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Updates to clinical practice guidelines

Five clinical practice guidelines (CPG) have been updated and two new CPG were added in the third quarter.

The five CPGs were approved by the Independent Health Quality Performance Committee and are now available online in our secure provider portal under Policies & Guidelines in the top red menu bar.

See Table 1 Updates to Clinical Practice Guidelines on Independent Health Provider Portal – Fall 2022 for more information near the end of this printable edition of Scope.

Independent Health's Clinical Practice Guidelines are a listing of preventive health and condition-specific clinical practice guidelines, which include recommendations intended to optimize high quality care for your patients. The guidelines are not intended to replace the clinical judgment of a physician/provider or the needs of the individual patient.

Inappropriate GLP-1 prescribing

When appropriately prescribed, glucagon-like peptide-1 (GLP-1) receptor agonists can be an effective treatment for various conditions. Recently there's been an increase in GLP-1s being used interchangeably to treat conditions for which they are not indicated. The GLP-1 drug class has FDA-approved indications for use in diabetes management and the treatment of obesity. These indications are specific to the individual drug, dose, and formulation.

When GLP-1s are prescribed for off-label use they may not be covered under the patient's benefit. Additionally, off-label use (weight loss) resulted in a shortage of some GLP-1s, interrupting type-2 diabetes treatment.

Below are the currently available GLP-1s and their FDA-approved indications.

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Inappropriate GLP-1 prescribing continued ...

GLP-1s indicated for the management of Type-2 diabetes:

- **Ozempic** (*semaglutide*)
- **Rybelsus** (*semaglutide*)
- **Victoza** (*liraglutide*)
- **Trulicity** (*dulaglutide*)
- Byetta (*exenatide*)
- Bydureon (*exenatide*)

Note: Those in bold are covered under all Independent Health plans.

GLP-1s indicated for weight-loss/obesity treatment:

- Wegovy (*semaglutide*)
- Saxenda (*liraglutide*)

Note: Drugs for weight loss are excluded from coverage by Medicare and NYS Medicaid.

For the most complete and up to date drug information, including approved indications, visit the FDA's website at fda.gov. If you have questions about Independent Health's coverage, please contact Provider Relations

Controlling High Blood Pressure (CBP) Quality Metric

CBP is an adult Healthcare Effectiveness Data and Information Set (HEDIS) cardiovascular quality metric. This metric aims to evaluate Independent Health members ages 18 thru 85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled at a systolic less than 140 and a diastolic less than 90. These members had at least two visits to their provider as an in-person outpatient, telephone, e-visit, or virtual check between January 1st of the year prior to the measurement year and June 30th of the measurement year.

To be compliant with this metric the blood pressure must be less than and not equal to 140/90.

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Controlling High Blood Pressure (CBP) Quality Metric continued ...

A key action to improve performance on this metric is for providers use CPT II codes indicating a second BP reading was done.

Recently, a medical student joined IH as a summer intern and conducted an observational study at a primary care practice around the CBP quality metric. The goal was to help the practice improve their CBP metric from 75% to 90%.

The study sample consisted of members with a diagnosis of uncontrolled HTN at a visit where a second BP reading was documented. Of the members) who ended up with a controlled BP at the second reading, the vast majority kept the original higher CPT II despite the second reading demonstrating control with a BP reading of less than 140/90 mm Hg. This resulted in the following recommendations:

- When the initial reading is high, a second BP reading should be checked as well as documented. This is advantageous as often the recheck BP reading is less than 140/90 mm Hg.
- One strategy to flag a recheck in the office is a visual cue. One example is: After an initial BP reading that is high (more than 140/90 mm Hg) the nurse or MA could leave the BP cuff out on the examination table. This way the provider has a visual cue to recheck and document the rechecked BP.
- If your practice uses Medent EMR, the initial BP field is labeled BPres. The second BP field is labeled BPre. Medent software, upon request, will put CPT II codes for the first and second BP-based on what is in these BP fields.
- If your practice does not use Medent, a key action is to document the second BP and use the appropriate CPT II codes on a chart near the end of this edition of Scope.

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Controlling High Blood Pressure (CBP) Quality Metric continued ...

Member reported BPs can count towards this metric if they were not recorded using a manual device and the BP was documented in the EMR appropriately. Using the appropriate size cuff to obtain the correct BP is important. If HTN is billed, then the EMR should have HTN listed as a diagnosis.

