



Sales Department
919 Hidden Ridge
Irving | TX 75038



NAME
COMPANY
STREET ADDRESS
CITY, STATE ZIP

Reassuring Members & Patients

At CHRISTUS, we know that emergencies haven't stopped. That's why we need our members and patients to know that we are open and ready to care for them when they need it most.

Taking care of them is what we do. Which is why CHRISTUS hospitals, emergency rooms and clinics work so hard to remain safe places to receive care.

Keeping Health Plan members and patients safe is what matters most. Let them know about the extra precautions have been taken to keep everyone who enters CHRISTUS facilities safe during COVID-19:

- Limiting visitors;
- Screening everyone who comes through the doors;
- Isolating COVID patients to one area of each facility;
- Temperature checks for Associates;
- Requiring everyone on our campuses to wear masks;
- Using telemedicine to treat active COVID-19 patients, so their caregivers and support staff limit the number of times they enter their rooms.

A lot has changed, but our commitment to caring for our members is stronger than ever. And when they need care – we are here. We are ready. We're in this together.

This may be an unprecedented time, but CHRISTUS has experienced many of these since our founding 154 years ago. In fact, the first three Sisters who started our ministry in Galveston faced an epidemic of yellow fever within the first six months of opening the very first hospital.

Epidemics and tragedies have been part of our history, and so too has the resolve, after each challenge, to move on in love and service to those in need. We stand today in a rich history that gives us confidence that, with God's help, we can do the same.

Health Matters

SUMMER
2020

Anti-Fraud

Report potential fraud, waste, or abuse in the CHRISTUS Health Plan Network by submitting details to the Special Investigations Unit via email, secure fax, or phone.

FWA Hotline: **855.771.8072**

Email:

ChristusHealthSIU@ChristusHealth.org

Secure Fax: **210.766.8849**

If you prefer anonymity, call the Integrity Line at **888.728.8383** or visit ChristusIntegrityLink.org.

For compliance questions or concerns, you can email us at CHPCompliance@ChristusHealth.org

Follow us on Facebook!

CHRISTUS Health Plan

 [/CHRISTUSHealthPlan](https://www.facebook.com/CHRISTUSHealthPlan)

US Family Health Plan at
CHRISTUS Health

 [/USFHP](https://www.facebook.com/USFHP)



June is Men's Health Month

June 1 kicks off Men's Health Month. Organized by Men's Health Network, a national nonprofit committed to raising health awareness and improving disease prevention among men and boys, Men's Health Month is observed each year with fundraisers, social media campaigns, and more.

Darryl Davidson, director of Men's Health for the Northwest Health Center in Milwaukee, sums up Men's Health Month. "Compared to similarly-aged women, men are less likely to have a regular doctor and health insurance, and are more likely to put off routine checkups or delay seeing a health provider after experiencing symptoms," he explained.

In terms of life expectancy, men live 4.8 years fewer than women. That's no wonder considering that 42.2% of men do not meet federal exercise guidelines, 72.9% are overweight, 31.6% have high blood pressure, 20.5% are smokers, and 17% are dependent on alcohol at some point in their lives.

While raising awareness among male patients is a focus of Men's Health Month, primary care providers (PCPs) can also play a role in reducing gender health disparities. HHS provides recommendations that PCPs should communicate and promote to their male patients, which include 30 minutes of moderate physical activity each day, weight loss, healthy eating, and smoking cessation.

Of course, PCPs can only influence their male patients when they come in for appointments—and, unfortunately, PCP visits are rare for men. In an effort to get men to meet with their PCPs more often, the HHS also recommends a lifelong timeline of screenings, physicals and exams. The timeline begins at 18 years old with regular blood pressure, diabetes, cholesterol, and specific cancer screenings and ends at age 65 and older, with annual physicals.

It's quite the regimen, but necessary if the gap in health disparities between the genders is to be closed. In observation of Men's Health Month, consider sharing the timeline with your patients today.

source: ajmc.com/contributor/sophia-bernazzani/2016/06/mens-health-month-how-primary-care-providers-can-reduce-gender-health-disparities

Coding Corner

NEW – Risk Adjustment & Documentation Education
CHRISTUS Health would like to extend providers’ further education, as it pertains to documentation and coding, for chronic and serious conditions that affect patient care and resources.

