

Provider Newsletter

Winter 2017

Featured
in this issue:

Pharmacy benefits

Quality improvement
initiatives

Data collection for the
Foster Care Focused Study



Powered by
 **VCU**Health™

PROV_1117-WPN17-300024
Approved

Table of Contents

From the Medical Director	3
Pharmacy benefits	5
The Virginia Premier website	6
Affirmative statements about initiatives.....	6
Quality improvement initiatives	7
No Prior Authorization tool	8
Member panels	8
Data collection for the Foster Care Focused Study.....	9
Fraud, waste and abuse	10
Member rights and responsibilities	11
Contact information.....	13

From the Medical Director

Dear Colleagues,

Thank you for contributing to our success here at Virginia Premier. With your hard work and commitment, we have:

- introduced Medicare Advantage programs
- improved HEDIS and NCQA ratings
- addressed flu prevention
- updated our clinical practice guidelines
- and more

We ask that you continue to support us in our goal of quality health care.

New programs

We're now offering Medicare Advantage programs, and we're excited to start working with you all on them. However, we want you to know we're still committed to our D-SNP and MLTSS programs — Virginia Premier Advantage Elite and Virginia Premier Elite plus, respectively.

In addition, our Medallion 3.0 plan is becoming Medallion 4.0, so we're also continuing our tradition of high-quality Medicaid care. For questions about any of these programs please contact 1-804-819-5151.

HEDIS and NCQA

We are proud to be listed as accredited by NCQA, and we believe we will continue to be listed as such— thanks to the excellent care each of you has provided, and the cooperation each of you has extended to the nurses visiting your offices. We will keep you informed on our performance.

Flu prevention

We're offering flu vaccines to cover a broad spectrum of strains. We care about your patients, so please help protect them by administering flu vaccines. Our collective efforts will hopefully avoid any “spikes” in flu cases this year. If there are any questions contact 1-804-819-5151.

Clinical practice guidelines

The committees updating this year's guidelines are composed of physicians, pharmacists, and other professionals from across the Commonwealth.

If you need assistance in obtaining these guidelines, please call 1-804-819-5151 for hard copies or visit our website at www.virginiapremier.com. We would like to see you use these guidelines to assist with the care of your patients.

Pharmacy and Therapeutics (P&T)

At our quarterly **Pharmacy and Therapeutics** (P&T) meetings, your peers from across the Commonwealth — and our Pharmacy Benefits Manager (EnvisionRx) — review and update the Formulary for Medicaid and the Duals Program (Part D). Each updated formulary can be located on our website at www.virginiapremier.com. Please contact our Pharmacy department if needed at 1-804-819-5151.

Currently, we are working closely with DMAS and the other MCOs to make Virginia's response to the opioid crisis as strong as possible. Please look for changes to the Opioid Policies as they unfold. The health and safety of your patients are the most important goals of these policies.

Quality improvement initiatives

We recently implemented a few new quality improvement initiatives (see the section in this newsletter). Your assistance with these initiatives is important to our success in improving the quality and excellence provided to your patients.



We encourage you to send any questions about our programs, Case Management, Pharmacy, etc. to:

Address: 600 East Broad Street, Richmond, VA
Website: www.virginiapremier.com
Phone: 1-804-819-5151

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

Pharmacy benefits

Have you ever written a prescription and then wondered if it would be covered for the patient when they got to the pharmacy? Or, has your patient called you complaining that their medication needed prior authorization?

You can learn more about the pharmacy benefits our members receive by visiting Virginia Premier's website: www.viriniapremier.com

The pharmacy section of our website includes information about our Formulary (i.e., list of covered drugs), authorizations, diabetic supplies, over-the-counter medications, and more.

We also have a drug search tool that displays our coverage and limitations for prescription medications. For example, a drug may need:

- **Prior authorization (PA)**
 - In these cases, as a doctor you must provide medical information to support the request for the drug before it will be covered.
- **Step therapy (ST)**
 - Virginia Premier may require that your patient try one or more other drugs first before the drug you've prescribed is covered. These other drugs treat the same condition as the step therapy drug.
- **Quantity limit (QL)**
 - This is a limit on the amount of a drug covered within a certain time period. Often, quantity limits exist to ensure that drugs are being prescribed within the **Food and Drug Administration's (FDA)** recommended dosages.

Authorizations and limits help make sure medications are being used safely and appropriately. If you prescribe a drug that needs authorization, submit a request to EnvisionRx and the request will be reviewed to determine if coverage is allowed. Coverage determinations are completed within 24 hours as long as no additional clinical information needs to be obtained.

