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**SPRING 2023**

## PROVIDER RESOURCES

Most provider resources can be found on the provider page of the CPHL website at [www.centersplan.com/providers](http://www.centersplan.com/providers).

The Quick Links section on the right of the web page offers easy access to forms, trainings, and plan stipulations.



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# Improving the Patient-Provider Relationship

Our healthcare system has changed over the years, reducing the opportunities for meaningful communication between patients and providers and negatively impacting this crucial relationship.

## *What your day as a provider might look like...*

You navigate more and more administrative paperwork and bureaucratic processes. Back-to-back, short appointments limit the amount of time with each patient. Some visits may consist of only an abbreviated medical interview and a targeted physical examination. The focus needs to be on the acute issue at hand and doesn't always include a comprehensive review of overall health status during each visit.

## *How this might translate to your patients...*

They feel unseen and unheard. Your patients are upset with the seeming lack of interest their provider has taken in their care. They may experience dissatisfaction with the quality of their overall health care and, more specifically, their health care providers.

## **Targeted communications that might help...**

By focusing on communication and using these two targeted interventions, you can improve your patient's health and the overall experience for everyone involved.

1. **Review and discuss laboratory tests and results.** When ordering labs and diagnostic procedures, please make sure to discuss the process for reviewing results with your patient as well. Often, patients operate under the assumption that "no news is good news," but most would appreciate a brief, or perhaps automated, call or text regarding normal laboratory results too. This communication closes the loop with the patient and illustrates to them that you are closely monitoring their clinical care. In addition, reviewing both normal and abnormal laboratory test results during visits assures patients that those tests were a necessary part of their care plan.

2. **Explain the purpose and effects of each medication prescribed.** It is well established that medication review and reconciliation promote adherence, improving patients' knowledge and understanding of their medication regimens. When you show interest and a keen understanding of the medications your patients are taking, it reassures them that you are up-to-date on their care plan and health status. This individualized discussion communicates care and attentiveness to your patients.

You are in a unique position to positively impact patient experience at the point of health service delivery; and to ultimately improve patient satisfaction. Ensuring you talk with your patients about their test results and medications can make a world of difference!



## **RESOURCES:**

Drossman, D. A., Chang, L., Deutsch, J. K., Ford, A. C., Halpert, A., Kroenke, K., Nurko, S., Ruddy, J., Snyder, J., & Sperber, A. (2021). A Review of the Evidence and Recommendations on Communication Skills and the Patient-Provider Relationship: A Rome Foundation Working Team Report. *Gastroenterology*, 161(5), 1670–1688.e7. <https://doi-org.chamberlainuniversity.idm.oclc.org/10.1053/j.gastro.2021.07.037>



## Model of Care Training

In compliance with federal regulations, CPHL requires all contracted PCPs and specialists to complete annual basic training regarding our Special Needs Plan (SNP) Model of Care (MOC). Please visit CPHL's website to access our SNP MOC Training materials:

[www.centersplan.com/providers](http://www.centersplan.com/providers)

## Fraud, Waste, and Abuse

Everyone is responsible for fighting fraud, waste, and abuse (FWA). If you suspect a provider, member, or CPHL staff person is engaged in fraud, waste, abuse, or any other questionable activity, you can anonymously report it:

- Call 1-855-699-5046; or
- Visit our website at

[www.centersplan.ethicspoint.com](http://www.centersplan.ethicspoint.com)



# Biosimilar Medications

One of the most widely discussed and debated topics in the country today relates to prescription drug prices and how to lower medication costs for the average consumer. As drug companies continue to develop new medications with the innovation of increasingly sophisticated technology, the costs of this research and development impact the costs of the medications themselves.

Biologic drugs are a prime example of this, with their recent explosion in utilization and popularity, and their costly, labor-intensive development processes. Conventional medications are produced using simple molecules and compounds, with easily reproducible structures. Biologic drugs, on the other hand, are derived and developed using much larger and more complicated molecules, whose resulting structures cost more to produce and are not easily replicated.

Although this trend of more complex processes and technology increasing drug costs is to be expected, once the market exclusivity for the new biologic medication expires, other drug companies have the opportunity to develop **biosimilar medications**.

