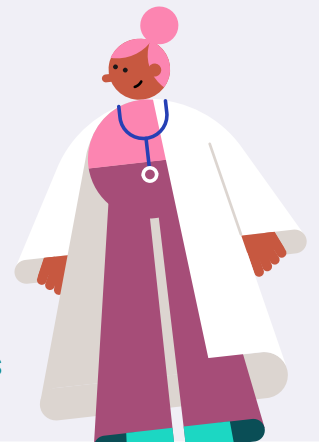


OCTOBER 2023

# Provider News

For participating physicians, dentists, other health care professionals and facilities



## October is National Breast Cancer Awareness Month

National Breast Cancer Awareness Month raises awareness about the importance of early detection of breast cancer. Breast cancer is the most common cancer in women, and on average, women have a 1-in-8 chance of developing breast cancer during their lifetime. October is a great time to call attention to the actions women can take to detect breast cancer early.

As a health care provider, you are a patient's trusted resource and can encourage women to be informed and actively engage in the health care decisions that affect them, such as getting screened for breast cancer and obtaining other recommended preventive services. The U.S. Preventive Services Task Force (USPSTF) recommends that women ages 50 to 74 have a screening mammogram every two years. Women ages 40 to 49 should talk with their provider about when to begin screening and how often to get a mammogram.

Some women are at higher risk for breast cancer and should discuss with their doctor when and how often to receive mammograms. The Centers for Disease Control and Prevention (CDC) website provides helpful resources for patients regarding risk factors.

Most of our health plans include benefits for screening mammograms at no cost for women 40 and older when an in-network provider is selected.

### Resources

- BridgeSpan Quality Improvement Toolkit: [Programs>Quality>Quality Improvement Toolkit](#)
- USPSTF: [uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening)
- CDC resources for patients regarding risk factors: [cdc.gov/cancer/breast/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm)
- CDC resources for patient education: [cdc.gov/cancer/dcpc/resources/features/BreastCancerAwareness/Index.htm](https://www.cdc.gov/cancer/dcpc/resources/features/BreastCancerAwareness/Index.htm)



## Easily find information



Did you know that you can search for words in this newsletter by holding down the **Ctrl** key on your keyboard and then the letter **F**? A pop-up window will appear asking if there's a word or phrase you need to find.

## Subscribe today



[Subscribe](#) to receive email notifications when new issues of our publications are available.

## Using our website



When you first visit [bridgespanhealth.com](https://bridgespanhealth.com), you will be asked to select an audience type (individual or provider) and enter a ZIP code for your location. This allows our site to display content relevant to you.

## Stay up to date



View the [What's New](#) section on the home page of our provider website for the latest news and updates.

**Contents**

■ Critical update	We encourage you to read the other articles because they may apply to your specialty.
▲ DME	
‡ Radiology	
● Dental	
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## About Provider News

This publication includes important news, as well as notices we are contractually required to communicate to you, including updates to our policies (medical, dental, reimbursement, medication) and pre-authorization lists. In the table of contents, this symbol indicates articles that include critical updates: ■. To save you time, you can click on the titles to go directly to specific articles. You can also return to the table of contents from any page by clicking on the link at the bottom of each page.

*Provider News* includes information for BridgeSpan Health in Idaho, Oregon, Utah and Washington. When information does not apply to all four states, the article will identify the state(s) to which that specific information applies.

Issues are published on the first day of the following months: February, April, June, August, October and December.

The information in this newsletter does not guarantee coverage. Verify members' eligibility and benefits via Availity Essentials at **availity.com**.

### The Bulletin

We publish a monthly bulletin as a supplement to this bimonthly provider newsletter. *The Bulletin* provides you with updates to medical and reimbursement policies, including changes we are contractually required to communicate to you.

### Share your feedback

If you have additional comments about our newsletter or bulletin, please send us an email at **provider\_communications@bridgespanhealth.com**.

# Help patients know where to go for care

There are big differences between visits to a PCP and visits to urgent care or the emergency department (ED), including cost, time spent waiting for care and follow up. We encourage you to remind your patients about their care options before they need sudden medical care.

## Convenient care options

- In-person care
  - Share your office hours with your patients, especially if you offer extended hours.
  - If your patient does not have a PCP, encourage them to use the Find a Doctor tool on our website or call Customer Service at the phone number on the back of their member ID card for help finding an in-network provider.
- Virtual care
  - If you offer telehealth services, share information with your patients about how they can schedule a virtual appointment with you. To indicate whether you offer telehealth services, update your directory information on our provider website: [Contact Us>](#) [Update Your Information](#).
  - Our members have access to in-network telehealth vendors and behavioral health providers.
- Nurse line
  - For questions about common health issues and whether a patient should see a doctor, most members can contact BridgeSpan Advice24.
- In-home care (available in the Portland, Oregon, and Seattle, Olympia, Spokane and Tacoma, Washington, areas)
  - With DispatchHealth, members can receive urgent care, hospital-level care and post-hospital care in the comfort of their home to avoid a trip to an urgent care clinic or ED. They are available 7 days a week, including holidays, from 8 a.m. to 10 p.m. **Related:** See *In-home, high-acuity care for your patients* on page 15.
- Urgent care
  - Remind patients to consider urgent care clinics for illnesses and injuries beyond the scope of virtual care, such as migraine; abdominal pain; sprains, strains and cuts; and severe cold and flu symptoms. Many urgent care clinics are conveniently located and more accessible than EDs, allowing members to save time and money.

