



# UHA Connection

Monthly Provider Newsletter: January 2022



## WELCOME

Thank you for reading our Monthly Provider Newsletter, the UHA Connection. We hope this new format will allow you to easily access content and print it out if you would rather read it that way. In this PDF, you can still click on the links provided throughout the newsletter.

Flip through to learn more on topical information related to:

- Practice Tactics
- Clinical Corner
- Better Health For All
- On the Lookout
- CME for Thee
- Network News

Your success is critical to our member's health, behavioral and physical. Use this newsletter as a tool to succeed as a provider of Umpqua Health Alliance and resource for important updates.

If you have questions or would like to see information on a specific topic in the newsletter please reach out to:

- Dr. Douglas Carr at [dcarr@umpquahealth.com](mailto:dcarr@umpquahealth.com)
- Nicole Chandler at [nchandler@umpquahealth.com](mailto:nchandler@umpquahealth.com)

Thank you for all that you do to keep our members and patients safe and healthy!



## GET CONNECTED

If you're seeking information regarding your patient's benefits, Umpqua Health Alliance is here to help you get the answers you need. Call us today, we're happy to assist you.

- Phone: (541) 229-4842
- TTY: (541) 440-6304 | Toll Free: (866) 672-1551
- Email: [UHAMemberServices@umpquahealth.com](mailto:UHAMemberServices@umpquahealth.com)

Umpqua Health Alliance has adopted the definition of cultural competence that appears on the Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010).



# ON THE LOOKOUT

## COVID-19 Update

**Douglas Public Health Network** staff are working to address COVID-19 in Douglas County. Click <http://douglaspublichealthnetwork.org/> for information on how to keep up with the latest local news related to coronavirus and be sure to request their expanded daily report of COVID-19 related news to be sent to your inbox.

**With the Omicron surge, encourage your staff and patients to receive the mRNA booster!**

**Drive-through vaccination clinic available Everyday, 10 AM-4 PM through January @ Fowler street parking lot east of the Roseburg Library.**



# PRACTICE TACTICS

## *Prioritized List Updates*

The new year brings the most substantial changes to the Prioritized List (PL) for coverage under the Oregon Health Plan (OHP). The most significant changes include:

- Funded lines are 1-472.
- Inguinal and femoral hernia repairs are now essentially all covered; ventral hernia repairs (including umbilical hernias) continue to be non-covered unless true complications. (GN #24)
- Expanded coverage of prenatal and carrier screening more aligned with ACOG guidelines (#D1 and #D17)
- Expanded Cancer genetic screening (#D25)

The current PL can be found at: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

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## *New Pharmacy Resource: Alternatives for Commonly Requested Non-Formulary Medications*

This resource (here) will be added to UHA's Formulary (List of Covered Drugs) to guide providers and members to UHA's preferred drugs. UHA's pharmacy team has identified the most commonly requested Non-Formulary (i.e. Non-Preferred) medications and provided alternative covered therapies.

To see UHA's Formulary and Prior Authorization Guidelines, please go to <https://www.umpquahealth.com/pharmacy-services/> and scroll to the Drug List and Prior Authorization section.

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## *Top Ten Mistakes in Requesting Prior Authorizations*

Top Ten Mistakes in Requesting Prior Authorizations  
Once a year, we share the top ten list of most common mistakes in requesting Prior Authorizations (PA).

10. When referring to specialists:

- Avoid requesting an excessive number of visits. This will always lead to at least a partial denial and a needless letter to you and the patient. How about 2? (1 consult + 1 follow-up)
- Avoid duplicate requests for same specialty; secure the consult first.
- Don't request an out of network specialty referral when services are already available in network. We support UHA providers and will deny unless there is a good reason.

9. Don't request a PA without attaching documentation; this includes stating when a patient stopped smoking. We will utilize the information you provide to make the determination.
8. Check the PA grid on our website to learn what you can order without a PA; and for Retro requests >30 days, provide documentation with the claim and avoid the PA process
7. If you order an MRI of the spine, provide documentation that includes a history and neurologic exam to support the need for imaging (Diagnostic Guideline D4 & D11)
6. Migraine and tension headaches are clinical diagnoses; for other diagnoses, MRI may be warranted (Diagnostic Guideline D5).
5. Incontinence supplies require an annual evaluation of the patient with documentation of the need (covered diagnosis) and frequency of change. Ordering the maximum monthly amount is a red flag that you haven't done this.
4. Chiropractic services are restricted to conditions of the spine only; any other conditions may qualify for physical therapy.
3. Medicaid coverage for glucose test strips is fairly restrictive. UHA adopted more permissive Medicare guidelines to allow for alignment and only require PAs for amounts exceeding these guidelines (100/90 days for T2DM, 100/month for T1DM). For patients with T2DM, additional test strips are allowed only for those who utilize short-acting insulin or who experience documented episodes of hypoglycemia. Additionally, Continuous Glucose Monitors (CGM) are only covered for T1DM.
2. Referral to Dermatology for routine skin checks are not covered by OHP unless there is a personal history of skin cancer.
1. Home Sleep Testing (HST) is covered without PA for diagnosis of Obstructive Sleep Apnea (OSA). Polysomnography (PSG) in a facility sleep lab is indicated only for: significant cardiorespiratory disease, potential respiratory muscle weakness due to a neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia. If the HST confirms OSA, then proceed with prescription for Positive Airway Pressure (PAP) treatment; no facility PSG is required for titration, as current PAP machines are auto-titrating (APAP).

## NETWORK NEWS

We are adding this section to the newsletter to provide updates on new additions or changes to our contracted network. Please send information you would like to have posted. (We reserve editorial discretion.)

