

Provider Check Up

HPP Participating Providers Newsletter | SPRING 2022



Updates for Providers on COVID-19 Vaccinations and Testing

As the CDC continues to share updates on COVID-19 guidelines, vaccinations and testing, it is vital to stay up to date with the latest information. We have compiled key points below that may be useful to share with patients who have questions about COVID-19. All information has been sourced directly from the CDC.

Healthcare providers and pharmacies play a central role in discussing COVID-19 testing and vaccination with their patients. We highly encourage you to visit the [CDC's website](#) and [social media pages](#) as resources for the most current information

COVID-19 Vaccination

- COVID-19 vaccines currently approved or authorized by the FDA are effective in preventing serious outcomes of COVID-19, including severe disease, hospitalization and death.
- COVID-19 primary series vaccination is recommended for everyone ages 5 years and older in the United States.
- In most situations, Pfizer-BioNTech or Moderna COVID-19 vaccines are preferred over the Janssen COVID-19 vaccine for primary and booster vaccination.
- An additional primary mRNA COVID-19 vaccine dose is recommended at least 28 days later for moderately or severely immunocompromised people ages 5 years and older who received a 2-dose mRNA vaccine primary series.
- A booster dose of COVID-19 vaccine is recommended for everyone ages 12 years and older (Pfizer-BioNTech for ages 12-17; an mRNA vaccine preferred for ages 18 years and older):
 - At least 5 months after completion of an mRNA vaccine (Pfizer-BioNTech or Moderna) primary series.
 - At least 2 months after completion of a Janssen COVID-19 vaccine primary dose.
- Efforts to maximize the proportion of people in the United States who are up to date with their COVID-19 vaccines remain critical to ending the pandemic.

COVID-19 Testing

- Testing is very important to help reduce the spread of COVID-19.
- COVID-19 tests can detect either SARS-CoV-2, the virus that causes COVID-19, or antibodies that your body makes after getting COVID-19 or after getting vaccinated.
- Tests for SARS-CoV-2 tell you if you have an infection at the time of the test. This type of test is called a "viral" test because it looks for viral infection. Antigen or Nucleic Acid Amplification Tests (NAATs) are viral tests.
- Tests for antibodies may tell you if you have had a past infection with the virus that causes COVID-19. Your body creates antibodies after getting infected with SARS-CoV-2 or after getting vaccinated against COVID-19. These tests are called "antibody" or "serology" tests.
- A viral test checks specimens from your nose or mouth to determine if you are currently infected with the virus that causes COVID-19. Viral tests can be performed in a laboratory, at a testing site, or at home or anywhere else. Two types of viral tests are used: nucleic acid amplification tests (NAATs) and antigen tests.

Who Should Get Tested?

The following people should get tested for COVID-19:

- People who have symptoms of COVID-19.

- People who have come into close contact with someone with COVID-19 should be tested to check for infection at least 5 days after they last had close contact with someone with COVID-19. The date of the last close contact is considered day 0.
- People not fully vaccinated with the COVID-19 vaccine who are prioritized for expanded community screening for COVID-19.
- People not fully vaccinated with the COVID-19 vaccine who have been asked or referred to get testing by their school, workplace, healthcare provider, state, tribal, local or territorial health department.

Who Does Not Need to Be Tested?

The following people who have been exposed to someone with COVID-19 do not need to get tested if they do not have COVID-19 symptoms:

- People who have tested positive for COVID-19 within the past 3 months and recovered, as long as they do not develop new symptoms, do not need to get tested.

