



# UHA Connection

Monthly Provider Newsletter: AUGUST 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](mailto:dcarr@umpquahealth.com)
- Nicole Chandler at [nchandler@umpquahealth.com](mailto:nchandler@umpquahealth.com)

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



## GET CONNECTED

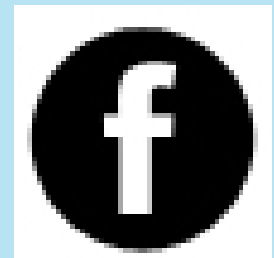
If you're seeking information regarding your patient's benefits, Umpqua Health Alliance is here to help you get the answers you need. Call us today, we're happy to assist you.

- Phone: (541) 229-4842
- TTY: (541) 440-6304 | Toll Free: (866) 672-1551
- Email: [UHAMemberServices@umpquahealth.com](mailto: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  
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# PRACTICE TACTICS

## MTM - Gas Mileage Reimbursement

UHA uses the Appeals and Grievances data reported by providers (on behalf of members) and members to identify barriers to care. An issue that we have identified is the member and provider understanding of gas mileage reimbursements (GMR). Here are some ways we can work together to help the member with these:

1. Remind members that they must call MTM no later than the day of the appointment for GMR to be approved. They can do this at any time as MTM operate 24/7 (except for major holidays, listed in the Riders Guide)
2. They will need provider(s) (or any clinic staff) to provide a sign a letterhead stating that the member attended an appointment with the date and time.
3. Many members do not have the resources to print new MTM Logs. It would be helpful for clinics to print, keep and offer GMR Logs for the member to turn in with the signed letterhead. These can be found here.
4. GMR can also cover, with prior approval from MTM, for pharmacy trips and out of county specialist/surgeries. They will also cover GMR if a friend or family member can give them a ride.

For more details about NEMT services please see the NEMT Rides Guide on our website here. To report a grievance on behalf of a member, please contact us at [UHAGrievance@umpquahealth.com](mailto:UHAGrievance@umpquahealth.com). If you have additional concerns, please reach out to our Provider Relations team for help or by calling our Customer Care at 541-229-4842.

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## Smoking and Cataract Surgery

Smoking cessation is required before most elective surgeries, but is no longer required for UHA members that need cataract extraction. As of July 1, 2022, and per Ancillary Guideline A4, SMOKING CESSATION AND ELECTIVE SURGICAL PROCEDURES: Procedures for contraceptive/sterilization purposes, procedures targeted to active cancers (i.e., when a delay in the procedure could lead to cancer progression), diagnostic procedures, and bloodless surgery (e.g., cataract surgery) are not subject to the limitations in this guideline note.

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## Eating Disorder Consultation

If you encounter a client with an eating disorder and are unsure of next steps, please refer to this [flyer for a list of specialists](#). If you have any other questions, please contact UH Customer Care at 541-229-4842.

**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 Dietitian

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

# CLINICAL CORNER

## Smoking & Tobacco Use Clinical Cessation Tools

Meta-analyses of 52 clinical trials and 20,000 patients have found that the combination of behavioral counseling and pharmacotherapy both have greater efficacy for smoking cessation when used in combination than when either is used alone.

With optimal treatment, 25 to 35 percent of smokers who try to quit can succeed for six months or more. Usable tools to guide practice and integrate tobacco treatment into routine clinical care may be found at <https://www.cdc.gov/tobacco/patient-care/clinical-tools/index.html>.

### Quit Now Phone Numbers for Member Enrollment or Provider Referral

1-800-QUIT-NOW	English
1-855-DEJELO-YA	Spanish
1-877-777-6534	TTY

### Quit Now Website Addresses

<a href="https://www.quitnow.net/mve/quitnow?qnclient=oregon">https://www.quitnow.net/mve/quitnow?qnclient=oregon</a>
<a href="http://www.quitnow.net">www.quitnow.net</a>

### Pharmacotherapy Options

The UHA pharmacy benefit includes a trial of a variety of preferred tobacco cessation products for up to two quit attempts per year without prior authorization.

