

Provider Newsletter

December 2022



Public Health Emergency
EXTENSION

Connected In
CARE

Health Literacy &
Communication



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*Transforming the
health of the community,
one person at a time.*



Important Information for Providers: Public Health Emergency Extension

Dear Stakeholders & Partners,

The National Association of Medicaid Directors (NAMD) has notified states regarding the latest presumed extension of the Public Health Emergency:

Federal officials did not send the anticipated 60-day notice of the end of the national COVID-19 Public Health Emergency (PHE) over the weekend. [Press reports reiterate the expectation that the PHE will not end in January.](#) NAMD will maintain the assumptions adopted during previous extensions, listed below; however, these dates are less certain than in previous cycles. Why? Because Congressional dynamics related to the mid-term elections and end-of-year federal spending packages are fluid, and there is a chance that they will impact the “usual” assumptions baked into the Families First Coronavirus Response Act (FFCRA). NAMD will continue to chart a course that’s best for states and develop conversations with members as the Congressional situation evolves. Here are key dates you need to know based on the non-announcement – again, recognizing that Congressional action could affect any of these:

- We assume the PHE will be renewed effective January 11, 2023, and last for a full 90 days.
- We assume the administration will maintain its commitment to provide 60 days’ advance notice before ending the PHE. If this new PHE is the last PHE, the 60-day threshold would come on February 10, 2023.
- The new assumed end date of the PHE would be April 11, 2023.
- An April end of PHE means that the Medicaid continuous enrollment requirement would expire on April 30, 2023.
- Based on the April 30, 2023 expiration of the continuous enrollment requirement, the first date on which a Medicaid coverage termination could be made effective is May 1, 2023.
- An April end of the public health emergency means that the 6.2 percentage point Federal Medicaid Assistance Percentages (FMAP) enhancement under current law will extend through June 30, 2023.

What do these dates mean for providers? The [COVID-19 PHE Operational Unwinding Plan is available here](#). Now is a good time to read it if you have not already. Also, resources to help providers assist members to prepare for the end of the [Public Health Emergency are available here](#). Please continue to use these resources and plan for a 14-month continued engagement following the end of the Public Health Emergency.

Regards,
Nevada Medicaid

Health Equity and Social Determinants of Health (SDOH) are key strategies used by healthcare providers

Health Equity is the cumulative process of addressing macro and micro injustices that impact or impede the ability of any individual to reach their best health outcome. This includes social, economic, health and other policies that impact individual autonomy. Health equity recognizes and addresses historical trauma caused by racism, sexism, bias and other injustices. Equitable healthcare works to negate the impact of structural and institutional discrimination in all its forms and to define and facilitate equitable outcomes for all persons.

SDOH are underlying, community-wide social, environmental, and economic conditions in which people are born, grow, live, work, and age. They impact individual needs; one example is food deserts.

Health inequities affect individual patient outcomes by creating access barriers and driving poor outcomes to healthcare. While these conditions have existed in the U.S. for a very long time, the pandemic brought renewed



attention to the impact of inequity. Death rates for minoritized and marginalized communities from COVID-19 were between 3-6 times the rates of the majority population. There are some clear steps providers can take to identify and address equitable quality health outcomes within their patient population:

1. Training – In addition to reaching out to SilverSummit Healthplan for specific needs, the Centene Institute offers free continuing education courses such as “Cultural Humility and Unconscious Bias in Healthcare.” There are numerous national and provider association trainings on health equity, bias, cultural competency, structural racism and social determinants of health. We encourage our network providers and their staff to become health equity literate through these widely available resources.

2. Partnering with the SilverSummit Healthplan provider engagement team to identify resources and community organizations that may be able to address the social needs of your patients. As a health plan, we want to help you to close the social gaps for your patients while you meet their medical needs.

3. Working to overcome unconscious bias in order to provide more culturally appropriate services. Look at your institutions and practices to identify opportunities to create a more inclusive environment. What does equity look like for you, your staff, your patients, and your community?

4. Using “teach back” methods, such as reflective listening and empathy, to understand what patients and staff need. Empathy is a learned model of reflective listening and true partnership. In what ways do your care models demonstrate empathy?



Health Equity, SDOH, and How They Relate to HEDIS

Additionally, SilverSummit Healthplan can often help providers address health inequities through a variety of resources. Dr. Gloria Wilder MD MPH, VP, Innovation and Health Transformation Business Development, says, “There’s an opportunity for change through partnerships with providers, community organizations, and the health plan. Each group brings a different piece of the puzzle to address social needs and improve health equity. We recognize the needs of providers and their staff. You can’t pour from an empty cup. Empathy is demonstrated by efforts to reduce provider burnout while improving access to care.” Below are some examples of how partnerships have helped to advance health equity.

