



# UHA Connection

Monthly Provider Newsletter: APRIL 2023

## 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

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## 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](mailto: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!

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

## *“I Speak” Cards for UHA Members*

UHA has started mailing “I Speak” cards to our non-English speaking members. These are to help identify to you members that may need an interpreter. The letter is in the member’s preferred language, but the card that they can detach is in English for your use. Please take a copy of this card for your records at the time of the member’s visit and return it to them.

Providers must comply with Citation: 45 CFR. Section 80.3(b) (2), as well as Title VI of the Civil Rights Act of 1964 which requires all federally funded agencies to

provide free language access services. Effective July 01, 2022, 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. For more information about the Registry, and to search for local Health Care Interpreters, please go [here](#).

If you have any questions, or need help finding an interpreter, please contact UHA Customer Care at 541-229-4842 or visit our Language Access Plan [here](#).



# Chiropractic Services

Under current Medicaid rules, chiropractic services are only covered for funded spine related conditions. Referrals from the provider need to be within the last 60 days and document the need for chiropractic services. An initial evaluation visit and four treatment visits will be initially authorized if the criteria are met.

Chiropractic services are also only approved for active therapy to address an acute issue. It will not be covered for maintenance therapy. Expectations are that members will be seen at minimum twice a week for therapy and should accomplish therapy within eight weeks from start of care. These standards are established using the evidence-based criteria tool, InterQual. Therapy extending past the eight-week mark may be denied for future visits and the member may have to go back to the provider for alternative options such as Physical Therapy. The number of visits authorized for ongoing requests will be based upon the severity of limitations documented and will vary between

four and twelve visits.

It is also important to note the requirements of documentation needed for the ongoing review process. Per InterQual criteria, we must know a few key details in order to determine that the therapy is necessary. Documentation should state that the limitations are amendable to chiropractic intervention. There should also be a neurological exam performed during the initial visit. It is also important to include measurable short-term and long-term goals of therapy as well as what you are doing to establish the Home Exercise Program (HEP). Goals and HEP should be documented on every visit and that patient is agreeable and participating in HEP. Frequency of visits and treatment activities to address the deficit areas should also be addressed.

If there are any questions to the above, please feel free to reach out to our department for clarification at [priorauthorizations@umpquahealth.com](mailto:priorauthorizations@umpquahealth.com).

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## Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

As many of you are aware, there was a new policy made in the beginning of the year by the Oregon Health Authority (OHA) called Early and Periodic Screening, Diagnostic and Treatment (EPSDT). There has been a lot of information over the past few months that has been given by OHA around this policy and the impact of members 0-20 years of age. We wanted to take some time to explain what this means from a Prior Authorization (PA) standpoint.

EPSDT does not change PA requirements that are already in place. If the PA Grid states that a PA is needed, then this will still be true for a EPSDT request. It is always a good practice to check the current PA grid which is currently posted on our [website](#). You can also reach out to our department for clarification at [priorauthorizations@umpquahealth.com](mailto:priorauthorizations@umpquahealth.com).

What does change is the how the criteria is applied. Previously, request were reviewed first for the funding or coverage requirements of the

Prioritized List of Health Services. These requests also took into consideration co-morbidities and

other factors that would warrant coverage. Now, for members and services that meet EPSDT requirements, UHA will evaluate the request based on medical appropriateness and criteria guidelines, and not the funding rules. It will be important on these requests to clearly state the medical justification for the request. If the request does not meet criteria, current best practices or it is proven to be ineffective or not proven, the request may still be denied.

Denials for EPSDT requests will follow the same appeals workflow as other PA requests. A peer-to-peer may also be requested if needed. It is highly suggested if you have not seen or participated in any of OHA's webinars on this subject, to do so. The link for OHA's EPSDT resources is [here](#).





# Member Grievances (Complaints)

Members, representatives, or provider offices (with written consent from the member), can file a grievance (complaint). This can be for any part of their care that they are not satisfied with. Our team will look into each of your concerns and keep it private. We will try to find a solution.

