Gateway Health℠

APRIL 2017

PROVIDER UPDATE

An Update for Gateway Health℠ Providers and Clinicians

THIS ISSUE

Page

Important Phone Numbers

www.gatewayhealthplan.com

PROGRAMS AND BENEFITS UPDATES

LEARNING AND EARNING WITH GATEWAY

Professional Education CME/CEU Webinar Series

Gateway Health[SM], in conjunction with Allegheny Health Network, is pleased to present the "Learning and Earning with Gateway" professional development series. Healthcare professionals that are part of the Gateway network are invited to participate in a monthly webinar and earn **FREE** CME and CEU credits. The series will feature guest speakers who will cover a range of topics relevant to your clinical practice, including:

- Getting Paid for Great Care: HEDIS Measures, Pay-for-Performance Programs and You
- Managing Chronic Diabetes
- Improving Asthma Outcomes
- Caring for the Older Adult
- Reducing Hospital Readmissions

Webinars will be held monthly, usually on the first Wednesday of the month from 12 p.m. (noon) to 1 p.m. All Gateway providers and office staff are invited to attend.

In order to receive CME/CEU credit and webinar dial-in information, healthcare providers **MUST ENROLL PRIOR** to their first webinar using the following link:

https://www.surveymonkey.com/r/NZJYDF7

Enrollment is only necessary once for the entire series.

Questions? Please contact your dedicated Provider Engagement representative or email us at ProviderEngagementTeam@gatewayhealthplan.com.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allegheny General Hospital and Gateway Health Plan. Allegheny General Hospital is accredited by the ACCME to provide continuing medical education for physicians.

Allegheny General Hospital designates this live webinar activity for a maximum of 1.0 *AMA PRA Category 1 Credit*[TM]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PROGRAMS AND BENEFITS UPDATES

LEARNING AND EARNING WITH GATEWAY

Upcoming Webinar

Topic and Speakers

Postpartum Obstetrical Care and Contraception
Tuesday, May 2, 2017
12 p.m. – 1 p.m.

Eric Lantzman
MD OB/GYN, Jefferson Women's Health
Allegheny Health Network

Carole Poff,
Clinical Quality Management Analyst
Gateway Health Plan®

Purpose

Gateway Health℠ is committed to improving outcomes for perinatal care. Join us as we discuss the importance of postpartum care and contraceptive options.

Registration for Webinar

To receive webinar login information with or without enrolling for CME/CEU credit, please register at http://tinyurl.com/lmvvr74.

Enrollment for CME Credits

This webinar is eligible for ONE (1) CME/CEU credit. To receive credit, you must pre-enroll at https://www.surveymonkey.com/r/NZJYDF7. After enrolling, you will automatically receive webinar login information before the next webinar.

You only need to enroll in the CME program one time. If you have already enrolled, then instructions will be given at the next webinar for earning the CME.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allegheny General Hospital and Gateway Health Plan. Allegheny General Hospital is accredited by the ACCME to provide continuing medical education for physicians.

Allegheny General Hospital designates this live webinar activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Who Qualifies for CME

The webinars are intended for healthcare professionals who are participating in the Gateway Health Pennsylvania provider network. However, anyone within a practice who is interested in improving member health outcomes can benefit and is welcome to register.

CME/CME eligibility is limited to MD/DO, PA/CRNP and RN/LPN/BSN/MSN.

Questions? Contact the Gateway Health Provider Engagement Team at ProviderEngagementTeam@Gatewayhealthplan.com

PROGRAMS AND BENEFITS UPDATES

IT'S CAHPS® SEASON

Thank You for Continuing to Deliver Excellent Care to our Members

Gateway Health members will be receiving their CAHPS® (Consumer Assessment of Healthcare Providers and Systems) member satisfaction surveys in March, with follow-up occurring in April and May. This survey will assess patient experiences with their healthcare, including overall satisfaction with network primary care physicians and specialists like you!

CAHPS® surveys are conducted annually in accordance with federal and state requirements. According to the Centers for Medicare and Medicaid Services (CMS), results of the CAHPS® surveys are an integral part of efforts to improve healthcare in the United States. Results are used to calculate a health plan's NCQA accreditation score and Medicare Advantage star ratings. In addition, Gateway Health also uses its CAHPS® results to improve the services we offer members and to keep providers informed about how Gateway is doing and how they can help deliver better care. Results from the 2017 survey and related CAHPS® activities will be made available to network providers.