Providers can submit a request for a medication to EnvisionRx with any of the following:

- Telephone: 855-872-0005
- Fax: 877-503-7231
- Electronic submissions:
 - CoverMyMeds
 - SureScripts
 - **PromptPA** (Envision's online Coverage Determination Tool)

If you have any questions about covered drugs, authorizations, or limits, please call EnvisionRx at 855-872-0005 or visit our website at www.viriniapremier.com/providers.



The **Virginia Premier** website

Our website, www.virginiapremier.com, is a resource to help you get information regarding claims submission, authorization requests, and copies of the provider manual and provider newsletters.

It can also help you obtain:

- Quality program information
- Clinical practice guidelines
- Disease management program information
- Case management program information
- Utilization management program information
- Availability of utilization management criteria
- Affirmative statement about incentives for utilization management decisions
- Pharmaceutical management procedures
- Pharmaceutical restrictions/preferences
- Member rights and responsibilities

Affirmative statements about **incentives**

We affirm the following about our **Utilization Management (UM)** practices:

- UM decision making is based on coverage and appropriate care and service.
- Doctors or other individuals are not rewarded for denying service or care.
- UM decision makers do not receive money or other gifts to encourage decisions that result in under usage.



Quality improvement initiatives

One-day stay initiative: Virginia Premier has designed a review program to increase the use of observation status over one- and two-day inpatient admission stays. This will enable us to better manage medical expenses and improve clinical outcomes.

Key initiative components:

- Education of the hospitalist and house staff at the facility is paramount
- Status determination for observations will be a clinical decision, and not a function of utilization management
- We will support you with education, performance measurements, and other resource sharing
- We anticipate a potential positive impact to readmission rates, as observations are not considered admissions
- We dropped the authorization requirement for observations, allowing for a more streamlined process for providers

Readmissions initiative: We are expanding our capacity to manage transitions of care in order to reduce readmission rates. This includes:

- A comprehensive transition-of-care program
- A facility-based, pre-discharge education process that relies on patient teach-back to providers
- Identification by Virginia Premier of members at a high risk for readmission
- Appropriate follow-up care and resources to decrease the likelihood of the member's readmission

By reducing readmission rates, we will support you by optimizing your patients' health outcomes and improving financial performance.

Post-acute care initiative: We're opening discussions about how to innovate transitions of care at the **post-acute care (PAC)** stage. Making this a priority will ensure that our members are matched to the correct PAC level and the appropriate setting for that care.

In all of these initiatives, we will seek to partner with key health systems and facilities throughout the state. This will allow us to share best practices, provide education, and collect meaningful data. Most importantly, we will get feedback from you about how to improve clinical outcomes and administrative efficiencies in an inpatient setting.

No Prior Authorization tool

To help make the authorization process easier, we offer a **No Prior Authorization** (NPA) tool on our web site at www.virginiapremier.com. To get to the NPA tool from our homepage, select Providers, Medicaid, and then Utilization Management.

There are two options for conducting the search: CPT code or Procedure Name. As you begin to type the first two plus characters (numeric or alphabetic) a drop down list will be populated displaying coding information.

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.

Member panels

We now offer a web portal to help providers access a list of all patients who have Virginia Premier coverage. This list is our Member Panel, and you can find it at www.virginiapremier.com.

The Member Panel provides important information and should be reviewed at least monthly by your office staff. Please continue to check eligibility through the portal as this listing does not necessarily reflect eligibility.

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 Dr Drive	Dr. Med	ABC Patient	xxxxx xxx	F	xx/xx/ xxxx	x Milky Way	10/1/2017	10/1/2017	ACTIVE	VIRGINIA PREMIER

If there are any questions regarding the Member Panels or use of the Provider Portal, please contact the Provider Services Department at 1-800-727-7536.



Data collection for the **Foster Care Focused Study**

The Department of Medical Assistance Services (DMAS) is collecting data for the 2017-18 Foster Care Focused Study, and they have contracted with **Health Services Advisory Group, Inc. (HSAG)** to help them do so. Please note that HSAG will conduct this study as an optional **External Quality Review (EQR)** activity.

Beginning in January 2018, **M. Davis and Company (MDAC)** will contact selected providers to collect any necessary medical records. We know you're busy, but it's critical to the success of the study that you respond as soon as possible.

And just as a reminder; DMAS has the legal authority to request records of Medicaid, FAMIS, and FAMIS Plus patients as delineated in The Code of Virginia, the Federal Register,

the Medicaid Provider Participation Agreement, and the Medicaid Physician Manual. Obtaining a signed release form from your patient is not necessary and reimbursement to you or to vendors photocopying medical records is not offered.

If you receive a medical record request, you must send your charts to MDAC prior to the April 6, 2018, deadline. Please do not send charts to MDAC after this date, as those records will not be included in the study. Thank you for your cooperation towards the success of this project.

