



# UHA Connection

Monthly Provider Newsletter: July 2023

## NEW WAYS TO MANAGE & PREVENT DIABETES

According to the American Diabetes Association (ADA), approximately 10.8% of the adult population in Oregon is “diagnosed” with diabetes and an additional 93,000 have diabetes but don’t know it. Add to that 33.5% or another 1.09 million of the adult population who have prediabetes with blood glucose levels that are higher than normal but not high enough to be diagnosed as diabetes. That is a total of 44.3% of the adult population in Oregon either having diabetes or prediabetes, with many not knowing they have it.

To address this growing concern, Umpqua Health Alliance (UHA) has contracted with Oregon Wellness Network (OWN) to give the healthcare professional an extra tool in their toolbox to address this growing epidemic. Below are two programs that are available to UHA members:

1. National Diabetes Prevention Program – designed for people with prediabetes or obesity who have not been diagnosed with either type 1 or type 2 diabetes. This year-long program was developed by the CDC and is a lifestyle change program that helps participants lose weight and adopt healthier habits, thereby reducing their risk for development of type 2 diabetes. As a preventative service, there is no out of pocket costs to the participant. Research has shown that people who participate in this program are 58% less likely to develop diabetes. The reduction of risk is even higher (71%) for those over 60 years old.
2. Diabetes Self-Management Education & Support (DSMES) services. These services are designed for people with diabetes and have two components:
  - a) The first is individualized care planning session\* with either the lifestyle coach or a trained diabetes educator. These sessions are done before and after the group meeting and are used to establish patient goals.
  - b) The second component is the evidence-based diabetes self-management group classes that meet weekly for 2.5 hours for 6 weeks (about 15 hours of class time). These are led by two trained leaders, where at least one of the leaders has direct experience either living with the disease or has experience caring for someone with diabetes.
3. Note: if an individual needs more nutrition counseling, a referral can be made to a registered dietitian associated with the program. This is especially helpful for newly diagnosed diabetics.

To refer someone into either program, please complete **this referral form and fax or email to OWN** at [health.promotion@nwsds.org](mailto:health.promotion@nwsds.org) OR call 1-833-673-9355 to make a referral by phone. Referrals can also be made through Connect Oregon and the OWN website.



# PRACTICE TACTICS

## PRIOR AUTHORIZATION (PA) FOR RESPIRATORY DURABLE MEDICAL EQUIPMENT (DME) UPDATED

CIM (Clinical Information Management) has a new authorization type: DME - RESPIRATORY that should be used for all DME items that are respiratory related. Examples of items that would fall under this category include: oxygen, CPAP/ BiPaps, etc. Respiratory related PA requests that are not submitted with this authorization type will be changed at time of processing to DME - RESPIRATORY and an email reminder will go out to the provider.

Good news! Effective 07/01/2023: Nebulizers with CPT codes E0570, E0572, E0575, E0580, E0585 and Peak Expiratory Flow Rate testing, CPT code S8110, no longer need a PA.

If there are any questions on this new process or changes to the PA requirements, feel free to contact the Prior Authorization department at [PriorAuthorizations@umpquahealth.com](mailto:PriorAuthorizations@umpquahealth.com)

## NEW HEALTH RELATED SERVICES

UHA has updated our Health Related Services - Flexible Spending Forms. First, the new standard form is required and the member must sign the form to meet the requirements for a valid submission. Additionally, UHA has contracted with the YMCA or Fitness Memberships. Please refer the members to the YMCA directly. These forms can found on our website [here](#). Both need to be accompanied by the Health Risk Assessment (HRA) for it to be reviewed. We have also updated our criteria and documentation requirements or lex requests. These can also be found on our website [here](#).

## GRIEVANCE PROCESS

Members have the right to file a grievance (complaint) for any part of their care. Our Grievance and Appeals team will work with the provider/office in concern to investigate the issue. If the request is regarding quality of care, all documentation that is gathered is reviewed by our Medical Director. We will be providing a letter

from the Medical Director to the provider with the findings.

## RECONCILIATION LIST

Please keep an eye out for the next Reconciliation email sent by UHA. You should have received it the end of June with a return date of no later than July 14, 2023 by 11:59 PM. This is your opportunity to review the membership assigned to your practice. Once returned, UHA will update the information provided through the template. Please note that for an external change, UHA will need to confirm prior to making that assignment. This includes from one location to the other for same clinic. An external change is any assignment to a different office. As a reminder, UHA can only assign members to Primary Care Providers and not Specialists.