If your EMR does not pull the CPT codes for the second BP measurement, you likely will not realize an improvement in CBP measure performance based on the second measure. You may wish to consider requesting that your EMR service pull CPT II codes for the second BP measurement. A concise review of the CBP metric and the CPT II codes can be found in the Independent Health, HEDIS Provider Guide and Reference Manual, 2022, p. 42.

Mental health and substance use resources available to providers and members

Navigating the healthcare system can be difficult for patients and providers. While caring for more and more patients, with less time, it may be difficult to be aware of the most up to date information. Independent Health created a mental health toolkit that includes a variety of resources and educational seminars as well as other resources to help increase awareness and provide support.

The webpage is well organized and easy to navigate, yet comprehensive. Topics with outreach resources/contacts include:

- Mental Health Advocates of WNY self-screening test
- Immediate, 24/7 Emergency Assistance – such as: Suicide and Crisis Lifeline & Crisis Services
- Mental Health Treatment Services (local providers who are available with a wide range of services)
- Substance Use Treatment Services (local providers who are available with a wide range of services)
- Community Services (additional support or to learn more about mental health conditions and/or substance use)

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Mental health and substance use resources available to providers and members continued ...

- Teladoc Telehealth (with access to psychologists, therapists, psychiatrists, clinical social workers, substance use counselors and doctor)
- Coping with COVID-19
- Overdose Prevention Training Resources
- Informational Videos and Self-Help Tools

In addition, Independent Health has a team of mental health professionals – including psychiatrists, mental health nurses, social workers, pharmacists, licensed counselors and behavioral health case managers – that is dedicated to helping our members obtain timely, individualized and effective evidence-based care and treatment for mental health issues and substance use disorders.

We encourage your staff to review this page and resources. Please visit independenthealth.com/mentalhealth to access a comprehensive list of mental health and substance use resources and information.

Benefits of preventive dental health visits

Preventive dental health visits are not only a check for caries but aim to:

1. Detect dental diseases early for an improved outcome
2. Detect any oral abnormalities
3. Establish proper oral hygiene behaviors important for overall health

The American Academy of Pediatric Dentistry highly recommends that by 12 months of age children should have an established dental home where there is comprehensive, coordinated, and on-going dental care.¹ Referrals from trusted sources can make a difference. For example, after dental education and referrals from WIC staff, after one year WIC participants were more likely to receive preventive and restorative dental visits and less likely to need emergency dental care than those who did not participate in WIC.²

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Benefits of preventive dental health visits continued ...

The CDC recommends that parents and caregivers talk with their doctor or a dentist about the application of fluoride varnish on their babies' teeth as soon as that first tooth appears.³ USPSTF recently recommended for all children younger than 5 years that primary care clinicians apply fluoride varnish to the primary teeth starting at first tooth eruption.⁴ The New York State Department of Health has instructional resources on the role of medical providers in identifying and preventing dental caries in children and on medical providers applying fluoride varnish.⁵

USPSTF also, recommended for those children whose water supply is deficient in fluoride that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months. Information on the level of fluoride in a community's drinking water can be found on the CDC's website, "My Water's Fluoride".⁶ For those patients who use bottled water keep in mind that the FDA does not require bottled water manufacturers to list the amount of fluoride on the label unless they have added fluoride within set limits. Depending on the source bottled water may contain fluoride as fluoride can occur naturally in source waters.⁷ The CDC recommends contacting the bottled water manufacturer about the fluoride content of their brand.

Lastly, adults over 50 years of age with chronic conditions (i. e. diabetes, heart disease, rheumatoid arthritis) are especially vulnerable to a whole spectrum of additional problems because of a lack of preventive dental care.⁸ This population is 50% more likely to have severe tooth loss that results in less healthy food intake. Treating periodontitis improves glycemic control in persons with diabetes. Tentative evidence points to an increased risk of systemic diseases with the inflammatory response of periodontal disease. IH Medicare Advantage plans in 2023 will include a new enhanced dental network with two preventive visits per year and low-cost options of adding comprehensive dental coverage that can include implants.

All this evidence highlights the importance of preventive dental visits for your patients. Thanks for your continued efforts in providing high-quality care for IH members of all ages, including encouraging consistent dental care, and documenting those discussions.

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Benefits of preventive dental health visits continued ...

The annual preventive visit is a great opportunity to review dental care routines, dental home visits, use of fluoride toothpaste and sources of drinking water. If an IH member does not have a dental home, and needs assistance in locating one, please direct them to call IH member services for assistance

References

1 Claiborne DM, Chen C, and Zhang Q. Caregivers' report of preventive dental care visits and services for US participating and non-participating children. J Public Health Dent. 2022; 82:72-78.