- ED care
  - Remind patients to go to the ED if they are experiencing acute or life-threatening symptoms, such as chest pain, shortness of breath, signs of a possible stroke, uncontrollable bleeding, severe burns, head injuries (especially loss of consciousness) or seizures.
  - To help our members have a better understanding of their care options, our care advocates contact members who had three or more ED visits in a six-month period or one or more avoidable ED visits to provide information about alternative treatment options.

## Resources for providers and members

- View the [Care Options Toolkit](#), available on the home page of our provider website. It includes:
  - Information for providers about members' care options, including virtual medical and specialized behavioral health providers, our 24/7 nurse line, urgent care and more.
  - A member FAQ with information about virtual, in-person (including urgent care centers) and emergency care.
- Members can view their care options on the member website.
  - Members can sign in to their **bridgespanhealth.com** account and select Find Care to see their care options. They can also contact the phone number on the back of their member ID card.

## Fall respiratory virus season

With the spread of flu, COVID-19 and respiratory syncytial virus (RSV) expected this fall, providers play a key role in educating patients, parents and caregivers about the importance of vaccination. Your recommendation can help protect your patients from these viruses.

Encourage your patients to:

- **Get vaccinated:** Vaccines and immunizations are the most effective ways to prevent one of these viruses; individuals can get more than one vaccination at the same time; **Note:** Members can receive the new COVID-19 booster at a pharmacy or through their provider
  - View the CDC website for current COVID-19 recommendations: [cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#)
  - View the Centers for Medicare & Medicaid Services (CMS) website for the codes and reimbursement for COVID-19 vaccines, as well as the administration: [cms.gov/medicare/payment/all-fee-service-providers/medicare-part-b-drug-average-sales-price/vaccine-pricing](https://www.cms.gov/medicare/payment/all-fee-service-providers/medicare-part-b-drug-average-sales-price/vaccine-pricing)
- Cover their coughs and sneezes, stay away from people who are sick, wash hands often, and improve air circulation in the home and workplace
- Stay home if they're sick (Share the CDC guidelines for isolation and precautions for people with COVID-19 at [cdc.gov/coronavirus/2019-ncov/your-health/isolation.html](https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html))

Remind your patients how they can contact you for care or advice about their care options. **Related:** See *Help patients know where to go for care* on page 3.

### Resources

Most of our health plans cover preventive care services at 100%. View our preventive care list, available in English and Spanish, at [bridgespanhealth.com/member/use/preventive-care-list](https://bridgespanhealth.com/member/use/preventive-care-list).

Healthwise's Knowledgebase has helpful information and tools about immunizations in English and Spanish to share with your patients. Our [Quality Improvement Toolkit](#), available on the home page of our provider website, has a link to the Healthwise Knowledgebase.

The home page of our provider website includes a [COVID-19 Vaccine Toolkit](#) with information about coverage for our members, claims submission and provider reimbursement.

## Administrative Manual updates

The following updates were made to our manual sections on October 1, 2023:

### Appeals for Providers

- Updated references of our Fraud and Abuse department to our Special Investigations Unit

**Note:** We will remove dental references from the following sections of the Administrative Manual by November 1, 2023:

- Introduction
- Appeals for Providers
- Fraud and Abuse
- Policies
- Provider Facility and Resources

Our manual sections are available on our provider website: [Library>Administrative Manual](#).

## 2024 brings code changes for many services and supplies

Please remember to review your 2024 CPT, HCPCS and CDT coding publications for codes that have been added, deleted or changed and to use only valid codes.

You can purchase the:

- CDT manual by calling the American Dental Association at 1 (800) 947-4746 or online at [store.ada.org](https://store.ada.org)
- CPT and HCPCS manuals through your preferred vendor or online through the American Medical Association (AMA) at [ama-assn.org/practice-management/ama-store](https://ama-assn.org/practice-management/ama-store)

Reimbursement schedules are available on Availity Essentials.

This notice serves as an Amendment to your Participating Agreement. You have the right to terminate your Agreement in accordance with the amendment provisions of the Participating Agreement.

## Bill type 014X reminder for hospitals

As a reminder, per CMS guidelines, bill type 014X should be used when a hospital seeks separate payment for clinical lab services in the following circumstances:

- Non-patient (referred) specimen
- A hospital collects specimen and furnishes only the outpatient labs on a given date of service
- A hospital conducts outpatient lab tests that are clinically unrelated to other hospital outpatient services furnished on the same day
  - **Note:** "Unrelated" means the lab test is ordered by a different provider than the provider who ordered the other lab services, for a different diagnosis.

## Changes to mailing addresses

**Editor's note (10/26/23):** The ZIP code has been corrected for the Portland, Oregon, mailing address.

We have made changes to our mailing addresses. We will be updating our provider website, letterhead, forms and other documents to reflect the changes by the end of this year:

- Appeals and claims mail should be sent to:  
BridgeSpan Health  
ATTN: Appeals and Grievances or ATTN: Claims  
P.O. Box 1106  
Lewiston, ID 83501
- The single mailing address for Portland, Oregon is now:  
BridgeSpan Health  
200 SW Market Street, 11th Floor  
Portland, OR 97201
- We are closing unused or rarely used P.O. boxes, including the following at these locations:
  - **Portland:** 1071, 1200, 1239, 1269, 3470, 4208, 5336, 5726
  - **Seattle:** 21267, 91015
  - **Tacoma:** 2354, 2915, 2998, 3000, 3004, 3006, 3011
- Mailstops are no longer required.

## Update your directory information

Accurate provider directories are essential to help members find providers who best meet their health care needs and individual preferences. When information is missing or inaccurate, members may be denied care or receive unexpected medical bills.