Examples of reasons you may file a complaint or grievance are:

- Problems making appointments or getting a ride
- Problems finding a provider near where you live
- Not feeling respected or understood by providers, provider staff, drivers or UHA
- Care you were not sure about, but got anyway
- Bills for services you did not agree to pay
- Disputes on UHA extension proposals to make approval decisions
- Driver or vehicle safety
- Quality of the service you received

We will try to get all the facts about the issues. We will ask you or the member to submit any information available. We will also reach out to others that are a part of the complaint. We will look into the complaint and let you know what can be done as quickly as your health requires. This will be done within 5 business days from the day we received your complaint. If we need more time, we will send you a letter within 5 business days. We will tell you why we need more time. We will only ask for more time if it's in your best interest. All letters will be written in the members preferred language. We will send you a letter within 30 days of when we got the complaint explaining how we will address it. We will also try to reach you with the resolution by phone.

If you are unhappy with how we handled your complaint or grievance, you can share that with the Oregon Health Authority's Client Services Unit at 1-800-2730557 or please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email [OHA.OmbudsOffice@dhs.ohs.state.or.us](mailto:OHA.OmbudsOffice@dhs.ohs.state.or.us) or leave a message at 877-642-0450.



UHA, its contractors, subcontractors, and participating providers cannot:

- Stop you from using any part of the grievance system process or take punitive action against a provider who ask for an expedited result or supports your appeal.
- Encourage the withdrawal of a grievance, appeal, or hearing already filed; or
- Use the filing or result of a grievance, appeal, or hearing as a reason to react against you or to request your disenrollment.

Let us know if you or the member need help with any part of the complaint process. We will provide you with help to complete forms and other steps needed to file a grievance (complaint). This could be:

For more information or to file a grievance (complaint):

Customer Care Team:

- Monday-Friday, 8:00AM-5:00PM
- Phone: 541-229-4842
- Toll Free: 866-672-1551
- TTY: 711 | 541-440-6304
- Website: [www.umpquahealth.com/appeals-and-grievances/](http://www.umpquahealth.com/appeals-and-grievances/)
- Mail: Umpqua Health Alliance  
Attn: Grievance and Appeals  
3031 NE Stephens St  
Roseburg, OR 97470
- Email: [UHAGrievance@umpquahealth.com](mailto:UHAGrievance@umpquahealth.com)

# CME FOR THEE

Aligning with the recent X waiver changes by the DEA, and supporting more training for the recent P&T committee decisions, here are several pertinent educational opportunities:

- [Buprenorphine Mini-Course: Building on Federal Prescribing Guidance](#)
- [Understanding Pain and Conducting a Pain Assessment: Practical Guidance for Pain Management](#)
- [The Treatment of Substance Use Disorders and Addiction During COVID-19](#)

## CLINICAL CORNER

### PHARMACY BENEFIT COVERAGE CHANGES

The UHA P&T Subcommittee met on March 15th, 2023, and reviewed the current formulary and prior authorization requirements with consideration of current guidelines, patient access, safety, efficacy, and value. Changes will be effective as of 5/1/2023.

#### Non-Insulin Diabetes Agents

- Please refer to the pharmacy services website for the most current prior authorization and formulary as well as a new provider guidance for diabetes.
  - [Pharmacy Services](#)
  - [Diabetes Provider Guidance](#)
- Below is a summary of the recommended documentation to submit with a prior authorization request for a non-preferred

non-insulin option as added glucose control in member living with Type 2 Diabetes (T2DM).



- Note: An adequate trial and failure (t/f) is either a minimum of three months at the maximum dose, a contraindication, or a documented intolerance.
- Note: The following applies to requests for members with established diagnosis of Type II diabetes only.

#### DIPEPTIDYL PEPTIDASE-4 INHIBITORS (DPP-4I)

Alogliptin or combination products	All other
No PA required	PA Required <ul style="list-style-type: none"><li>• Document T/F of alogliptin.</li></ul>

#### SODIUM GLUCOSE TRANSPORT 2 INHIBITORS (SGLT2I)

Steglatro (ertugliflozin)	Farxiga (dapagliflozin propanediol), Invokana (canagliflozin), Jardiance (empagliflozin)
No PA required	PA Required <ul style="list-style-type: none"><li>• Document T/F of metformin.</li><li>• Document history of ASCVD, or high risk of ASCVD, or reduced ejection heart failure, or CKD</li><li>• If no cardio-renal history, also document that the member is above glycemic goal despite an adequate T/F of a DPP4I (alogliptin).</li></ul>

