# PROVIDER CONNECTION

**University of Utah Health Plans**
**Provider Publication**
**November 2024**

## PROVIDER CONNECTION: YOUR NEED-TO-KNOW SOURCE

*Provider Connection* delivers timely updates regarding University of Utah Health Plans provider networks and products each quarter: February, May, August, and November. Within this newsletter, you'll find announcements, updates to medical policies, helpful tips, and more.

Accessing the newsletter online makes it easier to share with everyone in your office. To ensure you receive the latest newsletter as soon as it's available, subscribe to our email list. We promise we won't spam you, and we'll never share your information. **Subscribe today to stay in the know.**

## INSIDE THIS EDITION



**To return to this page, click on "Provider Connection" at the top of any page.**

HEALTH PLANS
UNIVERSITY OF UTAH

# INTRODUCING BETTERDOCTOR PORTAL FOR IMPROVED PROVIDER DIRECTORY ACCURACY

The federal No Surprises Act requires health plans to verify the accuracy of provider directory information every 90 days. In addition to staying compliant, an accurate provider directory ensures our members are able to find you, removing barriers to health care for patients.

With that in mind, University of Utah Health Plans is excited to announce we'll use the BetterDoctor® online portal from Quest Analytics® to gather this data.

## WHAT YOU NEED TO KNOW

- BetterDoctor will contact you every 90 days by fax, mail, email, and/or telephone to verify your provider directory information via the BetterDoctor online verification portal. In some cases, BetterDoctor will establish a roster process for larger practices.
- You need to attest, or provide changes, when you are contacted.
- BetterDoctor will forward your changes or attestation to U of U Health Plans to enter into our systems.

## COMMON PROVIDER DIRECTORY DISCREPANCIES

- The practitioner no longer practices at the office.
- The practitioner is not accepting new patients.
- The phone number listed isn't the scheduling number, is incorrect, or is disconnected.

## RESOURCES

- U of U Health Plans Provider Relations – provider.relations@hsc.utah.edu, **833-970-1848**, or **801-587-2838**
- BetterDoctor – Frequently Asked Questions & Answers

# UNIVERSITY OF UTAH HEALTH PLANS SELECTS CERTIFYOS AS NEW CREDENTIALING VENDOR

U of U Health Plans continues to explore opportunities to streamline our primary source verification procedures and improve the accuracy and timeliness of our credentialing efforts. To support these efforts, we are excited to announce that U of U Health Plans has selected CertifyOS® as our new Credentialing Verification Organization (CVO). By leveraging the capabilities CertifyOS offers, including its self-service module, we are confident we can provide a smoother, more cost effective, and efficient credentialing experience for our providers and internal teams. This partnership marks a significant step in enhancing our credentialing processes and ensuring the highest level of quality and compliance.

The transition to CertifyOS, a National Committee for Quality Assurance (NCQA) certified CVO, officially took effect on October 1, 2024.

### WHAT DOES THIS MEAN FOR PROVIDERS?

For our providers, this transition will bring several benefits, including:

- Faster turnaround times – CertifyOS reduces the time required for verifying provider credentials, allowing providers to focus more on patient care.
- Enhanced compliance – As an NCQA-certified CVO, CertifyOS meets the stringent standards required for federal and state compliance, including direct searches of exclusion databases such as the List of Excluded Individuals/Entities (LEIE) and System for Award Management (SAM).
- Streamlined communication - CertifyOS ensures less duplication of information, and direct notifications only when information is missing or incomplete.

### NEXT STEPS

On October 1, 2024, CertifyOS began conducting all primary source verifications for our credentialing process. Providers do not need to take any additional action to accommodate this transition. Our Credentialing team is available, as always, to answer any questions and provide support to ensure a smooth transition to our new vendor.

If you have any questions regarding this transition, reach out to our Credentialing team at provider.credentialing@hsc.utah.edu.

# REOPENING ORGANIZATIONAL PRIOR AUTHORIZATION DENIALS

**Effective November 1, 2024**, University of Utah Health Plans implemented changes to our "Reopening of Organizational Determinations" Administrative Policy 005.

