PROVIDER CONNECTIONS

Prestige HEALTH CHOICE®
Leading the Way to Quality Care

2018 **ISSUE 2**

April is National Minority Health Month

Cultural competency and language access services

Opioid medication update

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A Provider's Link to Prestige Health Choice

April is **National Minority Health Month**

April may be a time to focus on diversity, but at Prestige Health Choice, we promote cultural awareness all year long. We have adopted national standards for culturally and linguistically appropriate services (CLAS) to advance health equity, improve quality, and help eliminate health care disparities. This includes making efforts to communicate effectively with our members with diverse communication needs and preferences. If you would like to learn more about CLAS, please visit the U.S. Department of Health and Human Services' Office of Minority Health website at **www.thinkculturalhealth.hhs.gov**.

We offer language assistance to members who have limited English proficiency (LEP) and/or other communication needs, at no cost, to facilitate timely access to health care and services. This includes:

- Informing our members of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Working to ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Providing easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Alert: Contract changes directed by AHCA

Effective February 1, 2018, the Agency for Health Care Administration (AHCA) amended its contract with Prestige Health Choice. Some of the amendments affect you — our providers who deliver high-quality care to our members. With respect to the contracts that we sign with you, AHCA is requiring that those contracts: (1) increase the records retention period from six years to 10 years; and (2) detail the process for you to return overpayments to us, which must be done within 60 days of identifying the overpayment.

These changes result from the federal government's changes to regulations that govern Medicaid managed care.

The specific, verbatim changes to our AHCA contract are as follows:

- Require that records be maintained for a period not less than ten (10) years from the close of the Contract, and retained further if the records are under review or audit until the review or audit is complete. (See 42 CFR §438.3(u).) Prior approval for the disposition of records must be requested and approved by the Managed Care Plan if the provider contract is continuous[.]
- Specify the process for a network provider to report to the Managed Care Plan when the network provider has received an overpayment, to return the overpayment to the Managed Care Plan within sixty (60) days after the date on which the overpayment was identified, and to notify the Managed Care Plan in writing of the reason for the overpayment (42 CFR §438.608(d)(2)).

Shared decision-making tips

Shared decision-making is a key component of patient-centered health care. It is especially important in these types of situations:

- When there is more than one reasonable option, such as with a screening or a treatment decision.
- When no one option has a clear advantage.
- When the possible benefits and harms of each option affect patients differently.

Here are some tips to help you facilitate a positive decision-making process with your patients.[1]

1. **Invite the patient to participate.** "People have different goals and concerns. As you think about your options, what's important to you?"
2. **Present options.** "Do you want to talk about this decision with anyone else? Is there someone who might be affected by the decision? Is there someone who might help sort things out?"
3. **Assist patients in evaluating options based on their goals and concerns.** "Sometimes things in medicine aren't as clear as most people think. Let's work together so we can come up with the decision that's right for you."

1. Source: **https://search.usa.gov/search?utf8=%E2%9C%93&affiliate=healthit.gov&query=shared+decision+making&commit=Search**

We cover pneumococcal, influenza, and shingles vaccines for members ages 21 and older **when medically necessary**

Prestige Health Choice covers pneumonia, influenza, and shingles vaccines when medically necessary through our expanded benefits. These immunizations are now available at select network pharmacies. We are offering these immunizations through our pharmacy benefits manager, PerformRx.

Please let your Prestige Health Choice patients know they can be immunized at no cost if it is medically necessary. There are three ways your patients can find a network pharmacy:

1. Use our online find-a-provider tool at **prestigehealthchoice.prismisp.com/?brandcode=phc**.
2. Use our online provider directory at **www.prestigehealthchoice.com/member/eng/find-provider/index.aspx** to locate a provider by county or alphabetical listing.
3. Call our Member Services department at **1-855-355-9800** (**TTY 711**), 24 hours a day, seven days a week. A representative can help members find a nearby network pharmacy.

Please note that immunizations for travel are not a covered service.

Cultural competency and language access services

Cultural competency is the ability to interact effectively with people of different cultures.[1]

In accordance with 42 CFR §438.206, Prestige Health Choice must have a comprehensive written cultural competency plan (CCP) describing its program to ensure that services and settings are made available in a culturally competent manner to members. Cultural competency can produce numerous benefits, including:

- Improved health outcomes.
- Increased respect and mutual understanding between providers and members.
- Increased participation from the local community.
- Lower health-related costs.

We want to foster an environment that values understanding, inclusiveness, and respect for all individuals. It is our policy to comply with all applicable laws that prohibit discrimination based on race; color; creed; sex; age; national origin or ancestry; physical or mental disability; veteran status; sexual orientation; or any other category protected by federal, state, or local laws. We require that providers and subcontractors comply with these same requirements for cultural competency.

Language access services

We offer language services to facilitate better communication between members and their providers. Interpretation services are available free of charge to any Prestige Health Choice member.

These services provide a fast and easy way to communicate with our members with LEP via interpreters in more than 200 languages. Language access is available 24 hours a day, seven days a week. To access this service for your Prestige Health Choice patients, call our Member Services department at **1-855-355-9800** (**TTY 711**).

