



## From the Senior Medical Director

Another summer is here and another opportunity for us at Virginia Premier Health Plan (Virginia Premier) to say thanks to our large network of providers. Thank you for all the excellent quality of care, quality of service, and quality of performance provided to our membership. Thank you for enduring the many changes in the healthcare arena and for your partnership and collaborations with Virginia Premier. The results of these relationships have yielded improved healthcare and well-being for our members.



### *Healthcare Effectiveness and Information Set (HEDIS)*

HEDIS is a year round process for Virginia Premier that involves our provider network in many ways. One of those is the office visits by our nurses. Virginia Premier now awaits the final scores after all the data collection, field work, audits, phone calls, process improvement exercises, etc. We are anticipating good results as the National Committee of Quality Assurance (NCQA) scores health plans across the country. The results will be made public and we will update our website ([www.vapremier.com](http://www.vapremier.com)) with the information.

### *Pharmacy and Therapeutics (P&T)*

Virginia Premier continues to have quarterly P&T Committee meetings. This committee is made up of physicians and pharmacists from across the commonwealth, representing a cross section of your peers. They are very involved and vocal about this area. Each month, the committee reviews and updates our formulary for both our Medicaid and the Duals lines of business. After each meeting, our pharmacy benefits manager (Envision Rx) updates the formulary on the website ([www.vapremier.com](http://www.vapremier.com)). We are very pleased with the due diligence that takes place with through this committee.

The vice president for pharmacy and his team has been very busy preparing Virginia Premier for the new Addiction and Recovery Treatment Services (ARTS) (previously the Substance Use Disorder (SUD) program). Stay tuned in the upcoming months, as you will hear more about this program, along with the Patient Utilization Management and Safety (PUMS) program.

### *Clinical Practice Guidelines*

Our Health Quality and Utilization Management (HQUM) Committee

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## Upcoming Holiday Schedule

Independence Day 7/4 /2016

Labor Day 9/5/2016

recently reviewed and approved seven existing clinical practice guidelines. We are very excited that it also approved a new pain management guideline. This topic has been front and center in the healthcare news as people are dying due to pain medication use and misuse. We are hopeful that our clinical practice guidelines will help our provider network manage such disorders.

### *Disease Management*

As a reminder, Virginia Premier has a very active Disease Management program. If you would like to enroll your Virginia Premier patients, please contact us directly at 1-866-243-0937, or by completing the care management request form available on our [website](#).

With your collaboration, we look forward to the continued success. As Benjamin Franklin said long ago, “Well done is better than well said” and you have done it very well. Thank you all!

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

## Finance

### *Electronic Funds Transfer (Direct Deposit)*

We encourage Virginia Premier payees to elect to use the electronic funds transfer (EFT) payment method. This will ensure that you get paid with a direct deposit into your bank account on the actual payment date (or within one day, depending on where you bank). This eliminates any delay in payment receipt due to postal delivery times. 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. The instructions will be on that form.

### *Reminders for Year End*

If you changed your tax identification number, address, Medicaid provider number, legal business name, or if you have any other contractual changes, please forward a W-9, along with your changes to Virginia Premier’s contracting team. This will help avoid possible IRS regulated fines and/or impacts on your payments. In addition, any changes made without a W-9 attached will possibly delay your payments.

Also, if you notice that the name on your check is not the name that matches your entity tax identification name submitted to the IRS please, contact the contracting team promptly with the correct information. You can reach the contracting team at Call 1-800-727-7536, Monday through Friday, 8 am to 5 pm.

For our Virginia Premier CompleteCare line of business you must register with our payment processing partner, PaySpan to receive payments and remittances electronically. To register, please visit [www.payspanhealth.com](http://www.payspanhealth.com). You will need a registration code and PIN and your bank routing and account numbers. If you do not know your registration code or PIN, please contact PaySpan Provider Services 8 am to 8 pm Eastern Time, at 877-331-7154, Option 1 or send an email to [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com).



## Compliance Corner

The False Claims Act is a set federal statutes that covers fraud involving any federally funded contract or program, including Medicare and Medicaid. The False Claims Act establishes liability for any person who knowingly presents a false or fraudulent claim for payment, or causes one to be presented.

The Fraud Enforcement and Recovery Act significantly expands the scope of the False Claims Act as follows:

- Makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim; and/or
- Repays less than what is owed to Virginia Premier, Medicaid or Medicare; and/or
- Makes uses or causes to be made or used, a false record or statement material to reducing or avoiding repayment; and/or
- Conspires to defraud the government through one of the actions listed above.

There are three additional requirements under the False Claims Act.

1. Educate staff of the intent of the act and how to identify and prevent fraud, waste and abuse.
2. Establish mechanisms to detect and prevent fraud, waste and abuse.
3. Requirement to report suspected fraud, waste and abuse and establish whistleblower protections for those who report suspected wrongdoing.

## Provider Services Corner

### *340B Drug Identification on Medical Claims*

This is a reminder that providers participating in the 340B drug discount program must submit a UD modifier on each revenue line with the HCPCS/CPT code and NDC for revenue codes 0250 through 0259 and 0636 through 0639. All providers, including those not participating in the 340B discount program, must continue to submit NDC codes for revenue codes 0250 through 0259 and 0636 through 0639 and applicable HCPCS/CPT codes for each drug submitted.

