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UM Update

New Pharmacy Benefit Management Services Begin July 1, 2016

Effective July 1, 2016 Express Scripts will be our new pharmacy benefit manager. This change in pharmacy benefit administration does not change pharmacy out-of-pocket expenses for Members.

Express Scripts is a leading prescription benefit plan provider throughout the nation, and has an extensive network in Maine and New Hampshire.

As part of the transition, Members will receive new Member ID Card(s) with information that their pharmacy will need in order to fill a prescription accurately. Starting on July 1, 2016 Members need to use the new Member ID Cards, as current ID cards will not be valid. Please remind your Health Options patients to use current Member ID cards only through June 30, 2016.

Current prescription medications will continue to be covered. The Community Health Options Drug Formulary will not change due to this transition in our Pharmacy Benefit

Updates for Providers

As a participant in the Community Health Options Provider Network, it's important for you to stay informed. The July 2016 Provider Newsletter contains important updates about Health Options that will support your ongoing commitment to provide quality care to your patients and Community Health Options Members.

Important Information for Providers to Know (NCQA)

Member Rights and Responsibilities

Community Health Options provides our Members a Rights and Responsibilities document annually. We believe you should also have a copy of this document. Please refer to the Health Options Provider Manual for a copy of the Member Rights and Responsibility document.

Affirmative Statement

Health Options facilitates delivery of appropriate care and monitors the impact of our medical management program. We do not specifically reward Providers or other individuals conducting utilization review for issuing approvals or denials of coverage. To review the Affirmation statement, please refer to the *Medical Management Functions, Ensuring Appropriate Utilization* section in the Provider Manual.

Clinical Practice Guidelines

Community Health Options recently updated the nationally-recognized practice guidelines to follow when providing care to patients. The following guidelines can be found through the Provider portal: (1) Diabetic guidelines, (2) Hypertension guidelines, and (3) Preventive Care guidelines.

Drug Formulary

Since our formulary is updated monthly, to ensure a prescribed medication is covered and to minimize Member out-of-pocket costs, we recommend you consult this formulary prior to writing prescriptions. Please refer to the following sections in the Provider Manual: Pharmacy Benefits Management as well as Process for the Prior Approval, Exceptions to Coverage, Limitations, Restrictions, Therapeutic Exchanges, and Step Therapy.

Quality Improvement Annual Summary

Each year we develop a Quality Work Plan as part of our Quality

Manager. However, the formulary is reviewed on a routine basis and is subject to change.

Member communications will be sent out in July with additional detail and instructions regarding the transition for Members taking advantage of cost savings through home delivery and for those with Specialty Pharmacy prescriptions.

We look forward to our new partnership with Express Scripts.

Enhancements to the Member Portal!

This spring, Health Options introduced a few Member portal enhancements to improve our Members' portal experience. The Health Options Wellness Assessment, a tool to help Members discover more about their current health status and risk areas, was added. Members can track and celebrate their progress along the path to improved wellness. We also updated the portal's Primary Care Provider (PCP) assignment functionality, and Members can assign or change a PCP for themselves or for any dependents under the age of 13. Throughout the year, we will continue to make improvements to enable our Members to more easily self-serve, if they choose.

Welcome the New Provider Relations Manager, Deidre DeRoche

This spring, we welcomed a new Manager of Provider Relations to our team. Deidre DeRoche has a wealth of experience in health insurance and specifically provider relations in Maine and New Hampshire. Deidre was most recently an Outreach and Education Consultant at Community Health Options, conducting educational sessions on health insurance literacy, the Affordable Care Act, and our health plans, among other topics.

A lifelong Mainer, Deidre lives in southern Maine with her beautiful

Improvement Program. This plan includes initiatives for the health plan to work on during the upcoming year to help improve the quality of the healthcare and services rendered to our Members. At the end of the year, Health Options provides Members and Providers a written report of the plan's activities and accomplishments. For 2015, the report outlined three overarching goals:

- To improve the experience of care Members receive
- To improve the health of Members
- To reduce the cost of healthcare without compromising quality

The report then outlines the work we did to meet those goals. Please access this report on our website using [this link](#).

For Provider-specific information, please visit: <http://www.healthoptions.org/Health-Care-Professionals>. This is where Providers will find frequently asked questions and additional resources, can request education sessions, and can sign up for our Provider Newsletter. If you do not have access to a digital version of the Provider Manual, you can request a paper copy by contacting Provider Relations.

