UPMC Health Plan

Provider Partner Update

November 2025



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Provider directory updates and required attestation

As you know, UPMC Health Plan requires all providers to verify their provider directory information at least every 90 days (quarterly).

This allows us to comply with CMS/DHS/PID requirements to maintain accurate directories—as well as the federal No Surprises Act (effective Jan. 1, 2022).

Accurate directories are the primary way our members find in-network care. CMS states, "Plans may not list a provider in their directory if the enrollee cannot call the phone number listed and request an appointment with that provider at the address listed."

UPMC Health Plan quality programs also require provider directory verification as a condition of participation and payment. In addition, failure to attest every 90 days may result in further action per your participating provider agreement.

Ways to keep your information current

UPMC Health Plan utilizes CAQH for directory updates and attestation. CAQH will notify you by alerts and contact you by email or telephone outreach to verify and attest that your provider directory information is accurate. If you're already registered with CAQH, please continue to visit the CAQH Provider Data Portal at **proview.caqh.org** to update your information. If you're a new user, please create a CAQH profile at **proview.caqh.org/PR/Registration.** The CAQH Provider Data Portal will guide you through completing your information, managing your profile data and supporting documentation, and attesting your information.

You can visit the provider directory to ensure that your provider information and office details are up to date and accurate. This is the information that must be reviewed/updated/verified:

- Ability to accept new patients
- Street address
- Phone number
- Office hours
- Hospital privileges
- Telehealth availability
- Any other information that affects your availability to our members

You can view your information by searching the online directory for your name at **upmchealthplan.com/find.** You can make updates to your information at **upmchealthplan.com/providers/change-provider-profile-info.aspx.**

If you have any questions, need help with your updates, or need to change your contact information, please contact your physician account executive or email **providernetworkinquiries@upmc.edu.**

Thank you for your support in this ongoing effort!

CAQH cannot change your product participation or the services contracted by your practice. If you have questions or concerns regarding product participation or contracted services, contact your physician account executive.

If you have questions or concerns regarding product participation or contracted services, contact your physician account executive.

Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. CMS strongly recommends that providers keep their NPPES data current.

Patient Safety and Technology Assessment chart

The Patient Safety and Technology Assessment Committee (TAC) meets regularly to review medical technology. The TAC decides which existing medical and medical prior authorization policies need to be updated or amended or if new policies need to be developed. All policies undergo an annual review.

The following chart details recent TAC decisions. Please refer to each policy (available at **upmchealthplan.com/providers**) for complete indications and limitations. You can view upcoming changes to medical policies at **upmchp.us/ProviderRLDocs**.

Title – Policy #	Products	Policy Change Description/Summary of New Policy
Skin Equivalents (HSE) – MC/ Commercial/CHIP – MP.083 These policies are effective Dec. 1, 2025.	CHIP, CM, MC	This policy has been updated to include Medicare and changes to the definitions and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Skin Equivalents (HSE) – Medical Assistance – MP.083.1 This policy is effective Dec. 1, 2025.	MA	This policy has been updated with changes to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Glaucoma, Minimally Invasive Procedures and Devices – MP.124 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the specific indications, limitations, and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
DME – Ostomy Supplies – MP.141 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the specific indications and variations sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
DME – Urology Supplies – MP.142 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial revisions throughout the policy and updates applied to the specific indications and variations sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
CT Angiography of Chest, Heart, and Coronary Arteries – MP.150 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial revisions throughout the policy and updates applied to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Noninvasive Tests for Hepatic Fibrosis – MP.152 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the limitations and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Prostate Treatment – MP.161 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the specific indications, limitations, and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**

Title – Policy #	Products	Policy Change Description/Summary of New Policy
Ambulatory External Cardiac Monitors – MP.171 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Pain Management-Sympathetic Blockade – MP.173 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial revisions throughout the policy and updates applied to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Orthopedics, Lower Limb – Ankle/Foot – MP.179 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial revisions throughout the policy and updates applied to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Orthopedics, Upper Limb – Elbow – MP.181 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial revisions throughout the policy and updates applied to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Prostate Needle Biopsy, Adult – MP.185 This policy is effective Dec. 1, 2025.	COM, MC, SNP, MA, CHC	This policy has been updated with editorial revisions throughout the policy and updates applied to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Transthoracic Echocardiography; including outpatient point of care ultrasonography – MP.194 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial revisions throughout the policy and updates applied to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Skin Lesion Removal – MP.195 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Wound Debridement Services – MP.196 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial updates and changes to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Transurethral Resection Bladder Tumor (TURBT) – MP.199 This policy is effective Dec. 1, 2025.	COM, MC, SNP, MA, CHC	This policy has been updated with changes to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Neuropsychological Testing and Assessment – MP.203 This policy is effective Dec. 1, 2025.	All	This policy has been updated with editorial updates and changes to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Transesophageal Echocardiography – MP.206 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the definitions, specific indications, limitations, and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**

Title – Policy #	Products	Policy Change Description/Summary of New Policy
Pulmonary Function Testing – MP.208 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the specific indications, limitations, and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Cardiac Rehabilitation Programs – MP.218 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the definitions and specific indications sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Oral and Enteral Nutrition – MP.PA.054 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the definitions, specific indications, and variations sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Milk Bank, Human Donor (HDMB) Services, Outpatient – MP.PA.108 This policy is effective Dec. 1, 2025.	CHIP, CM, MA	This policy has been updated according to the 2025 CDC Guidelines. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Long-Term Acute Care (LTAC) – MP.PA.112 This policy is effective Dec. 1, 2025.	CM, MA, CHC, MC, SNP	This policy has been updated with changes to the medical background section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Implantable Loop (Subcutaneous) Cardiac Rhythm Monitoring – MP.PA.140 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the specific indications and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Sleep Medicine – Facility Based Sleep Study – MP.PA.144 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to specific indications, limitations, and coding sections. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Nutrition – Medical Nutrition Therapy – MP.048 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the coding section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Sleep Medicine- Home Sleep Study – MP.223 This policy is effective Dec. 1, 2025.	All	This is a new policy. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**
Genetic Testing- Whole Genome-Exome Sequencing – MP.PA.099 This policy is effective Dec. 1, 2025.	All	This policy has been updated with changes to the definitions, specific indications, and limitations section. **You can view upcoming changes to medical policies at: upmchp.us/ProviderRLDocs**

You can see details for each policy on Nov. 1 by clicking the link to the redline versions of the policies below.
upmchp.us/ProviderRLDocs



Pennsylvania's recipient restriction program aims to prevent Medicaid misuse

The Pennsylvania Department of Human Services has reinforced its commitment to combating misuse and fraud in the Medicaid (Medical Assistance, or MA) program by emphasizing the enforcement of regulations outlined in **55 Pa. Code § 1101.91** and **55 Pa. Code § 1101.92.**

These provisions aim to address recipient misutilization, abuse, and prohibited acts, ensuring the integrity of the program and safeguarding taxpayer dollars.

Under 55 Pa. Code § 1101.91, the state identifies and addresses cases of recipient misutilization and abuse. This includes instances where individuals receive excessive or unnecessary medical services, diagnostic tests, or prescriptions by visiting multiple providers. To curb such practices, the state has implemented a restricted recipient program that limits individuals to obtaining services from a single designated provider. Recipients are notified in writing before restrictions take effect, allowing them to select a preferred provider.

In addition, 55 Pa. Code § 1101.92 outlines prohibited acts, criminal penalties, and civil penalties for violations. These include knowingly making false statements in benefit applications, concealing events that affect eligibility, and misusing MA identification cards. Violators face severe consequences, including felony or misdemeanor charges, fines of up to $15,000, and imprisonment. Additionally, noncriminal penalties may include forfeiture of MA benefits during incarceration or restrictions on accessing certain services.

The Department has also highlighted its authority to terminate benefits for up to one year for recipients found guilty of specific violations, such as overutilizing services or borrowing MA identification cards. These measures aim to deter fraudulent activities and ensure that resources are allocated to those genuinely in need.

If you suspect a UPMC MA member of misuse or fraud, you are urged to contact the Special Investigations Unit at **specialinvestigationsunit@upmc.edu** or via our Fraud Hotline at 1-866-FRAUD-01 (1-866-372-8301).



Be persistent about the flu shot throughout respiratory virus season

Keep offering information to support shared decision making

The 2024–2025 flu season saw a significant number of illnesses, medical visits, hospitalizations, and deaths from the flu.[1] Vaccinating people against the flu is one of the best ways to help mitigate negative health outcomes associated with it for the 2025–2026 season.

Ensuring that as many eligible patients as possible get the flu shot this season can be challenging, as there are many reasons patients may not want to get it. Some people believe they don't need it or prefer to build natural immunity, while others have safety concerns or don't think it's effective, and others simply forget.

No matter the obstacle, engaging in conversation can help address concerns or misconceptions; provide clear, evidence-based information; and support informed decision making.

Use talking points to help address vaccine hesitation in patients

Having prepared talking points on hand can help address the varied concerns patients may have around getting the flu vaccination. This list of frequent questions and their answers can support your efforts to boost vaccination rates for eligible patients in your office.

Q: Why do I need a flu shot?

