

May 2022

What's New?

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Independent Health and its family of companies honored as Best Places to Work for in New York

Clinical Matters

Prenatal Health Review: folic acid, influenza vaccine and lead exposure

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Special Needs Plan for your Medicare patients with chronic heart failure: Independent Health 2022 Assure Advantage® HMO C-SNP Plan

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Community Health Matters

Health & Wellness Challenge is back!

COVID-19 provider updates

Independent Health has a comprehensive preparedness plan in place to deliver coverage and services to our members without interruption.

Our COVID-19 provider website pages include the most current information about the following:

- Billing guidance
- Testing coverage
- Vaccination, Coverage and Reimbursement Summary
- FAQs and tip sheets on topics of telehealth, lab testing, diagnosis codes, etc.

Visit our COVID-19 provider website pages accessible online at <https://www.independenthealth.com/providers/covid-19-coronavirus-provider-updates>

Independent Health and its family of companies honored as Best Places to Work for in New York

For the 15th consecutive year, Independent Health has been named one of the best companies to work for in New York State.

Independent Health was ranked as the 9th best company amongst the largest, most accomplished companies statewide.

In addition, all the Independent Health family of companies were honored. Nova Healthcare Administrators, recognized for a fifth time, ranked 3rd in the state in the medium size company category. Pharmacy Benefit Dimensions, a three-time finalist, ranked 10th statewide, also in the medium size company category. Reliance Rx, recognized for the fourth year, ranked 18th in the state in the small size company category.

Learn more online at

<https://www.independenthealth.com/about/newsroom/2022/independent-health-and-its-family-of-companies-honored-as-best-places-to-work-for-in-new-york>

Prenatal health reviews: folic acid, influenza vaccine and lead exposure

As a 5-star New York State Department of Health (NYSDOH) Medicaid plan, Independent Health conducted an annual prenatal and postpartum MediSource medical record review of 2020 visits. Thirty records were reviewed in 2021 to assess the quality of care by obstetrical care providers against related measures and clinical care guidelines from the NYSDOH, United States Preventive Services Task Force (USPSTF), American College of Obstetricians and Gynecologists (ACOG) and the Center for Disease Control (CDC).

There were 74 quality measures and 19 measures or 25% met the threshold of 90% or more of the records with documentation fulfilling a particular quality measure during a prenatal or postpartum visit. Three important measures listed had low documentation rates. Understanding the results may help practices to move forward and plan action for improvement:

Folic acid recommended for women capable of or planning a pregnancy

Failure of the neural tube to close during the first few weeks of a pregnancy is a preventable common birth defect that occurs in about 1 in 500 live births. Many of these defects can be traced to a deficiency of folic acid or folate that has an essential role in the synthesis of DNA. Unfortunately, the folic acid intake of the average American is half what is recommended to prevent birth defects.

Therefore, it is of enormous importance that women who are capable of pregnancy or planning a pregnancy take folic acid 0.4mg daily (Grade A recommendation USPST). In this review inter-conception counseling for folic acid intake post-partum was 14%.

Influenza vaccine recommendation for pregnant and postpartum women

The flu is not a mild illness. The annual death rate in the US from the flu is the equivalent of 152 airplane crashes in a single year each carrying 524 passengers. Pregnancy is an important risk factor for severe outcome from influenza virus infection with a higher risk for a hospital admission.

...continued

Prenatal health reviews: folic acid, influenza vaccine and lead exposure cont.

Unknown is the critical time during fetal gestation that the influenza virus would have a significant effect on the developing fetus. There is a need to collect important information of the date of vaccination or influenza illness during pregnancy. Providers can be of enormous assistance by being mindful to be complete documenting vaccination dates and/or flu like symptoms. Flu shots can be given safely throughout pregnancy.

The CDC and ACOG advise that pregnant persons be vaccinated against the flu but not with the live attenuated vaccine (LAIV or nasal spray). Postpartum women, even if breastfeeding can receive either type of influenza vaccine. In this review influenza vaccination documentation was 33%

Elevated lead level risks

Lead readily crosses the placenta. Lead has been detected in the fetal brain as early as the end of the first trimester. Elevated lead levels have been shown to be associated with risks of gestational hypertension, spontaneous abortion, low birth weight, and impaired neurodevelopment.

