



## In This Issue

[2017 Formulary](#)

[Disease Management Program](#)

[Guideline Updates](#)

[Utilization Management](#)

[Provider Survey](#)

[Prior Approval](#)

[Provider Portal](#)

[The Doc is IN](#)

[Electronic Claims Submission](#)

## 2017 Formulary

In July 2016, Health Options switched to a new Pharmacy Benefits Manager, Express Scripts. Although our formulary stayed the same in 2016, there are changes to the Formulary for our 2017 plans.

Please go to our website to review some of the changes in the Formulary for this upcoming plan year.

[Click here](#) to see 2017 Formulary.

Members can often get their prescriptions using Express Scripts' mail order service at a reduced rate.

## Disease Management Program

Health Options continues to offer our Members a Disease Management Program to help them manage chronic illnesses, such as heart failure

## Please Complete Provider Survey by February 15

Assist Health Options to improve our service to you and our Members and to better understand provider collaboration by completing this [short survey](#). Providers and non-clinical office staff are invited to participate. Please provide us with your feedback by February 15.

## Updates for Providers

As a participant in the Community Health Options Provider Network, it's important for you to stay informed. The January 2017 Provider Newsletter contains important updates about Health Options that will support your ongoing commitment to provide quality care to your patients and Community Health Options Members.

## Prior Approval

Stay tuned for the early 2017 release of a new, streamlined Prior Approval document. The Utilization Management team is working to redesign the look of this document to clean up the appearance and make it easier to use.

As a reminder, Health Options prior approval decision time frames are very tight and are no longer than two business days for most requests (with the exception of retro-authorization requests). If the request is urgent, (could seriously jeopardize the Member's life or health, ability to regain maximum function, or subjects Member to severe pain that cannot be adequately managed without the requested care or treatment) then our decision time frame is no longer than two calendar days.

Generally, urgent requests should be for services that rendered on the same day or within two to three days of submitting the request to Utilization Management. Requests that are marked urgent that do not meet the definition of urgent will be changed to a routine request and processed accordingly.

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and coronary artery disease. You can refer Members to our Disease Management Program if you believe the program may help.

The Provider Manual contains more information about this program and how to make a referral. The Provider Manual can be requested by calling Health Options or obtained through our Provider Portal.

## Provider Portal

In early 2017, Health Options will be rolling out a new provider portal. On the portal, you will be able to check patients' eligibility, look up claim information, view patient rosters and EOPs, and submit authorizations online. The new provider portal will be easy to use and accessible 24 hours a day.

As we begin the rollout, we will notify providers of the change and offer support to those learning the new portal. We will be messaging the go-live date in early 2017.

## Electronic Claims Submission

We highly encourage all of our providers to submit claims electronically as well as enroll in electronic funds transfer (EFT). If you are not already enrolled, please contact us. We will be happy to assist you.

For electronic claims submission, Emdeon Payer ID Number is 45341.

## Stay Connected



## Chronic Benzodiazepine Therapy

John Yindra, MD

Community Health Options has been interested in the pharmacy use patterns of our Members. As a result of our data review, we have identified a number of Members who are receiving chronic benzodiazepine therapy.

The Maine Benzodiazepine Study Group has published guidelines for the use of benzodiazepines in office practice. In general the study group found that there are few indications for the chronic use of benzodiazepines beyond six weeks duration.

I realize that guidelines do not always fit the clinical circumstances that we face every day in our practices and that the clinician's judgment should always be used to decide if a guideline applies to the individual being cared for. That being said, I have included a link to the guidelines for your review and consideration.

I am happy to speak with you directly if you have any questions.

[Click here](#) to read more.

## Guideline Updates

Health Options has recently adopted new or updated clinical guidelines regarding:

- [Stable coronary artery disease, from the Institute for Clinical Systems Improvement \(2013\)](#)
- [Heart Failure in Adults Guideline, from the Institute for Clinical Systems Improvement \(2013\)](#)
- [Treatment of Depression in PCP setting, from Behavioral Healthcare Program \(BHCP\)](#)

These guidelines can be found by clicking on the hyperlinks from the organizations' websites. The guidelines will also be on the Health Options provider portal.

## Utilization Management

Utilization Management criteria are available upon request. For more information, please contact our [Provider Relations Department](#).

## Quick Links

[Our Website](#)  
[Quick Reference Guide](#)  
[Online Portal Access](#)  
[Documents & Forms](#)  
[Contact Us](#)