How You Are Rated

- *Getting Needed Care* – Ease in getting care, tests, treatment and appointments with specialists.
- *Getting Care Quickly* – Ease of getting care and appointments as soon as needed.
- *How Well Doctors Communicate* – Includes doctor's use of understandable language, respectfulness, listening and amount of time spent with patient.
- *Shared Decision Making* – Doctor discusses reasons why patient may or may not want to take medicine.
- *Coordination of Care* – Doctor's awareness of patient's care from other providers.
- *Rating of Personal Doctor* – Scaled rating of doctor from 0-10 with 10 being the best.
- *Rating of Specialist* – Scaled rating of specialist from 0-10 with 10 being the best.

How You Can Make a Difference

- Continue to be the champion of your patients through effective communication and by being accessible.
- Educate patients on how and where to get care after hours
- Ask your patients what is important to them
- Train your office staff to assist patients with scheduling and coordinating care between providers
- Ensure your patients remain compliant with their care plans.
- Encourage your patients to complete preventive screenings.

You are critical part of your patients' and our members' healthcare experience. We applaud and thank you for continuing to provide excellent care and accessibility!

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

PROGRAMS AND BENEFITS UPDATES

MEDICARE OUTPATIENT OBSERVATION NOTICE (MOON)

On August 6, 2015, Congress enacted the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act, which requires all hospitals and critical access hospitals (CAHs) to provide written notification and an oral explanation of such notification to individuals receiving observation services as outpatients for more than 24 hours.

The purpose of this Provider Update is to announce the availability of the OMB-approved standardized Medicare Outpatient Observation Notice (MOON), form CMS-10611. All hospitals and CAH's are required to provide this statutorily required notification no later than March 8, 2017.

A copy of the notice and accompanying instructions are available on www.gatewayhealthplan.com — select *Provider*, and then click on *Forms & Reference Materials*.

The MOON was developed to inform all Medicare beneficiaries when they are an outpatient receiving observation services and are not an inpatient of the hospital or CAH. In accordance with the statute, the notice must include the reasons the individual is an outpatient receiving observation services and the implications of receiving outpatient services, such as required cost sharing and post-hospitalization eligibility for coverage of skilled nursing facility services. Hospitals and CAHs must deliver the notice no later than 36 hours after observation services are initiated or sooner if the individual is transferred, discharged or admitted. A copy of the signed document should be maintained in the patient's medical record.

If you have questions about this Provider Update, please contact your Provider Relations Representative directly.

PROGRAMS AND BENEFITS UPDATES

MODEL OF CARE OVERVIEW

Gateway Health℠ (Gateway) currently offers two Special Needs Plans (SNPs):

- **Gateway Health Medicare Assured Diamond℠** is a Dual Eligible Special Needs Plan (DSNP) and covers those who have Medicare Parts A & B and full Medical Assistance (Medicaid) or Qualified Medicare Beneficiary (QMB/QMB Plus) or Specified Low-Income Medicare Beneficiary (SLMB).
- **Gateway Health Medicare Assured Ruby℠** is a Dual Eligible Special Needs Plan (DSNP) and covers those who have both Medicare Parts A & B and receive assistance from the state [benefit categories: Specified Low-Income Medicare Beneficiary (SLMB), Qualified Disabled, and Working Individual (QDWI) or Qualified Individual (QI)].

As a SNP, Gateway is required by the Centers for Medicare and Medicaid Services (CMS) to administer a Model of Care (MOC) plan. The SNP MOC plan is the architecture for care management policies, procedures and operational systems.

In accordance with CMS, the SNP MOC plan must provide the structure for care management processes and systems that will enable a Medicare Advantage Organization (MAO) to provide coordinated care for special needs individuals. A MAO must design separate MOC plans to meet the special needs of the target population for each SNP it offers.

Gateway has a MOC plan that has goals and objectives for the targeted populations and a specialized provider network, uses nationally-recognized clinical practice guidelines, conducts health risk assessments to identify the special needs of beneficiaries, and adds services for the most vulnerable beneficiaries, including but not limited to, those beneficiaries who are frail, disabled or near the end-of-life.

The SNP MOC plan includes four main sections. The Provider Network section explains what Gateway expects from their providers.