For the millions of Americans whose first language is not English, not being able to understand a language can remain a critical barrier to accessing care, and can result in:

- Longer hospital stays.
- More medical errors.
- Increased diagnostic testing.
- Repeat visits to the emergency room.
- Noncompliance with treatment.
- Poorer provider-patient interactions.
- Lower levels of patient satisfaction.

We recognize and value the diversity of our members. We support interventions that promote productive encounters between members and providers where language or cultural values regarding health and social norms may vary.

1. Source: **https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence**

Please submit provider appeals to:

Prestige Health Choice
Attn: Provider Appeals
P.O. Box 7366
London, KY 40742

Fax: **1-855-358-5853**

To facilitate efficient and effective processing of your appeal, please visit the Provider Forms section of our website at **www.prestigehealthchoice.com** and print out the Provider Appeal Form to attach to your appeal.

We can support your chronically ill **Prestige Health Choice patients**

We have created a program designed to give you support tools and resources to treat chronically ill members. These tools and resources may help you better identify, educate, and engage Prestige Health Choice members most in need of coordinated care services. They are offered to you through our "Let Us Know" program.

We can provide you with clinical resources for case management, outreach teams for urgent needs, and Care Managers for one-on-one patient education and follow-up. There are four ways you can let us know about your chronically ill Prestige Health Choice patients:

1. Call our Rapid Response and Outreach Team to address the urgent needs of our members. The Rapid Response and Outreach Team comprises registered nurses and Care Connectors ready to help members reach their health goals. Call **1-855-371-8072**, Monday through Friday, 8 a.m. to 6:30 p.m.
2. Download the Member Intervention Request Form to request a member intervention and fax it to the Rapid Response and Outreach Team at **1-855-236-9281**. The form is available at **www.prestigehealthchoice.com/provider/resources/let-us-know.aspx**.
3. Have us notify you via pop-up alerts through our Availity care gap report. We'll alert you when we identify members who may be missing or overdue for preventive services, or underutilizing specific controller medications. You can also use the Availity online tool to run a care gap report, then contact the Rapid Response and Outreach Team to request outreach to that member.
4. Refer a chronically ill Prestige Health Choice patient to our Complex Care Management program. This voluntary program supports your care plans for our members living with chronic conditions such as asthma, diabetes, or coronary artery disease. These members receive educational materials that focus on healthy behaviors. Those members identified as high risk will be assigned to a Care Manager for individualized education and follow-up. To refer a patient to Complex Care Management, please call **1-855-371-8072**.

Work with us to address **substance use disorder**

We're working diligently to address alcohol and drug use through early identification and prevention. As a network provider, you play an important role in identifying at-risk members.

SBIRT: Raise the Topic™ engages adolescent and young adult members ages 12 through 20 for early substance use disorder screening, brief intervention, and referral to treatment (SBIRT) using an evidence-based approach recommended by the American Academy of Pediatrics and the Center for Integrated Health Solutions, jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA).[1]

We are committed to working with you to identify members who have substance use disorders or who are at risk for developing such disorders, and implementing strategies to reduce patients' levels of risk.

We have developed a robust program to support your staff with the tools and resources essential to integrating SBIRT into your practice. The program includes lunch-and-learn sessions, a flexible training schedule to meet your needs, and ongoing support and follow-up.

If you would like to work with us, contact your Prestige Health Choice Provider Network Management Account Executive or call Network Development at **1-800-617-5727**.

1. Source: **https://www.integration.samhsa.gov/clinical-practice/sbirt**

Drug formulary information

The Prestige Health Choice formulary is generic friendly. When a generic equivalent is available for a brand name medication, the generic equivalent must be dispensed for the medication to be covered unless there is a medical exception. If a non-preferred agent, or an agent that has an associated edit, is inadvertently prescribed, prescribers and pharmacists are encouraged to work together to convert the prescription to a preferred formulary agent when appropriate. Our comprehensive formulary, available at **www.prestigehealthchoice.com/provider/find-provider/index.aspx**, includes details regarding age, prior authorization, and other coverage requirements.

Clinical edits

Clinical edits for specific medications, including prior authorization and age requirements, are included in the formulary. Prior Authorization Request Forms must be completed and submitted with supporting documentation (such as medical history and previous therapies) to process requests for these medications. These forms are available on the Prestige Health Choice website at **www.prestigehealthchoice.com/provider/resources/forms.aspx**. Prior authorization requests can be faxed to PerformRx at **1-855-825-2717**.
If you need further assistance, please call Prestige Health Choice Provider Services at **1-800-617-5727**.

Formulary changes

Changes made to the formulary as a result of the latest AHCA Pharmaceutical and Therapeutics Committee meeting can be found on the Prestige Health Choice website at **www.prestigehealthchoice.com/provider/find-provider/index.aspx**, or on AHCA's website at **www.ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml.**

Formulary changes may be communicated by letter, by fax, online, or via provider alerts. Prestige Health Choice will communicate these changes to you as early as possible prior to the implementation of a change.

