

May 2023

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June/July Musculoskeletal Speaker Series to address debilitating back pain

Low back pain is a common ailment, with some 75% of Americans experiencing some form of back pain in their lives. Although most back pain is fairly temporary, it can be painful and debilitating. Up to 50% of patients with back pain will have recurrent episodes in a year.

Treatment for back pain varies, along with outcomes. In recognition of this expansive area of medicine, Independent Health is pleased to announce we will be hosting a series of CME-eligible live webinars beginning in early summer for primary care practices.

During each session, you'll hear from expert physicians in the community about conservative, literature-supported and best practices in the management of non-specific back pain. They will speak about the value of implementing proper treatment options from the start and how we can improve outcomes for patients.

We will share information on registration, speakers, and topics in the next few weeks.

Ways we encourage our members to take greater control of their health

Throughout the year, the Health Care Services and Population Health Management Departments at Independent Health deploy various tactics to encourage members to take a more active role in their health.

In upcoming issues of SCOPE, we will provide details around specific member outreach campaigns and initiatives to keep our provider partners informed about our outreach efforts. We encourage providers to have a conversation with their patients to reinforce messaging around preventive health and chronic disease management.

Outreach tactics may include:

- Communication to members to encourage gap-in-care closure
- Various messaging channels include targeted letter and email campaigns, telephonic outreach/preventive service reminder calls, on-hold messaging.
- Gaps in care included in member outreach campaigns: Annual Well Visit, cancer screenings, diabetes care tests, vaccinations.

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Ways we encourage our members to take greater control of their health, continued from page 1.

Communication to members around health education topics and monthly health observances (e.g., Colorectal cancer awareness, Breast Cancer awareness, Great American Smoke Out).

Member incentive programs which reward members for completing preventive services and managing their health and wellness:

- Members are incentivized to complete activities such as their annual well visit, cancer screenings, diabetes care tests, and vaccinations.
- Member incentive programs vary by line of business and benefit plan.
- Members should check plan benefits to determine eligibility for an incentive program.

Partnering with community vendors to outreach to members and offer opportunity for in-home well visit and preventive service completion.

Promotion of Erie County Department of Health clinics, events, or services to members in the surrounding neighborhoods.

Provide chronic condition education and support to members:

- Topics include prediabetes and diabetes management, asthma management, medication adherence, fall prevention.
- Various messaging channels include targeted letter and email campaigns.
- In-person and online health education seminars offered through Independent Health's Health Hub (located at our Medicare information Center on Dick Road).
- Promotion of chronic condition management programs or lifestyle support services offered through Brook, Foodsmart, and WNYICC.

Be sure to watch upcoming issues of Scope to keep up-to-date on our communications to members.

Overview of changes to COVID-19 coverage and cost sharing after May 11

When the COVID-19 federal public health emergency pandemic ends on May 11, 2023, the federally mandated coverage and cost share waivers will end. Therefore, Independent Health's coverage and cost sharing as of May 12, 2023 for services related to COVID-19 will change.

Commercial, Fully Insured Plans:

- At-home, over-the-counter COVID-19 tests will no longer be covered by Independent Health after May 11, 2023.
Note: FEHB members will continue to have coverage for at-home, over-the-counter tests.
- Lab tests for the diagnosis of COVID-19 and pre-surgical testing for COVID-19 will be covered like other lab tests: depending on the member's plan, they may have a cost share for the COVID-19 lab test, along with the applicable office visit.
- The urgent care cost share will apply if members have a diagnostic COVID-19 test at an urgent care center.

Independent Health will continue to cover COVID-19 vaccinations and boosters in full.

Medicare Advantage Plans:

- At-home, over-the-counter COVID-19 tests will no longer be covered by Medicare.
- Lab tests for the diagnosis of COVID-19 will be covered like other lab tests. If a member's plan covered only COVID-19 lab tests in full, they will now be covered as any other lab test. This includes any pre-surgical testing that is required.
- The urgent care cost share will apply if members have a diagnostic COVID-19 test at an urgent care center.

