



HEALTH | CHOICE
UTAH

PROVIDER NEWSLETTER

Q2 – 2023

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Network Services

Register for your provider portal access now!

As a contracted provider you can enroll in the [Provider Portal](#). The Portal offers many benefits including the ability to submit, track, and receive decisions on authorization requests. Activate your account today to take advantage of what the Portal has to offer. You can even request a personal demonstration for you and your staff by reaching out to provider.portal@healthchoiceutah.com.

Health Choice Generations Plan Changes

This is a courtesy notice to let our providers know that, beginning January 1, 2024, Health Choice Utah will no longer offer the Health Choice Generations Medicare Advantage D-SNP plan. Our Health Choice Utah Medicaid product and network is not impacted by this change. We are also sending courtesy notices to our Generations members, advising them of this change. Generations members existing plan of coverage will remain in effect, without any change, through the remainder of 2023. Additional details, along with an official Notice of Nonrenewal as required by the Centers for Medicare & Medicaid Services (CMS), will be mailed to our members and Providers on or around October 1, 2023.

We are alerting our providers to this change early, in case questions arise from our Generation members, and to provide ample time to consider steps to support continuity of care for these members. Again, additional, and official details and notice will be sent on or around October 1, 2023. Please advise your Generations patients who may have questions, to call 844-457-8943. We sincerely appreciate the care our providers give our Generations members and look forward to continuing our relationship in support of our other products and networks. Operations for the Health Choice Generations MA D-SNP plan will continue through December 31, 2024, to allow for claims run-out and provider assistance.

QUESTIONS?

- Claims and benefits – Generations Customer Service –844-457-8943
- Contracting and general questions – Provider Relations
providers@healthchoiceutah.com or your Provider Network Representative
- Part D Prescription Medications (contracted with CVS Caremark®)–888-970-0851

Utah Medicaid Restrictions Program

Utah Medicaid has a program to safeguard against inappropriate and excessive use of Medicaid services. It is called the Restriction Program. Members may be eligible for the Restriction program if they meet one or more of the following criteria over a 12-month period:

- Four or more Primary Care Providers (PCPs), non-affiliated, in a maximum of 12 eligible months, and/or four or more specialists seen outside a normal range of utilization.
- Four or more pharmacies in a maximum of 12 eligible months
- Three or more providers (non-affiliated) prescribing abuse potential medications.
- Six or more prescriptions filled for abuse potential medications.
- Five or more non-emergent ED visits in 12 months

The goal of the Restriction Program is to align members with appropriate healthcare to meet their needs. To accomplish this, members are restricted to one Primary Care Provider and one pharmacy. The Primary Care Provider must approve any additional providers or pharmacies. Medicaid will only pay claims for services rendered by the providers in the member's restricted network. Emergency services are not restricted.

As a valued Health Choice Utah provider, we appreciate your support in referring members for this program and participating as a Primary care Provider. Health Choice Utah Restriction staff will review all referrals to determine eligibility for the Restriction Program.

Please send referrals to restriction@healthchoiceutah.com or call our confidential line at 801-213-0630.

Findhelp.org Free Resource



Have you heard about Findhelp?

Findhelp powers a free digital network called findhelp.org where people can search for and connect to social care programs — quickly and easily.

The findhelp.org network makes it easy for people to connect with resources, and for the organizations offering these programs to follow up with care. Visit findhelp.org to see food programs, housing assistance, health resources and more — all just a click away. Their network includes thousands of verified organizations dedicated to helping people in every community in America, including yours.

Social Determinants of Health Codes:

Provider Requirements

As appropriate within their scope of practice, providers routinely screen at least once yearly for the presence of social determinants. Any identified social determinant diagnosis codes should be provided on all claims to comply with state and federal coding requirements.

There are resources available to help patients meet housing and food security needs. See below.

There are twelve code categories comprise the Social Determinants of Health codes.