<https://www.doi/10.1111/jphd.12487>

2 Lee JY, Rozier G, Norton EC, Kotch JB, and Vann WF. Effects of WIC participation on children's use of oral health services. Am J Public Health. 2004;94(5):772-777.

3 Center for Disease Control. Children's Oral Health. 2022, April 6.

<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

4 U.S. Preventive Services Task Force. Prevention of dental caries in children younger than 5 years: Screening and interventions. 2021, December 7. Recommendation: Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions | United States Preventive Services Taskforce ([uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org))

5 New York State Department of Health. Improving the oral health of young children: Fluoride varnish training materials and oral health information for child health care providers. 2020, August.

https://www.health.ny.gov/prevention/dental/child_oral_health_fluoride_varnish_for_hcp.htm

6 Center for Disease Control and Prevention. My Water's Fluoride. 2022, November 21.

CDC - MWF - My Water's Fluoride Home

7 Center for Disease Control and Prevention. Community water. 2020, November 3.

https://www.cdc.gov/fluoridation/faqs/bottled_water.htm

8 Patel N, Fils-Aime R, Li CH, Lin M, and Robison V. Prevalence of past-year dental visit among US adults aged 50 years or older, with selected chronic disease, 2018. PCD.2021;18: e40.

<https://doi.org/10.5888/pcd18.200576>

Medicaid Managed Care & Child Health Plus Provider Incentive Program Measure Changes for 2023

Pursuant to the amendment for the Medicaid Managed Care and Child Health Plus Provider Incentive Program, Independent Health is writing to inform you of some changes to the measures for the 2023 program.

The final list of measures and their descriptions are included in the attached updated Schedule C-2.1

The following changes were made:

1. Removal of the Comprehensive Diabetes Care: Eye Exam (Retinal) Performed
2. Removal of the Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Test
3. Addition of the Hemoglobin A1c Control for Patients with Diabetes: Poor Control (>9.0%)
4. Addition of the Kidney Health Evaluation for Patients with Diabetes

More information about the Medicaid Managed Care and Child Health Plus Provider Incentive Program is available online here by clicking on Medicaid Managed Care Provider Incentive under the Resources tab in the top red menu bar.

If you have any questions about this program, please contact Engagement@independenthealth.com or call Independent Health Provider Relations Department at (716) 631-3282 or 1-800-736-5771 Monday through Friday from 8 a.m. to 6 p.m.

Expansion of drugs reviewed by Magellan Rx Management

Magellan Rx, administered by Magellan Rx Management, reviews prior authorization requests for select specialty drugs that fall under either the medical or pharmacy benefit.

Beginning January 1, 2023, Magellan Rx will begin reviewing additional drugs on Independent Health's behalf. You can view the list of drugs included in this expansion and which lines of business are impacted here.

For more information about specialty medications reviewed by Magellan Rx visit our website here.

The full list of drugs reviewed by Magellan Rx is available here. This list is maintained and updated by Magellan Rx as needed.

2022 Required Compliance Training

Independent Health is required by state and federal agencies to ensure its participating providers complete compliance training annually. To streamline two requirements for 2021, Independent Health is requesting participating practice attest to completing each of the following by December 31, 2022:

1. Cultural Competency Training

Independent Health is dedicated to ensuring the delivery of services in a culturally competent manner to all our members and, as mandated by the New York State Department of Health,

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2022 Required Compliance Training continued ...

requires all Medicaid and Commercial providers to attest annually to completion of cultural competency training for all staff who have regular and substantial contact with Independent Health members.

To satisfy this training requirement, staff must complete the U.S. Department of Health & Human Services online module, “The Guide to Providing Effective Communication and Language Assistance Services,” or the comparable Think Cultural Health training that corresponds with the provider’s scope of practice, and submit the electronic attestation to confirm completion.

This cultural competency training and attestation is available online at www.independenthealth.com/culturalcompetency

2. Fraud, Waste & Abuse Training

Independent Health requires each of its participating provider groups or practices to complete Fraud, Waste & Abuse Training and submit an electronic attestation to confirm completion of this training by each of their staff members.

Staff members of practices required to complete this training includes physicians, mid-levels, ancillary providers, registered nurses, licensed practical nurses, administrative and office staff, technicians, coders and others.

If your practice has already completed the 2021 Fraud, Waste & Abuse training and attestation through Independent Health, it is not necessary to attest to doing so again.