*Myrtle Drug is now open and filling prescriptions for UHA members!*

Contact information:  
Phone: (718) 453-6200  
Email: [myrtledrugs@hotmail.com](mailto:myrtledrugs@hotmail.com)  
Website: <http://Myrtledrugs.com/>

One Peak Medical Clinic is no longer in network. UHA members require prior authorization for coverage of services.

# CLINICAL CORNER

## *Does Subclinical Hypothyroidism Cause Symptoms?*

Allan S. Brett, MD, reviewing Carlé A et al. Am J Med 2021 Sep from **NEJM Journal Watch**

*Symptoms attributed to hypothyroidism were not more common in people with subclinical hypothyroidism than in euthyroid controls.*

Many patients with subclinical hypothyroidism (i.e., elevated thyroid-stimulating hormone [TSH] but normal free thyroxine levels) have various symptoms that they — or their clinicians — attribute to thyroid dysfunction. Nevertheless, prescribing levothyroxine to such patients does not, on average, improve symptoms (NEJM JW Gen Med Jun 1 2020 and Ann Intern Med 2020; 172:709). To explore further whether symptoms in patients with subclinical hypothyroidism truly are thyroid related or simply incidental, Danish researchers compared the prevalence of 13 symptoms in 376 people with subclinical hypothyroidism and in 7619 euthyroid controls. In previous research by the same group, these specific symptoms were significantly more prevalent in overtly hypothyroid patients than in euthyroid controls.

None of the 13 symptoms were more common in people with subclinical hypothyroidism than in euthyroid controls. For example, the five most common symptoms — tiredness, dry skin, shortness of breath, mood lability, and constipation — occurred in roughly 50%, 30%, 25%, 25%, and 20% of participants, respectively, with no significant differences between subclinically hypothyroid and euthyroid participants. Moreover, symptom prevalence was not related to degree of TSH elevation: Prevalence was similar in patients with TSH just above the normal range (3.6–5.0 mU/L) and those with TSH >6.3 mU/L.

### **COMMENT**

Once again, we have compelling evidence that subclinical hypothyroidism is not associated with typical symptoms of overt hypothyroidism. Clinicians should resist prescribing levothyroxine to patients with subclinical hypothyroidism.

### **CITATION(S):**

Carlé A et al. Does subclinical hypothyroidism add any symptoms? Evidence from a Danish population-based study. Am J Med 2021 Sep; 134:1115. (<https://doi.org/10.1016/j.amjmed.2021.03.009>)

# BETTER HEALTH FOR ALL

## *UH's Health Equity Statement*

In 2021, Umpqua Health developed a HE Statement:

**“UHA’s mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health”**

The statement reflects the work UHA does, is measurable and can be easily operationalized:

- UHA focuses on all population groups – Stratification of Quality data by REALD is part of our KPIs
- We use HRS resources in an equitable way, and plan for the SHARE investments to support housing for Homeless
- Going forward our Policies & Procedures will be developed using a HE Lens
- We focus on understanding Social Determinants of Health (SDOH) needs of our members

As a follow up to the development of the HE Statement, the UHA Board passed a Health Equity Resolution, which provides the critical foundation to create an anti-racist mindset within our organization. We strongly feel that the power to address disparities lies at the point-of-care, and to impact the determinants that drive these disparities. When it comes to the Triple Aim Providers should not consider health equity as a fourth arm, but rather an element of all three components.

The first step to better understand the impact of structural barriers leading to disparities is to understand the language of health equity. We choose an article from NEJM which focuses on equity issues in Academic Medicine: It highlights key areas of social construct that play a critical role in deciphering the health equity space --- <https://www.nejm.org/doi/full/10.1056/NEJMp2112913?query=WB#disclosures>

## CME FOR THEE

### *Tobacco cessation counseling training to address higher COVID-19 risk for cigarette smokers (with CME)*

#### **Next session: On Demand**

With cigarette smokers at higher risk for COVID-19, this short online course will improve your care team's ability to help patients quit tobacco. The course focuses on brief tobacco intervention and motivational interviewing techniques. The training is available at no cost.

- **Who:** All members of the care team committed to supporting their patients to quit tobacco.
- **When:** The course is self-paced and takes approximately 45 minutes. The course can be started, paused and resumed later as needed.
- **CMEs:** This training has been reviewed and is accepted for up to 1.0 prescribed credit from the American Academy of Family Physicians (AAFP). For other licensing boards that may not pre-approve continuing education credits (for example, the Board of Licensed Professional Counselors and Therapists), please submit the certificate of participation to your accrediting body.
- **Access the training:** <https://learn.optum.com/redeem/or>

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### *Free clinical technical assistance for clinics addressing the increasing prevalence of unhealthy alcohol (SBIRT)*

#### **Recruiting clinics through February**

The OHA Transformation Center is partnering with the Oregon Rural Practice-based Research Network (ORPRN) to support clinic technical assistance related to SBIRT for unhealthy alcohol and drug use. Within Oregon, SBIRT is an incentive benchmark for CCOs in 2022. This collaborative project, ANTECEDENT, can provide primary care clinics with 15 months of tailored support to implement changes to address unhealthy alcohol use at no-cost to the participating clinics.

- **See flier:** <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/ANTECEDENT-flier.pdf>
- **When:** Recruiting through February 2022
- **Who:** Clinics across Oregon and neighboring states are invited to participate in this free technical assistance opportunity.

**Contact:** Alissa Robbins ([Alissa.Robbins@dhsoha.state.or.us](mailto:Alissa.Robbins@dhsoha.state.or.us)) or contact the program directly at [ANTECEDENT@ohsu.edu](mailto:ANTECEDENT@ohsu.edu).