SCOPE | Provider Updates



September 2022

What's New?

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Provider action to reduce tobacco use and save lives

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Pharmacy Update

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Community Health Matters

Barbara's Brook+ Success Story: Simple lifestyle changes led to astonishing results

State fee schedule rate increases

Independent Health is pleased to inform you that NYS Medicaid recently published updated provider fee schedules, effective July 1, 2022, which include significant increases to several CPT codes.

As such, Independent Health's State Products fee-for-service rates will be equated to the updated NYS Medicaid default rates effective July 1, 2022. Any fee-for-service claims with dates of service on and after July 1, 2022 for State Products will be adjusted retroactively to reimburse at the updated fee schedule rate, as applicable.

Please note these rate changes are dependent on the implementation in October of the State budget as passed earlier this year.

Our Medicaid and State products are an important line of business for Independent Health as we continue to address health inequities in our community. Your continued delivery of quality health care services to our members is greatly appreciated and we are working diligently to quickly implement these rate increases in our system.

Provider action to reduce tobacco use and save lives

People only die once and up until they pass away there are many competing risks for their health and quality of life.

As you know, smoking is a high-risk behavior and the leading cause of preventable death in the United States. In New York State adults with poor mental health, less than a high school education or incomes less than 25K per year smoke more than the rest of New Yorkers.

A top priority of the New York State Tobacco Control Program is to reduce tobacco use among adults with low income, limited education, or serious mental illness.1 Therefore, an important action in primary care is prevention and the promotion of healthy lifestyle to decrease health related risks of tobacco use among Independent Health's MediSource members.

...continued

Provider action to reduce tobacco use and save lives continued ...

A review of Independent Health MediSource adult members 2020 preventive health visits found that 78% of the clinicians documented that they asked about tobacco use and provided smoking cessation counseling/interventions to smokers. This is a significant drop from the rate during 2019 adult MediSource preventive visits that was 96%.

We know you work hard to provide education and counseling related to smoking cessation. Please make sure you document asking about any tobacco use (cigarettes, vaping, cigars, pipes) and provided smoking cessation counseling and/or intervention.

An immediate feasible approach to healthy lifestyle integration into the medical model is¹:

- 1. brief assessment,
- 2. determining a patient's state of change
- 3. then counseling during clinical visits.

Evidence does indicate that counseling about adopting healthy lifestyle is effective.² There are resources available to assist clinicians and Independent Health members about smoking cessation. The Center for Disease Control and Prevention has a *Tips*® campaign with free tools and materials for clinicians.

Also, tools and education are available for patients on how to quit:

https://www.cdc.gov/tobacco/campaign/tips/resources/index.html

In addition: New York State Dept of Health "Get Help Quitting" information can be found at this site: https://www.health.ny.gov/prevention/tobacco_control/campaign/quit_smoking/quit.htm

This site is focused on Medicaid members but the NYState Smokers' Quitline below is for everyone the NYState Smokers' Quitline at 1-866-NY-QUITS (1-866-697-8487) offers coaching, free patches, a texting program, savings calculator, addition quiz, local program identification, and printed materials at https://www.nysmokefree.com/

References

 New York State Department of Health. The New York State Tobacco Control Program 2018 https://www.health.ny.gov/prevention/t obaccocontrol/program_components.htm

USPSTF update for preventive services – Colonoscopy after positive Cologuard test

In May 2021, the USPSTF (United States Preventive Services Taskforce) updated a recommendation stating that after positive non-invasive stool-based screening test or direct visualization tests, "...follow-up colonoscopy is an integral part of the preventive screening, without which the screening would not be complete."

The guidance further states that the follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test is therefore required to be covered without cost sharing.

Billing Guidelines:

For members in the age range of 45-75 years has a positive stool-based colorectal cancer screening test (e.g., FIT, FOBT, and fecal DNA) or direct visualization screening test (e.g., sigmoidoscopy or CT colonography), and has a follow up colonoscopy, the colonoscopy should be included in the preventive care service.