We are now offering a one page monthly letter titled “Coding News” that addresses documentation and coding around chronic and serious conditions. Our most recent Coding News topics included, “End of Year Validation” and “Risk Adjustment & HCC Coding.”

If you would like to receive a copy of the “Coding News” letters and/or would like to request further education on Risk Adjustment/HCC and documentation improvement efforts, please contact us at HCC.education@ChristusHealth.org



Quality Program

We want you to know about our Quality Program. A summary is available on the website that explains the CHRISTUS Health Plan Quality Program, our goals, successes and opportunities for improvement. You’ll find information on:

- Member rights and responsibilities
- How to appeal payment decisions and the right to external review
- Population Health Management programs, including wellness programs, case management and other member safety initiatives
- Continuity of care
- Covered and non-covered benefits
- How to access medical and behavioral health services

Utilization Management Affirmative Statement

1. CHRISTUS Health Plan UM decision making is based on only the appropriateness of care and service, and existence of coverage.
2. CHRISTUS Health Plan does not specifically reward providers or other individuals for issuing denials of coverage.
3. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

Member Rights and Responsibilities

Do you want to know what your patients’ rights and responsibilities are as a member of CHRISTUS Health US Family Health Plan or CHRISTUS Health Plan? To review the rights and responsibilities, please visit our website, ChristusHealthplan.org/Member-Resources/Rights-and-Responsibilities. If you have any questions please contact Provider Services, **844.282.3100**.

Website Updates

Please see our website, ChristusHealthPlan.org, for updates about the services we provide to our members, such as:

- Utilization Management Services, including updates about authorization processes
- Complaints and Appeals services
- Case Management and Disease Management services
- Quality measures
- Continuity of Care criteria
- Guidelines used to make clinical decisions

Dear Friends,

In this issue of Health Matters, we discuss Men’s Health Month, Coding information, and how how to minimize chance of exposure to COVID-19.

All of us here at CHRISTUS Health Plan and US Family Health Plan want to offer our heartfelt thanks for taking such great care of our members the past few months. We appreciate your care and guidance more than you know.

Sincerely,

David Engleking, MD
Medical Director
CHRISTUS Health Plan

Honor These Awareness Dates and Encourage Your Patients to Get Healthy

June

Alzheimer’s and Brain Health Awareness Month

Men’s Health Month

PTSD Awareness Month

Cancer Survivors’ Day (7)

Flag Day (14)

Juneteenth (19)

Father’s Day (21)

July

Heat Safety Month

Swimming Safety Month

Stress Awareness Month

Independence Day (4)

August

Child Eye Health & Safety Month

Immunization Awareness Month

Purple Heart Day (7)

Minimize Chance for Exposure

Ensure facility policies and practices are in place to minimize exposures to respiratory pathogens including SARS-CoV-2, the virus that causes COVID-19. Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient’s visit, and until the patient’s room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19, including HCP who are in a recognized risk category.

Universal Source Control

Continued community transmission has increased the number of individuals exposed to and infectious with SARS-CoV-2. As part of aggressive source control measures, health care facilities should consider implementing policies requiring everyone entering the facility to wear a cloth face coverings while in the building, regardless of symptoms. This approach is consistent with a recommendation to the general public advising them to wear a cloth face covering whenever they must leave their home.

Patient & Visitors

Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a face-mask or cloth face covering as supplies allow, which should be worn while they are in the facility. They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others enter the room.

Health Care Personnel (HCP)

As part of source control efforts, providers should wear a facemask at all times while they are in the health care facility. When available, facemasks are generally preferred over cloth face coverings as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

Some HCP whose job duties do not require PPE (e.g., clerical personnel) might continue to wear their cloth face covering for source control while in the health care facility. Other HCP (e.g., nurses, physicians) might wear their cloth face covering for part of the day when not engaged in patient care activities, only switching to a respirator or facemask when PPE is required. To avoid risking self-contamination, HCP should consider continuing to wear their respirator or facemask (extended use) instead of intermittently switching back to their cloth face covering. Of note, N95s with an exhaust valve might not provide source control. HCP should remove their respirator or facemask and put on their cloth face covering when leaving the facility at the end of their shift. They should also be instructed that if they must touch or adjust their facemask or cloth face covering they should perform hand hygiene immediately before and after.

source: [cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize)