

PROVIDER UPDATE

An Update for Gateway HealthSM Providers and Clinicians

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Important Phone Numbers

ADMINISTRATIVE/OFFICE STAFF

Quality Improvement Program Results

Annually, Gateway Health evaluates its Quality Improvement and Utilization Management (QI/UM) Programs to:

1. Align with its mission and assure that the goals and objectives are being met;
2. Assess improvements in the quality of clinical care and quality of service; and
3. Evaluate the overall effectiveness of the QI and UM Programs.

The evaluation helps us understand if goals were met to deliver the high quality medical care and access to care while remaining focused on financial soundness. We work closely with the physician community in our efforts to address both the clinical care and services our members receive, as well as plan management to address the services provided by the organization (such as claims handling, authorizations, etc.). We also use provider satisfaction surveys and other tools to get feedback on how we are doing. These results are used to guide our future clinical, service, network, member safety, health equity and quality improvement activities. The review of our 2015 program is complete. Here are some of the highlights:

- Our Healthcare Effectiveness Data and Information Set (HEDIS) results improved in: annual dental visit in children ages 2-21, cervical cancer screening and diabetes testing. Health plans use HEDIS as a way to measure performance in important areas of healthcare.
- The annual PCP and specialist provider satisfaction survey was conducted from October 2015 to January 2016. For PCPs, the following goals were not met:
 - UM staff's consistency in authorization process.
 - Physician reviewer's decision-making is clearly communicated by Gateway.
 - Overall satisfaction with the UM process.
 - Pharmacy staff's consistency in responses regarding formulary procedures.
 - Overall satisfaction with the Gateway pharmacy prescription authorization process.
 - Ease of using Gateway's Web-based version of the drug formulary.
 - Overall satisfaction with Gateway Health.

For SCPs only, the following goals were met:

- UM staff's consistency in authorization process.
- Physician reviewer's decision-making is clearly communicated by Gateway.
- Pharmacy staff's consistency in responses regarding formulary procedures.
- Overall satisfaction with the UM process.

We have identified areas for improvement and have a plan to work on these areas. In 2016 Gateway will work on:

- Ways to improve care in HEDIS measures that did not improve.
- Educate members on the member portal on Gateway's website.
- Talk to our doctors on health plan intervention and member characteristics.
- Strengthen strategies to impact readmissions.

For more information about the Quality Program, including information about program goals, processes and outcomes related to member care and service, call Provider Services.

Medicare Providers - 1-800-685-5209

PA Medicaid Providers - 1-800-392-1147



ADMINISTRATIVE/OFFICE STAFF

Preventing Fraud

YOU CAN PREVENT FRAUD!

Gateway Health is committed to detecting, correcting, and preventing fraud, waste, and abuse which is essential to maintaining a healthcare system that is affordable for everyone. Gateway's contracted physicians and staff, business partners, and other healthcare providers can help with these efforts. If you suspect that fraud, waste, or abuse is occurring, report it to Gateway and we'll investigate. Your actions may help to improve healthcare for your patients; our members. You may remain anonymous if you prefer. All information received or discovered by the Fraud & Integrity Review Team (formally the Special Investigations Unit) will be treated as confidential, and the results of investigations will be discussed only with persons having a legitimate reason to receive the information (e.g., state and federal authorities as necessary).

Reporting suspected activity is easy. Go to gatewayhealthplan.com and click on **Fraud and Abuse** at the bottom of the web page. The Fraud and Abuse page has a link to a website form that you can complete and submit to Gateway. In addition, you can contact us using the Fraud Hotline at 1-800-685-5235 or writing to us at the attention of the "Fraud & Integrity Review Department."

New Provider Authorization Portal

New Provider Authorization Portal launching August 2016

Beginning this month, Gateway Health providers now have access to a new Provider Authorization Portal. The portal is accessed by clicking the existing [Provider Authorizations link](#). The new Authorization Portal was built into a new integrated Gateway platform that includes all of the functionality of the original and also includes new features such as:

- Overall application optimization and enhancements resulting in a faster and more robust experience.
- Modern design built for use on desktop, tablet, or mobile devices.
- Enhanced Authorization form workflows and functionality.
- More information and feedback available regarding submitted Authorizations.
- Advanced Authorization submission search functionality.
- Batch Claims lookup that allows quick and full search criteria for completed claims.
- Additional Provider self-service features coming soon that include: Secure Messaging and Document Exchange.



POLICY UPDATES

Provider Notification: Medical Policy Genetic Testing for Colorectal Cancer Susceptibility

CLINICAL MEDICAL POLICY	
Policy Name:	Genetic Testing for Colorectal Cancer Susceptibility
Policy Number:	MP-018-MD-PA
Approved By:	Medical Management
Provider Notice Date:	
Original Effective Date:	07/13/16
Annual Approval Date:	
Revision Date:	
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

Disclaimer

Gateway HealthSM (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement:

Gateway Health provides coverage under the laboratory medical-surgical benefits of the Company's Medicaid products for medically necessary genetic testing for colorectal cancer susceptibility.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrants individual consideration, based upon review of applicable medical records.

(Current applicable PA HealthChoices Agreement Section V. Program Requirements, B, Prior Authorization of Services, 1, General Authorization Requirements.)

*The full version of this medical policy is available on the Gateway provider website at:

<http://gatewayhealthplan.com/MedicalPolicies>



POLICY UPDATES



Provider Update

August 2016

SPECIAL EDITION

NOTICE OF PRACTICE/PRACTITIONER CHANGES!

