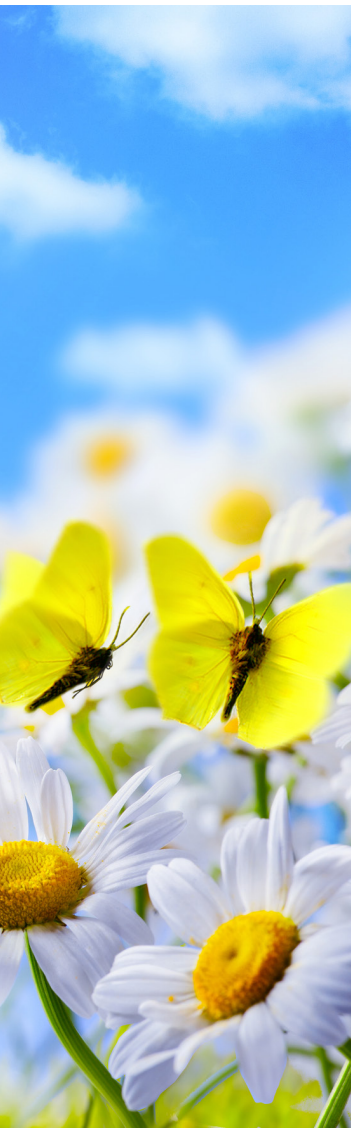
UHA Connection

Monthly Provider Newsletter: June 2022



WELCOME

Thank you for reading our Monthly Provider Newsletter, the UHA Connection. We hope this new format will allow you to easily access content and print it out if you would rather read it that way. In this PDF, you can still click on the links provided throughout the newsletter.

Flip through to learn more on topical information related to:

- Practice Tactics
- Clinical Corner
- Better Health For All
- On the Lookout
- CME for Thee
- Network News

Your success is critical to our member's health, behavioral and physical. Use this newsletter as a tool to succeed as a provider of Umpqua Health Alliance and resource for important updates.

If you have questions or would like to see information on a specific topic in the newsletter please reach out to:

- Dr. Douglas Carr at dcarr@umpquahealth.com
- Nicole Chandler at nchandler@umpquahealth.com

Thank you for all that you do to keep our members and patients safe and healthy!

GET CONNECTED

If you're seeking information regarding your patient's benefits, Umpqua Health Alliance is here to help you get the answers you need. Call us today, we're happy to assist you.

- Phone: (541) 229-4842
- TTY: (541) 440-6304 | Toll Free: (866) 672-1551
- Email: **UHAMemberServices@umpquahealth.com**

Umpqua Health Alliance has adopted the definition of cultural competence that appears on the Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010).

FOLLOW US!

Follow us on Facebook
@umpquahealthalliance

PRACTICE TACTICS

foodsmart

New Incentives Available!

Umpqua Health Alliance (UHA) members can now receive the following incentives when they sign for Foodsmart. Incentives will be emailed to the member after the task is completed.

- $25 Gift Card when a member signs up for Foodsmart and takes the Nutriquiz
- $25 Gift Card when a member sets up a Telehealth appointment with a Foodsmart Registered Dietician

Refer your patients to Foodsmart to get them started on a better path to healthy eating!

- Visit: **https://www.foodsmart.com/umpqua**
- Download the Foodsmart app on the App Store
- Call Foodsmart Customer Care at: 888-837-5325

Smoking Cessation Before Surgical Procedures

We've received several requests from the UHA Provider Network for greater clarity on smoking cessation requirements for prior authorization submissions. The Prioritized List of Health Services enforces cessation in Guideline A4. Cessation of tobacco smoking must be 4 weeks prior to elective surgery/invasive procedures. While exceptions include surgery for cancer or diagnostic reasons, other surgeries, such as spinal fusion or bariatric surgery, require a more stringent criteria of cessation of all tobacco and nicotine for 6 months. This places a greater emphasis on accuracy of documentation in the clinical record. To support the criteria and ensure proper healing for our members, UHA requires the following documentation:

- Indicate if member is a smoker/former smoker.
- If a former smoker, a cessation date will be required; and
- If the cessation date is within 6 months from the received date of the PA, a urine screening will be required.

Requests without this information or no documentation of smoking status will not be approved until this is provided. The best test to order is a urinary cotinine with an anabasine test reflex order if cotinine positive.

Health Related Services (HRS): FAQ

What is HRS?
Non-covered services that are intended to improve care delivery and overall member and community health and well-being.

Are there different types of HRS?
Yes, there are two types of HRS. Flexible services (FS) and community benefit initiatives (CBI). FS are cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being. CBI are community-level interventions that include – but are not limited to – OHP members.

What HRS type is most frequently requested by providers? Flexible services.

What can be requested through UHA's Flexible service program?
Any item/service that is intended to improve patient health/safety, lower healthcare costs, prevent avoidable readmissions, or improve healthcare delivery can be requested. Items/services requested must lack or not be associated with a billing or encounter code such as CPT, HCPCS.

