Reid Health Alliance Medicare
In Partnership with Health Alliance™

Reid October Informed Newsletter

October 15, 2019

As It Relates to You

Different Types of Medicare

It's time once again for the Medicare Annual Enrollment Period, which takes place October 15 through December 7. While deciding what enrollment options are best for them, patients may come to you with questions. Here's a quick review of some of the different types of Medicare coverage:

- **Original Medicare** is offered through the federal government for those who are 65 or older or have certain disabilities. It includes Part A (hospital) coverage and Part B (medical) coverage. Beneficiaries can see any provider who accepts Medicare but won't have extra perks or pharmacy coverage.
- **Medicare Advantage** (Part C) plans are private health plans that replace Original Medicare and often include pharmacy coverage and extra perks, like dental, hearing and vision benefits. They typically have a provider network and can offer more care coordination than Original Medicare does.
- **Medicare Supplement:** Also known as Medigap, Medicare Supplement plans are sold through private insurance companies. They don't replace Original Medicare but work as supplemental coverage alongside it to help pay what

Original Medicare doesn't. Beneficiaries can generally see any provider who accepts Medicare.

Contact your provider relations specialist if you have questions on Medicare plans or would like to request a visit.

Who is Your Provider Relations Specialist?

Your provider relations specialist (PRS) is available to meet with you at your office to help clarify policies and procedures, as well as help resolve any problems. Specifically, your PRS can:

- Conduct new provider orientation
- Conduct on-going provider education
- Resolve claim issues
- Provide new or changing information on policies or programs
- Discuss concerns
- Assist your office in any way regarding our business

If you'd like to schedule an office visit, please contact your PRS. Please refer to Section 2, Provider Network Management, of our provider manual to find out who your PRS is.

Helpful Resources Are a Click Away

If you haven't visited Provider.HealthAlliance.org yet, we highly encourage you to take a look. We've compiled a variety of resources to help keep you informed.

- Access Clear Coverage and eviCore auto-authorization.
- View additional information about preauthorizations.
- Determine a member's eligibility.
- Check the status of claims.
- Search for providers within a specific member's network.
- Learn more about cost-saving pharmacy programs and helpful wellness programs.
- Review past issues of Informed.
- Find compliance, credentialing, provider change and other forms.
- View helpful education materials about Medicare.

Once you visit Provider.HealthAlliance.org, you can sign in to your account. If you don't have an account set up, you can register for a provider or office personnel account by using the "Create an Account" link under "Sign In."

If you have any additional questions about the site, please reach out to your provider relations specialist.

Psychogenomics in the Treatment of Depression

We've witnessed an increased number of orders for psychogenomics. In addition, testing is now available that claims to guide clinicians in their choice of antidepressant medications for patients. One example is the GeneSight Psychotropic test offered by Myriad genetics. Some have asked why major commercial insurance carriers don't cover this testing.

Psychogenomic testing attempts to predict patient response to a particular psychiatric medication by identifying gene variants of relevant pharmacokinetic and pharmacodynamic genes. Early clinical trials didn't show that test results translated into better clinical responses for patients. In fact, on November 1, 2018, the FDA released a consumer warning stating that "the relationship between DNA variations and the effectiveness of antidepressant medications has never been established." The FDA went on to warn that changes in a patient's medications based on these test results "could potentially lead to patient harm."

To clarify the questions surrounding the usefulness of the GeneSight Psychotropic test, Myriad sponsored a large multicenter rater and patient-blind, randomized, controlled study. In this guided trial, patients were assigned to either a pharmacogenomics-guided intervention arm or treatment as usual. The trial failed to achieve its primary outcome measure, namely, any difference in depression symptom severity between the pharmacogenomics-guided treatment group and the treatment-as-usual group.

While we anticipate in the future that treatment decisions may be guided by pharmacogenomics, functional brain imaging and even pharmacoepigenomics, current tests haven't shown the scientific evidence to warrant routine use in clinical practice today.

Pharmacy Updates

Walgreens, CVS and Rite Aid Suspend Sales of Zantac and Ranitidine

The Food and Drug Administration (FDA) recently alerted healthcare providers and patients about a voluntary recall of select prescription and over-the-counter (OTC) ranitidine products due to the presence of N-nitrosodimethylamine (NDMA). The FDA recall does not extend to all ranitidine products or products in the same pharmacological class. Please refer to a complete list of the recalled prescription and OTC products. Patients should contact their pharmacy to determine if their medication is part of either recall. Affected products should be safely disposed of or returned to the pharmacy where they were dispensed.

Ranitidine is a histamine-2 receptor antagonist (H2RA) that suppresses gastric acid production. Uses include treatment of gastric ulcers and gastroesophageal reflux disease (GERD). Potential alternatives include famotidine, nizatidine (prescription-only) or cimetidine. Patients are encouraged to speak with their prescriber before stopping ranitidine or switching to another product.

NDMA is an environmental contaminant and probable human carcinogen. Small quantities may be present in drinking water, whiskey, beer, cheese and cured meats. The amount of NDMA present in each dose nor the potential health effects of contaminated ranitidine products aren't known at this time. NDMA is the same substance responsible for the ongoing recall of multiple angiotensin II receptor blocker (ARB) products (e.g. losartan and valsartan).

Suggested alternatives:

Over-the-counter:
Ranitidine 75mg to 150mg twice daily

- Famotidine 10mg to 20mg twice daily (preferred)
- Cimetidine 200mg twice daily (avoid)

Prescription:
Ranitidine 150mg to 300mg twice daily

- Famotidine 20mg to 40mg twice daily (preferred)
- Nizatidine 150mg to 300mg twice daily (alternative)
- Cimetidine 400mg four times daily or 800mg twice daily (avoid)

For more detailed information, please see consumer safety advocate Valisure's notice to the FDA

Contact Us

1-800-851-3379, option 3