

The Provider Connection



A Newsletter from Provider Network Operations

RX Corner

Specialty Pharmacy Network Update: Accredo is now the exclusive Health Options Specialty Pharmacy Provider as of January 2018

All mandatory specialty medications are solely filled by Accredo. These are labeled "MSP" in our formulary. Medications labeled "SP" are allowed a onetime courtesy-fill at a retail pharmacy, but then must be filled by Accredo. At Accredo, you and your patients will have access to a team of pharmacists and nurses with extensive training and experience. Services include:

- Broad access to specialty products, including many with limited or exclusive distribution
- 24/7 access to clinicians
- Flexible and convenient delivery to offices, homes and workplaces (as allowed by law)
- Care coordination to minimize drug-related adverse episodes or gaps in care
- Medical insurance and pharmacy benefit investigation
- Prior authorization support, including digital PA options
- Financial assistance coordination
- Visibility into status for all of your Accredo patients through the Accredo Prescriber Website (<https://prescribers.accredo.com>)

To get started, visit accredo.com for referral forms by therapy or e-prescription (NCPDP ID 4436920, 1640 Century Center Parkway, Memphis, TN 48134)

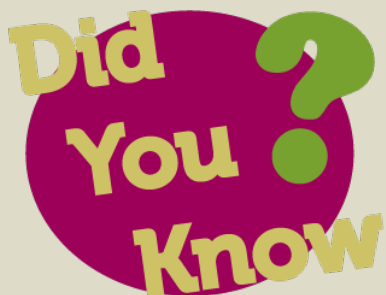
Program Highlight: RationalMed[®]

What is RationalMed[®]?

RationalMed[®] is a comprehensive patient safety program that uses integrated claims data (medical and pharmacy) and laboratory test results to effect changes in drug therapy to reduce a member's near-term risk of an adverse event and/or hospitalization. Applied across Health Options' entire population, regardless of complex or chronic conditions, RationalMed[®] encourages:

- Safer use of medications
- More appropriate, higher quality of care
- Fewer hospitalizations
- Lower total pharmacy/medical costs

Health Options monitors provider engagement with RationalMed[®] alerts to ensure Member safety and quality of care. For more information, [click here](#).



Our partners at Rx Savings Solutions have identified the following opportunity:

Fluoxetine Hydrochloride capsules have been identified as a potentially less expensive option over tablets. If you feel your patient may benefit, please contact their pharmacy to discuss.

General Updates

Medical Management

The following Medical Management resource information is located on our website under the Health Care Professionals tab: [Professional Documents and Forms](#):

- [Prior Approval Overview & Notification](#): High level overview of Prior Approval requirements.
- [Summary of Authorization Requirement Updates 2018](#): Overview of Health Options 2018 UM rules.

Quick Reference Guides and Forms

- [Medical Prior Approval & Notification Requirements](#): Overview of medical services that require Prior Approval through Health Options team.
- [Notification / Prior Approval Form](#): 2018 form required for all Health Options Prior Approval submissions.
- [Durable Medical Equipment Prior Approval Requirements](#): Overview of DME rental and purchase guidelines.
- [Medication \(medical benefit\) Prior Approval Requirements](#): List of medications that require Prior approval through Health Options team.



Note: Medications are listed by generic name with CPT/HCPCS code description (all brand names for generic listing require Prior Approval)

Medical Prior Approval Requirements

Overview of Prior Approval requirements through our UM partner, eviCore:

- Advanced Imaging (MRI, PET Scans, CT Scans, Nuclear Medicine, 3D Imaging)
- Cardiac Imaging (Myocardial Perfusion Imaging, Echo, Echo Stress, Diagnostic Heart Cath)
- Cardiac (MR, PET, CT)
- Chiropractic Services
- Interventional Pain Management
- Joint Surgery (shoulders, hips, knees)
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Spine Surgery
- Ultrasound (OB & Non-OB)

Behavioral Health Prior Approval & Notification Requirements

Overview of prior approval requirements through our UM partner, BHCP.

- Urine Drug Screen Prior Approval Form

Medical Prior Approval Requirements

Overview of Prior Approval requirements through our UM partner, eviCore:

- Advanced Imaging (MRI, PET Scans, CT Scans, Nuclear Medicine, 3D Imaging)
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For web portal access, please contact us at: provider@healthoptions.org

Provider Based Billing Policy

This policy is set forth to describe Community Health Options rules regarding professional and facility reimbursement for Evaluation & Management (E&M) services when those services are provided in an institutional setting (hospital campus) vs. a non-institutional setting, as defined by the place of service setting and bill type.

Billing Guidelines

Services that are rendered in a non-institutional setting must be billed on a CMS 1500 claim form. Professional services billed in a UB 04 claim form for non-institutional settings will not be reimbursed. Community Health Options will not reimburse for any separate and distinct fees (clinic or facility) billed on a UB 04 claim form, regardless of site of service, when providing E&M services to Covered Persons. This is sometimes referred to as split billing.

Revenue Code Limitations:

- 0510 - 0519 Clinic
- 0520 - 0529 Free Standing Clinic
- 0960 - 0989 Professional Fees

2018 Prior Authorization Quick Reference Guidelines and Forms

Community Health Options has updated the following Quick Reference Guides:

- Prior Approval Overview and Notification
- Medical Prior Approval and Notification Requirements
- Durable Medical Equipment Prior Approval and Notification Requirements
- Behavioral Health Prior Approval and Notification Requirements
- Medications Prior Approval and Notification Requirements
- Summary of Authorization Requirement Updates
- eviCore Medical Prior Approval Requirements

[Click here](#) to review the current and updated forms.

Maine Community Health Options | (207) 402-3347 | provider@healthoptions.org | HealthOptions.org

STAY CONNECTED

