



Provider Watch: June 2021

Provider Watch is a monthly publication to ensure that all network providers have the information and resources they need to serve our members.

Provider Relations Representatives are available to help with questions, concerns and provider education requests. Representatives are assigned to specific regions and provider groups, and can be contacted directly. Access the updated map [here](#).

Visit our website

You are Invited! ITC Provider CAHPS Summit 2021

Register to join Iowa Total Care on **June 22 at 12 p.m. or June 23 at 8 a.m.** for a virtual Provider CAHPS Summit. The hour-long presentation will discuss what our members are saying about their providers and how you can improve their healthcare experience.

Provider Relations Specialists “On the Road Again”—soon!

The Iowa Total Care staff are preparing for in-person meetings after the 15th of September! Our relationships with you are paramount in aiding ITC in transforming the health of each community, one person at a time.

Provider Reminder

As part of the bipartisan opioid bill that Governor Reynolds signed into law in 2018, several requirements affect providers. One of those requirements is mandatory use of the prescription monitoring program (PMP). Beginning October 1, 2021, prescribers will be required to check [the PMP database](#) before prescribing a controlled substance for a member.

Remind Your Patients of the Importance of Adolescent Vaccinations

By the time adolescents turn 13, boys and girls should be immunized with HPV, Meningococcal and Tdap vaccinations. The current Iowa Total Care rate for adolescent

immunizations are meningococcal 72.21%, Tdap 73.24% and HPV is less than half at 25.51%.

Every year in the United States, almost 40,000 men and women are estimated to be diagnosed with a cancer caused by a HPV infection and over 4,000 women die of cervical cancer annually. Immunizing adolescents could prevent more than 90% of the cancers caused by HPV.

It is recommended two doses of the HPV vaccine are given by the patients 13th birthday; however, an estimated 40% of U.S. children only receive the first dose. Research has shown that when *two* doses of the HPV vaccination are given between ages 9 to 12, a greater immune response is achieved.

Recommending the HPV vaccine in the same way and at the same visit as the Tdap and meningococcal vaccines is an effective way of communicating to the parent a need for all three immunizations. Today your child should have three vaccines; which are designed to protect him/her from tetanus, diphtheria and pertussis; cancers caused by HPV; and some forms of meningitis.

CVS Implementation: Attention Pharmacy Providers

All pharmacy claims for Iowa Total Care will be reimbursed beginning July 1, 2021 according to your CVS Caremark Network Enrollment Forms. The claims will be paid according to CVS Caremark processing rules and payment cycles. These will appear on your CVS Caremark 835 or remittance advice.

This change will result in the timing of payments to pharmacies, but it will not result in how reimbursement is calculated or paid.

The pharmacy payment schedule will be a fourteen (14)-day prompt pay to providers. More information will be forthcoming. For questions or concerns, contact your Provider Relations Specialist.

Updates in Pharmacy Coverage

On June 1, Iowa Medicaid made several changes to the preferred drug list and to the prior authorization criteria. We encourage you to choose preferred products when those are appropriate for your patients. Changes can be viewed on [our website](#) or <http://www.iowamedicaidpdl.com>.

Additionally, for some medicines that are buy-and-bill (that is, given in a provider's office or clinic); Iowa Medicaid has recently made additions to the MD and DO fee schedules. Please visit [the Iowa DHS website](#) for details.

Because the number of medications available has increased, Iowa Total Care has updated our prior authorization criteria to reflect the changes and indicate the medical necessity review undertaken for each covered medicine. For example, the drug Ruxience, which is a biosimilar of rituximab and has a code of Q5119, is now on the fee schedule and therefore is payable. It will now become part of a step therapy requirement that is necessary before approval can be granted for the innovator product or for other biosimilars.

For questions about these updates, contact the Iowa Total Care provider service department at 1-833-404-1061.

Interoperability

On 5/1/20, the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) published final companion regulations advancing interoperability in healthcare. The rules are designed to make

health information more easily available to members by implementing industry-wide standards like Application Programming Interfaces (APIs) and Fast Healthcare Interoperability Resources (FHIR) technology and by deterring information blocking. CMS is requiring all health plans to have started this implementation by July 1, 2021 and have messaging available for members to participate.

The Interoperability Rules have three main areas of focus for providers to ensure they are properly supporting digital patient access to healthcare information. These include:

- **Information Blocking Prevention:** Providers will need to have policies and procedures in place to ensure information blocking practices are prevented. These include any practices that interfere with the access, exchange, or use of electronic health information (EHI).
- **Up-to-Date Digital Provider Information:** CMS will now require all individual health care providers and facilities to take immediate action to update their National Plan and Provider Enumeration System (NPPES) records online to add digital contact information. Providers should work with their electronic health record (EHR) vendors to ensure up-to-date digital information and current National Provider Identifier (NPI) is routinely updated.
- **COP Compliance:** The Interoperability Rule introduces a new Medicare Condition of Participation (COP) that requires all hospitals to send electronic notifications to a patient's healthcare providers (e.g., primary care practitioner) upon the patient's admission, discharge or transfer (ADT).

Be on the lookout for additional information related to Interoperability in the near future.

Provider News Updates

The [Provider Alerts](#) page of the Iowa Total Care website is updated frequently to include important provider information. Previous released [Provider Watch and Provider Report](#) publications are archived on the website.

Current updates include:

- As announced late last month, the [Provider Manual](#) and [Provider Billing Manual](#) are revised and located on the ITC website.
- [Iowa Total Care is changing the policy on Authorization for Observation Stays.](#)
- [Issue with the Iowa Total Care Provider Portal: Modifiers not showing on Authorizations.](#)

Updated Clinical and Payment Policies

Iowa Total Care continually reviews and updates our payment and utilization policies to ensure they are designed to comply with industry standards while delivering the best patient experience to our members. As a part of that review, some policies have been revised or changed.

For more detailed information about these policies, please refer to the [Clinical and Payment Policies](#) on our website.

Join our mailing list!

Stay connected by [signing up](#) for email updates from Iowa Total Care.

Provider Services Hours: Monday through Friday: 7:30 a.m. – 6:00 p.m.

Provider Services Phone Number: 1-833-404-1061

Find the ITC Provider Relations Specialist in your area [here](#).

