



UHA CONNECTION

September 2024



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PRACTICE TACTICS



PET SCAN PRIOR AUTHORIZATION

This month UHA recognizes Stand Up to Cancer Day on September 13th. Through the collaboration of researchers from a multitude of facilities, new cancer treatments and therapies are reaching patients quicker – ultimately saving more lives! A positron emission tomography

(PET) scan is often used not only to detect and diagnose cancer but also to evaluate the effectiveness of cancer treatments and therapies. PET scans are a covered service under UHA’s Benefit Plan but require prior authorization before testing is completed. Please include all supporting documents and chart notes when requesting prior authorizations for this service.

PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION REMINDER

Prior authorization requests are reviewed by UHA’s skilled Utilization Management team to determine medical necessity. To determine medical necessity, please include supporting chart notes with every prior authorization request. Acceptable documentation includes hospitalization discharge summary, PCP and specialty office visit notes, imaging studies, lab results, and other relevant documents. Referrals generally do not meet this requirement. Including these documents at the time of prior authorization submission ensures timely and accurate determinations. Requests submitted without supporting chart notes may be denied.



PRACTICE TACTICS



MEMBER GRIEVANCES (COMPLAINTS): UNDERSTANDING PROVIDER RESPONSIBILITIES

According to Oregon Administrative Rules, a member grievance is defined as “a member's expression of dissatisfaction

about any matter other than an adverse benefit determination (denied service). Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect

the member's rights regardless of whether remedial action is requested. A grievance also includes a member's right to dispute an extension of time proposed by the CCO to make an authorization decision.”

How UHA Resolves Grievances

- Receiving the Complaint - Grievances can be submitted in various forms, including verbal or written communication from the member, or through a provider or representative with signed consent.
- Investigating the Issue - UHA is committed to advocating for our members by finding solutions and ensuring that both the member and provider are kept informed throughout the process. We make every effort to gather and review all statements and supporting documentation from both parties. The investigation is conducted by staff with the appropriate expertise regarding the nature of the complaint.

UHA reaches out to the provider's office via fax or email to inform them of the complaint and to request specific details that will aid in our investigation. Providers are contractually obligated to supply this information. Examples of requested documentation may include: provider or clinic staff statements, chart notes, phone records, internal notes, referrals placed, and policies and internal workflows.

PRACTICE TACTICS



- **Member Notification** - If more time is needed to investigate, we inform the member in writing within five business days. Once the investigation is complete, we notify the member by phone (if possible) and in writing within 30 days. The resolution letter includes our findings, educational resources, and next steps if further care is necessary.

Provider Responsibilities in the Grievance Process

Providers play a critical role in supporting UHA's grievance investigations. Here's how you can assist:

1. Documentation

Provide UHA with all relevant documentation related to the case, including:

- Signed member documents
- Internal processes and procedures for the issue
- Evidence of how members are informed of the rules (e.g., signs in the lobby, signed documents during intake, portal documentation)

2. Timely Responses

- UHA is required to respond to and resolve all member grievances within 30 days of receipt.
- It is essential to provide all documentation at once to streamline the investigation process.
- If a grievance requires review by the provider or an internal team, please document this review and share it with UHA's grievance team.

3. Open Communication

- There may be instances where UHA requires additional information about policies in place at your office. Clear communication ensures a thorough understanding and timely resolution.
- UHA strives to be prompt with requests and to explain the reasons behind them.

4. Communication Channels

- Ensure that all communications regarding grievances are handled securely and directed to the appropriate team or staff members.
- If your office prefers to receive communications via fax, ensure we have the correct fax number on file.
- If email is preferred, please provide the best email address for your office.
- Provide specific contact details, including the name, phone number, fax, and email address for grievance-related communications.

For all responses or inquiries, please contact UHA's Grievance and Appeal team:

- Fax: 541-677-5881 (ATTN: Grievance and Appeal)
- Email: UHAGrievance@umpquahealth.com

CLINICAL CORNER

PROMOTING SHINGLES VACCINATION

This month UHA will be providing text messaging to our members aged 50 and over encouraging them to be vaccinated against shingles. The message:

“This is a message from your Health Plan, Umpqua Health Alliance. The virus that causes shingles is already inside 99% of people 50 years or older, but you can prevent shingles with a shot. Please call your doctor or pharmacy to schedule an appointment. Reply STOP to cancel.”



