



Medical office
update

Oregon | January/February 2017

Prior authorizations with eviCore healthcare

As part of Moda Health’s efforts to provide our plan holders with access to high-quality, cost-effective care, on **April 1, 2017**, Moda will be replacing AIM Specialty Health with utilization management programs for advanced imaging services (cardiology, radiology, ultrasound) with eviCore healthcare. This partnership also includes musculoskeletal services (spine/joint surgery, spine/joint pain management, physical therapy/occupational therapy/speech therapy and alternative care) with eviCore.

Advanced imaging and musculoskeletal prior authorization requirements for Moda members will vary depending on the line of business and employer group enrollment in eviCore’s utilization management program. eviCore will begin accepting prior authorization requests on March 27, 2017.

To see if your patient is employed by a group that requires prior authorization through eviCore for advanced imaging or musculoskeletal services, please log in to Moda’s [Benefit Tracker](#) for specific member benefits.

Services performed without prior authorization will be denied to provider write-off and members may not be billed for these services.

To obtain a prior authorization request through eviCore for advanced imaging or musculoskeletal services, you may register with eviCore by visiting www.evicore.com.

eviCore healthcare is continuing to lead orientation sessions designed to assist you and your staff with the programs. Additionally, for detailed questions specific to your practice, please reach out to your Moda Medical Provider

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Go digital today!

representative and request onsite training with eviCore.

For more information on Moda's advanced imaging and musculoskeletal utilization management programs, please visit

www.modahealth.com/medical/utilizationmanagement.shtml.

HEDIS 2017 medical record review



It is HEDIS season again and Moda Health is required to collect HEDIS information annually from our participating providers.

Each year we review a sample of charts to evaluate quality measures. This year we are working on 10 quality measures. We will be partnering with CIOX Health (formally known as ECS) and KDJ Consultants to collect and review charts. CIOX Health and/or KDJ Consultants will be contacting you starting in February if any of your members have been selected for chart review.

Data exchanged between providers, health plans, and contracted health plan vendors, is covered under the HIPAA Privacy Rule for HEDIS as part of the "health care operations" or quality improvement activities.

HEDIS 2017 measures

- Adult BMI Assessment
- Comprehensive Diabetes Care
- Cervical Cancer Screening
- Controlling High Blood Pressure
- Childhood Immunizations
- Prenatal and Postpartum Care
- Adolescent Immunizations
- Weight Assessment and Counseling for Children
- Colorectal Cancer Screening
- Medication Reconciliation Post Discharge

The following are some tips to help facilitate the HEDIS data collection process:

- Anticipate CIOX's call and plan for preferred method of retrieval.
- If your office is contacted, please respond within five business days to help ensure a timely response.
- If you do not have a chart that is being requested, please indicate by marking the pull list C.N.A and this will avoid further calls from CIOX.
- If you would like to arrange remote access to reduce or eliminate HEDIS chart requests in the future, please contact the HEDIS team at hedis@modahealth.com

Our goal is to make this as simple and smooth a process as possible. If you have any questions or concerns about this request, please contact CIOX Health Provider Support Center at 1-877-445-9293. You can reach the Moda HEDIS team at hedis@modahealth.com. You can also contact Diana Dass, Medical Record Coordinator for urgent issues via phone at 503-412-4168. Thank you for

If you want to start exchanging information electronically with Moda, please contact the Moda Electronic Data Interchange team at edigroup@modahealth.com

Join our email list

Visit [our website](#) and click on "Join our email list" in order to begin receiving bi-monthly newsletters, as well as occasional electronic communications.

Help us keep your practice details updated

To make sure we provide high-quality service to our members, Moda's "Find a Provider" online search tool helps members connect with our extensive network of contracted providers. To meet the CMS requirement of having updated information about your practice or facility for our members, please email our provider updates team at providerupdates@modahealth.com

when any of the following changes occur, including the effective date:

- New street address, phone number or office hours
- Changes in the "When you are accepting new patients" status for all contracted Moda lines of business
- Changes that affect the availability of providers in your practice

partnering with Moda to pursue the highest quality among America's health plans.