COVID-19 Viral Testing Tool

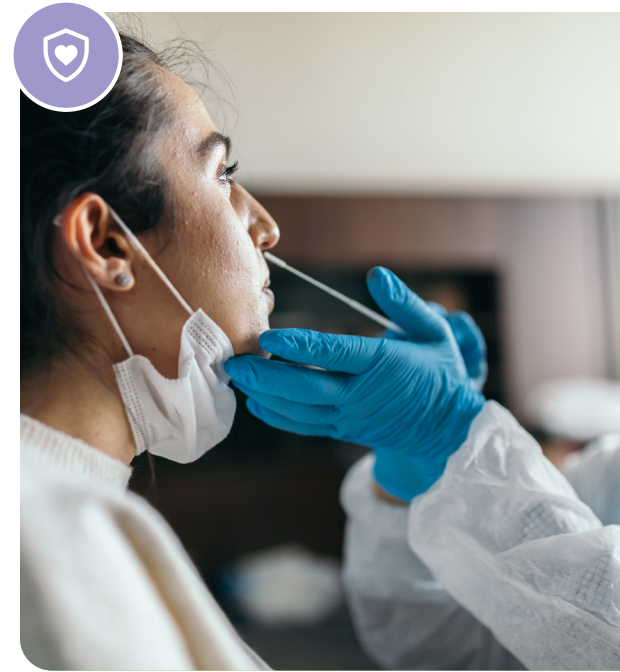
The COVID-19 Viral Testing Tool is an interactive web tool designed to help both healthcare providers and individuals understand COVID-19 testing options. This tool helps healthcare providers quickly access the most relevant, actionable information to determine what type(s) of COVID-19 testing they should recommend to patients. The tool helps individuals determine what type of test they should seek. After test results are in, the tool can help interpret test results and guide next steps.

Improving Bladder Control

Your patients may be embarrassed to talk to you and your staff about urinary leakage. However, urinary leakage and other bladder control issues are common, and treatment options to help manage the condition are available. These treatment options may help improve your patients' daily lives and activities, and open discussion can help remove the stigma of talking about this sensitive topic. Assessments, such as the [3 Incontinence Questions](#) tool, can be helpful to determine if chronic urinary incontinence is present.

Improving bladder control is an important component of the annual Health Outcomes Survey (HOS), a random survey administered annually to Medicare members from July to November. As part of the HOS survey, Medicare patients ages 65 years and older will be asked if they experienced leaking of urine in the last six months and if they discussed or received treatment options from their doctor.

Beginning in 2022, Medicare sites participating in HPP's Quality Care Plus (QCP) Program will have an opportunity to earn a bonus payment for CPT II code submission (1090F) upon completion of a bladder control assessment. Additional details will be available in the [2022 QCP manual](#).





SNAP for Older Adults!

Do you have a patient who may be food insecure?

Studies have shown that older adults who are food insecure have:

- Less nutritious diets
- Worse health outcomes
- A higher risk of depression

In contrast, seniors enrolled in SNAP are healthier, hospitalized less and are less likely to go to a nursing home.

SNAP, short for the Supplemental Nutrition Assistance Program, helps eligible individuals and families in Pennsylvania increase purchasing power at the grocery store by giving them access to more nutritious foods. Benefits are provided monthly through an Electronic Benefit Transfer card that recipients use to purchase foods at their local grocery stores and farmers markets. These benefits are not cash and can only be used on food purchases.

Eligibility is based on factors such as household income, housing costs, and medical expenses. An older adult can bring in more than \$2,000 a month and still qualify. For a senior couple, that increases to more than \$2,700. Income requirements change each year.

If you have an Older Adult who may be eligible for SNAP, please encourage them to apply by going to the State website at: **DHS.PA.Gov** or by calling **1-877-395-8930** for assistance.

Prevention Corner

Keep your patients safe by encouraging colorectal cancer screening

Colorectal Cancer (CRC) is the third most commonly diagnosed cancer in men and women. However, the death rate has dropped over the past several decades, largely because of higher rates of screening. Therefore, CRC screening is critical to achieve positive patient outcomes and promote quality care.

We know many people are hesitant to get a colonoscopy because they don't have the time, don't like the prep or are scared.

If you have patients who are not interested in a colonoscopy or flex sigmoidoscopy, you can educate them about colorectal screening and offer alternative tests that are non-invasive, such as a FOBT or FIT-DNA test. These home tests can be obtained by writing a script. The member can pick up the home test kit at a Quest Lab.

