

PROVIDER UPDATE

An Update for Gateway HealthSM Providers and Clinicians

JULY 2017 ISSUE

PROGRAM AND BENEFITS UPDATES

| | |
|--|----------|
| <u>Medicare Outpatient Observation Notice</u> | <u>2</u> |
| <u>PCP Physician Portfolio Reports</u> | <u>3</u> |
| <u>EHR Strategies for Improved Communication</u> | <u>4</u> |
| <u>Notice of Practice/Practitioner Changes July 2017</u> | <u>5</u> |
| <u>ONAF Provider Update for July 2017</u> | <u>6</u> |
| <u>Specialty Pharmacy Update.....</u> | <u>7</u> |

NEW PRODUCT UPDATES

| | |
|--|----------|
| <u>Goodness Rewards Mid-Year Update.</u> | <u>8</u> |
|--|----------|



Important Phone Numbers

Medicare Outpatient Observation Notice (MOON) July 2017

On August 6, 2015, Congress enacted the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act, which requires all hospitals and critical access hospitals (CAHs) to provide written notification and an oral explanation of such notification to individuals receiving observation services as outpatients for more than 24 hours.

The purpose of this Provider Update is to announce the availability of the OMB approved standardized Medicare Outpatient Observation Notice (MOON), form CMS-10611. All hospitals and critical access hospitals (CAH's) are required to provide this statutorily required notification no later than March 8, 2017.

A copy of the notice and accompanying instructions are available on www.GatewayHealthPlan.com. Select Provider, and then click on Forms & Reference Materials.

The MOON was developed to inform all Medicare beneficiaries when they are an outpatient receiving observation services, and are not an inpatient of the hospital or CAH. In accordance with the statute, the notice must include the reasons the individual is an outpatient receiving observation services and the implications of receiving outpatient services, such as required cost-sharing and post-hospitalization eligibility for coverage of skilled nursing facility services. Hospitals and CAHs must deliver the notice no later than 36 hours after observation services are initiated or sooner if the individual is transferred, discharged, or admitted. A copy of the signed document should be maintained in the patient's medical record.

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

Provider Relations Department
Gateway Health Plan
July 2017

Notice to Primary Care Providers Regarding the Physician Portfolio Reports

The Primary Care Provider (PCP) Portfolio reports will soon be distributed to PCP practices. By sharing the information in the “Physician Portfolio” we partner with you to improve the quality of care of our members. The “Physician Portfolio” consists of multiple measures, including utilization, pharmacy and preventive measures. This report compares you to your peers, and identifies opportunities where Gateway Health and your practice can work together to improve the health care of our members. The report will be made available through the NaviNet portal.

To get more information about the PCP Portfolio report or the NaviNet portal, please contact your Gateway Health Provider Relations Representative or Clinical Transformation Consultant.

Be sure to share this important information with all physicians in your practice.

Electronic Health Records Key Communication Strategies

Are EHRs helping you advance care without compromising interpersonal communication with your patients? Read on to find out more about the latest recommendations from Family Practice Management and Kaiser Permanente.

EHR's Benefits to Communication with Patients and other Practitioners:

Practitioners can **focus on patient** rather than sift through papers to locate information.

Fosters **coordination of care** among co-managing practitioners.

Supports **real-time decision making**.

Streamlines processes for ordering prescriptions and tests without interruption.

Provides useful **patient education materials** to reinforce discussions.

However, there can be a number of challenges that compromise communication with patients.

Potential Communication Barriers

Hunting for information within the EHR

Wealth of data can result in practitioners believing they have all the information.

Appearance of focusing more on the computer or hand held device than the patient.

Potential Solutions

- Consider having **office staff enter basic information** including updating preventative measures.
- **Greet the patient** in order to make a personal connection away from the computer.
- Consider **starting the visit by listening to the patients concerns** prior to looking at the monitor.
- Maximize **eye contact** with patient.
- Strategically place the monitor where it will be easy to **engage the patient in looking** on at relevant parts of the EHR screen. Better yet, use a mobile computer monitor.
- Ask the patient to **verify and enhance EHR** information as you type.
- **Value the computer as a tool** and let the patient know how it's used to improve care.
- **Stay positive** when confronted with computer challenges.

- **Explain what you are doing** as you are documenting. For example, let the patient know that you are entering information you have just discussed.
- Log off and **let the patient know that you are logging off** to keep their information private.
- Reinforce your clinical discussion by **printing a summary of relevant and actionable information** like BMI, growth charts, medication list or any additional follow-up instructions before leaving the room.

We'd like to know if you are using electronic medical records or plan to use electronic medical records in the near future. Please let us know by visiting our provider website at <http://www.gatewayhealthplan.com/providers> and clicking on the link for Electronic Medical Records Survey in the Administrative Tool Section. There are six survey questions. It will take approximately 2 minutes to complete the entire survey.

