



JUNE 2019
PROVIDER BEAT

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We are committed to being your payer of choice and thank you for engaging with us as you read *Provider Beat*, our provider newsletter.

GlobalHealth wants to align our objectives and incentives so we can all achieve improved cost, quality and service results. We believe in fostering greater accountability as we link arms together and remain committed to your patients/our members. This newsletter provides an opportunity to increase communication with your practice and provide important updates.

Provider Manual

Our provider manual is a reference tool which describes GlobalHealth policies and procedures and is designed to assist you as a participating Provider in the GlobalHealth Network. It is important for you to know the GlobalHealth processes.

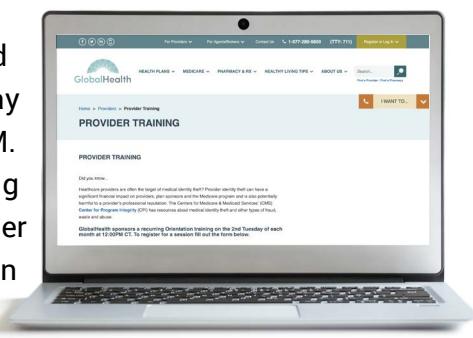
Please read this document carefully as it contains information that will help us work together more efficiently and effectively.

GlobalHealth will keep you informed of important changes in our policies, procedures and benefits. The Provider manual can be found on the Provider Tab of the GlobalHealth site and by the link provided below.

https://www.globalhealth.com/media/3976/2019_providermanual_final.pdf

GlobalLink Training

GlobalLink trainings are webinar based and are held on the 1st and 3rd Tuesday of each month from 12:00PM to 1:00PM. You can register for a webinar training on the GlobalHealth site under the Provider Tab. You can also reach the registration page by the link provided below.



<https://www.globalhealth.com/providers/globallink-provider-training/>

GlobalHealth News:

GlobalHealth and Evolent Health Launch "True Health" to Support Provider-Led Medicare Advantage Plans

We're pleased to share with you that GlobalHealth and Evolent Health are launching "True Health" to support provider-led Medicare Advantage plans as we continue in our quest to deliver the best healthcare coverage in the industry!

Please visit our News and Events section on our website to read the full press release on this announcement.



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What Qualifies for a Special Enrollment Period for Medicare?

Special Enrollment Period (SEP) Opportunities that may be available to your patients:

- Is the patient turning 65?
- Has the patient turned 65 in the last 3 months?
- Does the patient have both Medicare and Medicaid?
- Has the patient moved outside of the service area of his/her current plan?
- Does the patient now or no longer qualify for Extra Help under Medicare?
- Did the patient involuntarily lose his/her credible prescription drug coverage?
- Is the patient leaving employer or union coverage?
- Was the patient involved in a natural disaster causing him/her to miss the annual enrollment period?
- Was the patient recently released from incarceration?
- Has the patient recently returned to the United States after living permanently outside of the United States?
- Has the patient recently obtained lawful presence status in the United States?
- Has the patient recently moved in or out of a long-term care facility?

Target Improvements for 2019

GlobalHealth has selected three HEDIS measures and one CAHPS Member survey measure as important improvement targets for 2019. The measures focus on healthcare “best practices” in preventive care, appropriate use of resources and improving member care and experience.

- Avoidance of Antibiotics in Adults with Acute Bronchitis (AAB) (HEDIS): Adults with a diagnosis of acute bronchitis who were **not dispensed** an antibiotic prescription.
- Cervical Cancer Screening (CCS) (HEDIS): Women who were screened for cervical cancer using either one of the approved testing methods.
- Use of Imaging Studies for Low Back Pain (LBP) (HEDIS): Use of imaging studies for low back pain for members who had a primary diagnosis of low back pain and **did not** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.
- Coordination of Care (CAHPS): Improving patient outcomes and satisfaction by improving communication between care providers.

For detailed information on each target measure and what you can do, please see the Quality section under Resources. If you would like more information or training about HEDIS, CAHPS or our other quality improvement activities, please contact us at:

(405) 280-5300 | (877) 280-5300 TTY: 711
Monday-Friday 9:00AM - 5:00PM Central
quality@globalhealth.com



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ActiveRadar

GlobalHealth has partnered with ActiveRadar, a healthcare analytics and patient education company, offering a smarter approach to prescription drug savings. ActiveRadar is providing our 2019 commercial members a one-time education outreach campaign to help lower their prescription drug costs. Our commercial members will receive a letter informing them of a low-cost alternative for their prescription drug(s). They are also educating you, the provider, of these low-cost alternatives. You will receive a letter from ActiveRadar containing a list of patients with their current medication(s), and the identified low-cost alternative(s). Action will be requested if it is appropriate. If you do not do anything, your patient, our member, will miss out on the opportunity to save money.



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After Hours

GlobalHealth requires all Network Physicians to provide services, both clinical and nonclinical, that are readily available, accessible, and appropriate when medically necessary (24 hours/7 days a week) to all enrollees.

