

Provider News



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Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:

<https://provider.summitcommunitycare.com>

Provider Services:

844-462-0022

Policy Updates – Prior Authorization

Notice of Material Amendment to Healthcare Contract Prior authorization requirement changes

Effective November 1, 2022, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Summit Community Care.

PA requirements will be added to the following:

- **L6026**: Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device.

To request a PA, you may use one of the following methods:

- Availity:* Once logged into the **Availity Portal**, select **Patient Registration > Authorizations & Referrals**, then select **Authorizations** or **Auth/Referral Inquiry**, as appropriate
- Fax : **800-964-3627**
- Fax (Behavioral health): **877-434-7578**
- Phone: **844-462-0022**

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. Non-compliance with new requirements PA may result in denied claims.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at <https://provider.summitcommunitycare.com>. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at **844-462-0022** for assistance with PA requirements.

** Availity, LLC is an independent company providing administrative support services on behalf of Summit Community Care.*

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Over the Counter Drug List

Summit Community Care is pleased to announce an updated *Over the Counter (OTC) Drug List* is now available on the **Provider Pharmacy Information** page at Summit Community Care Pharmacy Information. Please refer to the webpage for the list of covered OTC medications available for Summit Community Care members.

AR-NL-0362-22

Quality Management

HEDIS 2022: Summary of changes from NCQA

The National Committee for Quality Assurance (NCQA) has changed, revised, and retired some HEDIS® measures for measurement year 2022. Below is a summary of some of the key changes.

Diabetes measures

NCQA has separated the Comprehensive Diabetes Care indicators into stand-alone measures:

- Hemoglobin A1c Control for Patients with Diabetes (Two rates reported: HbA1c Control (< 8%) and Poor Control HbA1c) (> 9%) (HBD)
- Eye Exam for Patients with Diabetes (EED)
- Blood Pressure Control for Patients with Diabetes (BPD)

The process measure Comprehensive Diabetes HbA1c testing was retired as the goal is to move toward more outcome-based measures.

Race/ethnicity stratification

An important step to address health care disparities is reporting and measuring performance. Given this, NCQA has added race and ethnicity stratifications to the following HEDIS measures:

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Prenatal and Postpartum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

NCQA plans to expand the race and ethnicity stratifications to additional HEDIS measures over several years to help identify and reduce disparities in care among patient populations. This effort builds on NCQA's existing work dedicated to advancing health equity in data and quality measurements.

Measure changes

Colorectal Cancer Screening (COL):

Measures the percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer. The Medicaid product was added to the administrative data collection method for this measure and the age range was changed to 45 to 75 years of age. Any of the following meet criteria:

- Fecal occult blood test during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- Colonoscopy during the measurement year or the nine years prior to the measurement year
- CT colonography during the measurement year or the four years prior to the measurement year
- Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year

This measure can also be reported as an Electronic Clinical Data Reporting System measure: Colorectal Cancer Screening (COL-E).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



HEDIS 2022: Summary of changes from NCQA (cont.)

Antibiotic Utilization for Respiratory Conditions (AXR):

A newly added metric, which measures the percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event. This measure was added because antibiotics prescribed for acute respiratory conditions are a large driver of antibiotic overuse.

Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use. Given this new measure, the broader Antibiotic Utilization measure has been retired.

Use of Imaging Studies for Low Back Pain (LBP):

This measure was expanded to the Medicare line of business, and the upper age limit for this measure was expanded to age 75. Additional exclusions to the measure were also added.

View a complete summary of 2022 HEDIS changes [online](#).

AR-NL-0342-22

Chlamydia screening



Chances are one of these teenagers has chlamydia. According to the Centers for Disease Control (CDC), one of the largest growing populations for chlamydia are teens and young adults. Chlamydia infection is often asymptomatic, and screening for asymptomatic infection is a cost-effective strategy to reduce transmission and prevent pelvic inflammatory disease among females.

Talking to a teenager about sexual health issues like chlamydia can be difficult. But, left untreated, an affected individual may develop conditions such as pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain. Provider resources can help get the conversation started. To help get the conversation started, visit the [National Chlamydia Coalition website](#) at for a free *Chlamydia How-To Implementation Guide for Healthcare Providers*.

Facts about chlamydia:

- The United States Preventive Services Task Force (USPSTF) recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at risk for infection.

- Chlamydia is the most commonly reported sexually transmitted disease (STD) with over 1.8 million cases reported in 2019.
- Young women account for 43% of reported cases and face the most severe consequences of an undiagnosed infection.
- It is estimated that undiagnosed STDs cause infertility in more the 20,000 women each year.

Chlamydia Screening in Women (CHL) HEDIS® measure

This HEDIS measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year, including teens and women who:

- Made comments or talked to you about sexual relations.
- Had a pregnancy test.
- Were prescribed birth control (even if used for acne treatment).
- Received gynecological services.
- Have a history of sexually transmitted diseases.
- Have a history of sexual assault or abuse.

Description	CPT® codes
Chlamydia tests	87110, 87270, 87320, 87490, 87492, 87810
Pregnancy test exclusion	81025, 84702, 84703

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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