

### Please share this newsletter with all healthcare providers and administrative staff in your office.

#### Leadership is about providing clarity

If we performed a post-mortem on healthcare legislative efforts in Washington over the summer, we would be struck by the unfortunate lack of vision around how to deliver on the promise of access to affordable coverage and services. Lacking vision from our leaders in D.C., we are left with tactical plays at the margins that frequently lose sight of the patient and the health of the communities we serve. But nature abhors a vacuum, so we at NMHC continue to step boldly into this vacuum and lead where others have not.

What does that leadership look like? It means securing \$0 copays for most generic medications for nine chronic conditions. It means shining the light on “Games Pharma Plays,” as we call it, such as price-gouging—like a \$17,000 charge for 90 days of Metformin ER. It means working closely and collaboratively with our provider network, our legislators, and our regulators to

address surprise billing issues to pull patients out of financial disputes between providers and payers, where patients too often face personal bankruptcy. It means significantly reducing the burden of too many prior authorizations, particularly those that offer no value to care or cost-savings opportunities.

Through your continued support and our collaborative leadership with you, NMHC will continue to lead, to bring clarity to, and to raise standards for how a health plan can and should serve its community and those who provide care to its members. We relish the chance the lead with you toward a vision of care that we expect for our loved ones and ourselves.

Mark Epstein, MD, MBA  
Chief Medical Officer

#### Member satisfaction survey results are in: kudos to you!

Every year, NMHC asks members who are enrolled in our Marketplace and commercial plans about their satisfaction with our provider network. This year, over 600 members responded to our survey; below are some of the results and how our members rated their clinicians seen most often. The responses represent the average score for those who answered “Usually” and “Always.”

- Members feel that **their doctor communicates well with them 90 percent of the time.**

- Members can get **needed care 77 percent of the time.**
- Members can **get care quickly 75 percent of the time.**
- Members feel that **their care is well-coordinated 74 percent of the time.**

NMHC appreciates whatever you can do to improve members’ perceptions about their care providers. Access, care coordination, and communication are all important to our members.

#### Verify member eligibility the easy way with HealthXnet®

Are you looking for a more efficient way to verify information about your patients who are NMHC members? Go to [healthxnet.com](http://healthxnet.com) and start your 30-day free trial. There’s no risk; your trial account won’t automatically convert to a paid subscription. With HealthXnet, you can inquire about eligibility and benefits online without having to call NMHC. This gives you more time with your patients, increased efficiency, and reduced overhead expenses. HealthXnet is simple to use, has no implementation costs, and requires no IT resources from you. Try it today.

## Pharmacy updates

### Deprescribing: focus on PPIs

Overprescribing of proton pump inhibitors (PPIs) has become a hot topic. Billions of dollars are spent on PPI therapy each year. While considered to be highly effective for their FDA-approved indications, there are risks associated with long-term use, including drug interactions and serious adverse events. Risks may include fracture, *C. difficile* infection, pneumonia, and dementia. A recent study focusing on use of PPIs in VA facilities noted an increased risk of mortality

with long-term use (<http://bmjopen.bmj.com/content/7/6/e015735>).

When possible, prescribers should consider discontinuation of PPI therapy. This link from *Canadian Family Physician* may provide guidance regarding deprescribing of PPIs: <http://deprescribing.org/resources/deprescribing-guidelines-algorithms/>.

### New prescription drug program limits use of opioids

Misuse or abuse of prescription opioids is a serious public health issue. The Centers for Disease Control and Prevention (CDC) reports that, since 1999, prescription-opioid-related overdose deaths have quadrupled.<sup>1</sup> Data from the U.S. Department of Health and Human Services indicates that 44 Americans die from prescription opioid overdose every day.<sup>2</sup>

In 2016, the CDC published guidelines that recommended strategies to limit use of opioids, including:

- Non-pharmacologic options
- Non-opioid pharmacologic options
- Initial therapy: “start low, go slow”

Patients often receive more doses of opioids than are needed to treat short-term pain. A recent study published in *JAMA Surgery* reported that post-operative opioids often go unused and are not safely stored or disposed of.<sup>3</sup>

We are partnering with our pharmacy benefit manager, OptumRx®, to implement a new program to address this issue. The program is called the **Opioid Risk Management Program**, and beginning January 1, 2018, it may affect

many NMHC members. The Opioid Risk Management program will limit new prescriptions for members who are new to opioid therapy to only a seven-day supply, with an allowance for up to two seven-day supplies within a 60-day period. This program also adds other restrictions on opioid use, including:

- Placing a maximum dose of opioids that members may receive.
- Requiring that 90 percent of a prescription be used before any refill.

On the *Provider Forms & Other Resources* page of our website under the *Opioid Risk Management Program* heading, prescribers can find many resources related to opioids, including the coverage policy for short-acting opioids, CDC opioid prescribing guidelines, and more.

#### References:

1. [cdc.gov/drugoverdose/opioids/index.html](http://cdc.gov/drugoverdose/opioids/index.html) (accessed 9/8/17)
2. [hhs.gov/opioids/about-the-epidemic/index.html](http://hhs.gov/opioids/about-the-epidemic/index.html) (accessed 9/8/17)
3. [jamanetwork.com/journals/jamasurgery/article-abstract/2644905](http://jamanetwork.com/journals/jamasurgery/article-abstract/2644905) (accessed 9/8/17)

## HEDIS® results reveal that our members could do better at preventive care

We use Healthcare Effectiveness Data and Information Set (HEDIS) measures to learn how well our members are taking care of themselves. Our 2017 results showed that while our members are doing well overall, they still could do a better job with preventive care.

