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PROVIDER RESOURCES

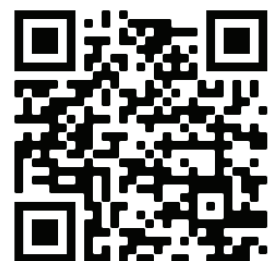
Most provider resources can be found on the provider page of the CPHL website at www.centersplan.com/providers.

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



**CENTERS PLAN
FOR HEALTHY
LIVING**

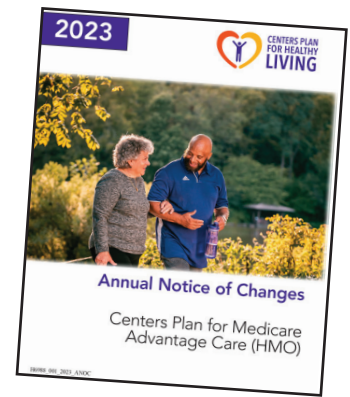
Scan the QR code provided to visit our website!



Benefit Changes by Plan

Effective January 1, 2023, some plan benefits will change. The full 2023 Annual Notices of Changes (ANOCs), which list these changes in detail, and the 2023 Evidence of Coverage (EOC) documents, which list all covered plan benefits and limitations, are available on our website.

Please visit <https://www.centersplan.com/providers/> and view the full article under "Quick Links."

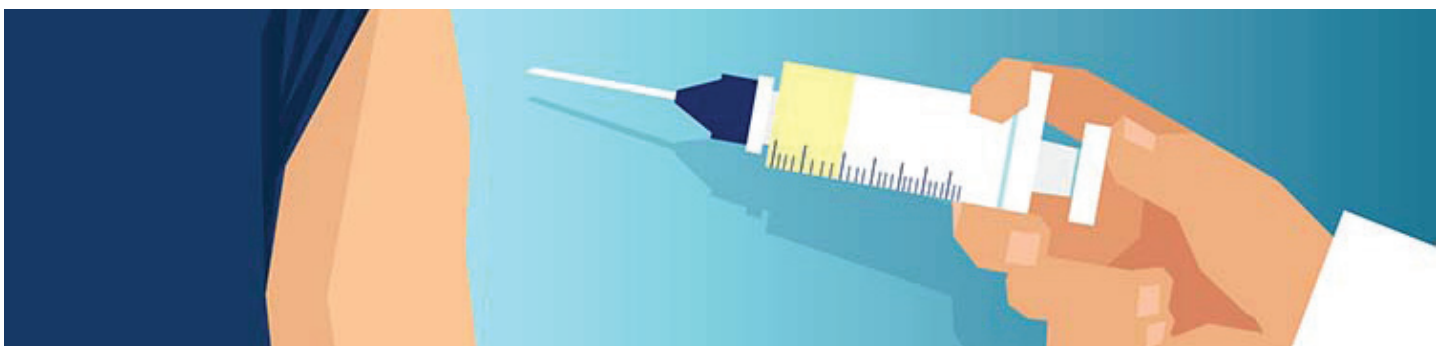


Promotions of Vaccines

Centers Plan for Healthy Living's top priority is the well-being of our members. Together with our providers, we can encourage our members to obtain necessary screenings and vaccinations, and to reinforce the benefits of doing so.

The best way to protect against influenza (flu) is to get a flu vaccine every flu season. Flu is a contagious respiratory disease that can lead to serious illness, hospitalization, or even death. The CDC recommends everyone six months and older get an annual flu vaccine. While some people who get vaccinated still get sick, flu vaccination has been shown to reduce the severity of illness in several studies. People cannot get the flu from a flu shot. Some minor side effects that may occur include soreness, redness, and/or swelling where the shot was given, low-grade fever, and aches. Flu viruses are constantly changing, so flu vaccines may be updated from one season to the next to protect against the viruses that research suggests will be common during the upcoming flu season. It is important to get the flu vaccine by the end of October. However, as long as flu viruses are circulating, vaccination should continue throughout the flu season, even in January or later. Flu vaccines are offered in many doctors' offices and clinics, as well as in many other locations, including health departments, pharmacies, urgent care clinics, health centers, and travel clinics. Flu shots are made using killed flu viruses (for inactivated vaccines), or without the flu virus at all (for the recombinant vaccine).