If you have any questions about the 2017-18 Foster Care Focused Study, please contact DMAS via e-mail at MedallionQualityImprovement@dmass.virginia.gov.

Fraud, waste and abuse

Virginia Premier is committed to preventing, detecting, and combating fraud, waste, and abuse. Our Special Investigations Unit leads this effort by auditing potentially aberrant billing patterns.

What is fraud?

Intentional deception or misrepresentation made by a person or entity with the knowledge that the deception could result in payment of an unauthorized benefit. Fraud also includes any act that constitutes fraud under applicable Federal or State law.

What is abuse?

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medicaid program.

What is waste?

The rendering of unnecessary, redundant, or inappropriate services and medical errors and incorrect claim submissions. Waste is generally not considered a criminally negligent action but rather a misuse of resources.

Report any suspected fraud, waste, or abuse by visiting www.virginiapremier.com/programintegrity or the contact numbers below.

Program Integrity Officer: 1-804-819-5173

Compliance Helpline: 1-800-620-1438

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

Member **rights and responsibilities**

To help you stay informed on important regulations, we wanted to list out all of your patients' rights and responsibilities. As you may be involved in some of them, it's important for you to know.

To start, it is our policy to treat your patients with respect. We also care about keeping a high level of confidentiality to respect their privacy.

Your patients rights and responsibilities with Virginia Premier are listed below, and they can also be found on our website at: www.virginiapremier.com.

With Virginia Premier, your patients have the right to:

- All covered services described in our Member Handbook.
- Treatment with quality care, respect, dignity and a right to privacy.
- Health care services 24 hours a day, 365 days a year. This includes urgent, emergency and post-stabilization services.
- Their own Virginia Premier doctor or **Primary Care Physician (PCP)**.
- Change their personal Virginia Premier doctor. They may also choose a new one from our Provider Directory.
- Set up their own doctor or PCP visits, and be seen in your office when it works for you.
- Not be treated against their will.
- Ask questions of their doctor or PCP.
- Call Member Services to file a complaint/grievance about Virginia Premier.
- File an appeal if they are not happy with the answer to their inquiry (question), their complaint/grievance, or the care they received.
- Have their and/or their child's medical records kept private unless they sign a permission form.
- Have timely access to their and/or their child's medical records (they may need to sign a release form).
- Work with their doctor in making choices that deal with their health care.
- Have their and/or their child's doctor tell them about any treatment choices they may have, no matter what the cost or benefit coverage.



- Get a second opinion from Virginia Premier’s network of providers.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as written in other Federal regulations on the use of restraints and seclusion.
- Freely exercise their rights without any change in the way Virginia Premier and its providers treat you.
- Get information about Virginia Premier, its services, practitioners, providers and member’s rights and responsibilities.
- Make suggestions about Virginia Premier’s member rights and responsibilities statements listed in this handbook.

Your patient’s responsibilities with Virginia Premier

- Choose their and/or their child’s Virginia Premier PCP from the list of our doctors. (See Provider Directory).
- Get their and/or their child’s health care through our list of PCP’s and hospitals and other health care providers.
- Keep doctor’s appointments or call to cancel them at least twenty-four (24) hours ahead of time.
- Carry their and/or their child’s Virginia Premier and Medicaid ID member card with them at all times.
- Tell the doctor that they and/or their child are/is a member of Virginia Premier at the time they speak with the doctor’s office.
- Give their PCP and other providers honest and complete information about their and/or their child’s health to care for them.
- Learn the difference between emergency and urgent care.



- **KNOW:**
 - a. What an emergency is
 - b. How to keep one from happening, and
 - c. What to do if one happens.
- Follow plans and instructions for care given by their and/or their child’s doctor.
- Understand their health problems and discuss and/or agree upon treatment plans with their and/or their child’s doctor.
- Get an okay from their and/or their child’s PCP or Virginia Premier before they and/or their child see another doctor.
- Let Virginia Premier know how they can work better for them.

Contact Information

AT&T Language Line **1-800-774-4344**

Compliance Helpline **1-800-620-1438**

Envision Rx Options **1-855-872-0005**

FAMIS Central Processing Unit (CPU) **1-866-873-2647**

Managed Care Helpline **1-800-643-2273**

McKesson Nurse-line **1-800-256-1982**

Smiles for Children **1-888-912-3456**

TDD (Voice Service) **1-800-828-1140**

TTY (Text Service) **1-800-828-1120**

VSP Vision Care **1-800-877-7195 / 1-800-852-7600**

Office Locations

Richmond Office

600 East Broad St
Suite 400
Richmond, VA 23219

Bristol Office

105 Village Circle
Bristol, VA 24201

Roanoke Office

5060 Valley View
Boulevard, 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.virginiapremier.com.