



UHA Connection

Monthly Provider Newsletter: September 2023

ACCESSIBILITY TO HEALTH CARE SERVICES

Umpqua Health Alliance's (UHA) Provider Directory is a single, comprehensive resource indicating whether the provider's office or facility is accessible and has accommodations for people with physical disabilities. This can include information on accessibility of provider's offices, exam rooms, restrooms, and equipment. It is critical that patients can select a provider or facility that best meets their needs. Umpqua Health Network (UHN) monitors UHA member grievances related to accessibility and will investigate. Education will be provided as needed and corrective action will take place if warranted.

UHN will survey its network of contracted providers and subcontractors this month to collect required accessibility related data for the online and the PDF printable provider directory. Clinics shall conduct a self-assessment and mark each ADA component that they can offer their patients. The survey will include the elements mentioned under the ADA Compliance Checklist noted below and you may visit www.ADAChecklist.org or [click here](#) for full guidance and more details.

ADA Compliance Checklist:

Exam Room

- An accessible doorway must have a minimum clear opening width of 32" when the door is opened to 90 degrees;
- Minimum of 60 x 60 inches of clear floor space to allow patients in wheelchairs or with mobility aids to

turn 180 degrees freely in the exam room. Minimum 30 x 48 inches of clear floor space by at least one side of the exam tables to allow patients to sidle up to the table and transfer to it. Adjustable height exam table lowers for accessible transfers.

Exterior Building Access

- Accessible parking spaces, curb ramps or loading zones at building entrance;
- Accessible, stairs-free route from parking and loading zones up to building entrance;
- Accessible doorway must have a minimum clear opening width of 32 inches when the door is opened 90 degrees, with maneuvering clearances on either side of the door.

Interior Building Access

- Opening must be at least 32 inches wide;
- Drinking fountains, public telephones, and service counters low enough for an individual who uses a wheelchair or scooter or is of short stature;
- Signage with Braille and raised tactile text characters at office, elevator and restroom doors.

Parking

- One in six accessible spaces must be van-accessible;
- An accessible parking space shall be at least nine feet wide with an adjacent access aisle at least 6 feet wide;

- An accessible parking space designated as van-accessible shall be at least eight feet wide or reserved for wheelchair users only.

Restroom

- Minimum accessible bathroom size is 60 inches wide by 56 inches deep plus clearance space for fixtures;
- Unisex toilet rooms, where provided, shall have privacy latches, and contain at most one lavatory, one water closet and one urinal (or a second water closet).

Telecommunication Device

- ADA uses the term “auxiliary aids and services” to refer to the ways to communicate with people who have communication disabilities;
- For those who are blind, have vision loss or are deaf-blind this includes providing a qualified reader, information in large print, Braille or electronically for use with a computer screen-reading program or an audio recording of printed information;
- For those who are deaf, have hearing loss, or are deaf-blind this includes providing a qualified notetaker, qualified sign language

interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter;

- For those with speech disabilities this may include providing a qualified speech-to-speech translator.

Waiting or Reception Access

- All medical waiting rooms shall have at least 5% of all seating spaces available for wheelchairs;
- If the clinic specializes in conditions that affect mobility, 10% must be designated for wheelchairs;
- Wheelchair spaces must be 36 x 48 inches and shall not be obstructed by furniture or other obstacles.

Wheelchair Weight Scale

- Sloped surface provides access to scale platform, with no abrupt level changes at floor or platform;
- Edge protection at drop off;
- Large platform to accommodate various wheelchair sizes;
- Shall provide maneuvering space to pull onto and off scale.

PRACTICE TACTICS

DURABLE MEDICAL EQUIPMENT PRIOR AUTHORIZATIONS

UHA ensures quality improvement through routine monitoring. Through these oversight activities, we have identified areas that can benefit from process improvement to ensure claims payment, prior authorizations and member barriers in receiving supplies are accurate and efficient. UHA will now be requiring vendors/submitters to submit a NEW request for DME supplies when needing to update an authorization to extend a date range, add new codes, or change quantities. They will no longer be allowed to amend/extend a prior authorization for activities other than update the end date to be shorter so a new request can be submitted to prevent overlapping dates. With this extension,

please change the end date and ensure that the quantities requested reflect the quantities used.