The Consolidated Appropriations Act (CAA), 2021, requires health plans to establish a process to verify and update provider directory information no less frequently than every 90 days. Accurate provider directories are also a requirement for compliance with CMS and the Affordable Care Act (ACA).

Our *Provider Directory Attestation Requirements for Providers* policy requires:

- Providers to review for accuracy and submit all updated information about their practice at least every 90 days
- Providers to continue to notify us promptly of changes to directory information
- All participating providers who are eligible to display in directories based on their specialty and current credentialing status to be displayed in our provider directories
- All participating providers to comply with our policies and procedures related to furnishing information necessary to ensure provider directories are up-to-date, accurate and complete pursuant to federal and state law, including 45 C.F.R. 156.230(b); this information includes, but is not limited to, accepting new patients, provider practice location, contact information, specialty, medical group and other institutional affiliations
- Providers to review, update and return roster validation requests

Please follow the instructions to verify your directory information on our provider website at least every 90 days: [Contact Us>Update Your Information](#).

As part of your routine review of provider directory information, also review your National Provider Identifier (NPI) data in CMS' National Plan & Provider Enumeration System (NPPES). Visit NPPES help for more information: [nppes.cms.hhs.gov](https://nppes.cms.hhs.gov).

## Pre-authorization updates

<b>Procedure/medical policy</b>	<b>Added code effective July 1, 2023</b>
Surgical Site of Service - Hospital Outpatient (Utilization Management #19)	15851
<b>Procedure/medical policy</b>	<b>Added code effective September 1, 2023</b>
Laboratory Tests for Organ Transplant Rejection (Laboratory #51)	81595
<b>Procedure/medical policy</b>	<b>Added codes effective October 1, 2023</b>
Circulating Tumor DNA and Circulating Tumor Cells for Management (Liquid Biopsy) of Solid Tumor Cancers (Laboratory #46)	0409U
Digital Therapeutic Product (Medicine #175)	A9292
Digital Therapeutic Products for Amblyopia (Medicine 175.04)	A9292
Digital Therapeutic Products for Substance Use Disorders (Medicine #175.02)	98978
Genetic Testing for Primary Mitochondrial Disorders (Genetic Testing #54)	0417U
<b>Procedure/medical policy</b>	<b>Adding codes effective November 1, 2023</b>
Enteral and Oral Nutrition in the Home Setting (Allied Health #05) — <i>policy applies only to select members</i>	B4148
<b>Procedure/medical policy</b>	<b>Adding codes effective January 1, 2024</b>
Cardiology	33206-33208, 33212-33214, 33221, 33227-33231 33240, 33249, 33270, 33271, 33274, C1721, C1722, C1777, C1785, C1786, C1882, C1895, C1896, C1899, C2619-C2621, G0448 <b>Related:</b> See 2024 cardiology program changes on page 7

Our complete *Pre-authorization List* is available in the [Pre-authorization](#) section of our provider website. Please review the list for all updates and pre-authorize services accordingly. You can submit standard medical pre-authorizations through the Availity Essentials electronic authorization tool.



## 2024 cardiology program changes

Effective January 1, 2024, our cardiology program will include pre-service medical necessity review for implantable cardiac devices.

Outpatient cardiovascular tests and procedures are currently reviewed under the cardiology program, administered by Carelon Medical Benefits Management (Carelon). **Related:** See *Pre-authorization updates* on page 6.

### About the program

Providers can contact Carelon to request pre-authorization for these additional services and/or members beginning December 18, 2023:

- **Online:** The Carelon ProviderPortal is available 24/7 and processes requests in real-time using clinical criteria, [providerportal.com](https://providerportal.com).
- **By phone:** Call Carelon at (877) 291-0509, Monday through Friday, 8 a.m.-5 p.m. (PT).

If a provider does not verify that a pre-authorization request has been approved before performing an outpatient cardiac service, the claim may be denied as provider responsibility or pended for post-service review. **Note:** Procedures performed in an inpatient setting or on an emergent basis are not subject to this program's pre-authorization requirements.

### Requests for supporting documentation

Beginning January 1, 2024, Carelon may request additional clinical information for cardiology pre-authorization requests.

If requested, providers will need to submit documentation from the patient's medical record to verify the member's condition. Carelon will request this documentation only for select procedures when certain clinical indications are present.

### Learn more

Program details are available on our provider website: [Programs>Medical Management>Cardiology](https://bridgespanhealth.com/Programs/Medical-Management/Cardiology).

## The Bulletin recap

We publish updates to medical and reimbursement policies in our monthly publication, *The Bulletin*. You can read issues of *The Bulletin* or subscribe to receive an email notification when issues are published on our provider website: [Library>Bulletins](https://bridgespanhealth.com/Library/Bulletins).

### Medical policy updates

We provided 90-day notice in the August 2023 issue of *The Bulletin* about changes to the following medical policies, which are effective November 1, 2023:

- *Air Ambulance Transport* (Utilization Management #13)
- *Enteral and Oral Nutrition Therapy in the Outpatient Setting* (Allied Health #05)
- *Hysterectomy* (Surgery #218)
- *Identification of Microorganisms Using Nucleic Acid Probes* (Genetic Testing #85)

We provided 90-day notice in the September 2023 issue of *The Bulletin* about changes to the following medical policies, which are effective December 1, 2023:

- *Cochlear Implants* (Surgery #08)
- *Ventral (including incisional) Hernia Repair* (Surgery #12.03)

The *Medical Policy Manual* includes a list of recent updates and archived policies and is available on our provider website: [Library>Policies & Guidelines](https://bridgespanhealth.com/Library/Policies-&Guidelines).

