



NETWORK BULLETIN

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TELEMEDICINE QUICK GUIDE

According to the Centers for Medicare and Medicaid Services (CMS), telemedicine is defined as the exchange of medical information between patients and providers using an electronic application with audio and video that allows for live interaction.



During this Public Health Emergency (PHE), providers can use a popular application such as Apple FaceTime, Zoom, Skype, Google Meet, etc. Documentation should include real-time interaction and the patient's consent for doing the service virtually. The patient needs to be informed that if a non-HIPAA platform is used, such as Apple FaceTime, there are potential privacy risks. Also, any other person, including the patient's caregiver and the provider's staff, needs to be identified. When documenting your clinical note, make sure to include that the encounter was an audio and video interaction with the patient.

To support your practice, we have created the Telemedicine Quick Guide, where you will find recommendations and important data regarding the correct coding for this new service, the impact of clinical documentation and the Star metrics that can be achieved through telemedicine. Additionally, we include reference information on how to manage medical appointments through this tool considering the previously mentioned processes to positively impact the patient experience.

WE SUMMARIZE SOME SALIENT SUGGESTIONS THAT YOU WILL FIND IN THE TELEMEDICINE QUICK GUIDE, TO ENSURE EFFECTIVE COMMUNICATION WITHIN OUR NEW REALITY.



Be sure to verify that your electronic equipment for handling calls is working properly.



Set up a space for your virtual appointments.



Be on time.



Check your patient record beforehand.



Make eye contact with your patient, even if sometimes you must look away from the screen.

These recommendations are shared to ensure that the process with your patients is smooth, that they feel committed and safe with their treatment. The Guide also provides you with the correct coding information and ways to close care gaps in one document.

REMEMBER THAT TOGETHER, WE ARE THE PATIENT EXPERIENCE.



ACCESS THE TELEMEDICINE QUICK GUIDE THROUGH THE INNOVAMD PORTAL AT DOCUMENT CENTER/GENERAL DOCUMENTS.

MODEL OF CARE TRAINING

The Centers for Medicare and Medicaid Services (CMS) require that all contracted medical providers and staff receive basic training about the Special Needs Plans (SNPs) Model of Care. This training and completion of an attestation are mandatory for new providers and annually thereafter. The SNPs Model of Care is the plan for delivering coordinated care and care management to special needs members. MMM Medicare and Much More offers the SNP MOC training and can be found on our website at www.mmm-fl.com/healthcare-professionals. Please complete the annual training module and Attestation by December 31, 2020. Completed attestations can be emailed to providers@mmm-fl.com.

SNPs are responsible for conducting their own MOC training, which means you may be asked to complete multiple trainings by different health plans.

The training includes information about the different types of SNPs tailored to individual needs. You're considered an SNP care provider if you see MMM Medicare and Much More plan members who have benefits under a Medicare Advantage SNP.

MANAGING OPIOIDS AND COMBINATIONS OF OPIOIDS WITH BENZODIAZEPINES

At MMM Medicare and Much More, we want to ensure our beneficiaries are provided safe and effective drug therapies to manage their health needs. Opioids are NOT first-line therapy. Non-Pharmacological and Non-Opioid therapies are preferred. If a 3-day opioid prescription for acute, non-chronic malignant pain is medically needed, you may consider selecting NSAIDs or low doses of opioids.



The elderly population is more sensitive to the effects of opioids due to age-related physiologic changes, such as decreased renal function, along with comorbid medical conditions.

Reasonable dosing suggestions should start at 30% to 50% of the recommended starting, and then titrate doses upward in 25% increments for comfort and side-effect tolerance. Doses above 50 MME pose an increased risk of overdose to patients. Doses above 90 MME should be avoided. Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose, which leads to a safer dosage regimen.

Opioid pain medications contain FDA boxed warnings due to hazards of mixing opioid drugs with other central nervous system depressants like benzodiazepines. When combined, benzodiazepines (alprazolam, lorazepam) can potentiate all the effects of opioids, including depressed respiration, heart rate, and blood pressure. This can greatly increase the risk for a potentially fatal overdose, as it can make it hard for a person to breathe normally. It may even suppress respiration completely.

Consider avoiding or reducing benzodiazepine dosages when used in combination with opioids to conservative levels to mitigate unwanted, dangerous side effects which can place our beneficiaries in danger.

MAINTAINING UPDATED INFORMATION

It is important to maintain accurate and up-to-date provider demographics, office and billing information. Providers can notify MMM Medicare and Much More of any changes to their provider data records quickly and easily, by emailing your updates to providers@mmm-fl.com. Please also certify your information on the National Plan and Provider Enumeration System (NPPES). This will lessen the burden to both providers and plans while improving the accuracy of provider directories.

Please note updating your provider information will not only ensure that we can reach you, but also ensures your current information is accessible to enrollees. Providers are required to notify MMM Medicare and Much More 30 days prior to the effective date of a change. Your cooperation is greatly appreciated.

