

Provider News Bulletin Summer 2022

Saluting Jim Moran on his Retirement



Jim Moran, Founder and CEO of Care Design NY, our sister agency Health Home program, and the COO of Partners Health Plan, the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) health plan, will be retiring on August 28, 2022. Kerry Delaney will assume the Care Design NY CEO responsibilities.

In 2018, Jim demonstrated tremendous leadership and vision in launching Care Design NY, a Care Coordination Organization/Health Home that supports more than 28,000 individuals with Intellectual and Developmental Disabilities (IDD) in 30 New York State counties. His commitment to building a mission driven organization that helps individuals access supports and services so they may live their best lives has been remarkable. In addition, since late 2019, Jim also served as the COO of Partners Health Plan, further evidence of Jim's passion and advocacy for all New Yorkers with disabilities and his life-long work to transform these individuals' lives. His legacy and impact will live on every day through the compassionate service that he worked so hard to create for enrollees and families.

Please join us in wishing Jim the very best in retirement!



A Message from the Chief Medical Officer, Dr. Stephan Deutsch

I want to take a moment to review PHP's Clinical Pharmacy Program. In 2018, PHP began a Clinical Pharmacy Program to identify and address transition of care risks for their members when admitted to hospitals or skilled nursing facilities (SNF) and polypharmacy risks for members on eight or more medications. Through this program, pharmacists at PHP conduct comprehensive medication therapy reviews (CMTRs) for members within 5 days of a hospital or SNF discharge using data from prescribed outpatient and inpatient medications, previous prescription fills and refills, information from the hospital discharge summary, lab results, and an in-house clinical medical record built from claims data and updated weekly. A similar review of available data is done for members who are defined as having a polypharmacy risk.

Using this data, PHP pharmacists build out a profile for each selected member and use an outcome classification system to rank each member's transition of care or polypharmacy medication regimen as high, medium, low risk or no risk to the member. High risk and medium risk are defined as:

High:

- A significant acute (immediate) threat to an individual's health based on diagnoses, potential drug/drug or drug/nutrient interactions, duplicate prescriptions, or other factors
- A potential cause for current or future admissions based on an individual's diagnoses
- Significant risk for disease progression with continued use of certain medications or medication interactions

Medium

- Inappropriate medical regimen for diagnosis (based on commonly accepted guidelines)
- Additional medication is warranted for appropriate treatment (based on commonly accepted guidelines)

The CMTRs classified as high or medium risk are sent to the member's Primary Care Physician (PCP) for review and comment. A response is requested to ensure that the PCP has received and reviewed the CMTR and so the member's care management team can react to the PCP's decisions and instructions regarding the medication regimen. Since the inception of the program PHP found that 83 percent of providers responded to high priority reviews, while 85 percent responded to medium priority reviews.

Regarding the high priority reviews, the PCP agreed with the pharmacist's recommendation and changed the individual's medication regimen 72% of the time. In addition, through the clinical pharmacist's participation in PHP's weekly hospital and SNF rounds program and the creation of the CMTRs, the team has identified medication regimens as the cause of symptoms requiring hospital admissions for approximately 20% of the documented hospital admissions. This program along with other PHP medical and care management programs has resulted in a 43% reduction in hospital admissions for PHP members since 2018. Besides being proud of the program and its results, we have learned that this program is an absolute must for the IDD population.

Besides being on complicated medication regimens for underlying physical disabilities and chronic medical diseases, many members are also diagnosed with behavioral health diseases requiring the use of psychotropic medications. As a result, the IDD population is typically prescribed more medications leading to a greater polypharmacy risk than the general population.



Quality Corner by Premila Kumar, Chief of Quality Initiatives

The Importance of Preventive Care

As we move through 2022 the spotlight on Preventive Care measures has come to the forefront as a result of the COVID-19 pandemic during which many cancer screenings were suspended or delayed, and for some individuals there is ongoing fear of exposure or fear of the screening and potential outcomes. Screening rates dropped as much as 80% in the early stages of the pandemic and according to American Cancer Society remained 29%-36% below pre-pandemic levels in 2020. The results of delayed screenings and late diagnoses will not be fully understood for several years.

PHP reported to NCQA, 65% of eligible PHP members between the ages of 50 yrs. -74 yrs. had a Breast Cancer Screening and 76% of members between 50 yrs. -75 yrs. had a Colorectal Cancer Screening completed for measurement year 2021.

The importance of ensuring our members have access to and complete all due and delayed preventive care screenings has never been more critical. This includes the need for good documentation in the medical record along with the submittal of claims which allow us to capture the completion of the screenings in a timely and less cumbersome manner. Looking specifically to Colorectal cancer and breast cancer screenings, PHP wants to support our members to ensure they have access to and avail themselves of delayed or missed screenings.