For more information on the 2017 HEDIS medical record review, please see our [FAQ](#).

This will help make sure our members can find providers that are available and best suit their needs.

HEDIS Measure: Controlling Blood Pressure

Approximately 1 of 3 U.S adults (75 million people) have high blood pressure. Of these, it is estimated that only 54% of these people have their high blood pressure under control. 1 Controlling blood pressure is an important step in preventing heart diseases, which is why it is recommended to check your blood pressure regularly. Below are a few helpful tips to assist with proper documentation and to promote patient adherence for controlling high blood pressure.

Measure Definition: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. 2

Provider tips when talking to the patients:

- It is important to remind patients with hypertension about taking prescribed medications, encouraging low-sodium diets, and increased physical activity.
- Encourage patients to check their blood pressure regularly.
- Include more than one blood pressure per visit: If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit.
- You can improve medication adherence and reduce member costs by promoting 90 days fills or mail order prescriptions.
- Ensure that proper documentation is included in the medical record.
- Provide patients with education resources from the Center for Disease Control and Prevention.3

1 Merai R, Siegel C, Rakotz M, Basch P, Wright J, Wong B; DHSc., Thorpe P. CDC Grand Rounds: A Public Health Approach to Detect and Control Hypertension

2 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). *HEDIS 2017 Technical Specifications for Health Plans* (National Committee for Quality Assurance 2017), 116-121

Control Hypertension. *MMWR Morb Mortal Wkly Rep.* 2016 Nov 18;65(45):1261-1264

3 www.cdc.gov/bloodpressure/materials_for_patients.htm

HEDIS Measure: Colorectal Cancer

Screening (COL)

Many colorectal cancers can be prevented through regular screenings. Colorectal screening is crucial because it may also lower mortality by allowing detection of cancer at earlier stages, when treatment is more effective¹. Below are a few helpful tips to promote colorectal cancer screenings for your patients.

Measure definition: The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer ².

Any of the following meet the criteria:

- Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

Provider tips when talking to the patients:

- Understand the power of physician recommendation and discuss the importance of colorectal cancer screening to patients ages 50 and older.
- It is also important to obtain any family history of a parent, sibling, or child with colorectal cancer, especially if the family member was diagnosed prior to age 60.
- Rely on your staff to alert patients who are due for screening, even if they are not coming in for a wellness visit.
- Be sure to discuss alternatives to colonoscopy screening if your patient cannot or will not have a colonoscopy.

¹ www.cancerca.org/publications/116-colorectal_cancer_the_importance_of_screening_and_early_detection

²HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). *HEDIS 2017 Technical Specifications for Health Plans* (National Committee for Quality Assurance 2017), 80-82

Injectable medication program expansion

Effective April 1, 2017 , four new medications will be added to the [prior authorization list](#) of medications currently in the Magellan Rx program. Magellan Rx will review your prior authorization requests for these specialty injectable medications, along with other specialty medications that are already part of the program when administered in:

- An outpatient facility
- A patient's home
- A physician's office

For more information on Moda's Injectable Medication program, visit modahealth.com/medical/injectables/.

Prior Authorization Criteria (effective April 1, 2017)		
Brand name	Generic name	HCPCS code
Imlygic	Talimogene laherparepvec	J9325
Lartuvo	olaratumab	J9999
Krystexxa	pegloticase	J2507
Yondelis	Trabectedin	J9202

Claim edit expansion

MagellanRX has partnered with Moda to expand its claim check program to promote appropriate use, safety, and cost effectiveness of medications prescribed to our members. **Beginning April 1, 2017**, Moda will be reviewing claims for appropriate frequency, correct units, and eligible diagnosis codes for the following medications:

To learn more about our claims edits policy, please visit www.modahealth.com/medical/claim_edits_policy.

Post Service Claims Edits (effective April 1, 2017)		
Brand name	Generic name	HCPCS code
Eligard	leuprolide acetate	J9217
Lupron Depot	leuprolide acetate	J1950
Emend	fosaprepitant	J1453
Faslodex	fulvestrant	J9395
Gemzar	gemcitabine	J9201
Trelstar Depot	triptorelin	J3315
Vantas	histerlin acetate	J9225
Xofigo	radium RA 223 dichloride	A9606
Zoladex	goserelin acetate	J9202

Tablet splitting guidance

Tablets are one of the most highly utilized dosage forms of oral medications and many tablets are manufactured with scoring to facilitate tablet splitting. While tablet splitting is usually not necessary for common doses of the majority of medications, it may be a useful practice when less than a full tablet is desired. Below are recommendations for when tablet splitting may or may not be appropriate:

- Ideal medications for tablet splitting: Immediate-release tablets
- Medications that should not be split: Capsules, extended-release, or delayed-release dosage forms
- A good resource to identify medications that should not be split is the Institute for Safe Medication Practices (ISMP) "Do Not Crush" List available at: www.ismp.org/tools/
- Counseling points for patients:
 - Use a pill splitter.
 - Do not split in advance and store for later use as heat and humidity may affect the split tablet.
- A potential for cost savings is associated with splitting flat-priced tablets (e.g., when the cost of a 20 mg tablet is similar to that of a 10 mg tablet).
- Examples of flat-priced immediate-release tablets: amlodipine, carvedilol, citalopram, glimepiride, glipizide, lisinopril, losartan, rosuvastatin, sertraline, simvastatin.

- Keep in mind: One risk of tablet splitting is a potential for variance in dose. Risks and benefits should be weighed prior to recommending tablet splitting.

Medication availability informational updates

The table below provides a medication pipeline update regarding medications that have been recently approved or medications that are now available in generic formulation:

Drug Name	Indication	Approval Date OR Patent Expiration/Release Date for Generic Formulations
lixisenatide (Adlyxin)	Type II diabetes mellitus	Approval: July 2016
lifitegrast (Xiidra)	Dry eye disease	Approval: July 2016
olmesartan medoxomil olmesartan/HCTZ amlodipine/olmesartan, olmesartan/amlodipine/HCTZ (generic Benicar and combinations)	Hypertension	Generic release: October 2016
levalbuterol tartrate HFA (generic Xopenex)	Bronchospasm	Generic release: October 2016
insulin glargine (Basaglar)	Type I and Type II diabetes mellitus	Approval: 2015 Q4 Product release: November 2016
insulin glargine/lixisenatide (Soliqua)	Type II diabetes mellitus	Approval: November 2016
insulin degludec/liraglutide (Xultophy)	Type II diabetes mellitus	Approval: November 2016
ezetimibe (generic Zetia)	Hyperlipidemia	Generic release: December 2016

Medical necessity updates

We've recently made a number of updates to our medical necessity criteria. You can find the following changes online at our medical necessity criteria [website](#).

- [Acupuncture](#)
- [Chiropractic Services](#)
- [Cooling devices](#)
- [Experimental and Investigational Services](#)
- [Extracorporeal Shock Wave Therapy](#)
- [Surgical Treatment of Achalasia](#)
- [Vagus Nerve Stimulation](#)

Moda Contact Information

Moda Medical Customer Service

For claims review, adjustment requests and/or billing policies, please call 888-217-2363 or email medical@modahealth.com.

Moda Provider Services

To reach our Provider Services department, please email providerrelations@modahealth.com.

Medical Professional Configuration

For provider demographic and address updates, please email
providerupdates@modahealth.com .

Credentialing Department

For credentialing questions and requests, please email
credentialing@modahealth.com.

503-228-6554 | medical@modahealth.com | modahealth.com

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