Housing Example:

Category Z59, Problems related to housing and economic circumstances:

Description: Housing Problems	ICD-10 Code
Homelessness	Z59.0
Inadequate housing	Z59.1
Discord with neighbors or landlord	Z59.2
Problems related to living in a residential institution	Z59.3
Lack of adequate food and safe drinking water	Z59.4
Extreme poverty	Z59.5
Low income	Z59.6
Insufficient social insurance and welfare support	Z59.7
Other problems related to housing and economic circumstances	Z59.8

Description: More Social Determinants Code Categories	ICD-10 Code
Illiteracy and low-level literacy	Z55.0
Unemployment, Unspecified	Z56.0
Occupational exposure to risk factors	Z57.0
Personal history of physical and sexual abuse in childhood	Z62.810
Problems in relationship with spouse of partner	Z63.0
Dependent relative needing care at home	Z63.6
Alcoholism and drug addiction in family	Z63.72
Imprisonment and other incarceration	Z65.1



Utah Community Action is a nationally recognized provider of comprehensive services for income-eligible families. Their six core programs—Head Start, Adult Education, Case Management & Housing, Nutrition, HEAT, and Weatherization—address barriers to self-reliance to empower individuals, strengthen families, and build communities.

<https://www.utahca.org/> Phone: 801-359-2444

Utahns Against Hunger- Lists County Food Programs statewide

<https://www.uah.org/get-help/emergency-food>



Behavioral Health Measures:

Follow Up Needed and Resources Available

Why it Matters.

The prevalence of Behavioral Health and Substance Use disorders is on the rise nationally. For Utah, 2022 statistics show 26.86% of Utah's adult population have diagnosed mental illness. That equals 599,000 adults in the state of Utah with prevalence of mental health concerns. Adults with substance use disorder in our state equals 146,000 Utahans. We also know kids and adolescents are seeing increasing trends with anxiety and depression and may be less likely to seek out support.

How does your clinic encourage follow up after an emergency room or inpatient admit for behavioral health or substance use disorder? This is very important for connecting people with the support and treatment they need immediately following the event.

Behavioral Health Measures and Follow Up Guidelines

	Description	Provider Type	Follow up Needed
FUM	Follow-up AFTER Emergency Room visit for <u>Mental Health</u>	Primary Care OR Behavioral Health Practitioner	Outpatient visit within 7 days preferred but seen at least within 30 days of discharge
FUA	Follow-up AFTER Emergency Room visit for <u>Substance Use Disorder</u>	Behavioral Health Provider (LCSW, Psychiatry, LMFT Psychologist, PMHNP-APRN)	Outpatient visit within 7 days preferred but seen at least within 30 days of discharge
FUI	Follow-up AFTER high intensity care (i.e residential, detox) for <u>Substance Use Disorder</u>	Primary Care OR Behavioral Health Practitioner	Outpatient visit within 7 days preferred but seen at least within 30 days of discharge
FUH	Follow up AFTER Hospitalization for <u>Mental Health</u>	Behavioral Health Provider (LCSW, Psychiatry, LMFT Psychologist, PMHNP-APRN)	Outpatient visit within 7 days preferred but seen at least within 30 days of discharge
IET	Initiation AND Engagement of <u>Substance Use Disorder Treatment</u>	Primary Care OR Behavioral Health Practitioner	Outpatient visit within <u>14 days to initiate treatment</u> Follow up within <u>34 days after initiation visit</u>