Provider Network

The SNP provider network is a network of health care providers who are contracted to provide health care services to SNP beneficiaries. SNPs must ensure that their MOC identifies, fully describes and implements the following elements for their SNP provider networks. This MOC section contains three Elements:

- Specialized Expertise
- Use of Clinical Practice Guidelines and Care Transition Protocols
- Model of Care Training

PROGRAMS AND BENEFITS UPDATES

MODEL OF CARE OVERVIEW (continued)

Within the above element, Gateway's expectations of providers are explained in detail. The below summarizes Gateway's provider network composition and responsibilities.

1. Gateway expects all network practicing providers to utilize established clinical practice guidelines when providing care to members to ensure the right care is being provided at the right time, as well as to reduce inter-practitioner variation in diagnosis and treatment.

2. Gateway encourages practitioners to follow the adopted clinical practice guidelines but allows the practitioner to execute treatment plans based on members' medical needs and wishes. When appropriate, behavioral health guidelines are followed utilizing government clinical criteria.

3. During a care transition, it is expected that the transferring facility will provide, within one business day, discharge summary and care plan information to the receiving facility, or if returning home, to the PCP and member.

4. Gateway expects all network practicing providers to receive MOC training annually. If there is a trend of continued non-attestation, those providers found to be non-compliant with the MOC may be targeted for potential clinical interventions. For those non-compliant providers, individual results such as, but not limited to, utilization patterns, hospital admissions, readmissions and HEDIS performance outcomes may be reviewed.

5. Gateway conducts medical record reviews at least annually. Reviews are conducted on PCPs, specialty care practitioners, behavioral health practitioner, and ancillary providers. Results from the review are communicated to providers and include opportunities for improvement and education.

6. Gateway provides multiple ways for providers to receive information about Gateway updates. Provider manuals and newsletters are located on the Gateway provider portal and webpage. Newsletters are updated quarterly and provide information regarding any new clinical programs or updates that would affect the provider's communication with their direct pod or the Interdisciplinary Care Team (ICT). Provider manuals are updated annually and given out during annual trainings; the manuals are also available on Gateway's provider website.

7. Gateway expects provider directories to be continuously updated regarding taking new members, how long waiting lists are to see specialists and other barriers that may affect the member.

PROGRAMS AND BENEFITS UPDATES

MODEL OF CARE OVERVIEW (continued)

MOC Definitions

Members may ask you about the following information that is routinely discussed with their case manager.

Health Risk Assessment (HRA) Survey

Gateway uses the HRA to provide each Medicare member a means to assess their health status and interest in making changes to improve their health promoting behaviors. The HRA is also used by the case managers to provide an initial assessment of risk that can generate automatic referrals for complex case management and then at least annually with continuous enrollment.

Newly enrolled members identified from the CMS monthly enrollment file are requested to complete an initial HRA within ninety (90) days of their effective date of enrollment as required by CMS MOC standards. Each member with one year of continuous enrollment is requested to complete a reassessment HRA within twelve (12) months of the last documented HRA or the member's enrollment date if there is no completed HRA.

Individualized Care Plan (ICP)

Gateway's goal is to have care plans be as individualized as possible to include:

- Services specifically tailored to the member's needs, including but not limited to, specific interventions designed to meet needs as identified by the member or caregiver in the HRA when possible.
- Member personal healthcare preferences when possible.
- Member self-management goals and objectives, determined via participation with the member and/or caregiver when possible.
- Identification of goals and measureable outcomes, and:
  - Whether they have been "met" or "not met"
  - Appropriate alternative actions if "not met"

Interdisciplinary Care Team (ICT)

Member care routinely demands a combination of efforts from physicians of various disciplines, registered nurses and licensed social workers, as well as other pertinent skilled health care professionals and paraprofessionals. Comprehensive patient care planning involves coordination, collaboration and communication between this ICT and the member. As a provider, you are part of the member's ICT.

The ICT team members come together to conduct a clinical analysis of the member's identified level of risk, needs and barriers to care, and an Individualized Care Plan (ICP) is developed and reviewed with the member. The member's agreement to work in partnership with his/her care manager, towards achievement of established goals, is obtained. The ICT analyzes, modifies, updates and discusses new ICP information with the member and providers, as appropriate.

PROGRAMS AND BENEFITS UPDATES

MODEL OF CARE OVERVIEW (continued)

Additionally, please watch for the Provider Dashboard, which is sent to providers on a quarterly basis. This dashboard identifies members' current care gaps and chronic disease conditions.