- Boosting patient annual wellness visits and partnerships with trusted community

organizations in marginalized and minority communities by eliminating barriers to care through provision of transportation and technology solutions.

- To improve cancer screening rates, SilverSummit Healthplan can sometimes partner with community leaders to help bridge care gaps related to cultural sensitivity issues.
- To raise immunization rates among populations that don’t have the flexibility to attend clinics during business hours due to work obligations, SilverSummit Healthplan can help bring appointments to members via mobile immunization vans and/or helping the primary care providers expand hours.

When it comes to promoting health equity and improving health outcomes, Dr. Wilder says, “Our goal is to support local, social, and health leaders to build

alliances that drive quality outcomes for all. Our health plans have strong teams in place locally and nationally, working diligently on building equitable infrastructures to support local change. We believe strong partnerships provide a tremendous opportunity for shared impact.”



Dr. Gloria Wilder

MD MPH, VP, Innovation and Health Transformation Business Development





Closing Gaps In Chronic Disease Management Through Teladoc[®] and Babylon



At the beginning of the COVID-19 pandemic, on top of dealing with a global health crisis, doctors faced a serious problem: helping patients with chronic conditions. These people who relied on preventive care, ongoing visits, lab tests, and other means to manage their diseases were now finding it impossible to gain access to nonemergency care.

In the early stages of the pandemic, it was widely agreed-upon that patients should only go to their provider's office if absolutely necessary. But soon, that idea turned into a question for healthcare providers. Is there a way to provide some of the assistance a patient could get from urgent care in their own home?

Much of society pushed toward a more virtual world during the lock-downs – and healthcare was no different. Within months of the

first lock-down, Centene met the problem head-on and made a successful leap into providing more help through virtual care than ever before.

“We really doubled down on telehealth so our existing provider networks could be available to deliver care to their members during the pandemic.” said Gale Patterson, Staff Vice President of Provider Engagement. “We already had a broader relationship with Teladoc; Babylon was just in a couple of markets, but we went through the process of expanding our networks through those services.”

Dr. Vincent Nelson, Corporate Senior Vice President and Deputy Chief Medical Officer, knows that, prior to the pandemic, many providers had not used virtual care. But once it was needed, telehealth was quickly

adopted. Dr. Nelson said,

“If there’s a bright spot that occurred during the pandemic, it’s the significant increase in adoption of, and even preference of, many providers utilizing telehealth to care for their patients.”



Dr. Vincent Nelson

Corporate Senior Vice President and Deputy Chief Medical Officer



Closing Gaps In Chronic Disease Management Through Teladoc and Babylon

These platforms gave providers training on technology best practices and how to effectively deliver care in a virtual setting. Patterson said, “There’s a lot about virtual care that’s different in terms of understanding how to get patients to describe more specifically what they need help with when doctors can’t physically examine them in person, and how to handle things like bedside manner issues online.”

Thanks to Centene expanding telehealth services, the loss of chronic care maintenance and preventive care for those individuals wanting to stay out of care facilities has been mitigated. And now there is a full spectrum of specialists that are available virtually, not just primary care providers. If a patient needs to find a face-to-face visit, that flexibility is available as well. SilverSummit Healthplan has care managers ready to help patients, along with scheduling in-person visits to help further provide care.> But Dr. Nelson warns that not all the care gaps have been covered just yet.

“Colonoscopies declined by 88 percent during the peak of COVID-19 and are still 33 percent lower than normal at the most recent review of the data,” said Dr. Nelson. “Mammograms and Pap

smears, which fell 77 and 80 percent respectively, are still down 23 and 25 percent.”

Although these cancers are common, they can also be treatable if caught early in their development. And that, Dr. Nelson believes, is why it is crucial that healthcare providers coordinate efforts to get all age-appropriate patients screened for these cancers by their providers on schedule.

Dr. Nelson said, “Many of us are still apprehensive about visiting hospitals and clinics due to COVID-19 risks, so providers should be utilizing telehealth when appropriate as a means to engage more of their

patients on the importance of getting screenings and checkups during virtual care visits.”

Providers can take full advantage of these services and learn more by getting in touch with SilverSummit Healthplan



Gale Patterson
*Staff Vice President of
Provider Engagement*









Start Smart for Your Baby[®] Offers Crucial Support, Results in Better Outcomes



A healthy pregnancy that results in a healthy, full-term baby is the gold standard for OB-GYNs. Start Smart for Your Baby[®] provides a wide array of benefits to members, with additional interventions available to high-risk patients. Services range from assistance with basic needs like transportation, lodging, and food, to a rewards program that encourages preventive care visits and information about pregnancy and newborn care. There's also a robust focus on mental health both before and after delivery.

