



Provider Newsletter

VIRGINIA PREMIER HEALTH PLAN

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From the Medical Director

Virginia Premier Health Plan, Inc. (Virginia Premier) takes this opportunity to thank all providers for their dedication and provision of quality and excellent health care services to our members. Your efforts are reflected in our continued recognition as a top Managed Care Organization in Virginia.

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS plays a major role in managed care in the USA. It is designed to measure quality performance in many areas of health care provision and standards of care in general. Each year HEDIS performance seems to get more and more challenging for health plans. However, thanks to our provider network, Virginia Premier received the status of *Accredited* from the National Committee for Quality Assurance (NCQA). Another “look back period” starts for Virginia Premier in April 2017, and we will need your continued cooperation as the nurses come to your offices for chart reviews. Please help us to maintain or improve our rating, and thanks again.

Pharmacy and Therapeutics (P&T)

The rebirth of Virginia Premier’s P&T committee has been terrific. The committee reviews new medications in the market and updates our formulary monthly. You can find our Preferred Drug List (PDL) at www.vapremier.com. **Please read** the article on opioid use in this edition of the Provider Newsletter. It addresses the Opioid Challenge that health plans and providers face, and the Centers for Disease Control and Prevention’s (CDC) Opioid Guidelines that we must all follow. If you have any questions, please direct them to Virginia Premier’s Pharmacy team at 804-819-5151.

Influenza

The “Flu” is pervasive in Virginia; CDC data tags our state as one of those hardest hit this year. Virginia Premier launched programs and made extensive efforts to prevent our members from catching influenza. To help combat this epidemic this year, please provide vaccines to our members. If you experience any issues with vaccines or medications, contact us immediately at 804-819-5151.

Clinical Practice Guidelines

Just a reminder that all Virginia Premier Clinical Practice Guidelines can be found on our website at www.vapremier.com. If you need assistance in locating any guidelines (ADHD, asthma, COPD, pain management, diabetes, preventive care, routine prenatal care, etc.), please contact Medical Management at 804-819-5151.

New Programs

Be on the lookout for new programs at Virginia Premier starting this month: provider service representatives will be informing you about them as the year continues.

Have a safe and enjoyable winter!

Melvin T. Pinn, Jr., MD, MPH, FAAFP Medical Director

Pharmacy News

New Opioid Drug Utilization Review Edits Starting 1/1/2017

Per the Centers for Medicare and Medicaid Services' (CMS) guidelines, Virginia Premier CompleteCare (Medicare/Medicaid Plan) and Virginia Premier Elite (HMO SNP) have put in place cumulative opioid edits at point-of-sale (POS) to prospectively prevent opioid overutilization. (Virginia Premier CompleteCare is a health plan in the Commonwealth Coordinated Care program.) The safety edits will be utilized to decrease inappropriate opioid prescribing patterns and reduce the rate of opioid use disorders and overdoses.

Morphine Equivalent Dose (MED) Edit

An MED is a numerical standard by which most opioids can be compared. Soft MED rejection will apply to members who exceed cumulative MED threshold of 90 and above (up to 200). This rejection **can** be overridden at the discretion of the pharmacist.

Hard MED rejection will apply to members who exceed cumulative MED threshold of 200 and above. This rejection **cannot** be overridden by the pharmacist. In addition:

- Coverage determination is necessary to override this rejection (call 1-855-408-0010 to start the process).
- Members diagnosed with sickle cell and cancer will be excluded from the edit.
- Hospice members will also be excluded from the edit.
- Buprenorphine formulations utilized for medication-assisted treatment will be excluded.

Opioid Addiction/Dependence Therapy Edit

Soft rejection will apply to members who fill an opioid medication within 60 days of filling a buprenorphine or buprenorphine/naloxone product. This rejection **can** be overridden at the discretion of the pharmacist. Buprenorphine formulations utilized for pain will be excluded.

Opioid Utilization – Challenges and CDC Guidelines

The Centers for Disease Control and Prevention (CDC) Opioid Guidelines developed in March of 2016 are being implemented by Virginia's Department of Medical Assistance Services (DMAS). DMAS is working with the Virginia Department of Health, Department of Health Professions, Medical Society of Virginia, and Medicaid health plans (including Virginia Premier) to implement uniform policies that align with the Guideline across all Medicaid health plans.

