In this issue of our newsletter, we're excited to update you on a variety of developments at Centers Plan for Healthy Living (CPHL) and reflect on some important topics for our Members, particularly as we enter the Fall Season.

Centers Plan continues to build upon a strategy of aggressive Care Management that exceeds industry standards and, through your support, CPHL has become the fastest growing Managed Long Term Care (MLTC) Plan in New York City, and the eighth largest MLTC Plan in New York State! Commensurate with this growth, CPHL is joining the continuum of our sister Centers Health Care companies (including Skilled Nursing Facilities; Home Care Agencies; Adult Day Health Care Centers; Ambulance Services; DME Supplier; Assisted/Independent Living Facilities; Urgent Care; In/Outpatient Rehabilitation and Hemodialysis Facilities) under a unifying corporate logo and healthcare brand. The benefits we offer and high-level of care available to our Members remain unchanged.

Annually, Centers Plan submits data to the Centers for Medicare and Medicaid Services that is used to calculate publicly reported Plan performance for quality metrics as part of the HealthCare Effectiveness Data and Information Set (HEDIS) process. These metrics reflect the quality of care our Medicare Adavatage and Fully Integrated Dual Advantage (FIDA) Members receive through our network of Providers. Complete and accurate Claims submissions, combined with appropriate medical record documentation, is critical for effectively capturing provided services for these reporting purposes. This issue of our newsletter provides some hints for documenting elements of HEDIS measures pertaining to preventive screenings, monitoring Members with diabetes and nephropathy and blood pressure control.

Sincerely,

Marco K. Michelson, MD

Marco K. Michelson
Chief Medical Officer

Finally, we've included an update on newly available generics and important considerations for this season's flu vaccine. Please remember to offer flu vaccination during all routine health care visits and hospitalizations! Thank you again for your commitment to providing our Members with the highest level of quality care.

Proper Use & Submission of Diagnosis Codes

A recent analysis of claim rejections revealed that approximately 1,500 claims were rejected for either an inactive or invalid diagnosis. These errors were found across primary, secondary, tertiary, etc. diagnosis codes. Diagnosis codes are a critical component to the submission of a clean claim. The absences of valid and effective diagnosis codes will lead to the rejection of a claim and can significantly delay payment.

Ensure that your claims

- Report all diagnosis codes identified during the visit or encounter
- Ensure that all codes reported are to the highest degree of specificity
- Ensure that you are using active and valid codes for the date of service reported

In addition, diagnosis codes play a significant role in the tracking of Plan's compliance to HEDIS® measures. HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts. One of the most common obstacles to capturing HEDIS data are claims that are submitted without the proper ICD-10 or CPT codes that count toward the measure.

See more at:
http://www.ncqa.org/hedis-quality-measurement/what-is-hedis#sthash.1fXPerNh.dpuf

The Role of ACE Inhibitors & ARB's in Diabetes

Angiotensin Converting Enzyme (ACE) inhibitors and Angiotensin Receptor Blockers (ARBs) are the recommended drugs in the treatment of patients with diabetes and hypertension due to their actions in protecting the kidneys.

The American Diabetes Association recommends that patients with diabetes should be treated with a medication regimen that includes an ACE Inhibitor or an ARB in order to stop the progression of renal damage.

The HEDIS criteria for Comprehensive Diabetes Care evaluates medical attention for nephropathy. Each year diabetic patients should have a urine microalbumin test or evidence of treatment with an ACE inhibitor or an ARB medication.

The rationale for this measure is supported for two reasons. First, diabetic nephropathy is the leading cause of chronic kidney disease and is associated with increased cardiovascular mortality. Second, identification of diabetic patients with microalbuminuria and intervention with ACE inhibitors or ARBs prevents progression from microalbuminuria to macroalbuminuria, prevents the decline of renal function, and reduces occurrences of cardiovascular events. In conclusion, ACE inhibitors delay onset of microalbuminuria in diabetic patients without nephropathy and reduces all-cause mortality in diabetic patients with nephropathy. Please be attentive to the criteria above in treating diabetic patients, as this will support optimal health outcomes for our mutual patients.

If one class of medication is not tolerated, the other class of medication should be used. ACE inhibitors may cause a persistent cough in 5 to 20 percent of people who take them. Patients experiencing a cough should be encouraged to continue therapy since their cough is likely to abate over a short period of time. It is of vital importance to encourage patients to maintain compliance with their medication regimen.