NEW CLINICAL PRACTICE GUIDELINES ADOPTED

At the May meeting of the Clinical Advisory Panel, three new clinical practice guidelines for behavioral health conditions were adopted. We encourage you to review these updated recommendations to ensure they are integrated into your practices.

The newly adopted guidelines are:

- [Clinical Practice Guideline on the Management of Stimulant Use Disorder](#)
- [ASAM National Practice Guideline for the Treatment of Opioid Use Disorder 2020 Focused Update](#)
- [Medication for the Treatment of Alcohol Use Disorder: A Brief Guide](#)

UHA’s clinical practice guidelines can be accessed on the Provider tab at: [Clinical Practice Guidelines](#)

BOOSTING HPV VACCINATION IN DOUGLAS COUNTY

The OHSU Knight Cancer Institute and Boost Oregon offer free CE/CME courses on HPV vaccination to enhance cancer prevention in rural areas. Interested dental clinics can participate by completing the surveys linked in [Qualtrics](#) and [Google Forms](#).

For more details, contact Sarah Swanson at [530-515-1297](tel:530-515-1297) or swansosa@ohsu.edu.

COMMUNITY ANNOUNCEMENT

WELCOME NEW CHIEF MEDICAL OFFICER

Dr. Douglas Carr is pleased to announce that Dr. Mark Maddox will assume the role of Chief Medical Officer as Dr. Carr transitions to a supporting role as Medical Director.



Dr. Mark Maddox has served in a variety of leadership roles with extensive experience working for health plans and health systems. His focus has been particularly on government programs, including both Medicare and Medicaid. He has worked at ClearOne, PacificSource, and CenCal Health in Santa Barbara, CA. Dr. Maddox has worked for MultiCare Health System in Washington, where he was the physician executive responsible for care coordination and utilization management programs in a five-hospital system. While at MultiCare, Dr. Maddox was also responsible for MultiCare's self-insured health plan and for managing cost and quality in risk-based contracts across the South Puget Sound. Most recently, he served as the Chief Medical Officer at Coordinated Care of Washington, serving more than 225,000 Washingtonians in commercial exchange, Medicaid, Medicare, and sole-source Foster Care.

Dr. Maddox recently retired from the Oregon Army National Guard after more than 23 years of service, including a role as State Surgeon from 2018 to 2023. During his tenure, he led efforts to establish multiple COVID-19 vaccination sites throughout the state, resulting in more than 275,000 Oregonians vaccinated in the initial three months.

He holds a Medical Degree from East Tennessee State University's James H. Quillen College of Medicine, a Master's in Business Administration from Western Governors University, and a Bachelor of Science from the University of Tennessee. He completed a fellowship in colon and rectal surgery at St. Francis Hospital in Hartford, Connecticut, and a residency in general surgery at Orlando Regional Health. He is board-certified by the American Board of Surgery and the American Board of Colon and Rectal Surgery and is also board-certified in Obesity Medicine. Dr. Maddox is a Fellow with the American College of Surgeons.

Dr. Maddox has been married to Patricia, a nurse, for 22 years. Their daughter, Brianna, is beginning her senior year of high school. In addition to his professional and military roles, Dr. Maddox is a volunteer firefighter and medical officer, actively involved in EMS within his community. He enjoys fly fishing and exploring the Deschutes River.

BETTER HEALTH FOR ALL

ADDRESSING HEALTH-RELATED SOCIAL NEEDS IN OUR COMMUNITY

UHA offers Health Related Social Needs (HRSN) for members who meet the rules. HRSN are social and economic needs that affect a person's ability to maintain health and well-being. These benefits are for members facing certain life challenges. These services are to help members stay healthy during times of greater need. These interventions have been found to improve health outcomes and health inequities and decrease health care costs.

