

April 2023

In this month's edition...

Clinical Matters**Updates to Medicaid dental quality measures: benefits of preventive dental visits and topical fluoride****Weight loss: Off-label GLP-1 prescribing****Office Matters****Avoid claims payment retractions: respond to medical record requests****New York State to administer Medicaid plans' pharmacy benefits beginning April 1****New York State to resume Medicaid Recertifications for beneficiaries in managed care products****Provider portal security updates: two-factor authentication and removing "dormant" accounts****Pharmacy Updates****Formulary and Policy Changes****Independent Health's drug formularies****Quick Notes****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.**April 2023 Policy Updates****Updates to Dental HEDIS Measures – Medicaid Products Benefits of preventive dental health visits and topical fluoride**

The New York Department of Health (DOH) uses a set of quality measures from the National Committee for Quality Assurance called HEDIS (Healthcare Effectiveness Data and Information Set). Independent Health must monitor and report on our performance against the quality measures.

Starting in January 2023, Medicaid HEDIS quality measures related to dental visits and procedures changed. At the end of calendar year 2022, NCQA's HEDIS team retired the Annual Dental Visit (ADV) measure: the percentage of members between 2 and 20 years of age who had at least one dental visit during the measurement year.

Although the parameters of this quality metric are retired, two new measures were adopted, with ADV evolving into Oral Evaluation, Dental Services; and Topical Fluoride for Children. In measurement year 2023, Independent Health, through its dental provider network, will be evaluated against its Medicaid population on:

- Oral Evaluation, Dental Services (OED) - Percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year (timeframe: 1/1/2023 to 12/31/2023).
- Topical Fluoride for Children (TFC) - Percentage of members between 1 and 4 years of age who received at least 2 fluoride varnish applications during the measurement year (timeframe: 1/1/2023 to 12/31/2023).

Comprehensive and periodic preventive dental health visits are important for many reasons, including to:

- Detect dental diseases or oral abnormalities early for improved outcomes,
- Establish proper oral hygiene behaviors,
- Establish ongoing relationships with dentists and other oral health care providers, and
- Administer preventive treatments such as topical fluoride and routine x-rays.

The American Academy of Pediatric Dentistry recommends that by 12 months of age children should have an established dental practitioner where there is comprehensive, coordinated, and on-going dental care.

Continued on Page 2

Updates to Dental HEDIS Measures – Medicaid Products

continued

Referrals from trusted sources can make a difference. For example, after dental education and referrals from WIC staff, after one year WIC participants were more likely to receive preventive and restorative dental visits and less likely to need emergency dental care than those who did not participate in WIC.

Additionally, the CDC recommends that parents and caregivers engage with doctor/dentist about the application of topical fluoride to infants and toddlers' teeth. The US Preventive Services Task Force (USPTF) recommends clinicians to apply topical fluoride to primary teeth that all children younger than 5 years. The New York State DOH has instructional resources on the role of medical providers in identifying and preventing dental caries in children and on medical providers applying topical fluoride.

Why is topical fluoride treatment important?

- It helps to prevent tooth decay.
- The topical enters tooth enamel and makes it harder, while preventing new cavities and slowing down or stops decay from getting worse.
- If the tooth decay is just starting, it repairs the tooth.
- Topical fluoride is safe and only a very small amount is applied to teeth; almost no fluoride is swallowed.
- Applying fluoride varnish is another preventive way to keep children healthy – as oral health is an integral component of a child's overall health and well-being.
- Without effective interventions, dental decay in young children can result in the loss of tooth structure and early tooth loss, inadequate tooth function, chronic pain, infection, medical complications, hospitalizations, impaired speech development, poor nutrition and resultant failure to thrive or impaired growth, inability to concentrate in school and missed school days.
- Robust scientific research and evidence reinforce the importance of preventive dental visits and topical fluoride treatments. Independent Health appreciates your continued efforts in providing high-quality care members of all ages, including encouraging consistent dental care.

The annual preventive visit is a great opportunity to review dental care routines, determine timely application of topical fluoride treatment and other healthcare needs. If your practice discovers that an Independent Health member does not have a primary dental provider and needs assistance in locating one, please direct the member to our member services department at 716-631-8701.

References:

Claiborne DM, Chen C, and Zhang Q. Caregivers' report of preventive dental care visits and services for US participating and non-participating children. J Public Health Dent. 2022; 82:72-78.

Lee JY, Rozier G, Norton EC, Kotch JB, and Vann WF. Effects of WIC participation on children's use of oral health services. Am J Public Health. 2004;94(5):772-777.

Center for Disease Control. Children's Oral Health. 2022, April 6.

U.S. Preventive Services Task Force. Prevention of dental caries in children younger than 5 years: Screening and interventions. 2021, December 7. Recommendation: Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions, United States Preventive Services Taskforce

New York State Department of Health. Improving the oral health of young children: Fluoride varnish training materials and oral health information for child health care providers. 2020, August.

Weight loss: Off-label GLP-1 Prescribing

Glucagon-like peptide-1 (GLP-1) receptor agonists are an effective treatment option for various conditions. They have separate FDA-approved indications for diabetes management and the treatment of obesity. These indications are specific to the **individual drug, dose, and formulation used**.

Recently, there has been an increase in the utilization of GLP-1s used interchangeably to treat conditions for which they are not indicated. Off-label use (weight loss) has resulted in a shortage of some GLP-1s, interrupting the treatment plan for many patients with type-2 diabetes.

When GLP-1s are prescribed off-label they are not covered under the patient's benefit.