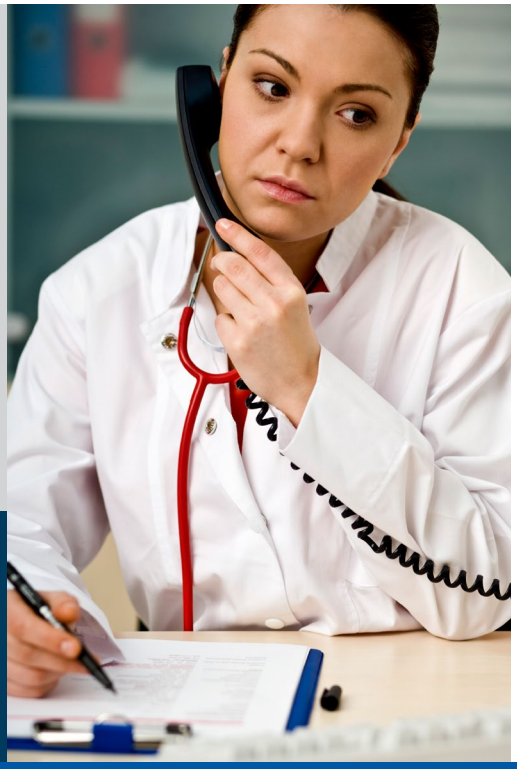
Medical exception process

Should a non-preferred agent be clinically and therapeutically most appropriate for a member, the prior authorization process will allow for a coverage determination.

Your opinion is important to us

Our annual provider satisfaction survey helps Prestige Health Choice identify provider concerns and steer improvement efforts. The results of our 2018 provider satisfaction survey will help us identify opportunities to better serve you and your patients.

This survey was mailed to you in March. If you have not already done so, please complete it and mail it back in the postage-paid envelope we provided. You can also complete the survey online at **www.sphawebsurv.com/provider.aspx**.



Fraud Tip Hotline: **1-866-833-9718**, 24 hours a day, seven days a week.

Secure and confidential. You may remain anonymous.

Opioid medication update

In response to the opioid crisis and Governor's Executive Order 17-146 declaring the opioid epidemic a state of emergency in Florida, Prestige Health Choice is implementing the following changes, effective March 26, 2018, to comply with AHCA Preferred Drug List (PDL) formulary requirements and guidelines for opioid medications:

- The refill-too-soon rate will be increased to 90 percent on all schedule II through schedule V medications.
- Florida Medicaid reimbursement will be prevented for two or more long-acting opioids prescribed simultaneously:
  - There will be a maximum of one fill per 27 days of any long-acting opioid medication.
  - Excluded from this edit are members confirmed with a diagnosis of cancer, sickle cell disease, or chronic non-malignant pain.
  - Prescribers must call to validate diagnosis if it is not already on file.
- Providers should consider prescribing a short-acting opioid before considering a long-acting opioid.
- Short-acting opioids:
  - There will be a seven-day supply limit for immediate-release opioids.
  - There will be a maximum fill of two seven-day supplies per 27 days.
    - Excluded from this edit are members confirmed with a diagnosis of cancer, sickle cell disease, or chronic non-malignant pain.
    - Prescribers must call to validate diagnosis if it is not already on file.
- A limit of 90 morphine milligram equivalents (MME) per day of opioids will be implemented for treatment-naïve members (defined as recipients who had no paid claims for an opioid in the previous 60 days).
- For automated prior authorization of Suboxone® products (induction therapy only), Prestige Health Choice will implement automation logic to allow up to a seven-day supply of buprenorphine/naloxone products or buprenorphine tablets to be prescribed without prior authorization.
- All prior authorization requirements will be removed for the following medication-assisted treatment options under Florida Medicaid:
  - Naltrexone tablets.
  - Vivitrol® (naltrexone) injectable for recipients ages 18 and older diagnosed with alcohol and/or opioid dependence.

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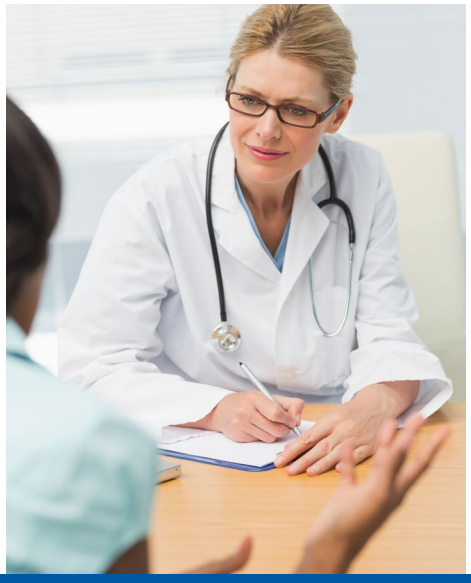
Prestige Health Choice affirms the following regarding Utilization Management (UM) decisions:

- UM decision making is based on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward providers or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.



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