The HRSN benefits include:

- **Climate Supports: Effective March 2024**
 - Payment for devices that maintain healthy temperatures and clean air, including air conditioners, heaters, and air filters
 - Mini refrigerators to keep medications cold during a power outage
 - Portable power supplies to keep medical devices running during a power outage
- **Housing Supports: Effective November 2024**
 - Rental assistance or temporary housing (e.g., rental payments, deposits, utility assistance) for up to 6 months
 - Home modifications (e.g., ramps, handrails, environmental remediation)
 - Pre-tenancy and tenancy support services (e.g., housing application, moving support, eviction prevention)
 - Housing-focused navigation and/or case manager
- **Nutrition Supports: Effective January 2025**
 - Links to community-based food resources (e.g., application support for Supplemental Nutrition Assistance Program (SNAP)/Special Supplemental Nutrition Program for Women, Infants, and Children (WIC))
 - Nutrition and cooking education
 - Fruit and vegetable prescriptions (for up to 6 months, also known as VeggieRX) and healthy food boxes/meals
 - Medically tailored meal delivery
- **Outreach and Engagement: Effective March 2024**
 - Engaging OHP members who may be eligible for HRSN climate-related services
 - Verifying the member's coordinated care organization (CCO) or open card enrollment
 - For CCO members, verifying the member's CCO
 - Sending the HRSN request to the member's CCO or to the Oregon Health Authority (OHA) for open card members.
 - Providing members with information and support to connect with other services they need. Other services include medical, peer, social, educational, or legal services.

For more information on requesting these services or determining if a person is eligible, please visit our [website](#). Our website also outlines how to become an HRSN service provider.

BETTER HEALTH FOR ALL

HEALTH CARE COVERAGE FOR HIGHER INCOME ADULT

OHP Bridge is a new Oregon Health Plan (OHP) benefit package that covers adults with higher incomes, starting July 1, 2024. Members who qualify will still have most of the same benefits as traditional Medicaid (OHP Plus) members. This includes access to medical, behavioral health, dental, transportation and health-related service benefits. Just like OHP, there is no cost for members!

To be eligible for OHP Bridge, members must:

- Have income between 138-200% of the federal poverty level
- Be 19–64 years old
- Have an eligible citizenship or immigration status to qualify
- Not have access to other affordable health insurance

What is affordable insurance?

In 2024, a job-based health plan is considered "affordable" if your share of the monthly premium in the lowest-cost plan offered by the employer is less than 8.39% of your household income.

- The lowest-cost plan must also meet the minimum value standard.
- If an employee, affordability is based on only the premium you'd pay for self-only (individual) coverage.
- For coverage starting January 1, if you're offered job-based coverage through a household member's job, affordability is based on the premium amount to cover everyone in the household.
- Total household income includes income from everybody in the household who's required to file a tax return.

If the premiums aren't considered affordable for the employee and the household, they may qualify for savings in a Marketplace plan. But, if the premium is considered affordable for the employee, but not for other members of the household, then only the other household members may qualify for savings.

How to apply?

Go to Oregon's ONE system to apply. You can also go to [HealthCare.gov](https://www.healthcare.gov). You can also contact UHA's Community Enrollment Specialist if you need help completing the application. You can call us at [541-315-4660](tel:541-315-4660) or email to uhaenrollmenthelp@ayin.com.

THE IMPORTANCE OF ACCESS TO CARE SURVEYS



Network adequacy can improve the quality of life for patients by providing preventative care, early treatment of health problems and management of chronic conditions. Access to care surveys play a crucial role in enhancing the quality of health services provided by Umpqua Health and its network of providers.

Umpqua Health sends out quarterly surveys. These mandatory surveys for all providers ensure a consistent flow of information about the accessibility of healthcare services. By gathering feedback, the surveys help identify gaps in care and promote effective communication between Umpqua Health and its provider network.

Understanding the needs of clinics is essential for improving healthcare delivery. The surveys serve as a platform for providers to update any changes within their clinics, ensuring that Umpqua health is well-informed about resources and support required. This ongoing dialogue fosters a collaborative approach to patient access.

The significance of these surveys extends beyond mere compliance; they are vital for understanding where clinics require support and for facilitating timely responses to emerging challenges. This feedback helps ensure members have adequate access to the healthcare services they need.

