Health Options Provider Newsletter Articles December 2019

Products and Programs

Behavioral Health; Prior Authorization, Utilization Management, and Appeals Process Changes

Beginning January 1, 2020, all Prior Approval requests, notifications, and Level I and Level II appeals for Behavioral Health Services for Health Options Members will be processed by Community Health Options and should be submitted as described below. An updated Behavioral Health Notification/Prior Approval form and FAQs have been mailed to providers. Additional information is available on our Provider portal.

Prior Approval Requests	Submit via the Provider Portal at https://Provider.HealthOptions.org or fax to (877) 314-5693.
Urgent Prior Approval Requests	Submit by phone at (855) 542-0880. Urgent requests are those based on clinical presentations that could seriously jeopardize the Member's life or health, ability to regain maximum function, or subject the Member to severe pain that cannot be adequately managed without the requested care or treatment.
Level I and Level II Appeals	Submit via postal mail addressed to Mailstop 800, PO Box 1121, Lewiston, Maine 04243; by email to appeals@healthoptions.org; or by phone at (207) 402-3755.

Health Options continues to utilize the MaineHealth ACO Behavioral Health Care Program (BHCP) network. BHCP manages contracting, credentialing, and associated updates for BHCP network providers.

All Provider Payments Transitioning to Electronic Delivery

Health Options will be transitioning delivery of all provider payments to electronic methods by January 2020. Providers or facilities that are currently receiving payment by EFT will not experience any change in payment delivery. Providers or facilities that receive payment by paper checks will transition to virtual card payments, or may choose to sign up for faster payments via EFT by visiting: https://register.instamed.com/eraeft

No-Cost Narcan and Naloxone for Health Options Members

Community Health Options has expanded its pharmacy benefit for Members to fill prescriptions for overdose-reversing medications naloxone and Narcan with no co-pay or out-of-pocket expense. This eliminates cost as a hurdle to obtaining these life-saving drugs at a time when Maine is among the states hardest hit by the opioid epidemic. Go to https://www.healthoptions.org/about-us/newsroom/ to view the press release on this benefit.

2020 Prescription Drug Formulary Changes

The medications shown in the table below will be removed from the formulary effective January 1, 2020. Members who are impacted by these changes have been notified by mail and were informed about formulary alternatives where available.

The following drugs are being removed from the formulary effective January 1, 2020

Drug Name	New Formulary Status	Preferred Alternative 1
AMBIEN	NON-FORMULARY	ZOLPIDEM TARTRATE (Generic)
AUBAGIO	NON-FORMULARY	GILENYA, MAYZENT, TECFIDERA
FOCALIN XR	NON-FORMULARY	DEXMETHYLPHENIDATE HCL ER (Generic)
GRANIX	NON-FORMULARY	NIVESTYM, ZARXIO
LYRICA	NON-FORMULARY	PREGABALIN (Generic)
NOVOLIN 70-30	NON-FORMULARY	HUMULIN 70-30
NOVOLIN N	NON-FORMULARY	HUMULIN N
NOVOLIN R	NON-FORMULARY	HUMULIN R
XATMEP	NON-FORMULARY	METHOTREXATE

Health Options full formulary can be accessed at https://www.healthoptions.org/individuals-families/medications/.

Medical Pharmacy Changes

The Prior Approval requirements are being removed for the following J-Codes under the Medical Benefit effective January 1, 2020

J-Code	Drug		J-Code	Drug
J0640	Leucovorin Calcium		J7308	Aminolaevulinic acid
J1627	Granisetron		J7512	Prednisone (oral)
J1650	Enoxaparin sodium		J9031	BCG
J2430	Pamidronate disodium		J9130	Dacarbazine
J3030	Sumatriptan succinate		J9209	Mesna
J3475	Magnesium sulfate			

A full list of Health Options Prior Approval requirements can be accessed at https://www.healthoptions.org/providers/resources/

Pharmacy Benefit Updates

Because Health Options' formulary is updated frequently, we recommend that you consult the formulary before writing a prescription for a Health Options Member. This will better enable you to prescribe a covered medication and minimize the Member's out-of-pocket cost.

Pharmaceutical management information is available in the formulary and includes:

- a list of pharmaceuticals, including restrictions and preferences;
- how to use the pharmaceutical management procedures;
- an explanation of limits or quotas (if any);
- how prescribing practitioners must provide information to support an exception request; and
- the process for generic substitution, therapeutic interchange and step-therapy protocols.