Here at Centers Plan for Healthy Living, we understand the value of vaccinations and other preventive measures. Our Care Managers supply our members with knowledge about the advantages of vaccinations and the frequency at which they should receive them. Let's work together to continue to keep our members' health at the forefront of our mission!



RESOURCES:

<https://www.cdc.gov/flu/pdf/freeresources/general/strong-defense-against-flu.pdf>



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

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



Generic Medication Fraud Alert

In an effort to detect, correct, and prevent Fraud, Waste, and Abuse (FWA), Centers Plan for Healthy Living conducts pharmacy claims' analyses. Whilst conducting this analysis, our pharmacists have noticed generic manipulation trends, which we would like to bring to your attention.

In recent years, some generic drug manufacturers and pharmacies have participated in schemes to defraud Medicare.. The fraud scheme involves generic drug manufacturers hiking up generic drug prices on older generic medications, and pharmacies being permitted to obtain these medications at much lower cost while colluding about how to get doctors to prescribe these specific drugs. Some strategies these pharmacies employ involve: the falsification of prior authorization forms; routine reduction, or waiver, of copayments; advertising special medication compounds; and incorrectly informing prescribers that these generic medications are of limited distribution, requiring the use of only their pharmacy.


Please review the table below to be aware of specific medications that are often involved in these schemes. The first column lists names of the "old generic medications" associated with fraudulent pharmacy schemes, the second column lists their average wholesale prices (AWP) per tablet, the third column lists therapeutically equivalent alternatives that are much cheaper than the medications associated with fraudulent schemes, and the fourth column lists the AWP per tablet of the cheaper alternatives-so you can clearly see the differences in prices. Please be wary of requests for your consent to switch what you have prescribed to one of the more expensive medications. Such a request would enable a pharmacy to bill Medicare/Medicaid for a higher-cost equivalent medication. For example, if you prescribed diclofenac potassium 50 mg tablets, do not agree to change it to diclofenac potassium 25 mg tablets, because the price for the 25mg tablet is over 10 times higher!

Old Generic Medication	Average whole sale price (AWP) per tablet	Alternative Generic Medication	Average whole sale price (AWP) per tablet
Ibuprofen and Famotidine (Duexis)	\$11.09 - \$31.44	Ibuprofen 200mg	\$0.02 - \$0.08
		Famotidine 20mg	\$0.09 - \$2.43
Naproxen and Esomeprazole (Vimovo)	\$44.68	Naproxen 375mg	\$0.11 - \$1.10
		Esomeprazole 20mg	\$0.66
Omeprazole – sodium bicarbonate packets	\$104.84	omeprazole	\$0.59 - \$0.77
		Tums Antacid (calcium carbonate)	\$0.07
Diclofenac Potassium 25mg tablet	\$34.45	Diclofenac Potassium 50mg tablet	\$2.75
Chlorzoxazone 250mg	\$24.88	Baclofen 10mg tab	\$0.14 - \$2.47
Diflorasone 0.05% ointment	\$13.98 - \$16.46 (per gram)	Hydrocortisone Valerate 0.2% ointment	\$4.41
Oxiconazole Nitrate Cream	\$10.40 (per gram)	Ketoconazole cream	\$1.32 - \$8.75
Tavaborole 5% solution	\$10.80 - \$162.99 (per mL)	Clotrimazole solution	\$3.37 - \$4.51
Naftifine 2% cream	\$8.88 (per gram)	Ciclopirox 0.77% cream	\$1.70 - \$2.93
Posaconazole 100mg tabs	\$74.01	Fluconazole 100mg tabs	\$8.75 - \$8.80
Budesonide 9mg ER capsules	\$64.47 - \$68.13	Hydrocortisone 10mg tablets	\$2.04
Dihydroergotamine spray 4mg/mL	\$65.99 - \$514.0 (per mL)	Sumatriptan 100mg tablets	\$25.14



NEW YEAR, NEW CHANGES...

