Centers Plan for Healthy Living (CPHL) recognizes that one of the most significant challenges facing our Provider Community today is the ever-increasing demand to deliver quality care and coordinate services, with limited resources, for patients who might have multiple touch-points in a complex healthcare delivery system. In an effort to strengthen CPHL's Care Management infrastructure to support our Members and Providers in addressing these challenges, I am pleased to announce that, beginning in January 2016, CPHL launched two new Programs that are designed to enhance care coordination for beneficiaries who have both Medicare and Medicaid (i.e. Dual-Special Needs Plan/ D-SNP) and for Medicare beneficiaries who reside in a Long-Term Care facility (i.e. Institutional-Special Needs Plan/ I-SNP).

CPHL's D-SNP members will be provided with focused Care Management that will concentrate on addressing those needs that might be related to multiple clinical co-morbidities/chronic conditions and facilitate delivery of services among all of the member's clinical team. Successful care outcomes will rely heavily upon an effective partnership between CPHL, our member's and their caregivers, our Medical and Behavioral Health Providers and Community-Based Service Providers.

CPHL's I-SNP is a managed Medicare health plan designed specifically for individuals that reside in a contracted skilled nursing facility. Our members receive everything provided by traditional Medicare PLUS the additional benefit of an on-site Nurse Practitioner, who works collaboratively with their Primary Care Physician. This partnership produces better outcomes by identifying changes in health status at an earlier stage, which allows for a quicker implementation of appropriate care.

We look forward to working closely with you to make these Programs successful and to ensure that our Members continue to receive the highest level of quality care.

Wishing you a Healthy and Joyous New Year!

Sincerely,

Marco K. Michelson, MD
Maro K. Michelson
Chief Medical Officer

CPHL Mission Statement

Our Mission is to work collaboratively with members, their families, healthcare decision makers, caregivers and providers to break down barriers to accessing comprehensive healthcare. Our focus is on coordinating care for Medicare and/or Medicaid eligible populations and working with our members to address their long- and short-term healthcare needs and improve their overall health and quality of life.

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Managed Long Term Care Plan

Medicaid consumers with coverage for community based long-term care services are eligible to join the Consumer Directed Personal Assistance Program (CDPAP). They must require assistance with activities of daily living or skilled care, have a stable medical condition, and be self directing or have a designated representative that is willing and able to direct care as per the program's requirements.

Most people, including adult children, can serve as personal assistants and get paid to provide care under the Consumer Directed Personal Assistance Program. There are two notable exceptions that cannot serve as personal assistants: spouses and parents. Personal assistants must be legally allowed to work. They do not need a special license or certification to provide care under the Consumer Directed Personal Assistance Program, although training is available.

Under the Consumer Directed Personal Assistance Program, personal assistants are able to provide both custodial and skilled services. This includes many skilled services that a home health aide may not provide, such as wound care, administering insulin injections, and suctioning tracheostomies.

Most consumers in New York City must first enroll in a Medicaid Managed Care plan. Dual eligible consumers (meaning they have both Medicare and Medicaid) must enroll in a **Managed Long-Term Care** (MLTC) plan. Centers Plan for Healthy Living is an MLTC plan that can assist your patients in enrolling in this program.

Personal assistants are paid through fiscal intermediaries (FI) that contract with CPHL. FI's are Licensed Home Care Service Agencies (LHCSA) that have contracted with the DOH to provide oversight.

The following are some Pros and Cons to consider for the Consumer Directed Personal Assistance Program (CDPAP) vs traditional home care:

Pros

- Close relatives such as children can get paid to provide care.
- Personal assistants are not required to have special certification or licensing. While this isn't inherently positive, it can make it easier for someone to become a personal assistant.
- Personal assistants can administer skilled services such as wound care, insulin injections, and suctioning tracheostomies.

Cons

- A personal assistant, recruited by the patient may not have received any formal training. As such, the assistant must be trained by the patient and/or family.
- If the personal assistant is not available for a period of time, the consumer (i.e. the patient) or their representative must recruit and hire their own replacement.
- Home health care agencies will generally conduct background checks before hiring a home attendant. If a CDPAP consumer would want to conduct a background check, they would have to do it on their own.