All related details, the downloadable training modules for your staff, and an attestation to verify with Independent Health that this training has been completed are available online at www.independenthealth.com/FWAattestation

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2022 Required Compliance Training continued ...

Who must submit each attestation?

Each of the above attestations should be submitted by an authorized representative on behalf of all individuals encompassed under a practice’s Tax Identification Number (TIN). Therefore, each individual staff member who completes each training does NOT need to submit the attestation.

If your practice has already completed this 2021 training through another source and has a roster or spreadsheet with the dates the training was completed, you may submit the attestation through each of Independent Health’s public provider portal pages above.

Questions?

If you have questions, please call Independent Health Provider Relations Department at (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m.

Final date to submit gaps-in care corrections: Fri., Dec. 30

The last day for submitting 2022 gap-in-care corrections for medical record documentation to Independent Health through our provider portal is Friday, December 30, 2022.

After this date, gap-in-care corrections will no longer be accepted for the 2022 calendar year.

Participating providers will be notified when Independent Health will begin accepting gap-in-care corrections for 2023.

The Gaps in Care Correction process allows for medical record documentation to be submitted to “correct” inaccuracies in quality measure results due to a variety of reasons, including:

- Encounters or lab values not available to the health plan
- Exclusions from a historical event (e.g., mastectomy)
- Service that was rendered under a different payer

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Final date to submit gaps-in care corrections: Fri., Dec. 30 cont.

If the correction is accepted, it will be reflected in an update to your, and Independent Health's, quality rates, which allows for:

- A more accurate depiction of the quality of care that was rendered
- More accurate quality program reporting
- More targeted quality improvement effort

View the Gaps in Care Correction Process User Guide, view a webinar and learn more about submitting correction requests in our secure provider portal here.

If you have questions about the gaps in care correction process, performance reports or anything related to our provider portal contact your Independent Health Physician Engagement Specialist or email ProviderPortal@independenthealth.com

Independent Health's drug formulary

To obtain a hard copy, please contact Independent Health Provider Relations by calling (716) 631-3282 or 1-800-736-5771 Monday-Friday from 8 am to 6 pm

November 2022 policy updates

Our policies are updated, revised, discontinued or reviewed often, so check these pages frequently. Look on the Policies page under Policies & Guidelines on the top red menu bar of the provider portal.

COVID-19 provider updates

Independent Health has a comprehensive preparedness plan in place to deliver coverage and services to our members without interruption. Our COVID-19 provider website pages include the most current information about the following:

- Billing guidance
- Testing coverage
- Vaccination, Coverage and Reimbursement Summary
- FAQs and tip sheets on topics of telehealth, lab testing, diagnosis codes, etc.

Visit our COVID-19 provider website:

<https://www.independenthealth.com/providers/covid-19-coronavirus-provider-updates>

Updates to clinical practice guidelines

Table 1. Updates to Clinical Practice Guidelines on Independent Health Provider Portal – Fall 2022

Section	Guideline	Changes
Prevention		
	Pediatric Preventive (Bright Futures), July 2022	Prevention of Dental Caries in children younger than 5 Screening and Interventions, American Academy of Pediatrics
	Adult Immunization Schedule ages 19 or older, 2022	Hep B, Zoster, COVID-19, Influenza, Pneumococcal, CDC
	Child & Adolescent Immunization Schedule for ages 18 years or younger 2022	Minor language changes for HPV, MMR, Meningococcal and Varicella; Appendix added listing contraindications for each vaccine; Influenza updates; COVID-19 updated rec's, CDC
Condition Specific		
Cardiovascular	Guideline for the Treatment of High Blood Pressure in Children and Adolescents 2018	New addition– American Academy of Family Physicians
Infectious Disease	COVID-19 Nov 1 2022	Stay Up to Date with COVID-19 Vaccines Including Boosters, CDC
	Influenza August 23, 2022	Summary: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)-United States, 2022-23'CDC
	Monkey Pox September 7, 2022	New addition-CDC

Controlling High Blood Pressure (CBP) Quality Metric

If your practice does not use Medent, a key action is to document the second BP and use the appropriate CPT II codes:

CPT II code	Systolic	Diastolic
3077F	Greater than /equal to 140	
3074F	Less than 140	
3075F	Less than 140	
3078F		Less than 80
3079F		80 - 90
3080F		Greater than/equal to 90



Magellan RX drug review expansion beginning January 1, 2023					
HCPC	Drug	Commercial	Medicare	Essential	Medicaid
J9304	Pemfexy	x	x	x	x

RESTRICTED