

Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS

Issue 24 Summer 2022

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The Value of Your Feedback Does Pay Off

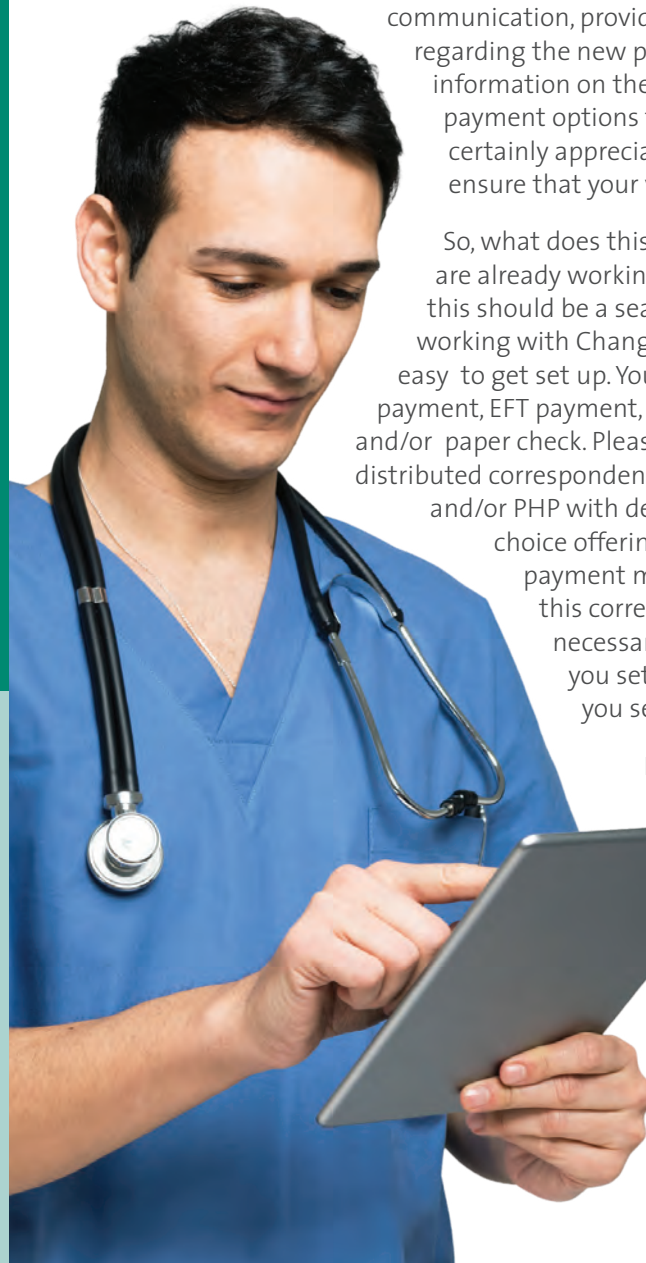
PHP is excited to share the great news that beginning summer 2022, AHF will partner with Change Healthcare and ECHO Health, Inc. to provide PHP network providers with more choices in payment methods to receive payments. Recent feedback from our network providers indicated that quicker reimbursements and more efficient payment reconciliations are high provider priorities and we are truly excited to offer additional payment solutions to meet these priorities.

Network providers should have already received an electronic communication, provider bulletin, fax, and/or letter regarding the new payment capacity as well as detailed information on the expanded choice offerings in payment options for you to receive your payments. We certainly appreciate your feedback and have acted to ensure that your voices are heard!

So, what does this look like for you? Well, if you are already working with Change Healthcare and ECHO this should be a seamless process. However, if you are not working with Change Healthcare and ECHO you will find it easy to get set up. You will have the option of a virtual card payment, EFT payment, Medical Payment Exchange (MPX), and/or paper check. Please be sure to review the relevant distributed correspondence from Change Healthcare & ECHO and/or PHP with detailed information on the payment choice offerings so that you can decide which payment method is best for you. Additionally, this correspondence will provide you with the necessary actions needed by your office to get you set up based on the payment option that you select.

Remember, your feedback is always valuable to PHP and provides us with the insight that we need to invoke the type change that pays off!

