UHA Connection

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.

Scroll 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
Charlee Scheer at cscheer@umpquahealth.com

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

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Practice Tactics

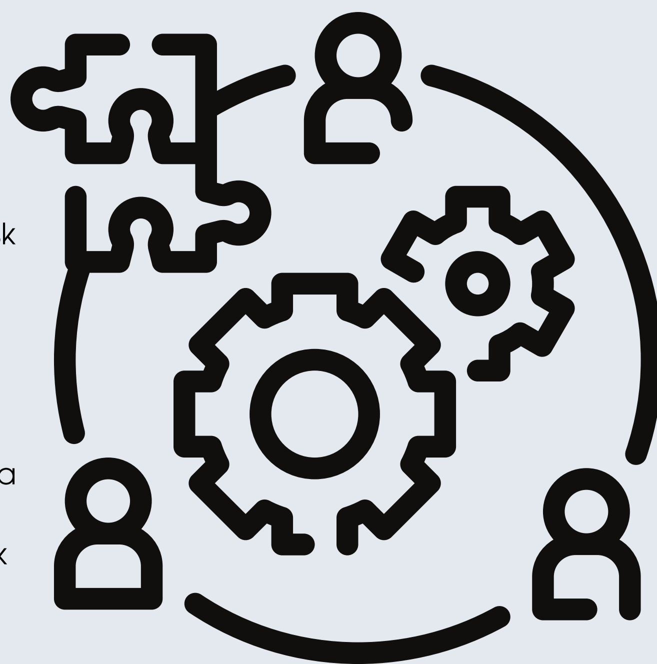
The Oregon Administrative Rules that guide Care Coordination have been updated as of February 1st, 2024. The following rules have changed:

- 410-141-3860 – Integration and Coordination of Care; now titled Care Coordination: Administration, Systems and Infrastructure
- 410-141-3865 – Care Coordination Requirements; now titled Care Coordination: Identification of Member Needs
- 410-141-3870 – Intensive Care Coordination; now titled Care Coordination: Service Coordination

What has changed?

1. How members are identified for care coordination/case management.

- Existing procedures for UHA care coordination are driven by Prioritized Populations and Intensive Care Coordination (ICC).
- The updated regulations emphasize the development of a Risk Stratification process to categorize members into no-low risk, moderate risk, and high-risk categories.



2. Care Plan requirements.

- Currently all members enrolled in an ICC program must have a member centered care plan.
- Updated rules indicate all members with moderate or high-risk must have a care plan developed.
- All care plans must include information from any relevant assessments, treatment and service plans from providers involved in the member’s care.

These changes promote the monitoring of the entire UHA population rather than solely focusing on members within the Prioritized Population. This approach encourages early intervention and preventive care strategies. Our goal is to roll out the changes at the start of Q3. We will provide education to network providers and community partners regarding any alterations, new programs, or reporting requirements for delegated care coordination at that time.
Questions can be directed to Keala Meyer, Director of Care Coordination, kmeyer@umpquahealth.com

Find us on Facebook at https://www.facebook.com/UmpquaHealth/

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Practice Tactics Cont.

Per OAR 410-120-1280, a provider enrolled with the Authority or providing services to a client in an MCE under the Oregon Health Plan (OHP) may not seek payment from the client for any services covered by Medicaid fee-for-service or through contracted health care plans, except as authorized by the Authority under this rule. If a provider's patient is a medical assistance recipient, the provider must:

If the patient was eligible for medical assistance on the date of service, and the provider does not have a completed agreement to pay form (3165, 3166, 4109), the provider is not allowed to bill the client, collect payment from the client, or assign an unpaid claim to a collection agency or similar entity pursuant to ORS 414.066. The agreement to pay form (waiver) is used when a member wants a service that is not covered by UHA or OHP. View a copy of the form here: bit.ly/OHPwaiver.

As outlined in OAR 410-141-3565, providers shall use the Authority's and MCE's tools to determine if the service to be provided is covered under the member's OHP benefit package. Providers shall also identify the party responsible for covering the intended service and seek Prior Authorizations from the appropriate payer before providing services. Before providing a non-covered service, the provider shall complete the OHP Agreement to Pay form.