Other Important Information about Gateway's Model of Care

Gateway recognizes that members' care needs are varied and are subject to change. Policies and procedures have been put in place to allow members to receive the level of care management needed for their particular circumstance.

Members may be referred for Care Management in a variety of ways:

- **Providers**
  - Pennsylvania (PA) providers may call 1-800-685-5209
  - Ohio (OH) Providers may call 1-888-447-4505
  - Kentucky (KY) Providers may call 1-855-847-6380
  - North Carolina (NC) Providers may call 1-855-847-6430

- **Members**
  - PA members may self-refer by calling 1-800-685-5209
  - OH members may self-refer by calling 1-888-447-4505
  - KY members may self-refer by calling 1-855-847-6380
  - NC members may self-refer by calling 1-855-847-6430

- **Employees**
  - Gateway employees via an internal process

Oversight of the MOC plan is handled by the Population Health and Analytics Department, along with the Quality Improvement Department. Specific questions with regard to the MOC plan should be addressed with your Gateway Provider Relations Representative.

Action Required – Please go to www.gatewayhealthplan.com, click on *Provider* and then *Model of Care* to review the entire training document and complete the attestation to acknowledge you have reviewed and understand Gateway's MOC information.

PROGRAMS AND BENEFITS UPDATES

NOTICE OF PRACTICE/PRACTITIONER CHANGES

One of the many benefits to the Gateway Health member is improved access to medical care through Gateway's contracted provider network. To ensure our members have up to date and accurate information on availability it is imperative that providers submit written 60 days advance notice of the following:

- Address changes
- Phone & fax number changes
- Changes to hours of operation
- Primary care practice (PCP) panel status changes (open, closed & existing only)
- Practitioner participation status (additions & terminations)
- Mergers and acquisitions

The Gateway Practice/Provider Change Request Form can be completed for conveying practice/practitioner changes or notice on your practice letterhead is acceptable. The form is available at www.gatewayhealthplan.com —select *Provider,* and then click on *Forms & Reference Materials.*

Please submit your change request via fax or mail.

Fax to: 1-855-451-6680

Mail to: Gateway Health℠
Provider Information Management
Four Gateway Center
444 Liberty Avenue, Suite 2100
Pittsburgh, PA 15222-1222

If you have questions, please contact your Provider Relations Representative directly.

MEDICAL POLICY

MEDICARE

Pennsylvania Only

Opdivo® (nivolumab)

CLINICAL MEDICAL POLICY	
Policy Name:	Opdivo® (nivolumab)
Policy Number:	MP-004-MC-PA
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	02/15/2018
Revision Date:	N/A
Products:	Pennsylvania Medicare Assured
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY:
Gateway Health℠ provides coverage and reimbursement under the medical-surgical benefits of the Company's Medicare products for medically necessary intravenous infusions of Opdivo (nivolumab). Opdivo intravenous infusions are warranted for the following conditions: melanoma, metastatic squamous or non-squamous non-small cell lung cancer, classical Hodgkin lymphoma, squamous cell carcinoma of the head and neck, and renal cell carcinoma.

DISCLAIMER
Gateway Health's (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

*The full version of this medical policy is available on the Gateway provider website at: http://gatewayhealthplan.com/MedicalPolicies

MEDICAL POLICY

MEDICAID

Capsule Endoscopy

CLINICAL MEDICAL POLICY	
Policy Name:	Capsule Endoscopy
Policy Number:	MP-038-MD-PA
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	01/03/2018
Revision Date:	N/A
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY:
Gateway Health℠ provides coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary capsule endoscopy procedures. The specific conditions that warrant the use of capsule endoscopy includes: occult gastrointestinal bleeding, small bowel neoplasm, suspected Crohn's disease, suspected or refractory mal-absorptive syndromes, esophageal varices, and esophagitis.

Custom-Made Oral Appliances in the Treatment of Obstructive Sleep Apnea (OSA)

CLINICAL MEDICAL POLICY	
Policy Name:	Custom-Made Oral Appliances in the Treatment of Obstructive Sleep Apnea (OSA)
Policy Number:	MP-039-MD-PA
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	02/16/2018
Revision Date:	N/A
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY:
Gateway Health℠ provides coverage under the Durable Medical Equipment (DME) benefits of the Company's Medicaid products for medically necessary oral appliances in the treatment of Obstructive Sleep Apnea (OSA) when specific criteria are met.