We provide free assistance with enrolling in the Consumer Directed Personal Assistance Program (CDPAP). If you would like assistance for yourself, a loved one, or a client, please give us a call.

What's new in 2016?

In 2016, we will be expanding our Medicare Advantage plans to include a Dual Eligible Special Needs (D-SNP) Plan, for those with Medicare & Medicaid, and an Institutional Special Needs (I-SNP) Plan, for those living in a contracted nursing facility.

We will continue to offer our Managed Long Term Care Plan to those eligible for Medicaid, who require assistance with day-to-day activities in their home.

Our participation in the FIDA demonstration will continue, for those wishing to combine their Medicare and Medicaid Managed Long Term Care plan into one managed care program.

If you or any of your patients have any questions about any of these health plans please call Member/Participant Services at **1 844 CPHL-CARES (1-844-274-5227)** 8am-8pm seven days a week, TTY users call **1-800-421-1220.**

Medicare Advantage Plans

Centers Plan for Healthy Living has chosen to expand its products to include an **Institutionalized Special Needs Plan (I-SNP)** because of the increasing care needs among the population being served and our desire to improve the overall outcome of this population. Centers Plan for Nursing Home Care (HMO SNP) is a Medicare Advantage plan designed specifically for long term residents living in a contracted skilled nursing facility, who are unlikely to move back into the community.

The SNF industry currently has 2 million people residing in 60,000 facilities across the United States. A significant portion of SNFs are concentrated throughout the boroughs of New York. The most common reasons for permanent SNF placement include significant disability and lack of a family support system.

Dual Eligible Special Needs Plans (D-SNPs) are a type of Medicare Advantage (MA) plan that enrolls individuals eligible for both Medicare and Medicaid (dualy eligible). D-SNPs were created as a possible route to better integration between Medicare and Medicaid, in turn leading to better quality, higher value care.

Because dual eligibles receive health care and long-term services benefits under two entirely different public insurance programs and through two largely different care systems, it has long been recognized that services for dual eligibles are fragmented and inefficient. Consequently, increased attention is being placed on the development of care management models that can potentially manage the full spectrum of Medicare and Medicaid benefits for dual eligibiles in a manner that both improves consumer outcomes and reduces public costs.

The I-SNP population consists of medically complex, costly, frail, elderly, and disabled individuals with multiple chronic, debilitating conditions: functional disabilities, psychosocial issues, behavioral disorders, and higher risk for hospital admissions. The multiple chronic conditions of the elderly I-SNP population are compounded by several factors including cognitive deficits, difficulties with ambulation, low socioeconomic status, low health literacy, language/cultural barriers, and social isolation. Falls and fractures are common, as well as feeding difficulties and poor nutrition. Many are depressed due to overall failing health as they approach the end of life.

CPHL is committed to serve the frail and elderly who are either incapable of living independently in the community due to functional disability and/or inability to perform basic activities of daily living. Essential to our effort to improve the quality of care for this vulnerable, complex and costly population is the expantion the CPHL Model of Care (MOC) to area SNFs who provide care to this vulnerable population.

Provider Resources

FIDA Update: On 12/9/15 the NYS DOH and CMS released guidance around the FIDA program reforms to enhance the ease and value of the program to FIDA Participants, Plans and Providers.
Highlights include:

- Provider participation in an Inter Disciplinary Team (IDT) is adjustable, depending on the providers availability.
- Primary Care Providers may review and sign off on Person Centered Service Plans (PCSP) without attending IDT meetings.
- Providers are strongly encouraged to take IDT training, but it is no longer mandatory.

For a complete list of reforms visit the provider page on our website: *www.centersplan.com*

2016 Medicare Prescriber Enrollment Requirement: Beginning June 1, 2016, CMS will require that all Medicare Advantage providers who prescribe medications in Part D patients, be enrolled to (or validly opt out of) Medicare to be able to fully bill or for the limited purpose of prescribing Part D drugs. If you are a provider who currently prescribes medications to Medicare patients, please visit the CMS Part D Prescriber Enrollment website at go.cms.gov/PrescriberEnrollment for helpful information about the new requirement.