Please bill in accordance with the coding in the Colorectal Cancer Screening guidelines listed below:

CPT codes:

44388, 44389, 44390,44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384,45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, G0104, G0105, G0121

Diagnosis codes:

Z12.10, Z12.11, Z12.12, Z12.13, Z80.00, Z83.71, Z86.010

Please submit corrected claims if necessary. If you have questions, please contact our Provider Relations
Department by calling (716) 631-3282 or 1-800-736-5771 or email providerservice@servicing.independenthealth.com

Monday through Friday from 8 a.m. to 6 p.m.

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 telethealth, 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

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 September 1, 2022.
- 2) Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective September 1, 2022.
- 3) Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective September 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 at providerservice@servicing.independenthealth.com, Monday through Friday from 8 a.m. to 6 p.m.

August 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.

Barbara's Brook+ Success Story: Simple lifestyle changes led to astonishing results

Thanks to the Brook+ Diabetes Prevention Program offered through Independent Health, Barbara Deike of Silver Creek,NY has been able to lose 80 pounds and create a better life for herself and her family by embracing healthy habits.

See Barbara's story online at https://healthyvisionblog.com/2022/08/23/brooksuccess-story-simple-lifestyle-changes-lead-to-astonishing-results/

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



Medicare Advantage Individual and Group Formulary Changes							
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective			
BIDIL TAB	Formulary Deletion	ISOSO/HYDRAL TAB 20-37.5	Generic Alternative on T4	9/1/2022			
ESBRIET TAB 267MG	Formulary Deletion	PIRFENIDONE TAB 267MG	Generic Alternative on T5	9/1/2022			
ESBRIET TAB 801MG	Formulary Deletion	PIRFENIDONE TAB 801MG	Generic Alternative on T5	9/1/2022			
VIMPAT SOL 10MG/ML	Formulary Deletion	LACOSAMIDE SOL 10MG/ML	Generic Alternative on T3	9/1/2022			
VIIBRYD TAB 10MG	Formulary Deletion	VILAZODONE TAB 10MG	Generic Alternative on T4	9/1/2022			
VIIBRYD TAB 20MG	Formulary Deletion	VILAZODONE TAB 20MG	Generic Alternative on T4	9/1/2022			
VIIBRYD TAB 40MG	Formulary Deletion	VILAZODONE TAB 40MG	Generic Alternative on T4	9/1/2022			
NEXAVAR TAB 200MG	Formulary Deletion	SORAFENIB TAB 200MG	Generic Alternative on T5	9/1/2022			
TARGRETIN GEL 1%	Formulary Deletion	BEXAROTENE GEL 1%	Generic Alternative on T5	9/1/2022			

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.

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Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes							
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective			
BIDIL TAB	Formulary Deletion	ISOSO/HYDRAL TAB 20-37.5	Generic Alternative on T4	9/1/2022			
ESBRIET TAB 267MG	Formulary Deletion	PIRFENIDONE TAB 267MG	Generic Alternative on T5	9/1/2022			
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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.

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Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes							
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective			
BIDIL TAB	Formulary Deletion	ISOSO/HYDRAL TAB 20-37.5	Generic Alternative on T1	9/1/2022			
ESBRIET TAB 267MG	Formulary Deletion	PIRFENIDONE TAB 267MG	Generic Alternative on T1	9/1/2022			
ESBRIET TAB 801MG	Formulary Deletion	PIRFENIDONE TAB 801MG	Generic Alternative on T1	9/1/2022			
VIMPAT SOL 10MG/ML	Formulary Deletion	LACOSAMIDE SOL 10MG/ML	Generic Alternative on T1	9/1/2022			
VIIBRYD TAB 10MG	Formulary Deletion	VILAZODONE TAB 10MG	Generic Alternative on T1	9/1/2022			
VIIBRYD TAB 20MG	Formulary Deletion	VILAZODONE TAB 20MG	Generic Alternative on T1	9/1/2022			
VIIBRYD TAB 40MG	Formulary Deletion	VILAZODONE TAB 40MG	Generic Alternative on T1	9/1/2022			
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