From time to time, U of U Health Plans receives prior authorization requests that are missing one or more vital pieces of information, resulting in an adverse medical determination. We notify providers at the time of the determination what information is lacking. Submitting the needed information allows providers to have their prior authorization request reopened without having to go through the appeals process.

Unfortunately, if the requested document is not received timely or the information received is only partially complete, it delays processing for this and other requests in the prior authorization queue. To reduce unnecessary delays in processing, we are implementing changes to the "Reopening of Organizational Determinations" policy to enhance the efficiency with which we complete reconsiderations, as well as to ensure our members receive needed care within the most beneficial time frame.

**Note**: This notification applies to reopenings only, not initial authorization requests.

### PARTIAL LIST OF THE POLICY'S CRITERIA

**For inpatient members** (applicable to medical necessity denials only):

- The member must still be admitted. Once the member is discharged, the request must be filed as an appeal.
- Providers must submit needed documentation **within 48 hours** of the original prior authorization denial.
- For consideration, providers must submit both of the following documents:
  - Completed Request to Reopen an Organizational Determination for Medical Review form
  - New or additional documentation

**For outpatient service requests** (applicable to medical necessity denials, only):

- Providers must submit needed documentation **within 14 calendar days** of the pre-service denial.
- For consideration, providers must submit both of the following documents:
  - Completed Request to Reopen an Organizational Determination for Medical Review form
  - New or additional documentation
- If the services have already been provided, the provider must file an appeal.

**Note**: Provider can submit additional documentation and request a clinical determination be reopened **once** per clinical circumstance. If the provider disagrees with the determination of the reopened decision, they can submit an appeal per the usual appeals process.

### QUESTIONS?

- Read the full criteria in Reopening of Organization Determinations – Administrative Policy 005
- Review the Claims Appeal Process
- Customer Service for the member's benefit plan:

| | |
|---|---|
| Healthy U Medicaid | 833-981-0212 \| 801-213-4104 |
| Healthy U CHIP | 833-404-4300 \| 801-213-0525 |
| U of U Health Plans – Commercial | 833-981-0213 \| 801-213-4008 |
| U of U Health Plans – Individual/Family | 833-981-0214 \| 801-213-4111 |
| Healthy Premier U of U Health Plans – Hospitals & Clinics Plan | 833-443-3440 \| 801-213-0274 |

# SHARED DECISION-MAKING TOOLS FOR PATIENT-CENTERED CARE

U of U Health Plans promotes the use of shared decision-making (SDM) tools to involve our members in their healthcare decisions. SDM tools go beyond pamphlets and reference information materials, they help guide a patient through treatment decisions with the collaboration, guidance, and expertise of their clinicians.

According to the National Learning Consortium, "Shared decision-making is a key component of patient-centered healthcare. It is a process in which clinicians and patients work together to make decisions and select tests, treatments, and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values."

### BENEFITS OF USING SDM TOOLS

Development of SDM tools has increased in the last decade. University of Utah Health partners with nationally recognized resources, such as Mayo Clinic's Shared Decision-Making National Resource Center, to develop these important resources. View the Shared Decision-Making aids currently available.


# UTILIZATION MANAGEMENT DECISION GUIDELINES

We're committed to ensuring that services provided to our members meet nationally recognized guidelines, are provided in the appropriate setting (inpatient or outpatient), and that the length of stay can be supported for medical indications. We reference InterQual® and Hayes criteria, nationally recognized guidelines, to help determine medical necessity.

View our Medical, Administrative, and Reimbursement Policies or Pharmacy Medication Policies online. For those not yet available, we would be happy to provide you with a copy of the criteria we used to make utilization management decisions. To request UM criteria, call the UM team at **833-981-0213**, option 2, or email your request to UUHP_UM@hsc.utah.edu.

# REPORTING DOMESTIC ABUSE, NEGLECT, AND EXPLOITATION

Incidents of domestic abuse, neglect, and exploitation traditionally escalate during the holidays. Unfortunately, law enforcement and other protective agencies continue seeing a marked increase in domestic violence compared to previous years. To ensure the health and safety of children and adults, join us in our commitment to ensure everyone in your office is educated about how to recognize and report suspected instances of abuse, neglect, and/or exploitation of children, adults, or families.