Additionally, UHA has updated our authorization types to breakdown DME requests for more accurate reporting and monitoring. Please use the most applicable type for submission requests. These include Durable Medical Equipment – Wheelchair, Enteral, Diabetes Supplies, Respiratory, Incontinence Supplies. If the request doesn't fall into one of these categories, please continue to use the general type. For questions on this process change, please contact priorauthorizations@umpquahealth.com.

SINGLE CASE AGREEMENTS

UHA receives a lot of inquiries regarding our

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process for payment arrangements before submitting a prior authorization. Below are our top three questions and answers to better understand. If you have any questions regarding claims payment, please contact UHAClaims@umpquahealth.com.

- **Question: Is a single case agreement required for out-of-network (OON) providers?**

- **Answer:** No. A single case agreement (SCA) is only required if a provider wants to be reimbursed at a rate higher than the Oregon Medicaid Behavioral Health Fee Schedule.

- **Question: What is the difference between a Single Case Agreement (SCA) and a Special Financial Arrangement (SFA) as listed on your PA Form?**

- **Answer:** An SCA is typically for inpatient/residential treatment that will last for the entire episode of care. This process will require a signed contract for payment after the PA process. An SFA is applicable to the single PA request. It is to request a higher rate than allowed on the Behavioral Health Fee Schedule. An SFA will also be required if there isn't a rate available; (no DMAP rate, DMAP rate is (manual), no Medicare rate or OPP). This is typically used for outpatient services for a single or shorter duration of coverage.

- **Question: How do I request an SCA or an SFA?**

- **Answer:** For submissions via the provider portal, this amount will be listed in the "max dollars" field. Enter into the comment field section "SCA" or "SFA" as applicable. For submission on the PA Form. Check the appropriate SCA or SFA box. Include the rate of payment requested in the "Total" column. **If a rate of payment is not included on the submission, the PA will be reviewed and evaluated at DMAP rates. The PA will have to be amended and require a new PA submission to request an increased rate.

BEHAVIORAL HEALTH PRIOR AUTHORIZATIONS

UHA has updated our PA requirements to no longer require a prior authorization for Mental Health Assessments. Codes H0001, H0002, H2011, 90971, 90972 no longer require a PA. UHA wants to elevate the barriers for all providers and ensure therapy and treatment requests meet the documentation requirements for submission. This way, providers can obtain the necessary information for submitting future requests after the member has been properly assessed. UHA has also removed the PA requirement for Psychological Evaluations. For more frequently asked questions, please see our [Behavioral Health Prior Authorization Provider FAQ](https://www.umpquahealth.com/prior_authorizations/) found on our website at https://www.umpquahealth.com/prior_authorizations/.

HEALTH RELATED SERVICES - FLEXIBLE SERVICES

Health-Related services are non-covered services that are offered as a supplement to covered benefits to improve care delivery and overall member and community health and well-being. To request these services, members or providers on behalf of the member, can complete our [Flexible Services Form](#). This form has been updated to require a member signature to allow UHA to share PHI in order to make payment with online/external vendors. This form is required as of September 1st. To get more information on this benefit, it's requirements or to complete this form, please visit our website at <https://www.umpquahealth.com/hrsflex/>.

MEMBER GRIEVANCES AND APPEALS

UHA has updated our policy, [CE01 – Grievances, Appeals and Hearings](#). This update is available on our website at <https://www.umpquahealth.com/provider-trainings>. As a reminder, participating providers and subcontractors are to comply with UHA's Grievance and Appeal System requirements as outlined in this policy, the CCO Contract, OAR 410-1413875 through OAR 410-141-3915, OAR 410-120-1860 and 42 CFR §438.400 through §438.424 and the Member and Provider

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Handbooks. This means providers cannot discourage a member from using any aspect of the grievance, appeal, or hearing process. UHA will not take punitive action against a provider who requests an expedited resolution or supports a member's grievance or appeal. Providers also cannot encourage the withdrawal of a grievance, appeal, or hearing request already filed. Nor can they use the filing or resolution of a grievance, appeal, or hearing request as a reason to retaliate against a member or to request member disenrollment.

