



UHA Connection

Monthly Provider Newsletter: MARCH 2023

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: UHCustomerCare@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](https://www.facebook.com/umpquahealthalliance)



PRACTICE TACTICS

Health Related Flexible Services

Join our Network!

Umpqua Health Alliance (UHA) is excited to announce the use of **Connect Oregon's** referral platform Unite Us for sending and receiving health related flexible services. Connect Oregon is a coordinated care network of health and social service organizations. Partners in the network are connected through Unite Us' shared technology platform, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities.

Currently, UHA receives flexible services/spending requests via phone, fax or email. **Starting April 1st**, submissions via Unite Us will make it easier to refer and connect to local resources. This will also increase efficiency, track outcomes and better identify gaps in need by proactively addressing barriers to care. If you would like access to the Unite Us platform, please check out our **Connect Oregon Flyer** and/or visit <https://uniteus.com/networks/oregon/>.

Updated Requirements

UHA has seen a dramatic increase in flex requests for rental assistance, appliances, and high dollar repairs. In order to meet the demand of the requests and ensure it meets the criteria for approval, UHA has updated our documentation required for submission, effective April 1.

When submitting your requests for these items/services, please include the following for the request to be considered valid (complete). Submission of an incomplete application will result in a refusal of services.

- Flexible Spending Request Form (unless submitted through Unite Us)
- 60 day financial proof of income. Qualifying examples:
 - DHS printout with current TANF benefits
 - Pay stubs
 - SSA/SSI award letters
 - Child support print out
 - Unemployment benefits print out
 - Bank statements checking/savings
- A copy of the rental agreement
- Eviction Notice/72 Hour Notice
- Property management/Landlord information
 - W9
 - Name
 - Address
 - Email address
 - Phone number



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

Language Access Report

UHA wants to highlight the significance of the Language Access Report that is sent to OHA by UHA staff every quarter. UHA staff will contact your office via e-mail with instructions and a template if there is evidence of interpreter service needs for a member that was seen in your office. If you have not identified to us that you would like this to be e-mailed, we will contact your office via phone call and ask for the needed information.

As a reminder, House Bill 2359 requires health care providers to provide services to patients using qualified and certified healthcare interpreters on the OHA Health Care Interpreter Registry, effective July 01, 2022 .

Per OHA's Health Care Interpreter Registry of qualified and certified Health Care Interpreter (HCIs), Oregon Revised Statute(ORS) 413.550 requires working with certified and qualified HCIs. By law, qualified and certified HCIs have completed 60 hours of required training, demonstrated language proficiencies, applied for and received certification or qualification letters and identification numbers from the Oregon Health Authority.

Interpreters who do not meet the above requirements are not approved by the Oregon Health Authority and therefore not listed on the mandated state Registry. For more information about the Registry, and to search for local Health Care Interpreters, please visit <https://hciregistry.dhs.oh.state.or.us/>.

This Language Access Report is to monitor the ease of access and appropriate use of interpreter services for our members. Contracted providers are expected to provide effective, equitable, understandable, and respectful quality care and services. This includes without limitation, free-of charge certified or qualified oral and sign language interpreters to all members, and accessible health and healthcare services for individuals with disabilities in accordance with Title III of ADA. The CCO is responsible for reporting all required denominator visits, at the visit level, using the data system(s) best suited for their collection method.

The CCO is also required to indicate the visit date, member ID and whether the member already has interpreter needs flag(s) in MMIS/834 file. UHA staff will identify the required information to you. Your charting of this information is essential for reporting purposes. Please follow the instructions in the e-mail that you receive. If you have any questions please contact UHA Customer Care at: 541-229- 4842 or E-mail: UHCustomerCare@umpquahealth.com.

For information regarding UHA's goal to promote health equity and reduce health disparities in our community, please visit our Language Access Plan here <https://www.umpquahealth.com/?wpdmdl=12218%27%3EUHA%20Language%20Access%20Plan%3C/a%3E>.