Under Utah Law (26-23a-2), "any healthcare provider who treats or cares for a person who suffers from any wound or other injury inflicted by the person's own act or by the act of another" must immediately report it to a law enforcement agency. In addition, any person who has reason to believe that an elderly or disabled adult is being abused, neglected, or exploited must by law (62A-3-305 and 76-5-111.1) immediately report the situation to Adult Protective Services (a division of Aging and Adult Services) or the nearest law enforcement agency. Under these laws, all reporters are immune from civil and criminal liability related to the report.

In addition to reporting to law enforcement agencies, notify one of the following divisions at the Utah Department of Health.

| Child and Family Services | Adult and Aging Services |
|---|---|
| Utah Division of Child and Family Services<br>120 North 200 West, Room 225<br>Salt Lake City, Utah 84103 | Adult Protective Services<br>120 North 200 West, Room 325<br>Salt Lake City, Utah 84103 |
| **Phone**: 801-538-4100<br>**Fax**: 801-538-3993 | **Phone**: 801-538-3910<br>**Fax**: 801-538-4395 |
| **24-Hour Child Abuse Reporting**: 801-281-5151<br>**Domestic Violence Information Line**: 800-897-5465 | **24-Hour Adult Protective Reporting**:<br>800-371-7897 or 801-264-7669 |

We thank you for the care you provide our members. We encourage you to educate your staff about prevention and detection of abuse, neglect, and/or exploitation, and the resources available for victims. Contact the agencies above for additional prevention, detection, and resource information. These agencies can also provide information for your patients.

Providers who are employed by University of Utah Hospitals and Clinics should also familiarize themselves with the University of Utah policy on prevention, detection, and reporting requirements in the Abuse, Neglect and/or Exploitation Policy.

Additional resources from the Utah Department of Human Services:

- Child Protective Services
- Adult Protective Services
- Domestic Violence Services

# UTILIZATION MANAGEMENT DECISION GUIDELINES

We're committed to ensuring that services provided to our members meet nationally recognized guidelines, are provided in the appropriate setting (inpatient or outpatient), and that the length of stay can be supported for medical indications. We reference InterQual® and Hayes criteria, nationally recognized guidelines, to help determine medical necessity.

View our Medical, Administrative, and Reimbursement Policies or Pharmacy Medication Policies online. For those not yet available, we would be happy to provide you with a copy of the criteria we used to make utilization management decisions. To request UM criteria, call the UM team at **833-981-0213**, option 2, or email your request to UUHP_UM@hsc.utah.edu.

# HEALTH INSURANCE MEMBER ENROLLMENT CONCERNS IDENTIFIED

The Centers for Medicare & Medicaid Services (CMS) recently released the following statement regarding fraudulent Health Insurance Marketplace® enrollment: "A record-high 16.4 million people selected plans for coverage through the Marketplaces that use HealthCare.gov during the most recent open enrollment period. **CMS received approximately 40,000 complaints of unauthorized plan switches in the first three months of 2024**." CMS Statement on Agent and Broker Marketplace Activity, Update

As part of our fiduciary responsibility, U of U Health Plans reviews member enrollments to ensure appropriate eligibility and plan coverage. In recent months, we've identified several questionable member enrollment applications with the following issues as the most prevalent.

## UNAUTHORIZED ENROLLMENT OR PLAN-SWITCHING

U of U Health Plans has identified instances where insurance agents or brokers enrolled consumers into an unwanted plan without the member's knowledge in order to take the commission that comes with signing a new customer. Some members were on Medicaid or qualified for Medicaid and were switched to a Marketplace plan with a higher deductible, to a plan that didn't include their doctors, and/or—if their income or eligibility for premium tax credits was misrepresented—some ended up owing back taxes. CMS guidelines state an insurance agent or broker must obtain consent by the consumer before switching an enrollee's plan or making any other changes to their application.
CMS Compliance with Marketplace Requirements Slides

## MISREPRESENTATION OF A HEALTH INSURANCE MARKETPLACE ENROLLMENT APPLICATION DURING A SPECIAL ENROLLMENT PERIOD (SEP) AND "CHANGE IN RESIDENCE"

We have also identified instances where agents or brokers assisted consumers in filling out their enrollment application during a Special Enrollment Period (SEP) when the member was not qualified for this SEP opportunity. Consumers may qualify for an SEP based on certain life changes, including a permanent change in their residence. We have discovered situations where members who permanently live outside of the state of Utah were instructed by an insurance agent or broker to list a false or temporary Utah address on their insurance enrollment application in order to obtain treatment services in Utah. Using a false or temporary address in an insurance application is insurance fraud.

Unfortunately, insurance-enrollment fraud is on the increase. With respect to fraudulent activities involving the Affordable Care Act (ACA), states where Medicaid has been expanded are particularly at risk. Utah is no exception.

Enrollment fraud is just one of the many types of health insurance fraud. This article is not meant to impugn the integrity of all insurance agents and brokers but rather, to bring to light a growing problem being perpetrated by bad actors within the healthcare industry. Investigating and reporting fraudulent activity helps control the rising cost of healthcare and protect the standing of our reputable healthcare professionals.

## WHAT CAN YOU DO?

If you know of a member who received a notification indicating their health insurance plan has been changed and they did not authorize the change, please have them contact the Marketplace Call Center at **800-318-2596** (TTY: 855-889-4325) as soon as possible so the Marketplace can promptly resolve any enrollment or coverage issues.

If you know of a broker, agent, member, or facility that may be committing health insurance fraud, contact the U of U Health Plans Special Investigations Unit (SIU) by completing the Fraud, Waste, and Abuse Reporting Form or emailing the information to HealthPlansReportFraud@utah.edu.

# HEALTHY U MEDICAID

## REMINDER – CHECK MEMBER ELIGIBILITY AND BENEFITS

As has always been best practice regarding Medicaid enrollees, remember to verify eligibility prior to every visit. Since Medicaid eligibility can change from month to month—or during the month—verify eligibility in the month of the visit, and no more than 10 days prior to the visit. There are now three methods by which eligibility can be verified:

- PRISM Portal (preferred)
- Medicaid Eligibility Lookup Tool
- Phone:
  - Salt Lake City area – **801-538-6155**
  - Utah, Idaho, Wyoming, Arizona, Colorado, Nevada, and New Mexico – **800-662-9651**
  - From other states – **801-538-6155**

### SEE A DISCREPANCY BETWEEN PRISM AND PROVIDER PORTAL OR EPIC?

Send us a heads-up at uuhpenrollment@hsc.utah.edu to help us keep our files aligned with PRISM.

Advantage U

## FINAL NOTICE – ADVANTAGE U CLAIMS RUN-OUT

**December 31, 2024 is the timely filing deadline!**

As we've informed you in several 2023 and 2024 editions of *Provider Connection*, as well as via emails and postal letters, **effective January 1, 2024, U of U Health Plans no longer offers Advantage U (Medicare Advantage) member plans**. Although we no longer offer Advantage U benefit plans, we will continue processing claims and appeals for **dates of service prior to January 1, 2024**, in accordance with standard CMS timely filing guidelines. Please make all staff in your office aware of this change and **remind them to submit all Advantage U claims as soon as possible**. Claims beginning January 1, 2025 will be denied as timely.

We sincerely appreciate the care you provided our Advantage U members and look forward to continuing our relationship in support of our other products and networks.

### LEARN MORE

Advantage U website

Click on the "For Providers" tab for a menu of resources available for providers.

### QUESTIONS?

- Claims and benefits – Advantage U Customer Service . . . . . **855-275-0374**
- Contracting and general questions – Provider Relations . . . . . **801-587-2838**
- Part D Prescription Medications – contracted with CVS Caremark® **888-970-0851**

# PHARMACY

Our medication and pharmacy information is updated as changes occur. Please visit our Pharmacy website at least quarterly to view the most recent information.

