



# INTEGRIS Health Partners

## NEWSLETTER

### November 2024

#### In This Month's Issue:

[Letter from the President](#)

[IHP Metrics](#)

[Quality Measure Spotlight](#)

[Pharmacy Updates](#)

[Behavioral Health Consultant Bulletin](#)

[CMS-HCC Risk Adjustment Education: "The Bucket List" of Rules for Coding Cancer Correctly](#)

[IHP Credentialing](#)

[2024 INTEGRIS Health Baptist Medical Center Lung Symposium](#)

[Coding Tip of the Month](#)

[Epic Care Link](#)

[Update Your INTEGRIS Health Partners Profile](#)

[New Physicians and Advanced Practice Providers](#)

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### Letter from the President

As we set our sights on 2025 it is important to be aware of the healthcare landscape. The push to have all government-based health care in a value-based program by the year 2030 continues and will not likely significantly change no matter how the presidential election turns out. There has been a minimal amount of discussion about health care in this current election year and significant change is unlikely.

Your role in the success of value-based care (VBC) is crucial. Your knowledge and active participation in these programs are not just beneficial, but essential. Understanding the rules of the game is key to effective participation. **VBC is not a payment model.** It is a concept that rewards good care delivery and encourages an earlier spend rather than a reactive spend. There are many tactics, guidelines, and payment models within VBC. It's more than just seeing patients and collecting fees for your service. The adage 'an ounce of prevention is worth a pound of cure' still holds true today. However, many

times, we are incentivized to just fix things and not prevent them. Most of us were never trained in the delivery of VBC. One of our top priorities at IHP is to continue to educate you about this value proposition. This is not a passive activity; it requires your active participation to unlock the benefits of this type of care for our patients and for our finances. We must be fire prevention specialists and not firefighters. Once the fire starts, it's much more complicated, dangerous, and expensive to put it out than to stop it from occurring in the first place.

The current participation of our membership and the learning activities offered by IHP is shockingly low. You must complete these activities to participate in shared savings in the network. I know that we are really busy, and that time is a precious commodity. Sometimes our systems do not work well when you are trying to access this content. We are doing everything we can to make this easy. Please take the time to complete these activities and learn all you can about HCC's, gap closure and the myriad of other principles of VBC. Not only will it make you eligible for shared savings, but you will also learn something. The instructions for accessing this material and completing the metric are included in this newsletter.

We are fortunate to work in the healthcare industry. As providers, you are still the most trusted voice in healthcare policy. Every recent poll confirms that. David Jarrad, a leading healthcare advisor recently stated:

“Healthcare is a great leveler. It’s true in the patient room and it’s true in your community, too.

As the aggravated disunity of this political season rises and falls, healthcare can be a unique convener that embraces people across the political divides, real or imagined. Invite good-minded people to the common ground of healthcare to work together for the common good that healthcare must be.”

George Benard Shaw said, “Progress is impossible without change. And those who can’t change their minds cannot change anything!”

Take the time to learn about Value-based Care and be an active participant. It isn’t going away. Changing and improving our healthcare system begins with you. Our patients depend on us to advocate for them and create a system that benefits everyone.

Sincerely,

Carl Raczkowski, M.D.  
President, INTEGRIS Health Partners

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**IHP Metrics**

As we enter the final months of the calendar year, we remind you that there are 3 citizenship metrics (viewing an [IHP summit](#), completion of the [IHP provider survey](#), **and most importantly completion of 2 PEEP courses aimed at improving documentation and coding**) that are gateway measures to be eligible for shared savings. Completion of these metrics is due by December 31<sup>st</sup>.

Instructions on gaining access to the learning platform where you can complete these 2 trainings are available [here](#). Additionally, the IHP Provider Survey is now open at: <https://www.surveymonkey.com/r/NC59TXB>.

If you need assistance completing these metrics please reach out to [Sarah Dozier](#) and [Randi Hirschman](#), or [INTEGRISHealthPartners@integrishhealth.org](mailto:INTEGRISHealthPartners@integrishhealth.org). We want to ensure you are eligible to receive this incentive recognizing your contribution to the care that drives our success.

### Quality Measure Spotlight – Controlling Blood Pressure

This month’s Quality Spotlight is on Controlling Blood Pressure and measures the percentage of hypertensive patients 18-85 whose blood pressure was adequately controlled (<140/90) at the last documented reading of the year.

