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Quick Notes

March 2023 Policy Updates are posted in the secure portal.

Beacon Health Options, which administers our behavioral health benefits for our State programs will change its name to Caredon Behavioral Health on March 1, 2023. All contracts, policies, and procedures will remain unchanged, and all existing phone numbers, emails, websites, and portals will redirect with no new reregistration required.

New Scope newsletter format coming soon: As a way to improve the delivery and access of our Scope newsletter, and to provide an easier-to-view publication, we are working on a new format of the Scope newsletter. We will share exciting details in the next few weeks.

Addressing your patients' social care needs

Social care needs, or Social Determinants of Health, are conditions in the environment in which people are born, live, learn, work, play, and age that can impact a wide range of health, functioning, and quality of life outcomes. These can be related to:

- Employment and occupational exposures
- Upbringing and the family
- Housing (including homelessness) and transportation
- Education and health literacy
- Issues related to psychosocial circumstances

These social factors can impose significant barriers to optimizing individuals' health and wellness. They drive unnecessary healthcare costs and excessive health care utilization. But with the use of Z code data, clinicians can better understand the unique needs of their patients and help connect them with available resources within the community. Besides their impact on population health, the data collected by Z codes may also contribute to success in value-based reimbursement models.

What your team can do:

- If you don't do so already, ask your patients about their social care needs. Patients may not know how to discuss non-medical issues with their provider. They may need to be prompted.
- Since patients may not always feel comfortable discussing their psycho-social concerns, staff education can help create and support an inclusive and safe environment. Reassuring your patients about privacy and confidentiality can help allay concerns.
- Educate existing and new staff on the need to screen, document and code data on patients' social care needs in order to help support and systematize your efforts.
- Make use of an evidence-based social needs screening tool to document patients' responses such as the CMS published PRAPARE tool (www.prapare.org)
- Document any social needs by utilizing the social needs Z codes listed on [this document](#) and adding them to claims you submit to Independent Health
- If you haven't done so already, talk with your EMR vendor about social needs screening tools available through the software.
- Consistent practice workflows can help ensure patients with a positive screening are referred to appropriate resources.

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Using Z-Codes

The International Classification of Diseases – Tenth Edition Clinical Modification (ICD-10-CM) contains “Z-codes” that describe factors influencing health status and contact with health services. Z codes aid in identifying your most vulnerable populations and allow accurate management of risk factors or barriers to optimal health outcomes.

Z-codes range from Z55-Z65 and are located in Chapter 21 of the ICD-10-CM manual. They can be used when a person encounters health services for some specific purpose, such as to discuss a problem which is not a disease or injury. Some examples include routine health checks, infectious disease or cancer screening exams, vaccination administration, etc.

They can also be used to document when some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. These Z-codes are used to document a patient's social care needs.

Community water fluoridation strengthens overall health

The City of Buffalo hasn't added fluoride to the drinking water since 2015, when concerns arose that fluoride might increase corrosion in lead pipes and leach into the water supply. The city partnered with the University at Buffalo to research the issue. In 2019, results of the study suggested that fluoride did not increase the amount of lead in the water supply. The city expected to add fluoride back into the water supply in 2016, but multiple delays, even before the COVID-19 pandemic, postponed the project.

The City of Buffalo plans to add fluoride back into the water supply by the end of 2023. However, community concern remains and patients may bring their questions to you.

Why does this matter to primary care providers?

According to the New York State Education Department, “only about 50% of school aged children visit a dentist once a year.” Additionally, only 35% of working-age American adults visit the dentist annually. About nine out of ten adults in the U.S. experience tooth decay and nearly half have gum disease.

Further, dental health can impact overall health, with gum disease being linked to conditions like heart disease, diabetes, osteoporosis, and Alzheimer's disease. This connection makes primary care providers perfectly aligned to advocate for dental referrals as part of routine care.

See Page 6 for a Tip Sheet on talking to your patients about fluoride concerns.

Discussing sexual health with your patients

Some of your patients may not be comfortable talking about their sexual history, sex partners, or sexual practices. They may have experienced abuse or trauma in their lives or while in a medical setting. Getting trained on a trauma-informed care approach can help all clinicians provide patient-centered, sensitive care in all interactions.

The Clinical Education Initiative (CEI) has produced an informative on-demand webinar called Sexual Health: Focus on Sexual History.

At the end of this engaging 50-minute session, participants will:

- Describe the key components of obtaining a culturally competent sexual history.
- Review sexual history taking, behavioral risk assessment & behavior change counseling of clients with STDs including HIV.
- Increase knowledge and skills to promote health and well-being in clients.

View the online version for the link to the webinar.