Biosimilar medications can be thought of as “generic” biologic medications. Biosimilar medications and their parent biologic drugs have no clinically meaningful differences between the two products. However, unlike the generic medications that come out for traditional brand-name drugs, biosimilars do not have the same chemical structure as their parent biologic drug. This is why biosimilar medications require extensive testing to determine interchangeability with their parent biologic drug.

Some biosimilars are considered completely interchangeable, and can be substituted at the pharmacist’s discretion without consulting the prescriber. Other biosimilars cannot be interchanged as freely, such as substituting Retacrit for Procrit. Currently, there are two interchangeable biosimilar products on the market, and one more is expected later this year.

BIOSIMILAR	PARENT DRUG	DATE AVAILABLE
Semglee	Lantus	Available now
Cimerli	Lucentis	Available now
Cyltezo	Humira	Expected July 2023

Biosimilars that have been granted this interchangeability with more costly brand-named drugs have the potential to safely and efficiently treating the same conditions without the hefty price tag. **Providers can help alleviate any misgivings patients might have when confronted with the option to change to a biosimilar by educating them about the extensive testing, comparable effects, and cost-savings of biosimilar medications.** Please keep these incentives in mind when you have the potential to prescribe interchangeable biosimilar medications as more and more become available on the market.



# Quality Corner - HEDIS Highlights

## KED Measure: Kidney Health Evaluation for Adults with Diabetes (KED)

### **IF your patient...**

- ✓ Is 18 to 85 years old, and
- ✓ Has type 1 or type 2 diabetes

**THEN ensure an annual kidney health evaluation**, as defined by the following being assessed and evidenced in the medical record:

- ✓ Estimated glomerular filtration rate (eGFR), and
- ✓ Urine albumin-creatinine ratio (uACR)

### **AND PLEASE REMEMBER TO...**

- Review diabetes-related services needed at each office visit.
- Maximize electronic health record (EHR) capacity to monitor and alert staff to screening schedules.
- Order labs prior to an appointment so results can be discussed at the appointment.
- Adjust medication therapy, diet, and exercise plans to improve lab values.
- Educate patients about the disease process to help increase health literacy and improve disease self-management.
- Utilize telehealth, telephone, e-visit, or virtual check-in appointments to treat diabetic patients.
- Advise patients that routine testing may help prevent or delay some silent complications from diabetes, like kidney disease
- Flag patients who have missed appointments for monitoring and outreach.

## FMC Measure:

### Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

### **IF your patient...**

- ✓ Visits an Emergency Department (ED),
- ✓ Is 18 years old or older, and
- ✓ Has more than one of these chronic conditions:
  - Alzheimer's disease
  - Atrial fibrillation
  - Chronic kidney disease
  - COPD/asthma
  - Depression
  - Heart failure
  - Myocardial infarction (acute)
  - Stroke/transient ischemic attack (TIA)

**THEN please conduct one of these follow-up services WITHIN SEVEN (7) DAYS of the patient's visit to an ED:**

- ✓ Outpatient, telehealth, or telephone visit;
- ✓ E-visit or virtual check-in;
- ✓ Transitional care management services
- ✓ Case Management visits (e.g., Transitional care management services; complex care management services)
- ✓ Outpatient or telehealth behavioral health visit.

### **AND PLEASE REMEMBER TO...**

- Provide a visit summary that includes the visit's discussion, clear instructions regarding any changes that need immediate attention, and recommended follow-up.
- Educate patients about emergency care, annual wellness visits, and preventative screenings.
- Encourage non-emergency care alternatives when possible, such as:
  - o Same-day, in-person office appointment or office's after-hours hotline
  - o Urgent care
  - o Patient's health plan's nurse hotline
- Remind patients to notify their PCP and health plan of ED visits.
- Educate patients about the importance of a follow-up service within 7 days of an ED visit.
- Provide referrals for patients who regularly visit the ED, including those with behavioral health needs.
- Ensure your practice can timely accommodate patients after an ED visit or hospital discharge.
- Establish relationships with area hospitals to develop notification processes for ED visits.
- Educate patients about the importance of a follow-up service within 7 days of ED visit.