The CDC and ACOG recommend that obstetric health care providers evaluate the risk factors for lead exposure as part of the comprehensive health risk assessment and perform lead testing if there is a single risk factor (see <http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>).

In this review 10% of providers during prenatal visits and 1% of providers post-partum discussed anticipatory guidance about lead poisoning.

It may be advantageous to check your EMR prenatal and postpartum visit templates. Keep these templates up to date with the latest clinical guidelines recommendations and documentation of these important quality measures to ensure continuity of the good quality care your office strives toward for all pregnant and post-partum persons.

Office Matters Webinar: Primary Care Quality – Tips for Success

All primary care and family practice office staff and providers are invited to attend our next Office Matters webinar, Primary Care Quality - Tips for Success:

Wednesday, May 18, 2022
7:30 A.M. to 9: A.M.

To register for this free webinar:

- Go online:
<https://register.gotowebinar.com/register/4309508759511368719>
- In the upper right-hand corner of the website, click “Join”
- A box will appear. Enter your e-mail address and the webinar ID: 594-570-443

After registering, you will receive a confirmation email with details on how to join the webinar.

The agenda:

Quality & Gaps in Care – Best Practices, tips, and resources

Jean Cosgrove - Physician Engagement Specialist, Independent Health

Bernie Esposito - Physician Engagement Specialist, Independent Health

Danielle Sanita - Quality Management Specialist, Independent Health

Clinical Quality overview and the Western New York Integrated Care Collaborative

Janet Stoeckl - Clinical Program Manager, Independent Health

Nikki Kmicinski - Western New York Integrated Care Collaborative

Holon – Maximizing health outcomes through precision information delivery

Diane Parrish - Director, Provider Relations & Engagement, Independent Health

Medicare Star Ratings – what does it mean and why it's important

Independent Health Medicare Sales representative

Changes to continuous glucose monitors coverage for MediSource & Child Health Plus

Earlier this year, New York State (NYS) Medicaid updated their policy for real-time continuous glucose monitors. To better align with NYS Medicaid's Coverage of Continuous Glucose Monitors (CGM) policy, Independent Health also updated coverage for our MediSource and Child Health Plus (CHP) members.

Effective April 1, 2022, FreeStyle Libre CGMs will require prior authorization. A prescription for Freestyle Libre reader device and sensors does not require prior authorization if a patient's Independent Health prescription history documents concurrent (within the previous 120 days) use of bolus (fast or rapid-acting) insulin. Prescribers can request authorization using the standard authorization process if the Independent Health prescription history does not document concurrent or prior use of bolus insulin.

The following is an overview of our updated policy for MediSource and CHP members:

Freestyle Libre & Freestyle Libre 2: Coverage of CGM may be available for members who meet all the following criteria:

- *Member has a diagnosis of gestational diabetes; or*
- *Member has a diagnosis of type 1 or type 2 diabetes; and*
- *Member is using bolus (fast or rapid-acting) insulin; and*
- *Member is currently performing multiple (3 or more) finger-stick glucose tests daily; and*
- *Member is on an insulin treatment plan that requires frequent adjustment of insulin dosing or an insulin pump; and*
- *Provider attests member is compliant with regular visits to review CGM data with their provider.*

If you have MediSource/CHP patients that should continue using FreeStyle Libre, your practice must submit a pharmacy drug authorization form, which is available on the homepage of our secure provider portal under “Popular Documents.”

If your practice has questions or needs to obtain a copy of the pharmacy drug authorization form, please call the Independent Health's Prior Authorization Department at (716) 631-2934 or 1-800-247-1466, ext. 5311 Monday through Friday from 9 a.m. to 5 p.m.

Expansion of drugs reviewed by Magellan Rx Management

Magellan Rx, administered by Magellan Rx Management, reviews prior authorization requests for select specialty drugs that fall under either the medical or pharmacy benefit.

Beginning June 1, 2022, Magellan Rx will begin reviewing additional drugs on Independent Health's behalf. Your practice can view the list of drugs included in this expansion and which lines of business are impacted in a form near the end of this printable edition of Scope.