Support Colorectal Cancer Screening for your patients who are 50-75 years of age by ordering one of the following preventive tests:

- Fecal occult blood test (FOBT)
- FIT-DNA test
- Flexible sigmoidoscopy
- CT Colonography
- Colonoscopy



Asthma SMART Guideline Updates

Approximately 25 million Americans have asthma, which leads to over 9 million doctor office visits and 1.5 million emergency department visits per year. As you may know, the NIH published the new Asthma SMART Guidelines in December of 2020. The key topic updates include:

1. Using inhaled corticosteroids when needed for recurrent wheezing or persistent asthma.
2. Using long-acting antimuscarinic agents (LAMAs) with inhaled corticosteroids for long-term asthma management.
3. Using one or more methods to reduce exposure to indoor asthma triggers.
4. Immunotherapy: Using allergy shots which contain very small amounts of allergens to treat some people with allergic asthma.
5. Using fractional exhaled nitric oxide (FeNO) tests to help manage asthma or to help confirm a diagnosis in some patients when the diagnosis is unclear.
6. Using bronchial thermoplasty (BT) to treat selected adults with persistent asthma.

Below is a list of preferred medications on the HPP Preferred Drug List (PDL)/Medicaid formulary:

Rescue Medications:

- a. Albuterol HFA (QL)
- b. Albuterol nebulizer solution
- c. Albuterol nebulizer vial
- d. Levalbuterol HFA (QL)
- e. Proair HFA (QL) and Respiclick (QL)
- f. Proventil HFA (QL)
- g. Ventolin HFA (QL)
- h. Xopenex HFA (QL)

Maintenance Medications:

- a. Asmanex Twisthaler (QL)
- b. Budesonide Respule (QL)
- c. Flovent HFA (QL) and Diskus (QL)
- d. Pulmicort Flexhaler (QL)
- e. Advair HFA (QL)
- f. Dulera (QL)
- g. Fluticasone-Salmeterol Aerosol Power (QL)
- h. Symbicort (QL)
- i. Trelegy Ellipta (QL)
- j. Serevent Diskus (QL)
- k. Striverdi (Respimat (QL)



Full report can be found on [NIH.gov](https://www.nih.gov).



Updated Provider Quick Reference Guide is Now Available

The updated quick reference guide has been posted online. Please follow the link to view it:
<https://www.healthpartnersplans.com/media/100734246/provider-quick-reference-guide.pdf>

Primary Care Role in Dental Health

February is National Children's Dental Health Month! This month-long celebration reinforces the importance of children's oral health to keep smiles healthy starting from birth.

Promoting good oral health goes beyond telling patients to brush twice a day. Primary care providers and their team are well positioned to use their knowledge and skills to encourage and guide their patients to better habits. During routine well visits, consider the following:

- Evaluate the fluoride status of the patient's water supply and consider fluoride supplements, if necessary.
- Discuss the role of diet and sugars in caries risk.
- Make referrals to the dentist by the age of 1 for the first dental visit to establish a dental home early.
- Encourage the use of mouthguards during sports activities to prevent teeth trauma.
- Apply topical fluoride varnish for moderate and high-risk caries patients.
- Screen for tobacco or vaping use, if appropriate.
- Conduct an oral assessment to see if there are any urgent or emergent conditions requiring immediate attention from a dentist.
- Inspect the oral cavity for manifestations of systemic conditions such as hematologic diseases, diabetes, developmental disorders, rare cancers, etc.

A collaboration between primary care and dental providers will help achieve a whole-person approach to health and wellness in February and throughout the year.



Advance Care Planning

Have you discussed the importance of Advance Care Planning (ACP) with your patients?

Advance Care Planning (ACP) is one of the most important conversations you can begin during a wellness visit to help support patient autonomy, facilitate decision making and better care at the end of life.

Voluntary ACP is a face-to-face service between the physician (or other qualified health care professional) and a patient discussing advance directives with or without completing relevant legal forms.

