Provider Education Portal Update

CHRISTUS Health will be launching a new credentialing system to replace the numerous aging credentialing systems throughout the enterprise. The new credentialing system is a comprehensive cloud-based system, which will help us streamline and automate our credentialing | privileging processes, and move our system into a paperless environment. The initial launch will include CHRISTUS Health Plan and Uniformed Services Family Health Plan in the coming months ahead.

If you have membership and privileges at a CHRISTUS facility (other than participating in the CHIP and/or USFHP Network), please note that those facilities will move to the new credentialing system at a later date.

To prepare for the transition, we are asking that you help ensure that the data we have on file is as accurate as possible. This validation does not replace your re-appointment | re-credentialing process. It is merely a validation of your email address.

If you need help or have questions, contact your Credentialing Verification Unit for CHRISTUS Health at 469.282.3019 or email us at christus.hp.credentialing@christushealth.org.

FRAUD, WASTE, OR ABUSE?

To report potential fraud, waste, or abuse in the CHRISTUS Health Plan Network, submit details to the Special Investigations Unit via email, secure fax, or phone.

FWA Hotline: 855.771.8072
Email: CHRISTUSInegrityLink@christushealth.org
Fax: 210.766.8849
If you prefer anonymity, call the Integrity Line at 210.766.8849.

Opioid Safety

At the beginning of 2019, the Centers for Medicare and Medicaid (CMS) put new policies in place to improve safety alerts when opioid pain medications are dispensed at the pharmacy.

CHRISTUS Health Plan is changing the way we cover opioid medications to be consistent with these new rules and because we are dedicated to helping your patients use these medications more safely. The basis of the provision is to create tighter controls on the use of opioids and better manage the situation.

New formaldehyde-level opioid safety edits at the point-of-sale in 2019 include:

• Soft edit for concurrent opioid and benzodiazepine use
• Soft edit for duplicative long-acting (LA) opioid therapy
• Care coordination edit at 90 morphine milligram equivalents (MME)
• Hard edit at 200 MME or more
• Hard edit 7-day supply limit for initial opioid fills (opioid naïve)

If you have questions about our pharmacy programs, please call CHRISTUS Health Plan Member Services at 844.282.3024 or you may request a coverage determination or an exception by calling Express Scripts at 800.935.6103.

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CHRISTUS Health Plan

SPOTTING SKIN CANCER

Skin cancer is the most common of all cancers. Fortunately, most skin cancers are slow-growing, easy to recognize, and relatively easy to treat when detected early. Skin cancers are either non-melanoma or melanoma.

Most skin cancers are non-melanoma, occurring in either basal cells or squamous cells. Most non-melanoma skin cancers develop on sun-exposed areas of the body. Depending on the type, they can be fast- or slow-growing, but they rarely spread.

Melanoma skin cancers develop from melanocytes. Melanoma is usually curable when it’s detected in its early stages. Although invasive melanoma accounts for only 1% of skin cancer cases, it’s a far more serious skin cancer, and it causes the vast majority of skin cancer deaths.

SKIN CANCER IN THE UNITED STATES 2018 ESTIMATES

New Cases
Non-melanoma: 4.4 million cases among 3.3 million people
Melanoma: 91,270

Deaths
Non-melanoma: 4,340
Melanoma: 9,320

5-year localized survival rate
Melanoma: 99%

5-year overall survival rate
Melanoma: 98%

Although localized melanoma survival rates are 99%, they fall sharply to 20% if the cancer has spread to distant parts of the body.

Most skin cancers could be prevented by limiting unprotected exposure to the sun. When they do occur, most skin cancers can be treated successfully if detected early – even melanoma.

In addition to seeking shade, the American Cancer Society recommends the Slip! Slop! Slap! and Wrap! method of prevention – slip on a shirt, slop on some sunscreen, slap on a hat, and wrap on sunglasses before any exposure to the sun.
Colorectal Cancer Screening

What is the HEDIS measure related to colorectal cancer screening? The measure consists of members ages 50-75 who receive the appropriate screening for colorectal cancer. Multiple tests are available that meet the requirements for the screening completion:

- Screening Colonoscopy - Every 10 years (preferred option; recommended above all others below)
- Screening Flexible Sigmoidoscopy - Every 5 years
- Computed Tomography (CT) Colonography - Every 5 years
- Screening Fecal Occult Blood Test (FOBT) - Every year (Note: Performing FIT, FOBT or iFOBT, in an office setting or on a sample collected during a digital rectum exam does not meet HEDIS requirements)
- FIT DNA (i.e., Cologuard) Test - Every 3 years.

What Do High Performing Practices Do?

