS).

To complete the training course, please visit our online portal to complete the course by December 10, 2023.

Annual Orientation and Training

Register now for an upcoming quarterly provider orientation and training for new and existing providers.

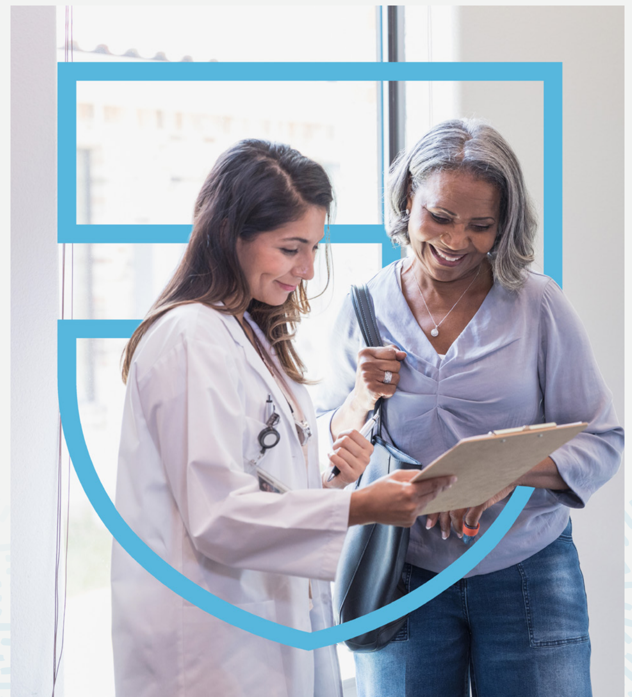
In addition to the live webinar, there are two alternative methods for completing the required training:

1. Request face-to-face training by emailing providereducation@hpplans.com.
2. Download the Provider and Training PDF and review the information, complete the attestation and click "submit" to complete the requirement by December 10, 2023.

Jefferson Health Plans is growing!

Jefferson Health Plans is pleased to announce that beginning January 1, 2024, our Medicare book of business will include a Preferred Provider Organization (PPO) within our current Pennsylvania Medicare service area, and participation in the Health Insurance Marketplace covering in Bucks, Montgomery, and Philadelphia counties. Additionally, our Medicare service area in New Jersey has expanded to include Atlantic and Mercer counties.

The Annual Enrollment Period for Medicare is October 15 through December 7 and the Open Enrollment period is from January 1 to March 31. We encourage you to visit our website for upcoming information regarding our programs, training webinars, and reference materials.



Risk Adjustment Model Changes and Risk Score Impact

Selecting the correct ICD-10 codes contributes to a more accurate picture of the patient's health status, which can have a positive effect on payment and risk score.

Earlier this year, the Centers for Medicare and Medicaid Services (CMS) released the Advance Notice of Methodological Changes for CY 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CY 2024 Advance Notice).

We would like our providers to be aware of these changes, risk score impact and best provider practices. We want you to know that unspecified and poor ICD coding will be reflected in your practice's risk scores. Improved medical record documentation with accurate ICD-10 diagnosis coding leads to accurate risk scores, better patient care, improved quality reporting and efficiency when responding to regulatory requirements, such as HEDIS (Healthcare Effectiveness Data and Information Set) and risk-adjusted data validation (RADV) audits.

For additional information, please refer to the Jefferson Health Plans Risk Adjustment 2024 Changes Provider Letter. For more detailed information about the specific changes, please visit the CMS website.

If you have any questions regarding appropriate coding and documentation, or would like additional education, please email Christine Rock, Clinical Education Supervisor, at crock@jeffersonhealthplans.com.

