



Provider Connection Newsletter

Quarter 4, 2021

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IMPORTANT CONTACTS

Health Options' Member Services Team: (855) 624-6463

Instamed: (866)945-7990, <https://www.instamed.com/>

Provider Relations: (207)402-3347, provider@healthoptions.org

Contracting Department: (207)402-3885, contracting@healthoptions.org,
bhnetwork@healthoptions.org

Have members of your team sign up for our quarterly newsletter:

Register @ <https://www.healthoptions.org/providers/newsletter-sign-up/>

Or call or email Provider Relations at (207) 402-3347 .



Policies and Procedures

Please see all policies (new and updated) in the **Policies and Procedure** section of our provider portal: <https://healthoptions.org/providers/resources/>

Reminder: Facility Revenue Code Requirements

https://www.healthoptions.org/media/3148/facility-revenue-code-requirements_external.pdf

In line with and as defined by the National Uniform Billing Committee (NUBC), Community Health Options (“Health Options”) requires facilities to report current and accurate CPT or HCPCS codes with all applicable Revenue Codes. Facilities are required to report CPT, HCPCS codes, and modifiers on outpatient facility claims at the highest level of specificity, whenever an appropriate code exists that is supported by the medical record.

Health Options will deny charges billed under revenue codes that have missing CPT or HCPCS codes when specific CPT codes are required. Such billed charges will be deemed as “**provider liable-not eligible**” for payment. This claim edit follows guidelines defined by the NUBC and is supported by our Facility Revenue Code Requirements Policy published January 2021.

Reminder: Facility Revenue Code Requirements

Health Options will deny charges for billed services that have a Professional/Technical Component indicator of 5, as communicated in our Payment Integrity Audit Policy, published September 2019. This claim edit identifies charges for services that are reported in a facility as incidental to other services and will be denied as **provider liable-not eligible** for separate payment.

Reminder: Modifier Reference Guide

https://www.healthoptions.org/media/3365/modifier-reference-guide_external.pdf

Health Options adheres to the billing/coding guidelines defined by the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) for appropriate use of modifiers that may be appended to HCPCS/CPT codes to provide additional information about the services rendered.

The Modifier Reference Guide contains a brief description of HCPCS/CPT Modifiers and the corresponding reimbursement impact.

COVID-19 Treatment

Community Health Options will continue waiving Member cost-sharing for COVID-19 treatment for services received through 12/31/2021.

Provider Portal

Availity®

As a reminder, effective June 28, 2021, Community Health Options transitioned our provider portal from HealthX® to Availity. The change to Availity has no impact on how you submit Health Options' claims. Please continue to submit electronic claims for Health Options through your clearinghouse to our Payer ID 45341.

Health Options appreciates any feedback that can help us continue to optimize this new portal experience. Please email your portal feedback to provider@healthoptions.org.

If you have any questions regarding the portal, please refer to:

- **FAQ:** <https://www.healthoptions.org/media/3369/online-authorizations-faqs-final-7152021.pdf>
- **Quick Guide:** <https://www.healthoptions.org/media/3370/online-authorizations-quick-guide-final-7152021.pdf>

To register or learn more about Availity, follow this link <https://www.availity.com/provider-portal-registration>. Registration is required to access Health Options' Member information. Once you have registered at Availity, select Community Health Options from the payer drop-down menu, which will give you access to your enrolled patient's information. If you experience technical issues with registering, logging on, or navigating Availity, please contact **Availity Client Services at 800-282-4548** between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday. If you have any questions or need more information, please contact us at provider@healthoptions.org.

Medical Management

Medical Management Contacts

For Care Management referrals, please call Member Services at (855) 624-6463 Monday-Friday, 8:00 a.m. to 6:00 p.m.

To submit authorization requests please use provider@healthoptions.org or fax (877) 314-5693, or call (855) 542-0880. Please use the phone line for urgent requests only. Such requests are based on clinical presentations that could seriously jeopardize the Member's life, or health, or ability to regain maximum function, or subject the Member to severe pain that cannot be adequately managed without the requested care or treatment.

Pharmacy

Non-Covered Benefit Aduhelm (aducanumab)

After clinical review of available data on the efficacy and safety of Aduhelm (aducanumab), Health Options concluded it is a non-covered benefit.

We will continue to monitor its status and will re-evaluate this coverage determination 1) if there is new information through independent analyses of data that indicates the drug has evidence-based, clinically beneficial treatment for Alzheimer's disease and 2) if there are adequate controls limiting potential risk of serious harm.