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## GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS (GLP-1 RA)

Adlyxin (lixisenatide), Byetta (exenatide), Bydureon (exenatide microsphere), Rybelsus (semaglutide), Trulicity (dulaglutide),	Ozempic (semaglutide), Victoza (liraglutide), Mounjaro (tirzepatide)
<p>PA Required</p> <ul style="list-style-type: none"> <li>Document T/F of metformin.</li> <li>Document history of ASCVD, or high risk of ASCVD.</li> <li>Document T/F of SGLT2 inhibitor.</li> <li>Document that the member is actively participating in a lifestyle or nutrition support program such as a clinic-based diabetes self-management program and/or Food Smart.</li> <li>If no ASVD history or risk, also document that the member is above goal despite an adequate T/F to either a sulfonylurea, a TZD, or a DPP-4.</li> <li>If the member's A1C is at or above 9% add documentation of a trial and failure, contraindication to, or intolerance to insulin.</li> </ul>	<p>PA Required</p> <ul style="list-style-type: none"> <li>Document member meets all the requirements for a preferred agent.</li> <li>Document adequate T/F of the preferred agents.</li> </ul>

*Note: Table is applicable for type II diabetes diagnosis only.*

### Buprenorphine Products

- Formulary buprenorphine and buprenorphine/naloxone products do not require prior authorization review unless prescribed concurrently with an opioid medication or above the maximum daily dose.
- Note: The maximum safe, effective, and recommended daily dose of buprenorphine is 24 mg
- In response to increased local and national provider interest in transitioning providers from prescribed opioids to buprenorphine or buprenorphine/naloxone UHA will allow a one-time concurrent use exception when documentation of the tapering plan is submitted.

- Amjevita is an FDA authorized biosimilar to Humira.
- Biosimilar FAQ**

### Narcan (Naloxone)

On March 29th, 2023, the FDA approved the selling of the intra-nasal overdose antidote naloxone over the counter. It is expected to be available for purchase by late summer.

- Currently OHA covers generic naloxone injection and spray without restriction when prescribed.
- Pharmacists are available to complete naloxone and opiate risk assessments and prescribing at the follow pharmacies: Gordon's Pharmacy and Gifts, Myrtle Drug, Sutherland Drug, Hometown Drug, and Valley Drug.

### Adalimumab

The preferred adalimumab product is now Amjevita 40 mg/0.8mL AIJ (alimumab-atto).

## Community Health Workers

UHA's Care Coordination Team includes five Community Health Workers (CHW). The CHW team work closely with UHA members to resolve barriers to care, connect to community resources to assist with SDOH needs and encourage members as they reach their healthcare goals.

UHA members can be referred for CHW support including, but not limited to:

- Food, housing and financial resources
- Healthcare navigation
- Transportation

- Assistance obtaining a cell phone
- Completion of applications for those with literacy barriers

Email referrals to **CaseManagement@**

**umpquahealth.com**. Information to include:

- Member Name, ID number, DOB
- Member contact information
- Defined request
- What the member has already done to access resources



# NETWORK NEWS

## *Public Health Emergency (PHE) Ending*

During the COVID-19 public health emergency (PHE), the federal government extended health coverage, services, and support for people with disabilities and older adults and provided extra food benefits. Some of these flexibilities and temporary programs will end as the federal COVID-19 PHE phases out. Oregon is planning for how these changes will affect people, with a goal of keeping as many people as possible connected to benefits and covered by a health plan.

OHA (Oregon Health Authority) and ODHS (Oregon Department of Human Services) are releasing a critical tool to support provider and non-provider community partners in understanding the process, timeline, and impact of Oregon Health Plan renewals. The Renewals Operational Timeline will include the overall timeline, major activities, and anticipated impacts for redetermining the 1.4

million people in Oregon receiving Oregon Health Plan and other benefits beginning in April 2023. UHA is committed to keeping its provider network abreast of the upcoming changes and resources available to prepare for the end of the Public Health Emergency.