Effective April 1, 2023: MediSource pharmacy benefits transition to NYRx, the Medicaid Pharmacy Program

The New York State Department of Health (NYSDOH) announced that effective April 1, 2023, New York State Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs), including Independent Health MediSource members, will begin receiving their pharmacy benefits through NYRx, the Medicaid Pharmacy Program.

This Pharmacy transition does not apply to members enrolled in Managed Long-Term Care plans (e.g., MLTC, PACE and MAP), the Essential Plan, or Child Health Plus (CHP).

NYSDOH will communicate further information directly to your practice. Some additional information, including related links to the NYSDOH website, are available on Independent Health's public provider website at www.independenthealth.com/Provider, and includes the following:

Provider Requirements

Providers who prescribe pharmacy benefits to Medicaid members must be enrolled as a Medicaid prescriber.

Prior Authorizations

Following the transition, NYRx Medicaid will recognize/honor Prior Authorizations for drugs previously authorized by Independent Health if the drug is listed on the NYRx formulary as requiring Prior Authorization.

However, any Prior Authorization for a drug that is non-formulary on the NYRx formulary or was approved for a high-dose will not be honored. Independent Health will share any previously approved Prior Authorizations with DOH. No Prior Authorization will be required when NYRx Prior Authorization requirements (e.g., correct diagnosis) are met, according to the patient's managed care claims history.

Transition Period for Medications

Between April 1, 2023 and June 30, 2023, members will be able to obtain a one-time fill for medications that are non-preferred in Medicaid NYRx without the normal prior authorization requirement. This will allow additional time for prescribers to switch members to a NYRx preferred medication (no prior authorization required) or obtain a prior authorization for the non-preferred medication.

Preferred Diabetic Supply Program (PDSP)

The NYS Medicaid Program participates in a Preferred Diabetic Supply Program (PDSP) to provide NYS Medicaid enrollees access to quality glucose meters and test strips, while at the same time reducing overall program costs.

You can view the Medicaid NYRx formulary file by visiting www.emedny.org/info/formfile.aspx.

Questions and Additional Information:

- For questions including billing, Medicaid enrollment, and ePACES, call eMedNY at 1-800-343-9000. They're available Monday – Friday from 7AM – 10PM and Saturday/Sunday from 8:30AM – 5:30PM, or online at emedny.org.
- For prior authorizations, call Magellan at 1-877-309-9493. They're open 24 hours a day. Magellan can assist with prior authorizations, clinical concerns, and NYRx programs including the Preferred Drug and Preferred Diabetic Supply Programs.
- Enrollment questions may be directed to the Bureau of Provider Enrollment by email providerenrollment@health.ny.gov or GDIT by phone at 800-343-9000.

2023 Required Fraud, Waste & Abuse and Cultural Competency Training Modules Now Open

Although it seems that the annual Fraud/Waste/Abuse and Cultural Compliance training for 2022 just occurred, we have opened the annual training modules for 2023. Participating practices must attest to completing each of the following by December 31, 2023:

Cultural Competency Training

Independent Health is dedicated to ensuring the delivery of services in a culturally competent manner to all our members and, as mandated by the New York State Department of Health, requires all providers who treat our Commercial and State Program (Medicaid managed care) members to attest they have completed the annual cultural competency training for all staff who have regular and substantial contact with our members.

To satisfy this training requirement, staff must complete the U.S. Department of Health & Human Services online module, "The Guide to Providing Effective Communication and Language Assistance Services," or the comparable *Think Cultural Health* training that corresponds with the provider's scope of practice, and submit the electronic attestation to confirm completion.

This cultural competency [training and attestation is available online](#)

Fraud, Waste & Abuse Training

Independent Health requires each of its participating provider groups or practices to complete Fraud, Waste & Abuse Training and submit an electronic attestation to confirm completion of this training by each of their staff members.

Staff members of practices required to complete this training includes physicians, mid-levels, ancillary providers, registered nurses, licensed practical nurses, administrative and office staff, technicians, coders and others.

All related details, the downloadable training modules for your staff, and an attestation [are available online](#).

Who must submit each attestation?

Each attestation should be submitted by an authorized representative on behalf of all individuals under a practice's

Tax Identification Number (TIN). Therefore, each individual staff member who completes each training does NOT need to submit the attestation.

If your practice completes the 2023 training through another source and has a roster or spreadsheet with the dates the training was completed, you may submit the attestations through each of portal pages above.

Questions?

If you have questions, please call Independent Health Provider Relations Department at (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m.

2023 HEDIS Provider Manual now available in secure portal

The 2023 HEDIS Provider Guide and Reference Manual is now available for reference in our secure provider portal.