Examples of Advance Directives include:

- Living Wills
- Instruction Directives
- Health Care Proxy
- Health Care Power of Attorney

Because Medicare pays for ACP, you may be reimbursed for Advanced Care Planning services. Please discuss CPT codes with your HPP Provider Representative.

Required training reminders

Model of Care D-SNP(Special Needs Plan) Provider Training

If you are a provider who has at least one Health Partners Medicare Special (D-SNP) member assigned to your practice, at least one person on your staff who is involved in the care of our dual-eligible special needs plan (D-SNP) members must complete our annual D-SNP Model of Care training module. This training is required by the Centers for Medicare & Medicaid Services (CMS).

The training course is available through [our online HPP University](#).

It will take approximately 10 minutes to complete the course. Complete by October 31.

Annual Orientation and Training

[Register now](#) for an upcoming quarterly provider orientation and training for new and existing providers.

In addition to the live webinar, there are two alternative methods for completing the required training:

1. Request a face-to-face training by emailing providerEducation@hplans.com.
2. Download an [electronic copy](#) to review with your staff. Simply review the information, complete the attestation and click “submit” to complete the requirement by December 31.



Annual Provider Orientation and Training	All Participating Providers	March 23, 12:30 – 1:30 p.m	Lisa Mallory, Senior Provider Education Specialist, and HPP Staff	Register
2nd Quarter Annual Provider Orientation and Training	All Participating Providers	June 22, 12:30 – 1:30 p.m.	Lisa Mallory, Senior Provider Education Specialist, and HPP Staff	Register
3rd Quarter Annual Provider Orientation and Training	All Participating Providers	Sept. 21, 12:30 – 1:30 p.m.	Lisa Mallory, Senior Provider Education Specialist, and HPP Staff	Register
4th Quarter Annual Provider Orientation and Training	All Participating Providers	Dec. 14, 12:30 – 1:30 p.m.	Lisa Mallory, Senior Provider Education Specialist, and HPP Staff	Register



Lead Screening Guidelines

In October of 2021, the Centers for Disease Control and Prevention (CDC) released updated standards for childhood lead poisoning prevention. The CDC recommends follow-up for children based on a result of $\geq 3.5\mu\text{g}/\text{dLL}$ on an initial screening capillary blood lead level (BLL). Please refer to the [CDC's website](#) for testing thresholds and follow-up recommendations.

Exposure to lead has been known to seriously harm children's health.

Adverse effects to lead exposure include:

- Damage to the nervous system and brain
- Slowed growth and development
- Learning issues
- Behavior issues
- Hearing and speech issues

Exposure to lead can be reduced by:

- Handwashing after playing and before meals
- Washing toys
- Repairing areas that have chipped or cracked paint
- Wet-wiping woodwork and floors to prevent dusty build-up

The Bright Futures/American Academy of Pediatrics' Recommendations for Preventive Pediatric Health Care suggest risk assessment screening and/or BLL screening on the [periodicity schedule](#).



Follow-Up Care for Children Prescribed ADHD Medications

Why is this important?

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. According to a 2016 national parent survey, it is estimated that 6.1 million (9.4%) of children aged 2 to 17 years of age had a diagnosis of ADHD. One third of these children were diagnosed as young children, 2 – 5 years of age. Children with ADHD have trouble paying attention and have difficulty controlling impulsive behaviors. While it is normal for children to have trouble focusing and behaving at times, most children outgrow these behaviors. In children with ADHD, the symptoms continue and cause difficulty at school, home and/or with friends. These behaviors can be severe.

What can you do?

Screening your patients for ADHD is an important first step. If medications are prescribed, be sure to:

- Schedule a follow-up appointment within 30 days of writing the prescription to monitor for side effects and efficacy of the medication.
- Schedule at least 2 more follow-up appointments over the next 9 months to make sure the medication is working, and the dosage is correct.
- If appropriate, refer your patient to a mental health professional for additional evaluation and counseling.
- Encourage a telephone visit, e-visit, or virtual check-in when appropriate.