**Change Healthcare is committed to data privacy and security, and the prevention of fraud. We employ the latest intrusion prevention and fraud mitigation technologies to protect our clients. Our fraud mitigation strategy includes specific authentication, identity and account verification vendor technologies, and robust internal fraud prevention protocols to identify potential fraud before processing payments to enrolled accounts.*



Visit us 24/7 on the web:
PHP FL: www.php-fl.org

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Ft. Lauderdale, FL 33316

May-Mental Health Awareness Month

May was Mental Health Awareness Month and serves as a national movement to raise awareness and advocacy for mental health. This year's theme was 'Together for Mental Health', signifying the collective advocacy and effort needed for spreading awareness and equitable and quality access to care. Mental health includes our emotional, psychological, and social well-being. Both mental and physical health are equally important when it comes to overall health and wellbeing. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke.

Mental health illnesses are among the most common health conditions in the United States; 1 in 5 Americans will experience a mental illness in a given year. It's important to combat stigma about mental health and recognize the social factors that affect mental health.

Healthcare providers have a unique opportunity to serve as leaders and advocates for members' mental health support. PHP members' mental health benefits are now provided by Magellan Health. To find our mental health providers, visit: www.positivehealthcare.net/provider-find



HEDIS: Blood Pressure

Does this Blood Pressure Meet the Measure?

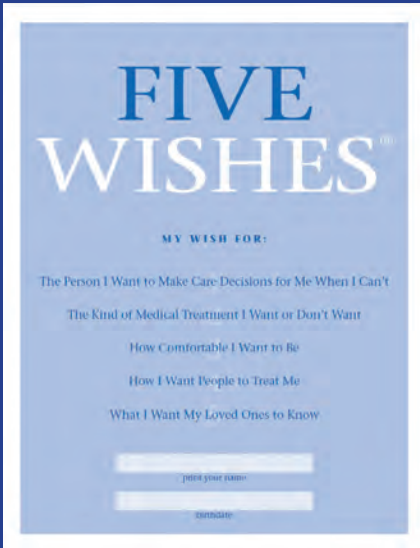
	READING	PASS / FAIL THE MEASURE
BP #1	140/75	Fail- systolic not less than 140
BP #2	138/90	Fail- diastolic not less than 90
BP #3	139/89	Pass

As you probably know, the measure for controlling blood pressure (CBP) requires blood pressures readings to be below 140/90. The graph shows blood pressure reading examples from charts.

What can you do?

- Retake the blood pressure! The lowest systolic and lowest diastolic can be used for same date of visit!
- Monitor blood pressure readings each visit.
- Ask about blood pressure readings during telemedicine calls and document the patients' readings.

Advance Directive/Advance Care Planning Virtual Classes



AHF is offering monthly virtual “Five Wishes Workshops” so AHF patients and PHP members can complete an advance health care directive, also known as living will. There are physician pay-for-performance indicators, as well as health plan indicators, that measure the number of patients with an advanced directive

in their medical record. The measure is often referred to as “Advanced Care Planning.” Currently, this measure requires annual documentation in the patient’s medical record consisting of one of the following:

- The presence of an advance care plan in the medical record on or before December 31 of the measurement year.
- Documentation of an advance care planning discussion with the provider and the date when it was discussed. The documentation of discussion must be noted during the measurement year.
- Notation that the member previously executed an advance care plan. The notation must be dated on or before December 31 of the measurement year.

Please see schedule to the right and encourage your PHP patients to make a reservation to attend one of the advance directive classes by calling Member Services. Florida plan enrollees call 888-456-4715.

AHF patients who use AHF Healthcare Centers regardless of their insurer are also encouraged to attend advance directive classes. AHF patients who wish a reservation should call AHF Patient Relations at 800-263-0067.