Measure	Exclusions	What to Report
<b>Controlling Blood Pressure (CBP)</b>	Hospice	Hypertension
	Frailty	ICD-10: I10
	ESRD, Dialysis, Nephrectomy, Kidney Transplant	Diastolic Less than 80 CPT-CAT-II: 3078F
	Palliative Care	Diastolic 80-89 CPT-CAT-II: 3079F
	Pregnancy	Diastolic Greater than/Equal to 90 CPT-CAT-II: 3080F
		Systolic Less than 130 CPT-CAT-II: 3074F
		Systolic 130-139

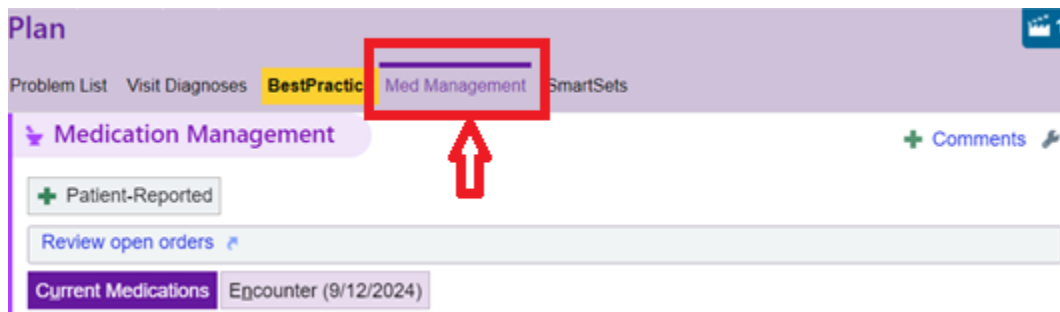
<p>Service Needed: BP reading via outpatient, telehealth, audio-only, or remote patient monitoring transmission</p>		<p>CPT-CAT-II: 3075F Systolic Greater than/Equal to 140 CPT-CAT-II: 3077F</p>
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Questions? Contact PHSO Quality Supervisor, [Randi Hirschman](#).

## Pharmacy Updates

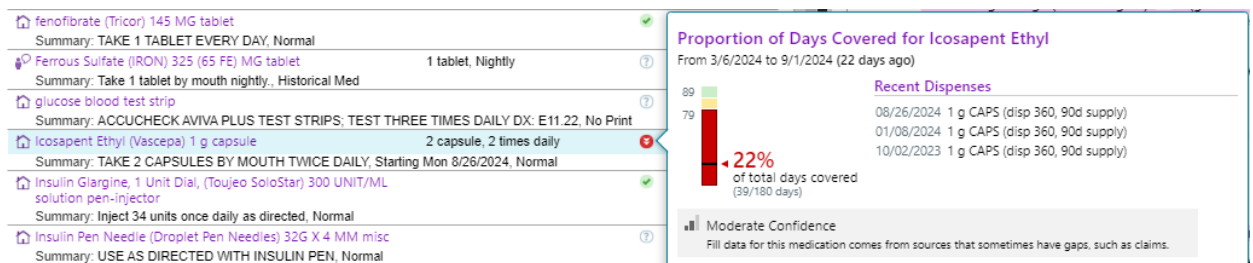
### Medication Adherence Indicators in Epic

- Medication non-adherence lowers the care team’s ability to control chronic conditions and prevent complications known to worsen a patient’s quality of life and increase total cost of care.
- Providers utilizing ambulatory Epic now can ask patients follow-up medication adherence questions based on new color adherence indicators and graphs visible in the “Plan” section under “Med Management” for chronic medications.



- ✔ Green stoplight. The score is above the high cutoff threshold.
- ⚠ Yellow stoplight. The score is above the moderate cutoff but below the high cutoff.
- 🔴 Red stoplight. The score is below the moderate cutoff.

**NOTE: Entities who do not bill a patient’s prescription insurance will not have claims captured including medications dispensed by the Veteran’s Administration and certain tribal health services as well as the department of defense claims filled at military installation pharmacies.**



Suggested f/u questions for those with red and yellow claims-based adherence scores:

- Where do you fill your medications?
- What gets in the way of taking your medicine regularly?