### Reimbursement policy updates

No reimbursement policies in the August 2023 or September 2023 issues of *The Bulletin* required 90-day notice. View our *Reimbursement Policy Manual* on our provider website: [Library>Policies & Guidelines>Reimbursement Policy](https://bridgespanhealth.com/Library/Policies-&Guidelines/Reimbursement-Policy).

## Nuclear imaging to require pre-authorization

As a reminder, select nuclear medicine imaging services delivered on or after November 1, 2023, will require pre-authorization as part of our radiology program, managed by Carelon.

Providers can begin contacting Carelon on October 7, 2023, for these services using Carelon's ProviderPortal, [providerportal.com](https://providerportal.com), or by calling Carelon at (877) 291-0509, Monday through Friday, 8 a.m.-5 p.m. (PT). Program details are available on our provider website: [Programs>Medical Management>Radiology](https://bridgespanhealth.com/Programs/Medical-Management/Radiology).

The nuclear imaging codes are published on the [Pre-authorization List](https://bridgespanhealth.com/Pre-authorization-List) on our provider website.

# Records requirement for admissions and inpatient concurrent review

**Effective January 1, 2024, we will begin enforcing the requirement that clinical documentation supporting medical and behavioral health inpatient admissions and continued stay reviews be submitted by the date required.** Upon receiving notification of admission, we will fax an admission acknowledgement that includes the date we require updated clinical information. If admission notification or requested documentation is not submitted by the required date, the stay may be administratively denied.

We will update the Facility Guidelines section of our *Administrative Manual* by January 1, 2024 to reflect these changes.

Current discharge notification requirements will not change.

## Concurrent review Records submission

Facilities are required to provide clinical records to support review requests. Required records may include:

- Medical records
  - Labs
  - Medications
  - Diagnosis
  - Imaging
- Progress notes
- Physician orders
- Therapy notes
- Case management and discharge planning

If facilities do not submit timely clinical records, they will not receive concurrent review approval for those days. Days that have not been authorized through pre-authorization, administrative approval or concurrent review approval will be administratively denied as provider liability.

Requests for concurrent medical necessity review must include:

- Diagnosis
- Clinical information regarding the member's current admission

**Note:** Providing incomplete information—e.g., only a census list, an admission notice, a diagnosis code and/or a face sheet without clinical information—will not result in authorization.

## Submission options

- **Electronic medical record (EMR) access:** Requires full access—all clinical records must be available for download
- **Fax:** Includes all clinical records; the face sheet and/or admission diagnosis alone are not sufficient

Availity Essentials is not available for concurrent review submissions.

## Exceptions

We recognize that extenuating circumstances may prevent a provider or facility from submitting clinical records within the allowed timeframe. We will review a stay post-service in the following circumstances:

1. The member presents incorrect insurance information or the participating provider or facility is unable to identify where to submit records.
2. Natural disaster prevents records submission.
3. The member is unable to communicate insurance information and no one present can provide that information.
4. There is compelling evidence the provider attempted to submit accurate clinical information on time.

## More information

For additional information about utilization management exceptions, see the *Extenuating Circumstances* policy in the [Pre-authorization section](#) of our provider website. We will update this policy to include concurrent review exceptions by January 1, 2024.

The [Pre-authorization list](#) has been updated on our provider website.



# Medication policy updates

Listed below is a summary of medication policy additions and changes. Links to all medication policies, medication lists and pre-authorization information for our members, including real-time deletions from our pre-authorization lists, are available on our provider website: [Programs>Pharmacy](#). **Note:** Policies are available online on the effective date of the addition or change.

**Pre-authorization:** Submit medication pre-authorization requests through [covermymeds.com](https://covermymeds.com).

**Expert feedback:** We routinely assess our medication policies based on updated medical literature, national treatment guidelines, practicing provider feedback and pharmaceutical market changes. If you'd like to provide feedback or be added to our distribution list, please email us at [BridgeSpanRxMedicationPolicy@bridgespanhealth.com](mailto:BridgeSpanRxMedicationPolicy@bridgespanhealth.com) and indicate your specialty.

**New U.S. Food & Drug Administration- (FDA-) approved medications:** New-to-market medications are subject to pre-authorization based on their FDA-labeled indication, pivotal trial criteria and dosage limitations until we complete a full medication review and develop a coverage policy.

**Product not available (PNA) status:** We allow a 90-day grace period to use any existing supply for medications that CMS has designated as PNA before they become ineligible for reimbursement. See our *Non-Reimbursable Services* (Administrative #107) reimbursement policy on our provider website: [Library>Policies & Guidelines>Reimbursement Policy](#).

## Effective December 1, 2023

## Description

### Revised policies

Opzelura, ruxolitinib cream, dru679	- Updating coverage criteria to state that combination use of Opzelura with therapeutic biologics, other Janus Kinase (JAK) inhibitors or potent immunosuppressants, such as azathioprine or cyclosporine, is investigational and will not be covered
Ileal Bile Acid Transporter (IBAT) Inhibitors, dru699	- Adding coverage criteria for Bylvy in Alagille syndrome (ALGS), a newly FDA-approved indication, requiring step therapy with Livmarli prior to coverage
Rearranged during transection (RET) Inhibitors, dru726	- Removing medullary thyroid cancer as a coverable indication for Gavreto because the FDA withdrew this indication
Complement Inhibitors, dru385	- Updating coverage criteria to allow for Ultomiris SC (in addition to the IV formulation) for paroxysmal nocturnal hemoglobinuria and atypical hemolytic uremic syndrome - Adding coverage criteria for Ultomiris IV for neuromyelitis optica spectrum disorder (NMOSD), a newly FDA-approved indication - Updating coverage criteria for Soliris to require step therapy with Ultomiris for NMOSD in addition to Enspryng and Uplizna
Fabry Disease Treatments, dru575	- Adding newly FDA-approved Elfabrio (pegunigalsidase alfa) to policy - Updating coverage criteria to include confirmed Fabry disease diagnosis via enzyme deficiency (<30% alpha-Gal A activity) and/or genetic mutation of GLA gene.