Member Rights & Responsibilities

It is important that our Members understand entitlements under their Health Options plan, including the information they are able to receive and the type of conduct they should expect to encounter. They also need to be aware of their obligations. A Member Rights and Responsibilities document summarizing this material is available to them on the Health Options website. We recommend that providers also review this document, which can be accessed at https://www.healthoptions.org/media/1981/memberrightsandresponsibilties03142019.pdf.

Introducing our Claims Services Associates (CSA) Team

We've improved the handling of claims inquiries by establishing a team of Claims Services Associates (CSAs) who can fast-track responses to a wide variety of processing and adjudication questions. The team is composed of experienced Member Services Associates who completed specialized classroom education, obtained side-by-side experience working with claims adjudication staff, and have real-time access to subject matter experts. This equips them to provide single-call resolution to questions they

would previously refer to other departments. To speak to a CSA, call (855) 624-6463 and select the claims questions menu option. Your call will bypass the Member Services queue, eliminating or significantly reducing wait time.

Administrative Updates

Forms and Resources for Providers

To ensure that your office is utilizing the most recent and applicable Health Options forms we encourage you to visit our website's Resources area for Providers prior to submitting completed forms. The Resources area is located at: https://healthoptions.org/providers/resources.

Recently added or updated forms include:

- 2020 Behavioral Health Prior Approval Form
- 2020 Notification / Prior Approval Form
- 2020 Medication Prior Approval Form (Medical via Health Options)
- 2020 Therapies Prior Approval Form
- Claims Reconsideration Form

Reminder: Use the Provider Credentialing and Change Form to submit provider and/or practice information changes. If billing information is changing, complete and submit the Billing Information Form with a current W-9 form to avoid payment interruptions or delays. Both forms are available at the website address above.

Quality – HEDIS/NCQA

Risk Adjustment Update

Closing gaps in care for Members identified with potential high-risk conditions is part of our ongoing Risk Adjustment efforts. This work includes outreach to targeted Members to encourage them to see their PCP before the end of 2019 and sending Gap Closure Forms to relevant providers. If your office receives these forms, please complete and return them as soon as possible following the office visit.

This year Health Options has partnered with Datafied to assist with Risk Adjustment medical record retrieval. If your office is contacted, you will be asked to send medical records as instructed on the request form. If you have already sent your records, thank you for your cooperation.

If you have any questions regarding Risk Adjustment, please reach out to Deidre DeRoche, Manager, Government Programs at dderoche@healthoptions.org.

Guidelines and Policies

Community Health Options Claims Review Policy

Claims submitted to Health Options are evaluated for compliance with CMS coding and billing rules, any applicable contractual requirements, and our own policies. For transparency about the claim edits noted on your Bill Audit Review Summary Reports we include direct links to the applicable policy rules. The full Payment Integrity Audit Reimbursement Policy is available at https://healthoptions.org/media/2127/payment-integrity-audit-policy.pdf.

Healthcare providers are responsible for accurate and timely documenting, coding and billing to enable appropriate claims review. We recommend a proactive review of the policy to ensure compliance and reduce your claim denials. Please be particularly aware that claims lacking appropriate CPT or HCPCS coding and associated modifiers will not be guaranteed appropriate reimbursement.

Routine Supplies, Services, and Medical Equipment

Community Health Options uses the CMS definition for routine supplies and services that are considered bundled into a main procedure and are not reimbursable separately. This includes medical equipment, instruments, apparatuses, implements or items that are generally used for diagnostic or therapeutic purposes, are not implanted or incorporated into a body part, and are reusable. The Routine Supplies, Services, and Medical Equipment Reimbursement Policy is available at https://www.healthoptions.org/media/2031/routine-supplies-services-and-medical-equipment-06-27-19.pdf.

Itemized Bill Submission

Claims of $20,000 or more must include an itemized bill to be considered for payment. You can avoid payment delays by emailing the itemized bill to itemizedbill@healthoptions.org on the same day the associated claim is submitted. We may also request Itemized bills on claims identified for further review. The Itemized Bill Submission Reimbursement Policy is available at https://www.healthoptions.org/media/2033/itemized-bill-submission-07-15-19.pdf.

For additional information on these, or other guidelines and policies, contact Health Options' Provider Relations Team at (207) 402-3347.