The importance of Access to Care Surveys is crucial in maintaining the health of our members, and community. Access is associated with improved health outcomes, appropriate health care utilization, reduced health care costs, reduce healthcare disparities, and ensure that members receive timely, effective, and appropriate care.

Umpqua Health's Provider Relations Team sends out the Access to Care Survey's quarterly. The next survey will be distributed on September 25th, 2024. Your assistance is essential to ensure members have access to the healthcare services they need.

ON THE LOOKOUT

BUILDING RESILIENCE THROUGH EMERGENCY PREPAREDNESS



September is National Preparedness Month, an ideal time to improve readiness for emergencies and disasters. This annual observance serves as a reminder of the importance of planning and preparing for unexpected events to ensure safety, continuity, and resilience. Here are some essential steps for individuals, families, and organizations to build effective preparedness plans and strengthen their ability to respond to emergencies.

For Individuals and Families:

- **Create a Family Emergency Plan:** Include primary and secondary contacts for people outside your household. Have predetermined locations for your family to gather in case of evacuation, plans for individuals with special needs, and plans for pets.
- **Build an Emergency Kit:** Prepare a kit with two weeks of food, water, medications, personal hygiene items, and other supplies. Include important documents in a waterproof container.
- **Stay Informed:** Sign up for local alerts [here](#) and keep a battery-powered or hand-crank weather radio. Know and plan for the hazards in your area. Download the Umpqua Prepared Handbook [here](#).

For Organizations:

- **Develop a Comprehensive Emergency Plan:** Outline procedures for different emergencies, assign staff roles, and conduct regular training and drills.
- **Prepare a Workplace Emergency Kit:** Include first aid supplies, flashlights, batteries, water, non-perishable food, a battery-powered radio, and essential contact numbers.
- **Ensure Business Continuity:** Assess risks, implement backup systems, and review recovery plans regularly.

Promote Awareness and Community Engagement:

- **Educate and Involve Others:** Share preparedness information through workshops and social media and collaborate with local services to enhance community readiness.
- **Support Preparedness:** Provide resources on disaster preparedness, first aid training, and mental health support, and engage in preparedness activities.

National Preparedness Month is an opportunity to assess and improve our emergency readiness. By planning, building kits, and staying informed, we can safeguard ourselves and our communities against unexpected events. Let's use this month to commit to preparedness and ensure that Douglas County is equipped to handle any challenge that comes our way.



ALL ABOUT BROKEN TOOTH TREATMENT

Advantage Dental+

If you feel pain while chewing hard foods or drinking cold beverages, you might have a broken tooth. Broken teeth can result from various causes, including trauma (e.g.,

(e.g., during sports), biting down on hard foods, untreated cavities, previous dental work, extreme tooth grinding, or gum disease. Minor chips or fractures may not be painful, but larger breaks often are.

Treatments for a Broken Tooth

1. **Dental Bonding:** For minor chips, bonding is used to repair the tooth. The dentist applies a bonding material to the tooth, which is then hardened with ultraviolet light and polished.
2. **Root Canal Therapy:** If the fracture extends to the tooth root, a root canal may be needed before addressing the broken tooth crown.
3. **Dental Implants:** If the break is severe, requiring tooth removal, a dental implant might be necessary. You may need to wait up to 6 months for the gums to heal before the implant procedure.

Types of Tooth Cracks

- **Craze Lines:** Tiny, often painless cracks in the outer enamel that usually don't need treatment.
- **Fractured Cusp:** A break in the pointed part of the tooth, which can cause sharp pain when biting down.
- **Broken Tooth Crown:** Can result from cracks starting at the biting surface and extending below the gum line or from the root up to the biting surface, splitting the tooth.

Diagnosing Broken Teeth

Dentists diagnose broken teeth through a physical exam, questioning about symptoms and recent trauma, and using X-rays or 3D scans to view fractures and related issues.

For more details on broken tooth treatment, read the full blog [here](#).



Thank you for reading our Monthly Provider Newsletter, the UHA Connection. We hope this 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.

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 and Alexis Cole at acole@umpquahealth.com.

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



www.umpquahealth.com