A: Getting recommended vaccines like the flu shot is important for protecting yourself and your family from serious illness like the flu and other respiratory viruses. Even if you're healthy, you can still get the flu and spread the virus to others. That's why the CDC urges everyone 6 months old or older to get an annual flu shot.[2]

Q: What else can I do to help protect myself from the flu?

A: Vaccination is one of the ways you can care for yourself and stay healthy.[3] Good handwashing always helps protect from respiratory viral illness, too.[4]

Q: Can I get one or more respiratory virus vaccines at the same time?

A: Yes, you can. These may include the COVID-19 vaccine, respiratory syncytial virus (RSV) vaccine, or other vaccines that help protect against respiratory viruses.[5] We can discuss which vaccines are right for you at this time.

Q: If I'm a UPMC Health Plan member, where can I get a flu shot if I decide not to get it today?

A: If you are a UPMC Health Plan member, you can visit in-network pharmacies, such as CVS, Giant Eagle, Martin's, Giant, or many local independent pharmacies.[6] Many pharmacies will administer the vaccine to both adults and children. When you show your health insurance member ID card, your shot will be free. You also get the flu shot for you and your family at UPMC-GoHealth Urgent Care Centers if your child is at least 4 years old. If you are a UPMC Community HealthChoices participant enrolled in a Special Needs Plan, you will receive coverage for the vaccine(s) through your Special Needs Plan benefits.

Keep the learning and encouragement going

Some patients may still be hesitant to get the flu vaccine or other immunizations. It can be helpful for them to explore more information after their office visit. You can encourage them to **learn more about respiratory virus season vaccines** on our member site. They can watch these videos to explore more information on their own time:

- **Why should you get the flu shot?**
- **How to avoid an emergency room visit during flu season**
- **Three flu shot truths from a real ER doctor**

Sources

[1] Preliminary estimated flu disease burden 2024-2025 flu season. Centers for Disease Control and Prevention. May 9, 2025. Accessed Aug. 6, 2025. cdc.gov/flu-burden/php/data-vis/2024-2025.html

[2]2025–2026 flu season. Centers for Disease Control and Prevention. Aug. 6, 2025. Accessed Aug. 26, 2025. cdc.gov/flu/season/2025-2026.html

[3]Preventing seasonal flu. Centers for Disease Control and Prevention. Aug. 26, 2024. Accessed Aug. 26, 2025. cdc.gov/flu/prevention/index.html

[4]Ibid.

[5]What to know about getting flu, COVID-19, and RSV vaccines at the same time. Centers for Disease Control and Prevention. Nov. 22, 2023. Accessed Aug. 26, 2025. cdc.gov/ncird/whats-new/getting-vaccines-at-same-time.html

[6]The listed pharmacies are in-network for members who reside in Pennsylvania as of September 2024. If you are an out-of-state member or need further assistance finding a pharmacy, please call the number on your member ID card.

UPMC Health Plan's use of this material does not imply or constitute endorsement or recommendation by the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Department of Health and Human Services, or the U.S. government of UPMC Health Plan, its affiliates, or their respective services.

Clinical Practice Guidelines

The following Clinical Practice Guidelines were approved and updated in September 2025:

- ADHD
- Anxiety in Adults
- Anxiety in Children
- Depression in Adults
- Depression in Children
- Opioid Use
- Substance Abuse
- Adult Cholesterol
- Adult Diabetes
- Asthma
- Cardiovascular Risk Factors and Coronary Artery Disease
- COPD
- Heart Failure Guidelines
- Hypertension Management
- Lung Cancer Screening
- Preventive Health Care Guidelines: Adult
- Prenatal Clinical Practice Guidelines
- Preventive Health Care Guidelines: Pediatric

You can view the updated guidelines at:
upmchealthplan.com/providers/medical/resources/guidelines/clinical-practice.aspx

For further assistance, please call Provider Services at **1-866-918-1595**.



BEHAVIORAL HEALTH CORNER

The growing need to screen and support patients with gambling disorder

Use tools and resources to support recovery

People have been risking money or other stakes in betting games since colonial times—a practice and a problem that has endured in American culture. For some, gambling is and remains a leisure activity. But for others, it may take on the characteristics of alcohol/substance use, food, technology, and other addictions that yield serious social, physical, emotional, financial, and legal consequences and can contribute to other serious outcomes. Estimates of suicide rates are alarmingly high among individuals with problem gambling issues. A systematic review of qualitative evidence on gambling-related suicides and suicidality shows that 1 in 2 individuals with gambling addiction will contemplate suicide, and 1 in 5 will attempt suicide.[1]

A global and local issue

This research underscores the magnitude of gambling disorder, an issue with a reach that hits home and continues to grow. Access to gambling activities in Pennsylvania increased significantly in the past 20 years, driven by the emergence of various mechanisms. Slot machines became available in horse racetrack casinos in 2004, with a cascade of access to other gambling options soon to follow. Legalizing poker and other table games in 2010 prompted the landscape of casinos to expand to 17 locations across the state by 2025.

Online gambling sparked yet another significant explosion when Pennsylvania legalized it in 2017, further adding to the potential to increased access to gambling and the issues proven to can come with it over time.

History has shown that increased access to gambling leads to increased gambling problems. Access to 24/7 online gambling has furthered this issue. Virtual versions of casino table games and slot machines, sports betting, virtual lottery, and other options put gambling at people's fingertips, spurring calls to gambling hotlines to rise—particularly during challenging times.

During the pandemic when people were forced to stay home and isolate, often limiting their ability to work and maintain a steady income, gambling at home emerged as a way to pass the time. For some, it also created a misleading sense of financial relief, increasing the risk for those vulnerable to gambling disorder.

Since the pandemic, trends in online gambling prevalence have increased. Pennsylvania alone saw a three-year steady increase in online gambling from 11 percent in 2022 to 20 percent in 2024, with only minor rate increases across all types of gambling among adults who gamble in Pennsylvania at just over 65 percent.[3] And with that, the percentage of Pennsylvanians who gamble online and report having problems

with it has increased from approximately 33 percent in 2022 to approximately 49 percent in 2023. The potential population prevalence of at-risk or problem gambling among Pennsylvania adults is estimated to be as high as nearly 9 percent.[4]

DSM definition

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR) defines gambling disorder as "persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by four of nine key features within a 12-month period and includes the following features[5]:

- Needing to gamble more frequently
- Difficulty cutting back or stopping gambling altogether
- Preoccupation with gambling
- Continuing to gamble despite losses (gambling activity that negatively impacts relationships, employment, school)
- Gambling with other people's money
- Hiding or minimizing involvement with gambling
- Becoming irritable or restless when trying to reduce or stop gambling
- Gambling to cope with emotions

Comorbid consequences

Just as with substance use disorders, comorbid health conditions such as hypertension and cardiovascular disease, digestive issues, and sleep disorders have been identified in individuals with gambling disorder.[6] Emotional distress and feelings of shame, guilt, isolation, and depression are also common. Mental health and substance use disorders tend to be more common, and the risk of suicide is greater.[7] The financial effects of gambling disorder can be overwhelming and may lead to significant and unmanageable debt, bankruptcy, and in some cases theft from others to sustain their gambling habit. Strained relationships with family and friends can be common as well, all factors loudly calling for increased screening.

Recognize risk factors

Some common risk factors for gambling disorders include the following:[8]

- Substance use, including tobacco use
- Depression
- Male gender
- Impulsivity
- Lower income
- Younger age groups, including adolescents who are not of legal age to gamble

Screening and treatment for gambling disorder

Help and hope are available through treatment and support that providers play a role in facilitating—with screening being the first step. While screening and assessment for gambling disorder may not be common in health care settings, it is essential to ensure that an individual living with gambling disorder is linked to support and treatment when indicated. Providers can use a variety of screening tools, ranging from 2 to 17 questions, to help identify gambling disorder, including its duration. Some tools screen for current gambling status while others assess lifetime gambling behaviors. Several of these screen for both, with most tools based on the diagnostic criteria in the DSM-IV and V. Some examples of these tools include the Lie-Bet questionnaire, Problem Gambling Severity Index (PGSI), and South Oaks Gambling Screen (SOGS).

Awareness around treatment is similar to screening measures. Providers may be less familiar with gambling treatment options, but it is critical to be aware of these options to help facilitate a much-needed uptick in support for the recovery process in Pennsylvania and neighboring states. According to SAMHSA's 2017 National Survey on Substance Abuse Treatment Facilities, which encompasses treatment facilities across the U.S., only around 24 percent of these treatment facilities provided treatment for gambling.[9] More locally, some 28 percent of Pennsylvania's treatment facilities provided treatment for gambling, while just over 24 percent of New York's facilities, and some 35 percent of Maryland's facilities provided treatment for gambling.[10]

While in different states, these facilities and their providers often have a lot in common. Typically, treatment providers for substance use disorders and other addictive behaviors may provide services for problem gambling, as they incorporate the same behavioral therapy models, such as cognitive behavioral therapy. Providers facilitating treatment are behavioral health professionals and may include social workers, psychologists, and psychiatrists. These providers may also use psychotropic medications to accompany treatment for gambling, as comorbid mental health conditions are prevalent in those with gambling disorder. Treatment programs may offer individual, group, and family counseling, as well as peer support. Self-help groups are also available for those with gambling disorder; these groups may help support an individual while they are attending formal treatment services and throughout their recovery. Remember that suicide risk is higher in this population, thus it is important to develop a safety plan with the individual and to routinely screen for depression and suicide risk.