CONTINUED ON PAGE 10

**Effective January 1, 2024****Description**

<b>New policies</b>	
BridgeSpan EquaPathRx™, dru764	<ul style="list-style-type: none"> <li>- New contract administration reference policy that identifies which provider-administered specialty injectable medications are subject to the BridgeSpan EquaPathRx program</li> <li>- Under this benefit program, certain injectable medications must be preauthorized and obtained by the administering provider through the designated IntegratedRx® - Medical (specialty pharmacy for provider-administered specialty drugs) network</li> </ul>
Non-Preferred Drugs, dru760	<ul style="list-style-type: none"> <li>- New policy will combine the following existing policies: <ul style="list-style-type: none"> <li>• Non-Preferred DPP4 Inhibitor Containing Medications, dru345</li> <li>• Non-Preferred Inhaled Corticosteroid Containing and Muscarinic-Antagonist Containing Medications, dru380</li> <li>• Non-Preferred SGLT2-Inhibitor Containing Medications, dru543</li> <li>• Non-Preferred Short-Acting Beta Agonist Metered Dose Inhalers, dru584</li> <li>• Non-Preferred Combination SGLT2-DPP4 Inhibitor Containing Medications, dru689</li> </ul> </li> <li>- Updating preferred ICS-containing inhaler products: <ul style="list-style-type: none"> <li>• Advair Diskus (brand) will be non-preferred; covered options include the generic</li> <li>• Flovent HFA and Flovent Diskus will be non-preferred and require pre-authorization; covered options include fluticasone HFA and Arnuity</li> <li>• Generic tiotropium will be non-preferred; covered options include Spiriva HandiHaler (brand).</li> </ul> </li> <li>- Adding non-preferred HCG products (Novarel and Chorionic Gonadotropin) to policy; the preferred products (Ovidrel and Pregnyl) will not require pre-authorization</li> <li>- Adding Veozah (fezolinetant), Gemtesa (vibegron), and Myrbetriq (mirabegron) to policy</li> <li>- Adding non-preferred pancreatic enzymes (Pancreaze, Pertzye and Viokace) to policy; the preferred products (Creon and Zenpep) will not require pre-authorization</li> </ul>
<b>Revised policies</b>	
Products with Therapeutically Equivalent Biosimilars/ Reference Products, dru620	<ul style="list-style-type: none"> <li>- Updated target drug list for 2024</li> <li>- For pegfilgrastim, Ziextenzo will be moved to non-preferred; the preferred products (Fulphila and Nyvepria) will not require pre-authorization</li> </ul>
Immune Globulin Replacement Therapy, dru020	<ul style="list-style-type: none"> <li>- Updating coverage criteria to consider the use of Bivigam, Gammalex, Panzyga, Cuvitru and Hyqvia to be not medically necessary and therefore not covered</li> <li>- Adding coverage criteria for PANDAS/PANS</li> <li>- Clarifying subspecialist requirements in diagnostic criteria</li> </ul>
Medications for multiple sclerosis, dru753	<ul style="list-style-type: none"> <li>- The following medications will be considered non-preferred: Betaseron, Mavenclad and Plegridy</li> </ul>

## Update to BridgeSpan EquaPathRx program

As a reminder, we are launching BridgeSpan EquaPathRx January 1, 2024, as a provider-administered specialty medication benefit for specific drugs with a provider network solution that keeps the provider-patient relationship intact and the costs of care predictable for members.

We appreciate the feedback we have received about the administrative burden of submitting the claim for medical services to us and for the medication to Prime Therapeutics. We have identified a solution that eliminates that burden and will not require you to submit separate claims. With this solution, you will continue to submit claims directly to us as you do today, and we will adjudicate the medication portion of the claim in accordance with the terms and rates of the agreement you have with Prime Therapeutics for the IntegratedRx® - Medical network, which supersedes the terms and rates applicable to those medications under your agreement with us.

**Note:** You must have a contract with Prime Therapeutics to be reimbursed for administering medications included in the BridgeSpan EquaPathRx benefit to members with the new benefit.

Please contact Prime Therapeutics to complete the process of credentialing and contracting for the IntegratedRx - Medical network. **To ensure that you're added to the network by January 1, 2024, complete the credentialing and contracting process with Prime Therapeutics before October 31, 2023.**

The list of medications (with HCPCS codes) that will be included in this program as of January 1, 2024, has been updated and is on our provider website: [Programs>Medical Management>Pharmacy](#).

**Related:** See *Medication policy updates* on pages 9-10.

## Preferred GLP1 agonist-containing medications reminder

In the August issue of this newsletter, we notified you of a new *Preferred GLP1 Agonist-Containing Medications* (dru 750) medication policy effective October 1, 2023. For new or refilled prescriptions beginning October 1, 2023, we will require pre-authorization and limit coverage to members with type 2 diabetes. This will ensure that the use of these medications is related to management of type 2 diabetes and consistent with our health plan benefit designs.