[Click here to read more](#)

The Doc is IN

Antibiotics: Choose Wisely

The Healthcare Effectiveness Data and Information Set measures (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service. We are in the process of evaluating our performance and have found that there seems to be an issue with overuse of antibiotics for the treatment of respiratory illness by the Provider community. Only 29.76% of adults 18-64 years of age with a diagnosis of acute bronchitis were not dispensed an antibiotic prescription. The Provider community did a much better job of avoiding antibiotics when treating children. In the category of children 3 months-18 years of age who were given a diagnosis of URI, 78.90% were not dispensed an antibiotic prescription.

It has become dear in the medical literature that the overuse of antibiotics has been widespread and that in addition to the unnecessary expense of the treatment, the practice pattern has contributed to the rise in bacteria such as MRSA that are increasingly resistant to conventional treatments.

As a practicing physician I understand how difficult it is at times to refuse a request from patients who come to the appointment with the expectation that they will be getting an antibiotic to cure their illness. Increasingly I am directing them to the Choosing Wisely™ website as a way to reinforce my recommendation to treat symptomatically, report any worsening signs or symptoms, and to be patient as the illness runs its natural benign course. Below is the Choosing Wisely™ patient resource.

<http://www.choosingwisely.org/patient-resources/antibiotics/>

dog Gertrude. She hopes to have an opportunity to meet many of you and is eager to support our amazing network of Providers in whatever way she can. Welcome Deidre!

Provider Data Integrity

We have streamlined the processing of Provider information, whether it be to credential a new Provider, add a Provider to an existing contracted practice, term a Provider, update billing demographic information or even change an address. Our new forms are located on our website:

www.healthoptions.org. Navigate to the Health Care Professionals tab and then to Professional Documents to see an array of practice forms.

For ease of use, you can type information directly into the form. After saving your information, you can e-mail to:

dataintegrity@healthoptions.org

If you have any questions, please don't hesitate to reach out to us at: 207-402-3320.

Helping Members Get More from their Health Options Plan: The Secure Member Portal

Please encourage your patients to set up their secure Member portal on the Health Options website. Members can create and then access the secure Member portal by going to HealthOptions.org and clicking on "Member Log In."

Members will need to enter their Member ID number in order to set up their portal. Members can view and manage their claims information, access benefits material, pay their bill (for individual Members only), and learn more about staying healthy at their own pace and at a time most convenient to them.

The Member portal has three distinct tabs: Medical Benefits, Pharmacy Benefits, and Healthy Options. Under the Medical benefits tab Members can check claims, select or change their Primary Care Provider (PCP),

THANK YOU!

Thank you for your cooperation in providing medical records as requested so that we can meet our regulatory requirements, such as for HEDIS and Risk Adjustment. There will be future request for records and we thank you in advance for partnering with us to get this vital information. We are also exploring how we can improve the process to minimize the burden on the practices by reaching out to practices for their feedback.

[Click here to read more](#)

Utilization Management Update - Trish Ward

In January 2016, we redesigned our prior approval requirements. A revised prior approval requirements document was published and added to our website. It provides guidance around the services that require prior approval with Community Health Options and our Behavioral Health Care Program. Since implementing our new prior approval requirements, we have received positive feedback from Providers regarding the new requirements. We have also gained valuable input that we will use in future updates to this list.

It is important to note that some, but not all, procedure codes are included on this list. If there is a question specific to a procedure code, it is always best to contact Utilization Management at 855-542-0880.

In addition to publishing our prior approval requirements, we have also redesigned our prior approval form. The new form is a simpler, streamlined document and is available on our website. When submitting a prior approval request, be sure to attach any clinical information in support of the request and fax to 877-314-5693. Both the prior approval requirements and form can be found under the Health Care Professionals section, after selecting Professional Documents and Forms.

Health Options' prior approval decision time frames are very tight and do not exceed two business days for most requests (with the exception of retro authorization requests). If the request is urgent (i.e., could seriously jeopardize the Member's life or health, ability to regain maximum function, or subjects a Member to severe pain that cannot be adequately managed without the requested care or treatment), then our decision time frame is two calendar days. Generally, urgent requests should be for services rendered on the same day or within 2-3 days of submitting the request to Utilization Management.

Quick Links

[Our Website](#)

[Quick Reference Guide](#)

[Online Portal Access](#)

[Documents & Forms](#)

[Contact Us](#)

view benefit details, and see how much has been spent on healthcare for the year. On the Pharmacy Benefit tab Members can search for prescription medications and their side effects/interactions, find a pharmacy, and compare prices.

Members can use the Healthy Options tab to access information on over 6,000 health and wellness topics as well as decision-making tools that help them prepare for upcoming doctors' visits and more.

Stay Connected



For Provider-specific information, please visit:

<https://www.healthoptions.org/health-care-professionals>.

Here, Providers can find frequently asked questions and additional resources, request an educational session, and sign up for the Provider newsletter.