The CDC developed the Guideline for Prescribing Opioids for Chronic Pain for primary care clinicians treating adult patients for chronic pain in outpatient settings. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

The Guideline was developed to:

- Improve communication between clinicians and patients about the benefits and risks of opioids
- Provide safer, more effective care for patients with chronic pain
- Help reduce opioid use disorder and overdose

CDC Recommendations

Below is a summary of the CDC Guideline, along with further details and actions taken by Virginia Premier

1. Opioids are not first line therapy	<p>Virginia Premier has expanded the formulary to include other alternatives for use without a prior authorization:</p> <ul style="list-style-type: none"> • Lidocaine Patches (Quantity Limit applies) • Capsaicin Topical Gel • Gabapentin and Lyrica (step-1st line Gabapentin and Duloxetine or Amitriptyline) • SNRIs including Duloxetine • NSAIDs (oral and topical) • Muscle Relaxant (Baclofen) • Tricyclic Antidepressants (i.e. Amitriptyline)
2. Establish goals for pain and function	
3. Discuss risks and benefits	
4. Use immediate-release opioids when starting	
5. Use the lowest effective doses	<p>50MME/day, avoid >90MME/day. (MED/MME-Morphine Equivalent Dose/ Morphine Milligram Equivalent — MED/MME is the amount of morphine an opioid dose is equal to when prescribed, often used as a gauge of the abuse and overdose potential of the amount of opioid that is being given at a particular time. See: http://opioidcalculator.practicalpainmanagement.com/index.php.)</p>
6. Prescribe short durations for acute pain	
7. Evaluate benefits and harms frequently	<p>Every three months (i.e., quarterly) is suggested.</p>
8. Use strategies to mitigate risk	<p>Virginia Premier added NARCAN (Naloxone spray) for use without a prior authorization.</p>
9. Review PMP data and PMP legislative changes	<p>It is now mandatory that prescribers check Virginia's Prescription Monitoring Program (PMP) before writing opioid prescriptions longer than 14 consecutive days.</p>
10. Use urine drug testing at least annually	
11. Avoid concurrent opioid and benzodiazepine prescribing	<p>From the Food and Drug Administration (FDA), August 31, 2016: "Health care professionals should limit prescribing opioid pain medicines with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate. If these medicines are prescribed together, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. Warn patients and caregivers about the risks of slowed or difficult breathing and/or sedation, and the associated signs and symptoms. Avoid prescribing prescription opioid cough medicines for patients taking benzodiazepines or other CNS depressants, including alcohol." (http://www.fda.gov/Drugs/DrugSafety/ucm518473.htm)</p>
12. Offer treatment for opioid use disorder	<p>The Addiction Recovery Treatment Service (ARTS) program for Substance Use Disorder (SUD) is being expanded for Medicaid and FAMIS members effective April 1, 2017.</p>
13. Medication Assisted Treatment (MAT)	

Virginia Premier Elite Provider Portal

Our single sign-on Provider Portal now offers access to Virginia Premier Elite member information. The portal can be accessed on our website www.vapremier.com. Features include:

- Eligibility Verification
- Claims Inquiry
- Authorization Inquiry

If you have questions regarding our portal or need assistance registering, please reach out to Provider Services at 1-800-727-7536 or contact your local Provider Services Representative.

Provider Member Panels

Virginia Premier now offers a web portal for primary care providers (PCPs) at www.vapremier.com. With it, PCPs can access a Member List of all patients paneled to them. This listing should be reviewed at least monthly by your office staff. The listing does not necessarily reflect eligibility, so continue to check eligibility through the portal. Please refer to these resources before providing services or referring members to specialists.

Example of the Member Panel

Medical Practice ID	Medical Practice Address	Provider Name	Member Name	Member ID	Member Gender	Member DOB	Member Phone	Member Address	Effective Date	Member Status	Benefit Plan
VPPROV	0 Lane Ave	Dr. Med	ABC Patient	Xxxxxxxx	F	xx/xx/xxxx	(757) 000-0000	14 Milky Way	10/1/2016	Active	VA Prem

If there are any questions regarding the member panels or use of the provider portal, please contact the Provider Services team at 1-800-727-7536.

Virginia Premier NPA List

To help streamline the authorization process, Virginia Premier now has a No Prior Authorization Tool (NPA) available on our website at www.vapremier.com.

You can find the tool on our website's navigation bar: go to Providers, then Medicaid, and finally Utilization Management. On the Utilization Management page, click on the "How do I get more information" accordion, and you will find a link to Virginia Premier's NPA Search Tool. From the NPA tool's drop box, select the Line of Business (LOB) you are inquiring about (e.g., Medallion, CompleteCare, etc.), and then input either the CPT code or the Procedure Name. As you type, a drop-down list will display coding information.

In the future, we will share some of the changes that we have made over the past quarter as a reminder that the NPA tool is updated periodically. Not all changes will be reported, so please continue to check the file for codes in question.

If you have any questions regarding authorizations or using the NPA list, please contact our Utilization Management team at 1-800-727-7536, option 3.

Clear Coverage Update

Automates Authorization and Coverage Decisions in Real Time

Using an automated authorization process, Clear Coverage™ helps us collaborate with our providers on coverage decisions in real time. Incorporating InterQual® Criteria and Virginia Premier criteria, Clear Coverage streamlines medical review, benefit, and eligibility verification, allowing for provider transparency and improved partnership.

Easily accessed through our provider web portal at www.vapremier.com, use Clear Coverage for durable medical equipment, home care, therapy, and outpatient authorizations. As of 2016, emergency inpatient authorizations are now available.