All members are encouraged to enroll in a tobacco cessation support program and enrollment is required for continued use of a tobacco cessation product beyond the established quantity limits:

PRODUCT	QUANTITY LIMIT
Nicotine Gum	120 units per 5 days; 4,320 units per year
Nicotine Lozenge	120 units per 5 days, 4, 320 units per year
Nicotine Patch	30 patches per 30 days; 180 patches per year
Varenicline 0.5 (11)-1 ORAL TAB DS PK 0.5mg 1 mg	53 tablets per 28 days, 106 tablets per year 11 tablets per 7 days, 22 tablets per year 2 tablets per day, 12 weeks per 180 days
Bupropion HCL SR 150 mg Tab ER 12H	60 tablets per 30 days; 180 tablets per year

\*Note: Nicotrol inhaler and Nicotrol NS nasal spray are non-preferred and require a prior authorization with documentation of a contraindication or trial and failure of nicotine lozenge, and nicotine gum, and nicotine patches.

# ON THE LOOKOUT

## Monkeypox Information & Resources

from the Oregon Medical Board

The Centers for Disease Control and Prevention (CDC) has been working closely with international and state health partners to respond to global outbreaks of monkeypox. Currently, the West African variant of monkeypox has been found in the U.S. According to the CDC and Association of American Medical Colleges (AAMC), physicians and other health care providers should know the following for a clinical assessment of a patient suspected of having monkeypox:

- **Symptoms:** Historically, people with monkeypox report flu-like symptoms (such as a fever, body aches, and swollen lymph nodes) before a characteristic rash appears on the body, often on the face, arms, and hands. During the current outbreak, some patients have developed a rash around the genitals or anus before any other symptoms, and some have not developed flu-like symptoms at all. The rash may resemble a rash found with herpes simplex, varicella/shingles, or syphilis. More details are available [here](#).
- **Diagnosis:** The orthopox PCR test is the accurate diagnostic tool performed within a laboratory in order to accurately detect the virus. Currently, labs that are part of the national Laboratory Response Network are performing an orthopoxvirus PCR test that was cleared by the FDA. CDC labs can further characterize the strain of monkeypox with a specific viral test and genome sequencing. An orthopox positive test alone is sufficient for full public health action.
- **Specimen Collection:** Use sterile dry polyester, nylon, or Dacron swabs. Do not use cotton swabs. Swab or brush lesion vigorously with two separate sterile dry swabs. If possible, swab two different lesions. If the specimen is not sent to a lab within your immediate proximity, the sample should be frozen. More details are available [here](#).
- **Isolation:** Isolate patients suspected of having monkeypox. Keep patients' doors closed. Make sure personnel wear appropriate PPE.
- **Positive Test Results:** If a test is positive, work with your public health department. A positive orthopoxvirus test is enough to take the actions necessary to care for the patient and help prevent additional spread – the same actions they would take for a positive monkeypox test result. Health authorities can isolate the patient, start treatment if needed, begin contact tracing, and offer post-exposure vaccination to contacts while confirmatory tests for monkeypox are under way.
- **Treatment Protocol:** Consult the CDC interim treatment guidance for monkeypox for clinical guidance and available medical countermeasures. Although there is not a specific treatment for monkeypox at this time, outbreaks can be mitigated.

The following resources will help you stay up to date:

CDC:

- [Case Counts and Map: U.S. Monkeypox 2022: Situation Summary](#)
- [Resource Guide: Signs and Symptoms](#)
- [FAQs: Clinician FAQs](#) contains information about how to identify symptoms and counsel patients.
- [Clinician Outreach and Communication Activity \(COCA\) Stakeholder Call: May 24, 2022: What Clinicians Need to Know about Monkeypox in the United States and Other Countries.](#) During COCA calls/webinars, subject matter experts present key emergency preparedness and response topics, followed by meaningful Q&A sessions with participants. Each COCA call/webinar will offer up-to-date information and guidance for clinicians on emerging health threats and public health emergencies. For more information, join the COCA email list.