## Behavioral health corner

### About behavioral health corner

This section highlights the articles that affect behavioral health providers. We also recommend you use the search function (**Ctrl + F**) on your computer to search for keywords that concern your practice.

Articles in this issue with behavioral health content	Page
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Records requirements for admissions and inpatient concurrent review	8
SAD could affect your patients this winter	12
Treating depression in primary care	13
In-home, high-acuity care for your patients	15

Additionally, the following recurring articles often have policy updates that may affect your practice:

- Update your directory information
- *Administrative Manual* updates
- Pre-authorization updates
- *The Bulletin* recap
- Medication policy updates

### SAD could affect your patients this winter

As the days get shorter and the winter months settle in, some of your patients may start to experience symptoms of seasonal affective disorder (SAD).

SAD is a type of depression that most often occurs during the winter season and is thought to be caused by a lack of sunlight. The signs and symptoms of SAD can mirror those of depression and can include:

- Oversleeping
- Having low energy
- Restlessness and agitation
- Overeating and weight gain
- Feeling sluggish or agitated
- Having difficulty concentrating

SAD can be treated using light therapy (10,000 LUX light) and vitamin D supplements, or through traditional forms of care, such as psychotherapy and antidepressant medication. To help identify SAD in your patients:

- Ask about mental health issues during the patient's physical exam.
- Check for symptoms of depression by asking about symptoms and the patient's thoughts, feelings and behavior patterns.
- Consider using a diagnostic tool, such as the *Seasonal Pattern Assessment Questionnaire* or the *Patient Health Questionnaire 9 (PHQ-9)* quick depression assessment. The PHQ-9 is available in the Depression section of the Behavioral Health Toolkit on our provider website: [Behavioral Health>Behavioral Health Toolkit](#).

Healthwise's Knowledgebase has helpful information about SAD. For materials in English and Spanish to share with your patients, access their site via our provider website: [Programs>Quality>Quality Improvement Toolkit](#).

### Diagnosing and treating depression in primary care

Most behavioral health treatment is provided in the primary care setting, and proper mental health and substance use treatment are integral to a person's overall health.

Depressive disorders are the number one cause of disability and the most common types of mental health conditions. Depression can often go unrecognized by others—even by those afflicted. It also increases risk for other medical illness by 40%.

During the COVID-19 pandemic, rates of depression skyrocketed across age groups, with one in three American adults reporting symptoms in 2021. Some estimates put that figure as high as 40%. Youth have had an even greater increased prevalence of depression, with teenage girls showing the highest rates. Thus, screening for depression across age groups is critical, as is pursuing additional assessment and treatment for positive screens.

Routine depression screenings in the primary care setting are considered a best practice for intervention and treatment. Patients may feel more comfortable with their PCP, with whom they have an established relationship, rather than seeking help from a behavioral health provider. Additionally, those suffering may not seek treatment because they don't recognize their symptoms or don't want to acknowledge them. Fortunately, many primary care groups have integrated licensed behavioral health professionals who can take "warm handoffs" to begin further assessment and initial treatment without needing an outside referral.

#### Recognize risk factors

- Being female
- History of trauma
- Having alcohol use disorder
- Death or loss of a loved one
- Low income or financial instability
- Being pregnant or recently giving birth
- Having a personal and/or family history of depression
- Having comorbid chronic medical conditions, including chronic pain

#### Common signs and symptoms

- Loss of motivation
- Weight gain or loss
- Decreased concentration
- Fatigue or lack of energy
- Neglecting responsibilities
- Unexplained aches and pains
- Loss of interest in personal appearance

- Psychological symptoms: Anger, anxiety, sadness, irritability, mood swings, lack of emotional responsiveness, feelings of worthlessness or helplessness and, in the extreme, thoughts of suicide or self-harm

#### Resources for PCPs

The Behavioral Health Toolkit on our provider website is designed to support PCPs: [Behavioral Health>Behavioral Health Toolkit](#). It includes an extensive list of screening tools, including the *PHQ-9*, which can be used to screen for and diagnose depression. The *PHQ-9* is both highly sensitive and specific for depression. It can be used to measure the severity of depression, as well as response to treatment.

The toolkit also includes:

- A list of in-network virtual providers with a variety of areas of expertise; telehealth visits may allow members to start treatment sooner and provide more flexible scheduling
- A presentation titled *Depression: Screening and treatment in the primary care setting*
- Information to help PCPs determine the best path forward in the early stages of a patient's evaluation and treatment
- Information about our care management services, including case management
- Resources for treating members who may have the following diagnoses and challenges:
  - Anxiety
  - Alcohol use
  - Attention-deficit/hyperactivity disorder (ADHD)
  - Bipolar disorder
  - Eating disorders
  - Gender identity
  - Opiate use
  - Pain management
  - Post-traumatic stress disorder (PTSD)
  - Substance use disorder
  - Suicide prevention

#### Knowing when to refer

If a patient may be at imminent risk of suicide, **call 911 immediately.**

PCPs should consider psychiatric consultation prior to treatment in the following circumstances:

- Need for hospitalization
- Uncertainty about the diagnosis
- Comorbid psychiatric disorders

# 2024 products and networks

Our product portfolio will include exclusive provider organization (EPO) products in Oregon, Utah and Washington. EPO members only have in-network benefits, and members will be responsible for 100% of out-of-network costs except:

- Out-of-network emergency room, ambulance services and urgent care will be covered at the in-network benefit level. Urgent care services may be subject to balance billing.
- When traveling out of our service area, urgent care, emergency room and ambulance services are covered with no balance billing if the member sees a participating MultiPlan provider.