For more information please visit the provider page of our website *www.centersplan.com*

2016 Medicare Provider Directory Requirement: Beginning in 2016, CMS will require all Medicare Advantage Organizations and Medicare-Medicaid Plans to conduct quarterly communications with contracted providers to ensure that provider directory information is up to date and accurately reflected on the plan's online directory. To ensure the plan and members have the most accurate information about your practice, CPHL asks for your cooperation in complying with this requirement by completing the Demographic Change Request Form on the provider page of our website: www.centersplan.com whenever you change or update your practice's information and submitting it to CPHL Provider Services Department by:

Email: providerservices@centersplan.com • **Fax:** 718-581-5562

Mail: Centers Plan for Healthy Living, Provider Services Department • 75 Vanderbilt Avenue, Suite 600 • Staten Island, NY 10304

New Electronic Claim (EDI) Submission Process: Centers Plan for Healthy Living (CPHL) has partnered with RelayPayer Connectivity Services™ (PCS), a leading healthcare services organization, to bring you a new electronic claim submission gateway.

Through this relationship CPHL will bring to our valued providers a cost-effective, long-term solution for managing HIPAA-compliant EDI transactions for claim submissions (837 I or P).

CPHL and PCS are facilitating the process by offering multiple secure methods of EDI claim submissions such as:

- Directly to PCS
- Through the Relay Health Clearinghouse
- Through a Clearinghouse of your choice

Advantages of submitting claims electronically:

- Earlier payment of electronic claims
- Earlier detection of errors
- Lower administrative, postage, and handling costs
- Available telephonic support

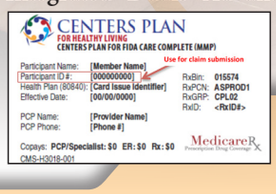
ICD-10 is live! Hopefully your experience in the transition from ICD9 to ICD10 has been a successful one. Here are a few pointers:

Inpatient claims: ICD-10 Diagnosis Codes & ICD-10 Procedure Codes must be used on claims with discharge dates on or after 10/1/2015.

All other claims: ICD-10 Diagnosis Codes must be used on claims for services performed on or after 10/1/2015. Don't forget to assign the correct ICD code qualifier!

Proper use of Member IDs: Did you know that our Member IDs are 9 digits long? Below are samples of each of our Member/Participant ID cards and where their ID numbers can be found. In order to ensure the accurate and timely processing of your claim we ask that you submit this value on the appropriate claim form or in the corresponding segment of your electronic claim transaction. For electronic claim submission information please see our article about our New Electronic Claim (EDI) Submission Process.

Medicare Advantage (HMO) • **Managed Long Term Care (MLTCP)** • **Fully Integrated Duals Advantage (FIDA)**



Medication Adherence

Hypertension Management in Adults with Diabetes: We at CPHL recognize that patient safety is of the greatest importance to you. We know that your goal is to provide the highest quality healthcare, and we support your commitment to keeping our members healthy. In alignment with our common goals, we present you with things to consider in the treatment and management of hypertension in patients with diabetes.

Hypertension as a risk factor for complications of diabetes: Hypertension is an extremely common comorbid condition in diabetes. Patients with diabetes and hypertension have approximately twice the risk of cardiovascular disease as non-diabetic patients with hypertension.

In type 2 diabetes, hypertension is often present as part of the metabolic syndrome of insulin resistance. In type 1 diabetes, hypertension may reflect the onset of diabetic nephropathy. Hypertension substantially increases the risk of both macrovascular and microvascular complications, including stroke, coronary artery disease, and peripheral vascular disease, retinopathy, nephropathy, and possibly neuropathy.

In recent years, data from well-designed randomized clinical trials have demonstrated the effectiveness of aggressive treatment of hypertension in reducing both types of diabetes complications.