## RECENT AND UPCOMING FORMULARY CHANGES

| Effective Date | Label Name | Description of Change | Preferred Alternative(s) | Line of Business |
|---|---|---|---|---|
| 10/1/2024 | PRAZIQUANTEL 600 MG TAB | Change from Non-Preferred Generic to Non-Formulary | Albendazole 200mg tablet | All |
| 10/1/2024 | LACTULOSE 10 GM PACKET | Change from Non-Preferred Generic to Non-Formulary | Lactulose 10 gm/15mL solution | All |
| 10/1/2024 | KRISTALOSE 20 GM PACKET | Change from Preferred Generic to Non-Formulary | Lactulose 10 gm/15mL solution | All |
| 10/1/2024 | PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP | Change from Non-Preferred Generic to Non-Formulary | PROMETHAZINE HCL 6.25 MG/5ML SOLUTION | All |
| 10/1/2024 | PROMETHAZINE-PHENYLEPH-CODEINE 6.25-5-10 MG/5ML SYRUP | Change from Preferred Generic to Non-Formulary | PROMETHAZINE-CODEINE 6.25-10 MG/5ML SYRUP | All |
| 10/1/2024 | Methylphenidate TD Patch | Change from Non-Preferred Generic to Non-Formulary | Daytrana® Patch | Commercial, Exchange, CHIP |
| 10/1/2024 | Daytrana Patch | Change from Non-Formulary Generic to Preferred Brand | N/A | Commercial, Exchange, CHIP |
| 10/1/2024 | Ocaliva® | Change from Specialty to Non-Formulary | Iqirvo® (requires formulary exception request) | All |

### HUMIRA® BIOSIMILAR UPDATE – IMPACTING COMMERCIAL AND INDIVIDUAL & FAMILY PLANS

After careful consideration of available biosimilar options, **effective January 1, 2025**, Simlandi® (adalimumab-ryvk) will be added to the formulary as a preferred agent requiring prior authorization. Simlandi will be preferred along with Hadlima® (adalimumab-bwwd). Humira will become non-formulary.

Simlandi is available in all the same dosage forms and strengths as Humira including latex-free and citrate-free formulations, and it is the only biosimilar that is currently interchangeable. It can be requested for any indication allowed for Humira coverage.

### HUMIRA BIOSIMILAR UPDATE – IMPACTING HEALTHY U MEDICAID AND HEALTHY U CHIP PLANS

After careful consideration of available biosimilar options, **effective October 1, 2024**, Simlandi (adalimumab-ryvk) was added to the formulary as a preferred agent requiring prior authorization. Simlandi will be preferred along with Hadlima (adalimumab-bwwd) and infliximab. Humira will remain a second-line preferred agent.

Simlandi is available in all the same dosage forms and strengths as Humira including latex-free and citrate-free formulations, and it is the only biosimilar that is currently interchangeable. It can be requested for any indication allowed for Humira coverage.

## PHARMACY RESOURCES

- View our Pharmacy Formularies for notices regarding upcoming changes to the formulary.
- View our Preferred Drug List (PDL)/Formulary for updates regarding retail and specialty pharmacy medications. This list also includes prescribing limits such as quantity limits, step therapy, and/or prior authorization requirements. Multiple formularies are available, depending on the member's benefit plan.
- Pharmacy Prior Authorization forms are available online with specific requirements for use and limitations listed in the form. Visit our Coverage Policies site to ensure you are submitting the correct form for the requested medication. Bookmark these links in your internet favorites for quick access to submit pharmacy prior authorization requests.
- The Retail Pharmacy Online Prior Authorization (PA) Submission tool has been updated to allow prior authorization as well as formulary exceptions to be submitted through the same web page. If submitting a formulary exception, it is important to indicate this on your request. To submit a request online, visit the RealRx Home Dashboard and click on the "Get Started" button under "Request Prior Authorization or Formulary Exception."

# CODING CORNER

## CODES REQUIRING PRIOR AUTHORIZATION

Our list of Codes Requiring Prior Authorization is updated as changes occur. Search this list prior to scheduling procedures or prescribing durable medical equipment to determine if prior authorization is required. Also take a moment to view Upcoming Changes to Codes Requiring Prior Authorization to ensure your authorizations for future procedures are also compliant.

# COVERAGE POLICY UPDATES

University of Utah Health Plans uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. All new and updated policies, including policies for services requiring prior authorization, are posted on our Coverage Policies website for 60 days prior to their effective date.

Quarterly notice of recently approved and revised coverage and reimbursement policies is provided in Provider Connection for your convenience. The information listed are summaries of the policies. Click on the hyperlinked policy number to view the coverage or reimbursement policy in its entirety.