## REMINDER THAT AS OF 01/01/2023 CIRCUMCISION IS COVERED BY UHA

CPT codes **54150** (Circumcision w/clamp/OTH Dev w/Block) and **54160** (Circumcision Neonate)

- No PA required for members under 4 weeks of age (all providers).
- For ages over 4 weeks old PA required if the POS is Office/Outpatient (any provider).
- No PA is required for in-network providers if POS is inpatient or ER, approved hospital claim can take the place of PA.
- Out-of-network inpatient requires PA or an approved hospital claim on file.

## TIMELY FILING GUIDELINES

This information can be found on the Umpqua Health website under [Providers, Health Plan Services, Claims](#).

- 120 days from the date of service for original submissions (unless it is an inpatient stay, then date of discharge).
- 1 year (365 days) from date of service for corrections, appeals, and secondary/tertiary billing (primary EOB/documentation must be included with original claim submission).

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- If you are experiencing any system issues with claim submissions or any instances that will delay timely billing, UHA MUST be notified as soon as issue is identified via contact information below.
- > Appeals for timely filing must be attached to the claim. Acceptable proof of time includes:
- RA/EOB
  - A screen shot or computer-generated claim transaction history from a billing system. The submission date of claim is required (the submission date must be within the timely filing period). All or a minimum of three of the date elements below must be listed:
    - Members ID
    - Member name
    - Procedure Code
    - Billed charges
    - DOS

Please note that lack of DMAP enrollment is not a valid reason for untimely claims submission. Once provider/facility becomes enrolled, claims are automatically reprocessed and original submission must be within the timely guidelines above.

### INTERPRETER SERVICE REQUEST WORKFLOW

In alignment with the Meaningful Language Access CCO incentive measure, UHA created an [Interpreter Service Request Workflow](#) for provider organizations to utilize. This resource provides guidance on scheduling interpreter services for patients and assisting with revamping internal workflows.

### HEALTH CARE INTERPRETER TRAINING SCHOLARSHIP

Interested in becoming a qualified or certified health care interpreter (HCI)? Submit an application to [UHQualityImprovement@umpquahealth.com](mailto:UHQualityImprovement@umpquahealth.com) to be considered for a scholarship to the Oregon Health Care Interpreter Association's (OHCA) 60-hour online HCI training. The scholarship program covers the cost of training and language proficiency exams for individuals striving to become an Oregon Health Authority (OHA) qualified or certified HCI.

Applicants must meet the following criteria to be eligible for the scholarship program:

1. 18 years of age or older
2. Graduated from high school or GED equivalent
3. Work in Douglas County
4. Absent from the Medicaid Exclusion List
5. Proof of English and target language proficiency

Questions? Contact us at [UHQualityImprovement@umpquahealth.com](mailto:UHQualityImprovement@umpquahealth.com).

### SOC GRANT-BASED FUNDING

The Douglas System of Care (SOC) has grant-based funding available to resolve systemic barriers youth and families face in our community. We're seeking project applications that close gaps and/or eliminate barriers that our youth and families encounter locally. We have \$80,000 available. If you have any questions, please email Cady Lyon at [clyon@umpquahealth.com](mailto:clyon@umpquahealth.com). You can view the [SOC Barrier Resolution Funding Application by clicking here](#).

## 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.

- 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).

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# CLINICAL CORNER

## UPDATED COPD GUIDELINES 2023

The UHA Pharmacy Department has updated our **Asthma and COPD Provider Guidance** in alignment with the **2023 GOLD Update**. See below for highlights from the **2023 GOLD guidelines**.

### Definition:

The 2023 Gold guidelines propose a more inclusive definition of COPD. There is more focus on respiratory symptoms, anatomic abnormalities, and airflow obstruction. Along with this, a new definition of COPD exacerbations was also introduced, considering worsening cough, sputum production, and associated airway inflammation.

### Risk Factors:

Cigarette smoking remains a primary cause of COPD. However, the updated guidelines emphasize the role of exposure to indoor biomass smoke and air pollution in low- and middle-income countries as significant risk factors as well.

### Diagnostic Advances:

The guidelines recommend considering chest computed tomography for patients with persistent exacerbations, symptoms disproportionate to airflow obstruction, or evidence of air trapping/hyperinflation. This can help alternate diagnoses or target specific therapies.

### Treatment Strategies:

Treatment decisions are now based on the degree of airflow obstruction, current symptoms, history of exacerbations, and co-morbidities. Categories C and D have been combined into a

new category named E (for exacerbations). The following initial therapy recommendations are provided.

- Category A: Long-acting  $\beta$ -agonist (LABA) or long-acting muscarinic antagonist (LAMA)
- Category B: LABA + LAMA (change from monotherapy)
- Category E: LABA + LAMA; if blood eosinophils  $\geq 300$  cells/ $\mu$ L, consider adding inhaled corticosteroids (ICS). ICS without combined LABA + LAMA is not recommended at any eosinophil level.
- For patient with persistent exacerbations despite LABA + LAMA + ICS or those with eosinophils  $> 100$   $\mu$ L, roflumilast or azithromycin can be considered.