- Educate patients about the importance of early detection
- Describe testing options and frequencies
- Those who refuse or are unable to have a colonoscopy could be offered an initial screening by FIT, with the understanding that if the result is positive, colonoscopy should be performed promptly
- Have FIT kits readily available at the time of the office visit with a prepaid envelope for patients to mail back directly to the laboratory

If screening has already been performed, let the Health Plan know by doing in the medical record the date and type of screening your patient received

Tips for Talking with Patients

- Educate your patient about the importance of early detection – Colorectal cancer does not typically cause noticeable symptoms and early detection is key to preventing cancer
- Discuss the benefits and risks of different colorectal screening options – Provide a plan that offers the best health outcome for your patient
- Talk to your patient about possible fears that may be associated with testing - Put your patient’s mind at ease by further explaining how the test is performed

HEDIS: Controlling Blood Pressure Measure

There were some much-anticipated changes to the Controlling Blood Pressure Measure (CBP) for this HEDIS® season. Traditionally, the CBP measure has been burdensome due to the technical guidelines and compliance needs coming from the hybrid chart review. This year the new administrative rules for compliance will ease this burden significantly.

The blood pressure targets are now <140/90 and apply to all members ages 18-83 years. The medical record confirmation of the hypertension diagnosis was removed and replaced by two outpatient encounters with a diagnosis of hypertension during the first six months of the measurement year or the years prior, used to identify the denominator. The change comes after the American Heart Association changed its clinical recommendations to assess the higher blood pressure targets more accurately.

NCQA has also updated the approach to allow for more administrative methods to collect the measure and added telehealth encounters to satisfy specific components of the measure. NCQA also removed the diabetes flag identification from the event/diagnosis criteria, as well as the parameters for the higher blood pressure thresholds.

Also new for 2019, the measure will now exclude older beneficiaries, aged 65 and older, with a diagnosis of frailty and advanced illness during the measurement year. NCQA explained that removing older and frail beneficiaries from the general population health measures could help providers better manage populations with particular care interventions. “By implementing these exclusions, the frail and advanced illness populations can focus on care that’s more appropriate for their health and functional status,” NCQA said.

To identify a member with frailty and advanced illness, the member must meet certain criteria such as, but not limited to (please see technical specifications for complete details):

- At least two outpatient visits, observations visits, ED visits, or non-acute inpatient encounters on different dates of service with an advanced illness diagnosis
- At least one acute inpatient encounter with an advanced illness diagnosis
- A dispensed dementia medication such as Donepezil, Galantamine, Rivastigmine, Memantine

And there is a timeframe for the Frailty and Advanced Illness exclusions. Frailty must be diagnosed in the measurement year, and Advanced Illness must be diagnosed in the measurement year or the year prior to the measurement year.

Doctors’ Day

National Doctors’ Day commemorates the date the first ether anesthesia for surgery was administered by Crawford W. Long, M.D. on March 26, 1842, marking the 173rd doctors’ day. On that day, before Dr. Long operated to remove a tumor from a man’s neck, he administered ether anesthesia. Following surgery, the man would swear that he felt nothing during the surgery and was unaware of anything until his awoken.

In 1981, President George H. W. Bush recognized the numerous contributions of physicians by formally designating March 30 as National Doctors’ Day.

The holiday is traditionally celebrated by sending a written expression of gratitude to a physician and also through the display of red carnations, the symbolic flower of Doctors’ Day.

On this special day, CHRISTUS Health Plan would like to offer our heartfelt thanks to all of their providers. Thank you for the care and treatment you provide to our members. We appreciate you.

What’s Happening at CHRISTUS

The beginning of the new year is bringing new programs to CHRISTUS Health Plan to provide your patients with better service.

Screening Programs: There are several screening programs created to help our providers with the important role of getting patients in for a timely exam. A CHRISTUS Health Plan quality team member will call monthly to remind patients to get exams applicable to the member, such as colorectal cancer, breast cancer, mammography, and, for those with diabetes, the call will remind members to get nephrology, AIC, and eye exams.

Adherence Program: This program will help your patients taking blood pressure medication stay on track. A CHRISTUS Health Plan Quality team member will call monthly to discuss your patient’s medications and provide gentle reminders to refill prescriptions on time. If there is a change to your patient’s dosage, do not forget to call, fax, or ePrescribe a new prescription to your pharmacist.

Along with our new Adherence Program, your patient’s pharmacy benefit offers home delivery through Express Scripts. Along with the savings from using the home delivery service include: up to 25% savings over retail, no waiting at the pharmacy, up to 90-day supply means members do not have to remember to refill a second time, and 24/7 access to a pharmacist from the comfort of your patient’s home.

To ePrescribe for home delivery use: Express Scripts Home Delivery: NCPDP ID 2623735 4600 N Hanley Rd. St. Louis, MO 63139
Questions about ePrescribing? Call 800.231.1456 or email Express Scripts@express-scripts.com.

Update Your Demographics

CHRISTUS Health Plan cares about our providers as much as we care about our members. To ensure you are able to care for our members, there are times when we distribute information needs by a timely manner. Please contact your Provider Relations Representative to ensure that your demographic information is current to prevent any delay(s) in receiving information sent to you.