How are HRS requested? Complete the HRS form found here: https://www.umpquahealth.com/case-management/ on the Umpqua Health website. Submit completed form to CaseManagement@umpquahealth.com or fax to 541-229-8180.

Who approves funding for a FS request?
The request is reviewed by select case management staff and passed on to the Medical Director for final approval or refusal.

How long does approval take? Urgent requests are processed within 48 hours of submission. Standard requests are processed within 7 days of submission.

What are some examples of items/services provided through HRS funding?

- Fees for birth certificate or ID
- Non-covered medical equipment. Examples: sock aide, bed rail, medication lock box
- Fees for housing applications
- Transportation outside of medical appointments
- Motel stays to improve health outcomes when member needs continued OP care post hospitalization and is homeless. Examples: Home Health services are needed, needs continuation of IV antibiotic therapy.

Where can additional information be found about HRS funding?

- Oregon.Gov website - https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx
- Oregon Administrative Rules – 410-141-3500 and 410-141-3845

CME FOR THEE

Genetics Workup for the Pediatrician

On Demand, 34 mins

Click here for activity Information and Disclosures
Click here to watch the Video and take the Quiz

ACMG has implemented the following procedures to ensure the independence of ACE activities from commercial influence/promotional bias, the Accreditation Council for Continuing Medical Education (ACCME) requires that providers (ACMG) must be able to demonstrate that: 1) everyone in a position to control the content of an ACE activity has disclosed all financial relationships that they have had in the past 24 months with ineligible* companies; 2) ACMG has implemented a mechanism to mitigate relevant financial relationships; and 3) all relevant financial relationships with ineligible companies are disclosed to the learners before the beginning of the educational activity. The learners must also be informed if no relevant financial relationships exist.

Learning Objectives

- Recognize common, appropriate reasons for genetics workup.
- Demonstrate when and how a geneticist can help
- Explain existing genetic and genomic technologies, their appropriate use, and important logistical considerations
- Examine some of the challenges that affect the widespread use of genetic testing and the impact on precision medicine initiatives

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Mixing Milk + Meds: Assessing Infant Risk during Breastfeeding

June 15, 2022 (11AM Pacific time)- ONLINE

- Two (2.0) CME credits are available free of charge for all participants.
- https://heart.zoom.us/webinar/register/WN_rAGZmjbBRb-BavlusdJukg?fbclid=IwAR1dGYaDLofmdOuylqKh8mwrQnQLF9yJv5M7LcGoksC7Xpn7hEiSWdBsKIs

ON THE LOOKOUT

Happy Pride!

Pride Month is a time to celebrate LGBTQIA+ accomplishments and history, and continue the pursuit of equal rights and justice for LGBTQIA+ community members. The gay rights movement was born in New York City on June 28, 1969; from then on LGBTQIA+ people have spoken out and fought for their rights. We are thankful for their courage, which has paved the way for LGBTQIA+ activism and equality today.

CLINICAL CORNER

Diabetes Rx: GLP-1

Glucagon-like peptide 1 (GLP-1) medications affect glucose control through several mechanisms and are typically used for the treatment of type 2 diabetes mellitus. For most patients GLP-1 medications are not first-line agents for type 2 diabetes, but patients with ASCVD and/or kidney disease may require earlier medication intervention. During treatment with GLP-1 medications it may be appropriate to switch treatments within the same drug class. Switching between GLP-1 receptor agonists can be considered in many clinical scenarios (eg; costs, application, side effects) and patient education and communication are vital to ensure a smooth transition. UHA provides detailed prior authorization criteria for initiation and renewal of GLP-1 receptor agonist medications on the Umpqua health website: https://www.umpquahealth.com/pharmacy-services/

EQUIVALENT DOSES AMONG GLP-1 RAS

GLP-1 RA Drug Name	UHA Formulary Status	Dosing & Frequency	Equivalent Dose			
Byetta (exenatide)	Preferred	SC twice daily	5 mcg	10 mcg		
Bydureon (exenatide microspheres)	Preferred	SC weekly			2 mg	
Adlyxin (lixisenatide)	Preferred	SC twice daily	10 mcg*	20 mcg		
Trulicity (dulaglutide)	Non-Preferred	SC weekly		0.75 mg	1.5 mg	3.0-4.5 mg
Victoza (liraglutide)	Non-Preferred	SC twice daily	0.6 mg*	1.2 mg	1.8 mg	
Ozempic (semaglutide)	Non-Preferred	SC weekly		0.25 mg*	0.5 mg	1 mg
Rybelsus (semaglutide)	Preferred	PO daily	3 mg*	7 mg	14 mg	

(UHA PA Guidelines): https://www.umpquahealth.com/pharmacy-services/
*Loading dose

NETWORK NEWS

Electronic Systems Health Care Interpreter Requirements

In 2021, the Oregon Legislature adopted HB 2359 requiring health care providers (reimbursed with public funds, in whole or in part) to utilize qualified or certified health care interpreters from the Oregon Health Authority's health care interpreter central registry when communicating with a patient who prefers to communicate in a language other than English, unless the health care provider is proficient in the patient's preferred language. This requirement goes into effect July 1, 2022.