The following must be true for the Agreement to Pay form to be valid:

- The form must have the estimated cost of the service. This must be the same as on the bill.
- The service is scheduled within 30 days from the date member signed the form.
- The form says that OHP does not cover the service.
- The form says member agrees to pay the bill themselves.
- Member asked to privately pay for a covered service. If they choose to do this, they may be billed if the office tells them in advance the following:
    - The service is a covered and UHA would pay them in full for the covered service.
    - The estimated cost, including all related charges, the amount UHA would pay for the service.
    - The provider cannot bill a member for an amount more than UHA would pay; and,
    - Member knowingly and voluntarily agrees to pay for the covered service.

- The provider documents in writing, signed by member or their representative, that they provided member the information above, and:
    - The provider gave member a chance to ask questions, get more information, and consult with their caseworker or representative.
    - Member agrees to privately pay. Member or their representative sign the agreement that has all the private pay information.

The member must be provided a copy of the signed agreement. The provider cannot submit a claim to UHA for the covered service listed on the agreement.

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Clinical Corner

Pharmacy Prior Authorization Reminders

We'll focus on three common reasons for pharmacy-related prior authorization cancellations and provide prevention tools.

Top Reasons:

1. A prior authorization is unnecessary.
2. The medication is a DMAP Carve Out Drug.
3. The request is a duplicate submission.

Prevention Tools:

1. UHA's online print formulary: This resource lists all covered medications and any additional restrictions, such as quantity limits or prior authorization requirements. Find it on UHA's website under Pharmacy Services webpage: https://www.umpquahealth.com/pharmacy-services/.
2. DMAP's Mental Health Drug Carve Out List: Medications categorized as "mental health drugs" under OAR 410-141-3855 are carved out of UHA's pharmacy benefits and must be billed directly through DMAP (OHA). OHA provides a quarterly list of all carved-out medications. Review the most current list here: https://www.oregon.gov/OHA/hsd/ohp/pages/policy-pharmacy.aspx. This site also provides OHA's current PA Criteria and Preferred Drug List.
3. Community Integration Manager (CIM): UHA's program which allows electronic access to submit, check the status, and manage prior authorization requests online. This eliminates paperwork and offers in-office knowledge of patient prior authorization submissions. Providers also have direct email access to our Customer Care, Prior Authorization, and Claims teams for assistance with member eligibility and monitoring PA and claims status.
   - Out-of-area providers or in-network providers without access can sign up at https://help.phtech.com.
   - Access CIM at https://cim1.phtech.com/.

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Better Health for All

Achieving Cultural Competence in Shared Decision Making

Providing Culturally and Linguistically Appropriate Services (CLAS) can be challenging. In the realm of shared decision-making, acknowledging and addressing cultural factors is vital for delivering high-quality care to all patients. Below are some tips on how to navigate cultural differences when establishing effective relationships with patients during shared decision-making.

Navigating interactions with diverse patients

- Keep an open mind, recognizing that each patient holds unique beliefs and values.
- Ask patients questions about their beliefs regarding their health conditions (e.g., "What do you think caused the problem? What do you fear most about the sickness? Why do you think it started when it did?") to enhance shared decision-making. Recognize and understand the varying cultural perspectives on health prevention, intervention, and treatment.
- Engage in cultural competence training, either within your organization, through continuing education programs, or with support from UHA.
- Be self-aware of your own cultural background and its potential impact on communication with patients.
- Collaborate with cultural brokers and group leaders, to gain insights into cultural appropriateness, beliefs about health, and communication barriers.

Providing culturally appropriate decision aids

- Tailor your approach based on patients' learning preferences, offering information in print, video, or audio formats as per their preferences.
- Ensure multimedia decision aids and health resources reflect the cultural diversity of your patient population.
- Present decision aids, treatment summaries, and educational materials with culturally relevant descriptions of risks and benefits, meeting health literacy and language access standards.

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Better Health for All Cont.

Ensuring effective communication through qualified interpreters

- Employ qualified medical interpreters for patients with limited English proficiency, avoiding the use of unqualified individuals.
- Verify understanding using the Teach-Back Technique, asking patients to articulate information in their own words.

Building trust in shared decision-making

- Demonstrate respect for patients in culturally appropriate ways, emphasizing your role as a guide in decision-making.
- Acknowledge the involvement of family members in health decisions, involving them in shared decision-making when appropriate.
- Encourage patients to ask questions, emphasizing the value of inquiry in understanding health problems and treatment options.

Achieving cultural competence is integral to fostering effective shared decision-making, ensuring that healthcare professionals can provide patient-centered care that respects and addresses individual and cultural differences. If you have any questions about how to achieve this, or want more information about CLAS resources, feel free to reach out to us at uhqualityimprovement@umpquahealth.com.