For more information about specialty medications reviewed by Magellan Rx, visit provider website [here](#).

You can also find the full list of drugs reviewed by Magellan Rx online at <https://specialtydrug.magellanprovider.com/medication-center/policies-and-guidelines/independent-health-pa.aspx>. This list is maintained and updated by Magellan Rx as needed.

New provider portal password requirements upcoming

To further enhance the security of your practice access to Independent Health's provider portal, new requirements for resetting the password will become effective the first time the existing password expires after July 7, 2022.

The new password requirements are as follows:

- Not be easily guessed or obtained using personal related information (e.g., names, telephone numbers, dates of birth)
- Be free of multiple consecutive identical characters (e.g., "aaa")
- Consists of at least twelve (12) characters
- Contains the following:
 - English uppercase characters (A through Z)
 - English lowercase characters (a through z)
 - Base 10 digits (0 through 9)
 - Non-alphabetic characters (for example, !, \$, #, %)

You may update your password to align with the new requirements at any time before July 7, 2022. To do so, simply log into the provider portal, select Change Password in the My Profile page below your name.

Special Needs Plan for your patients with chronic heart failure: Independent Health 2022 Assure Advantage® HMO C-SNP Plan

A chronic special needs plan for your Medicare patients diagnosed with chronic heart failure, Independent Health's Assure Advantage (HMO-SNP) is designed to serve the specialized needs of this population with additional health benefits, including a Premier Wellness Package, the new Independent Health's Medicare Rewards Program and more.

To be eligible, members must meet all of the following criteria:

- Reside in Erie County
- Diagnosed with chronic heart failure, which is verified with their provider
- Must be entitled or enrolled in Medicare Parts A and B.

For your patients who may be eligible and interested in more information about how this plan is designed to address their special needs, including a complete summary of benefits, they can go online [here](#).

Your patients may also speak with an Independent Health representative by calling (716) 635-4900 or 1-800-958-4405 (TTY users call 711). Representatives can be reached directly by phone Monday through Sunday from 8 a.m. – 8 p.m. between October 1 and March 31 or Monday through Friday from 8 a.m. – 8 p.m. between April 1 – September 30.

Formulary and Policy Changes

The following are available near the end of this printable edition of Scope:

- 1) Formulary changes for Medicare Advantage individual and group members effective May 1, 2022
- 2) Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective May 1, 2022
- 3) Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective May 1, 2022

Independent Health's drug formulary

To obtain a hard copy, please contact Independent Health Provider Relations by calling (716) 631-3282 or 1-800-736-5771, or via email at providerservice@servicing.independenthealth.com, Monday through Friday from 8 a.m. to 6 p.m.

April 2022 policy updates

Our policies are updated, revised, discontinued or reviewed often, so check these pages frequently. Look on the Policies page under Policies & Guidelines on the top red menu bar of the provider portal.

Health & Wellness Challenge is back!

Participants will be eligible to win a variety of prizes by adopting simple, healthy habits

The 15th round of the Independent Health and Buffalo Bills Health & Wellness Challenge is set to kick off on April 25 and run through June 5.

Among the prizes that are up for grabs include signed Bills items, air fryers, juicers, fitness trackers, wireless headphones and gift cards. Plus, one lucky participant will be randomly chosen as the grand prize winner and receive four tickets to a Bills game with parking, prize packs from the Bills and Independent Health, a \$1,000 Visa gift card, and more!

Learn more online at

<https://www.independenthealth.com/in-the-community/programs/health-and-wellness-challenge>

Thank you for reading Scope, Independent Health's newsletter containing provider updates. Please consider printing copies to share this with others at your practice who may not have access to Scope through our provider portal.