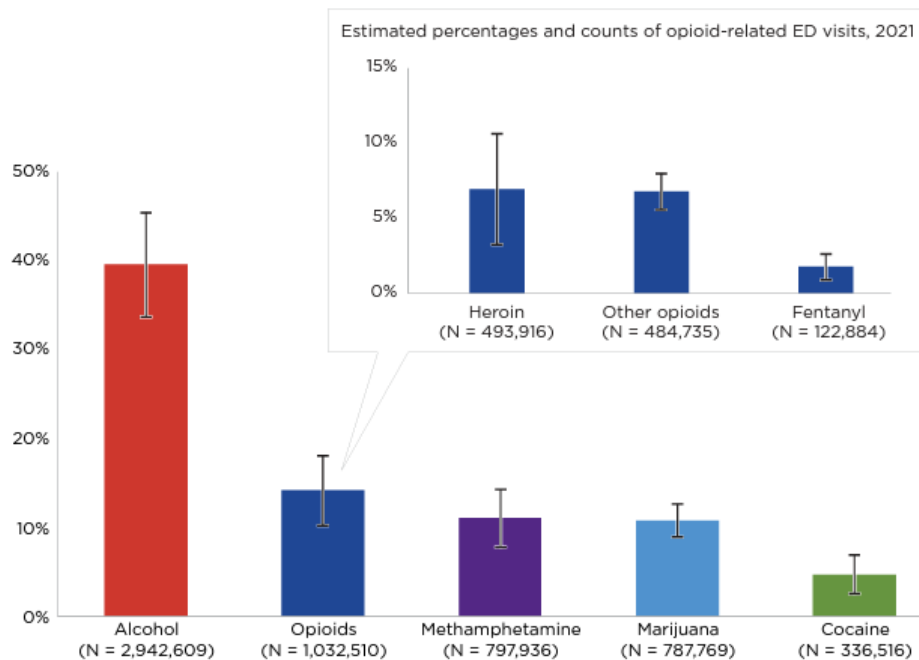
Substance Use Disorder and Emergency Room Visit

Emergency Rooms are often the first-place patients present for substance use disorder treatment.

Outpatient treatment is available. Medicaid and Medicare plans do cover treatment.

Preliminary Findings from SAMHSA “Drug Related Emergency Room Visits in 2021”
Key findings from the report show a “Monthly trend analysis revealed decreasing trends of alcohol, methamphetamine, marijuana, and heroin-related ED visits, and increasing trends of fentanyl and unspecified narcotic analgesics.”

Figure 4.1 Estimated percentages and counts of drug-related ED visits by the top five drugs (January 2021–December 2021)



The top five drugs in all drug-related ED visits in 2021 were alcohol, opioids, methamphetamine, marijuana, and cocaine. Alcohol accounted for the majority of drug-related ED visits at 39.33 percent (2.9 million), followed by opioids at 14.07 percent (1.03 million). Opioids were further broken down into three categories—fentanyl, heroin, and other opioids. Among these opioid categories, heroin accounted for the highest percentage.

Resources available statewide to help.

Get help with a phone call.

Suicide and Crisis Lifeline

988 is a new, easy-to-remember dialing code that directs callers in need to the [National Suicide Prevention Lifeline network](#) and Utah's integrated crisis response system.

Callers from Utah will be connected to the [Utah Crisis Line](#), staffed by certified crisis workers at HMHI. 988 is confidential, no-cost, and available 24/7/365, connecting those experiencing mental health, substance use, or suicidal crises with trained crisis counselor



Utah Warm Line Phone: 801-587-1055

Often, individuals may need a listening ear as they heal and recover from their own personal struggles. Utah residents who need connection from others who have walked similar paths may call the Utah Warm Line for that support.

The Warm Line is staffed 8am-11pm, 7 days a week, 365 days a year at no cost.