LIVING WELL WITH CHRONIC CONDITIONS

A 6-week program to learn the unique challenges of living with chronic conditions. Caregivers also welcome.

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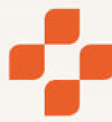
Mondays, 3/25 - 4/29, 2024
1:00 p.m. - 3:30 p.m.
Held virtually
Info session Mon, 3/18/24 from 1-2:00 p.m.
No cost to participants

For information or to register,
call (833) 673-9355 or visit our website at
oregonwellnessnetwork.org

ADRC
Aging and Disability Resource Connection of OREGON

Oregon Wellness Network



Mental Health **FIRST AID**

from NATIONAL COUNCIL FOR MENTAL WELLBEING

YOUTH MENTAL HEALTH FIRST AID

WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers
- School Staff
- Coaches
- Camp Counselors
- Youth Group Leaders
- Parents
- Adults who Work with Youth

WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.

10.2%

of youth will be diagnosed with a substance use disorder in their lifetime.

*Source: Youth Mental Health First Aid***

1 IN 5

teens and young adults lives with a mental health condition.

*Source: National Alliance for Mental Illness**

50%

of all mental illnesses begin by age 14, and 75% by the mid-20s.

*Source: Archives of General Psychiatry****

Sources

* National Alliance on Mental Illness. (n.d.). *Kids.* https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids

** Mental Health First Aid. (2020). *Mental Health First Aid USA* for adults assisting children and youth. National Council for Mental Wellbeing.

*** Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry.* 62(6); 593-602. doi: 10.1001/archpsyc.62.6.593

7-hour Certification Course

Date and Time: **March 22, 2024 8:00am - 3:30pm**

Delivery Format: **In-Person**

Location:
Coos Bay Public Library
Myrtlewood Room
525 Anderson Ave.
Coos Bay, OR 97420

To Register: **Email: heidil@coos-bay.k12.or.us or**
Call: 541-267-1336

The course will teach you how to apply the MHFA Action Plan (ALGEE):

- **Assess** for risk of suicide or harm.
- **Listen** nonjudgmentally.
- **Give** reassurance and information.
- **Encourage** appropriate professional help.
- **Encourage** self-help and other support strategies.

Cost: No Charge

Sign-In: 7:45am Lunch: On Your Own – 30 Min. Break

DIABETES DOESN'T STOP ME

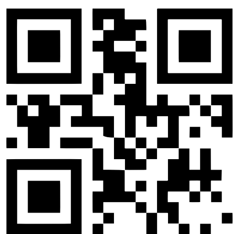
LIVING WELL WITH DIABETES

The Living Well with Diabetes Program is a 6-week program for people who want to manage their diabetes better. Participants get support from a trained professional who also has a chronic condition and a group of people who are just like you.

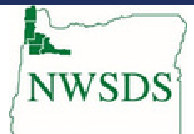
6 Virtual Sessions:
Wednesdays Mar 27th- May 1st, - 3:30pm-6:00pm
Info session: Mar 20th - 3:30-4:30 p.m.

Topics Include:

- Managing symptoms
- Solving problems
- Handling frustration, fatigue, pain, and isolation
- Improving eating habits
- Exercising at your level
- Getting better sleep
- Building a support system
- Working with your doctor



833-673-9355 oregonwellnessnetwork.org



This project was supported in part by grant number 90CSSG0040-01-00 from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Register for these free sessions here:
https://www.boostoregon.org/webinars

Boost Oregon Motivational Interviewing Session
Mar 1, 2024 09:00 AM
In partnership with the Central Oregon Health Council, Boost Oregon will offer a virtual one-day introductory MI workshop. Learn about the core skills, practices, and spirit of motivational interviewing with special applications to vaccine conversations and cultural contexts for BIPOC populations. All levels of experience are welcome!
This session will be facilitated by Carrie Bader and Heather Lynch, both members of the Motivational Interviewing Network of Trainers.

Additional MI Trainings for Providers, regarding vaccine hesitancy

Addressing Vaccine Hesitancy: Lessons from Motivational Interviewing
Wednesday, March 6, 1pm - 2pm
Carrie Bader, Boost Oregon's Training Director and Motivational Interviewing (MI) trainer, will discuss the use of MI in addressing vaccine hesitancy. She will review critical concepts needed to use MI successfully, as well as specific MI-adherent questions, responses, and prompts that providers can use to have collaborative discussions that build vaccine confidence.