If you require assistance with coordinating care for these members or collaborating with a behavioral health provider, please contact our Healthy Kids Department at **215-967-4690**.



Provider Network Enhancements: Jefferson Health System

We are excited to announce an addition to our provider network, which will increase access to quality care and provide you with even more options to support the care needs of our members.

Jefferson Health System brings Thomas Jefferson University Hospital, Jefferson Methodist Hospital, Jefferson Abington Hospital and Jefferson Lansdale Hospital into our Health Partners (Medicaid) and KidzPartners (CHIP) network, effective January 1, 2022. The addition includes the hospitals' outpatient centers and primary care and specialty care physicians.



Billing for COVID-19 Testing and Antibodies

The Centers for Medicare & Medicaid Services (CMS) has instructed that effective for dates of service on and after January 1, 2022, COVID-19 vaccines and monoclonal antibodies provided to patients enrolled in a Medicare Advantage plan are to be billed and reimbursed by the Medicare Advantage plan. For more information, please visit [CMS.gov](https://www.cms.gov).

Quality Management Provider Referral Line

To ensure the highest quality of care, and in accordance with the Pennsylvania Department of Human Services and CMS requirements, our QM department must identify, track and follow up on the following:

- Preventable Serious Adverse Events
- Healthcare Acquired Conditions
- Other Provider Preventable Conditions

We offer a toll-free anonymous provider reporting line to identify and track such events that are deemed preventable, serious and adverse. To report an event, call **1-855-218-2314** with the following information:

- Member name, ID# and/or date of birth
- Date of event
- Description of event
- Location where event occurred

All calls will remain confidential and will be followed up by QM for verification. Our policy is to reasonably track and isolate identified events and account for payments that may have been made in association with them. HPP reserves the right to retract payments made for what are deemed preventable events.

Quality Management Online Resources

HPP has a Quality Management (QM) program to ensure that our members receive safe, effective clinical care that is timely, and patient centered. Throughout the year, we monitor the delivery of health care for our members. We also conduct an annual evaluation to determine if we met our goals. This information is used to determine steps for improvement and to establish new goals for the coming year. To serve you better, we have created a centralized location on our website where you can view QM resources, including the 2021 member satisfaction survey. You can see more information [here](#).

If you would like a hard copy of any QM resources or if you have questions, contact the Provider Services Helpline at **888-991-9023**.

Pennsylvania Statewide Preferred Drug List (PDL) 2022 Updates: Health Partners Medicaid

See below for updates to the Pennsylvania Statewide PDL for 2022:

Changes from Non-Preferred (NPD) Status to Preferred (PRD) Status (* indicates clinical PA required)

- Actemra syringe*
- Actemra vial*
- Acyclovir 5% ointment
- Amethia tablet
- Amlodipine-olmesartan
- Ashlyna tablet
- Avsola vial*
- Bystolic tablet
- Cabenuva
- Cefixime capsule
- Cerdelga capsule*
- Cerezyme vial*
- Claravis capsule*
- Clonazepam ODT (age edit)
- Clonidine ER tablet
- Clotrimazole cream (Rx)
- Concerta tablet (age edit)
- Daysee tablet
- Derma-Smoothe-FS body and scalp oil
- Diclegis DR tablet
- Donepezil ODT
- Dupixent*
- Econazole nitrate cream
- Firmagon
- Fluocinonide cream
- Fluocinonide gel
- Fluocinonide ointment
- Fluocinonide solution
- Fotivda*
- Galantamine ER
- Gvoke
- Hemocyte-F tablet
- Idelvion vial*
- Imitrex nasal spray
- Jaimiess tablet
- Jentaduo XR tablet*
- Ketoconazole 2% cream
- Kineret syringe*
- Kloxxado nasal spray
- Lo Loestrin Fe
- Lojaimiess tablet
- Lopinavir-ritonavir tablet
- Lumakras*
- Miglustat capsule*
- Movantik tablet*
- Moxifloxacin tablet
- Myrbetriq ER tablet
- Olmesartan-amlodipine-HCTZ
- Orenzia Clickject*
- Orenzia vial*
- Orladeyo capsule*
- Otezla tablet*
- Prednisone Intensol
- Simpesse tablet
- Simponi pen injector*
- Simponi syringe*
- Stiolto Respimat
- Striverdi Respimat
- Telmisartan-amlodipine
- Tepmetko*
- Tinidazole tablet
- Trandolapril-verapamil
- Trelegy Ellipta
- Trigels-F forte softgel
- Truseltiq*
- Tyblume tablet
- Ukoniq*
- Vestura tablet
- Vimpat
- Voriconazole tablet
- VP-PNV-DHA softgel
- Vpriv vial*
- Xeljanz tablet*
- Xolair syringe*
- Yasmin 28 tablet
- Zegalogue autoinjector
- Zegalogue syringe
- Ziextenzo syringe*
- Zolmitriptan nasal spray