The guide is designed to inform our participating providers of measure definitions, inclusion and exclusion criteria, and coding tips as well as to share best practices for improvement to help your practice increase its quality scores. Please note the specifications in this manual are based upon the Draft NCQA HEDIS Specifications and the final specifications will not be released until later in the Spring. Any updates to measures will be made at that time and the final version of the HEDIS Provider Guide and Reference Manual will be posted. You can view the manual in our secure provider portal under "Policies & Guidelines" and then select "HEDIS Reference Manual".

Pharmacy Update

Formulary and Policy Changes

View the electronic newsletter to review:

- Medicare Advantage formulary changes for individual and group members effective March 1, 2023
- Pharmacy Benefit Dimensions 5-Tier formulary changes effective March 1, 2023
- Pharmacy Benefit Dimensions 3-Tier formulary changes effective March 1, 2023

Independent Health's drug formulary

To obtain a hard copy, please call Provider Relations at (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m.

View our policy updates when logged-in to the provider portal to see policies that are new, revised, discontinued or reviewed and check these pages frequently as they are updated often.

Talking with your patients about fluoride concerns

1. Who is affected?

Despite the spotlight on the city of Buffalo, many water supplies in Western New York, particularly in rural or lower-income areas, do not contain fluoride. This is also true for areas that rely on residential well water. Patients can contact their local water supply company to determine fluoridation.

2. What are the advantages of fluoride in a public water supply?

Tooth decay is one of the most common health problems affecting children, occurring over five times as often as asthma. Fluoride can prevent and even reverse tooth decay, reducing cavities (tooth decay) by about 25% in children and adults.

Community water fluoridation is the most cost effective and efficient way to deliver fluoride to everyone, regardless of age, race, or income. Many people in Western New York cannot afford the cost of regular dental checks, so adding fluoride to community water can offer savings and benefits to those who need them.

3. Is fluoride in the water safe?

The US Department of Health and Human Services recommends that a fluoride level of 0.7 mg/L is not only effective, but safe. Nearly all public health, medical, and dental organizations recommend community water fluoridation, including the American Academy of Pediatrics, the American Dental Association, and the US Public Health Service.

4. Can I get too much fluoride?

As with any substance, excess intake or exposure can be harmful, but the risks are minimal for most people. However, exposure to high concentrations particularly during childhood can cause health issues. One of the most common risks is dental fluorosis in young children. This white streaking of the teeth has no negative health effects but may be a cosmetic issue for some. To prevent the risks, chest-feeding or using or mixing formula with fluoride-free water are recommended. Regardless of age, it's important not to use fluoride supplements without first speaking to a dentist.

5. What can I do if there is no fluoride in my water supply?

Dentists have some standard recommendations to improve pediatric dental work. These include using fluoride toothpaste as soon as a child's teeth come in. Use an amount the size of a grain of rice twice daily until the age of three years. After three, use a pea size amount. As soon as teeth touch, floss at least once daily.

Additionally, children should get regular fluoride treatments every 3 to 6 months. These are covered by NYS Medicaid.

Over the counter rinses may help children over age six. This limits the risk of exposure to too much fluoride in younger children. However, obtaining OTC fluoride products may be difficult for low-income families.

6. Are there prescription options for patients with limited incomes?

Primary care providers or dentists can prescribe formulary fluoride containing products to State and Commercial plan members. They're covered on tier one. Fluoride products are not covered for all Medicare members, but our Medicare Group formulary has limited coverage.

OTC fluoride toothpastes generally contain a fluoride concentration of 1,000 to 1,500 ppm. Prescription-strength fluoride toothpastes contain 5,000 ppm fluoride as sodium fluoride. Prescription toothpastes are only recommended for adults with a high level of tooth decay. They're used once daily in place of regular toothpaste, with regular toothpaste used for the second daily brushing.

Fluoride supplements can be prescribed for children ages 6 months to 16 years who are at high risk for tooth decay and whose primary drinking water has a low fluoride concentration. To maximize the topical effect of fluoride,

tablets and lozenges are chewed or sucked for 1–2 minutes before being swallowed; for infants, and children under four years of age, supplements are available as a liquid and used with a dropper. Dosing is based on the natural fluoride concentration of the child's drinking water and the age of the child. See the table below:

Recommendations for Fluoride Supplementation			
Age	Fluoride Ion level present in drinking water		
	<0.3 ppm	0.3-0.6 ppm	>0.6 ppm
≤ 6 months	None	None	None
6 months – 3 years	0.25 mg / day	None	None
3 years – 6 years	0.5 mg / day	0.25 mg /day	None
> 6 years	1 mg / day	0.5 mg / day	None

Please Note: Sodium fluoride tablets come as 0.55, 1.1, and 2.2 mg equal to 0.25, 0.5, and 1 mg of fluoride ion respectively.