COVID-19 coverage changes, continued from page 2

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Medicare Medication/Pharmacy changes

- During the COVID-19 pandemic, in certain circumstances members were able to get earlier refills than usual, and in some cases, more than a 30 day supply.
- As of May 12, there may be a return to dispensing policies in place of 30-day supplies and limitations on how early members can obtain a refill. As it was before the pandemic, there are still processes in place with the pharmacies to contact us in special circumstances.
- Please note that prescriptions already designated for a 90-day supply on our formulary will remain the same.

Medicare Changes as of June 12, 2023

- COVID-19 related treatment at out-of-network providers or facilities will take the out-of-network cost share, according to the member's benefit plan, as of June 12, 2023.
- These services will no longer take the in-network cost share. If the benefit plan does not have an out-of-network benefit, then the member will be responsible for the cost of the visit.

State Programs

Note: For now, there are no changes to the current coverage for COVID.

Self-funded Plans

Self-funded employers have the choice to follow commercial fully insured plans. In most cases, they will align with the fully insured coverage. As of April 19, there is one plan (National Grid) that will continue covering OTC tests for the time being.

Telehealth and other services

Independent Health is evaluating more permanent coverage and considerations for telehealth, and we will provide more information in the coming weeks once we have updated the Telehealth Services policy.

Reporting Code 99080 Update for Risk Adjustment

It has come to our attention that code **99080** may no longer be submitted for additional ICD-10 diagnosis codes for risk adjustment. Independent Health will now require providers to submit additional diagnosis codes using code **99499**. Our claims processing systems have been updated and this change will take place immediately. Please alert your billing staff so they can begin to submit with code **99499**. Below are additional details on this change.

- Effective immediately, do not submit code **99080** "for additional ICD-10 diagnosis codes.
 - Code **99499** is used to report additional active chronic condition diagnosis codes of the member which may not be attributed to other paid lines on the claim.
 - Code **99499** should be submitted with \$0 as the billed amount.
 - Code **99499** will deny as a reporting code on the explanation of benefits, but the diagnosis codes will still be used in risk adjustment for our members.
 - Code **99499** can be submitted for all lines of business.
 - Code **99499** can be submitted with other payable services on a claim and may also be submitted by itself on subsequent claims depending on the number of additional diagnosis codes you need to report.
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Update to Clinical Editing Protocols for Ordering Physicians and Lab Requests

Independent Health uses clinical editing to align claim payment more closely to clinical best practices and industry standard coverage guidelines. This release of clinical edits will be deployed on claims processed on or after **July 1, 2023**.

The new edit includes:

CMS NCD 190.21 - Glycated hemoglobin/Glycated protein: Deny 82985 (Glycated protein) or 83036 (Hemoglobin; glycosylated) when billed without a covered diagnosis on the claim.

As a reminder from previous communications, the goals of this claims editing process are to:

- Increase claim submission accuracy.
- Bring us to closer adherence to Local and National Coverage Determinations by Medicare.
- Align more closely with clinical guidelines.

Independent Health uses the Centers for Medicare and Medicaid Services as a basis for many of these edits along with specialty society recommendations and clinical best practice guidelines.

View the [CMS National Coverage Database here](#). More information is also available in the **January 2023 (ICD-10)** Covered Code List on that page.

Details on these claim edits are also in the Coding section of the portal, including the specific edits, as well as their source reference documents and the effective dates.

Helpful Tips

- Check the chart regularly to make sure your medical documentation and claim submission align with Independent Health's requirements. This will help with timely claim processing and payment.
- Keep your office staff updated to ensure that you have processes in place to support your decision-making when delivering care to our members.
- Follow proper lab ordering practices being sure to add the correct diagnosis code on the order.
- Continue to follow current Independent Health policies, as well as the Notice of Denial of Medical Coverage (NDMC) processes when applicable.

Coming soon: Phone survey about NYS standards for appointment access and availability

To ensure compliance with standards established by New York State for our participating providers, Independent Health has partnered with an outside vendor, SPH Analytics, to conduct brief surveys by phone regarding appointment access and availability for our members.

Over the next several weeks your office may receive a phone call from a surveyor from SPH Analytics to ask questions pertaining to your practice's appointment availability times for both routine and after hours care as outlined in our [Appointment Accessibility and After Hours Access policy](#).