**For patients with an active roster flag (i.e., value-based care patient) PHSO resources on the clinical pharmacist Comprehensive Medication Management team are available to assist. Please send an “Ambulatory referral to Comprehensive Medication Management” for INTEGRIS Epic utilizers. Hard-copy referrals are available for non-Epic utilizers.**

United Health Care Medicare Advantage Plan Announced updated Part D Formulary rules for Diabetes-indicated GLP-1 and GLP-1/GIP medications beginning 1.1.25 (e.g., Ozempic, Mounjaro, etc..)

- United Healthcare Medicare Advantage Plan in 2025 is requiring patients to have a medical diagnosis for Type 2 Diabetes coded on the medical management side in order for pharmacy claims for GLP-1 receptor agonists and dual agent GLP-1/GIP receptor agonists to be approved on the Medicare Part D (pharmacy benefits side). Alternatively, the revised prior authorization request can be submitted to address new information requirements required by the plan.
- Most of these members also have open quality measure care gaps surrounding a suspected diabetes diagnosis including A1C, diabetic eye exam, kidney health evaluation of eGFR & urine-

albumin creatinine ratio measurement, and statin use for diabetes. Addressing these open care gaps will improve quality measure performance.

- Individual prescribers with patient's impacted by this change in United Healthcare Medicare Advantage Plan benefits will be contacted directly with patient-specific information.

**GLP-1 Agonist Prior Authorization Requirement**  
**2025 Criteria Update**

As of January 1, 2025, to access GLP-1 agonist therapy, a diagnosis of type 2 diabetes needs to be confirmed by one of the following methods:

- Assess and document a type 2 diabetes ICD-10 during a patient visit, if appropriate, and submit to UHC
- Submit a new electronic PA (ePA) with additional documentation

2025 GLP-1 agonist criteria removes:

- Pharmacy type 2 diabetes ICD-10 submission
- Non-GLP1 type 2 diabetes drug lookback
- GLP1 PA approvals prior to 1/1/25 (due to additional documentation submission requirement)

**1. Review members impacted by these changes on the Formulary Disruption report**

**2. Take necessary steps to reduce delays in therapy**

- Document type 2 diabetes ICD-10 during visit, if appropriate
- Submit PA with additional documentation
- Modify medication therapy to non-GLP1 therapies if appropriate

**Take Action**

Order 90-day supply for ACE-inhibitors, statins, and generically available, oral medications for diabetes

- Extended-day supplies for chronic medications provide the needed cushion in medication supply to allow for patient delays in refilling medications due to hospitalizations and other uncontrollable factors that will cause patient to prematurely fail the measure despite reasonable adherence
- NOTE: United Healthcare and WellCare incentivize 100-day supply, but 90-day supply is accepted

Consider metformin extended release 500 mg tablets in clinically appropriate patients with pre-diabetes/diabetes AND affordability issues

- Metformin is an efficacious, cost-effective medication with robust evidence supporting improvement in glycemic control, delaying progression of T2DM and Pre-DM, and offering improvement in cardiovascular outcomes
- No other anti-diabetic medication addresses the hepatic glucose production problem in T2DM/Pre-DM in addition to improving insulin resistance which often results in weight loss along with patient-self-management efforts

- Metformin extended release 500 mg tablet (generic to Glucophage XR 500 mg) is present on the preference list within primary care (those on IH Epic only) and is the most cost-effective, tolerated, and easiest-to-swallow strength
- As with many diabetes medications dose ramping (even for re-challenges) is necessary for tolerability
- A standardized dose-ramping preference list order panel is available on primary care preference lists (IH Epic only) to improve the ease of ordering an initial dose ramping regimen utilizing the 500 mg ER strength with meals up to the selected target dose based on renal function and glycemic goals (max target dose of two, 500 mg ER tablets twice daily with meals – 2,000 mg daily)

#### Insulin detemir (Levemir) discontinuation

Insulin detemir (Levemir) is no longer being produced by NovoNordisk as of late 2023 and supplies are expected to be depleted soon nation-wide. All patients on insulin detemir need to be transitioned to an alternative formulary basal insulin during f/u appointments to avoid disruptions in a patient's ability to access insulin and prevent unnecessary workload in the future once patient is out of supply.