The open enrollment period for individuals seeking coverage beginning on January 1, 2024, is from November 1, 2023, through January 15, 2024. Individuals may qualify for special enrollment periods outside of this period if they experience certain life events.

Members whose plans are being discontinued have received notice from us about options available to them in 2024.

## Provider networks and products

The RealValue Network:

- Supports on-exchange members in Oregon, Utah and Washington and members who travel to Idaho
- **Idaho network area:** Ada, Bannock, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Clearwater, Gem, Idaho, Jefferson, Kootenai, Latah, Lewis, Nez Perce, Owyhee, Payette, Shoshone, Valley and Washington counties
- **Oregon network service and sales area:** Statewide
- **Utah network service and sales area:** Box Elder, Cache, Carbon, Daggett, Davis, Duchesne, Emery, Juab, Morgan, Rich, Salt Lake, Summit, Tooele, Uintah, Utah and Weber counties
- **Washington network and sales service area:** Benton, Clark, Columbia, Franklin, King, Kitsap, Klickitat, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla and Yakima counties

## Benefit highlights

- In addition to having access to telehealth services from in-network providers, members will have access to telehealth services for urgent care and behavioral health through the national telehealth vendor Doctor on Demand, **doctorondemand.com**. **Related:** See *Help patients know where to go for care* on page 3.
- Most members will have access to either telephone or chat nurse triage lines (depending on their plan), available 24/7.

- The mobile urgent care service DispatchHealth, **dispatchhealth.com**, will be available to treat common to complex injuries and illnesses at the member's home. It is available to members in the Portland, Oregon, area, and in the Seattle, Spokane, Olympia and Tacoma areas in Washington. **Related:** See *In-home, high-acuity care for your patients* on page 15.
- Oregon members on select standard plans can access three primary care, behavioral health or psychotherapy visits covered with a \$5 copay and the deductible waived, per OR SB 1529.
- Pharmacy updates:
  - Certain provider-administered specialty medications will only be covered under the BridgeSpan EquaPathRx member benefit and will need to be pre-authorized and obtained by providers through the new IntegratedRx - Medical Network. **Related:** See *Update to BridgeSpan EquaPathRx Program* on page 11.
  - Pharmacy benefits will transition from a six-tier to a four-tier formulary structure.
- Most members can earn wellness incentives for completing activities (e.g., completing an annual wellness exam).

## Verify network participation

Verify your network participation and find other in-network providers using our provider directory, the Find a Doctor tool, on our website.

## Verify eligibility and benefits

You can verify your patients' eligibility and benefits on Availity Essentials, **availity.com**.

## More information

Information about our 2024 products will be available in the [Products and Networks](#) section of our provider website in January 2024.



# In-home, high-acuity care for your patients

DispatchHealth extends your practice by providing comprehensive and trusted medical care for serious health concerns in the comfort of the patient's home. DispatchHealth will share clinical notes with you after every visit. **Note:** DispatchHealth is available in select counties in Oregon and Washington and the services vary by location.

DispatchHealth can:

- Reduce health care costs by decreasing non-emergent trips to the emergency department (ED) by providing urgent medical care, hospital-alternative care and post-discharge hospital care
- Extend your reach after-hours, on weekends, on holidays or during capacity constraints
- Provide insight into social determinants of health

## Get started

- Watch this short video to learn about their team and services: [dispatchhealth.com/blog/dispatchhealth-perspective-who-we-are](https://dispatchhealth.com/blog/dispatchhealth-perspective-who-we-are).
- See if appointments are available in a member's ZIP code: [dispatchhealth.com/locations](https://dispatchhealth.com/locations).

## DispatchHealth services

DispatchHealth care teams provide in-home urgent medical care, hospital alternative care and post-hospital care.

### Urgent medical care (Oregon and Washington)

DispatchHealth care teams provide in-home high-acuity, same-day medical care to your patients for urgent illnesses and injuries, such as urinary concerns, extremity injury, swelling, confusion, weakness, nausea, vomiting, diarrhea, rash, cellulitis, abscesses and more. Urgent medical care services cost members the same as an urgent care center visit.

**Hospital-alternative care (Washington)** Their care team visits patients with complex medical conditions that could otherwise result in a hospital inpatient admission, including cellulitis, pneumonia, exacerbations of congestive heart failure (CHF) or COPD and more. Hospital-alternative care visits may have out-of-pocket costs.

With DispatchHealth's Advanced Care program, you can:

- Improve health outcomes and patient satisfaction
- Drive significant medical cost savings, including a reduction in the 30-day readmission rates
- Reduce unnecessary ED visits, SNF stays and ancillary service utilization

View this short video about Advanced Care:

[dispatchhealth.com/blog/category/partner-resources-tips/advanced-care-for-case-management](https://dispatchhealth.com/blog/category/partner-resources-tips/advanced-care-for-case-management).

### Post-discharge hospital care (Oregon and Washington)

DispatchHealth can provide a one-time visit with a patient within 72 hours of their discharge from the hospital to help prevent readmission for such conditions as cellulitis, pneumonia, exacerbations of CHF or COPD and more. Post-discharge hospital care visits are covered by the member's health plan.

Watch this short video about Bridge Care: [dispatchhealth.com/blog/category/partner-resources-tips/post-hospital-bridge-care-for-the-patient](https://dispatchhealth.com/blog/category/partner-resources-tips/post-hospital-bridge-care-for-the-patient).