HEDIS 2024 Chart Reviews

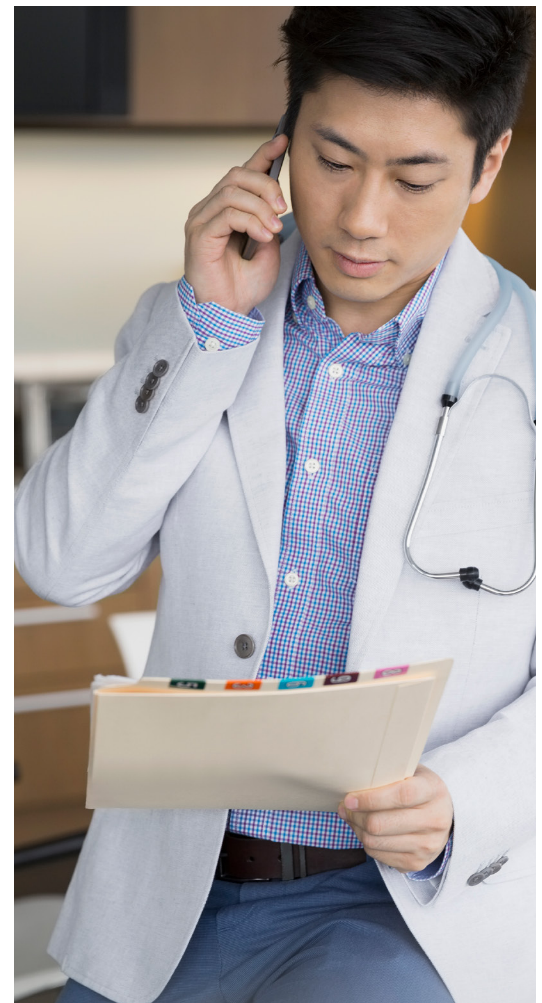
In early 2024, Jefferson Health Plans will conduct our annual HEDIS (Healthcare Effectiveness Data and Information Set) chart reviews. Annual HEDIS reporting is required of all HealthChoices plans by The Pennsylvania Department of Human Services and is necessary to maintain our NCQA accreditation.

HEDIS does not specifically evaluate the performance of individual providers within our network but instead focuses on the health plan's performance.

To ensure this review is an easy and safe process for your office and will cause the least amount of disruption to your daily operations, Jefferson Health Plans has implemented the following:

- We will call your office to request records for review.
- We will fax your office a list of required records.
- We are requesting providers to email, via a secure site, or fax the requested records to reduce traffic in your office.
- If necessary, Jefferson Health Plans staff will make an appointment to visit your office to scan documentation to a secure laptop to avoid copying and transporting records.
- If your office uses electronic medical records, please contact Pearl Taylor, HEDIS Coordinator, at **215-991-4283** or ptaylor@jeffersonhealthplans.com to discuss chart collection options.

You may also call Terry McKeever, MS, BSN, RN, Director, Quality Management, at **215-991-4264** or Tina Pennypacker, BSN, RN, Manager, Quality Management at **267-385-3485** with any questions about this initiative.



Cultural and Linguistic Requirements and Services for Members with Limited English Proficiency (LEP)

Cultural competency is one of the main ingredients in closing the disparities gap in health care. It requires a commitment from doctors and other caregivers to understand and be responsive to the different attitudes, values, verbal cues and body language that people look for in a doctor's office by virtue of their heritage.

Culturally competent providers:

- Understand their own beliefs and biases, explicit and implicit
- Integrate these factors into their day-to-day provision of care
- Develop their understanding in stages by building upon previous knowledge and experience
- Provide the highest quality of care to every patient regardless of race, ethnicity, cultural background, English proficiency or literacy

Participating providers are required, by law, to provide translation and interpreter services (including American sign language and TDD/TTY services) at their practice location, at the provider's cost.

If you need assistance, our helpline can assist providers in locating services for members who need a qualified interpreter present at an appointment or by phone.

To learn more, please review our training: A Discussion on Cultural Competency and Health Disparities.

Durable Medical Equipment: Process for Temporary Loan

Because we prioritize our members' quality of life, we want to ensure our providers are aware that loaner equipment can be made available to eligible members needing repairs on their durable medical equipment (DME). If the member meets criteria and the equipment is medically necessary, the member would be eligible to receive a loaner. The DME company providing the loaner equipment can submit an authorization request by utilizing the Health Trio provider portal. Access to the portal can be found here.