According to the CDC, Breast Cancer in females is the leading cause of new cancer diagnosis in the USA with a prevalence of 126.8/100,000 and a mortality rate of 19.9/100,000. The current recommendation is for all females aged 50-74 to have a mammogram at least every 2 years. Screenings may be appropriate in a younger population based on their personal risk factors such as genetic mutations (BRCA1 & BRCA2), personal history and family history.

Recent national data from the CDC shows Colorectal cancer is the 4th leading cause of newly diagnosed cancer at a prevalence rate of 36.5/100,000, as well as the fourth leading cause of death among all cancers. Colorectal cancer screening is extremely effective in early detection of pre-cancerous and cancerous lesions which leads to early intervention and improved outcomes. Both the CDC and ACS now recommend colorectal cancer screenings for adults aged 45 and above as well as lower age screenings for those with a family history of colon cancer and inflammatory bowel disease. Screening options can vary based on the individual's ability to tolerate different procedures, they include a colonoscopy, flexible sigmoidoscopy, CT colonography, FIT-DNA test or a Fecal occult Blood test. PHP covers the cost of all the above tests for our members.

References:

<https://www.cdc.gov/cancer/colorectal/statistics/index.htm>

<https://www.cdc.gov/cancer/breast/statistics/index.htm>

<https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/>

<https://www.cancer.org/>



DD Providers – NYS Workforce Stabilization Longevity and Retention Supplemental Payments

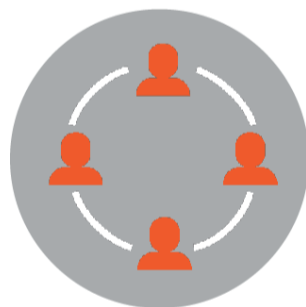
We have been sending regular communication to our DD provider partners regarding NYS Workforce Stabilization Longevity and Retention Supplemental Payments that will be distributed from PHP.

According to our latest correspondence with the State in June, the Workforce Stabilization Longevity and Retention Supplemental amounts and a date certain for the funding have not yet been finalized. Unfortunately, while we do not have a meaningful update with new information, we believe it is important to continue to periodically keep our DD provider partners informed until the proceeds are finally distributed.

At the same time, we have been making the necessary logistical preparations so that as soon as we receive the amounts due to the providers from the State, we will be prepared to immediately disburse these funds to the intended recipients. Accordingly, because payments will be distributed via a hard copy bank check, we initiated separate communications to confirm billing address information to ensure that monies are received without delay. **For that reason, we encourage DD providers to complete our billing address confirmation form request, if you have not done so already:** [PROVIDER BILLING ADDRESS INFO FORM](#)

When we receive an update from the State with respect to timing, we will immediately provide that information.

As always if you have any questions, please contact us at providerrelations@phpcares.org.



DME Supply Chain Issues

Partners Health Plan is closely monitoring the ongoing shortage of certain DME items caused by both COVID-19 and supply chain and production issues. As a result of the supply chain disruption, the following items or services may take longer to deliver:

- CPAP and BiPAP machines due to multiple recalls by Respitech Medical Inc.
- Custom wheelchair repair due to the nation-wide spare parts shortage
- Custom DME due to the global supply disruption of custom-made parts

In addition to the custom part shortage, we have encountered the extended evaluation time of custom DME at wheelchair clinics due to high post-COVID demand.

PHP and its DME Team are working hard to minimize the negative impact of the supply chain disruption by optimizing the processing time of DME requests, expanding the network of wheelchair clinics for custom DME, and re-routing requests to different DME vendors.



2022 Provider Outreach & Engagement

PHP will be reaching out to our provider partners to support quality initiatives throughout the year. This may include requests for medical records, as well as ensuring members receive necessary preventative care. PHP greatly appreciates your collaboration!

PHP's Provider Relations Account Managers will also be getting back out into the field this summer! If you would like to request a Provider Relations Account Manager to make a visit to meet with your team, please let us know!



Claims and Billing Corner

Claims Submission Made Easy

PHP would like to remind our providers of the ease of establishing and submitting claims electronically. In addition, we would like to also remind everyone to regularly confirm with their billing service (Clearinghouse) that all electronic submissions have been successfully transmitted and received. If the

claim is not successfully transmitted, there will be delays in PHP's ability to adjudicate the claims on a timely basis. Please check all error logs and resubmit the claim accordingly – timely filing rules still apply for resubmissions.

Balance Billing is not Permitted: Please be reminded that under New York State Law, a Provider participating in the Medicaid program, or a Medicaid Managed Care plan, is prohibited from requesting any monetary compensation from a Medicaid beneficiary, or their responsible relative. In addition, a Medicaid beneficiary, including a Medicaid managed care member, must not be referred to a collection agency for collection of unpaid medical bills or otherwise billed.