# Primary Care Provider (PCP) Incentive Program

In January 2023, we launched our new Primary Care Provider (PCP) Incentive Program that rewards PCPs for partnering with us to provide high-quality health care and improve the health outcomes of our members. Receive **\$250 per member per year** by following these simple steps:

1. Register on our PCP Incentive Program portal: [www.centersplan.com/PCPIncentive](http://www.centersplan.com/PCPIncentive)
2. Document clinically appropriate measures in patient files.
3. Submit applicable medical records\* to Centers Plan using the PCP Incentive Program Portal.
4. Claim an annual incentive for each of your eligible members.

If you have questions, we're here to help! Please contact the Provider Hotline at 1-844-292-4211 (711 for TTY users) or [ProviderServices@centersplan.com](mailto:ProviderServices@centersplan.com). Representatives are available to assist you Monday through Friday, 9 am to 5 pm.

We value our continued partnership and common goals for excellence in patient care. Please join our PCP Incentive Program and be rewarded for helping our members stay healthy!

\* The following measures (as clinically appropriate) must be completed in 2023 in order to qualify for this year's PCP Incentive Program:

- Annual Wellness Visit
- Body Mass Index (BMI)
- Blood Pressure
- Mammogram education and referral
- Colonoscopy education and referral
- Diabetes Screenings:
  - A1C
  - Kidney health evaluation (eGFR and uACR)
- Retinal Eye Exam



## The Inflation Reduction Act – Provider Update

The Inflation Reduction Act of 2022, signed into law by President Biden on August 16, 2022, includes several provisions to lower prescription drug costs for people with Medicare and reduce drug spending by the Federal government. Please visit [www.centersplan.com/providers](http://www.centersplan.com/providers) for more details, but here are some key changes effective in 2023:

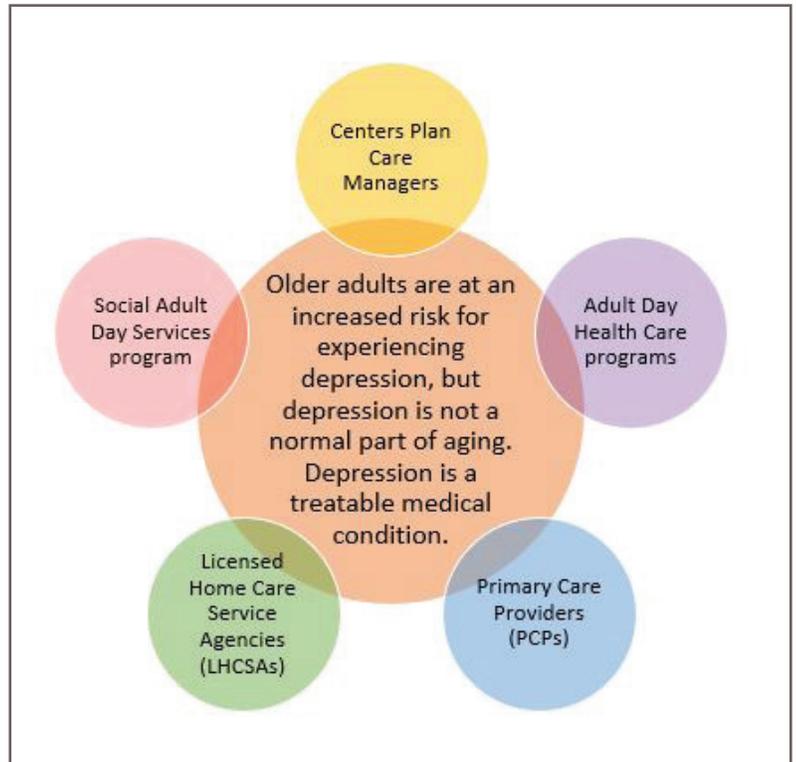
<b>Medicare beneficiaries will pay no more than \$35/month for their insulin</b>	Starting <b>January 1, 2023</b> , member cost-share for insulin covered under <b>Part D</b> will be no more than \$35/month. Deductible will not apply. Starting <b>July 1, 2023</b> , member cost-share for insulin covered under <b>Part B</b> (insulin used with a traditional insulin pump) will be no more than \$35/month. Deductible will not apply.
<b>All adult ACIP-recommended vaccines will have a \$0 (zero) cost-share</b>	Starting <b>January 1, 2023</b> , adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), including the shingles vaccine will be available to people with Medicare Part D at no cost to them.
<b>Lower coinsurance for some Part B drugs</b>	Starting <b>April 1, 2023</b> , Medicare beneficiaries may pay a lower coinsurance for some Part B drugs if the drug's price increases faster than the rate of inflation in a benchmark quarter
<b>Medicare will start negotiating drug prices with drug manufacturers</b>	By <b>September 1, 2023</b> , CMS will announce the first Medicare Part D drugs selected for the Drug Price Negotiation Program. By <b>September 1, 2024</b> , CMS will publish the maximum fair prices negotiated for the first 10 Medicare Part D drugs selected for negotiation, scheduled to go into effect in 2026.