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Additional behavioral health resources

UPMC Health Plan can also assist providers in linking members to behavioral health resources at any level of screening with a Prescription for Wellness. This nationally recognized, Six Sigma-developed best practice system provides an operationally friendly mechanism for providers to prescribe supports and services to their patients who are UPMC Health Plan members.

To complete a Prescription for Wellness, providers can engage with patients during office visits, during a telehealth visit, or during a phone call. Providers prescribe the desired patient support by entering the order through EpicCare or the Health Plan's secure website, Provider OnLine (for providers that have an alternative EMR). The Health Plan "fills" the prescription by engaging the patient and then provides an electronic feedback note detailing the outcome of the referral and patient progress. For more information, email the Prescription for Wellness team at **RxforWellness@upmc.edu.**

Other resources

- **Gamblers Anonymous**
- **Gam-Anon**
- **Gamblers, Family and Friends In Recovery**
- **Directory – IPGGC- International Problem Gambling and Gaming Certification Organization**

The views, opinions or materials offered by other nonprofits are their own and do not necessarily constitute the views, opinions or recommendations of UPMC Health Plan.

Pennsylvania

PA Department of Drug and Alcohol Programs

Gambling helpline

Pennsylvania's Gambling Helpline is free, confidential, and available 24/7/365. Help is available by phone call, text message, or online chat. Those who need support can:

- Call 1-800-GAMBLER.
- Call the 24-hour helpline at 1-800-426-2537.
- Text 1-800-522-4700.
- Text the 24-hour helpline at 1-800-522-4700.
- Chat through the Department of Drug and Alcohol Programs (DDAP) website with the 24-hour helpline.

Self-exclusion program

Self-Exclusion – Pennsylvania Gaming Control Board

Self-exclusion allows a person to request to be excluded from legalized gaming activities within a casino and offsite venues, online, at video gaming terminal (VGT) establishments, or on fantasy contests.

New York

HOPENY

This resource provides confidential, 24/7 help and support to anyone affected by gambling harms, including family members and friends regardless of ability to pay. For support, individuals can:

- Call 1-877-846-7369 (HOPENY).
- Text 467369 (HOPENY).

Maryland

The Maryland Center of Excellence on Problem Gambling

To get started with support from the help line, individuals can:

- Call or text 1-800-GAMBLER (1-800-4262537).

For providers: Free training on gambling for Maryland Behavioral Health Providers is available by calling 667-214-2120. Clinical case consultation calls are also offered.

References

[1]Marionneau V, Nikkinen J. Gambling-related suicides and suicidality: A systematic review of qualitative evidence. Front Psychiatry. 2022 Oct 26;13:980303. doi: 10.3389/fpsyt.2022.980303. PMID: 36387006; PMCID: PMC9645554.
[2]Welte JW, Wieczorek WF, Barnes GM, Tidwell MC, Hoffman JH. The relationship of ecological and geographic factors to gambling behavior and pathology. J Gambl Stud. 2004 Winter;20(4):405-23. doi: 10.1007/s10899-004-4582-y. PMID: 15577275.
[3]Pennsylvania Department of Drug and Alcohol Programs. 2024 Online Gambling Report. Retrieved from pa.gov/content/dam/copapwp-pagov/en/ddap/documents/documents/agency-reports/interactive-gaming-reports/2024%20online%20gambling%20report%20-%20final%20copy.pdf
[4]Ibid.
[5]American Psychiatric Association. (2022). Substance-Related and Addictive Disorders. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.).
[6]Benchebra L, Alexandre JM, Dubernet J, Fatséas M, Auriacombe M. Addiction aux jeux (d'argent et vidéo) et état de santé des joueurs : une revue critique de la littérature [Gambling and Gaming disorders and physical health of players: A critical review of the literature]. Presse Med. 2019 Dec;48(12):1551-1568. French. doi: 10.1016/j.lpm.2019.10.014. Epub 2019 Nov 22. PMID: 31767247.
[7]Menchon JM, Mestre-Bach G, Steward T, Fernández-Aranda F, Jiménez-Murcia S. An overview of gambling disorder: from treatment approaches to risk factors. F1000Res. 2018 Apr 9;7:434. doi: 10.12688/f1000research.12784.1. PMID: 30090625; PMCID: PMC5893944.
[8]Ibid.
[9]Substance Abuse and Mental Health Services Administration. (2018). National Survey of Substance Abuse Treatment Services (N-SSATS): 2017. Data on substance abuse treatment facilities. U.S. Department of Health and Human Services. samhsa.gov/data/report/national-survey-substance-abuse-treatment-services-n-ssats-2017-data-substance-abuse
[10]Ibid.



Act early to reduce prostate cancer disparities across Pennsylvania

Discuss, screen, and support to bridge the gap

Prostate cancer remains a leading cause of cancer-related death for men in Pennsylvania. With higher incidence and mortality rates in the state's northeast and northwest areas, rising rates in the central region's rural areas, and similarly troubling issues in other areas, men across Pennsylvania are at high risk for poor prostate cancer outcomes. In many communities, screening rates are fragmented, limited, or low.

Recognize disparities

More than 1 in 5 prostate cancer diagnoses in Pennsylvania are detected at a late stage. Data also show that significant national disparities in prostate cancer outcomes among Black men are mirrored across the state—including a 70 percent higher incidence and more than double the mortality rate compared to White men, especially in underserved and rural communities.

Become a "TEAMS" player to boost screening

You can empower early detection and prevention in the way you speak, lead, and support your patients and the communities you serve. Take these comprehensive steps to help reduce overall rates:

- **T**alk about it. Prostate cancer risk and screening should always be a conversation topic for men over 50, Black men, and anyone with a family history of the disease.
- **E**ncourage action. When appropriate, offer a prostate-specific antigen screening or refer for one. You can review the American Cancer Society Prostate Screening Guidelines for information on referring high-risk patients to screening or urology consults.
- **A**ddress health equity issues. Help patients navigate cost, mistrust, and care access issues using clear yet sensitive communication.
- **M**ake it local. Public health programs, community groups, and cancer coalitions can empower screening and education efforts in underserved communities.
- **S**upport advocacy initiatives. Referring patients to clinical trials and helping ensure representation across diverse populations in prostate cancer studies can further critical and inclusive research efforts.

Augment your information

Review information from Pennsylvania Department of Health for more resources to support the early detection and prevention of prostate cancer for men throughout Pennsylvania.

[1]State Cancer Profiles. Prostate cancer (late-stage) incidence rates, 2017–2021.
[2]American Cancer Society. Cancer Facts & Figures 2025.

What is the UPMC *My*Health 24/7 Nurse Line?

The UPMC *My*Health 24/7 Nurse Line is available to members seeking advice on nonemergent care. Members have 24/7 access to speak with a UPMC nurse for general assistance and guidance at no cost.

The UPMC *My*Health 24/7 Nurse Line can help members with the following by using the Schmitt-Thompson triage protocol:

- Determine the right care option and level of care for symptoms.
- Find out the next step in seeking medical care. This could include watchful waiting or self-monitoring, scheduling a primary care visit, seeking care through 24/7 virtual visits, urgent care, or—when symptoms suggest the need for more emergent care—at an emergency department.
- Get answers to clinical questions.
- Receive general health advice and information.
- Answer questions about medications.

Primary care provider notification process

Provider notification through fax is now available for providers whose members call the Nurse Line. Members will have the opportunity to confirm their primary care provider (PCP) and consent to their call report being shared. With consent, providers will receive a fax within the next business week with the following information for members advised to seek care:

- Member identification
- Date and time of Nurse Line call
- Primary complaint followed by related evidence-based clinical protocol followed and member responses
- Nurse recommendation provided regarding next steps for seeking care such as emergency care, urgent care (virtual or in person), or to schedule with their PCP

Using this information, providers have the opportunity to follow up with members regarding their call and add information to the patient record as they see fit. Currently, notification will not be provided for calls where members are advised to self-care or monitor symptoms.

Provider faxes

If you are a primary care provider, please verify that your listed fax number is accurate and up to date to make sure you receive notification regarding your members in a timely manner.

Questions regarding the UPMC *My*Health 24/7 Nurse Line can be directed to Provider Services at **1-866-918-1595.**

UPMC Health Plan medical drug coverage updates

UPMC Health Plan initiated changes to certain medical coverage policies for all lines of business on Oct. 1, 2025. Please visit **upmchp.us/pharm-services-medical** for more information.

If you have questions about the changes, call Provider Services at **1-866-918-1595.** Thank you for your continued support and for the great care you provide our members.



HEALTH BREAK

Encourage UPMC Health Plan members to take a Health Break

The "Health Break" podcast educates UPMC Health Plan members on health and wellness topics and guides them on how to make the most of their coverage.

Let your patients who are our members know that they can listen to "Health Break" on **Spotify**, **Apple Podcasts**, and all major podcast streaming platforms. They can also view show notes and additional information at **upmchealthplan.com/podcast**.