The process of connecting a patient with these services begins with their OB-GYN sending a Notification of Pregnancy (NOP) to SilverSummit Healthplan. All NOPs are carefully evaluated for risk factors, and members are referred to the Start Smart for Your Baby program. From there, a care manager reaches out to begin the process of supporting the pregnancy. Jessica Imming, Senior Manager, Program Management says, “We focus on empowering new and expectant parents to take care of their own health and connecting them with the support they need to do that.”

Within the program, one-on-one interventions fall into four main areas of focus:

-  **1. Care Management**
Clinical guidance for the member throughout their pregnancy
-  **2. Care Coordination**
Management of substance use and Social Determinants of Health (SDOH)
-  **3. Member Connections[®]**
Non-clinical guidance and outreach for the member throughout their pregnancy
-  **4. Connections Plus Phone**
Phone services for high-risk members without reliable access



Start Smart for Your Baby[®] Offers Crucial Support, Results in Better Outcomes

Additional interventions include incentive programs such as the My Health Pays[®] rewards program, baby showers, birthday parties, a neonatal admissions program, and perinatal depression screening, all of which are aimed at encouraging preventive care that supports a healthy, full-term pregnancy. Care managers can connect members with community resources they may not be aware of. Imming says, “We’re able to bridge gaps for things like assistance with utility bills and daycare.”

Most care managers are OB-trained and can answer any and all questions a parent may have. That emotional support can be invaluable during a stressful, high-risk pregnancy. “Outside of quick OB visits, this gives the member someone they can talk to, anytime, about any questions or concerns they have,” says Imming.

After delivery, SilverSummit Healthplan members are provided with 60 days of benefits, and the program ends once Medicaid coverage ends.

Care managers work with members to either reapply for Medicaid or secure other coverage if their coverage is ending.

The Start Smart for Your Baby program provides crucial interventions that can make a huge difference in pregnancy outcomes. Imming says, “We have proven that this kind of engagement reduces preterm deliveries, low birth weights, and neonatal admissions, and helps avoid the financial and emotional stress of caring for a preterm baby.” The best way for providers to help expectant parents is to include all risk factors and accurate contact information when filling out an NOP.

Reach out to your SilverSummit Healthplan contact to find out what services are available to your patients.



Jessica Imming

*Senior Manager,
Program Management*

Is Health Literacy Important & Why Does it Matter

Health Literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. CDC's Health People 2020 public health initiative.

Low health literacy is pretty common among American adults. Health literacy skills are divided into four levels:

- *Below basic-They have no more than the most simple and concrete literacy skills*
- *Basic -is being able to read a pamphlet and understand why you might want to be tested for a disease even though you may not have any symptoms.*
- *Intermediate-They are able to read a body mass index graph; use an over-the-counter drug's label to identify three substances that may interact with a drug.*
- *Proficient-They are able to do understand the meaning of a medical term by reading a complex document and calculate their share of health insurance costs for a year using a table that shows monthly insurance cost depending on income and family size.*



Health Literacy involves the capacity of professionals and institutions to communicate effectively so that our members can make informed decisions and take appropriate actions to protect and promote their health.



Ways to attribute to health literacy include:

- Design and distribute printed information that is easy to understand and act on
- Meet the needs of the populations with a range of health literacy skills
- Use health literacy strategies in interpersonal communications and confirm understanding at all points of contact.



Submit Attestations Online for Chronically Ill Members

Effective January 1, 2023, fax attestations are no longer accepted

Special Supplemental Benefits for Chronically Ill (SSBCI) are offered to Wellcare's highest-risk members who meet specific criteria for eligibility based on the Centers for Medicare and Medicaid Services (CMS) guidelines.

Effective January 1, 2023, you can check eligibility requirements and submit attestations on behalf of members online at ssbci.rrd.com

Steps to determine eligibility, submit attestations and activate benefits

Members are required to schedule an office visit with their doctor or participating physician group for evaluation. Once appointment is made follow the steps below:

1. Visit ssbci.rrd.com.
2. Follow the steps on ssbci.rrd.com to evaluate your patient against the eligibility requirements outlined on ssbci.rrd.com.
3. Submit an attestation form through ssbci.rrd.com indicating your patient meets the eligibility requirements.
4. Submit a claim with the appropriate diagnosis codes from this office visit indicating a member has been diagnosed with one or more qualifying chronic conditions listed on ssbci.rrd.com.
5. Upon receipt of all required information, the member will be sent an approval or denial letter within 10 business days. Approval letters include information on steps the member should follow to activate supplemental member benefits.
6. If you have questions regarding the information contained in this update, contact 1-833-854-4766 Nevada Medicaid