Below are the available GLP-1s and their FDA-approved indications –

GLP-1s indicated for the management of Type-2 diabetes only; these GLP-1s are not covered for weight loss:

- **Ozempic** (*semaglutide*)
- **Rybelsus** (*semaglutide*)
- **Victoza** (*liraglutide*)
- **Trulicity** (*dulaglutide*)
- Byetta (*exenatide*)
- Bydureon (*exenatide*)

Note: Those in bold are covered under all Independent Health plans.

GLP-1s indicated for weight-loss/obesity treatment only; these GLP-1s are covered to treat Type 2 diabetes:

- **Wegovy** (*semaglutide*)
- **Saxenda** (*liraglutide*)

Note: Drugs for weight loss are excluded from coverage by Medicare and NYS Medicaid.

For the most complete and up to date drug information, including approved indications, visit the FDA's website at fda.gov. If you have questions about Independent Health's coverage, please contact Provider Relations.

Responding to Medical Record Requests avoids claims payment retractions

Independent Health is required to conduct medical record chart reviews of our members to fulfill federal requirements and standards for coding accuracy. We contract with external organizations to perform these reviews.

Responding to these requests is required because we must validate the claims using the documentation from the medical records. As a contractor with the Centers for Medicare and Medicaid Services (CMS), Independent Health must follow Federal regulations which state:

“Medicare Advantage organizations are responsible for the accuracy, completeness, and truthfulness of the data submitted to CMS for payment purposes and that such data must conform to all relevant national standards (42 CFR § 422.504(l) and 42 CFR § 422.310(d)(1)). In addition, MA organizations must contract with CMS and agree to follow CMS's instructions, including the Medicare Managed Care Manual (the Manual) (see 42 CFR § 422.504(a)).”

In addition, the Independent Health Participating Provider Agreement states: “Participating Provider agrees that books and records pertinent to Independent Health Members including medical records and charts, encounter data, billings records, and financial data and reports, may be examined and copied at no charge by Independent Health when lawfully requested.”

Unfortunately, if we cannot validate the claims, we must retract payment of the claims associated with our request. Please avoid the inconvenience of having paid claims retracted by responding to our requests when you receive them.

Effective April 1, 2023: MediSource members to obtain pharmacy benefits through NYRx, the Medicaid Pharmacy Program

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

This includes Independent Health MediSource and MediSource Connect members.

However, 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).

Please note, this transition could be delayed but we are sending this for your awareness.

NYSDOH will communicate further information directly to your practice. Some additional information is [available on the NYRx provider website](#), including:

- Providers who prescribe pharmacy benefits to Medicaid members must be enrolled as a Medicaid prescriber.
- Prior Authorization (PA): Following the transition, NYRx Medicaid will recognize/honor PAs for drugs previously authorized by Independent Health if that drug is listed on the NYRx formulary as requiring PA. However, any PA 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 PAs with DOH.

No PA will be required when NYRx PA requirements (e.g., correct diagnosis) are met, according to the member's managed care claims history.
- Transition Period: 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 <https://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. You can also visit their website: 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.
 - A copy of their Prior Authorization fax form can be found at https://newyork.fhsc.com/providers/PA_forms.asp.
 - 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.
-

New York State to resume coverage recertification for members enrolled in State products

Members enrolled in one of Independent Health's State Products (MediSource, MediSource Connect, Essential Plan, and Child Health Plus) will need to begin recertifying their coverage beginning with coverage expiration dates of June 30, 2023.

Renewal dates will align with members' pre-established renewal dates prior to the start of the public health emergency (PHE) for the population that was previously Medicaid eligible. For those members who became Medicaid eligible during the PHE, the renewal date will be the same month as the month the member became enrolled.

Independent Health will be distributing many communications to members over the next few months via mail, email, and social media to remind them to update their demographic information in preparation for recertification. Members will receive a reminder from IHA approximately 45 days prior to their coverage expiration.

Providers should ensure that patients have active coverage prior to providing services. Enrollment statuses can be verified via HealthELink or ePaces.

If you have any questions regarding the member coverage recertification process, please call Provider Relations at (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m.

Provider portal security updates: two-factor authentication and "dormant" accounts

In the near future, we will be enhancing the provider portal security measures:

- Requiring the use of two-factor authentication. This will add a layer of security to the log-in process by confirming portal users' identities by using a combination of two different factors: by the user's password, and by sending a code to the user's email address or phone. Two-factor authentication makes it harder for attackers to gain access to a person's devices or online accounts, because knowing the victim's password alone is not enough to pass the authentication check.
- Termination of unused accounts after two years. If a portal user doesn't log into his or her account for two years, we will terminate the user's account access. Deleted users may re-register at any time if their account is terminated due to dormancy.

We will provide more information on timing of these two enhanced security measures.

Pharmacy Update

Formulary and Policy Changes

View the electronic newsletter to make sure you:

- read about Independent Health policy changes resulting from our most recent Pharmacy and Therapeutics Committee meeting.
- read Independent Health formulary changes resulting from our most recent Pharmacy and Therapeutics Committee meeting.

Make sure to View the following:

- Formulary changes for Medicare Advantage individual and group members effective April 1, 2023.
- Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective April 1, 2023.
- Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective April 1, 2023.

View the most up-to-date versions of Independent Health's policies when logged in to our provider portal.

Magellan Rx, administered by Magellan Rx Management, reviews select specialty drug prior authorization requests on Independent Health's behalf. Please check out the Magellan Rx policies for the drugs that they review.

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, 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.