DISCLAIMER
Gateway Health's (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

*The full version of this medical policy is available on the Gateway provider website at: http://gatewayhealthplan.com/MedicalPolicies

MEDICAL POLICY

MEDICAID

Long-Term Use Continuous Glucose Monitoring of Interstitial Fluid

CLINICAL MEDICAL POLICY	
Policy Name:	Long-Term Use Continuous Glucose Monitoring of Interstitial Fluid
Policy Number:	MP-040-MD-PA
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	03/15/2018
Revision Date:	N/A
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY:
Gateway Health℠ provides coverage under the durable medical equipment (DME) benefits of the Company's Medicaid products for medically necessary long-term use of continuous glucose monitors to treat Type 1 diabetes.

Panniculectomy/Abdominoplasty/ Lipectomy

CLINICAL MEDICAL POLICY	
Policy Name:	Panniculectomy/ Abdominoplasty/Lipectomy
Policy Number:	MP-041-MD-PA
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	02/21/2018
Revision Date:	N/A
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY:
Gateway Health℠ provides coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary panniculectomy surgical procedures. This policy excludes the coverage of abdominoplasty and lipectomy surgical procedures due to the procedures being cosmetic in nature.

DISCLAIMER
Gateway Health's (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

*The full version of this medical policy is available on the Gateway provider website at: http://gatewayhealthplan.com/MedicalPolicies

MEDICAL POLICY

MEDICAID

Skin Replacement Therapy for Chronic Non-healing Wounds in the Outpatient Setting

CLINICAL MEDICAL POLICY	
Policy Name:	Skin Replacement Therapy for Chronic Non-healing Wounds in the Outpatient Setting
Policy Number:	MP-032-MD-PA
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	03/14/2018
Revision Date:	N/A
Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY:

Gateway Health℠ provides coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary skin replacement products when used in the treatment of chronic, non-healing wounds. The specific conditions that warrant the use of skin replacement therapy include chronic non-healing wounds, such as diabetic foot ulcers or venous leg ulcers.

DISCLAIMER

Gateway Health's (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

*The full version of this medical policy is available on the Gateway provider website at: http://gatewayhealthplan.com/MedicalPolicies

IMPORTANT PHONE NUMBERS

MEDICARE ASSURED IMPORTANT PHONE NUMBERS

FOR INQUIRIES, PLEASE CALL PROVIDER SERVICES
MONDAY – FRIDAY, 8 A.M. – 4:30 P.M.
1-855-847-6380 (KY)
1-855-847-6430 (NC)
1-888-447-4505 (OH)
1-800-685-5209 (PA)

TTY/TDD (FOR ALL DEPARTMENTS)
24 HOURS A DAY, 7 DAYS A WEEK
711 or
1-800-648-6056 (KY)
1-800-735-2962 (NC)
1-800-750-0750 (OH)
1-800-654-5988 (PA)

MTM (Transportation Services)
MONDAY – FRIDAY, 8 A.M. – 5 P.M.
SATURDAY 9 A.M. – 1 P.M.
1-844-549-8363 (KY, NC and OH)
1-866-670-3063 (PA)
TTY is 1-800-855-2880

VOIANCE LANGUAGE SERVICES
24 HOURS A DAY, 7 DAYS A WEEK
(Offers bilingual interpreters at a special Gateway rate)
1-866-742-9080, ext. 1
www.voiance.com/gateway

MEDICAID IMPORTANT PHONE NUMBERS

CALL TO INQUIRE ABOUT:

MEMBER PROGRAMS
MONDAY - FRIDAY, 8:30 A.M. - 4:30 P.M.
1-800-392-1147
- Care Management, select option 1
- Maternity/MOM Matters®, select option 2
- Asthma/ Cardiac/ COPD/ Diabetes, select option 3
- Preventive Health Services/ EPSDT/Outreach, select option 4

FRAUD AND ABUSE AND COMPLIANCE HOTLINE
24 HOURS A DAY, 7 DAYS A WEEK
1-800-685-5235

(Voicemail during off hours. The call will be returned the next business day.) Please do not leave multiple voicemail messages or call for the same authorization request on the same day.

TTY/TDD (FOR ALL DEPARTMENTS)
MONDAY - FRIDAY, 8 A.M. - 5 P.M.
711 or
1-800-682-8706