## How it works

### 1. Request an appointment for your patient

- Set up an account at DispatchExpress, [dispatchhealth.com/dispatchexpress](https://dispatchhealth.com/dispatchexpress), so you can easily request an appointment for your patient and receive visit updates. You can also call DispatchHealth at:
  - **Oregon:** (503) 917-4904
  - **Washington:** (425) 651-2473
- DispatchHealth will reach out to your patient to finish scheduling the appointment.

### 2. A care team is sent to your patient's home

- A DispatchHealth care team will arrive at your patient's home with everything needed to treat your patient's illness or injury.
- The care team will include a physician associate or nurse practitioner and/or a medical technician, virtually supported by an emergency medicine physician, if necessary.
- All team members wear personal protective equipment and use sterilized equipment.

### 3. Follow-up communication and coordination of care

- DispatchHealth will call in any prescriptions needed, send clinical notes of the encounter back to you, and handle billing directly with BridgeSpan.
- **They always direct patients back to you for follow-up care.**

## Learn more

Visit the [Care Options Toolkit](#) on our provider website for a flyer to share with your office and answers to frequently asked questions.

## Reviewing medications with patients

One of a PCP's important roles is acting as an information resource regarding all the medications their patients take. Our members often take several medicines, vitamins and supplements from different sources. They face the risk of duplicate therapy or potentially adverse interactions if they have multiple prescribers.

By reviewing all of the patient's medications during their visits, PCPs can identify potentially duplicate or dangerous combinations of medicines. We know that many of these reviews do occur.

To facilitate memorable conversations about medications, many offices ask patients to bring all their medications, vitamins, supplements, herbal remedies and other products they are taking to an office visit at least once per year.

During that visit, the PCP, a nurse or pharmacist can:

- Review the medications
- Identify any concerns with the medications
- Make sure the patient understands each product's purpose
- Make sure the patient is taking them as prescribed

Using techniques like the teach-back method—as well as reviewing any medication changes again at the end of an office visit and highlighting changes on an after-visit summary—are great ways to help patients remember having had a conversation.

### Patient resources

Educational handouts and flyers are another great way to help patients remember conversations about their medications. They can also help PCPs and staff facilitate these conversations. We have several flyers (available in English and Spanish) that address medication management and can be shared with your patients.

Look for the **Medications and Member Experience with Medications** category in the [Quality Improvement Toolkit](#), available in the Toolkits section on the homepage of our provider website.

## Offering remote EMR service for HEDIS chart collection

Let us take on the responsibility to retrieve medical records for the upcoming annual Healthcare Effectiveness Data and Information Set (HEDIS®) chart collection project by signing up for the remote EMR access service.

Providers can grant us access to their EMR, allowing us to pull the required documentation. Not only does this aid your office in reaching compliance, it reduces the time and cost associated with medical record retrieval.

Our EMR team is experienced with multiple EMR systems and extensively trained annually on HIPAA, EMR systems and HEDIS measure updates. We complete medical record retrieval based on minimum necessary guidelines:

- We only access medical records of members pulled into the HEDIS sample using specific demographic data.
- We only retrieve the medical records that have claims evidence related to the HEDIS measures.
- We access the least amount of information needed for use or disclosure, or we access only the specific medical records requested.
- We only save to file; we do not physically print any personal health information.

### Getting started with remote EMR access

For the upcoming HEDIS chart collection beginning in February 2024, please contact Brenda Taylor or Kellee Mills.

- Brenda Taylor at (208) 798-2042 or [brenda.taylor@bridgespanhealth.com](mailto:brenda.taylor@bridgespanhealth.com)
- Kellee Mills at (208) 750-2758 or [kellee.mills@bridgespanhealth.com](mailto:kellee.mills@bridgespanhealth.com)

## QIP reminders

Our Quality Incentive Program (QIP) rewards PCPs who provide timely, evidence-based preventive care to Individual on-exchange patients. PCPs earn a per gap incentive for closing care gaps for the Quality Rating System (QRS) measures included in the program.

As a PCP, you can review identified quality care gaps for Individual on-exchange patients attributed to you as part of your pre-visit planning on our CGMA.

As a reminder, the current QIP program will end on December 31, 2023, and you must close care gaps for this program year by March 2024 to receive an incentive.

### Using the CGMA dashboard

The CGMA is a convenient and helpful tool for identifying and reviewing patient care gaps. To close a care gap, providers must submit a complete condition profile for the member. **Note:** For QIP care gaps, this is done through claims submission.

### CGMA user audit coming soon

Each year, we do a CGMA user audit. As part of the audit process, we verify that the appropriate users have access and identify inactive accounts. **Note:** If you have not recently signed into your CGMA account, you must sign in to keep your account active. CGMA accounts that are inactive for 120 calendar days are locked and will need to be reactivated.

If you need to request access to the CGMA, please email [QIPQuestions@bridgespanhealth.com](mailto:QIPQuestions@bridgespanhealth.com).

We will notify you when our CGMA user audit will begin.

### New Quality Measures Guide available

We updated our *Quality Measures Guide* for 2023. The guide includes information about a variety of quality and member experience measures that are reported or monitored most frequently for QIP.

The guide is available on our provider website: [Programs < Quality Incentive Program](#).

### 2024 program year

The 2024 QIP launches January 1, 2024, with minor changes to the program. We will include more information about the 2024 program in the December 2023 issue of this publication.

## Resources for you

Use our [Self-Service Tool](#), available 24/7, to review helpful answers to our most frequently asked questions and quickly navigate our provider website resources.

### Publications team

**Sara Perrott:** Publications editor and writer

**Cindy Price:** Managing editor and writer

**Carrie White:** Designer and writer

**Sheryl Johnson:** Writer

**Jayne Drinan:** Writer

**Janice Farley:** Editor