A link to our DME authorization request can be found within HP Connect. Please attach supporting documents such as: letter of medical necessity (LOMN) and/or a prescription stating that t**he request is for loaner equipment, while the member's current equipment is being repaired**. Please include the representative's contact information in case we have questions. At this time, requests for Medicaid and CHIP members can still be faxed to **215-849-4749**; however, authorization requests by the portal are preferred.

Congratulations to Our QCP High Performers!

In 2023, Jefferson Health Plans launched a High Performer Recognition Program based on practice groups' performance in the QCP program. The program, looking at measurement year 2022, acknowledged 15 practices for their high-quality performance. Congratulations again to our High Performer practices, listed here.

Fraud, Waste and Abuse: False Claims Act

The False Claims Act is the most valuable tool U.S. taxpayers have to recover the billions of dollars stolen through fraud by U.S. government contractors, including providers, every year. Those who knowingly submit or cause another person or entity to submit false claims for payment of government funds are liable for three times the government's damages, plus civil penalties. If you wish to report fraud or suspicious activity, please call the Special Investigation Unit Hotline at **1-866-477-4848**.

FWA False Billing & Procedural Neglect

False Billing	Procedural Neglect
Services already paid for or never rendered	Performing medically unnecessary procedures
Upcoding: Billing to increase revenue instead of billing to reflect actual work performed	Falsifying diagnoses to justify additional tests or overstated treatments
Unbundling: Billing for each procedure separately instead of using grouping that is to be billed together	–
Forging physician signatures when such signatures are required for obtaining reimbursement	–

FWA Provider Self-Audit

The DHS MA Provider Self-Audit Protocol allows providers to disclose any overpayments or improper payments. DHS established this protocol for self-review by MA providers that participate in both the fee-for-service and managed care environments. Options for self-reviews include:

- 100 Percent Claim Review
- Provider-Developed Audit Work Plan for BPI Approval

The protocol provides guidance to providers on the preferred methodology to return inappropriate payments to DHS. Providers also have the option for conducting an audit via the DHS Pre-Approved Audit Work Plan with Statistically Valid Random Sample (SVRS).

Policy Bulletin Updates

Jefferson Health Plans have made recent changes to areas in several policy bulletins, including the following:

- **DR.007.B Adakveo:** Renewal criteria
- **DR.009.B Tepezza:** FDA Approved Indications
- **DR.008.B Sandostatin**: Prior authorization and renewal criteria, risk factor section and the monitoring section
- **RB.025.D Pediatric Shift Care when Multiple Members in a Household are Receiving Care:** Coding requirements
- **MN.013.D Shift Nursing, Personal Care & Medical Daycare:** Coding requirements
- **RB.033.A Vaccine Coding & Reimbursement:** New Policy

For more information on policy changes and the latest policy bulletins, please visit the Policy Bulletin Library.

Appeal/Dispute/Reconsideration Request Submission Guide

To more effectively support our providers and facilities, Jefferson Health Plans has created a guide to assist in identifying the departments dedicated to reviewing and processing the various medical necessity appeals, payment disputes, and claim reconsideration requests.