GlobalHealth recommends that providers use one of these methods to assist our members after regular business hours:

- 1.** A professional answering service that contacts you or the provider covering for you
- Or -**
- 2.** A high-quality voice mail system that tells members how to reach you or your covering provider in an emergency, including phone numbers and what to do in an emergency.



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Provider Education: Medicare Fraud, Waste and Abuse

GlobalHealth has a contract with The Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare Advantage Program. As a Medicare Advantage plan, GlobalHealth must comply with laws that apply to the Medicare Program. This includes those pertaining to Fraud, Waste, and Abuse.

Fraud May Include:

- Knowingly or intentionally submitting false claims or making misrepresentations in order to obtain payment from a federal healthcare program that otherwise would not be received.
- Knowingly or intentionally soliciting, receiving, offering, or paying anything of value to induce or reward referrals for items or services that are reimbursed by federal healthcare programs.
- Waste and Abuse includes practices that directly or indirectly result in unnecessary costs to the Medicare Program such as:
 - Billing for unnecessary items/services.
 - Ordering excessive tests that are not medically necessary.
 - Misusing codes on a claim, such as upcoding or unbundling.



The Federal False Claims Act

It is important for providers to understand that under the Federal False Claims Act, no intent to commit fraud is required. Civil Monetary Penalties (CMPs) and fines may be assessed when the government can show the provider knew or should have known false claims were submitted and acted in deliberate ignorance or reckless disregard of those claims. In addition, providers may be excluded from participation in federal healthcare programs – including Medicare, Medicaid, Tricare, and Medicare Advantage. During FY 2018, the Office of the Inspector General (OIG) reported 2,712 individuals and entities were excluded from participation in the federal healthcare programs.



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Providers Should Remember:

When you bill for services provided to a Medicare beneficiary, you are submitting a claim to the federal government. If you knew or should have known a claim was incorrect, the attempt to receive payment for those services is illegal.

Examples of Improper Claims Include:

- Billing diagnosis codes that reflect a more severe illness than the patient has (upcoding).
- Billing procedure codes that are more extensive than the service provided (upcoding).
- Billing a higher E&M level than warranted (upcoding).
- Billing separately for services already included in a global fee (unbundling).
- Billing an inappropriate modifier that results in overpayment (upcoding or unbundling).
- Billing services not provided or not documented in the record.
- Billing services performed by an unqualified or improperly supervised employee.
- Billing services performed by an individual that is excluded from participation in federal healthcare programs.

What should I do as a Provider to ensure compliance and protect myself?

- Maintain complete and accurate medical record documentation to support billing.
- Make sure employees that submit claims on your behalf are properly trained.
- Conduct regular auditing and monitoring of coding, billing, and documentation.
- Submit timely corrected claims when billing errors are identified.

Resources:

Federal False Claims Act
31 U.S.C. Sections 3729–3733.
Criminal Health Care Fraud Statute – 18 U.S.C. Section 1347.
Exclusion Statute – 42 U.S.C. Section 1320a-7.
Civil Monetary Penalties Law – 42 U.S.C. Section 1320a-7a.
CMS Fraud and Abuse Educational

Products:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLNWBTs-for-CE-Credit.pdf>

Websites:

www.cms.gov
www.oig.hhs.gov

Questions concerning this article may be submitted to compliance@globalhealth.com



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Pharmacy

GlobalHealth is continually identifying ways to help our members. We have partnered with CLICKOTINE® to help with smoking cessation, provide substance use services, and offer plan benefits with \$0 cost-share for a 90-day supply on select maintenance drugs. On pages 8-10, you will find more information on each topic.

Tobacco Cessation Programs

Tobacco use is one of the most preventable causes of death and disease in the U.S. GlobalHealth aims to help to reduce the number of members who use tobacco products, increase awareness of tobacco cessation programs and improve the overall health of members.

As of January 2019, GlobalHealth has partnered with CLICKOTINE®, a digital therapeutic program for smoking cessation. With CLICKOTINE® Commercial members have access to live coaching, a clinical call center and quitting aids, including nicotine replacement therapy. For more information please visit <https://www.clickotine.com/>.

GlobalHealth encourages providers to ask patients about their tobacco use, including E-Cigarettes (vaping). GlobalHealth supports tobacco cessations with several options for both Medicare Advantage members and Commercial members.

**For more information go to
www.GlobalHealth.com/tobacco-cessation.**

Opioid Program

To address the Opioid use epidemic for our Medicare members in 2019, GlobalHealth provides substance use services through our behavioral health delegate, Beacon Health Options. Inpatient services include medical substance abuse detox, inpatient substance abuse rehabilitation programs and partial hospitalization programs.

For outpatient and intensive outpatient services, we currently have 26 practitioners and 7 outpatient facilities that provide a program with Suboxone or Methadone treatment for our Medicare Advantage members.



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\$0

GlobalHealth Medicare Advantage Zero Copay Drugs

It is our goal at GlobalHealth to offer our members the best products and services without compromising the quality of healthcare. At the same time, we understand the importance affordability plays in our members' ability to remain adherent to their drug regimen. Therefore, GlobalHealth is proud to inform our providers of our plans' \$0 cost-share for a 90-day supply on select maintenance drugs for the 2019 plan year!