To ensure prompt adjudication, please remember to send all claims to PHP using one of the following options:

- **Mail:** Partners Health Plan P.O. Box 16309 Lubbock, TX 79490
- **Electronic Submission: Set up electronic claims submission through Change HealthCare EDI Claim Submission**
 - Change HealthCare Submitter ID: 14966
 - Change HealthCare / Phone: 888-363-3361 (Note: a fee will be charged for setting up electronic claims submission online)
 - *You may also call HealthSmart Clearinghouse at 888-744-6638 to set up the electronic claim submission (free of charge).*
- **Web-based Claims Submission :** Providers can now easily create and upload a professional or institutional single claim as a pdf file via the provider portal (<https://php.healthsmart.com>).
 - Web-based claims are considered paper claims and will follow all existing claim submission protocols.
 - Please note that only **valid claim forms (CMS 1500 or UB 04)** may be uploaded using this method.

Echo Transition - REMINDER!

Partners Health Plan, through the administration of HealthSmart Benefit Solutions, previously notified you of a change to partner with ECHO Health, Inc. ECHO is one of the leading payment processors in healthcare connecting over one million providers to insurance companies, health plans, and TPA's across the country. Providers will have access to numerous services including historical payments and remittance details, the electronic delivery of 1099's, and notification when new payments are available by accessing providerpayments.com. This new service will be available to all PHP Providers regardless of the payment method selected.

To sign-up to receive EFT for HealthSmart, please visit enrollments.echohealthinc.com/EFTERADirect/HealthSmart.

If you already have an ECHO Provider portal account or an existing ECHO Draft Number/Amount, you can use that information to enroll. However, if you do not already have an existing relationship with ECHO, you will need the unique enrollment/verification code that was sent to your organization to enroll. No Fees apply.

If you do not currently have a relationship with ECHO Health, Inc and do not have the information necessary to proactively enroll in an electronic form of payment, a paper check will be initially generated. You will then be able to utilize the draft number and amount associated with that payment to enroll in an electronic form of payment.

Once enrolled and after this transition occurs, your EFT payments from HealthSmart will appear on your bank statement from Huntington National Bank and ECHO Health Inc., as "HNB – ECHO."

We appreciate your support as we roll out this new program, and we look forward to continuing to work with you to deliver a positive experience for processing your payments. Please review our [ECHO FAQ document](#) for more information, and if you have any difficulty with the website or have additional questions, please contact ECHO directly at 800-937-0896.

Availity EDI Clearing House

Effective 6/1/2022, our Third-Party Administrator, HealthSmart, transitioned to an exclusive Clearinghouse/EDI Gateway relationship with Availity including 837 (claims) and 835 (electronic remittance advices) transactions.

- 27X transactions were retained with Change HealthCare. It was not transitioned as originally intended.
- Availity has a relationship with Change HealthCare so If you are submitting 837 claims for Partners Health Plan Payer ID 14966 via Change Healthcare you can continue to do so.
- Providers who wish to receive their 835s from Change HealthCare or Availity must select them as the appropriate trading partner when enrolling to receive 835s with the new payment vendor, ECHO.

For more information regarding Availity visit www.availity.com/edclearinghouse.

Please note that direct submissions to the HealthSmart Clearinghouse is not impacted by this change.

New reference materials are available on our website at www.phpcares.org/providers.



Other Provider Updates & Announcements

Provider Webinars & Training

Be on the lookout for future trainings! Providers may send in requests for trainings by opening a "General Inquiry" ticket using the [Provider Ticket Submission Form](#).

Credentialing & Re-Credentialing – keep all information updated

Please send us any changes to your organization's demographic information, as well as any updates to individual providers to ensure we always have the most up to date information loaded in our system! PHP's re-credentialing timeframe is every 3 years. We appreciate your cooperation with our re-credentialing process.

Important Resources

- [Provider Manual – 2022](#)
- [Billing & Claims Submission – 2022](#)
- [Portal User Guide – 2022](#)
- [Authorization Requirements](#)

Do you have questions or concerns? Here's how to receive assistance from the Partners Health Plan's Network Development and Provider Relations team!

Partners Health Plan's Network Development and Provider Relations team has **updated our ticketing process!** Going forward, in order to contact the Provider Relations department to request assistance or information, please **open a ticket using the [Provider Ticket Submission Form](#).**

Once a ticket is submitted, a Provider Relations team member will reach out to you as soon as possible. If an email is sent to providerrelations@phpcares.org, an automatic email message will be sent prompting the submitter to use the Provider Ticket Submission Form to contact Provider Relations.

[CLICK HERE](#) to view all previous PHP Provider Newsletters.

Partners Health Plan
2500 Halsey Street
Bronx, NY 10461
(855) 747-5483
PHPCARES.ORG