NATIONAL DRUG CODE (NDC) BILLING GUIDELINES

On 9/1/23, UHA's claims adjudication system Community Integration Manager (CIM) will apply a NDC validation edit to claims. Claims billing without a valid NCD will be denied. To better assist providers, a guidance document for NDC billing has been posted on the claims page of our website.

UPCOMING DIABETES MANAGEMENT AND DIABETES PREVENTION PROGRAMS OFFERED THROUGH OREGON WELLNESS NETWORK

- **National Diabetes Prevention Program (Spanish)**
 - This 12-month program helps adults at risk for type 2 diabetes improve their overall health and well-being. There are 16 weekly sessions, followed by a session every 2 weeks for the remaining 8 months.
 - Information session: Wednesday, October 18th at 12-1pm via Zoom
 - When: Wednesday, October 25th at 12-1pm via Zoom
- **Living Well with Diabetes**
 - A 6-week workshop to help manage diabetes or care for someone who has diabetes. No cost to participants. Doctor referral required.
 - Information session: Thursday, September 14th at 5:15-6:15pm via Zoom
 - When: Thursday, September 21st at 5:15-7:45pm via Zoom
- **For more information or to register for the Zoom sessions, please contact: (833) 673-9355 or oregonwellnessnetwork.org**

NETWORK NEWS

- LGBTQ Telepsychiatry, dba Neuropsychiatryx, has joined the Umpqua Health Network, offering telepsychiatry and in-person services, and can be reached at (888) 468-9669, or at www.neuropsychiatrytx.com. Their office is located at 1755 Coburg Rd, Ste 502, in Eugene.
- F Luke Herscher, DO, is retiring, and Sutherlin Health Clinic will be closing on August 31, 2023. Call (541) 459-3788 for questions.
- Little Lamb Speech Therapy, located at 130 S Comstock Ave in Sutherlin, has had a change in Suite numbers; now located in Suites 109 and 110.
- Explore Engage Enjoy, offering pediatric occupational therapy services is located at 2198 NE Stephens St, Ste 101, which was previously occupied by Connect the Dots. The Eugene location of Connect the Dots at 84 Centennial Loop will continue to be in-network.
- Hope Mental Wellness, LLC., has moved to 632 W Anderson Ave Suite B in Coos Bay, and can be reached at (541) 236-2086.

Caregivers can pass cavity-causing bacteria (germs) to their baby.

- Cavities are holes in teeth. Holes are formed when cavity-causing bacteria feeds on sugars inside the mouth, producing acid that attack the teeth.
- Babies are not born with cavity causing bacteria.
- Bacteria transfers from infected caregivers to babies through saliva. For example, this can happen when a baby puts their hand in the caregiver's mouth or when spoons are shared.
- Teeth are most at risk of harm or infection when they are just coming in.

For more information about Dental Care during pregnancy, [CLICK HERE](#).

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:

- **Child Physical Abuse Training for Primary Care Providers**,
Four Sessions from Sept. - Dec. 2023, 6.5 AMA PRA Category 1 Credits
For more information or to sign up, [click here](#).

ON THE LOOKOUT



Cancer is one of the most feared diseases. Before 1990, cervical cancer was one of the leading causes of cancer and cancer deaths among women. In the 1990's it was discovered that almost cases of cervical cancer were a late effect of an infection by a virus, called human papilloma virus. While most people in the US contract an HPV infection some time in their life, most will clear the infection, but about 1 in 1000 women do not clear the virus and then get cervical changes or cervical cancer. We have since learned that many cases of throat cancer and anal cancer in both men and women are also late effects of an HPV infection. According to the Oregon State Cancer Registry, here in Douglas County, 103 patients developed an HPV-related cancer from 2015-2019. Of these 103 patients: 10 were younger than 45 years old, 46 were between the ages of 45-65 years old, and 47 were over the age of 65.