AAMC and Member Institutions:

- [CDC/AAMC Clinician Checklist](#)
- [Johns Hopkins University Bloomberg School of Public Health: What You Need to Know About Monkeypox](#)
- [Johns Hopkins Center for Health Security: Monkeypox Alerts and Updates](#)
- [National Emergency Special Pathogens Training and Education Center: Resource Library Other:](#)
- [World Health Organization: Monkeypox: Key Facts](#)

- [JAMA: What You Need to Know About Monkeypox Information for Patients](#): Johns Hopkins University Bloomberg School of Public Health, an AAMC member institution, has published [What You Need To Know About Monkeypox](#), which may be shared with patients. [For more information, see the Oregon Health Authority's FAQs. | Monkeypox Information and Resources Vol. 134 No. 3 | Summer 2022](#)

# BETTER HEALTH FOR ALL

## *Affordable Connectivity Program Lowers Cost of Broadband Services for Eligible Households*

CMS is working to help build awareness about the [Affordable Connectivity Program \(ACP\)](#), a Federal Communications Commission program. Your patients who use telehealth services might ask you about the new long-term benefit to help lower the cost of broadband service for eligible households struggling to afford internet service.

The ACP provides:

- Up to \$30/month discount for broadband service
- Up to \$75/month discount for households on qualifying tribal lands
- One-time discount of up to \$100 for a laptop, desktop computer, or tablet purchased through a participating provider if the household contributes more than \$10 but less than \$50 toward the purchase price

The ACP is limited to 1 monthly service discount and 1 device discount per household.

Who's Eligible?

Your patient's household is eligible for the ACP if the household income is at or below 200% of the [Federal Poverty Guidelines](#) or if a member of the household meets at least 1 of the criteria outlined at [fcc.gov/acp](https://www.fcc.gov/acp).

Your patients can enroll in 2 steps by:

1. Going to [ACPBenefit.org](https://www.acpbenefit.org) to apply or print a mail-in application
2. Contacting their preferred participating ACP provider to select a plan, and they'll apply the discount to the patient's bill

Some ACP providers may ask your patients to complete an alternative application. Eligible households must apply for the program, and contact a participating provider to select a service plan.

More Information:

- Visit [fcc.gov/acp](https://www.fcc.gov/acp), or call 877-384-2575
- [Consumer Outreach Toolkit](#)
- [White House Fact Sheet](#)

# CME FOR THEE

## Online Tobacco Cessation Counseling Training with CME

**On demand, 45 minutes**

**Contact:** Anona Gund ([Anona.E.Gund@dhsosha.state.or.us](mailto:Anona.E.Gund@dhsosha.state.or.us)).

**Audience:** All members of the care team committed to supporting their patients to quit tobacco.

This short online course will improve your care team's ability to help patients quit tobacco. The course focuses on Brief Tobacco Intervention and Motivational Interviewing techniques.

- **When:** The course is self-paced and takes approximately 45 minutes. The course can be started, paused and resumed later as needed.
- **CMEs:** This training has been reviewed and is accepted for up to 1.0 prescribed credit from the American Academy of Family Physicians (AAFP). For other licensing boards that may not pre-approve continuing education credits (for example, the Board of Licensed Professional Counselors and Therapists), please submit the certificate of participation to your accrediting body.
- **Access the training:** <https://learn.optum.com/redeem/or>

## Overview of Oregon's Social-Emotional Reach Data for Children Birth to Five

**August 17 and September 21**

**Contact:** [OPIP@ohsu.edu](mailto:OPIP@ohsu.edu)

OHA measure stewards and the Oregon Pediatric Improvement Partnership (OPIP) are hosting an overview of Oregon's novel social-emotional reach data for children birth to five. This is component one of the system-level social-emotional CCO incentive metric. The webinar will cover how the reach metric is meant to guide and inform system-level improvement efforts.

- **Audience:** CCOs, health system leaders, primary care providers, behavioral health providers and early learning providers who are working on, or engaged by their CCO in, the system-level social-emotional health metric.
- August 17, Noon–1:30 p.m.: **Register here:** <https://us06web.zoom.us/meeting/register/tZltcuGtqD4sGtwJnxP6jkbWVfC1ol-rqR5J>
- A second webinar will be offered September 21, Noon–1 p.m. in a Q&A format for attendees of the first webinar — more information on registration to come.
- For more info about the webinar, visit OPIP's webpage (scroll to bottom of the page): <https://oregon-pip.org/health-aspects-of-kindergarten-readiness/>