Below are two lists of common maintenance medications from plan formularies that are eligible for the \$0-member cost-sharing. To be eligible, it would require a 90-day prescription of the listed drug to be prescribed and filled at a Preferred* network pharmacy or CVS mail order pharmacy (\$0-member cost-share is not available at a Standard** network pharmacy).

* Examples of Preferred network pharmacies include, but not limited to, Walmart, CVS/Pharmacy

** Examples of Standard network pharmacies include, but not limited to, Walgreens, Reasor's, Costco

If your patient is a member of one of our GlobalHealth Generations Medicare Advantage plans, please help them take advantage of the potential cost savings by either switching his/her medication to one of the listed maintenance alternatives, if appropriate, or if they are already taking one of the listed drugs, changing the prescribed quantity to a 90-day supply!



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GENERATIONS CLASSIC & STATE OF OKLAHOMA RETIREES TIER 6

- \$0 COPAY* | GAP COVERAGE**

STATINS	ORAL DIABETIC DRUGS	ACE INHIBITORS	ARBs
Atorvastatin	Glimepiride	Benazepril	Irbesartan
Lovastatin	Glipizide	Fosinopril	Irbesartan/HCTZ
Pravastatin	Glipizide ER	Lisinopril	Losartan
Simvastatin	Glipizide XL	Lisinopril/HCTZ	Losartan/HCTZ
	Metformin	Quinapril	Valsartan/HCTZ
	Metformin ER	Ramipril	
	Pioglitazone		

*\$0 copay only applies when the patient fills a 90-day supply at a Preferred Retail or CVS Mail Order Pharmacy. Preferred Retail Pharmacies include Walmart, Sam's Club and CVS. **Cost-Share is the same in the Gap Stage as it is in the Initial Coverage Stage.

GENERATIONS SELECT TIER 1 - \$0 COPAY* | GAP COVERAGE**

STATINS	Enalapril	Telmisartan/Amlodipine
Atorvastatin	Enalapril	Telmisartan/HCTZ
Atorvastatin/Amlodipine	Fosinopril	Valsartan
Fluvastatin & Fluvastatin ER	Fosinopril/HCTZ	Valsartan/Amlodipine
Lovastatin	Lisinopril	Valsartan/HCTZ
Pravastatin	Lisinopril/HCTZ	Valsartan/Amlodipine/HCTZ
Rosuvastatin	Moexipril	
Simvastatin	Moexipril/HCTZ	
Simvastatin/Ezetimibe	Perindopril	
	Quinapril HCL	
	Quinapril/HCTZ	
	Ramipril	
	Trandolapril	
ORAL DIABETIC DRUGS		OTHER
Glimepiride		Alendronate tabs
Glipizide, Glipizide ER, Glipizide XL		Amiodarone 200mg
Glipizide/Metformin		Amlodipine
Metformin & Metformin ER		Atenolol
Nateglinide		Bisoprolol/HCTZ
Pioglitazone		Carvedilol
Rapaflinide		Clonidine
ACE INHIBITORS	ARBS	Furosemide
Benazepril	Candesartan	Hydrochlorothiazide
Benazepril/Amlodipine	Candesartan/HCTZ	Metoprolol Tartrate Tabs
Benazepril/HCTZ	Irbesartan	Pacerone 200mg
Captopril	Irbesartan/HCTZ	Spironolactone
Captopril/HCTZ	Losartan	Terazosin
	Losartan/HCTZ	Triamterene/HCTZ
	Olmesartan	Verapamil HCL Tabs
	Olmesartan/Amlodipine	(regular release)
	Olmesartan/HCTZ	
	Telmisartan	

*\$0 copay only applies when the patient fills a 90-day supply at a Preferred Retail or CVS Mail Order Pharmacy. Preferred Retail Pharmacies include Walmart, Sam's Club and CVS. **Cost-Share is the same in the Gap Stage as it is in the Initial Coverage Stage. This list is not all inclusive of all Tier-1 medications. To see a full list, please refer to the GlobalHealth Generations Select Formulary.



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GlobalHealth Provider Directory

Maintaining an accurate and current Provider Directory is a State and Federal regulatory requirement, as well as an NCQA required element. Invalid information can negatively impact Member access to care, Member assignments and referrals. Additionally, current information is critical for timely and accurate claims processing.

It is important for you, as a contracted Provider, to ensure GlobalHealth has accurate practice and business information. GlobalHealth is required to audit and validate our Provider Network data and Provider Directories on a routine basis. Accurate information allows us to better support and serve our Provider Network and Members. Providers must validate the Provider Online Directory information at least quarterly for correctness and completeness. As part of our validation efforts, we may reach out to you through various methods, such as: letters, phone campaigns, face-to-face contact, fax and fax-back verification, etc.

CAQH

GlobalHealth is proud to announce that we are contracted with CAQH. This allows GlobalHealth to confirm that you are trained, certified and licensed to provide care. You submit one standard credentialing application to a single source to complete the credentialing requirements of GlobalHealth, thus making the process less time consuming for you.



BETTER
CARE



LOWER
COSTS



IMPROVED
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