UHA members have a right to receive healthcare services and information in a way they can understand. UHA is here to support its provider network to meet this requirement by providing reliable and readily available interpretation services. To ensure language access and further improve health outcomes of our members, UHA has partnered up with Certified Languages International (CLI) and Linguava Interpreters Services. UHA will cover the cost for the use of language services for all eligible members. Please visit UHA's Language Access Plan to learn more about CLI and Linguava Interpreters Services.

Health Information Technologies

Health Information Technologies (HIT) has advanced the way health care is being delivered. HIT is one key component that will serve as a game changer in achieving the Triple Aim. UHA has committed resources and support to its Provider Network and Care Coordination teams to build a robust (HIT) infrastructure. Please visit the Umpqua Health Alliance HIT Infrastructure to learn more about the most common HIT applications that have brought tremendous value to our community.

Provider Network Updates

- Effective 05/01/2022, new group practice Holmes Family Care, PC. Provider Heather Holmes, MD will be transitioning from working under Excellence in Women's Healthcare to working only under new practice name Holmes Family Care (2564 NW Edenbower Blvd., #134, Roseburg, OR 97471).
- Pain Management: Quave member prior authorizations have transitioned to Pain Specialists of Oregon. However, they are not accepting new members at this time. Members will need to see their PCP to get a new referral. We will update the PA request with the new provider with a new PA request.
- MRI: Mercy Outpatient scheduling is out to the end of July.

New Participating Providers

- Hide Away Project LLC, a new in-network Mental Health Provider for members effective 4/4/22.

Provider Terminating Participation

- Christine M Seals MD PC is no longer be in-network for UHA Members effective 5/30.
- Jeff R. Cole, PHD is no longer in-network effective 4/1/22.

BETTER HEALTH FOR ALL

Patient navigation associated with increased care, treatment in hepatitis C

A pre-post study in a safety-net health system found higher odds of linkage to care and direct-acting antiviral treatment in older adults who received patient navigation rather than usual care.

Patients with hepatitis C virus (HCV) infection who receive patient navigation may have better linkage to care and be more likely to receive direct-acting antiviral treatment (DAAT), according to a recent study.

Researchers performed a pre-post analysis to evaluate **the effectiveness of a patient navigation program among older adults** (those born between 1945 and 1965) who tested positive for HCV in a safety-net health system. Those in the usual care group were enrolled from June 2013 to May 2015, and those in the patient navigation group were enrolled from January 2016 to December 2017. In the patient navigation program, patients who had not been seen in the HCV treatment clinic within three months of a positive HCV RNA result were contacted by phone up to three times to schedule an appointment and were sent a letter if they could not be reached by phone. Predefined scripts were used to explain the test results and DAAT. In addition, the HCV clinic expanded in 2016 to offer patient education and assistance until sustained virologic response was achieved.

The results of the study were published May 13 by Clinical Gastroenterology and Hepatology. The study included 1,353 patients, 769 in the usual care group and 584 in the patient navigation group. Sixty-two percent were Black, 61% did not have insurance, and 16% were homeless. Patients were followed until death, until sustained virologic response was achieved, or until the study ended in July 2019. Odds of linkage to care and treatment initiation within six months were significantly higher in the patient navigation group versus the usual care group (odds ratios, 3.7 [95% CI, 2.9 to 4.8] and 3.2 [95% CI, 2.3 to 4.2], respectively). These increased odds were also noted at 12 months (odds ratios, 3.4 [95% CI, 2.7 to 4.3] and 2.3 [95% CI, 1.7 to 3.0], respectively). At six months and 12 months, 50.1% and 58.5% of the patient navigation cohort and 22.3% and 37.6% of the usual care cohort had received HCV treatment. Sustained virologic response did not differ between the patient navigation and usual care cohorts among those linked to treatment (86.9% vs. 86.1%; P=0.78) but did differ between the cohorts overall (34.9% vs. 18.2%).

The researchers noted that trial was not conducted in a parallel timeframe and that they could not analyze barriers to care by subgroups, among other limitations. They concluded that the use of a patient navigation program significantly increased overall linkage to care and decreased time to care among older adults in a large safety-net health system. "The implication of this finding is that implementation of a program that increases the proportion linked to care will lead to downstream increases in HCV cure," the authors wrote. "The net impact of this type of program is to help move the needle towards HCV elimination."

The Oregon Health Plan recently dropped the requirement for a Prior Authorization (PA) for DAAT for Hepatitis C, citing this as a barrier to treatment. This was never the case for UHA members, but the PA was our trigger to initiate care coordination by a dedicated case manager. (UHA even provided stable housing for homeless patients to support cure.) Please consider notifying our care coordinators as part of your DAAT prescribing process to ensure the best outcome for our patients?