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### **Behavioral Health Consultant Bulletin**

This section is intended to bring awareness to the mental health services the Behavioral Health Consultant (BHC) team can provide to patients and to celebrate positive outcomes. Our focus is on holistic health, incorporating mental health support into the medical model. We are part of the Population Health Services Organization (PHSO) department within IHP and work alongside care coordinators, pharmacists, and physicians to optimize patient outcomes in Oklahoma through a value-based care system approach.

#### **Good Catches**

The behavioral health consultant team completed 20 safety plans with patients in October. Safety plans are offered to patients who report they have had recent self-harm or suicidal thoughts - active and passive. Additionally, safety plans are offered to patients that give a response other than “not at all” to question 9 on the PHQ-9.

#### **Patient Care Wins**

We believe in holistic healthcare and want to celebrate some patient care wins!

- A patient was identified by PHSO Care Coordination as having high ED utilization. The behavioral health consultant began regular visits with the patient, resulting in significant decrease in ED visits.
- BHC working with an adult pt who has struggled with anxiety and depression for years. While in the process of participating in BHC services it was determined the pt had untreated ADHD which was being misdiagnosed as anxiety. BHC consulted with the pt's provider at the clinic, and the pt was scheduled for a med eval appt. Pt was prescribed an appropriate medication for ADHD. Pt is now doing well. Anxiety has resolved completely. This contributed to a major decrease in depression as well.

### **Resource Round Up**

- Mom's Meals has meal options and programs that serve a wide range of health and nutritional needs. In many cases, meals may be covered under a health plan or other type of benefit.
- Youth Crisis Line - 833-885-2273 24/7 phone assessment for behavioral or emotional crisis. Youth Crisis Mobile Response will send a mental health professional to the home within 24 hours if phone assessment deems it necessary. They will also connect patients to resources. This was utilized recently and resulted in a good catch in which a youth was admitted to an inpatient facility for active SI.

### **How to Connect Patients to a BHC**

- If your clinic is not in EPIC, fax referrals to 405-951- 9884
- If you have a BHC at your location, speak to them about how to send a referral to their work queue in EPIC.
- If there is no BHC at your clinic, see this tipsheet for how to send a referral to the BHC team work queue or email [kristin.gibson@integrishealth.org](mailto:kristin.gibson@integrishealth.org) for a copy of the tipsheet.

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### **CMS-HCC Risk Adjustment Education**

The Lumeris Provider Education Engagement Program Calendar for 2024 is now available to view [here](#). These sessions are live webinars designed to enhance your knowledge of the principles of CMS-HCC risk adjustment model and the importance of accurate and complete documentation. Attending these webinars will also fulfill the PEEP requirement for IHP. The webinar for November is:

#### **“The Bucket List” of Rules for Coding Cancer Correctly**

Documentation requirements for neoplasm related conditions to support accurate diagnosis coding. Review of V28 changes related to neoplasm conditions.

[November 14th, 12pm-1pm](#)

[November 14th, 6pm-7pm](#)

[November 15th, 12pm-1pm](#)

To register, click the link for desired session's date and time.

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## **IHP Credentialing**

As a reminder, all INTEGRIS Health Partners providers are required to undergo some form of credentialing to participate in the INTEGRIS Health Partners Network. There are 3 ways providers can be credentialed for network participation:

- **INTEGRIS employed providers:**
  - These providers are credentialed by the INTEGRIS Credentials Verification Office (CVO) as a part of their employment. This information is shared with IHP and reviewed by our IHP Network Strategy and Credentials Committee for network approval.
- **Independent providers who do NOT maintain privileges at an INTEGRIS facility:**
  - These providers can submit a [Participation Request Form](#) and be credentialed by our IHP Credentialing team. Once the application and verification process is complete, providers will be reviewed by our IHP Network Strategy and Credentials Committee for network approval. Reappointments for these providers are managed by the IHP Credentialing team.
- **Independent providers who maintain INTEGRIS facility privileges:**
  - These providers can apply for network participation using their hospital privileges by submitting an [Add/Change Form](#). These providers will also go through our IHP Network Strategy and Credentials Committee for approval.
  - If a provider in this category resigns their hospital privileges, they will need to submit a [Participation Request Form](#) and be credentialed by IHP Credentialing.
    - If hospital privileges are resigned and the provider does not apply for IHP Credentialing, they will be termed from IHP in line with requirements laid out in section 2.1.1 of the IHP Network Participation Agreement.