Ward R Mann, MSN, FNP and Joanne Slaboch, MBA *The Permanente Journal* 2004 Fall: 8(3) 48-51.

<http://xnet.kp.org/permanentejournal/fall04/examroom.pdf>

William Ventres, MD, MA, Sarah Kooienga, FNP, and Ryan Marlin, MD, MPH *Fam Pract Manag.* 2006 Mar;13(3):45-47.

<http://www.ncbi.nlm.nih.gov/pubmed/16568596>

Watch this [short video](#) demonstration of Kaiser Permanente's **LEVEL** approach to using a computer in patient-care settings.

<http://www.youtube.com/watch?v=LZAqeJtpzEY>

OBSTETRICAL NEEDS ASSESSMENT FORM (ONAF) UPDATE

On August 31st, 2017 you will be able to submit Obstetrical Needs Assessment Forms (ONAF) via an online form submission tool for the following Managed Care Organizations: UnitedHealthcare, UPMC, AmeriHealth, Keystone, Geisinger, Health Partners and Gateway Health

Introducing OB Care - A simplified data collection and submission process for providers that expedites outreach to members by their Managed Care Organization (MCO). obcare.optum.com

Here's what you should know:

- You will be receiving information from other MCOs on this ONAF update
- Gateway Health will be offering Webinar training to be provided to our practitioners providing maternity care
- You may receive more than one training invite from Gateway and other MCOs. Gateway's webinar training dates will be coming soon.

Please save the new website address to your favorites and remember to start using it after August 31st.

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

Provider Relations Department
Gateway HealthSM



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*. As a reminder, the PA Department of Human Services (DHS) requires all providers to have current MPI information. It is critical that providers revalidate their information on a regular basis. If providers do not enroll/revalidate their information with DHS, no payments will be made.

Please submit your change request via fax or mail.

Fax to: 1-855-451-6680

Mail to: Gateway Health
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 Health

Pharmacy Update

SPECIALTY PHARMACY

As you know, Gateway engages the services of a network of pharmacies to fulfill the medication dispensing needs of our members. Several of these medication classes are either so specific in their medication management requirements, require special handling, have limited distribution channels, require special knowledge of niche disease states, or are of such high cost that not every pharmacy will agree to stock, that we designate them to be *specialty drugs*.

We channel the dispensing of *specialty drugs* to any willing pharmacy provider who is able to meet the terms of our Specialty Pharmacy Provider Agreement and decides to sign our contract. This contract not only sets the standard for common practices related to claims processing, but it also includes specific dispensing requirements and clinical monitoring. In our latest revision to the Specialty Pharmacy Provider Agreement, we have further defined the clinical management expectations for a total of 14 disease states, including hepatitis C, MS, hemophilia, and cystic fibrosis, to name a few.

Additionally, Gateway has moved the HIV drug class to our specialty dispensing program to provide additional reinforcement in our drug adherence initiatives through the focused efforts of the specialty pharmacies. We anticipate and welcome your support in this approach and our increased attention toward managing appropriate use and improving the quality of our most high-risk, complicated drugs and disease states.

A complete list of the Gateway Specialty Pharmacies and *specialty drugs* may be found on the Gateway Health website at the following address. <http://www.gatewayhealthplan.com/providers/pharmacy-tools>

NEW PRODUCT UPDATES

What is Goodness Rewards?

Goodness Rewards is a program that rewards members for taking steps toward a healthy lifestyle. Medicaid and Medicare members will be given opportunities to earn a reloadable gift card for completing preventive exams and screenings throughout the calendar year. This gift card can be used at over 100 merchant locations and cannot be used for the purchase of alcohol, tobacco or firearms.

Which Visits and Screenings are Included?

Eligible activities for **PA Health Choices** members include:

- Prenatal and postpartum visits
- Well-baby visits
- Adolescent wellness visits
- Pediatric dental check-ups
- Diabetic A1c testing
- Blood pressure screenings
- Asthma maintenance

Eligible activities for **Medicare Assured** members include:

- Healthy dialogues with your doctor
- Diabetic screenings including: retinal eye exam, A1c testing and microalbumin testing
- Blood pressure screenings
- Colorectal cancer screenings (colonoscopy or flexible sigmoidoscopy only)
- Flu vaccination
- Breast cancer screening

Preparing for Patient Interaction

- Since our providers play a critical role in helping our members stay healthy and manage their health conditions, you will likely be receiving scheduling requests for various exams and test.
- Members will receive information in January and February on the **Goodness Rewards Program** including which health activities they can complete to earn rewards, as well as multiple communications throughout the calendar year.
- Members can go online to **www.goodnessrewards.com** to sign up and view their eligible activities.
- Members can also call to register for the **Goodness Rewards Program**:

1-888-237-5918 (PA Health Choices)

1-888-286-0288 (Medicare Assured)

*The rewards for **Asthma, Flu** and **Breast Cancer** begin this month.

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