



PROVIDER NEWSLETTER WINTER 2024

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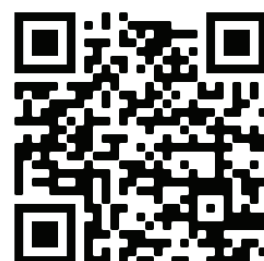
Our Contact Guide



PROVIDER RESOURCES

Most provider resources can be found on the provider page of our website at www.centersplan.com/providers. The Quick Links section on the right of the web page offers easy access to forms, trainings, and plan stipulations.

Scan this QR code
to visit
our website!



**CENTERS PLAN
FOR HEALTHY
LIVING**



Flu, Pneumonia, and COVID-19 Prevention

The seasons are changing, making it crucial to prioritize vaccinations. Immunizations remain our strongest defense against preventable diseases, and physician recommendation is one of the greatest motivators for people to get vaccinated. As such, it is vital that you and your staff encourage patients to stay up-to-date with their influenza, pneumococcal, and COVID-19 vaccines.

Research validates that vaccinations prevent severe outcomes and significantly lower the risk for hospitalization, intensive care unit (ICU) admission, and death from flu, COVID-19, and certain pneumonias. Your commitment to this initiative can make a real impact on the health of your patients and community. The Centers for Disease Control and Prevention (CDC) offers resources to guide education and conversations with patients about immunizations.

- The CDC (www.cdc.gov/flu-vaccines-work) offers evidence-based immunization strategies and best practices critical to implementing a successful vaccination program.
- Let's Vaccinate (www.letsvaccinate.org) provides ready-to-use resources and strategies to help your team increase vaccination rates.

Friendly Reminder! Please ensure influenza vaccine procedures are billed appropriately using CPT code 90630, 90653-54, 90656, 90658, 90661-62, 90673-74, 90682, 90686, 90688-89, 90694, or 90756.

Kidney Health Evaluation for Patients with Diabetes (KED) HEDIS Measure

Since Chronic Kidney Disease (CKD) is asymptomatic at its onset, routine screenings are important to identify the disease in its earliest stages, especially among at-risk populations such as those with diabetes. Kidney health and performance should be measured on an annual basis for members with diabetes to determine if kidney damage is present.

The Kidney Health Evaluation for Patients With Diabetes (KED) measure assesses whether adults 18–85 years of age with diabetes (type 1 and type 2) received an annual kidney health evaluation, including a blood test for kidney function (estimated glomerular filtration rate [eGFR]) and a urine test for kidney damage (urine albumin-creatinine ratio [uACR]).¹

Best Practice Tips for Diabetic Patients:

- Educate about the importance of early detection, routine screening, and medication compliance.
- Review diabetes services needed at each office visit.
- Set care gap “alerts” in electronic medical records.
- Order diabetes screening, eGFR, and uACR tests at least annually, preferably prior to patient appointments.
- Conduct outreach to patients who have not yet completed their labs.
- Ensure chart documentation and claim/encounter data reflect all services rendered.
- Coordinate care with patients' other providers.

¹ <https://www.ncqa.org/hedis/measures/kidney-health-evaluation-for-patients-with-diabetes/>



Model of Care Training

In compliance with federal regulations, all contracted PCPs and specialists are required to complete annual basic training regarding our Special Needs Plan (SNP) Model of Care (MOC). Please visit the Quick Links on our website to access our SNP MOC Training materials:

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 Centers Plan 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

PRESCRIPTION NEWS FOR YOUR MEDICARE PATIENTS!

**Starting January 2025,
it will be much easier for
your patients
to afford the medications
you prescribe!**



For the first time, the prescription drug law, known as the Inflation Reduction Act (IRA), requires all Medicare plans (like Centers Plan for Healthy Living) to offer enrollees the option to pay out-of-pocket prescription drug costs in the form of **capped monthly payments**, instead of all at once at the pharmacy. This new program is called Medicare Prescription Payment Plan.

To enroll in this program, your patient just needs to call us, fill out a Medicare Prescription Payment Plan application online (www.mp.medimpact.com), or complete a paper copy and mail it to us. If they enroll over the phone or online, this information will be available to pharmacies' claim processing systems within an hour, so that your patient can walk into a pharmacy and pick up their medication without needing to pay for it at the pharmacy counter. If enrolled, your patient will be able to leave the pharmacy with the medication in hand, and later receive a bill in the mail, to make payments in monthly installments. To clarify, this program does not decrease costs, but rather spreads the costs out over time. This plan works best for people who have high deductible and copays and who enroll early in the year.

Another IRA benefit coming in the new year is the **\$2,000 annual maximum out-of-pocket cost for prescription drugs**. Compare this to \$8,000 in 2024 – what a savings! After a patient pays \$2,000 in deductible and copays, they will enter the catastrophic stage of Part D and receive covered medications for \$0 copay until the end of the year.

**If you have any questions, or if your patient
wants to enroll, please call our
Pharmacy Helpdesk at 1-888-807-5717,
24 hours a day, 7 days a week.**

ICD-10-CM Updates as of October 1, 2024

The ICD-10-CM Official Guidelines for Coding and Reporting for fiscal year 2025 were recently updated – 252 new codes were added; 36 codes were removed; and 13 codes were revised. Below are some key changes that will better reflect the health status of our patients and ensure accurate diagnosis coding. For detailed information about the ICD-10-CM updates, please visit www.cms.gov or www.cdc.gov.