### Pulmonary Rehabilitation:

The guidelines highlight the importance of pulmonary rehabilitation for patients in treatment groups B and E. Pulmonary rehabilitation programs have shown benefits in improving symptoms, exercise capacity, and quality of life.

### Other Treatment Options:

Recommendations for oxygen therapy, ventilatory support, and lung volume reduction surgery remain unchanged. The guidelines do include endobronchial valve and endoscopic lung volume reduction surgery as potential options.

### Exacerbation Management:

Exacerbations should be treated with bronchodilators and a short course of prednisone. Antibiotics may also be appropriate for patients with increased sputum volume and purulence or those on mechanical ventilation.

# NETWORK NEWS

## WELCOME BAY CITIES BROKERAGE

We are excited to announce that as of July 1, 2023, Umpqua Health Alliance (UHA) has contracted with a new non-emergent medical transportation (NEMT) provider, Bay Cities Brokerage (BCB). UHA members have been informed of this update through mailed letters, member newsletter, and other communication channels. Please visit Umpqua Health Alliance for full array of support and services offered to UHA members. Below you will find supporting materials and some important details to help with the NEMT transition.

### Scheduling

- To schedule a ride, call Bay Cities Brokerage at 541-672-5661, or Toll Free at 1-877-324-8109
- Non urgent rides need to be scheduled at least 2 business days in advance.
- Re-occurring rides to be scheduled up to 90 days in advance.
- Visit their website at [www.bca-ride.com](http://www.bca-ride.com) for a copy of the Riders Guide for details.
- To schedule gas mileage reimbursement (GMR), please call BCB at the number above and complete the GMR log located on their website and return to BCB within 45 days from the appointment.

### What is covered?

- Non-emergent medical transportation (NEMT) services. This includes rides to medical, behavioral, and oral appointments.
- Out-of-area appointments require an approved prior authorization before scheduling.
- UHA also covers rides scheduled with BCB under the flexible services benefit for Adult Day Care, AA/NA meetings, CAC (Community Advisory Council) meetings, Court, DHS (Department of Human Services) appointments, Fitness Centers, Food Resources, Hospital Visitations, Birthing Classes, WIC (Women, Infants and Children) (Women, Infants and Children) appointments, Self-Help Group meetings, Vocational Rehabilitation, and Weight Control programs.

### Issues or Complaints?

If a member expresses dissatisfaction, please

offer them their right to file a grievance. They can do so by phone or in writing:

- Calling Customer Care at 541-229-4842 or ext. 1811 for a warm handoff
- Writing [UHAGrievance@umpquahealth.com](mailto:UHAGrievance@umpquahealth.com) or completing the complaint form and mailing it to Attn: Grievance and Appeals, 3031 NE Stephens St. Roseburg, OR 97470
- If a provider is experiencing issues, or has questions or concerns, please direct them to [NEMTResolutionRequest@umpquahealth.com](mailto:NEMTResolutionRequest@umpquahealth.com)

## IMPROVING SOCIAL AND EMOTIONAL SERVICES FOR CHILDREN BIRTH TO FIVE

UHA is committed to improving Social and Emotional Services for children birth to five. Our strategic action plan is based upon the priorities elevated collectively by our community. We are interested in our providers' perspectives on the types of training and professional workforce development that would be most helpful, and the investments that will be most valuable to your practices in serving this population. We will be reaching out to you in July to learn more so we can best support our providers' engagement in training and development opportunities. Please visit UHA SE (Social Emotional) Health Action Plan for more information.

## PROVIDER NETWORK UPDATES

- Oregon Wellness Network has joined the UHN network, offering programs to help individuals manage chronic health conditions such as diabetes. Their services can be accessed directly by members, or by referral through the Unite Us platform. (833) ORE-WELL (833) or 673-9355.
- Evergreen Family Medicine has opened their new clinic in Sutherlin, located at 249 Dakota Street, offering both Primary Care and Urgent Care services. Primary Care is available Monday – Saturday 8:00 am to 5:00 pm, and Urgent Care is available 7 days a week from 9:00 am to 5:00 pm. (541) 529-4711.
- Avid Counseling and Consultation Services has joined the UHN network, offering virtual Behavioral Health services for patients 8

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- years and older. (541) 524-4100, website <https://www.avidcounseling.org/>.
- Volare Health is the new owner of Umpqua Valley Nursing and Rehab and Rose Haven Nursing Center; however, the facility names will remain the same.
- DME supplier Rotech has added a new location in Medford, at 2594 E Barnett Rd Suite D. Call: (458) 225-8233.
- The Cow Creek Behavioral Health Center located at 940 NW Garden Valley Blvd. in Roseburg has closed and has moved to a new location at Village Station, 500 SE Cass Ste. 110. (541) 672-8533.
- Dr. Steven and Layne Jorgensen have opened a private practice, Jorgensen Family Medicine, in the Harvard Medical Park, 1813 W. Harvard Ave. Ste. 140, in Roseburg. (541) 677-6553.