Below is an overall summary of components of standard health maintenance assessments for diabetis care:

1) A neuropathy screening or monitoring test
2) A visit with a nephrologist
3) At least one ACE inhibitor or ARB dispensing event
4) Annual eye exam
5) Annual microalbumin test
6) Annual A1C (or more frequently to ensure A1C less than 8.0)
7) Annual foot exam
8) Blood pressure monitoring to ensure control (less than 140/90)

Monitoring Measures

In efforts to provide optimal care management of your patients, we would like to mention some of the initiatives upon which we at Centers Plan for Healthy Living have been focusing.

- An accurate, calculated BMI by you, the Provider, will help us identify issues that may impact some of the services, teaching and support we can provide our members. This may involve nutritional counseling, diabetic education in cases of diabetic patients, as well as other lifestyle discussions, including exercise and activities.
- We are encouraging colonoscopy as well as other screening measures
- Centers Plan for Healthy Living takes pride in our member-centric disease management focus in order to empower our members to achieve and maintain the highest level of health while continuing to lead fulfilling lives and remaining safe in the community. We offer counseling, when indicated, with our Certified Diabetes Educator (CDE). We have a Pharmacist available for discussion and collaboration who provides support in helping assure medication adherence. We are also happy to partner with you to assure your patients receive their annual Flu vaccine, needed Pneumococcal vaccine, and that each patient receives a well visit each year, as well as addressing the need for advanced directives to support decisions making about this important topic.

Please consider us part of your support team. We welcome dialogue with you as we forge efforts to maximize the health and wellbeing of your patients.

New Look... Same Great Care

Centers Plan for Healthy Living (CPHL) is an intergral part of the Centers Health Care (CHC) continuum. In an effort to maximize the potential of our collective organizations, we have joined our sister companies under the same coporate logo, thereby, creating one distinct and recognizable healthcare brand. The benefits we provide will remain the same, as will the level of care our collective members receive.

- The heart emphasizes the passion and compassion that are the hallmarks of Centers Health Care.
- The round edges signify warmth and caring.
- The figure in the center symbolizes the open arms with which we greet each of our members every day.
- The two halves of the heart symbolize a pair of hands cradling the figure in the center, which represents the nurturing care we cradle everyone entrusted to our care.

How To Increase The Speed & Accuracy of Your Claim

- Eliminate paper!
  - o Claims that are submitted using the CMS 1500 or UB04 claim forms often have errors related to misaligned printing, alternate line shading, blank fields and lack of system editing.
  - o Paper claims are submitted by mail and can take 7-10 days from your submission to enter the system.
  - o Submitting paper faster means you are paying for overnight services!
  - o Paper claims can take as long as 18-20 days to review and process
  - o Paper check processing can take 3-5 days to receive and are subject to USPS delays.

- Use a HIPAA-compliant EDI transaction set (837 I or P)
  - o We offer 3 ways to pass the HIPAA transaction to us using our Payer id CPHL
    - Directly via PCS; Instructions are available on our website, search for Submitting Claims in the Provider Section.
    - Through the Relay Health Clearinghouse
    - Through a Clearinghouse of your choice

- Advantages of submitting claims electronically
  - o Lower administrative, postage, and handling costs
  - o Earlier detection of errors (HIPAA transaction responses sent back via the method you used to submit)
  - o Earlier payment of electronic claims

- Register for Automated Clearing House (ACH) payments through PaySpan.
  - o A letter inserted in a recent payment to you included a unique registration code that allows you to access your account. If you have not received your code, please contact Provider Services 1 844 292 4211
  - o Payment cycles processed on Friday will result in ACH transactions within 1-2 business days

PREVENTING FRAUD, WASTE & ABUSE

It is everyone's responsibility to help in the fight against Fraud, Waste and Abuse. If you suspect a provider, member or CPHL staff person(s) is engaged in fraud, waste, abuse or any other questionable activity, report it by calling 1-855-699-5046 or by visiting www.centersplan.ethicspoint.com. Both modes support anonymous reporting.

HEDIS 2017

Centers Plan for Healthy Living (CPHL) would like to thank all of our providers for the ongoing quality care you provide to our Members. CPHL, in collaboration with our providers, continuously works to promote preventative care and to improve the quality of care for our members. The effectiveness of our efforts are measured by the Healthcare Effectiveness Data and Information Set (HEDIS).

HEDIS is a process developed and maintained by NCQA and used by regulatory agencies and health plans to measure annual performance in nationally recognized quality metrics. HEDIS measure results are submitted annually to the Centers for Medicare & Medicaid Services (CMS) and are specifically designed to allow consumers to compare health plan performance and access to quality services through a Plan's network of contracted Providers.Each year our goal is to improve our process for requesting and obtaining medical records for HEDIS reporting, and to demonstrate the exceptional care that you have provided to our members.