Motivational Interviewing Learning Group: The Role (and Importance of) Affirmations in Helping Conversations
Thursday, April 18, 2pm - 3pm
Carrie Bader, Boost Oregon's Training Director and Motivational Interviewing (MI) trainer, will offer a learning group focusing on the role of affirmations in helping conversations. Although it may feel challenging to provide affirmations to an individual engaging in behaviors that we find worrisome (e.g., declining to get their child vaccinated), strong research has found that helpers who provide authentic, meaningful affirmations are more effective at encouraging positive behavior change. We will explore the role of affirmations, examples of effective affirmations, and how to get into a mindset that allows us to authentically affirm those we serve.

Register for these free sessions here:
https://www.boostoregon.org/webinars

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On the Lookout

Disease Spotlight: Tuberculosis

Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. TB disease can affect any part of the body but usually affects the lungs. TB is spread from person to person when someone with TB disease in the lungs or throat coughs, laughs, sings, or sneezes. When this happens, people nearby can inhale the TB germs and become infected. TB disease in other parts of the body, such as the kidney or spine, is not usually infectious. Many people are infected with TB but do not feel sick or have symptoms. This is called latent TB infection (LTBI). People with LTBI can't spread TB, but they may become ill with TB disease in the future unless they take medication to prevent TB. Treatment regimens for LTBI typically involve taking isoniazid and rifapentine or rifampin for 3-4 months.

Oregon physicians do not need to report LTBI cases. They are required by law to report all confirmed and suspected TB cases to their local public health authority within one working day of making a diagnosis. Douglas Public Health Network's communicable disease reporting line is 541-677-5814.

TB or LTBI? All patients with a positive tuberculin skin test (TST) or a TB blood test need to be evaluated for active TB. Providers should conduct a review of symptoms and medical history. Symptoms of active TB disease include cough, fatigue, fever, coughing up blood, night sweats, and weight loss. If symptomatic, providers should order a chest radiography (x-ray) and sputum smears. Cavities in lungs may indicate infectious TB disease. Sputum smears look for acid-fast bacilli. If the sputum smear is positive, then a culture is done to confirm that the bacteria is TB. If the culture is positive, the isolate is additionally tested for drug resistance. Susceptibility results are reported back to the primary health provider and public health so they can adjust treatment as indicated.

Oregon is a medium-incidence state for TB disease, slightly below the national average, with an incidence rate of about 1.7 cases for every 100,000 Oregon residents. The majority of Oregon's TB cases are born outside of the United States. There were 73 Oregonian tuberculosis cases reported in 2022. Currently, Douglas Public Health Network is supporting 3 people undergoing treatment for TB. People with immunosuppressive conditions or taking immunosuppressant medications are more likely to become sick with TB.

TB case management requires close coordination and communication between public health and primary care. Local public health departments are responsible for managing the patients directly observed therapy (DOT), monitoring therapy and treatment response, conducting a contact investigation, and treating contacts as appropriate. Directly observed therapy (DOT) is a strategy required for all TB patients to ensure adherence to their prescribed treatment regimen and combat antibiotic resistance. A health care worker watches the TB patient swallow each dose of the prescribed drugs daily. Today, this is typically done virtually via video calls.

Public Health TB case managers can assist patients with getting medications at no cost and supporting them with housing, food, and other services as needed. Douglas Public Health Network does not provide clinical services but can connect physicians to TB experts for consultation through the Oregon Health Authority and the Curry International Tuberculosis Center in San Francisco. Primary care physicians are responsible for tasks such as prescribing the medication, ordering chest x-rays and baseline tests, reviewing adverse reactions, and obtaining monthly sputum specimens until the patient is culture negative. The typical antibiotic treatment regimen for active TB disease involves isoniazid, rifampin, pyrazinamide, and ethambutol for a period of six to 12 months. The amount of time a patient must isolate from others depends on how their body responds to treatment, based off sputum test results, x-rays and symptoms. As always, if you have questions about TB please call Douglas Public Health Network: 541-677-5814.

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Network News

Clinic and Provider Updates

- Effective January 19, 2024, all Prestige SNF locations have termed with UHN including Prestige Menlo Park, Reedwood, Cascade Terrace & Rehab, Glisan Care Center, Park Forest Care Center and Porthaven Health Care Center.