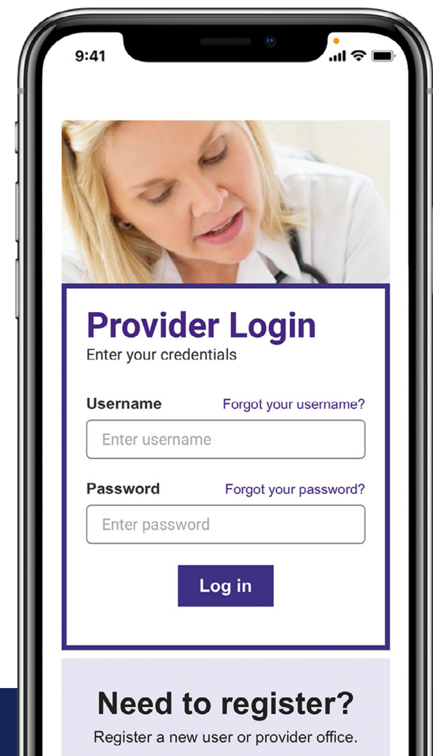
INPATIENT FACILITY PROVIDER APPEALS	COMPLAINTS, GRIEVANCES, & APPEALS (CG&A)	CLAIMS RECONSIDERATION
Submit appeal requests to Inpatient Facility Provider Appeals for the following determinations: • Readmission/Combined Admissions Readmission appeal request submissions must contain the medical records from both admissions to be processed • Authorization Adverse Clinical Determination/Denial Determinations for Inpatient Admissions Authorization Adverse Clinical Determination: Medical Necessity or Administrative denial rendered by Jefferson Health Plans Medical Director **Inpatient Facility Provider Appeals Department** **Jefferson Health Plans** **Email:** appeals@jeffersonhealthplans.com **Fax:** 267-515-6677	**Submit appeal requests to CG&A for the following determinations:** • Waiver Of Liability (WOL)/Non-Par Provider Payment appeals *Medicare Only* • Par Provider Pre-service appeals • Member Pre-service and Member payment appeals • Member complaints or grievances • Provider claim appeal (post Claims Reconsideration decision) *Medicaid only* **Jefferson Health Plans** Attn: Complaints, Grievances & Appeals Unit 1101 Market Street Suite 3000 Philadelphia, PA 19107 **Fax:** 215-991-4105	**Submit payment reconsideration/ dispute resolution requests to Claims Reconsideration for the following determinations:** Denial of total payment or partial payment of a submitted claim for any Inpatient or Outpatient services such as: • Inpatient facility • Outpatient Services • PCP/Specialist • DME/Ancillary • Home Care Agency • Lab/Pathology • Radiology/Nuclear Medicine • Additional Services Not Listed **Claims Reconsideration** **Jefferson Health Plans** 1101 Market Street Suite 3000 Philadelphia, PA 19107 **Phone:** 1-888-991-9023

Participating Providers' Access to Information

We strive to deliver the highest level of service across our provider network through education and resources necessary in providing the highest quality of care to our members. The HealthTrio provider portal allows for easy access to member eligibility, claims status/inquiry, reports and so much more.

We strongly encourage the use of our online provider portal for quick access to member eligibility & benefits, submission of authorization requests, claim status (including the ability to submit claims inquiries) and various reports all with a few clicks.

If you do not currently have access to our provider portal, you can register here.



Street Medicine Update

In the Fall edition of the Provider Check Up, we announced a new opportunity to provide care to unsheltered people experiencing homelessness in locations such as encampments, parks, and under bridges, known as "Street Medicine", which took effect 7/5/2023 in alignment with Pennsylvania Department of Human Services (DHS) guidelines.

The guidance provided previously by DHS, issued 7/5/2023, is now obsolete. DHS has provided updated guidance on the Street Medicine program to now include an expanded list of providers that can render Street Medicine services to eligible members, with an effective date of October 1, 2023.

Please click here for the full Medical Assistance Bulletin.

Changes to Pediatric Shift Care Coding

Updates to pediatric shift care beginning October 1, 2023:

- Pediatric aide services for Medicaid members rendered by home health aides and formerly identified as personal care services (PCS) using procedure codes S9122 and T1019 will now be identified as home health care services (HHCS).
- PH-MCOs must use procedure code G0156 with a U7 modifier for a non-legally responsible relative (LRR) home health aide and G0156 with both U7 and SC modifiers for an LRR home health aide.
- Procedure codes S9122 and T1019 and modifiers are not covered - denial reason should be a non-covered service.

Name of Auth/Referral Category	Definition	Provider Must Bill
Shift Care HHA	Shift care auth with services being provided by agency	G0156; U7
Shift Care HHA LRR	Shift care auth when services rendered by an LRR (Legally Responsible Relative)	G0156; U7; SC
Shift Care Shared HHA LRR	Shift care auth when services rendered by LRR AND seeing more than 1 child	G0156; U7, SC, TT Provider must bill as TT, U7, SC
Shift Care HHA Shared	Shift care auth when services rendered by agency AND seeing more than 1 child	G0156; U7, TT Provider must bill as TT, U7

*Provider must bill the code and modifier(s) on the claim that match the authorized referral category for the authorization to link to claim.