FIVE WISHES 2022 CLASS SCHEDULE

(Last Friday of every month except November and December)

Date Time

Jun 24	12:30 PST / 3:30 EST
Jul 29	12:30 PST / 3:30 EST
Aug 26	12:30 PST / 3:30 EST
Sep 30	12:30 PST / 3:30 EST
Oct 28	12:30 PST / 3:30 EST
Nov 18	12:30 PST / 3:30 EST
Dec 16	12:30 PST / 3:30 EST



HEDIS Quality Improvement Initiatives

Member Incentive Programs

PHP health plans are offering a gift card incentive to select members for completing their recommended screenings! The plan will send members who qualify for these incentive programs a notice in the mail informing them of their eligibility and what screening(s) to complete to obtain the incentive(s). The plan will send follow up email and text messages to these members to ensure they are aware their screenings are due.

Please note that members may come to you with questions regarding the notice and the plan's incentive programs. Should this happen, please let them know, we are working to improve their health and their quality of life through screening activities. We request that you encourage members to complete the requested screening(s) and reinforce the message that they are beneficial and are covered by the health plan.

IMPORTANT: Only those who qualify for a preventive health screening incentive will receive an outreach notice. Copies of these notices are not to be made and distributed to other patients.

The plan's preventive health screening program includes:

- Colonoscopy for members age 45-75 who have not completed one in the last ten years. The plan will send members who complete a colonoscopy a \$100 gift card when they return the signed form to the plan and the plan verifies the encounter.
- Cologuard in-home screening kit for members age 45-75 who have not completed one in the last ten years. The plan will send members who complete a Cologuard kit a \$40 gift card when they return the signed form to the plan and the plan verifies the kit was processed
- Retinal eye exams for diabetic members who have not completed one in the past year. The plan will send members who complete a retinal eye exam a \$20 gift card when they return the signed form and the plan verifies the encounter.

The plan sent notices to eligible members along with a return envelope for members to complete a screening incentive form and send back. This year, the plan has included an option for members to use the QR Code on the form to scan and complete it online.



For any questions regarding these member incentive programs, please contact the Health Education Program at 323-436-5027.



2022 HEDIS Campaign

CAMPAIGN 2022 HAS BEGUN!

Q1 & Q2

Focus is on Colorectal Cancer Screening

Controlling High Blood Pressure

Q3

Focus is on Diabetic Retinal Eye Exams and HBA1c Testing



AHF Healthcare Center staff are able to follow your Healthcare Center's success in Evidian.

On the Home page under AHF Custom Reports:

- Click on Campaign 2022
- Click on the RED percentage to see your patients not meeting the measure.
- Go to ACTIONS > EXPORT > pick your report type and print out your GAP LIST to have a working document.

AWARDS:

- Lunch or Continental Breakfast awarded Monthly
 - o For top HCC per Bureau each month
 - o For most improved in each Bureau each month
- Quarterly
 - o 5,000 Above and Beyond Points awarded to all staff in the top performing Healthcare Center/Bureau

PROVIDER SPOTLIGHT

Would you like to be featured in a future provider newsletter as our spotlight provider? Positive Practice is a quarterly publication, that is distributed nationally to all of our network providers. This spotlight is a great opportunity to feature our wonderful providers and highlight the great work that you all do.

If you are interested, please email:
Health.Education@ahf.org

Cultural Competency

Cultural competency is an area in which physicians of all races must work to insure they are giving their patients the best possible care. Culture is a concept that refers to integrated patterns of human knowledge, beliefs, and behaviors that depend on human capacity for learning and transmitting knowledge to succeeding generations. Culture also relates to customary beliefs, shared attitudes, values, goals, practices, social forms, and material traits of a racial, religious, or social group (Office of Minority Health [OMH], 2001).

HIV x Latinx

Latinx is a gender-neutral term, sometimes used to refer to people of Latin American cultural or Hispanic ethnic identity in the United States (US). Currently, PHP membership proportionally reflects HIV/AIDS statistics. HIV/AIDS is drastically affecting the Latinx community. According to the Centers for Disease Control and Prevention (CDC), although the Latinxs in 2001 formed only 13.2% of the U.S. population, they accounted for one-fifth of all AIDS cases. From 1999 through 2003, AIDS cases among Latinxs increased by 26.2% (CDC, 2003b).