Take a Health Break with Mimi Yablonsky

How to find the right behavioral health providers

Looking for a therapist, psychiatrist, or behavioral health provider? Take a Health Break to find out what to consider when choosing a provider.



Take a Health Break with Elana Glick

How health coaching helps you make real, lasting changes

Tune in to discover the real reasons people struggle to maintain healthy habits and how UPMC Health Plan's free coaching programs help members stay the course.



Take a Health Break with Dr. Bob Rutkowski

Get to know your health care team

Your care team is more than just your doctor! Find out what it can look like to receive care from a nurse practitioner or physician assistant, and how they can help you get the care you need sooner.

Find "Health Break" wherever you get your podcasts.



Quality improvement best practice insights

Topic: Glycemic Status Assessment for Patients with Diabetes: Diabetes Control

Source: HEDIS, NCQA

Measure: The percentage of members 18-75 years old with diabetes (type 1 and type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was less than 8 percent during the measurement year.

Members are identified with diabetes by claim/encounter data and by pharmacy data.

Claim/encounter data. Members who had at least two diagnoses of diabetes (Diabetes Value Set) on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Pharmacy data. Members who were dispensed insulin or hypoglycemics or antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes (Diabetes Value Set) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

-If there are multiple glycemic status assessments on the same date of service, use the lowest result.

Measurement period: Jan. 1, 2025, through Dec. 31, 2025

Exclusion criteria: Exclude members who meet any of the following criteria:

- Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit anytime during the measurement year.
- Members who die anytime during the measurement year.
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) anytime during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Medicare members 66 years old and older as of Dec. 31 of the measurement year who meet either of the following:
  - o Enrolled in an Institutional SNP (I-SNP) anytime during the measurement year.
  - o Living long-term in an institution anytime during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66 years old and older as of Dec. 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **BOTH** frailty and advanced illness criteria to be excluded:

- Medicare members 66 years old and older by the end of the measurement period who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) anytime during the measurement year
  - Living long-term in an institution anytime during the measurement period, as identified by the LTI flag
- Members 66 years old and older by the end of the measurement period with frailty **and** advanced illness. Members must meet **BOTH** of the following frailty **and** advanced illness criteria to be excluded:
  - **Frailty.** At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
  - **Advanced illness.** Either of the following during the measurement year or the year prior to the measurement year:
    - Advanced Illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
    - Dispensed dementia medication (Dementia Medications List).

Best practice recommendations:

- Consider participation in a Health Information Exchange (HIE) to ensure patients' lab results are available to participating Managed Care Organizations.
- Develop a process for submitting CPT II codes or manually uploading results for labs done in facilities where there is no lab feed.
- Order a Prescription for Wellness for members whose HbA1c is not controlled or who need assistance with developing self-management skills.
- Identify members who would benefit from working with a certified diabetes educator to manage their condition.

Topic: Eye Exam for Patients With Diabetes (EED)

Measure: The percentage of members 18 to 75 years old with diabetes (type 1 and type 2) who had had a retinal eye exam.

Members are identified with diabetes by claim/encounter data and by pharmacy data.

Claim/encounter data. Members who had at least two diagnoses of diabetes (Diabetes Value Set) on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Pharmacy data. Members who were dispensed insulin or hypoglycemics or antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes (Diabetes Value Set) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Services to close gap: Screening or monitoring for diabetic retinal disease. This includes people with diabetes who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year

Any of the following meet criteria

- Any code in the Retinal Eye Exams Value Set billed by an eye care professional (optometrist or ophthalmologist) during the measurement year.
- Any code in the Retinal Eye Exams Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a diagnosis of diabetes without complications (Diabetes Mellitus Without Complications Value Set).
- Any code in the Eye Exam with Evidence of Retinopathy Value Set, Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the measurement year. Do not include codes with a modifier (CPT CAT II Modifier Value Set).
- Retinal imaging with interpretation and reporting by a qualified reading center (Retinal Imaging Value Set) billed by any provider type during the measurement year.
- Autonomous eye exam billed by any provider type during the measurement year. Either of the following meets criteria:
  - CPT code 92229
  - LOINC code 105914-6 **with** a result (Autonomous Eye Exam Result or Finding Value Set)
- Any code in the Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the year prior to the measurement year. Do not include codes with a modifier (CPT CAT II Modifier Value Set).
- Diabetic retinal screening negative in prior year (CPT-CAT-II code 3072F) billed by any provider type during the measurement year. Do not include codes with a modifier (CPT CAT II Modifier Value Set).
- Any combination that indicates findings from a retinal exam for diabetic retinopathy performed in both the left and right eye by any provider, or a combination that indicates one eye is enucleated and the other was examined:

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Left eye	Right eye
• Retinal exam finding: Any level of retinopathy (LOINC code 71490-7 **with** Diabetic Retinopathy Severity Level Value Set) during the measurement year	• Retinal exam finding: Any level of retinopathy (LOINC code 71491-5 **with** Diabetic Retinopathy Severity Level Value Set) during the measurement year
• Retinal exam finding: No retinopathy (LOINC code 71490-7 **with** LOINC code LA18643-9) in the year prior to the measurement year	• Retinal exam finding: No retinopathy (LOINC code 71491-5 **with** LOINC code LA18643-9) in the year prior to the measurement year
• Enucleation: ICD-10-PCS code 08T1XZZ anytime during the member's history through Dec. 31 of the measurement year	• Enucleation: ICD-10-PCS code 08T0XZZ anytime during the member's history through Dec. 31 of the measurement year

Measurement period: Jan. 1, 2025, through Dec. 31, 2025

Exclusion criteria: Exclude members who meet any of the following criteria:

- Bilateral absence of eyes (SNOMED CT code 15665641000119103) anytime during the member's history through Dec. 31 of the measurement year.
- Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year:
  - o Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (CPT Modifier code 50).
  - o Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was Feb. 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after Feb. 15.
  - o Left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) and right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) on the same or different dates of service.
  - o A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) with service dates 14 days or more apart.
  - o A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) with service dates 14 days or more apart.
- Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit anytime during the measurement year.
- Members who die anytime during the measurement year.
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) anytime during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Medicare members 66 years old and older as of Dec. 31 of the measurement year who meet either of the following:
  - o Enrolled in an Institutional SNP (I-SNP) anytime during the measurement year.
  - o Living long-term in an institution anytime during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66 years old and older as of Dec. 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **BOTH** frailty and advanced illness criteria to be excluded:
  1. *Frailty* – At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
  2. *Advanced Illness* – Either of the following during the measurement year or the year prior to the measurement year:
     - Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
     - Dispensed dementia medication (Dementia Medications List).

Best practice recommendations:

- Educate patients on preventive retinal eye exam screenings they can receive through their medical benefit coverage.
- Provide onsite retinal screenings. Be certain that photographs are interpreted by an eye care professional. Claims must be submitted by an eye care professional.
- Develop collaborative relationships with local eye care providers to minimize access barriers and allow for point-of-service scheduling.
- Provide patient reminders to accommodate patients' communication preferences (email, phone calls, text messages, etc.).
- If a patient had a negative exam in the year prior, manually upload the report or submit the applicable CPT II code for gap closure in the current year.



Topic: Blood Pressure Control for Patients With Diabetes (BPD)

Measure: The percentage of members 18 to 75 years old with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Members are identified with diabetes by claim/encounter data and by pharmacy data.

Claim/encounter data. Members who had at least two diagnoses of diabetes (Diabetes Value Set) on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Pharmacy data. Members who were dispensed insulin or hypoglycemics or antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes (Diabetes Value Set) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Services to close gap:

Identify the most recent BP reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during the measurement year. Do not include CPT Category II codes (Systolic and Diastolic Result Value Set) with a modifier (CPT CAT II Modifier Value Set). Do not include BPs taken in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set) or during an ED visit (ED Value Set; POS code 23).

The member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is > or = 140/90 mm Hg, if there is no BP reading during the measurement year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Codes to close gap:

A systolic and diastolic value must be reported.

- 3074F: Systolic blood pressure <130 mm Hg
- 3075F: Systolic blood pressure 130–139 mm Hg
- 3077F: Systolic blood pressure ≥140 mm Hg (will not close the gap)
- 3078F: Diastolic blood pressure <80 mm Hg
- 3079F: Diastolic blood pressure 80–89 mm Hg
- 3080F: Diastolic blood pressure ≥90 mm Hg (will not close the gap)

This measure requires that the last blood pressure of the measurement year is reported, regardless of the result. Codes that represent blood pressures equal to or greater than 140/90 might need to be reported if the last blood pressure of the measurement year is ≥140/90 and are therefore listed here to support the measure requirement for the last blood pressure reading.

Measurement period: Jan. 1, 2025, through Dec. 31, 2025

Exclusion criteria: Exclude members who meet any of the following criteria:

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- Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit anytime during the measurement year.
- Members who die anytime during the measurement year.
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) anytime during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Medicare members 66 years old and older as of Dec. 31 of the measurement year who meet either of the following:
  - o Enrolled in an Institutional SNP (I-SNP) anytime during the measurement year.
  - o Living long-term in an institution anytime during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66 years old and older as of Dec. 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:
  1. *Frailty* – At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
  2. *Advanced Illness* – Either of the following during the measurement year or the year prior to the measurement year:
     - Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
     - Dispensed dementia medication (Dementia Medications List).