Assessment and Referral Services Phone: 801-587-2770

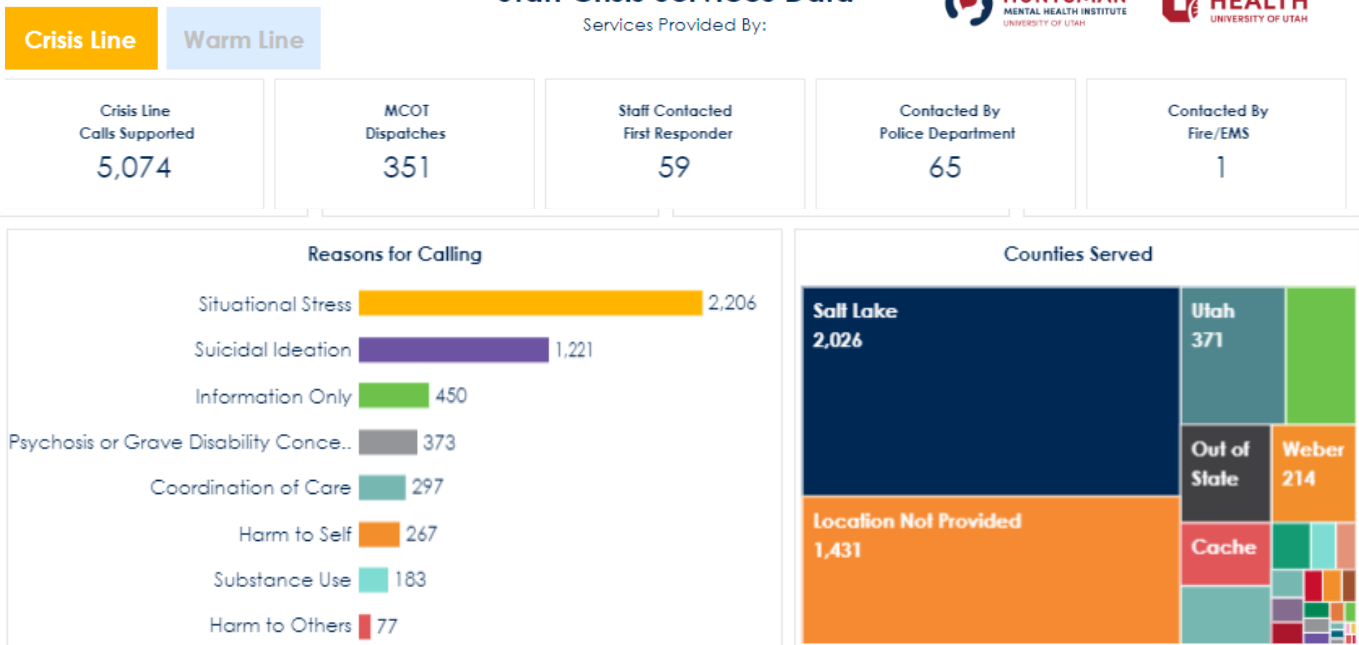
High Quality assessments and referrals for individuals experiencing substance use issues can help direct people towards appropriate levels of care for substance use treatment centers and assist with navigating treatment centers with available beds.

How many people does one Crisis Line Help?

elect Support Line of Business

Utah Crisis Services Data

Services Provided By:



Throughout Utah, there are several locations available for a person in crisis to walk in and receive supportive services to help manage a mental health crisis. Staff available to help stabilize the person are psychiatrists, physician assistants, advance practice nurses, social workers, certified crisis workers, certified peer specialists, and psychiatric technicians.



Receiving Centers accept adults age 18+
There are two receiving centers in Utah for youth.
They are not a medical facility and cannot provide detox medications or manage high-risk medical concerns.



- Quickly stabilize crisis situations
- Offer people vital support and safety during times of need.
- Crisis observation for up to 23 hours, if needed, or longer case by case
- Provide law enforcement with an alternative to bringing a person to jail or an emergency department (when safe to do so)
- Provide medication prescriptions for stabilizing your symptoms, if needed.
- Solution-focused therapy, peer support, and case management.
- Recommendations for next steps and connection to ongoing support.



Locations for walk in receiving centers.

Youth Receiving Center	Youth 10-17	Tooele	Phone: 385-468-4500
Vantage Point	Youth 10-17	Provo American Fork	Phone: 801-373-2215 Phone: 385-268-5090
Huntsman Mental Health Institute Receiving Center	Adults 18+	Salt Lake City	Phone: 801-587-7988
Wasatch Behavioral Health Receiving Center	Adults 18+	Provo	Phone: 801-852-2131
Davis Behavioral Health	Adults 18+	Layton Farmington	Phone: 801-513-2800

Colorectal Screenings

Did you know the recommended age for first time screening for Colorectal cancer decreased to age 45?

COL Measure: What is it?

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

Colorectal Cancer Screening options

FOBT- Fecal occult blood test results- Every year
Flexible sigmoidoscopy - Every 5 years
Colonoscopy - Every 10 years
CT colonoscopy - Every 5 years
FIT-DNA - Every 3 years

The U.S. Preventive Services Task Force “recommends screening for colorectal cancer in all adults aged 50 to 75 years (A recommendation) and all adults aged, 45 to 49 years (B recommendation).” Potential screening methods include an annual guaiac-based fecal occult blood test (gFOBT), annual fecal immunochemical test (FIT), multitargeted stool DNA with FIT test (sDNA FIT) every 3 years, colonoscopy every 10 years, CT colonography every 5 years, flexible sigmoidoscopy every 5 years or flexible sigmoidoscopy every 10 years, with FIT every year.