- Northwest Vascular Specialists and Dr Craig Seidman have joined the UH network, providing aortic stents, grafting for abdominal aortic aneurysms and thoracic aneurysms. They are located at 1 Hayden Bridge Way, Springfield, OR and can be reached at (541) 868-9880 or at www.nwvascularspecialists.com.

- Charlie Health Medical PA has joined the UH network, serving ages 11-32 and providing virtual Intensive Outpatient mental health care. They can be reached at (541) 255-1350 or online at www.charliehealth.com.

- Centennial Orthopedics is excited to welcome Dr. Phillip Braunlich. Dr. Braunlich is an orthopedic surgeon with advanced training in surgery of the hand and upper extremities. He is passionate about all conditions of the shoulder, elbow and hand. He joined Centennial Orthopedics in January 2024.Centennial Orthopedics also welcomed Dr. Stephen Franzino who specializes in Orthopedic Sports Medicine. He joined Centennial Orthopedics and Podiatry in October 2023. Prior to that, he practiced in Los Angeles (CA), Anderson (SC) and Napa (CA) with vast experience with college, minor league, and professional sports teams. Both are accepting patients - for more information, please call 541.229.2663 or visit Contact Us | Centennial Orthopedics & Podiatry in Roseburg, OR

- Beginning in the first quarter of 2024, Cow Creek Wellness Clinic and its providers will provide services to Heritage Naïve American (HNA) as recognized by Oregon Health Authority (OHA).

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Advantage Dental+

Dental Digest

How to Strengthen Teeth

There is never a substitute for brushing your teeth twice-a-day and regular flossing, but did you know there are more ways you to encourage stronger, healthier teeth and gums?

For older adults, tooth decay is especially common because they often missed the benefits of water fluoridation in their younger years. In addition, the natural changes that occur with aging can lead to:

- Gum disease
- Receding gums
- Tooth-root decay
- Decay around the edges of a fractured or weakened filling

Can Certain Foods Make My Teeth Stronger?

Yes. According to the American Dental Association, healthy food choices can help prevent tooth decay. In general, consuming low-sugar, whole-grain bread, and cereals, fruits, vegetables, and dairy products, are the best choice for strong, healthy teeth. Here's the best foods for stronger, healthier teeth:

- Cheese
- Yogurt
- Milk
- Leafy greens
- Carrots
- Celery
- Apples
- Nuts
- Lean proteins
- Plenty of water

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Advantage Dental+

Dental Digest Cont.

Can Vitamins Make My Teeth Stronger?

Yes. If a person is lacking in nutrients, this may cause tooth loss and oral inflammation. Consuming the right teeth-friendly nutrients through food and vitamins will support strong teeth and gums.
Five essential vitamins for good teeth and gum health:

- Calcium
- Phosphorus
- Vitamin A
- Vitamin D
- Vitamin C

If you eat a balanced diet, you may already benefit from these essential nutrients.

How Can I Strengthen My Tooth Enamel?

Supplemental Fluoride
Supplemental fluoride comes in the form of a varnish or gel that is applied directly to the teeth. It strengthens teeth and helps to prevent tooth decay. Ask the dentist about supplemental fluoride if you are prone to cavities. They can apply supplemental fluoride to your teeth at your next dental visit.

Dental Sealants
A dental sealant is a thin, protective coating (made from dental materials) that is applied to teeth. It is usually applied to the chewing surfaces of back teeth to protect them from decay. A sealant can prevent cavities from forming and can stop the early stages of tooth decay.

How do Dental Sealants Work?
Sealants work as a protective coating to keep bits of food, bacteria, and acid away from your teeth. Both adults and children can benefit from dental sealants. For kids, sealing the first and second molars as they emerge can keep their teeth free from cavities from the start.

Prescription Fluoride Supplements
If you live in an area that doesn't have sufficient fluoride in the tap water, your dentist may prescribe a prescription fluoride supplement for children aged six months to 16 years. Prescription fluoride supplements come in tablets, drops, or lozenges and can help to protect children's teeth from decay. Consult with your dentist, primary care physician, or pediatrician about your child's fluoride needs.
Talk with your dentist if you have questions about which foods or vitamins will benefit your oral health. Also, ask if supplemental fluoride, dental sealants, or prescription fluoride supplements may be a good choice for you and your family.

Schedule an Appointment Today!

Schedule an Appointment