Many cultural, socioeconomic, and environmental factors have an impact on the Latinx population infected with, or affected by HIV/AIDS. By becoming aware of these factors and responding to them accordingly, health care providers can decrease current health disparities affecting Latinxs with and at risk for, HIV/AIDS. Providers can use this awareness to increase the effectiveness of their patient encounters and facilitate an improvement in the health outcomes of their Latinx patients. This in turn can significantly help to meet the increasing needs of Latinxs infected and affected by HIV/AIDS, and over the next several years may also help reduce the number of HIV cases among the Latinx population.

The HIV/AIDS epidemic has principally affected specific social and racial/ethnic groups that have already experienced discrimination and socioeconomic disparities within our society. Health care providers' ideas, perceptions, and images of these populations affect expectations of patient-provider relationships. Stereotypes and prejudices can create multiple barriers to available resources and can result in the obstruction of adequate medical services for patients seeking care.



Medicaid Member Redetermination

With the COVID-19 public health emergency ending in the near future, the Centers for Medicare and Medicaid Services is requiring that state Medicaid agencies restart annual Medicaid beneficiary redeterminations. When the public health emergency was called in January 2020, state Medicaid agencies stopped the redetermination process. We have had more than two years without having to do the redetermination process.

Now all Medicaid members/patients must prepare for this process. First thing, they need to be certain that their Medicaid agency has their current contact information. If a member has moved anytime between 2019 and now and did not submit a change of address to their Medicaid agency, they may not be able to contact them to complete the redetermination packet for their coverage to be continued.

Providers can help members reduce the risks of having their Medicaid coverage terminated by reminding them to update their contact information and complete the redetermination process once that receive it.

Keeping our members covered is part of keeping them in care.

Our Plan's Population Needs Assessment (PNA) Cultural Competency Objective

Increase (HIV) Viral Load Suppression among Hispanic/Latinx members to equal to or greater than 95% by July 1, 2021. (Data source: AHF BI portal data 2020-2021)

The BESAFE model for cultural competency suggested by the National Minority AIDS Education and Training Center was developed to assist healthcare providers in fostering a relationship of mutuality and health promotion.

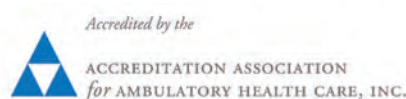
B.E. S.A.F.E Model

- Barriers to Care: real or perceived gaps to receiving or providing quality health care.
- Ethics: a set of principles used to determine “right” or “wrong behavior.
- Sensitivity of the Provider: cultural awareness and sensitivity on the part of the provider.
- Assessment: ability to collect data in the context of the patient’s culture.
- Facts: understanding of patients’ cultural beliefs and values, as well as awareness of health disparities and biological variations in HIV/AIDS.
- Encounters: awareness of cultural norms related to Latinx verbal and nonverbal communication.

Effectively treating the Latinx HIV/AIDS patient requires a commitment to culturally competent care. Culturally competent care will aid in the elimination of current health disparities and increase positive patient outcomes. The information provided in the Latinx BE SAFE model can be used as a guide for health care providers who wish to increase their knowledge about the Latinx culture and issues facing Latinx patients infected with, or affected by, HIV/AIDS. The Latinx BE SAFE model can serve as an effective tool to increase the capacity of health care providers to treat Latinx patients with HIV/AIDS.

While it is good to learn some specifics about the Latinx culture, health care providers should remember that the Latinx population is very diverse. Providers must be cautious of stereotyping Latinx patients and should remember that individual experiences will result on each patient having his or her own unique, idiosyncratic culture. Providers who are committed to providing culturally competent care will strive to maintain an open and understanding attitude toward their patients’ cultural beliefs, values, and backgrounds, and will make efforts to treat each and every Latinx patient with the respect they deserve. The process of “becoming” culturally competent is a continual learning progression, and for this reason, each patient provider interaction should be viewed as an opportunity for increased learning.

https://targethiv.org/sites/default/files/file-upload/resources/BESAFE_Latino_2004.pdf



COVID Updates

The Covid-19 pandemic continues around the world; however, the response to this infection is changing. Different variants (changed viruses) are developing in different areas, but often are shared globally. The variants infect populations that now differ by having had prior infections, vaccination status and socioeconomic conditions who share the world.