# CME FOR THEE

## FALL ECHO PROGRAMS REGISTRATION IS OPEN

Registration is now open for the fall ECHO programs offered by the Oregon ECHO Network. Continuing education credits are available, and each program is offered at no cost to you or your workplace. ECHO programs fill quickly. Details and registration for general ECHO programs, addiction medicine ECHO programs, and mental and behavioral health ECHO programs are available at <https://www.oregonechonetwork.org/>. Highlighted topics include the following (see ECHO site for full list):

- **Public Health Preceptor** – This 6-session program will help develop more confident public health preceptors who are better equipped to support public health students.
- **Colorectal Cancer (CRC) Screening Outreach for Rural Communities** – This 6-session ECHO program will share evidenced-based approaches for clinical practices or regional health care organizations to improve colorectal cancer screening rates.
- **Long COVID ECHO for Oregon Clinicians** – This 12-session ECHO series will support clinicians, staff, and other health care professionals working with patients who are living with Long COVID.
- **Integrated Behavioral Health for Pediatric Populations** – This 12-session program will build the capacity of pediatric care practices to provide high-quality integrated behavioral and developmental health services for younger children and adolescents.
- **Substance Use Disorder Leadership** – This 8-session program is for SUD leaders across Oregon to share and discuss emerging resources, best practices, and policy updates; support partnerships across interdisciplinary and regional agencies; and provide a learning community and idea incubator

## OTHER CME OPPORTUNITIES:

- **LGBTQIA MEDICINE- 1 Credit, FREE**  
[Defining LGBTQ Terms for Physicians](#),  
Howard Brown Health
- **ELECTRONIC HEALTH RECORDS- 37 mins 20secs, FREE**  
[Taming the EHR](#),  
AMA STEPS Forward

# ON THE LOOKOUT



As providers, we are passionate about caring for our patients and preventing morbidity and mortality with the tools we have available to us. One of the most effective tools to prevent many communicable diseases and even some cancers, is through vaccines and immunizations. However, not all patients choose to get themselves or their children vaccinated. There is no singular reason why families choose not to vaccinate but it is universally frustrating for providers. Most of us have had some training in empathy and active listening, these are tools that are helpful in addressing vaccine hesitancy. Research has shown that approaching the hesitancy with a desire to understand their perspective and having a conversation with them yields higher vaccine uptake. Using motivational interviewing

techniques of active listening, repeating back what you heard, not responding to their feelings with just facts, and keeping the patient at the center of your conversation have been shown to significantly decrease hesitancy. Research also shows that you, their provider, are the most trusted resource when it comes to vaccines and immunizations. If you'd like more information on motivational interviewing techniques and vaccine hesitancy, please contact Douglas Public Health Network for print resources. Please also join the growing local community of learning around motivational interviewing techniques and how they can improve patient outcomes, several training opportunities will be offered in the fall of 2023.

## BETTER HEALTH FOR ALL

National Minority Mental Health Awareness Month is observed every July to help raise awareness about the challenges members of racial and ethnic minority groups face navigating mental health in the United States. The challenges for these communities include lack of access to services with providers who speak their language and/or are familiar with their culture, stigma within their communities/cultures about receiving care for mental health, discrimination, and limited knowledge about mental health and the importance of seeking treatment. Some startling statistics about mental health in minority populations include:

- In 2021, it was estimated that 39% of Black or African American adults, 25% of Asian adults, and 36% of Hispanic/Latino adults with any mental illness were treated, compared to 52% of non-Hispanic white adults.

- According to the Veterans Health Administration Department of Veterans Affairs, American Indian and Alaska Native Veterans report experiencing post-traumatic stress disorder (PTSD) at double the rate of non-Hispanic white Veterans - 20.5 percent compared to 11.6 percent.
- In 2020, suicide was the leading cause of death among Asian Americans and Pacific Islanders aged 10 to 19; it was the second leading cause of death among those aged 20 to 34.

If you are interested in learning about how you can support your patients in receiving culturally competent care for mental health, please reach out to Melissa Cantwell, Director of Health Equity, Diversity, and Inclusion at [mcantwell@umpquahealth.com](mailto:mcantwell@umpquahealth.com) to learn about available