

STAY CONNECTED WITH TELEPINE



WHAT YOU NEED TO KNOW!

1. Updating Provider Information
2. Quality Improvement Initiatives
3. Provider Directory
4. Provider Manual
5. Administrative Updates
6. Credentials
7. Annual Enrollment Period
8 Crossword



1. UPDATING PROVIDER INFORMATION

It is essential for Leon Health to maintain accurate and current provider network information. Keeping this information up-to-date allows Leon Health to produce accurate provider directories, process claims, and communicate effectively with our provider network. Providers are required to notify Leon Health of any additions, changes, or deletions including:

- ✓ Name
- ✓ Address
- ✔ Phone, Fax, Pager, Cell Phone, E-mail
- ✔ Office Hours
- ✓ Coverage Procedures
- ✓ Change in Covering Physician
- ✓ Termination/Resignation/Hires of Licensed Health Care Professionals (i.e., PAs or ARNPs)
- ✓ Corporate Name
- ✓ Tax ID Number
- ✓ NPI Numbers
- ✓ DEA Number Specialty Change Permit to Practice
- ✓ Open or closed status to enrollment
- ✔ Professional Liability Insurance Coverage
- ✔ Potential conflicts of interest
- ✓ Contract Status Change
- ✓ State, Federal or Regulatory Actions
- ✓ Other information that may affect the current contracting relationship

Changes should be submitted to <u>credentialing@leonhealth.com</u>



2. QUALITY IMPROVEMENT INITIATIVES

WHAT ARE QUALITY IMPROVEMENT INITIATIVES?

Quality improvement initiatives are used to improve efficiency, effectiveness, performance, accountability, and outcomes of the care that is given to the members. Project goals are defined and are specific, measurable, achievable, realistic, and timely. By improving quality initiatives, it translates to better health outcomes for members, including reducing mortality rates, fewer complications, and shorter hospital stays. In 2022 Leon Health identified two quality improvement initiatives; Medication Adherence for Patients Taking Statins and Follow up After Emergency Department Visit for People with Multiple Chronic Conditions. These initiatives will be conducted over a three-year span.

MEDICATION ADHERENCE FOR PATIENTS TAKING STATINS

The purpose of this project was to improve medication adherence in members taking statin medications. According to Florida Health Charts the leading cause of death in Florida is heart disease which accounts for 21% of the deaths in the state. The goal is to develop an effective program to improve adherence in members taking statin medications by improving members' understanding of their treatment; providing counseling and educational materials as well as strategies for self-monitoring. Statin therapy is an important factor in lowering cholesterol, which reduces the patient's risk for atherosclerosis. By educating patients about the role of statin therapy in preventing cardiovascular events, strokes, and vascular compromise may increase medication adherence.

GOAL

The compliance goal is to have, at a minimum, 85% of targeted members improve adherence to the medication by 80%.



RESULTS

ANNUAL STATIN ADHERENCE			
	2022	2023	
ADHERENCE RATE	1%	68%	

HELPFUL TIPS TO ACHIEVE GOALS

- ✓ Educate patients on the importance of statin medication adherence.
- ✓ Instruct patients to contact their practitioner if they are experiencing adverse effects.
 - · Document any adverse effects from statin therapy.
 - · Determine if the signs/symptoms qualify as an exclusion.
 - $\boldsymbol{\cdot}$ $\,$ Try reducing the dose or frequency.
 - · Consider trying a different statin.
- ✔ Once patients demonstrate they can tolerate statin therapy, encourage them to obtain 90-day supplies at their pharmacy.
- ✓ Instruct patients to fill prescriptions using their pharmacy benefit.
 - $\cdot\;$ Gap closure is dependent on pharmacy claims.
 - Discount programs, VA benefits, cash claims and medication samples will not count.
- ✓ Exclusions
 - ESRD, Hospice, < 18 years old



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE CHRONIC CONDITIONS

According to the U.S. Department of Health and Human Services it is estimated that one in four adults in the U.S. and three in four older adults 65 and older have multiple chronic conditions. The Centers for Medicare and Medicaid Service found that in 2018, 51.8% adults in the U.S. have one diagnosed chronic condition and 27.% have multiple chronic conditions. The purpose of this quality initiative is to improve accessibility of care for members with multiple chronic conditions after a visit to the emergency department (ED). The goal is to ensure fast identification of members with multiple chronic conditions who visited the emergency department, contact the member, and coordinate a follow up visit with the primary care physician (PCP) within seven days of such ED visit.

GOAL

The compliance goal is to have a minimum of 80% of these members seen by their PCP within seven days of the ED visit.

RESULTS

FOLLOW UP AFTER EMERGENCY ROOM VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS			
	2022	2023	
COMPLIANCE RATE	60%	83%	

HELPFUL TIPS TO ACHIEVE GOALS

A follow-up service within seven days after the ED visit (eight days total with ED visit). Include visits that occur on the date of the ED visit. The following meet criteria for follow up:



- · An outpatient visit, telehealth, or telephone visit
- E-visit or virtual check-in
- Transitional care management services, case management visits, complex care management services
- · Outpatient or telehealth behavioral health visit
- Intensive outpatient encounter or partial hospitalizations; community mental health center visit; observation visit
- ✓ Encourage members to have regular office visits with their primary care
- ✔ physician (PCP) to monitor and manage chronic disease conditions.
- ✔ Provide a visit summary that includes the discussion during the PCP visit and
- ✓ clear instructions on changes that need immediate attention.
- ✓ Encourage patients to call PCP's office/after-hours line when condition
- ✓ changes (weight gain, medication changes, high/low blood sugar readings).
- ✓ Exclusions
 - » Hospice, any ED visits resulting in acute or non-acute inpatient care on the day of the ED visit or within seven days after the ED visit, Member death during measurement year.