Vaccines are readily available in the US, but recommendations for their use have, of necessity, changed. These changes have been necessary for two major reasons. Mutations change the virus in a way that makes it more likely to spread. One of the ways the virus changes is to make it less susceptible to prior immunity, either from vaccination or prior infection. To overcome the increased ability for the new variants to infect people with immunity, booster vaccine shots are recommended, as they increase a person's prior immunity to a more protective level. The second reason vaccine recommendation change is that the level of a person's immunity wanes with time. This is true for all vaccines. This decreased immunity may not be enough to prevent infection, but should still prevent severe disease in most people. New vaccines are being developed which may prove to be more protective against the newer variants, and may be recommended in the future. We have already learned that vaccines for some viruses, like influenza, need to be given every year.

It is likely that we will be dealing with waves of infection from variants for some time. So far vaccination has been very effective in preventing severe disease and death. A non-vaccinated person is 20 times more likely to die if infected and 3 times more likely to be infected. Since only infected people can transmit the virus, and

vaccines are not 100% effective in preventing infection, not being vaccinated not only makes it more likely a person will be infected, it increases the risk of infecting other non-vaccinated people as well as people who have chosen to be protected by vaccination. Another remarkable advance has been the development of oral medication, Plaxlovid, which if taken early in infection, reduces the risk of severe disease by close to 90%, and is recommended for use with documented Covid-19 at high risk of severe disease, such as older age. Unfortunately, misinformation about Covid-19 oral treatment, like misinformation about vaccination, has created confusion and made the response to this epidemic less effective, causing increased economic problems, suffering and unnecessary deaths. Vaccines are safe and effective and should be used, and the oral medications hydroxychloroquine and albendazole are not effective yet have been recommended for political or financial reasons. Fighting misinformation is important in dealing with this health care emergency.

Masks and minimizing indoor situations likely to increase the risk of infection should continue to protect against all variants. These measures are likely to be in place in health care facilities, and may become more widely recommended. However, even if not required, wearing masks indoors does decrease infection risk and a person may choose to wear them to protect themselves and other people, especially those who might have a poor outcome if infected. N-95 or KN-95 masks are the most protective.

AHF has policies designed to give maximal protection to our patients and employees from Covid-19. We appreciate your understanding and help during this health care crisis.

VACCINATION SCHEDULE (5/2022)												
Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month	8 month	9 month	10 month	11 month
Pfizer-BioNTech (ages 5-11 years)	1st dose	2nd dose (3 weeks after 1st dose)										
Pfizer-BioNTech (ages 12 years and older)	1st dose	2nd dose ¹ (3 - 8 weeks after 1st dose)					Booster dose ² (at least 5 months after 2nd dose)				See footnote ³	
Moderna (ages 18 years and older)	1st dose	2nd dose ¹ (4 - 8 weeks after 1st dose)					Booster dose ² (at least 5 months after 2nd dose)				See footnote ³	
Janssen (ages 18 years and older)	1st dose		Booster dose ² (at least 2 months after 1st dose)				See footnote ³					

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula "1 month = 4 weeks." Intervals of 4 months or more are converted into calendar months.

* See Guidance for COVID-19 vaccination for people who are moderately or severely immunocompromised for schedule of people who are moderately or severely immunocompromised.

¹ An 8-week interval may be optimal for some people ages 1 and older, especially for males ages 12-39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately or severely immunocompromised; adults ages 65 and older; and in situations in which there is increased concern about COVID-19 community levels or an individual's higher risk for severe disease.

² A booster dose is not currently authorized for people ages 5-11 years. For people ages 12-17 years, only Pfizer-BioNTech can be used. An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 Vaccine for booster vaccination of people ages 18 years and older.

³ People age 18-49 years who received Janssen COVID-19 Vaccine are both their primary series dose and booster dose may receive an mRNA COVID-19 booster dose at least 4 months after the Janssen booster dose. People age 50 years and older may choose to receive a second booster dose if it has been at least 4 months after the first booster dose.