Table CDC: ACE Inhibitors (ACEs) and ARB Therapy (ARBs)

Description	Prescription				
Angiotensin converting enzyme inhibitors	• Benazepril • Captopril	• Enalapril • Fosinopril	• Lisinopril • Moexipril	• Perindopril • Quinapril	• Ramipril • Trandolapril
Angiotensin II inhibitors	• Azilsartan • Candesartan	• Eprosartan • Irbesartan	• Losartan • Olmesartan	• Telmisartan • Valsartan	
Antihypertensive combinations	• Aliskiren-valsartan • Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-telmisartan	• Amlodipine-valsartan • Benazepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan	• Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Trandolapril-verapamil		

Source: HEDIS 2009 volume 2 technical update

Step Therapy: The use of ACEs may slow progression to kidney failure and cardiovascular mortality. Best practices indicate that these agents are the preferred therapy for managing coexisting diabetes and hypertension.

a) Start with ACE therapy. Monitor potassium and renal function.
b) If patient cannot tolerate ACE therapy due to side effects (persistent cough, etc.), consider ARB therapy. ARBs can prevent progression of diabetic kidney disease and are a first-line alternative to ACE therapy.
c) Add a diuretic if necessary. Monitor potassium level, sodium level and renal function.
d) The combination of an ACE and an ARB is an option only in carefully selected patients with persistent microalbuminuria despite controlled blood pressure.

Patient Safety: Guidelines governing the optimal treatment of hypertension in patients with chronic kidney disease emphasize the need for more stringent blood pressure control and the use of drugs that interfere with the renin-angiotensin system. In your practice you may encounter patients whose blood pressure is controlled, however, you may find an increase in their serum creatinine concentration and they may develop hyperkalemia.

In order to further assure the safety of your patients, we support your clinical practice and remind you that the ACEs and ARBs are chronic medications that require annual serum creatinine and potassium level monitoring.

The HEDIS Measure, Monitoring Persistent Medications (MPM) specifies, that for patients receiving six months ambulatory treatment of ACEs, ARBs and diuretics the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality recommends annual monitoring with appropriate lab tests.

To improve compliance with lab test requirements, CPHL encourages you to have your patients get annual serum creatinine and potassium levels.

CENTERS PLAN
FOR HEALTHY LIVING

We Care... about your Care

CPHL Quick Reference Guide

SERVICE	HOURS OF OPERATION	CONTACT INFO
Provider Services	9AM – 5PM • Monday - Friday	*providerservices@centersplan.com* (T) 1-844-292-4211 (Provider Services electronic Fax) 718-581-5562
Care Management Department	9AM – 5PM • Monday - Friday	Medicare 1-877-940-9330 MLTC-1-855-270-1600 FIDA- 1-800-466-2745
Customer Care Group • Verify CPHL Members Eligibility	8AM – 8PM • 7 days a week	*customercaregroup@centersplan.com* Medicare 1-877-940-9330 MLTC-1-855-270-1600 FIDA- 1-800-466-2745
Utilization Management Department • Services Requiring Prior Authorization	9AM – 5PM • Monday – Friday	*serviceauths@centersplan.com* Medicare 1-877-940-9330 MLTC-1-855-270-1600 FIDA- 1-800-466-2745
Enrollment Intake Staff	9AM – 5PM • Monday – Friday	*enrollment@centersplan.com* Medicare 1-877-940-9330 MLTC-1-855-270-1600 FIDA- 1-800-466-2745 (Fax) 347-505-7094
Claims	All Claims must be received within the time frame specified in your provider agreement. Please be sure to include your NPI and TIN on all claims. Please call Provider Services with any questions.	Mail Paper Claims: Relay Health 1564 North East Expressway Mail Stop HQ2361-CPHL Atlanta, GA 30329-2010 Electronic Submission: Payor ID: CPHL To set up electronic claims submission, contact PCS at *PCSsupport@mckesson.com or 1 877 411 7271*
Pharmacy Services	Part D Drugs are administered through our Pharmacy Benefit Manager, MedImpact. Access our website at **www.centersplan.com** for our Formulary Listing.	Medicare Advantge: 888-807-5717 FIDA: 888-266-7460