Medicaid Flexibilities ending when the PHE ends:

- 10% rate increase for Behavior Rehabilitation Services providers
- Suspension/extension of Medicaid FFS (Fee for Service) prior authorization requirements
- Extended fair hearing timelines (120 days added to 90-day timeline)
- Provider enrollment and screening flexibilities to:
  - Enroll Medicaid providers enrolled with another State Medicaid Agency or Medicare
  - Some requirements waived (site visits,



application fee, criminal background checks)

- Service provision in alternative settings with full reimbursement for nursing facilities, intermediate care facilities for IDDS, PRTFs, hospitals
- Modified public notice and Tribal consultation timelines for Disaster relief SPA submissions
- Extended time frames for HCBS (Home and Community Based Services) 1915(i) initial evaluations, assessments, re-evaluations, and reassessments
- Allowing individuals to continue to be Oregon residents if evacuated or left for medical reasons related to PHE and intend to return
- Allowing contracted community partner organizations to make hospital presumptive eligibility determinations
- Pharmacy Flexibilities:
  - Waive day supply limits when appropriate to reduce exposure risk
  - Early Refill Allowed
  - Prior authorization for medications expanded by automatic renewal without clinical review, or time/quantity extensions
  - Exceptions to Preferred Drug List
- New HCPCS (Healthcare Common Procedure Coding System) codes for COVID-19 diagnostic test panel reimbursed at 100% of Medicare rate

#### Helpful Resources for Providers

UHA would like to encourage you to register for the remaining PHE webinar series.

- Preparing for the COVID-19 Public Health Emergency to End: Registration is open for our spring partner webinar series. All webinars are from 10 to 11 a.m., Pacific Time.
  - English webinars: March 14, April 11, May 9.  
**[Register now.](#)**
  - Spanish webinars: March 23, April 20, May 18.  
**[Register now.](#)**
- **[PHE Unwinding web page.](#)**

#### Helpful Resources for Patients:

To help people prepare, providers can:

- Remind people receiving benefits to verify or update their contact information or report any changes:
  - Options for updating information are available **[here](#)**. If you are an OHP-certified Community Partner or Coordinated Care Organization, you can help people verify or update their contact information
    - **[List of Douglas County Certified OHP Assistors](#)**
- Encourage people receiving benefits to watch for and open mail from the state and respond to any requests for information quickly.

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## *Provider Network Updates*

- Aviva Health has opened a new Behavioral Health Center located at 2001 NW Newcastle Street in Roseburg, open M-F from 8:00 - 5:00, closed for lunch 12-1, and can be reached at (541) 492-2087.
- Hope Mental Wellness is located at 137 Hall Ave in Coos Bay, Oregon and provides mental health services to patients 6 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 5 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, 7 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.





# BETTER HEALTH THROUGH BETTER UNDERSTANDING

**Melissa Cantwell, MHA, Director of Health Equity, Diversity, and Inclusion**

Navigating healthcare can be challenging, in fact the National Assessment of Adult Literacy Survey found almost 36% of U.S. adults have basic or below basic health literacy. Add in other factors, such as language and culture, and it becomes even more challenging. We know from many studies that racial and ethnic minorities often have worse health outcomes due to these many factors.

In response to this the U.S. Department of Health and Human Services (HHS) launched Healthy People 2010 with the goal of eliminating health disparities for racial and ethnic minorities. 2 years later, Congress declared "a National Minority Health and Health Disparities Month should be established to promote educational efforts on the health problems currently facing minorities and other health disparity populations." This led to April being declared National Health Minority Month.

Each year, HHS announces a theme. This year's theme is "Better Health Through Better Understanding" and focuses on improving health outcomes by ensuring folks have access to culturally and linguistically competent care. This can be done in several ways, including working to improve patient health literacy, improving access to health care information for patients with limited English proficiency, and providing care that considers the values, beliefs, and behaviors of each individual patient's culture.

This sounds great in theory, but sometimes it can be hard to know where to start. If you are interested in learning more about any of these elements or have other questions about culturally and linguistically appropriate services, feel free to reach out to me via email at [mcantwell@umpquahealth.com](mailto:mcantwell@umpquahealth.com). As the Director of Health Equity, Diversity, and Inclusion at UHA, I am happy to support you in this work.

## NEWSLETTER IDEAS?

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.

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)
- Camille Sorensen at [csorensen@umpquahealth.com](mailto:csorensen@umpquahealth.com)

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