OHP Redetermination Process

The Oregon Health Plan (OHP) has announced that Federal Public Health Emergency (PHE) is ending and they will restart the redetermination process.

What is the redetermination process?

Before the PHE, the Oregon Health Authority (OHA) required that people who have Oregon Health Plan (OHP) coverage to reapply for coverage every 12 months. This allows OHA to confirm that people are still eligible for OHP coverage.

When will the redetermination process start?

OHP health coverage renewals will resume on April 1st, so OHA will notify every individual through the mail that they need to complete a renewal notice. This notice will have detailed instructions on where and how to do this as well as contact information for where they can get help with the process.

Umpqua Health Alliance wants to make sure everyone who qualifies keeps their OHP health coverage. To help with this, we ask our contract providers to assist in this process by encouraging their patients to update their contact information with OHA and to watch for their renewal notice to come in the mail.

As a Coordinated Care Organization (CCO), Umpqua Health Alliance is not allowed to directly assist members with the renewal process, but will have information on where they can go for assistance at the Customer Care department and through our Community Health Workers (CHWs), community partners, and provider partners. For more information, please refer to the Oregon Health Authority and Oregon Department of Human Services bulletin [here](#). To contact the UHA Customer Care Department, please call 541-229-4842 / 711 or email UHCustomerCare@umpquahealth.com.



CLINICAL CORNER

Biosimilar FAQ

What is a biosimilar?

A biosimilar is a biologic medication that is highly similar to and has no clinically meaningful differences from an existing FDA-approved biologic (aka reference product).

- Examples of biologics and their biosimilars include:
 - Humira (adalimumab) and Amjevita (adalimumab-atto)
 - Lantus (insulin glargine) and Semglee (insulin glargine-yfgn)

To be approved by the FDA, a biologic reference product goes through a rigorous process to ensure safety, efficacy, and quality. Biosimilars go through a similar, yet abbreviated process. In this approval process, a proposed biosimilar is compared and evaluated against an already approved biologic product. A biosimilar is only verified if it is highly similar and has no clinically meaningful difference in safety, purity and potency compared to its reference product.

Are biosimilars generics for biologics?

Biosimilars and generic products are similar in the sense that they are generally more affordable than their reference or brand name product. However, generic drugs are typically smaller and simpler, which ultimately makes them easy to replicate. Since biologic products are not perfectly reproducible due to their variations in proteins, a biosimilar will not perfectly match its reference product each batch.

Biosimilars and their reference products:

- Are made with the same type of living sources (e.g., animal cells)
- Are given to the patient in the same way (e.g., autoinjectors or prefilled syringes)
- Are provided in the same doses and strengths
- Provide the same potential for treatment benefits
- Carry the same potential side effects.

What is an interchangeable biosimilar?

Per the FDA, two drug products are considered to be bioequivalent if they are equal in the rate and extent of which the active ingredient is available at its site(s) of action. Interchangeable biosimilars are biosimilars that are required to meet further requirements by the FDA. Not all biosimilars have an interchangeable biosimilar. The manufacturer of the proposed interchangeable biosimilar must provide data that it is as efficacious and safe. An interchangeable biosimilar can be substituted by a pharmacist without the intervention of the prescribing health care provider.

When is it appropriate to use a biosimilar?

Biosimilars may be utilized in patients who have never received a reference product (treatment naïve), as well as in patients who have been treated with a reference product (treatment experienced).

Where can I find additional information?

The FDA Purple Book database provides information regarding all FDA-approved biological products, including reference products and their licensed biosimilar and interchangeable products.

<https://purplebooksearch.fda.gov/>

References:

<https://www.fda.gov/drugs/biosimilars/overview-health-care-professionals>

<https://www.fda.gov/consumers/consumer-updates/biosimilar-and-interchangeable-biologics-more-treatment-choices>

<https://www.fda.gov/animal-veterinary/abbreviated-new-animal-drug-applications/bioequivalence>

ON THE LOOK OUT

March is Colon Cancer Awareness Month. Encourage your patients to get their colonoscopy scheduled today!

