QUARTERLY HIGHLIGHTS

Clinical Practice Guidelines—Advanced Health

Provider Manual

Member Handbook

Oregon State Drug Review

Provider Notifications

DON'T FORGET, you can easily access our provider portal to check member eligibility, authorization status, claim status and more. Visit https:visibiledi.com/advancedhealth/Home/Login

Claims Notice Effective October 1, 2024

All replacement and void claim submissions (indicated by frequency codes 7 or 8, respectively) submitted to Advanced Health must include a valid claim number in Loop 2300 REF02 (Payer Claim Control Number) with qualifier F8 in REF01. Claims with a frequency code of 7 or 8 lacking a valid original claim number in Loop 2300 REF02 will be rejected with the message "ICN format invalid for payer." Note that this does not apply to crossover claims for dual-eligible members received from either CMS or Regence.

The claim number provided in Loop 2300 REF02 must correspond to the original (finalized) Advanced Health claim that you intend to void or replace. Please note that the original claim will be entirely nullified (reversed).

In the case of a replacement claim (frequency code 7), it is imperative to resubmit all charges from the original claim for which you seek reimbursement.

Additionally, please be aware that any resubmitted (corrected) claims without a frequency code of 7 may be denied as a duplicate claim submission unless the claim was previously voided.

Active Living A1Cya Later Program

The A1Cya Later Program is a 13-week Diabetes Empowerment Program which includes virtual diabetes education and group coaching, physical training, and individual wellness coaching. The curriculum used for this program is adapted from "DEEP – Diabetes Empowerment and Education Program", in combination with local professionals in education and health. Advanced Health is looking to sponsor members who are having trouble controlling their A1C and are committed to improving their health. The program is set to begin in October. For additional details please reach out to Lisa Frischkorn, Director of Member Services at Lisa.frischkorn@advancedhealth.com
For more information, click here.

CCO 101 Tour Coming Soon

We are planning an Informational Session to give you a comprehensive look at who we are and what we do. We will be announcing several dates coming this fall. The purpose is to give you a brief overview of each department, their primary roles, functions and contacts to make sure you can get to the right department or person when you need support or information.

SFTP Site Reminder

To streamline processes and provide clinics with the timeliest information, as of August 1st, we have begun generating automated nightly PCP Assignment Lists for each clinic, which can be downloaded by your IT (or other appropriate) staff via SFTP. Consequently, we will no longer be sending out the monthly assignment lists from this date forward. Please note that for those clinics that receive capitation payments, we will also begin distributing the monthly PCP Capitation EOP's to your SFTP folder (in lieu of email) starting in September.
If you have not accessed your SFTP, reach out to ITsupport@advancedhealth.com with any questions or issues.
For all other non-technical inquiries, please reach out to our Provider Relations Representative, Dani Thompson, at dani.thompson@advancedhealth.com.

HEALTH RELATED SOCIAL NEEDS—UPDATE

Climate Services Utilization Overview
March 1, 2024—Current:

66 unique member requested HRSN services via referral
2 devices per referral on average
80% of referrals are member self-referrals
20% of referrals are from Unite Us

52% approval rate
# of units delivered: 66
- **Shipped to member: 59**
- **Delivered and Installed via Community Connector organization: 7**

Air Conditioner is the most frequently requested item.
Not meeting population criteria is the most frequent denial reason.
"A risk of homelessness" is the most frequent population criteria met for approvals.

Advanced Health's Provider Network Shines in Population Health Metrics

Advanced Health, headquartered in Coos Bay, exceeded targets in multiple areas including almost doubling the target goal for depression screening while also demonstrating strong improvement in childhood dental care and treatment and prenatal and postpartum care. Childhood dental service exceeded targets in both 1-5 and the 6-14 age groups by double digits.

ADVANCED HEALTH NOTIFICATIONS FOR PROVIDERS

As we receive new information and updates, our Provider Relations team send our providers notifications. You can find current and past notifications on our website **HERE**.

CLINICAL PRACTICE GUIDELINES

The CCO ensures that decisions are based on valid and reliable clinical evidence and are consistent with the guidelines. Advanced Health uses evidence-based practice guidelines to promote the highest quality clinical and health outcomes for our members. Evidence-based medicine takes into account the quality of evidence and the confidence that may be placed in findings.

Click **HERE** to learn more.

COMPLIANCE MATTERS
OHP Member Agreement to Pay forms.

If a health, pharmacy, or birth service is not covered by the Oregon Health Plan, the member may choose to pay out of pocket. The service must be identified with a corresponding CPT or HCPCS code, and it is also considered a "non-covered" service through OHA.

There have been multiple inquiries regarding using an internal waiver (e.g., physician practice, clinic) versus the formalized waiver from the Oregon Health Authority.

The answer is clear: Before providing a non-covered service, the provider and the member must complete one of the following three forms:
1. OHP 3165- OHP Client Agreement to Pay for Health Services
2. OHP 3166- OHP Client Agreement to Pay for Pharmacy Services
3. OHP 4109- OHP Client Agreement to Pay for Planned Community (Out of Hospital) Birth Services

OHA will only accept this specific version (s) of the form, and it must be fully completed to be considered valid. You can find the form on the Advanced Health website under Provider Forms and Resources, or on the OHA website using the following links:

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3165.pdf

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3166.pdf

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4109.pdf

References:
OAR 410-120-1280 - Billing
OAR 410-141-3565 (5) - Managed Care Entity Billing. "Providers shall use the Authority's and MCE's tools to determine if the service to be provided is covered under the member's OHP benefit package. Providers shall also identify the party responsible for covering the intended service and seek Prior Authorizations from the appropriate payer before providing services. Before providing a non-covered service, the provider shall complete an OHP 3165 "OHP Client Agreement to Pay for Health Services", or OHP "3166 OHP Client Agreement to Pay for Pharmacy Services" or facsimile signed by the client as described in OAR 410-120-1280"

For additional information or questions regarding the OHP forms please contact: Marla Smith, DOCS Compliance Manager at marla.smith@advancedhealth.com