For more information, please contact your Provider Services representative.

Important Reminder to all Clear Coverage Users

Please remember to attach the clinical documents with all authorization requests that are not auto-approved and pend for medical review when you submit an authorization using Clear Coverage.

Remember to add the contact name and phone number of the requester in the comments section. Doing so will allow for quicker follow-up if we need more information.

Medical Records

When Minors Are Deemed as Adults

The Code of Virginia states that a minor is deemed as an adult when accessing or authorizing the disclosure of their medical records in the following circumstances:

1. When medical or health services are needed to determine the presence of or to treat sexually transmitted disease or any infectious or contagious disease that there is a State Board of Health requirement to report;
2. When medical or health services are required in case of birth control, pregnancy or family planning (except for sexual sterilization);
3. When medical or health services are needed in the event of outpatient care, treatment or rehabilitation for substance abuse, or for mental illness/emotional disturbance.

For further information, please refer to: **Code of Virginia §54.1-2969 (E), (F), (G), (H), (I), (J), (K)**. If you have any questions about or suspect a violation of the rules listed above – or if you have any general compliance questions – you can submit a report online at the link for Compliance Concern Reporting on the Program Integrity page at our website, www.vapremier.com. You can also contact Virginia Premier by phone at:

Program Integrity Officer: 804-819-5173

Compliance Helpline: 1-800-620-1438

Reports to Virginia Premier will remain confidential and can be anonymous.

CAHPS Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey will be sent out in the Spring of 2017. This survey asks members to report on and evaluate their health care experiences including their care from health plans, doctors, nurses and staff in hospitals, physician practices and other health care facilities.

Please encourage members to complete this survey; the results are used to improve the quality of care we provide.

Finance Corner

Reminders for Year End

Changes to your tax identification number, address, Medicaid provider number, legal business name or any other contractual changes require that an updated W-9 be sent along with your changes to the Contracting Department. Doing this can avoid possible IRS regulated fines and/or withholdings from your claim, capitation and/or management fee payments. In addition, any changes made without a W-9 attached will delay your payments.

If you notice that the name on your check is not the name that matches your tax ID name submitted to the IRS, please contact our Contracting team promptly with the correct information.

EFT Payments

We encourage payees to select the Electronic Funds Transfer (EFT) payment method. It will ensure that you will always get paid directly into your bank account on the actual payment date, with no postal delays. If you would like to be set up for EFT payments, please go to the Virginia Premier website and download the EFT set-up form and follow the instructions included.

For Virginia Premier's CompleteCare line of business, you must register with our payment processing partner, PaySpan, to receive payments and remittances electronically. To register, visit www.payspanhealth.com. You will need a registration code, PIN, and your bank routing and account numbers. If you do not know your registration code or PIN, contact PaySpan Provider Services at 877-331-7154, option 1, 8:00 am – 8:00 pm ET, or send an email to providersupport@payspanhealth.com.

MLTSS Plan Begins in 2017

Virginia Premier is rolling out our Managed Long Term Services and Supports (MLTSS) plan in 2017. We will be developing a team of stakeholders across the state to represent the provider community and provide feedback. Our stakeholder meetings will be held quarterly in regional hubs throughout the state, beginning February 20, 2017, in Richmond. If you are interested in participating, please contact Rebecca Frango at rebecca.frango@vapremier.com.

Flu Clinic

Virginia Premier CompleteCare celebrated its 1st Annual Flu Clinic during the Enrollee Advisory Council meeting held on November 11, 2016. This was a great opportunity for members across the state to come together, enjoy lunch and receive a free flu shot. The meeting was packed full of information for members and caretakers, and we plan to do it again next year.

Stay tuned for more information on how you can get involved! If you would like to join us at a future meeting, please call our Member Services department at 855-338-6467 ext. 80201.

Contact Us Regarding Discharge Information

It is important to contact Virginia Premier as soon as possible with discharge information. This will help us close out authorizations, which will make it easier to pay claims from the hospital. Fax discharge information to 877-739-1365.

Important Contact Information

Envision Rx Options 855-872-0005
VSP 1-800-877-7195 / 1-800-852-7600
Smiles for Children 1-888-912-3456
AT&T Language Line 1-800-774-4344
TTY (Text Service) 1-800-828-1120
TDD (Voice Service) 1-800-828-1140
McKesson Nurse-line 2-800-256-1982
Managed Care Helpline 1-800-643-2273
FAMIS Central Processing Unit (CPU) 1-866-873-2647
Compliance Helpline 1-800-620-1438

Our Office Locations

Richmond Office
600 E Broad St,
Suite 400
Richmond, VA 23219

Bristol Office
105 Village Circle
Bristol, VA 24201

Roanoke Office
5060 Valley View
Blvd, NW
Roanoke, VA 24012

Tidewater Office
825 Greenbrier Circle
Suite 200
Chesapeake, VA
23320

Contact us at 1-800-727-7536 or visit us online at www.vapremier.com.