- **Cancer** – Expanded codes with fifth character 'A' to indicate cancer "in remission"
- **Colon Polyps** – Four new codes for personal history of specific types of colon polyps
- **Diabetes** – New codes under Type 1 diabetes mellitus presymptomatic diagnoses, and new codes for specifying hypoglycemia levels
- **Fistula** – New fifth- and sixth-character codes under Anal fistula, Rectal fistula, and Anorectal fistula to indicate whether they are simple or complex and their status (initial, persistent, or recurrent)
- **Obesity** – New codes for obesity class and obesity due to disruption of MC4R pathway
- **Social Determinants of Health** – Two new codes for insufficient health insurance coverage or welfare support
- **New Codes were Added for the Following Conditions:**
 - o Anosognosia
 - o Developmental and epileptic encephalopathy
 - o Fanconi anemia
 - o Pica in adults
 - o Rumination disorder in adults
 - o Serotonin syndrome



Advance Directives: Please Educate and Share Documents

Our top priority is the health and safety of our members, and we appreciate your collaboration in providing education on the importance of advance directives.

Advance directives are vital legal documents that outline a patient's medical care preferences when they cannot communicate, ensuring wishes are honored and reducing family confusion. In New York, there are three types of advance directives: health care proxy form, living will, and do not resuscitate order (DNR). The New York State Attorney General provides clear guidance in planning end-of-life care and handling complex conversations on their website, ag.ny.gov/publications/advance-directives.

Regularly reviewing these documents, especially after significant life changes, is crucial. Healthcare providers and home care vendors should keep copies accessible within member records and document updates as applicable. Please share existing advance directives with Centers Plan to ensure coordinated care and that an individual's wishes are respected.

FREE Web-Based Training Courses

The Medicare Learning Network® offers FREE, self-paced learning on a broad range of topics for health care providers¹, including the below web-based training courses designed to improve quality of care². Check out their website, take a quick, informative course, and keep developing!



Caring for LGBTQIA+ Patients: Your words matter, and you can expand upon your patient-centered care by learning more about sexual orientation and gender identity (SOGI) terminology and LGBTQIA+ health care experiences. Engage in this online training course to better recognize health disparities in this community and to identify accurate processes for collecting and maintaining SOGI data to enhance quality of care.

Introduction to Language Access Plans: About 8% of people enrolled in Medicare have limited English proficiency, meaning they speak English less than very well and speak a language other than English at home. Those with limited English proficiency often face worse health care outcomes because of access and communication barriers. Learn about developing and using a language access plan, and how it impacts health care services.

Modernizing Health Care to Improve Physical Accessibility: While accessibility of health care facilities has improved, patients with disabilities continue to encounter lack of physically accessible diagnostic equipment, examination spaces, and restrooms, often leading to worse clinical outcomes. Learn solutions for increasing physical accessibility as well as how to enhance your policies and procedures to remove barriers and meet legal requirements.

Check Out These Other Educational Resources Too!

- The TRAIN Learning Network (www.train.org) offers you the most comprehensive catalog of shared public health training opportunities (TRAIN now includes CDC trainings, yay!).
- The University of Buffalo has a robust Office of Continuing Medical Education (www.medicine.buffalo.edu/cme) to help you stay abreast of innovations in medical care, policy, and education.

¹ <https://www.cms.gov/training-education/medicare-learning-network/resources-training>

² <https://www.cms.gov/training-education/medicare-learning-network/web-based-training>

Primary Care Provider (PCP) Incentive Program Reminders

As we approach the end of 2024, we'd like to remind you of Centers Plan's Primary Care Provider (PCP) Incentive Program. This program rewards PCPs for delivering high-quality care to our members and collaborating with us to enhance health outcomes. **Eligible PCPs can receive \$250 per member per year.**

There is still time to register on the Centers Plan PCP Incentive Portal. Follow these simple steps to receive your incentive:

1. Register on our PCP Incentive Program portal: 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 \$250 annually for each of your eligible members.

* To qualify for the 2024 PCP Incentive Program, the following measures (as clinically appropriate) must be completed in 2024:

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

You can use the PCP Incentive Portal to identify which members are eligible for an incentive and to track progress on any submissions that you made. **Please check back on your submissions to confirm completion and add needed documentation as requested.** The deadline to submit all required documentation and medical records for 2024 incentives is February 28, 2025. If you have questions, please contact the Provider Hotline at 1-844-292-4211 (TTY: 711), Monday through Friday, 9 am to 5 pm or email us at ProviderServices@centersplan.com. We are here to help!





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Winter Highlights

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Prescription News

ICD-10 Updates

Advances Directives

Free Web Based Trainings

PCP Incentive Program



CENTERS PLAN
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Provider Newsletter Winter 2024



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

Department	
Utilization Management UM@centersplan.com	Press 1 for Service Authorizations
Claims: 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.	Press 2 for Claims <u>Please Mail Paper Claims to:</u> Centers Plan for Healthy Living P.O. Box 21033 Eagan, MN 55121 <u>Electronic Claims Submissions:</u> Payor ID: CPHL or CPHL1 To set up electronic submissions directly to CPHL, Contact Claims Department.
Member Eligibility MemberServices@centersplan.com	Press 3 for Member Eligibility
Provider Services 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 (ISNP)	1-877-940-9330
Dual Coverage Care	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 www.centersplan.com for our Formulary Listing.	
Part D drugs are administered through our Pharmacy Benefit Manager, MedImpact	MedImpact Customer Service: 1-888-807-5717

CPHL Contact Guide