### *Vision Services- Changes to Vision Benefits Delayed*

Virginia Premier Health Plan will be delaying the elimination of vision benefits for members 21 years and older (excluding diabetic members) to August 1, 2016. Benefits for this population will remain in effect until this time. If you have any questions about this change, please contact Provider Services at 1-800-757-7536, and option 6.

### *Clear Coverage Automates Authorization and Coverage Decisions - In Real Time*

Clear Coverage™ helps us collaborate with you, our providers, on coverage decisions in real time and automates the authorization process. Incorporating InterQual® Criteria, along with our Virginia Premier criteria, Clear Coverage helps streamline medical review, benefit, and eligibility verification allowing for provider transparency and improved partnership. Easily accessed through our Provider Portal at [www.vapremier.com](http://www.vapremier.com), use Clear Coverage to submit

## Virginia Premier's IMPACT Team

Any CompleteCare member who is hospitalized at VCU Medical Center or Chippenham/Johnson-Willis hospitals will be referred to the IMPACT team for transition support and specialized short term care management, which will last about 30 days.

### *IMPACT Team Objectives*

Virginia Premier CompleteCare's IMPACT team program utilizes evidenced base practices for care transition. The IMPACT team care manager will attempt a face to face visit in the hospital with members. Members are introduced to the program and the IMPACT team care manager will work collaboratively with a social worker, disease management staff, pharmacy, health educator, medical outreach, and a medical director to accomplish the following:



- Improve care transitions
- Avoid care gaps
- Aid in medication reconciliation and education
- Assist with follow up appointments
- Arrange transportation if needed
- Educate about symptoms and symptom management specific to condition
- Ensure services needed after discharge are in place

At the end of 30 days, the IMPACT care manager will transition the member back to the assigned care manager for further care management follow up.

An IMPACT care manager will be assigned to any member who is admitted to the aforementioned hospitals. If you have any questions regarding the IMPACT team, please contact Kaprisha Johnson, RN at 855-338-6467, ext. 55035.

## Pharmacy News

In the 2016 general assembly session, several bills were passed that focused specifically on the utilization of the Prescription Monitoring Program (PMP) for both prescribers and dispensers. Virginia will now require a query of the PMP for every opioid prescription written for more than 14 days. Further, the PMP director can now send unsolicited reports on egregious provider behavior for internal review, a practice that is already codified for suspected doctor-shopping behavior by patients. Another piece of legislation reduced reporting time for dispensers from seven days to 24 hours to help flag and curb doctor-shopping behavior, allowed for clinical consultation with pharmacists regarding patient history, and clarified that a copy of a PMP patient report could be included in a patient's medical history. Finally, the general assembly passed a bill that mandates completion of two hours of continuing medical education (CME) for identified prescribers (based on prescribing history data) on topics related to pain management, responsible prescribing, and the diagnosis and management of addiction. These bills became law on July 1, 2016.

As of April 1, 2016, MCOs implemented an innovative Patient Utilization Management and Safety (PUMS) Program to identify members with or at risk of prescription drug abuse or opioid use disorder and connect them with treatment. The program will ensure that members are accessing and utilizing prescription drugs appropriately and are provided care coordination and referrals to the Addiction and Recovery Treatment Services (ARTS) program (previously the Substance Use Disorder (SUD) program) for treatment when they exhibit behaviors consistent with prescription drug abuse and/or an opioid use disorder.

Members will be placed in the PUMS program for 12 months when either:

1. The MCO’s utilization review of the member’s past 12 months of medical and/or billing histories indicates the member may be accessing or utilizing health care services inappropriately; or
2. Medical providers or social service agencies provide direct referrals to DMAS or the MCO.

The below table indicates the criteria for enrollment in the PUMS program.



<b>PUMS Criteria</b>	
<b>1-Buprenorphine Containing Product</b>	Therapy in the past 30 days (AUTOMATIC LOCK-IN)
<b>2-High Average Daily Dose of Prescription Opioid</b>	Greater than 120 morphine milligram equivalents per day over the past 90 days
<b>3-Overutilization</b>	Filling of greater than seven claims for any controlled substance in past 60 days
<b>4-Doctor or Pharmacy Shopping</b>	Greater than three prescriptions OR greater than three pharmacies writing/filling claims for any controlled substance in the past 60 days
<b>5-Use with a History of Dependence</b>	Any use of a controlled substance in the past 60 days with at least three occurrences of a medical claim for controlled substance, abuse or dependence in the past 365 days
<b>6-Use with a History of Poisoning/Overdose</b>	Any use of a controlled substance in the past 60 days with at least three occurrences of a medical claim for controlled substance abuse or dependence in the past 365 days
<b>7-“Frequent Flyer”</b>	Greater than three emergency department visits in the last 60 days
<b>8-Poly-Pharmacy</b>	Greater than nine unique prescriptions in a 34 day period written by greater than three physicians OR filled by greater than three pharmacies

## Contact Us

Virginia Premier 1-800-727-7536 (Member Services press 1, Transportation press 2)  
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) 2-800-828-1140  
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

Corporate Office 600 E. Broad Street, Suite 400 | Richmond, VA 23219  
Abingdon Office 105 Village Circle | Bristol, VA 24201  
Roanoke Office 5060 Valley View Blvd, NW | Roanoke, VA 24008  
Tidewater Office 825 Greenbrier Circle Suite 200 | Chesapeake, VA 23320

Virginia Premier Health Plan  
PO Box 5307  
Richmond, VA 23219

[Recipient]

Address Line 1  
Address Line 2  
Address Line 3  
Address Line 4