The Medical and Reimbursement Policy Updates section of this newsletter does not guarantee coverage is provided for the procedures listed. Coverage policies are used to inform coverage determinations but do not guarantee the service is a covered service. For more information on our coverage policies, visit our Coverage Policies website or contact your Provider Relations consultant.

We also encourage you to visit our Prior Authorization site frequently to view all medical services that require prior authorization, links to our coverage policies, and information on submitting an authorization request. Services that do not yet have a policy are reviewed using Interqual® criteria.

(*Coverage Policy updates begin on next page.*)

# MEDICAL POLICY UPDATES

## NEW POLICIES

| *Policy Number* | *Policy Name* | *Effective Date* |
|---|---|---|
| MP-041 (New) | Bone Mineral Density Studies | 10/28/2024 |
| **Commercial Plan:**<br>**This policy outlines the coverage circumstances for which U of U Health Plans covers bone mineral density studies and those circumstances in which it is not covered.**<br>Please see the policy for coverage details. | | |
| MP-049 (New) | Sacroiliac Joint (SI) Joint Fusion | 10/28/2024 |
| **Commercial Plan:**<br>**U of U Health Plans covers minimally invasive fusion of the sacroiliac joint ONLY using the iFuse Implant System® (transiliac approach) as a proven technology in limited circumstances where coverage criteria are met.**<br>Please see the policy for coverage criteria. | | |
| MP-063 (New) | Radiofrequency Ablation of the Renal Sympathetic Nerve | 10/28/2024 |
| **Commercial Plan:**<br>**U of U Health Plans does not cover radiofrequency ablation of the renal sympathetic nerve as it is considered unproven and investigational for all indications, including but not limited to uncontrolled drug-resistant hypertension.** | | |
| MP-077 (New) | Transcutaneous or Peripheral Magnetic Stimulation (TCMS/PMS) | 10/28/2024 |
| **Commercial Plan:**<br>**U of U Health Plans does NOT cover transcutaneous or peripheral magnetic stimulation for any indication as it is considered experimental/investigational.** | | |
| MP-081 (New) | Cognitive Rehabilitation Therapy | 10/28/2024 |
| **Commercial Plan:**<br>**This policy outlines conditions for coverage of cognitive rehabilitation therapy and limitations to coverage.**<br>Please see the policy for specific criteria and other coverage details of cognitive rehabilitation therapy. | | |

## REVISED POLICIES

| *Policy Number* | *Policy Name* | *Effective Date* |
|---|---|---|
| MP-008 (Revised) | Continuous Glucose Monitor (CGM) | 10/28/2024 |
| **Commercial Plan:**<br>**In making updated revisions to the policy, quite a few restrictions have been removed.**<br>Please see the policy for details | | |
| MP-052 (Revised) | **Bariatric Surgery** | 08/26/2024 |
| **Commercial Plan:**<br>**U of U Health Plans changed the active participation in a medically supervised non-surgical weight reduction program from 12 months to 6 months and that participation has occurred during the last 6 months within the last 12 months prior to the request for surgery.** | | |
| MP-065 (Revised) | **Eye Movement Desensitization and Reprocessing (EMDR) Therapy** | 08/26/2024 |
| **Commercial Plan:**<br>**U of U Health Plans does not cover virtual visit appointments for EMDR therapy as its efficacy has not been established.** | | |

# REIMBURSEMENT POLICY UPDATES

| NEW POLICIES | | |
|---|---|---|
| *Policy Number* | *Policy Name* | *Effective Date* |
| REIMB-003 (New) | Status B Bundled Codes | 10/28/2024 |
| **Commercial Plan:**<br>**U of U Health Plans does not cover any procedure codes with a Status Indicator B (bundled code), as they are not eligible for separate reimbursement according to the Medicare Physician Fee Schedule Database (MPFSDB) and are considered an integral part of another service.**<br>Status B codes/services will be denied regardless of modifier use. | | |

| REVISED POLICIES | | |
|---|---|---|
| *Policy Number* | *Policy Name* | *Effective Date* |
| REIMB-029 (Revised) | Global Maternity Care | 09/30/2024 |
| **Commercial Plan:**<br>**Updated our criteria for coverage of third- and fourth-degree lacerations and demonstrated which modifiers may be used in conjunction with specific codes.**<br>Please see the policy for specific coverage details. | | |