Additional Information

- Auth Required: Prior authorization is required for PAR and NON-PAR providers for adult home care and pediatric shift care.
- If a G0156 is reported without modifiers for a member who is less than 21 years of age, the claim should deny for "incorrect modifier submission".
- Adult Home Health Care: The G0156 is covered for an adult when a member is greater than 21 years of age ONLY. The authorization is created without a modifier in HRCM. Claims are eligible for reimbursement when modifier U8 is reported on the claim. A claim for an adult member (21 years of age or older) is not payable with pediatric modifiers (U7, TT, SC).

Encourage Patients to Join a Diabetes Prevention Program

An estimated 96 million adults in the United States live with prediabetes, but only about 8 in 10 adults know they are at risk of developing diabetes. Without Diabetes Prevention Programs (DPP), those living with prediabetes are at high risk for Type 2 diabetes, heart disease, and stroke.

Research shows that investing in Diabetes Prevention Programs (DPP) can slow or prevent the development of Type 2 diabetes. Early diabetes prevention can benefit those with prediabetes and those at risk of Type 2 diabetes. Prevention programs can cause healthier populations and lead to reduced costs for healthcare providers.

We cover DPP classes for eligible Medicaid and Medicare members with contracted DPP suppliers. We offer healthy habit incentives like Member Rewards Programs and membership to Weight Watchers.

DPP classes help at-risk patients make healthier lifestyle choices through weight loss, a healthier diet, stress reduction and increased physical activity. The year-long program is held locally or virtually and facilitated by a trained coach and teaches members how to modify their lifestyle habits through problem-solving and coping techniques.

Visit Jefferson Health Plans Diabetes Prevention Programs for more information on eligibility requirements and to find participating DPP suppliers to refer members to a program.

Sources:

1: About Prediabetes & Type 2 Diabetes (CDC)

2: Medicare Diabetes Prevention Program (MDPP) Expanded Model (CMS)

Common Dental Concerns for Adults

A dental home is strongly encouraged for people of all ages. Educating your adult patients on the importance of having a dental home is an important step to preventing common dental issues and helping them achieve optimal oral health.

Adults are more susceptible to oral health complications because of other medical conditions. In addition to tooth decay like dental caries or cavities which are dental concerns for people of all ages, adults have a different set of dental issues to be concerned about. Other common dental problems for adults include:

Periodontal Disease – Commonly referred to as gum disease, this disease is an infection caused by poor dental hygiene habits and can cause bleeding gums. Periodontal disease has been linked to cardiovascular disease, pregnancy complications, diabetes, and other medical conditions. Lack of regular professional cleanings can cause calculus accumulation which can lead to inflammation and tooth loss.

Xerostomia – Dry mouth, also referred to as Xerostomia, can occur because of underlying chronic conditions, medication side effects, and dehydration. Decreased saliva production greatly increases the probability of root caries which can be difficult to treat.

Tooth Sensitivity – These occur when the protective surface of teeth begins to disappear. A range of factors can lead to tooth sensitivity including enamel loss, gingival recession, and dental caries. When this occurs things like temperature, food and drink can reach nerves inside the teeth and cause discomfort. In some cases, the sensitivity can resolve on its own but in most cases, treatment is required.

Bruxism – People can grind their teeth because of physical, psychological, or genetic factors. While many cases can be mild and do not require any type of intervention, severe cases can lead to damaged teeth, excessive tooth wear, headaches, or facial pain.

Patients can find a dentist using the provider directory or calling member relations for assistance.

Fall Respiratory Illness Reminders

Jefferson Health Plans would like to ensure that all providers are communicating the importance of this year's influenza, COVID-19 and RSV vaccinations to patients and caregivers. As a reminder, Jefferson Health Plans covers all vaccinations for all members, including the flu and COVID-19 vaccinations, which can be given at the same time.

Flu Shot Information

Everyone 6 months and older should get a flu vaccine every season as early in the season as possible. Vaccination is particularly important for people who are at higher risk of serious complications from the flu.