In 2006, a vaccine was approved to prevent HPV infections. The latest vaccine, Gardasil-9 protects against 9 types of HPV. This vaccine has been very safe and effective at preventing HPV infections in both boys and girls. Cervical

cancer rates are dropping as more young people get vaccinated. Since being recommended, HPV infections have dropped 88% among teen girls and 81% among young adult women. Australia has been a leader in the use of HPV vaccine and the incidence of cervical cancer is now half of what it was in the 1990's and there is hope that cervical cancer can be almost fully eliminated within a generation. Eliminating a form of cancer would be a huge accomplishment.

HPV vaccine is widely available from providers throughout Douglas County, however only 37% of adolescents aged 13-17 have completed their series. It is recommended for both boys and girls, starting at age 9. For those under age 15, two shots are required. For those over 15 three shots are required. The vaccine does sting, so we do ask that kids get up slowly after receiving the vaccine. Other than the local stinging, side effects are uncommon.

I strongly recommend this vaccine for all my patients at 9 to 11 years of age.

-Dr. Bob Dannenhoffer

BETTER HEALTH FOR ALL

September is Healthy Aging Month and in honor of that, we thought it would be nice to circle back to the concept of Blue Zones. Most people who have lived in this area for any length of time are probably familiar with this concept, but for those who aren't, or who need a refresher this is a helpful topic to review when thinking about how we extend the lives of ourselves, our patients, and our communities.

The concept of the Blue Zones comes from what started as a National Geographic expedition led by Dan Buettner to understand the secrets to longevity. This expedition led Dan to discover 5 places across the globe where people lived

to 100 years old at numbers well beyond the average in the world. These areas became known as Blue Zones and initiatives were launched worldwide to try to implement the following 9 commonalities (known as the Power 9) into practice to increase longevity and support healthy aging.

1. Move naturally. This isn't about having a gym membership or lifting weights. People who move naturally have gardens they tend to, are responsible for their own housework, and are constantly moving without thinking about it.
2. Purpose. The reason to wake up in the morning is vital and can add seven years to a lifespan!

3. Downshift. Everyone experiences stress, but not everyone has a way to shed this stress. Stress causes inflammation and is associated with every major age related disease. Finding a way to get rid of stress can have a significant impact on longevity.
4. 80% Rule/Hara hachi bu. Hara hachi bu is a mantra all Okinawans recite prior to meals which reminds them to stop eating when they are 80% full. Eating to be satisfied versus eating to be full is a major factor in weight control.
5. Plant slant. Beans are the largest part of the diet of most people who live to 100. Meat is eaten infrequently and is only 3 to 4 ounces.
6. Wine @ 5. Moderate drinkers outlive nondrinkers. The key is to drink 1 to 2 glasses per day with friends and/or food.
7. Belong. Having a faith based practices (denomination does not matter) was found to add 4 to 14 years of life expectancy.
8. Loved ones first. Putting your family first can increase lifespan. This includes tending to parents as they age, having a life partners, and investing time and love in children.
9. Right Tribe. Social circles with healthy behaviors contribute to healthy aging by creating environments that foster these behaviors.

The Power 9 have the potential to support healthy aging in our communities. Think about how you can integrate even one of these concepts into your family life and how you might also be able to support your patients in implementing these concepts into their health goals. Here's to healthy aging!!

NEWSLETTER IDEAS?

Thank you for reading our Monthly Provider Newsletter, the UHA Connection. Your success is critical to our member's physical and behavioral health, behavioral and physical. Use this newsletter as a tool to succeed as a provider of Umpqua Health Alliance and as a 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
- Camille Sorensen at csorensen@umpquahealth.com

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

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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