This survey will be directed to specific types of providers, including primary care, medical oncologists, OB/GYNs, clinical neuropsychologists, psychiatrists, psychologists, and certified social workers.

As an example, a surveyor identifying themselves as from SPH Analytics would call a primary care office to discuss the scenario of a patient who calls to ask for the timeframe to schedule an appointment. Each discussion with an SPH Analytics surveyor is recorded and shared back to Independent Health.

All scenarios presented are based on the following types of care:

- Emergent
- Urgent
- Sick visits (routine non-urgent/emergent)
- Routine, non-urgent or preventive care
- Adult baseline and routine physicals

Please make your staff aware of this possible call to your practice so it may be responded to appropriately.

Thank you for your efforts to help us adhere to the New York standards for appointment access and availability. If you have questions, please contact our Provider Relations Department by calling (716) 631-3282 or 1-800-736-5771, or via email at providerservice@servicing.independenthealth.com.

Referrals no longer needed with Family Choice Institutional Special Needs Plan (I-SNP)

Independent Health's Medicare [Family Choice I-SNP Plan](#) is for residents living in a participating nursing home or assisted living facility. The plan has required referrals to specialists; however, we have determined **that referrals are no longer required** with Family Choice I-SNP. Provider offices do not need to check for a referral with the patient upon the visit.

Regulatory Requirement to display Digital Contact Information

The Federal No Surprises Act and [New York state regulations](#) require health plans to display participating providers' website and contact information on the health plans' websites.

To comply with these requirements, we are asking our participating providers to complete an online questionnaire by May 31, 2023.

An authorized representative of your practice or facility must complete this questionnaire, which asks for your organization's website and an email address for general inquiries.

Your practice's website and e-mail address will appear with your practice's name and address in the Find-a-Doctor section of Independent Health's website.

Watch your email for more information; or you may complete this [questionnaire here](#).

Reminder: 2023 Required Fraud, Waste & Abuse and Cultural Competency Training Modules Now Open

If your practice hasn't done so already, please make a point to complete the following annual training modules for 2023. Although they're not due until Dec. 31, 2023, we encourage you to complete these surveys sooner than later.

- **Cultural Competency Training:** As mandated by the New York State Department of Health, all providers who treat our Commercial and State Program (Medicaid managed care) members must attest they have completed the annual cultural competency training for all staff who have regular and substantial contact with our 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.

- **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.

All related details, the downloadable training modules for your staff, and an attestation [are available online](#).

Who must submit each attestation?

Each attestation should be submitted by an authorized representative on behalf of all individuals 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 completes the 2023 training through another source and has a roster or spreadsheet with the dates the training was completed, you may submit the attestations through each of 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.

Provider portal security updates: two-factor authentication and "dormant" accounts

In the near future, we will be enhancing the provider portal security measures:

- Requiring the use of two-factor authentication. This will add a layer of security to the log-in process by confirming portal users' identities by using a combination of two different factors: by the user's password, and by sending a code to the user's email address or phone. Two-factor authentication makes it harder for attackers to gain access to a person's devices or online accounts, because knowing the victim's password alone is not enough to pass the authentication check.
- Termination of unused accounts after two years. If a portal user doesn't log into his or her account for two years, we will terminate the user's account access. Deleted users may re-register at any time if their account is terminated due to dormancy.

We will provide more information on timing of these two enhanced security measures.

Pharmacy Update

Formulary and Policy Changes

Keep up-to-date with the following formulary changes effective May 1, 2023:

- Medicare Advantage individual and group members
- Pharmacy Benefit Dimensions 5-Tier formulary
- Pharmacy Benefit Dimensions 3-Tier formulary

*These are posted in our secure portal. Please log in to review them.

Policies:

View the current versions of Independent Health's policies when logged in to our provider portal.

Magellan Rx, administered by Magellan Rx Management, reviews select specialty drug prior authorization requests on Independent Health's behalf. [View Magellan Rx policies here.](#)

Independent Health's drug formulary: [Access Independent Health's drug formulary here.](#)
