



Kidney Health - A New Standard for Testing

The National Committee for Quality Assurance (NCQA) updates effectiveness measures every year to stay current with recognized health-quality standards.

Did you know?

According to the [July 16, 2020 NCQA blog](#), "Kidney disease affects 37 million American adults, but 90 percent are unaware they even have it." To counter this astonishing statistic, NCQA retired the Healthcare Effectiveness Data and Information Set (HEDIS) "Comprehensive Diabetes Care – Medical Attention for Nephropathy" for Medicaid and Commercial plan populations in measurement year 2020. The retired measure is replaced by **Kidney Health Evaluation for Patients with Diabetes (KED)**.

To learn more about KED and how your team can help, click the button below.

[Learn More](#)

How to Have a Conversation with a Colleague About Suicide

"People rallied to get themselves through the COVID crisis. But [as the virus and its variants continue], a shadow pandemic of deteriorating mental health has emerged. Everyone is vulnerable right now, especially our frontline workers."

Read more in the article by Psychiatrist Kristin Francis and Licensed Psychologist Rob Davies by clicking the button below.

Is Your Provider Directory Information Up-to-Date?

Clocks fell behind in November, but that doesn't mean your office should. Please take the time to look up your office's providers in our [online provider directory](#) to ensure all your information is correct.

Need to change anything? Complete and submit a [Provider Information Update Form](#) to MHCProviderRelations@hsc.utah.edu. Be sure to complete all appropriate fields—like languages spoken or handicap accessible—to make your information as complete as possible. In addition, please complete our [Provider Add](#) form or [Provider Term](#) form to notify us of providers joining or leaving your practice.

Did you know you can also have a link to your practice's website displayed in our directory? Your patients will appreciate having helpful, accurate information at their fingertips.

New Provider Portal

Our NEW Secure Provider Portal is ready! Due to our robust provider network, we're offering access to the new **Provider Portal** to only a few clinics at a time. Initially, this will be by invitation only to registered users of our prior portal platform.

This new portal will replace the current portal in the coming months. We have engaged Health Trio®—a business partner with more than twenty years of experience designing secure, web-based healthcare reporting solutions—to create an intuitive, reliable tool for our healthcare associates.

Read more by clicking the button below.

[Learn More](#)

Refer In-Network for Laboratory Services

You don't want to pay more than necessary for health care services, and neither do our members. Although your practice may have certain pathology labs to which you routinely send work or refer patients, using out-of-network labs can leave patients with much higher out-of-pocket costs for deductibles or coinsurance. While this applies to all lab work, genetic testing is a particularly good case in point. Fees charged for genetic testing can be, and often are, extremely expensive. If our member does not have out-of-network benefits, the claim could be denied and the member would be responsible for the entire billed amount.

We appreciate the excellent care you provide our members; out-of-network labs, however, are not obligated to follow our quality standards. Using only in-network labs helps ensure our members receive the best care for all their services.

To identify in-network labs, visit our [online provider directory](#). Click on the member's type of plan (i.e., group, individual/family), and then on the network shown on their member ID card. Click on the "Facility" button, then either "Laboratory / Pathology" or "Laboratory Draw Stations," depending on the type of service needed. If you believe there are no laboratories available for the particular service needed, please contact your Provider Network Consultant at [855-447-2900](tel:855-447-2900) **option 6**.

Thank you for helping our members receive the best care at the most appropriate cost.

Changes to Supportive Oncology Products Effective January 1, 2022

New: Preferred Filgrastim Biosimilar

Nivestym® will be the preferred filgrastim biosimilar. Nivestym will be available **without** prior authorization. All other forms of filgrastim (e.g., Zarxio®, Granix®, and Neupogen®) will be non-preferred and require prior authorization.

New: Preferred Pegfilgrastim Biosimilar

Nyvepria® will be the preferred pegfilgrastim biosimilar. Nyvepria will be available without a prior authorization. All other forms of pegfilgrastim (e.g., Udenyca®, Fulphila®, Ziextenzo®, Neulasta®, and Neulasta Onpro®) will be non-preferred and require prior authorization.

Ivermectin Treatment Limits

We strive to offer our members the best care possible to combat COVID-19. We evaluate new treatment strategies for efficacy, safety, cost-effectiveness, and authorizations from the US Food and Drug Administration (FDA). As discussion and publicity about ivermectin being used as a novel way to treat COVID-19 has intensified over the past year, our volume of claims for ivermectin has surged.

Ivermectin is **not** currently approved or authorized by the FDA to treat or prevent COVID-19 in humans.

Read more by clicking the button below.

[Read More](#)

Coding Corner: CMS Claims Edits

CMS released the following claims edits, **effective October 1, 2021** to reduce administrative burden and unnecessary payment delays for services rendered. Please implement the following into your billing systems if you have not already done so.

Using KU modifier with manual wheelchair accessories – This rule requires submission of claims for specific wheelchair accessories, with no preceding or concurrent billing for a wheelchair, to be reported with a **KU modifier**. The CO-OP will not apply this rule to any of our plans.

G0378 not allowed to be reported on more than one line per claim – This edit will not allow **HCPCS G0378** *Hospital observation service, per hour*, to be billed on more than one line per claim reported with **Type of Bill 013X** or **085X**. The CO-OP **has** adopted this claim edit as we feel this rule will result in greater billing accuracy and reduce the potential for waste.

For the full list of claims edits, please click the button below.

[Read More](#)
