

4th Quarter Provider Meeting December 2019



Welcome!

Thank you for taking the time to join us today as we present updated information and additional resources to assist you as we welcome 2020.

Today's Presenters:

- Laurel Schwinabart – Provider Engagement

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- Kristi DePriest – Medical Management

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Agenda

- Provider Administered Drugs: J Code Medication
- Authorization Changes
- Benefit Changes
- Members Moving Out of the Service Area
- Transition of Care
- Provider Required Education
- Provider Manual Updates
- Odds and Ends



Authorization Changes for 2020



Prior Authorization and Provider Administered Drugs



J Codes as PAD

- J Codes are provider administered medications, also known as PAD
- They can be infused or injected in the provider office, ASC, infusion center or outpatient hospital setting



J Codes can be messy to submit for authorization



Dosage does not always equal billing units

J0696 Ceftriaxone sodium injection 250 MG =1 billing unit





Cetrixone (J0696) 500mg BID x 14 days

500mg=2 billing units. @ units x 2 doses per day x 14 days=56 units requested

PAD's vs. Prescription Drugs

- Although both are prescribed by providers, they are not the same.
- PAD's are infused or injected in the provider office, ASC, infusion center or outpatient facility.
- PAD's in general are not picked up at the pharmacy.
- PAD's are paid through the medical benefit and not the pharmacy benefit.



2020 Prior Authorization Lists

- Each line business has its own list:
 - ✓ IHN-CCO
 - ✓ Samaritan Advantage
 - ✓ Samaritan Choice
 - ✓ Samaritan Commercial plans: Everyday Choices, Momentum and Small Groups



Prior Authorization Lists

- Can be found on the Samaritan Health Plans website:
<https://www.samhealthplans.org/>
- Go to “For Providers” tab in the middle of the page
- Select “Request Authorization” tab



SHP Website



Explore Our 2020 Employer Group Plans

We offer a wide range of plans to fit Oregon businesses.

Employer Group Plans

Access MyHealthPlan | Shop Medicare Plans | Compare Employer Plans | **For Providers** | Pay Your Bill

Find Care

Welcome, providers. Thank you for all you do on behalf of our members.

New Prior Authorization Policy in Effect

Review the Changes

Request Authorizations | View Formularies | Find a Form | Go To Provider Connect | IHN-CCO

Refer For Care

Provider Connect

To submit authorizations use Provider Connect 😊

It's simple to use:

- Chart notes can be attached
- Easy to check for updates
- Provide an immediate reference number to track
- Decreases turnaround time for response
- RX drugs are not submitted through this site 😞

<https://www.onehealthport.com/>



Questions?



Benefit Changes for 2020



Benefit Changes for 2020

- Benefit changes listed in the presentation are only highlights and are not all-inclusive.
- Providers are strongly encouraged to call customer service to verify and document benefits.

Customer Service

Hours: Mon. – Fri., 8 a.m. to 8 p.m. PT

In Corvallis Call: [541-768-5207](tel:541-768-5207)

Toll-free: [1-888-435-2396](tel:1-888-435-2396)



IHN-CCO Benefit Changes



- For IHN-CCO there hasn't been “benefit changes”, however with CCO 2.0 expect more requirements around services provided.
- As these requirements or OARs are developed, we will keep our providers informed.
- IHN-CCO does have authorization changes for 2020.

Samaritan Advantage Health Plan

Most changes to the Samaritan Advantage Health Plan (SAHP) for 2020 impact member cost share.



Samaritan Advantage Health Plan

All Four Plans (Plans 001, 002, 003 and 009)

- Removed Inpatient Hospital Care Maximum Out-of-Pocket cost share
- New Benefit: Opioid Treatment Program Services as mandated by CMS – 20% coinsurance
- Annual physical exam: \$0 copay



Samaritan Advantage Health Plan

Premier (Plan 002) and Premier Plan Plus (Plan 009)

- Primary Care Doctor Office Visit: Reduced copay to \$5 for Medicare-covered visit
- Specialist Doctor Office Visit and Outpatient Mental Health: Reduced copay to \$30 for Medicare-covered visit and individual or group therapy session, respectively
- Eye Exams – Reduced copay to \$30 for Medicare-covered eye exams



Samaritan Advantage Health Plan

Premier (Plan 002) and Premier Plan Plus (Plan 009) (cont.)

- Pharmacy cost share changes:
- Initial Coverage Stage: Total drug costs increase to \$4,020
- Coverage Gap Stage: Generic drugs reduced to 25% of cost
- Catastrophic Coverage Stage:
 - ✓ Out-of-Pocket costs increased to \$6,350
 - ✓ Members pay the greater of \$3.60 and \$8.95 co-pays or 5% coinsurance



Samaritan Advantage Health Plan

Premier (Plan 002)

- Reduced premium to \$55
- X-ray – Reduced copay to \$14 for Medicare-covered x-rays
- Pharmacy cost share changes:
 - Deductible Stage: New - \$200 deductible on Tiers 3, 4, and 5
 - Initial Coverage Stage:
 - ✓ Tier 4 – Non Preferred Brand reduced to 46%
 - ✓ Tier 5 – Specialty reduced to 29%



Samaritan Advantage Health Plan

Premier Plan Plus (Plan 009)

- Routine Eye Exams: Reduced copay to \$30 for a routine eye exam
- Pharmacy cost share changes:
 - ✓ Coverage Gap Stage: Coinsurance for generics drugs on Tiers 1 and 2 reduced to 25% or a copay, whichever is lower



Samaritan Advantage Health Plan

Special Needs Plan (Plan 003)

- Reduced premium to \$32.60
- Inpatient Hospital Care, Inpatient Mental Health Care, and Skilled Nursing Facility Care – Cost shares changed based on CMS guidance
- Pharmacy: Cost shares reflect CMS Standard Plan



Samaritan Choice Plan



Samaritan Choice Plan offers a HSA High-Deductible Plan and a Wellness Plan for its members.

Samaritan Choice Plan

HSA Eligible High-Deductible Plan Option

- Deductible Increase: Individual from \$2700 to \$2800; Family from \$5400 to \$5600
- (Both individual and family are integrated deductibles – the medical and pharmacy out-of-pocket expenses apply to the same deductible)



Samaritan Choice Plan

Wellness Plan

- Deductible Increase: Individual from \$350-\$400; Family from \$1050 to \$1200
- Continuous glucose monitors decrease in cost: From 10% coinsurance after deductible, to 0% coinsurance after deductible



Samaritan Choice Plan

Changes that apply to both Medical Plans

- Testing for the diagnosis of infertility is now a covered benefit
- Pharmacy:
 - ✓ Birth control pills from 90-day to 180-day supply
 - ✓ 5 Drug Tiers to 6 Drug Tiers – The preventive tier from last year was divided into Preventive and Low-cost therapeutic with different cost shares for each of the plans
 - ✓ Tier name changes and cost share changes



Samaritan Choice Plan

Vision Plan

- Benefit maximum increased from \$250-\$300





IHN-CCO Members Moving Out of the Service Area



Members Moving Out of Area

When you have an IHN-CCO member assigned to your practice and is not or no longer in your service area, Samaritan Health Plans is unable to update the member address and reassign the member.



Members Moving Out of Area

- All address updates must go through the Oregon Health Authority
 - ✓ If you are talking to a member about a change in address, encourage them to contact the Oregon Health Authority Customer Service department or a local DHS office.

Oregon Health Authority Customer Service:
800-699-9075 (M-F 8:00 – 5:00 PM)

OregonHealthPlan.Changes@dhsoha.state.or.us

Or a local DHS office



Members Moving Out of Area

- Samaritan Health Plans considers the addresses listed in Provider Connect to be the most current and matches what is in the OHA database.
- If a provider can confirm with the member that they have moved out of the direct provider area but are still in the IHN-CCO area, they can reassign the member to a new PCP if the member indicates they have one.



Members Moving Out of Area

If you are unable to get the address updated using the previously mentioned methods, you can:

- Fax any address updates to 541-768-6701 Attn: Customer Service and provide the member information and address update and ask that the address update be forwarded to OHA for review. IHN-CCO will send the address update to OHA on a weekly bases for address update review.
- OHA will need to confirm the changes directly with the IHN-CCO member, so we ask that the clinic encourage the IHN-CCO member to contact the state by one of the three ways listed above to ensure the members records are correct.

*Faxing this information will not result in SHP immediately updating the member assignment.