You and your office staff can help facilitate the HEDIS process by:

- Responding to our requests for medical records
- Providing the appropriate care within the designated timeframes for the relevant quality measures
- Accurately coding all claims
- Documenting all care in the patient's medical record

In preparation for the 2017 HEDIS reporting year (based upon 2016 dates of service/encounters), CPHL wants to ensure that all of our contracted Providers and their staff are kept informed of HEDIS requirements.

We strongly encourage you to review the table below, titled "HEDIS Measures - Provider Reference Guide", as HEDIS requirements may differ from those recommendations set forth by other healthcare entities and institutions.

HEDIS Measures Provider Reference Guide

HEDIS Measure:	Tips for Success	Screening Test/Care needed for compliance	Codes
Adult BMI Assessment(ABA) Individuals ages 18-74	1. Document Height weight and calculation of the BMI. 2. Code appropriately.	Documentation of BMI and weight every one to two years	**ICD-10**: Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.2, Z68.2, Z68.28, Z68.2, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 **BMI Percentile ICD-10**: Z68.51, Z68.52, Z68.53, Z68.54
Comprehensive Diabetes Care(CDC): Retinal Eye Exam Performed Diabetic individuals ages 18-75;Type I or II	The intent of the eye exam indicator is to ensure that members with evidence of any type of retinopathy have an eye exam annually.	Optometrist/ophthalmologist exam every two years for patients without retinopathy and/or every year for patients with retinopathy; date and result	**Diabetic Retinal Screening CPT**: 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225,92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260 **HCPCS**: S0620, S0621, S3000 **Diabetic Retinal Screening with Eye Care Professional CPT II**: 2022F, 2024F, 2026F, S0625
Comprehensive	Labs indicating "poor" need	Documentation of a HbA1c blood test	**HbA1c Level 7.0-9.0**

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MAJOR ROLES EXPECTED FOR NEW GENERICS

The FDA recently approved two new generic drugs: rosuvastatin (Crestor) and imatinib mesylate (Gleevec). Since the overall costs of medications keep rising, the launch of these products is a welcome event.

Rosuvastatin

Crestor was launched in 2003 by AstraZeneca to treat hypercholesteremia. It is indicated for primary hypercholesteremia (heterozygous familial and nonfamilial) and mixed dyslipidemia. Rosuvastatin has been referred to as the "gorilla statin" due to its potency, and the possibility that it may be less likely to lead to muscle problems when compared to atorvastatin. Some experts say that, milligram-for-milligram, rosuvastatin is the most potent statin that is on the market. Crestor sales reached over $26 billion worldwide and $6 billion in the U.S. Now that the generic form is available, we anticipate competition from 8 generic manufacturers and the price could eventually drop as much as 80 to 90 percent.

Imatinib

Gleevec was launched in 2001 by Novartis. It is an oral medication used for treating chronic myeloid leukemia and acute lymphoblastic leukemia. It is classified as a kinase inhibitor. Since Gleevec was initially approved, its price increased significantly. The price for one dose climbed from $92.74 in 2010 to its current pricing of $179.93. Sales have since reached $7 billion worldwide and $4.7 billion in the U.S. The generic form, imatinib, was approved by the FDA on February 1, 2016 and is approximately 30% cheaper than the brand Gleevec. As other manufacturers enter the marketplace, the price may further decrease.

Discussions about medication costs are important. The incentive for generic preference over brand name is primarily due to cost differences. However, improvement in education pertaining to brand/generic equivalency is needed, as some patients still believe brand name medications are superior to generic alternatives for certain disease states. In addition, more affordable pricing improves patient adherence by decreasing out-of-pocket expenses associated with these medications.

FLU VACCINE REMINDER

The Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination of all persons 6 months and older. For the 2016-2017 season, CDC recommends use of the flu shot (inactivated influenza vaccine or IIV) and the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017.

Health care providers should offer vaccination soon after the vaccine becomes available and optimally this should occur before onset of influenza activity in the community. Health care providers should offer vaccination by October, if possible. Vaccination should be offered as long as influenza viruses are circulating. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations.

The 2016-2017 influenza vaccination recommendations are detailed in the following publication: Grohskopf LA, Sokolow LZ, Broder KR, et al. Prevention and Control of Seasonal Influenza with Vaccines. MMWR Recomm Rep 2016; 65 (No. RR-5):1–54. DOI: http://dx.doi.org/10.15585/mmwr.rr6505a1

CENTERS PLAN FOR HEALTHY LIVING

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
Member Services • Verify CPHL Members Eligibility	8AM – 8PM • 7 days a week	*MemberServices@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.	