Providers can review their credentialing status using this link: [MD-Query \(mdquery.com\)](#)

If you have any questions, please contact our team at [IHPCredentialing@integrishealth.org](mailto:IHPCredentialing@integrishealth.org).

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## 2024 INTEGRIS Health Baptist Medical Center Lung Symposium



**6 to 8 p.m.**  
**Thursday, Nov. 14, 2024**

Rose Creek Golf Club  
Neighborhood Provisions  
17031 N. May Ave., Edmond, OK 73012

### Symposium Highlights

**Ion robot will be there for a demonstration.**

**Roundtable speakers will include:**

- Nathan Moulton, M.D., Interventional Pulmonology
- Thomas Showalter, D.O., Medical Oncology/Hematology
- Daniel Freno, M.D., Cardiothoracic Surgery
- Tyler Gutschenritter, M.D., Radiation Oncology

### Registration Required

- Dinner and drinks provided
- RSVP to Kellye Elliott at [kellye.elliott@integrishealth.org](mailto:kellye.elliott@integrishealth.org) or 405-773-6403.



# Did You Know?



When reporting a late effect or sequela of a CVA, you should only use diagnoses that represent those residual deficits and not report the active stroke diagnosis code (I63.xxx).

A sequela is the residual effect after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be reported. Documentation in the chart must clearly identify and support the sequela to the past CVA along with having a valid treatment plan. Diagnose as many residuals of CVAs that are true to your patient.

***Sample List of Commonly Reported Residuals of CVA Diagnosis Codes***

I69.320 Aphasia following cerebral infarction  
I69.334 Monoplegia of upper limb following CVA affecting left non-dominant side  
I69.342 Monoplegia of lower limb following CVA affecting left dominant side  
I69.391 Dysphagia following cerebral infarction

*(Not an all-inclusive list)*

## **Validated Coding & Documentation Example**

**I69.351** Hemiparesis following cerebral infarction affecting right dominant side  
-Improving, continue with strength exercises and weekly PT.

<https://www.ncbi.nlm.nih.gov/books/NBK532994/#:~:text=LTOT%20is%20indicated%20for%20patients,in%20a%20stable%20clinical%20condition>

This document is provided by Lumeris solely for educational purposes. The information herein is not intended to supersede a provider's judgement or standard of care or be deemed exhaustive of all proper methods of care. While a summary of recommendations from recognized clinical guidelines is presented, no formal practice recommendations by Lumeris should be inferred. The applicability of the information, including any recommendation, must be assessed by the treating physician in light of all relevant circumstances presented by an individual patient. This document is subject to periodic revision. ICD-10-CM codes effective 10/1/2023 - 9/30/2024.

## Epic Care Link

INTEGRIS Health has partnered with Epic to offer the EpicCare Link to our independent providers in IHP. The EpicCare Link system offers free, read-only access to INTEGRIS medical records allowing community providers access to review patient’s charts creating a more transparent flow of information between physicians.

IHP providers interested in using the INTEGRIS EpicCare Link system can request access by going to [https://epiccarelink.integrisk.com/EpicCareLink/common/epic\\_login.asp](https://epiccarelink.integrisk.com/EpicCareLink/common/epic_login.asp) and clicking on Request New Account.

If you have trouble registering for an account, please contact the INTEGRIS IT Help Desk at 405-949-4086 or Toll Free at 866-609-4357.

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## Update Your INTEGRIS Health Partners Profile

Our INTEGRIS Health Partners team has been hard at work updating the IHP Provider Roster and Directory. In an effort to ensure accuracy, we ask that you take time to fill out this short 10-minute survey to update your information: [INTEGRIS Health Partners Profile Update Form](#). This will be used to update our IHP Provider Roster and Directory, as well as your INTEGRIS Health website provider profile.

If you are a new provider or an existing provider and had recent changes to your provider TIN and/or clinic locations and have not already made the change with HealthCare Highways, please visit this link [Providers: Tailored Plans for Patient-Centric Care | Healthcare Highways](#). At the bottom of the page, go to “Update Your Information” and complete the ACT Roster template with updated provider information. This update will ensure provider claims are processed correctly.

Please reach out to [ihpcredentialing@integrishhealth.org](mailto:ihpcredentialing@integrishhealth.org) with any questions you have regarding these forms.