Transition of Care



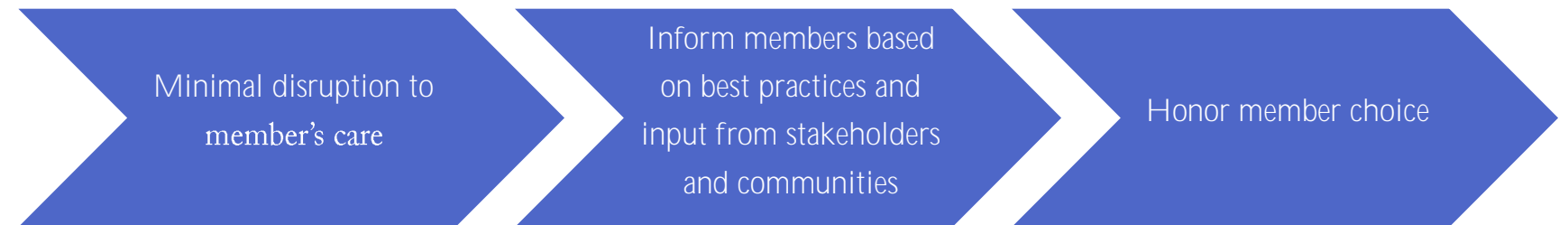
Transition of Care

- Starting January 1, 2020 approximately 1,200 members will be joining IHN-CCO due to CCO changes in Linn, Marion and Polk counties.
- Some members from Trillium Community Health Plan and Willamette Valley Community Health CCO's will be transitioning to IHN-CCO and may begin contacting you to establish care.



Transition of Care

Guiding values for member transition



Transition of Care

Members living in an area with a closing CCO received a letter that included:

- Their new CCO's name and contact information
- A reminder to contact their current CCO to access care through Dec. 31, 2019
- Instructions to contact their new CCO to access care starting Jan. 1, 2020
- Assurance that members can keep seeing their current providers during the transition



Transition of Care

Guidelines provided by the Oregon Health Authority (OHA) to ensure continuity of care:



1. **Don't: See members from Trillium Community Health Plan or Willamette Valley Community Health CCO's as new patients** prior to Jan. 1, 2020. Please note, patients have the option to see **their current PCP's for up to 90 days or through March 31, 2020** as usual for all care, including filling prescriptions, and proceeding with planned appointments, treatments and procedures. However, any patients who wish to establish care after Jan. 1, 2020 to a contracted IHN-CCO provider must be allowed to do so.

Transition of Care

2. Do: Begin setting appointments with transferring patients after Jan. 1, 2020. During the transition period, CCO's must approve claims for covered services, even if they have no documented prior authorization. The CCO shall reimburse noncontracted providers at no less than the OHA's fee-for-service rates.
3. Do: Direct patients who need more information about 2020 CCO choices, terminations and other material to ohp.oregon.gov.
4. Transitioning CCO members have the option to see their current behavioral health providers for 180 days or through June 30, 2020. However, any patients who wish to establish care after Jan. 1, 2020 to a contracted IHN-CCO provider must be allowed to do so.



Transition of Care

- IHN-CCO is committed to maintaining continuity of care for all members, especially those affected by this CCO transition plan.
- For questions, please contact Provider Services at SHPprovider@samhealth.org or 541-768-5207, toll-free 888-435-2396, 8 a.m. to 8 p.m., Mon. – Fri.



Provider Required Education



Provider Required Education

- Any provider, in and out of the Samaritan network, who provides routine and consistent care for SNP members, must take the Special Needs Plan Model of Care (SNP-MOC) training annually. This includes all primary care providers and family practice providers that see SNP members, as well as any specialists that see SNP members as their primary care physician.
- This training meets the Centers for Medicare & Medicaid Services regulatory requirements for Model of Care Training for our Special Needs Plan. The training material and the attestation can be found on the Samaritan Health Plans website following the link below.
- The SNP population consists of members who are dual eligible for Medicare and Medicaid coverage.

<https://providers.samhealthplans.org/working-with-samaritan-health-plans/required-attestations/special-needs-plan-training>



2020 Provider Manual Update



Provider Manual Update for 2020

The Samaritan Health Plans Provider Manual has undergone a huge transformation for 2020 and will provide you with more content than ever before. The Provider Manual will be available on our website January 1, 2020. Make sure to bookmark the site for quick access and as always, we appreciate any feedback for 2021 development.