For people 65 years and older, three flu vaccines that are recommended over standard dose, unadjuvanted flu vaccines are Fluzone High-Dose Quadrivalent vaccine, Flublok Quadrivalent recombinant flu vaccine and the Fluad Quadrivalent adjuvanted flu vaccine.

New for 2023-24 flu season vaccine:

- The Advisory Committee on Immunization Practices (ACIP) suggests everyone age 6 months and older who has an egg allergy should receive influenza vaccine.
- The 2023–24 vaccines include a new influenza component and lineage virus vaccine antigens.

Staying Up to Date with COVID-19 Vaccine

The virus that causes COVID-19 is always changing, and protection from COVID-19 vaccines declines over time.

According to the Centers for Disease Control and Prevention (CDC), the bivalent vaccine is no longer recommended and receiving an updated COVID-19 vaccine is recommended for all people aged six months and older.

It is important to inform patients that both COVID-19 and influenza viruses can circulate at the same time, and a person can be infected with both viruses at the same time. While the COVID-19 vaccine and flu vaccine can be co-administered, they are not a combination vaccine.

Respiratory Syncytial Virus (RSV)

RSV is a common respiratory virus but, in some cases, RSV can be serious. According to the CDC, severe cases of RSV that can require hospitalization are more likely to develop in infants and older adults.

Vaccines such as Arexvy from GSK and Abrysvo from Pfizer are available to protect older adults from severe RSV. To prevent RSV in infants, the Advisory Committee on Immunization Practices (ACIP) recommends vaccination during the 32-36 weeks of pregnancy. For preventing RSV in infants and young children, Beyfortus (nirsevimab) is recommended.

Jefferson Health Plans Coverage Information

- CPT codes
  - Abrexvy: 90679
  - Abrysvo: 90678
  - Beyfortus: 90380 (0.5mL dosage) & 90381 (1 mL dosage)
- Medicaid and CHIP
  - Arexvy and Abrysvo will pay at the point of sale under the pharmacy benefit. Children under 19 for Medicaid will need to go through the Vaccines for Children's Program.
  - Beyfortus is covered through the Vaccines for Children's Program.
- Medicare
  - Both Arexvy and Abrysvo are covered under part B with $0 cost share.
  - Beyfortus is not indicated for this patient population.
- ACA
  - Both Arexvy and Abrysvo are covered under pharmacy and medical benefits.
- No prior authorizations are needed for all lines of business.

For more information about these vaccines refer to the CDC's website or within each vaccine's package insert.

- CDC RSV index
- CDC vaccine info for healthcare providers
- Arexvy package insert
- Abrysvo package insert
- Beyfortus package insert
- ACIP vaccine recommendations

Information About Chronic Kidney Disease

Chronic kidney disease (CKD) is defined as a decrease in kidney function, resulting in a decreased ability to keep filtering waste products from the blood. Approximately 35.5 million Americans are affected by CKD, but it's estimated 9 in 10 people are not aware they have the disease. For Americans with common risk factors such as high blood pressure and diabetes, CKD is even more prevalent.

The two most common causes of chronic kidney disease are diabetes and high blood pressure while less common causes can be glomerulonephritis, inherited diseases such as polycystic kidney disease, anatomical abnormalities and autoimmune diseases. Without diagnosis and treatment, CKD can lead to kidney failure and require a kidney transplant.

The best way for patients to slow or prevent kidney disease from high blood pressure is to take steps to lower blood pressure. These steps include a combination of medicines and lifestyle changes, such as:

- Being physically active
- Maintaining a healthy weight
- Quitting smoking
- Managing stress
- Following a healthy diet and avoiding salt

Prepared by Robert Kosalka, MD PGY-5 Nephrology Fellow at Thomas Jefferson University Hospital and reviewed by Fitsum T Hailemariam, MD Assistant Professor of Medicine in the Division of Nephrology, Hypertension and Transplantation at Thomas Jefferson University Hospital

Keep your demographic information up to date! Confirm your enrollment status and demographic information today!

Providers should check the Department of Human Services (DHS) PROMISe system on a routine basis to confirm demographic data, including all service locations and revalidation dates to ensure information is current and have an active PROMISe ID. Please visit the DHS website for requirements and step-by-step instructions.