The FIT-DNA test IS covered and paid for by Medicaid.

Interesting Statistics: Key Statistic for Colorectal Cancer

How common is colorectal cancer?

Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. The American Cancer Society’s estimates for the number of colorectal cancers in the United States for 2023 are:

- 106,970 new cases of colon cancer.
- 46,050 new cases of rectal cancer.

The rate of people being diagnosed with colon or rectal cancer each year has dropped overall since the mid-1980s, mainly because more people are getting screened and changing their lifestyle-related risk factors. From 2011 to 2019, incidence rates dropped by about 1% each year. However, this downward trend is mostly in older adults. In people younger than 50, rates have been increasing by 1% to 2% a year since the mid-1990s.



New Age TO START SCREENING

Age 45 is now recommended as the time to start screening for colorectal cancer among all average risk adults according to the American College of Gastroenterology.

An Important CHANGE

➤ This is an important change from earlier guidelines that used to recommend starting at age 50 for most people and age 45 for African Americans only. Now “45 is the new 50” to start screening for **everyone** at average risk for colorectal cancer.

You Can PREVENT COLORECTAL CANCER

➤ With screening, your gastroenterologist can diagnose colorectal cancers at an earlier stage, find colon polyps early so they can be safely removed, and help to prevent colorectal cancers.

1-Step Test



COLONOSCOPY

Your doctor can see and remove pre-cancers called polyps and prevent or detect or confirm colorectal cancer **ALL IN 1 STEP.**

2-Step Test



1ST STEP

Stool-Based Test
FIT Test (Fecal Immunochemical Test)
Multitarget Stool DNA

OR

Flexible Sigmoidoscopy

OR

Imaging Test
CT Colonography
Colon Capsule

How

1-STEP TEST

Colonoscopy is a one-step test that looks for growths called polyps in your entire colon (large intestine) and rectum. Your doctor can remove polyps and prevent colorectal cancer.

2-STEP TESTS

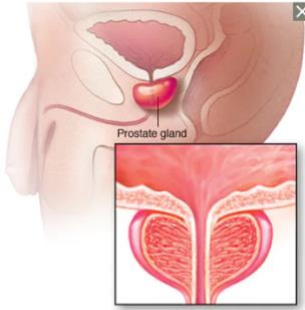
If they are positive, tests such as Fecal Immunochemical Tests (FIT) or Multitarget Stool DNA tests need a follow-up colonoscopy to diagnose any problems. Two steps are needed to screen.

POSITIVE TEST?

2ND STEP
Colonoscopy

Prostate Cancer – PSA Screenings

Prostate-Specific Antigen (PSA)



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Prostate gland

The prostate gland is located just below the bladder in men and surrounds the top portion of the tube that drains urine from the bladder (urethra). The prostate's primary function is to produce the fluid that nourishes and transports sperm (seminal fluid).

A PSA test is the standard screening test for prostate cancer because it detects the protein that is produced in the cells surrounding the prostate gland.

If there is a high level of protein in the blood surrounding the prostate gland, the more likely it is that the patient has prostate cancer or is at risk of developing prostate cancer. However, there are many other conditions, such as an enlarged or inflamed prostate that can also increase the PSA levels, so it is important to communicate and follow up with your patients frequently throughout the process.

A healthy PSA level for a man in their 40's and 50's is between 0.6 to 0.7 ng/ml. For men in their 60's, it is normal to see that number increase between 1.0 and 1.5 ng/ml. At any age though a PSA greater than 2.5 ng/ml is considered too high.

Why it's done.

Prostate cancer is common, and it is a frequent cause of cancer death. Early detection may be an important tool in getting appropriate and timely treatment.