Comments or questions about Scope can be submitted via email at scope@independenthealth.com



Magellan RX drug review expansion beginning June 1, 2022					
HCP	Drug	Commercial	Medicare	Essential	Medicaid
J0791	Adakveo	x	x	x	x
J9037	Blenrep	x	x	x	x
J1952	Camcevi	x	x	x	x
J1448	Cosela	x	x	x	x
J9348	Danyelza	x	x	x	x
J3490	Empaveli	x	x	x	x
J3590	Enspryng	x	x	x	
J8499	Evrysdi	x	x	x	
J8999	Exkivity	x	x	x	
J8999	Fotivda	x	x	x	
J9999	Fyarro	x	x	x	x
J8999	Gavreto	x	x	x	
J0223	Givlaari	x	x	x	x
J9272	Jemperli	x	x	x	x
J8999	Lumakras	x	x	x	
J9353	Margenza	x	x	x	x
J9349	Monjuvi	x	x	x	x
J3590	Nexviazyme	x	x	x	x
J3490	Nulibry	x	x	x	x
J8999	Onureg	x		x	
J8999	Orgovyx	x	x	x	
J8499	Orladeyo	x		x	
J8499	Oxbryta	x	x	x	
J0224	Oxlumo	x	x	x	x
J9316	Phesgo	x	x	x	x
J8499	Rezurock	x	x	x	
Q5123	Riabni	x	x	x	x
J9061	Rybrevent	x	x	x	x
J9021	Rylaze	PSCE only	PSCE only	PSCE only	PSCE only
J3590	Ryplazim	x	x	x	x
J3590	Saphnelo	x	x	x	x
J8999	Scemblix	x		x	
J8999	Tazverik	x		x	
J3241	Tepezza	x	x	x	x
J8999	Tepmetko	x	x	x	
J9999	Tivdak	x	x	x	x
J8999	Truseltiq	x		x	
J1823	Uplizna	x	x	x	x
J3490	Vyvgart	x	x	x	x
J8999	Welireg	x	x	x	
J3490	Xipere	x	x	x	x
J9999/C9084	Zynlonta	x	x	x	x

*PSCE only drugs do not require prior authorization, but post service claim edits (PSCE) may apply.

RESTRICTED



Medicare Advantage Individual and Group Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
CARBAGLU TAB 200MG	Formulary Deletion	CARGLUMIC TAB 200MG	Generic Alternative on T5	5/1/2022
SELZENTRY TAB 150MG	Formulary Deletion	MARAVIROC TAB 150MG	Generic Alternative on T5	5/1/2022
SELZENTRY TAB 300MG	Formulary Deletion	MARAVIROC TAB 300MG	Generic Alternative on T5	5/1/2022
LANOXIN TAB 0.0625MG	Formulary Deletion	DIGOXIN TAB 0.0625MG	Generic Alternative on T2	5/1/2022

How do I request coverage determination, including an exception?

To request a coverage determination, including an exception, you may contact us in any of the following ways:

- Mail your coverage determination request to: Independent Health's Pharmacy Department, 511 Farber Lakes Drive, Buffalo, NY 14221
- Fax: (716) 631-9636 or 1-800-273-7397
- Phone: (716) 250-4401 or 1-800-665-1502, we are available Monday through Friday between the hours of 8 a.m. and 5 p.m.

Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn't be appropriate given your patient's condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient's life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
CARBAGLU TAB 200MG	Formulary Deletion	CARGLUMIC TAB 200MG	Generic Alternative on T5	5/1/2022
SELZENTRY TAB 150MG	Formulary Deletion	MARAVIROC TAB 150MG	Generic Alternative on T5	5/1/2022
SELZENTRY TAB 300MG	Formulary Deletion	MARAVIROC TAB 300MG	Generic Alternative on T5	5/1/2022
LANOXIN TAB 0.0625MG	Formulary Deletion	DIGOXIN TAB 0.0625MG	Generic Alternative on T2	5/1/2022

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Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn’t be appropriate given your patient’s condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient’s life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
CARBAGLU TAB 200MG	Formulary Deletion	CARGLUMIC TAB 200MG	Generic Alternative on T1	5/1/2022
SELZENTRY TAB 150MG	Formulary Deletion	MARAVIROC TAB 150MG	Generic Alternative on T1	5/1/2022
SELZENTRY TAB 300MG	Formulary Deletion	MARAVIROC TAB 300MG	Generic Alternative on T1	5/1/2022
LANOXIN TAB 0.0625MG	Formulary Deletion	DIGOXIN TAB 0.0625MG	Generic Alternative on T1	5/1/2022

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Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn’t be appropriate given your patient’s condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

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