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## New Physicians and Advanced Practice Providers

Hamsa Aljumaili, MD	Kory Busby, APRN	Kaegan Cullison, PA Physician Assistant	Gabriel DeCarvalho, MD
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<p>Endocrinology, Diabetes and Metabolism</p> <p>INTEGRIS Health Medical Group Endocrinology North</p> <p>5401 N. Portland Ave. Suite 410 Oklahoma City, OK 73112 (405) 945-4700</p>	<p>Advance Practice Registered Nurse, Acute Care</p> <p>INTEGRIS Health Medical Group Critical Care</p> <p>3300 NW Expressway Oklahoma City, OK 73112 (405) 949-3011</p>	<p>Zuhdi Transplant Physicians - Liver</p> <p>3300 NW Expressway 1st Floor Oklahoma City, OK 73112 (405) 949-3349</p>	<p>Internal Medicine</p> <p>INTEGRIS Health Woodward Hospital Inc</p> <p>INTEGRIS Health Medical Group 19th Street-RHC</p> <p>908 19th St Woodward, OK 73801 (580)254-3396</p>
<p>Kristen Downs, APRN</p> <p>Advance Practice Registered Nurse, Family</p> <p>INTEGRIS Health Medical Group Pain Management Baptist</p> <p>3366 NW Expressway Suite 720 Oklahoma City, OK 73112 (405) 945-4359</p>	<p>Benjamin Galensoski, PA</p> <p>Physician Assistant</p> <p>INTEGRIS Health Medical Group Guthrie</p> <p>1726 S. Division St. Suite C Guthrie, OK 73044 (405) 252-8500</p>	<p>Sharon Gregg, MD</p> <p>Obstetrics and Gynecology</p> <p>INTEGRIS Health OB Hospitalists Grove</p> <p>1001 E. 18th St. Grove, OK 74344 (918)786-2720</p>	<p>Khadija Hamid, DO</p> <p>Family Medicine</p> <p>Integris Health Medical Group Mustang</p> <p>2929 S. Mustang Rd. Yukon, OK 73099 (405) 376-1800</p>
<p>Amanda Haney, DO</p> <p>Obstetrics and Gynecology</p> <p>INTEGRIS Health OB Hospitalists Woodward</p> <p>900 17th St. Woodward, OK 73801 (580) 256-5511</p>	<p>Muhammad Ishfaq, MD</p> <p>Neurology</p> <p>INTEGRIS Health Medical Group Neurology</p> <p>3366 NW Expressway Suite 200</p>	<p>Jessica Kennemer, APRN</p> <p>Advance Practice Registered Nurse, Family</p> <p>Comprehensive Spine and Pain</p> <p>1007 N. Main St. Suite 101</p>	<p>Mansoor Khalid, MD</p> <p>Nephrology</p> <p>INTEGRIS Baptist Pro Fees - Nephrology</p> <p>3300 NW Expressway Oklahoma City, OK 73112 (405) 942-5442</p>

	Oklahoma City, OK 73112  (405) 713-9930	Elk City, OK 73644  (580) 339-8001	
Lauren Little Axe, PA Physician Assistant  Oklahoma Pain Treatment Centers  13601 W. Memorial Park Dr.  Suite 200  Oklahoma City, OK 73120  (405) 751-0011	Kevin Mason, PA Physician Assistant  McBride Orthopedic Hospital, LLC  9600 Broadway Extension  Oklahoma City, OK 73114  (405) 230-9000	Erin O'Donnell, PA Physician Assistant  McBride Orthopedic Hospital, LLC  9601 Broadway Extension  Oklahoma City, OK 73115  (405) 230-9000	Christian Petricek, APRN  Advance Practice Registered Nurse  INTEGRIS Health AllSet Urgent Care South Classen  3075 Classen Blvd  Suite 105  Oklahoma City, OK 73071  (405) 427-4941
Lynnette Post, APRN  Advance Practice Registered Nurse, Acute Care  INTEGRIS Health Medical Group Critical Care  3300 NW Expressway  Oklahoma City, OK 73112  (405) 949-3011	Michael Sarwinski, CRNA  Certified Registered Nurse Anesthetist  INTEGRIS Baptist Regional Health Center Anesthesia  200 2nd Ave SW  Miami, OK 74354  (918) 540-7520		

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