# Help Someone Smile

## Depression is Not a Normal Part of Aging

We are a team, and we need your help! Whether you are a PCP, home health aide, social worker, podiatrist, ambulette driver, or front desk smile at the Adult Day Health Center – you can look out for signs and symptoms of depression and help someone get the evaluation and treatment they need.

Centers Plan Care Managers complete Patient Health Questionnaire-9 (PHQ-9) depression screenings with members on a monthly basis to identify risk factors of depression. We encourage you to administer screening tools and educate staff about the condition too. Please contact Member Services at 1-844-274-5227 if you would like more resources about identifying and treating depression.



## Oral Health Affects Well-Being



According to the World Health Organization (WHO), oral health is a key indicator of overall health, well-being, and quality of life. Oral health encompasses both:

- State of the mouth, teeth, and orofacial structures that enable essential functions such as eating, breathing, and speaking; and
- Psychosocial dimensions like self-confidence, communicating emotions, and the ability to socialize and work without pain, discomfort, and embarrassment.

With your collaboration, our members can maintain their oral health as they age. Centers Plan Care Managers discuss the importance of screenings with members every month and assist with coordinating dental appointments through our dental partner, DentaQuest. Routine office visits and daily oral hygiene assistance offer opportunities for other members of the care team to reiterate strong oral health habits. Please encourage our members to see a dentist every six months for routine cleanings and to contact DentaQuest, our dental benefit manager, with any questions or concerns about their oral healthcare at 1-844-824-2023 (TTY users, please call 1-800-466-7566.) Representatives are available Monday through Friday from 8 am to 8 pm.



## Resources

- Basics of Oral Health (cdc.gov)
- <https://www.cdc.gov/aging/depression/index.html>
- <https://healthmatters.nyp.org/how-to-spot-depression-in-seniors/>
- [https://www.who.int/health-topics/oral-health#tab=tab\\_1](https://www.who.int/health-topics/oral-health#tab=tab_1)



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**Spring Highlights**

- Improving the Patient-Provider Relationship
- Biosimilar Medications
- Quality Corner
- PCP Incentive Program
- IRA Provider Update
- Help Someone Smile!



Spring 2023

# CPHL Contact Guide



**Provider Hotline: 1-844-292-4211 | Monday – Friday | 9AM – 5PM**

<b>Department</b>	
<b>Utilization Management</b> UM@centersplan.com	Press 1 for Service Authorizations
<b>Claims:</b> Claims@centersplan.com 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	<p>Press 2 for Claims</p> <p><u>Please Mail Paper Claims to:</u> Centers Plan for Healthy Living P.O. Box 21033 Eagan, MN 55121</p> <p><u>Electronic Claims Submissions:</u> Payor ID: CPHL or CPHL1 To set up electronic submissions directly to CPHL, Contact Claims Department.</p>
<b>Member Eligibility</b> MemberServices@centersplan.com	Press 3 for Member Eligibility
<b>Provider Services</b> ProviderServices@centersplan.com	Press 4 for any other Provider Services Inquiries

**Member Services: 8AM – 8PM | 7 Days a week | MemberServices@centersplan.com**

Lines of Business	Phone Number
Medicare Advantage Care (HMO)	1-877-940-9330
Nursing Home Care (I-SNP)	1-877-940-9330
Dual Coverage Care (D-SNP)	1-877-940-9330
Medicaid Advantage Plus (MAP)	1-833-274-5627
Managed Long-Term Care (MLTC)	1-855-270-1600

**Pharmacy Services**

Access our website at <a href="http://www.centersplan.com">www.centersplan.com</a> for our Formulary Listing.	
<b>Part D drugs are administered through our Pharmacy Benefit Manager, MedImpact</b>	MedImpact Customer Service: 1-800-788-2949