Effective January 1, 2023, CPHL is switching to a new dental vendor, **DENTAQUEST!** Dentaquest will serve all of our lines of business, including Managed Long-Term Care (MLTC), to give our members a better dental experience!



CENTERS PLAN FOR HEALTHY LIVING
A CENTERS HEALTH CARE COMPANY

Name [Member Name]
Effective Date [00/00/00]
ID # [000000000]
PCP Name [Provider Name]
PCP Phone [Phone #]
Copay PCP 0% or 20%
Specialist 0% or 20%

Centers Plan for Dual Coverage Care (HMO D-SNP)

Medicare Issuer [XXXXX]
Plan Type D-SNP

Medicare^{Rx}
Prescription Drug Coverage
CMS H6988-002

RxBIN 015574 RxPCN ASPROD1
RxGRP CPL01

For Members:

Member Services
Phone: 1-877-940-9330
TTY/TDD: 711
7 Days a week, 8am-8pm
www.centersplan.com

Medical Claims
Change Healthcare Payer ID:
CPHL or CPHL1
Centers Plan for Healthy Living
P.O. Box 21033
Eagan, MN 55121

Pharmacy Claims
MedImpact Healthcare Systems, Inc.
P.O. Box 509108
San Diego, CA 92150-9108
Fax: 1-858-549-1569
E-Mail: Claims@MedImpact.com

Pharmacy Help Desk:
MedImpact - 1-888-807-5717

Claim Inquiry:
1-844-292-4211, Option 2

Supplemental Provider Network
Provided By

DentaQuest^{vsq}
MAGNACARESM



CPHL Introduces Behavioral Health!

Behavioral Health is a new covered benefit of our Medicaid Advantage Plus (MAP) plan that will go live on January 1, 2023 with our new Behavioral Health Benefit Manager (BHBM), Beacon Health Options, Inc.

As a collaborative healthcare partner, Beacon Health Options (BHO) will be providing the tools and resources needed to successfully treat behavioral health conditions. Please refer to the links below to learn about the services BHO is providing.

<https://providertoolkit.beaconhealthoptions.com/>

<https://www.beaconhealthoptions.com/providers/beacon/important-tools/webinars/archive/>

BHO is offering two MAP-specific webinar trainings, please register for one of the sessions listed below:

- December 8th at 11 AM – See link below to register
https://zoom.us/webinar/register/WN_wZZtYi0uTrW8RjFWasThWA
- December 20th at 2 PM – See link below to register
https://zoom.us/webinar/register/WN_ByBcByiCR6eFMQMmaQZOrA

Please visit CPHL's website where you can find additional behavioral health information.



Member Experience and Satisfaction

The Centers for Medicare and Medicaid (CMS) Managed Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey annual process starts each February and surveys go out to our members in March. The survey asks patients to evaluate their healthcare experiences. Many of the questions relate to the services that you as a Network Provider provide to our members. Knowledge of the questions will assist you in the quality improvement process. We encourage you to engage with your patients to provide a positive experience.

Be familiar with the following questions from the survey:

- How often did your doctor explain things in a way that was easy to understand?
- How often was it easy to get the care, tests, or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed it?
- When you needed care right away, how often did you get care as soon as you needed?
- How often did you see the person you came to see within 15 minutes of your appointment time?
- When you visited your doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- When your doctor ordered a blood test, x-ray, or other tests for you, how often did you get those results as soon as you needed them?
- How often did you and your doctor talk about all the prescription medicines you were taking?
- How often did your doctor seem informed and up-to-date about the care you got from specialists?
- How often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?



How you can help facilitate a positive patient experience:

- Implement open-access scheduling, allowing a portion of each day to be left open for urgent and follow-up care.
- Offer flexible access to care; consider offering evening and/or weekend appointments.
- Call patients 24 to 48 hours before their appointments to confirm and remind them about items they will need to bring to reduce no-shows.
- See patients within 15 minutes of the appointment or arrival time.
- Coordinate patient care by having patient medical records and care information available during office visits or via a patient portal.
- Provide your patients with notes from their office visits and prompt follow-up on test results.
- Use simple, easy-to-understand words, and avoid using medical terminology and abbreviations.
- Review the member's chart for any consults or specialist treatment before seeing the patient to help facilitate coordination of care.
- Use referrals and prior authorizations to ensure your patients get needed tests, treatments and specialist appointments.
- Assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.
- Coordinate care when a patient is admitted/discharged from a hospital or special needs facility.
- Use the Plan formulary when prescribing medications.