- 80 percent of our adolescent members did not receive an immunization to protect them against cancers caused by the **human papilloma virus** (HPV) by the age of 13.
- 60 percent of individuals between the ages of 18 and 65 did not get an **annual flu shot**.

- 60 percent of adults with **hypertension** do not control their blood pressure adequately.
- 40 percent of females between the ages of 50 and 75 did not get **mammograms** within the last two years.

We strive to be not just a health plan, but also a plan for health. We help our members learn about what care they need to stay well, including sharing our preventive guidelines to help them understand what tests, vaccines, and doctor visits they need at any age. Find these guidelines at [mynmhc.org/preventive-screenings.aspx](http://mynmhc.org/preventive-screenings.aspx).

## The role of the non-prescribing behavioral health professional and psychotropic medications: a second set of eyes

Even though many behavioral health providers do not prescribe medications, they are in a prime position to help clients who are taking psychotropic meds. Prescribing practitioners see their patients an average of eight minutes during three to four meetings per year. Therapists see their clients two to four times per month for an average of 50 minutes per session. When therapists understand what a psychotropic is meant to do and what side effects it may cause, they can better prepare their clients to follow the regimen prescribed by the practitioner.

Therapists can consider discussing these topics with clients:

- How psychotropic medications generally work.
- Why complying with the regimen is critical and why not completing the regimen can be harmful if not discussed with the prescriber.
- How long it takes for the medication to become effective.
- Potential side effects or drug-to-drug interactions.
- Which side effects to be concerned about and which to endure.
- How to talk with the prescribing doctor about symptoms.

Of course, the therapist must temper their feedback to avoid taking a position that would undermine their alliance with the patient.

Regular interaction between therapists and their clients positions them to help with management of psychotropic medications and, in some cases and with the permission of the patient, to act as the liaison between the client and the prescriber. To be effective, therapists must educate themselves about potential side effects of commonly ordered psychotropics, empirical support for them, and how in general they work, including how they alter neurochemistry. At the same time, therapists must abide by their scope of practice guidelines and never assume the role that they know best what medications are advisable or substitute for the prescribing professional's recommendations.

Liability and authority for all elements of a prescribing regimen remain with the prescribing practitioner. However, it's important for the therapist to talk to the prescriber about any urgent concerns regarding a member's medication therapy.

## Why use National Correct Coding Initiative edits?

In 1996, the Center for Medicare & Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. CMS developed its coding policies based on:

- Coding conventions defined in the American Medical Association's CPT manual.
- National and local policies and edits.
- Coding guidelines developed by national societies.
- Analysis of standard medical and surgical practices.
- A review of current coding practices.

CMS updates the NCCI Coding Policy Manual for Medicare Services annually.

Most, if not all, health insurers use CMS NCCI edits when processing claims. Doing so ensures that costly mistakes are not being made and that you are fairly and correctly reimbursed for the services you provide. It also helps NMHC control costs and make healthcare affordable for you and your patients.

To learn more about NCCI edits, visit [cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html](https://cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html).

## Prior authorizations: submitting online is the way to go

Prior authorization (PA) is the process of reviewing a requested medical service or item to determine if it is medically necessary and covered under the member's plan.

You can find our updated PA Request Form on the *Provider Forms & Other Resources* page, [mynmhc.org/provider-resources.aspx](https://mynmhc.org/provider-resources.aspx). However, **we much prefer that you submit your PA requests electronically** via the NMHC

Provider Portal at [mynmhc.org/prior-authorization-requests.aspx](https://mynmhc.org/prior-authorization-requests.aspx). You'll save yourself time and money, and many PA requests are automatically approved when you use the portal.

If you haven't signed up for the portal yet, please complete the NMHC Secure Provider Portal Access Form found at the link above, and we will get you started!

## NMHC coverage for organ transplants

Do you have questions about NMHC transplant benefits? We recently posted a new guide on transplant services on the *Provider Forms & Other Resources* page of our website, [mynmhc.org/provider-resources.aspx](http://mynmhc.org/provider-resources.aspx), under the *Forms, Lists, and More* heading.

This guide contains important information about our transplant benefits, including prior authorization requirements, and how to find out more about our transplant Centers of Excellence. Please share this information with your NMHC patients who are preparing for transplant.

## Behavioral health resources for you and your patients

The behavioral health resources at [mynmhc.org/behavioral-mental-health.aspx](http://mynmhc.org/behavioral-mental-health.aspx) are intended for our members, but as a provider, you are welcome to use them with your patients.

A featured resource is *Rethinking Drinking: Alcohol and Your Health*, a 16-page booklet produced by the U.S. Department of Health and Human Services and the National Institute on Alcohol Abuse and Alcoholism.

The booklet focuses on how much alcohol is too much and takes a practical approach to address signs that drinking is causing harm. It helps people look at their drinking habits and how such habits may affect their health. To learn more and to find a link to the *Rethinking Drinking* booklet, go to [mynmhc.org/behavioral-mental-health.aspx](http://mynmhc.org/behavioral-mental-health.aspx) and click on *Rethinking Drinking* under the *Behavioral Health Resources* heading.

## NMHC Provider Relations staff directory

Note: The general Provider Relations fax number is 1-888-282-3483.

| Name           | Title                                | Phone          | Fax            | Email                     |
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