Best practice recommendations:

- Educate members on diet, exercise, stress management, and lifestyle factors—such as smoking and alcohol consumption—that can affect blood pressure.
- Refer members to care management for lifestyle or chronic disease management (as needed).
- Encourage members to take their blood pressure medications as prescribed, even when their blood pressure is under control.
- If the patient's blood pressure is elevated when they arrive, recheck the blood pressure after the patient has had their visit.

Topic: Medication Adherence for Diabetes

Measure: The percentage of individuals 18 years old and older who met the Proportion of Days Covered (PDC) threshold of 80 percent for diabetes medications during the measurement year.

Individuals with ≥2 prescription claims for any of the diabetes medications in the Diabetes Medication Table below on different dates of service in the treatment period.

Use the steps below to determine the eligible population.

Step 1: Identify individuals who meet the age criteria as of the first day of the measurement year.

Step 2: Identify individuals with two or more prescription claims on different dates of service for any diabetes medication (See Diabetes Medication Table below) during the measurement year. The prescription claims can be for the same or different medications.

Step 3: Determine each individual's treatment period. The treatment period is the time period (in days) from the IPSD to the end of the measurement year, death or last day of enrollment, whichever occurs first. The IPSD is the Index Prescription Start Date (i.e., the earliest date of service for a target medication during the measurement year).

Step 4: Identify individuals with a treatment period that is 91 or more days during the measurement year.

Services to close gap:

- The number of individuals who met the proportion of days covered (PDC) threshold of 80 percent during the measurement year
- Proportion of days covered refers to the proportion of days in the treatment period "covered" by prescription claims for the same medication or another in its therapeutic category.

Medications to close the gap in care:

Diabetes Medication Table	
Biguanide Medications and Combinations [a, b]	
metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, litazone, repalinide, rosiglitazone, saxalitin, sitalitin)	
[a]Active ingredients are limited to oral formulations only. *[b]Excludes nutritional supplement/dietry management combination products.*	
Sulfonylurea Medications and Combinations[a]	
chlorpropamide[b] glimepiride (+/- pioglitazone, rosiglitazone[b]) glipizide (+/- metformin)	glyburide (+/- metformin) tolazamide tolbutamide[b]
[a]Active ingredients are limited to oral formulations only. *[b]There are no active NDCs for chloropropamide, alimeoiride/rosiglitazone, or tolbutamide.*	
Thiazolidinedione Medications and Combinations[a]	
pioglitazone (+/- alogliptin,glimepiride, metformin)	rosiglitazone (+/- glimperide[b]), metformin)
[a]Active ingredients are limited to oral formulations only. *[b]There are no active NDCs for rosiqlitazone/glimepiride.*	
DPP-4 Medications and Combinations[a]	
alogliptin (+/- metformin, pioglitazone) linagliptin (+/- empagliflozin, metformin)	saxagliptin (+/- metformin, dapagliflozin) sitagliptin (+/- metformin, ertugliflozin)
[a]Active ingredients are limited to oral formulations only.	
GIP/GLP- Receptor Agonists Medications[a]	
albiglutide[b] dulaglutide exenatide liraglutide	lixisenatide semaglutide tirzepatide
[a]Excludes products indicated only for weight loss; *[b]NO active NDCs for albiglutide*	
Meglitinide Medications and Combinations[a]	
nateglinide	repaglinide (+/- metformin)
[a]Active ingredients are limited to oral formulations only	
SGLT2 Inhibitor Medications and Combinations[a]	
bexagliflozin canagliflozin (+/- metformin) dapagliflozin (+/- metformin, saxagliptin)	empagliflozin (+/- metformin, linagliptin) ertugliflozin (+/- sitagliptin, metformin)
[a]Active ingredients are limited to oral formulations only.	

Measurement period: Jan. 1, 2025, through Dec. 31, 2025

Exclusion criteria: Members are excluded from the denominator if any of the following occurs during the measurement period:

- Hospice care at any time during the measurement year
- An ESRD diagnosis at any time during the measurement year
- One or more prescription claims for insulin during the treatment period

Best practice recommendations:

- Urge patients to use UPMC ID cards to fill prescriptions. Many formulary (covered) generic medications for diabetes are available at no cost share when filled at a preferred pharmacy during the initial phase of coverage.
- Encourage 100-day prescription fills for UPMC *for Life* (Medicare/SNP) members.
- If the medication dose or instructions change, make sure the pharmacy receives an updated prescription and all refills of the old prescription are canceled.
- Encourage patients to use UPMC Health Plan-preferred pharmacies, as these pharmacies are held to quality standards and are more likely to ensure the medication fill is run through the patient's UPMC ID card.
- Recommend patients use high-touch pharmacies if they are on multiple chronic medications and would benefit from compliance packaging and additional services, like medication reconciliation and refill synchronization, to help manage their medications.
- Encourage patients to ask for automatic refills for their medications as well as a pill box to keep them on track for taking medication as prescribed. This will decrease the chance of missing a dose or running out of medication.

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HelpScript service helps patients enroll in manufacturer copay assistance programs

End-to-end support with providers helps ensure a smooth submission process

Cost is increasingly a barrier that keeps patients from filling prescriptions or taking their medications as prescribed. Key findings from an analysis using National Health Interview Survey showed that in 2021, more than 8 percent of adults ages 18–64 who took prescription drugs at any time in the past 12 months reported skipping doses, taking less than the prescribed dose, or delaying filling a prescription because of financial constraints—a pattern proving to be costly to health.[1] Cost-related nonadherence (CRN) is associated with associated with higher mortality rates for patients with diabetes, cardiovascular disease, and hypertension—which are among the most common preventable and treatable chronic diseases.[2,3]

Stepping in with support in the new year!

Beginning **Jan. 1, 2026,** patients with select plans with UPMC Health Plan coverage may be eligible to participate in manufacturer copay assistance programs for claims on select specialty medications, helping to reduce their out-of-pocket costs.* Support through HelpScript manufacturer copay assistance enrollment services can help ease the submission process for patients and providers.

Why encourage manufacturer copay assistance

- HelpScript can help patients determine their eligibility to participate in manufacturer copay assistance, which may allow them to pay as little as $0 for their eligible medications.
- There is no cost for eligible patients to use HelpScript services.

HelpScript Patient Advocates offer dedicated support to help eligible patients prescribed specific provider-administered specialty medications enroll in manufacturer copay assistance programs. Advocates offer concierge-level service that helps patients navigate the enrollment process by:

- Educating on the program and out-of-pocket costs.
- Confirming if a medication qualifies for a program.
- Helping them learn how to read EOBs.
- Answering any questions about HelpScript services.

Prioritizing provider involvement

HelpScript Patient Advocates also offer providers the same level of service—which includes ground-level support for submitting reimbursement requests to manufacturer copay assistance programs and office involvement throughout the process. They help with:

- **Enrollment.** Advocates simultaneously outreach to offices to request necessary documentation for the copay assistance program or to request relevant billing information for patients already enrolled.
- **Post-enrollment.** Providers will receive details on copay assistance funds from the manufacturer once a patient is enrolled. HelpScript will confirm the patient's enrollment in the manufacturer copay assistance program by fax.

Learn more

Manufacturer copay assistance programs may often cover hundreds of specialty medications and can help reduce out-of-pocket costs for patients with chronic conditions. You can also call a UPMC HelpScript Patient Advocate at **1-833-813-8234** for additional information. Help is available Monday through Friday from 8 a.m. to 8 p.m.

**Patients with secondary government insurance (e.g., Medicare, Medicaid) are not eligible for manufacturer copay assistance programs.*

References

[1]Mykyta L, Cohen RA. Characteristics of adults aged 18–64 who did not take medication as prescribed to reduce costs: United States, 2021. NCHS Data Brief, no 470. Hyattsville, MD: National Center for Health Statistics. 2023.

[2]Cost-related nonadherence and mortality in patients with chronic disease: A multiyear investigation, National Health Interview Survey, 2000–2014. National Center for Chronic Disease Prevention and Health Promotion. Reviewed Dec. 3, 2020. Accessed July 16, 2025. cdc.gov/pcd/issues/2020/20_0244.htm

[3]Fast Facts: Health and economic costs of chronic conditions. Centers for Disease Control and Prevention. July 12, 2024. Accessed July 16, 2025. cdc.gov/chronic-disease/data-research/facts-stats/index.html

ICD-10-CM coding and documentation insights

By Marlana Tice, CCS-P, CPC, CCS, AHIMA-Approved ICD-10-CM/PCS Trainer
Program Director – Risk Adjustment/HCC Coding Education

Reporting type 2 diabetes without complications, in remission

The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) have implemented the annual changes and updates for the 2026 ICD-10-CM code set effective Oct. 1, 2025. The code set comprises a total of 74,719 codes, including 487 newly added codes.

- A new ICD-10-CM code, E11.A, effective Oct. 1, 2025, has been introduced to report type 2 diabetes mellitus (DM) without complications in remission. This code should be used when provider documentation clearly states that the patient has achieved remission and there are no ongoing complications associated with type 2 diabetes.
- When a diabetic complication is present and addressed during the encounter, even if the patient's type 2 diabetes is documented as being in remission, the appropriate complication code should be reported. For example, code E11.319 (Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema) should be used when diabetic retinopathy is actively managed.

Diagnosis	Type 2 DM **in Remission** ***No diabetic complications***	Type 2 DM **in Remission** ***Diabetic complications still exist***
Document	• Assessment and monitoring of DM	• Assessment and monitoring of DM • Assessment and plan for each diabetic complication addressed
Code	• **E11.A** Type 2 diabetes mellitus without complications in remission	• Each applicable diabetic complication code such as: **E11.40 Type 2 DM with diabetic neuropathy**

Per ICD-10-CM guideline:

- Code E11.A, Type 2 diabetes mellitus without complications in remission, is assigned based on provider documentation that the DM is in remission.

If the documentation is unclear as to whether the type 2 diabetes mellitus has achieved remission, the provider should be queried. For example, the term "resolved" is not synonymous with remission.

Register for Empowering Providers: Comprehensive Care for Tobacco Use Disorder

Our CME webinar series, "Empowering Providers," is designed to enhance your knowledge and skills in managing substance use disorders. The series offers the latest insights and evidence-based strategies to improve patient outcomes.

Please join us for the final live, CME-accredited webinar in this series to get an overview of comprehensive care for tobacco use disorder.

During this presentation, our speaker will discuss these topics:

- Understanding the importance of screening for tobacco use disorder
- Identifying and utilizing effective screening tools
- Implementing evidence-based treatment strategies

Presenter:

- **Michael Lynch, MD, FACMT,** UPMC Health Plan Quality and Substance Use Disorder Services Senior Medical Director; Director, UPMC Medical Toxicology Telemedicine Bridge Clinic; Associate Professor, Division of Medical Toxicology, Department of Emergency Medicine, University of Pittsburgh School of Medicine

Register now.

Provider is responsible for verifying CME eligibility.

This activity is approved for the following credit: AMA PRA Category 1 Credit™, ANCC, ACPE, and ASWB. Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

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We offer many CME-accredited webinars throughout the year. These webinars are an easy and excellent way to increase your knowledge of topics important to your practice and patient care.

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- Adult webinars
- Pediatric webinars
- Both adult and pediatric webinars

Subscribe today!

Sign up to receive updates on future webinars to help slot these opportunities into your schedule.



Help your UPMC *for Life* patients track and understand their blood pressure readings

The HEDIS quality metric **Controlling High Blood Pressure (CBP)** measures the percentage of members who had a diagnosis of hypertension (HTN) and whose final blood pressure reading of the measurement year was controlled (<140/90).

There is an opportunity to improve this measure for UPMC *for Life* members. That's why we're encouraging them to more actively monitor their blood pressure readings and engage with their providers to ensure they're managing it as needed.

UPMC *for Life* members with uncontrolled blood pressure may receive communications about tracking their blood pressure and preventing hypertension starting this fall, including the following:

- Text message
- Email
- Flyers available at member events

Here's how UPMC *for Life* providers can help!

- Check blood pressure at every visit. This includes PCP, specialist, and telehealth visits.
- "White coat syndrome" and nervousness may cause an elevated reading. If the initial reading is elevated (>140/90), recheck at the end of the visit and be sure to document and report the new reading!
- Explain the reading results and next steps, if needed. Many people may not know what a normal reading number is and how their reading compares to it.
- Encourage your patients to track their blood pressure at home with a digital device to make sure it stays controlled.

If you have any questions, please contact your physician account executive or call Provider Services at **1-866-918-1595.**

UPMC for Life is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC for You Inc., and UPMC Health Coverage Inc.



Advance health equity to make a difference in your clinic and your community

Use resources and partnerships to influence health-related social needs.

The link between societal factors in disease and health outcomes has long existed. German physician and public health activist Rudolf Virchow was key in making this connection as early as 1848 when he commissioned an investigation around the typhus epidemic.[1] This important work continued globally, notably when the World Health Organization launched the Commission on Social Determinants of Health (CSDH) in March 2005, operating it until 2008.[2] In the U.S., the connection gained wide traction through the Office of Disease Prevention and Health Promotion's Healthy People 2020 and Healthy People 2030 initiatives and actions by other federal agencies, including the Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS).

These agencies and many other organizations and individuals laid the foundation for providers and partners in care like UPMC Health Plan to continue to **meet health-related social needs** (HRSNs). These needs manifest from social, economic, and physical conditions and nonmedical factors that can affect access to care and change health outcomes:

- Affordable childcare
- Clothing
- Food
- Health care
- Housing
- Transportation
- Utilities
- Economic status and financial strain
- Education level and access
- Employment level and access
- Literacy

These challenges and their downstream health consequences are prevalent across the U.S. and affect many people across the country. This includes Pennsylvanians, 12 percent of whom lived below the poverty level in 2021—with higher rates noted among Black and Hispanic populations and people living in rural counties, according to Pennsylvania's 2023 State Health Assessment (SHA).[3] This eye-opening assessment also revealed that nearly 50 percent of Pennsylvania's population spent 30 percent or more of their income on rent and highlighted disparities in mental health, maternal and infant health, and environmental health.

The intersection of interventions

Meeting HRSNs requires all hands on deck. Agencies like CMS have made marked efforts like approving Pennsylvania's waiver in 2024 to implement HRSN-focused services, specifically allowing the state to test strategies aimed addressing unmet social needs.[4] UPMC Health Plan has paralleled efforts to this end alongside the UPMC Center for Social Impact and community-based organization collaborators to provide unique programming to help meet your patients who are our members individual and social needs:

- **Our HAIR (Health Access Initiative for Recovery).** This Community Care community outreach initiative partners with barbers and stylists in the African American community to decrease the stigma surrounding behavioral health, educate them on how to confidently discuss behavioral health topics with their clients, and connect them with valuable resources.
- **Dementia Friends Pennsylvania.** UPMC Community HealthChoices collaborates with Dementia Friends Pennsylvania to help the community understand dementia; change the way people think, act, and talk about the disease; and help build inclusive communities for people living with dementia.
- **Home Safe and Smart™.** This comprehensive aging-in-place program combines activities of daily living training with safety equipment, minor home modifications, and smart home technology to help Community HealthChoices participants remain independent, healthy, and safe at home.

Steps to bridge critical gaps

Your knowledge and rapport put you in a position to help patients have a fair and just opportunity to attain their highest level of health. Using these tactics centered around strong relationships, community connections, and clinical expertise can help improve the health of communities and increase health equity:

1. **Expand your education on HRSNs.** Read **peer-reviewed HRSN articles from the CDC** and get **guidance from UPMC Health Plan on how to address HRSNs in your practice.**
2. **Put knowledge into action and implement HRSN screenings.** Review **CDC information on ICD-10-CM Z codes** for screening examples and check our **HRSN billing guide** for complete list of ICD-10 codes to help document nonmedical factors affecting a patient's health to help overcome these barriers.
3. **Leverage all available supports and resources.** **Consider telehealth,** community resources, and UPMC Health Plan supports like **Prescription for Wellness,** the **UPMC Disabilities Resource Center, Cultivating Health for Success, UPMC Pathways to Work,** and others.

Resources, strategies—and strength

Our partnership and resources stand together to strengthen efforts to **address health-related social needs in your practice.** When paired, we can make more inroads to support health and well-being needs in the communities we serve.

References

[1]Emerging Infectious Diseases. Centers for Disease Control and Prevention. Vol. 14, No. 9, September 2008. Accessed Sept. 17, 2025. cdc.gov/eid/article/14/9/08-6672_article

[2]Commission on Social Determinants of Health, 2005-2008. World Health Organization. Accessed Sept. 17, 2025. who.int/teams/social-determinants-of-health/equity-and-health/world-report-on-social-determinants-of-health-equity/commission-on-social-determinants-of-health

[3]Addressing health-related social needs in your clinic. UPMC Health Plan. Accessed Sept. 17, 2025. upmchealthplan.com/providers/medical/resources/other/health-related-social-needs#social

[4]The state of our health: A statewide health assessment of Pennsylvania. August 2023. Accessed Sept. 17, 2025. pa.gov/content/dam/copapwppagov/en/health/documents/topics/documents/OpEx/State%20Health%20Assessment%202023%20update.pdf

[5]Ibid.

[6]Bridges to success: Keystones of health for Pennsylvania. Commonwealth of Pennsylvania. Accessed Sept. 17, 2025. pa.gov/agencies/dhs/resources/keystones-of-health

UPMC Health Plan's use of this material does not imply or constitute endorsement or recommendation by the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Department of Health and Human Services, or the U.S. government of UPMC Health Plan, its affiliates, or their respective services.



Improved Medicare *Advantage* benefits to keep top of mind for 2026!

Preferred lab copays

Some UPMC *for Life* plans will have lower copays when members use freestanding labs (for example, Quest) or doctor offices. Lab services performed at other locations like outpatient hospital-based laboratories will have a higher copay.

Preferred network labs can be found in our provider directory by searching for "Laboratory – Free Standing." Choosing a lab in the preferred lab network may let patients conveniently schedule appointments online through the preferred lab website. Patients may also have shorter wait times for services and lower cost.

Keep this in mind when your UPMC *for Life* patients need to have lab work completed in the future.

Plans WITH preferred lab copays	Tier 1: Freestanding lab/doctor's office	Tier 2: Outpatient hospital	Out-of-network
HMO Premier Rx H3907-059-005	$0 copay	$30 copay	N/A
HMO Rx Choice H3907-057-001	$0 copay	$30 copay	N/A
HMO Rx Choice H3907-057-002	$0 copay	$30 copay	N/A
HMO Rx Choice H3907-057-007	$0 copay	$30 copay	N/A
HMO Rx H3907-058-003	$0 copay	$30 copay	N/A
PPO Rx Choice H5533-015-001	$0 copay	$30 copay	$50 copay
PPO Rx Choice H5533-015-002	$0 copay	$30 copay	$50 copay
PPO Rx Choice H5533-015-006	$0 copay	$30 copay	$50 copay

Ambulatory surgery center (ASC) copays

Some UPMC *for Life* plans will have a lower copay for outpatient surgery performed at an ambulatory surgery center (ASC) than at a hospital.

The UPMC *for Life* plans listed below will have a lower copay for outpatient surgery at an ASC than at a hospital. An ASC is a freestanding outpatient facility that specializes in specific outpatient procedures for healthy patients who do not require overnight hospital stays.

ASCs offer a high-quality and patient-friendly environment and are designed as a cost-effective alternative to hospital-based outpatient surgeries.

ASCs can be found in our provider directory by searching "Ambulatory Surgery – Independent."

Keep this in mind when offering options to your patients for an upcoming surgery/procedure.

If you have any questions, please contact your physician account executive or call Provider Services at ***1-866-918-1595.***

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Plans WITH lower copay for ASC	Contract
HMO Premier Rx	H3907-059-002 H3907-059-003 H3907-059-004 H3907-059-005
HMO Rx Choice	H3907-057-002 H3907-057-003 H3907-057-004 H3907-057-005 H3907-057-006 H3907-057-007
HMO Rx	H3907-058-002 H3907-058-003
PPO Essential Care Rx	H5533-017-002
PPO Premier Rx	H5533-011-000
PPO Rx Choice	H5533-015-002 H5533-015-003 H5533-015-004 H5533-015-006
PPO Rx Enhanced	H5533-008-000

Prescription *for Wellness*

UPMC Health Plan clinical teams information

Prescription for Wellness is a nationally recognized, Six Sigma-developed best practice system that provides a convenient and effective way for providers to prescribe free resources and support offered by UPMC Health Plan to their patients who are UPMC Health Plan members.

Providers can write a Prescription for Wellness using EpicCare, CHP Cerner, or the Health Plan's Provider OnLine website (for practices with an alternative EMR). Providers select from a robust order set that includes services to support chronic condition management, lifestyle improvement, behavioral health support, pharmacy intervention, social service intervention, and more.

Your patients will work with experts from UPMC Health Plan. Our health coaches can help if their goals include making healthy lifestyle changes and our care managers can teach them how to manage a condition and help them understand their overall health care needs. Our **clinical teams flyer** is a one-page summary for providers regarding our Health Plan clinical teams detailing their background and areas of support provided.

For more information on Prescription for Wellness or to access any of our marketing materials, contact your physician account executive or email the Prescription for Wellness team at at **RxforWellness@upmc.edu.**



Take a holistic approach to diabetes management and care

Include screenings, risk reduction, and medication adherence to maximize care plans.

Caring for patients with diabetes requires a nuanced understanding of its multifaceted nature that spans biological, clinical, behavioral, and social dimensions and often intersect with barriers to care that vary across populations and settings—adding layers of complexity to a condition that continues to rise nationally and statewide. In 2000, 6 percent of adults in the U.S. were diagnosed with diabetes—a percentage that has jumped to nearly 9 percent in 2023, according to U.S. Diabetes Surveillance System data.[1] The percentage of adults in Pennsylvania diagnosed with diabetes is higher than the national average at 10 percent, according to the most recent surveillance data.[2] This information and countless other data points underscore the need to support patients with diabetes by as many means as possible, an avenue that doesn't come without its own barriers.

The road to implementing a comprehensive treatment plan to address these factors can come with a lot of curves. Certainly, costs top the list of concerns for many patients and one where the government has taken steps to assist. Under the Inflation Reduction Act, the Centers for Medicare & Medicaid Services (CMS) capped Medicare beneficiary cost-sharing for insulin at $35 for a month's supply of each covered insulin product and began requiring drug companies to pay Medicare a rebate if they raise prices for certain drugs covered under Medicare Part B or Part D faster than the rate of inflation.[3] Other barriers around transportation, food, housing, limited access to safe physical activity spaces, racism and discrimination, among other significant obstacles can make the diabetes continuum of care challenging.

Removing barriers to diabetes management

The sheet number of contributing factors can feel daunting, even for practices experienced in improving health outcomes for patients with diabetes. Breaking the overall strategy into pieces can help make working toward a comprehensive treatment plan centered around HEDIS® measures management approachable and attainable.

Measure	Common barriers	Support mechanisms	Talking points
Glycemic Status for Diabetics (GSD)	• Difficulty with lab visits and finger-stick testing • Challenges with injectable medications	• Continuous glucose monitoring (CGM) • Oral medication alternatives	• "A CGM is a sensor you wear on your skin that transmits blood glucose readings to a smart device or handheld reader. It can show blood glucose readings all day and night without a fingerstick. It's important to understand that while a CGM gives us information that can help us work toward better controlling your blood sugar levels, it doesn't replace our visits. It just helps us between visits." • "Many people have issues with needles, and that's normal. It's not a dealbreaker. Let's talk about whether you think oral medications might be a better fit to help you manage your blood sugar and keep your levels in the target range. Just like an injectable medication, you'll need to be diligent and take it as prescribed."
Diabetic Eye Exam (EED)	• Lack of symptoms • Anxiety around results	• Education on asymptomatic disease progression using visuals • Education on exam, results, and how diabetes affects the eyes • Stress management techniques such as mindfulness, breathing exercises, or cognitive behavioral therapy	• "Diabetic eye disease often doesn't have symptoms until there is significant damage to your eyes. Over time, high blood sugar can damage the blood vessels in your retina. If left untreated, the blood vessels in your eyes can weaken and bulge, which causes fluids to leak into the retina, and distort your central vision. The good news is that more than 90% of diabetes-related vision loss can be avoided with early detection through and eye exam and treatment.[4] During the eye exam, the doctor will dilate your pupils and examine different parts of your eye." • "You might not think about it, but stress can increase your blood sugar levels. Some things you can try to help reduce your stress level are to make sure you ask for support from family and friends when you need it. Joining a support group for people going through the same challenges can also be helpful. Moving more can be good for your body and your mind, too."[5]
Blood Pressure Control for Diabetics (BPD)	• Medication adherence • Lifestyle challenges	• Simplify medication routine by offering once daily dosing when possible and recommend using aids such as a pill box and an app or alarm for reminders • Discuss barriers and offer available supports through your practice or the patient's health plan	• "I know it can be hard to remember to take your medications. A lot of people struggle with it. We really need to do as much as we can to help you stay on track with your medications every day. We can work together on a plan. I'll check and see if I can make your daily routine a little easier. You can help by using a pill box or an app to help you remember to take your medications. How does that sound?" • "Making sure you blood pressure is controlled is very important for your overall health. Having high blood pressure can damage your kidneys, eyes, and blood vessels. It also forces your heart to work harder, which can put you at risk for heart attack, stroke, and heart failure. Making healthy changes can be challenging, but sticking to a low-sodium diet, exercising, and reducing your stress levels are important for your heart health and keeping your diabetes under control. You may be able to get help from a health coach through your insurance to support you in making healthy lifestyle changes like staying at a healthy weight, being physically active, and eating nutritious foods."

Measure	Common barriers	Support mechanisms	Talking points
Medication Adherence for Diabetes (DMA)	• Access to pharmacies and refills • Side effects and perceived effectiveness	• Connect to patient assistance programs, offer three-month options, and mail-order pharmacies • Validate concerns and educate on pharmacologic effect	• "If refilling your prescriptions is difficult, you can apply to a patient assistant program to see if you can get help paying for your medications. Getting your medication through a mail-order pharmacy saves you a trip the pharmacy and makes it easier to get your medications, which might also be helpful for you." • "It's great to ask questions so you understand how your medications are designed help you and you are comfortable and confident in taking them. Let's talk about all your concerns. What issues do you have with your medications?"

Tools to support your strategy

Use motivational interviewing to make inroads

Motivational interviewing (MI) can help uncover the specific barriers and hesitations patients have around managing many issues and chronic conditions, including diabetes. This practice centered around engaging with empathy and understanding can help break down barriers and open lines of communication with patients who might feel frustrated or confused about their treatment plan. Even a brief MI discussion can set the stage and the expectation for the patient to take action in better managing their condition. You can use these tips across conditions, including diabetes:

- Use open-ended questions, such as, "Tell me why you feel it is difficult for you to manage your blood sugar," or "What makes it difficult for you to get to the lab?" or "I see you are struggling to take your medications as prescribed; what's going on?"
- Provide empathy, listen, nod, make eye contact, and use supportive statements, such as, "I can see you are upset about the challenges you are having. We can work together to find a solution to help you better manage your diabetes."

Build your MI skills

MI is a specialized skill that can take time to hone. These offerings from UPMC can help you better their MI skillset:

- **Introduction to Motivational Interviewing: An Evidence-based Approach.*** Learn more about what MI is, how it can support you in your practice, and the basic principles and skills you can apply immediately after the training.
- **Motivational Interviewing.*** Attain a contemporary understanding of MI and the evidence base, discuss the spirit, processes, and core skills and strategies of MI, and Identify challenges in learning and implementing MI in clinical practice.
- **Motivational Interviewing-based Health Coaching: An Evidence-Based Approach.** Use this six-module program to get a comprehensive overview of the MI approach as it applies to health coaching in the health care setting. Learning modalities include didactic lectures, quizzes, videoclips, partner activities (completed outside the online modules), and review questions.

  **The provider is responsible for verifying CME/CNE eligibility.*

  You can also explore these additional MI resources:

- **Read the Agency for Healthcare Research and Quality's Clinicians' Pocket Guide for Motivational Interviewing** for information on supporting your use of MI when counseling patients.
- **Explore the U.S. Department of Agriculture's MI training and other resources** for guidance on different conversation topics.

Promote resources for UPMC Health Plan members

You know your patients and their health history; that makes you the preferred care resource. As your Partner in Care, UPMC Health Plan offers resources your patients can use to support your care. Our members have access to diabetes specialists, diabetes educators, and care coordinators, and they can also participate in various care management programs to meet their individual health needs:

- **Prescription for Wellness.** This program uses a clinical team to **extend your care beyond the office visit.** It is a nationally recognized, Six Sigma-developed best practice system that provides a convenient and effective way for providers to prescribe resources and support offered by UPMC Health Plan to your patients who are UPMC Health Plan members. Depending on the practice setting, providers can write a Prescription for Wellness using EpicCare, CHP Cerner, or the Health Plan's Provider OnLine website (for practices with an alternative EMR). This sets the expectation that it is to be filled just like a prescription for a medication. A team of certified health coaches with expertise in MI, lifestyle management, chronic condition

support, clinical decision making, social needs support, and care coordination support this service. The health coach messages the prescribing physician to inform them of member engagement, progress with the health coaching program, and improvement in self-management skills. The closed-loop feedback to providers enables them to have follow-up discussions with patients to celebrate progress and/or encourage greater participation.

- **UPMC Diabetes Prevention Program.** This is a one-year program that has received Full Plus recognition, the highest-level designation, from the Centers for Disease Control and Prevention.[6] It is designed to help prevent or delay the onset of type 2 diabetes in people with prediabetes. Participants engage in 16 weekly and 6 monthly group health coaching sessions.
- **Condition management programs.** A nurse practitioner helps members manage their conditions by teaching self-management skills and coordinating care with providers.
- **Diabetes self-management education.** A Certified Diabetes Care and Education Specialist leads in-person group or individual sessions which provide members with a resource for their concerns, peer support, and practical information on subjects such as nutrition and testing blood sugar.
- **UPMC Centers for Diabetes Education and Support.** A network of care facilities throughout western Pennsylvania provides educational support programs and care to members living with diabetes.
- **High-risk diabetes program**. The UPMC Division of Endocrinology and Metabolism, in collaboration with UPMC Health Plan, developed an innovative program that uses electronic health record data to proactively identify patients at risk for poor diabetes outcomes and suggest specialist recommendations to PCPs immediately before a patient's scheduled visit.

Ask questions

Helping your patients manage diabetes can be challenging. Supporting you is important to us as your Partner in Care. If you have questions about the tools or resources UPMC Health Plan offers to your patients who are our members, please contact your physician account executive.

References

[1] Centers for Disease Control and Prevention. U.S. Diabetes Surveillance System. Accessed Sept. 18, 2025. gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html

[2] Ibid.

3 CMS Diabetes Strategy—Impact Report 2024. Centers for Medicare & Medicaid Services. May 30, 2024. Accessed Sept. 12, 2025. cms.gov/files/document/cms-diabetes-strategy-2024-english.pdf

[4] Promoting eye health. Centers for Disease Control and Prevention. May 15, 2024. Accessed Sept. 18, 2025. cdc.gov/diabetes/hcp/clinical-guidance/promote-eye-health.html

[5] Diabetes kickstart: Managing stress. Centers for Disease Control and Prevention. Accessed Sept. 18, 2025. cdc.gov/diabetes/media/pdfs/2024/11/CDC_-DiabetesKickstart_ManagingStress_Eng_v04A_digital_508.pdf

[6] Visit nationaldppcsc.cdc.gov/s/article/FAQ-Recognition-Categories-1526419438273 for information on the CDC's recognition categories.

Free Continuing Medical Education (CME) courses available

UPMC Health Plan provides a variety of free online continuing medical education resources. Each webinar is approved for AMA PRA Category 1 Credit™ and ANCC. Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

View available webinars



UPMC Health Plan provider manual updates

UPMC Health Plan's provider manual is updated periodically to reflect program or policy changes made by UPMC Health Plan products or regulatory agencies.

Each chapter of the provider manual is current as of the date shown in the chapter's footer. The provider manual can be found at **upmchealthplan.com/providers**.

Updates have been made to the following topics in:
Chapter L (UPMC Health Plan Behavioral Health Services)

Tables L1, L2, L3: Removed the note that stated effective July 21, 2021, UPMC *for Kids* requires prior authorization for medically necessary in-network inpatient mental health services, in-network inpatient detoxification, or rehabilitation
Table L4: In-network residential mental health services
Table L5, L6, L7, L8: Removed the InterQual Behavioral Health and Substance Use Disorders Criteria are used for decisions about prior authorization and continued stays
Provider Relations Community Care Provider Relations phone number added
Provider information Information that the provider practice information must be validated on a quarterly basis in the Community Care's ePortal system
InterQual Contact information to obtain a copy of the InterQual Behavioral Health and Substance Use Disorders Medical Necessity Criteria
Utilization Review Activity List of services updated
Routine Services requirement Access to Routine Services requirement updated. Includes contact information if the provider is unable to meet the routine services standards.
Network provider referrals Except in an emergency, health maintenance organization (HMO) plan and exclusive provider organization (EPO) plan Members do not have out-of-network coverage and may not be referred to a provider outside of the UPMC Health Plan participating provider network without prior authorization from UPMC Health Plan.
Practitioner credentialing process Practitioners must grant Community Care access to their CAQH profile to ensure there are no delays in any credentialing activity related to their participation as UPMC Health Plan behavioral health provider.

PROMISe™ ID enrollment requirements
DHS requires that all providers re-enroll (revalidate) their PROMISe™ ID at least every five years by submitting a fully completed Pennsylvania PROMISe Provider Enrollment Application for every active and current service location that are due for revalidation. The provider may revalidate a PROMISe™ ID by accessing the following website: dhs.pa.gov/provider/promise/enrollmentinformation/S_001994

If the revalidation process is not completed in a timely manner, it will result in the closure of the provider's PROMISe™ ID and may lead to denial of claims and termination from the UPMC *for Kids* network.

Practitioner initial credentialing

- Details process, requirements, and supporting documentation process.
- Practitioner initial credentialing information is gathered through the Council of Affordable Quality Health (CAQH) database. A provider's attestation within the CAQH database is valid for 180 days, so providers must ensure that information in the CAQH database is regularly attested to.
- Practitioners must maintain an up-to-date CAQH profile and grant Community Care access to ensure there are no delays in credentialing activity related to their participation as a UPMC Health Plan behavioral health provider.

Facility/Organization assessment, contracting, and reassessment
A facility must be reassessed at a maximum of every 36 months from the date of initial assessment or of the last reassessment.

Member handbooks
Web addresses for member handbooks or member guides were added.

If you have questions regarding the provider manual or UPMC Health Plan coverage, policies, and procedures that are not addressed in the UPMC Health Plan provider manual, contact **Provider Services** Monday through Friday from 8 a.m. to 5 p.m.

Line of business	Phone
UPMC Community HealthChoices (Medical Assistance)	1-844-860-9303
UPMC Behavioral Health Services (BHS)	1-866-441-4185
UPMC *for Kids* (CHIP)	1-866-918-1595
UPMC *for Life* (Medicare)	1-866-918-1595
UPMC *for Life* Complete Care (HMO D-SNP)	1-866-918-1595
UPMC *for You* (Medical Assistance)	1-866-918-1595
UPMC Health Plan (Commercial)	1-866-918-1595

UPMC HEALTH PLAN

Provider Services:
1-866-918-1595
upmchealthplan.com/providers

Report suspected fraud, waste, or abuse to UPMC Health Plan through any of the following:

- Email: **specialinvestigationsunit@upmc.edu**
- Fraud Hotline: **1-866-FRAUD-01**
- U.S. mail: UPMC Health Plan Special Investigations Unit, Personal and Confidential, PO Box 2968, Pittsburgh, PA 15230

UPMC Health Plan does not practice medicine or exercise control over the methods or professional judgments by which providers render medical services to members. Nothing in these materials should be construed to supersede or replace the clinical judgment of a provider.

The provider of care is ultimately responsible for providing accurate and compliant information on all submission of claims and/or billing information.

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