Your interactions with our members play a key role in their experience and overall health. You provide guidance and solutions to help them navigate the complexities of healthcare and help make it easier for them to get timely care. Thank you for your collaboration!



Cerebral Infarction; Coding and Documentation Considerations

Diagnostic coding and documentation are detailed processes that require precision and diligence. The Centers for Medicaid and Medicare Services (CMS) requires providers to use the ICD-10-CM coding system for capturing diagnostic codes on claims forms. Correct ICD-10 code assignment and supporting medical record documentation enable providers to accurately describe a patient's clinical status and the breadth of treatment and care the patient may need. Many coding and documentation errors can be avoided by adhering to some basic principles that guide the use of such codes. In this issue, we will focus on one such condition - cerebral infarction.

The ICD-10 code for a cerebral infarction is I63. A patient who sustains a cerebral infarction typically requires care in an acute inpatient setting. Therefore, the ICD-10 code I63 should only be used in an inpatient setting where the patient receives treatment for the acute episode. However, a common coding error is using this code to reflect a prior history of cerebral infarction. This type of clinical encounter would more likely occur in an outpatient setting when a provider examines the patient after the acute incident has resolved. Although the acute episode of cerebral infarction is not being treated (and cannot be coded for) in a provider's office, the residual effects of the acute event are commonly addressed in the outpatient setting. In this instance, providers should document and assign ICD-10 codes that reflect the residual effects of the cerebral infarction that are being evaluated and assessed during the encounter with the patient. If appropriate, it is important for the medical record documentation to clearly state that the deficit being evaluated is related to the prior cerebral infarction so that it is clear that the two conditions are linked. When it is appropriate to clinically link the residual effects of cerebral infarction to the prior neurologic event, the assignment of sequela codes should be considered that fall into the I69- ICD-10 code categories. Simply listing the clinical sequelae separately, without linking them to the cerebral infarction, would not suffice to correctly code any of the sequela codes. In addition, when coding for the presence of hemiplegia and hemiparesis, please be mindful to properly code both the affected side (right or left), as well as the dominance of the affected side.

The following table is provided as a guide for other common codes in the I69-ICD-10 code category that might be helpful when capturing sequelae from a cerebral infarction:

Condition Following Cerebral Infarction	ICD-10 Code
Aphasia	169.320
Dysphasia	169.321
Dysarthria	169.322
Hemiplegia and Hemiparesis affecting right dominant side	169.351
Hemiplegia and Hemiparesis affecting right dominant side	169.351
Hemiplegia and Hemiparesis affecting left dominant side	169.352
Hemiplegia and Hemiparesis affecting right non- dominant side	169.353
Hemiplegia and Hemiparesis affecting left non- dominant side	169.354
Dysphagia	169.391 + R13.- (use additional R13 code to identify the type of dysphagia)
Ataxia	169.393
Facial Droop	169.392

Proper coding and documentation of neurological conditions, including a cerebral infarction and its sequelae, ensures that the patient's clinical needs are identified and appropriately communicated.

We strive to provide the highest quality health care services to our members/beneficiaries and, with your collaboration and mindfulness of thorough documentation, we will be in a better position to identify those members/beneficiaries that require a higher intensity of care so as to assist in better coordinating services.



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Hicksville, NY
Permit No. 885

Fall Highlights

2023 Benefit Changes
Medication Fraud Alert
Vaccinations
New Year, New Changes
Behavioral Health
Member Satisfaction
Cerebral Infarction

Enjoy our Revamped
Provider Newsletter!!



Fall 2022

CPHL Contact Guide



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 Please Mail Paper Claims to: Centers Plan for Healthy Living P.O. Box 21033 Eagan, MN 55121 Electronic Claims Submissions: 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 (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 www.centersplan.com for our Formulary Listing.	
Part D drugs are administered through our Pharmacy Benefit Manager, MedImpact	MedImpact Customer Service: 1-800-788-2949