<https://providers.samhealthplans.org/-/media/SHP/Documents/Providers/Provider-Manual.pdf>



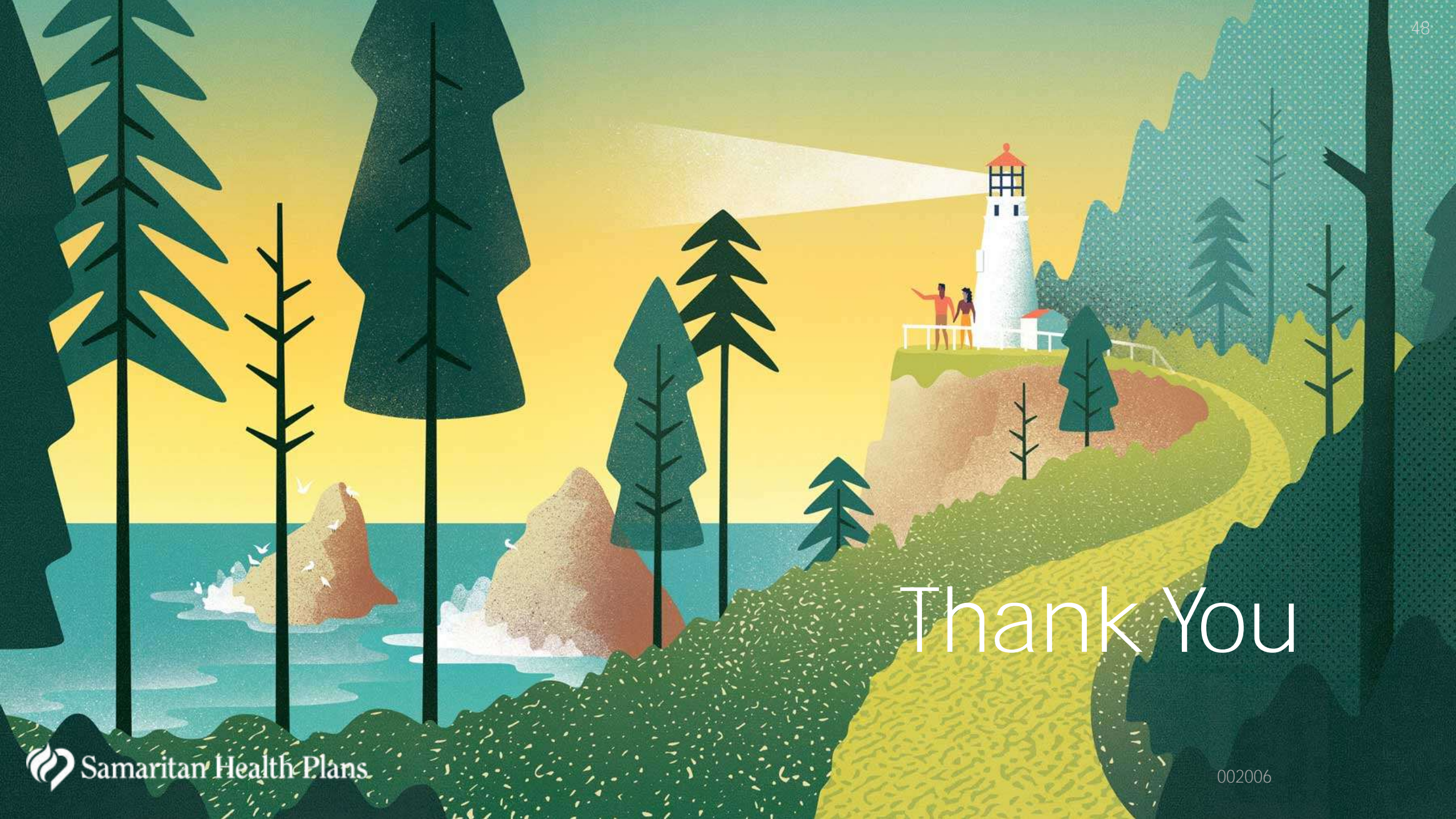
The Provider Services Department is available to assist and answer your questions.

Please contact us at the following:

Samaritan Health Plans
Provider Services
2300 N.W. Walnut Blvd.
Corvallis, OR 97330
P: 541-768-5207

SHPprovider@samhealth.org





Thank You