Changes from Preferred (PRD) Status to Non-Preferred (NPD) Status (note: Non-Preferred drugs require prior authorization)

- Bonjesta ER
- Colchicine capsule
- E.E.S. suspension
- Eluryng ring
- Eryped suspension
- Etonogestrel-EE ring
- Fulphila
- Humalog 75-25 Kwikpen
- Humulin 70/30 Kwikpen
- Humulin N 100 unit/mL vial
- Humulin R 100 unit/mL vial
- Kaletra tablet
- Kitabis Pak
- Nivestym
- Novolog
- Nucala
- Ozempic
- Pimecrolimus cream
- Zafemy patch
- Zomig nasal spray
- Zylet eye drops

Clinical PA Additions

- Actemra syringe, vial
- Avsola vial
- Cerdelga capsule
- Cerezyme vial
- Claravis capsule
- Dupixent pen, syringe
- Firmagon kit
- Fotivda capsule
- Idelvion vial
- Jentaducto XR
- Kineret syringe
- Lumakras tablet
- Miglustat capsule
- Movantik tablet
- Orenia Clickjet, vial
- Orladeyo capsule
- Otezla tablet
- Simponi pen, syringe
- Tepmetko tablet
- Truseltiq capsule
- Ukoniq tablet
- Vpriv vial
- Xeljanz tablet
- Xolair syringe
- Ziextenzo syringe

Clinical PA Removals

- Colchicine capsule, tablet
- Donepezil tablet
- Galantamine ER capsule
- Galantamine tablet
- Memantine tablet
- Rivastigmine capsule
- Serevent Diskus

Drugs where brand name product is Preferred (generic is Non-Preferred)

- Amitiza
- Butrans patch
- Bystolic
- Ciprodex otic
- Differin 0.1% cream, gel
- Durzeol
- Elidel
- Emtriva
- Nexium packets
- Nuvaring
- Protopic
- Retin-A cream, gel
- Revatio suspension
- Sutent

Cabenuva Preferred on PDL Without a Prior Authorization

Cabenuva (cabotegravir/rilpivirine) is the long acting, complete HIV regimen administered as a once monthly dose for maintenance therapy. Health Partners Plans is now covering Cabenuva without prior authorization through the following specialty pharmacies in our network:

- Accredo – Phone: **877-720-7445** or Fax: **866-768-2998**
- Coordinated Care Network (CCN) – Phone: **412-349-6300** or Fax: **412-825-3525**
- CVS Caremark – Phone: **866-813-3899** or Fax: **215-627-8943**
- Optum – Phone: **610-536-9095/844-526-4665** or Fax: **888-294-1731**

Cabenuva is beneficial for patients who may have health care access issues, or other challenging social determinants of health, as it is a once monthly injection. This reduces pill burden and increases adherence.

For the most up-to-date information regarding HPP formularies, please visit our online formulary at www.hpplans.com/Formulary.