Colorectal cancer is the second leading cause of all cancer deaths in the United States, second only to lung cancer. Colon cancer can be prevented if caught early through screening. The gold standard of screening for colon cancer is a colonoscopy, but at-home testing options are also available. Colonoscopies look for and identify pre-cancerous polyps or tumors in the colon and remove them before they become cancerous, thus preventing the disease.

The number of people scheduling and completing routine colonoscopies has declined in many areas since the beginning of the pandemic, and many providers and clinics are concerned that this important cancer prevention tool is not being fully utilized. This is likely to lead to higher cancer rates, more advanced-stage cancers, and poorer health outcomes, including mortality.

The American Cancer Society recommends adults at average risk for colon cancer be screened for the first time at 45 years old. If your patient has a family history or if they are at high risk for colon cancer, encourage that they be screened before 45 years old. Talk to your patient and encourage them to schedule their colonoscopy. Help us prevent colon cancer!



BETTER HEALTH FOR ALL

How shared decision-making can increase CRC screening rates

Amidst the pandemic, routine screening for many things including colorectal cancer, fell by the wayside. As we begin to think about improving screening rates, it is important to think about how to best engage patients in these routine screenings.

In a study recently published in the Cancer Medicine journal, findings indicate using a shared decision-making tool with patients can increase rates of screening. A tool such as this can be provided to patients in a format that works best for them, increases education, and empowers them to be proactive in their choices about their health. This approach is an equitable method to provide better health for all. You can read the full article [here](#) and find the decisions worksheets [here](#).

CME FOR THEE

Free, quick online tobacco cessation counseling training

(with continuing medical education credits) **On demand, 45 minutes**

Contact: Anona Gund (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.
- **Continuing medical education credits:** 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>

Traditional Health Worker Training

Support the growth of Traditional Health Workers (THWs) in our local communities. THW training participants will receive training, certification, job placement assistance, mentoring & resources for professional development. THWs play a vital role in providing culturally responsive care & addressing unique health needs of our communities. Empower your community and your career, join the THW Training Program now!

THW Training Program Flyer
THW Advisor Flyer



NETWORK NEWS

Changes in Licensure

All active licenses held by contracted providers are monitored by Umpqua Health. Umpqua Health must be notified immediately of any changes to licensing. This would include informing us when a provider obtains a higher level of licensure. For example, when a Clinical Social Work Associate (CSWA) becomes a fully qualified Licensed Clinical Social Worker (LCSW), UHA must be notified of the change and a copy of the new licensure should be submitted. The **Contracted Provider Update Form** has been updated to include an area to indicate updated credentials and updated license information. This form can be completed and submitted along with a copy of the new/updated license to the UHN Provider Network team at UHNProviderServices@UmpquaHealth.com.

Provider Network Updates

- Hope Mental Wellness is located at 137 Hall Ave in Coos Bay, Oregon and provides mental health services to patients aged six and older. Provider Jennifer Hope is a dually licensed and board certified Psychiatric Mental Health Nurse Practitioner (PMHNP) and Family Nurse Practitioner (FNP) and can be reached at (541) 236-2086. Evening and weekend appointments are available.
- Trillium Family Services offers mental health services for children ages five to 21 including residential, outpatient and day programs in Portland, Corvallis, The Dalles and Bend and can be reached at (541) 234-9591. Please consult our Provider Directory for a full description of services and locations.
- FoodSmart Nutrition Network provides nutrition counseling and support by telehealth only, seven days a week from 8:00am to 6:00pm, and can be reached at (888) 837-5325.
- Scott Tougas LPC has opened his own practice, Tougas Therapy LLC now located at 753 SE Main Street Suite 101 in Roseburg, and can be reached at (541) 357-8346.