One of the many benefits to the Gateway Health member is improved access to medical care through Gateway's contracted provider network. To ensure our members have up to date and accurate information on availability it is imperative that providers submit written 60 days advance notice of the following:

- Address changes;
- Phone & fax number changes;
- Changes to hours of operation;
- Primary Care Practice (PCP) panel status changes (Open, Closed & Existing Only);
- Practitioner participation status (additions & terminations) and;
- Mergers and acquisitions

The Gateway Practice/Provider Change Request Form can be completed for conveying practice/practitioner changes or notice on your practice letterhead is acceptable. The form is available on www.gatewayhealthplan.com --select *Provider*, and then click on *Forms & Reference Materials*.

Please submit your change request via fax or mail.

Fax to: 1-855-451-6680

Mail to: Gateway HealthSM

Provider Information Management

Four Gateway Center

444 Liberty Avenue, Suite 2100

Pittsburgh, PA 15222-1222

If you have questions about this Provider Update please contact your Provider Relations Representative directly.

Provider Relations Department

Gateway HealthSM



MEDICARE UPDATES

Medicare CMS Update

REMINDER FOR MEDICARE PROVIDERS: Effective February 1, 2017 the Centers for Medicare & Medicaid Services (CMS) will require nearly all prescribers – including physicians, dentists, nurse practitioners, and physician assistants – to enroll in Medicare in order to prescribe drugs for patients enrolled in Medicare Part D. This change will enable CMS to better combat fraud and abuse within the Part D program through verification of providers' credentials. In accordance with this change, Gateway HealthSM will not cover drugs prescribed by providers who are not enrolled in Medicare effective February 1, 2017 except in very limited circumstances.

If you need assistance with the process of enrolling or have additional questions, please visit go.cms.gov/PrescriberEnrollment.



PROGRAM AND BENEFITS UPDATE

Improving Colorectal Cancer Screening Rates Webinar August 31

Best practices to raise colorectal cancer screening rates for quality improvement and the Gateway Health Provider Incentive (GPE®)

Webinar

Wednesday, August 31 from 12:00-1:00 PM

Speaker

Heidi Gullett, MD, MPH Assistant Professor

Associate Program Director, Public Health/General Preventive Medicine Residency
Department of Family Medicine and Community Health
Case Western Reserve University School of Medicine

Purpose

Colorectal cancer is a disease that afflicts nearly 135,000 adults who are diagnosed each year. It currently ranks 4th highest in cancer incidence rate and 2nd most in cancer deaths. However, it is a relatively preventable cancer with early detection through routine screening. About one in three adults between 50 and 75 years old – or 23 million people – are not getting tested as recommended. Increasing screening rates in the United States will save lives and decrease the total healthcare expenditure.

Gateway Health, the American Cancer Society, and the PA Department of Health are conducting this webinar to discuss proven strategies that can increase colorectal cancer screening rates. The topics will include:

- The National Colorectal Cancer Round Table (NCCRT) and the toolkit that they developed for providers
- Examples of how the toolkit can be used in practice
- How the colorectal cancer screening rate impacts HEDIS and Gateway Health's provider incentive (GPE®)

Who should attend

The webinar is intended for healthcare professionals who are participating with Gateway Health through Medicare Assured, but anyone interested in improving colorectal cancer screening rates is welcome, such as:

- Physicians
- Nurses
- Medical Assistants
- Office Managers
- Other Healthcare Professionals with a Focus on Quality Improvement

Registration:

To register, go to

<https://gatewayhealthevents.webex.com/gatewayhealthevents/onstage/g.php?MTID=ed9323be2758f5c22a6d5577f22a2b5ed>

Or contact

Joseph Mastalski

jmastalski@gatewayhealthplan.com

412-918-8936



IMPORTANT PHONE NUMBERS

MEDICARE ASSURED IMPORTANT PHONE NUMBERS

FOR INQUIRIES, PLEASE CALL PROVIDER SERVICES

MONDAY – FRIDAY, 8 A.M. – 4:30 P.M.

1-855-847-6380 (KY)
1-855-847-6430 (NC)
1-888-447-4505 (OH)
1-800-685-5209 (PA)

TTY/TDD (FOR ALL DEPARTMENTS)

24 HOURS A DAY, 7 DAYS A WEEK

711 or

1-800-648-6056 (KY)
1-800-735-2962 (NC)
1-800-750-0750 (OH)
1-800-654-5988 (PA)

MTM (Transportation Services)

MONDAY – FRIDAY, 8 A.M. – 5 P.M.

SATURDAY 9 A.M. – 1 P.M.

1-844-549-8363 (KY, NC and OH)
1-866-670-3063 (PA)
TTY is 1-800-855-2880

VOIANCE LANGUAGE SERVICES

24 HOURS A DAY, 7 DAYS A WEEK

(Offers bilingual interpreters at a special Gateway rate)

1-866-742-9080, ext. 1

www.voiance.com/gateway

MEDICAID IMPORTANT PHONE NUMBERS

CALL TO INQUIRE ABOUT:

MEMBER PROGRAMS

MONDAY - FRIDAY, 8:30 A.M. - 4:30 P.M.

1-800-392-1147

- Care Management, select option 1
- Maternity/MOM Matters®, select option 2
- Asthma/ Cardiac/ COPD/ Diabetes, select option 3
- Preventive Health Services/ EPSDT/Outreach, select option 4

FRAUD AND ABUSE AND COMPLIANCE HOTLINE

24 HOURS A DAY, 7 DAYS A WEEK

1-800-685-5235

(Voicemail during off hours. The call will be returned the next business day.) Please do not leave multiple voicemail messages or call for the same authorization request on the same day.

TTY/TDD (FOR ALL DEPARTMENTS)

MONDAY - FRIDAY, 8 A.M. - 5 P.M.

711 or

1-800-682-8706