Signs and Symptoms of a High PSA Level

Prostate problems can cause PSA levels to be too high, resulting in symptoms such as:

- ❖ Frequent urge to urinate
- ❖ Frequent nighttime urination
- ❖ Feeling an urgent need to urinate, but being unable to urinate or only urinating a little
- ❖ Dribbling urine
- ❖ Leaking urine
- ❖ Weak urine stream
- ❖ Unusual color or odor to urine
- ❖ Blood in urine or semen
- ❖ Pain or burning urination
- ❖ Painful ejaculation
- ❖ Recurrent pain or stiffness in lower back, hips, pelvic or rectal area, or upper thighs
- ❖ Chronic pain and discomfort in the penis or scrotum, the area between the scrotum and anus, the abdomen, and lower back

Prostate cancer can cause elevated levels of PSA. However, many noncancerous conditions also can increase the PSA level. The PSA test can detect high levels of PSA in the blood but doesn't provide precise diagnostic information about the condition of the prostate.

The PSA test is only one tool used to screen for early signs of prostate cancer. Another common screening test, usually done in addition to a PSA test, is a digital rectal exam.

Neither the PSA test nor the digital rectal exam provides enough information to diagnose prostate cancer. Abnormal results in these tests should be followed up with a prostate biopsy to confirm the diagnosis.

Naloxone Updates



U.S. Department of Health and Human Services

News Release

202-690-6343
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www.hhs.gov/news
Twitter [@HHSGov](https://twitter.com/HHSGov)

FOR IMMEDIATE RELEASE

Wednesday, March 29, 2023

The Biden-Harris Administration Takes Critical Action to Make Naloxone More Accessible and Prevent Fatal Overdoses from Opioids Like Fentanyl

Today, the U.S. Food and Drug Administration (FDA) approved the first nonprescription, “over-the-counter” (OTC) naloxone nasal spray, Narcan. Naloxone – a medicine that can reverse an opioid-related overdose – has been shown to be a critical tool to prevent fatal overdoses, connect more people to treatment for substance use disorder, and save lives. This action by the Biden-Harris administration to make this naloxone product available without a prescription will pave the way for the life-saving medication to be

sold directly to consumers in places like drug stores, convenience stores, grocery stores and gas stations, as well as online.

“We can prevent overdoses and save lives by making naloxone more accessible, and at the same time, we can ensure equitable access to essential health care,” HHS Secretary Xavier Becerra said. “Today’s FDA action to allow access to naloxone without a prescription is another strong step forward in advancing HHS’s Overdose Prevention Strategy.”

[HHS’s Overdose Prevention Strategy](#) expands the scope of the crisis response and promotes groundbreaking research and evidence-informed methods to improve the health and safety of our communities. The Overdose Prevention Strategy helps advance the Biden-Harris Administration’s [National Drug Control Strategy](#), which delivers on the call to action in President Biden’s Unity Agenda for a whole-of-government approach to beat the overdose epidemic.

Over the past year, the Biden-Harris Administration took unprecedented steps to expand access to naloxone and other harm reduction interventions, such as permitting the use of federal funding for state and local public health departments to purchase naloxone, focusing on state development of naloxone saturation plans, issuing guidance aimed at making it easier for harm reduction programs to obtain and distribute naloxone to at-risk populations, and prioritizing the review of nonprescription naloxone applications as appropriate. As a result of these actions, the latest [CDC overdose data](#) show a steady decrease or flattening of overdose months for seven reports in a row. To build on this progress, the Administration is focused on expanding access to naloxone, connecting more people with addiction to treatment, supporting people in recovery, and reducing the supply of illicit drugs like fentanyl.

With [FDA approval of nonprescription Narcan](#), 4 milligram (mg) naloxone hydrochloride nasal spray, HHS will launch a department-wide approach to work with stakeholders to implement the Narcan switch from prescription to nonprescription status, facilitate the continued availability of naloxone nasal spray products during the time needed to implement the transition, and help ensure appropriate coverage and continued access to all forms of naloxone.

In addition to being used by healthcare professionals, naloxone is increasingly being distributed to first responders, and family members who may witness and respond to an opioid overdose. The availability of nonprescription and prescription naloxone could help to further increase its distribution and accessibility, potentially saving more lives and reducing the burden of opioid overdose on individuals, families, and communities.

References

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