3. PROVIDER DIRECTORY

We invite you to explore our searchable provider directory, which now indicates if a provider is board certified. Both new features have been added to the searchable and the PDF directory.

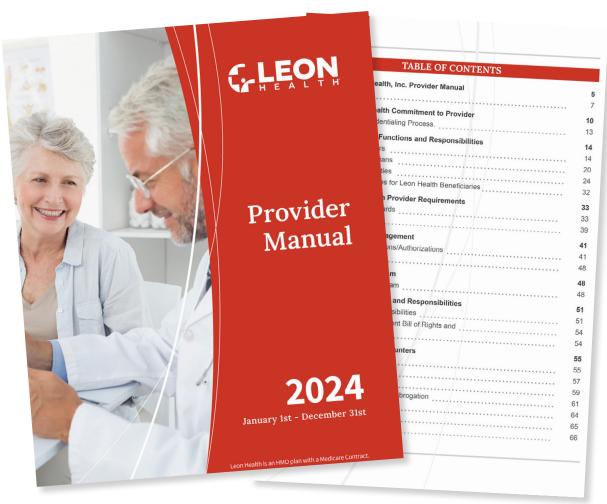




4. PROVIDER MANUAL

Please be sure to review the revised Provider Manual Key Contact List, which now includes "Transfer of Care" information. Additionally, review section 5, "Medical Management," which covers updated information on inpatient admissions and transfers, as well as instructions on how to obtain pre-authorization. You can access the provider manual by logging in to your provider portal by clicking the link below:

www.leonhealth.com/provider/_





5. ADMINISTRATIVE UPDATES

As of June 20th, 2024, the mailing address for paper claims submission for Leon Health has been updated. A notification email regarding this change was sent to all provider primary contacts on June 21st, 2024.

DEPARTMENT	OLD CLAIMS P.O. BOX	NEW P.O. BOX
Claims	Leon Health PO Box 61265 Phoenix, AZ 85082-1265	Leon Health, Inc. Attn: Claims Department P.O. Box 668230 Miami, FL 33166

Kindly distribute this new address within your organization to ensure that paper claims are sent to the correct location.

6. CREDENTIALS

Most of the providers have received emails from MD Staff, asking them to update their records with any upcoming expired documents. It is vital for providers to ensure that all credentials, including state licenses, DEA registration, medical board certifications, and liability insurance, are current and accurate in both their CAQH and MD Staff accounts. Any discrepancies or expired credentials can lead to delays or rejection during the re-credentialing process, underscoring the importance of maintaining up-to-date documentation. Providers need to prioritize completing the re-credentialing process accurately and promptly to continue practicing without interruption.

Should you have any questions on submitting the documents through MD STAFF, please send an email to <u>credentialing@leonhealth.com</u>



7. ANNUAL ENROLLMENT PERIOD

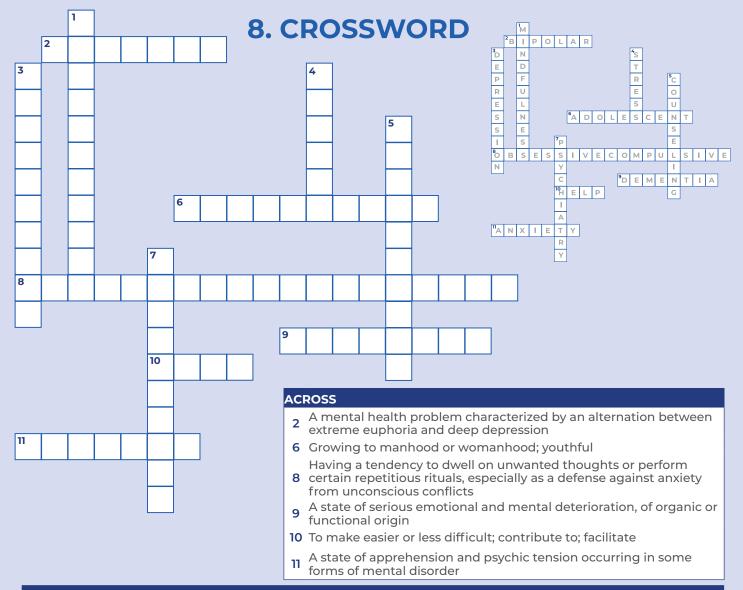
The Annual Enrollment Period (AEP) occurs from October 15 to December 7 every year. During this time, Medicare members have the opportunity to change their health or drug plans. They can switch, add, or leave plans as they see fit. Any changes made during this period will take effect on January 1 of the following year.

What changes can members make during AEP?

- ✔ Changing from original Medicare (Part A and Part B) to a Medicare Advantage plan
- ✓ Changing from a Medicare Advantage plan back to original Medicare
- ✓ Selecting a new Medicare Advantage plan
- ✓ Select from a Medicare Advantage plan that includes prescription drug coverage to one that does not
- ✓ Select from a Medicare Advantage plan that doesn't include prescription drug coverage to one that does
- ✓ Joining, switching, or leaving a Part D prescription drug plan







DOWN

- 1 A technique in which one focuses one's full attention only on the present, experiencing thoughts, feelings, and sensations but not judging them
- 3 Sadness; gloom; dejection
- A specific response by the body to a stimulus, as fear or pain, that disturbs or interferes with the normal psychological equilibrium of an organism
- 5 To give advice to; advise
- 7 The branch of medicine concerned with the diagnosis and treatment of mental illness