2022 Non-Formulary Multi-Source Drug Changes

The following brand-name drugs will be considered non-formulary and will require prior approval for coverage. The FDA approved, and AB-rated generic equivalents of these brand-name drugs will be covered on the Health Options formulary:

- ADDERALL XR
- ALINIA TABLETS
- AZOPT
- BEPREVE
- DORYX DR 50MG & 200MG KERYDIN
- NUVARING
- RELPAX
- SYNTHROID
- TECFIDER

2022 Non-Formulary Single-Source Brand Changes

| Drug Class | Non-Formulary Medications | Preferred Alternatives |
|--|---------------------------|--|
| Antimigraine Agents | ONZETRA XSAIL | sumatriptan nasal spray, ZOMIG NASAL |
| Ophthalmic Anti-Allergic | ALOCRI, ALOMIDE, ZERVIAE | azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops |
| Oral Agents for Acne | DORYX MPC | doxycycline hyclate, doxycycline monohydrate |
| Otic Fluoroquinolone Antibiotics | CIPRO HC, OTIPRIO | ciprofloxacin/dexamethasone otic |
| Proton Pump Inhibitors | DEXILANT | esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole |
| Rosacea Agents (Topical) | ZILXI | azelaic acid, metronidazole, sodium sulfacetamide/sulfur, FINACEA |
| Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations | INVOKAMET, INVOKAMET XR | SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR |
| | INVOKANA | FARXIGA, JARDIANCE, STEGLATRO |

| Drug Class | Non-Formulary Medications | Preferred Alternatives |
|--------------------------------|--------------------------------|---------------------------------------|
| Vitamin D Analogs (Topical) | CALCIPOTRIENE FOAM, SORILUX | Calcipotriene sol/cr/oint, calcitriol |

Provider Resources

Annual Provider Meetings

It is that time of year again! Autumn is upon us, and we are excited to connect with you, albeit virtually this year, during our Annual Provider meetings on either November 3 or 4, from 12:00 noon to 4:00 p.m. We are offering two dates that will cover the same agenda, so you can pick a day the works for you. We will likely use only 3 hours of our allotted time and have scheduled ample time for discussion and Q&A.

Our meetings are a time to work collaboratively with you, our valued network of providers, and engage with you directly. Our goal is to make your lives easier from an administrative and operational standpoint. We will have a range of information for you, from general organizational updates to information about our portal, clinical initiatives at Health Options, claims, operational information, policy updates, and more.

Feel free to send a note to provider@healthoptions.org if you missed the invitation or want to extend an invitation to any of the representatives in your office who may benefit from the information we will cover.

NEW Health Options Member ID Cards

Our Member ID cards have a new look! Please use the image below to help familiarize yourself and your office staff with our new ID cards. Our new ID cards were designed in accordance with new regulatory requirements. We hope you find them easy to work with.

Individual Plan

Group Plan



Subscriber Name: John Doe
 Member ID: 12345678912345 001
 Group ID: FFMEXCHANGE
 John Doe 002
 BIN: 003858
 PCN: A4
 Rx GRP: COMMHOP

| Plan Details | Individual | Family |
|-----------------|----------------|----------------|
| INN Deductible | \$3,350 | \$6,700 |
| INN Maximum OOP | \$8,000 | \$16,000 |
| OON Deductible | Not Applicable | Not Applicable |
| OON Maximum OOP | Not Applicable | Not Applicable |

*INN: In-Network, OON: Out-of-Network
 OOP: Out-of-Pocket*



Employer Name Here Employer Name
 Plan Name Employer Name Em

Subscriber Name: John Doe
 Member ID: 12345678912345 001
 Group ID: FFMEXCHANGE
 John Doe 002
 BIN: 003858
 PCN: A4
 Rx GRP: COMMHOP

| Plan Details | Individual | Family |
|-----------------|------------|----------|
| INN Deductible | \$6,200 | \$12,400 |
| INN Maximum OOP | \$7,000 | \$14,000 |
| OON Deductible | \$12,400 | \$24,800 |
| OON Maximum OOP | \$14,000 | \$28,000 |

*INN: In-Network, OON: Out-of-Network
 OOP: Out-of-Pocket*

Plan Name: Community Value HMO

Plan Name: Cornerstone Option PPO HSA \$6200 30% \$7000 Rx2 '21

www.HealthOptions.org

Benefits are administered by Community Health Options. This card does not guarantee coverage. If you do not receive prior approval for your treatment when required, your benefits may be reduced.

Key Contact Information:

Member, Behavioral, and Provider Services 1.855.624.6463
 Pharmacist Use Only 1.800.922.1557
 TTY: Relay Service 711

Claim Submission (Medical and Behavioral):

Electronic filing of claims is preferred. The Payer ID number is: 45341.
 The mailing address for paper claims is:
 Community Health Options
 Mail Stop 200, PO Box 1121, Lewiston, ME 04243



Back of the cards



General Health Options Updates

Network Tiering

For the 2022 plan year Health Options will be offering five new individual and family plans on the State Based Marketplace, as well as direct to consumers, that utilize tiered provider networks.

The service lines included for tiering are;

- Hospital outpatient services
- Primary care services
- Urgent care & walk-in care
- Outpatient laboratory services
- Free-standing, high-cost imaging



Health Options has separated these referenced service lines into two categories of benefit cost sharing, preferred and standard, where members who utilize providers in the preferred tier can avail themselves of waived or reduced cost sharing.

A provider's preferred tier status is determined through a combination of attributed provider cost, publicly available quality reporting data, and acuity adjusted efficiency.

Health Options' provider directory will be updated by November 1st with these new tiered network products, and the ability to search providers and their tiered statuses. During the interim, if you would like more information about this initiative, please contact your assigned Provider Account Manager.

2020 Annual Report

Please use this link to view our annual report <https://online.fliphtml5.com/sndzh/dqnw/#p=1>. It was a challenging year for all of us in healthcare, and our report highlights the company-wide efforts that helped us get through it together. We are grateful for our Members and partners and look ahead to closing out a successful 2021 together.