**Doctors’ Day**

National Doctors’ Day commemorates the date that Crawford W. Long, M.D., first administered ether as a surgical anesthetic. The occasion was first observed in 1933 by Zudora Bream Almond, wife of Dr. Charles B. Almond, to express appreciation for the lifesaving work of doctors everywhere. The first ether anesthetic for surgery was administered by Crawford W. Long, M.D., on March 30, 1842, marking the date for 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 not aware of anything until he awoke. In 1991, President George H. W. Bush recognized the numerous contributions of physicians by formally designating March 30 as National Doctors’ Day. The day 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 US Family Health Plan would like to offer our heartfelt thanks to all of our providers. Thank you for the care and treatment you provide to our members. We appreciate you.

**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 secure email, fax, or phone.

FWA Hotline: 855.771.8072
Email: CHRISTUSHealthSIU@christushealth.org
Fax: 210.760.8899
If you prefer anonymity, call the Integrity Line at 888.728.8383 or visit CHRISTUSIntegrityLink.org.

**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**

<table>
<thead>
<tr>
<th>Type</th>
<th>New Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma</td>
<td>9,320</td>
<td>91,270</td>
</tr>
<tr>
<td>Non-Melanoma</td>
<td>4,140</td>
<td>3,300</td>
</tr>
</tbody>
</table>

Death rates:

- Non-melanoma: 4,140
- Melanoma: 9,320

5-year localized survival rate:

- Melanoma: 99%
- Non-melanoma: 95%

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!" 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.

**Polytherapy Program**

Maxor Pharmacy, in coordination with USFHP, is conducting a thorough, retrospective review of patient histories who are on 11 or more medications. A Maxor pharmacist will review each pharmacy profile and look for duplications in therapy and possible drug interactions that may not be apparent at the time of dispensing.

The retrospective reviews have identified duplicate therapy prescribed by both a specialist and a PCP. patients that are discharged from hospital or other facility with additional medications that leave the patient uncertain of which medications to continue, and medications used to treat a side effect of another medication when there are other options.

If you have any questions about any of your patients’ medication therapy, please do not hesitate to contact Maxor Pharmacy.

**Follow us on Facebook!**

US Family Health Plan at CHRISTUS Health.

Facebook:

- Follow us on Facebook!
- USFHP
- PC456
Dear Friends,

All of us at CHRISTUS Health US Family Health Plan are grateful to our network providers for the care you provide to our members.

In this issue we are highlighting the importance of speaking with your patients about colorectal cancer screenings, looking out for skin cancer, and new HEDIS measures.

We also provided information about Pharmacy and Provider Education Portal updates.

We appreciate the time our providers take to talk with their patients about how lifestyle changes can improve their health. If you ever have any questions, please call Member Services at 800.67.USFHP or go to CHRISTUSHealthplan.org/providers.

Thank you, again, for the care you provide to our members.

David Engleking, MD Medical Director CHRISTUS Health US Family Health Plan

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)
- 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 initial screening by FIT, with the understanding that if the result is positive, colonoscopy should be performed promptly
- Have FIT kits readily available to patients at the time of the office visit with a prepaid envelope, or mail it to patients, to be mailed back directly to the laboratory
- If screening has already been performed, let the Health Plan know by documenting in the medical record the date and type of screening your patient received

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. 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 hypertension risk 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.

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 conditions and health 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 dispensable dementia medication, such as Donepezil, Galantamine, Rivastigmine

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.

Pharmacy News

US Family Health Plan is required to follow the TRICARE Formulary. The Department of Defense (DoD) Pharmacy & Therapeutics (P&T) Committee (a body of military physicians and pharmacists) and approved by the Director of the Defense Health Agency (DHA) establishes a uniform formulary.

This formulary also contains a third tier of drugs that are non–formulary, both brand name and generic. Prescriptions for non–formulary drugs are dispensed at a higher cost and may require step therapy and prior authorization.

The formulary is updated quarterly and can be found online at usphformulary.com. To start a Prior Authorization, contact MaxorPlus by phone at 800.687.0707 or by fax at 844.370.6203.

USHP has expanded their network of pharmacies to over 15,000 nationwide! Long–term, maintenance medications members take regularly must be filled through MXP Mail Order Pharmacy or a Maxor Pharmacy.

Maxor Pharmacies – up to a 90–day supply:
- MXP Mail Order
- Maxor – Clear Lake (Houston)
- Maxor – Downtown (Houston)
- Maxor – Port Arthur
- Brookshire Brothers HEB
- Walmart
- Ed’s Pharmacy (Missouri City)
- Katy Pharmacy (Katy)
-CVS
- Sam’s Club
- Super 1 Grocery Brookshire Grocers
- Market Basket
- Independent Pharmacies – up to a 30–day supply
- Inwood Pharmacy (Houston)
- MXP Mail Order Pharmacy continues to be available to provide a convenient, cost–effective way for members to order maintenance prescriptions, which are quickly shipped at no additional charge to your patients.

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 CHP and | 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–credentialing | re–credentialing process. It is merely a way for us to help ensure that the data we have on file is as accurate as possible. This validation does not replace your re–credentialing | re–credentialing process. It is merely a way for us to help ensure that the data we have on file is as accurate as possible. This validation does not replace your re–credentialing process.

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

Honor These Awareness Dates And Encourage Your Patients To Get Healthy.

March

- Brain Injury Awareness Month
- Colorectal Cancer Awareness Month
- Doctors Day (30)

April

- National Distracted Driving Awareness Month
- Easter (21)

May

- National Stroke Awareness Month
- Military Caregiver Month
- Melanoma Monday (6)
- Mother’s Day (12)
- Armed Forces Day (18)