



































HCP Partners ★ in Care

5 STEPS
**TO ENSURE
SUCCESS**

**COLORECTAL
CANCER**
AWARENESS

**PROVIDER
INCENTIVE**
OPPORTUNITIES

BENEFITS OF AN
**AMBULATORY
SURGERY CENTER**

Important Contacts		
	Corporate Telephone Number (888) 746-2200 <i>Available Monday - Friday, 8:30 a.m. - 5:30 p.m.</i>	
	Customer Engagement Center (800) 877-7587 <i>Available 24/7</i> provrel@hcpipa.com	
		Real Time Resolution™ (RTR) Center (866) 925-0199 <i>Urgent clinical, time-sensitive patient care needs. Available 24/7</i>
Credentiaing Department		
	(516) 746-2200	
	(516) 515-8843	
	Credentiaing@hcpipa.com	
EZ-Net Help Desk		
	(516) 394-5639 <i>Available Monday - Friday, 8:30 a.m. - 5:30 p.m.</i>	
	EZNetHelpDesk@hcpipa.com	
Authorizations		
Authorization Submission Information on how to submit a request for services.		
	EZ-Net	
	(888) 746-6433	
Authorization Status Check status of previously submitted services. (Allow two business days for processing of non-urgent requests.)		
	EZ-Net	
	EmblemHealth HCP DIRECT: (800) 877-7587	
	Anthem: (844) 638-0404	
Fast Track Referrals Immediate referral authorization needs.		
	(855) 324-9400	
Peer-to-Peer Review Speak with an HCP Medical Director to discuss an authorization denial or to consult on a patient's medical condition.		
	(516) 394-5790	
Notification of Hospital Admissions Notify HCP of unscheduled hospital admission. Form on HealthCarePartnersNY.com		
	(516) 515-8808	
Claims		
Claims Submission Information on how to submit claims electronically or by mail.		
EmblemHealth HCP DIRECT:		
	via Availity Payer ID: 11328	
	HealthCare Partners Attn: Claims 501 Franklin Avenue, Suite 300 Garden City, NY 11530	
EmblemHealth Behavioral Health:		
	EmblemHealth Behavioral Health Claim Services P.O. Box 1850 Hicksville, NY 11802-1850	
Anthem HCP DIRECT Medicare Advantage		
	via Availity Payer ID: 11328	
	HealthCare Partners Attn: Claims 501 Franklin Avenue, Suite 300 Garden City, NY 11530	
Claims Status To check claim status and receive explanation of processing for previously submitted claims. (Please allow 30 days from the date of submission for processing.)		
	EZ-Net	
	EmblemHealth HCP DIRECT: (800) 877-7587	
	Anthem: (844) 638-0404	
	claims@hcpipa.com	
Member Eligibility		
Member Eligibility Verify the eligibility of a member, including effective dates and the assigned PCP.		
	EZ-Net	
	EmblemHealth HCP DIRECT: (800) 877-7587	
	Anthem: (844) 638-0404	
Managing Patient Care		
Case Management Connect with a nurse case manager to receive timely assistance in managing patients with a higher than normal risk for developing a particular disease defined by a measurable parameter.		
	(888) 258-0309	
Hospice and Palliative Care Information about referring patients for a Hospice or Palliative Care evaluation.		
	(516) 515-8847	
Pharmacy Help Desk		
	(516) 515-8861	
New York Home Health Care (NYHHC) Strives to provide quality medical equipment & supplies to customers across the NY metropolitan area.		
	(516) 506-0823	
	(516) 506-0823	
Quality Support Team Inquiries & support for physicians and members related to achieving quality measures.		
	(833) 989-1358	
Risk Adjustment Connect with a dedicated team of specialists, analysts, clinicians, and other personnel committed to ensuring that risk scores for HCP members appropriately represent their acuity.		
	(516) 394-5660	
Social Work/Behavioral Health		
	(516) 394-5650	

A message from our CEO

Patrick Adams



Dear Providers,

As we embrace the vibrant season of spring, a time synonymous with growth, renewal, and the blossoming of new possibilities, we are excited to share several important updates and enhancements at HealthCare Partners. Spring not only brings a renewal of nature but also fresh opportunities and initiatives that we are eager to unfold with you.

- ✔ **Welcoming Our New Chief Medical Officer:** We are thrilled to welcome Dr. Edie Calamia as our new Chief Medical Officer. Dr. Calamia joins us with a robust background in population health, having dedicated 25 years to enhancing healthcare outcomes across diverse demographics. Her expertise will be invaluable in leading our clinical strategies and ensuring that our health services meet the highest standards of excellence and effectiveness.
- ✔ **Expanded Health Plan Options:** In our commitment to offer you more value-based care opportunities, we are pleased to highlight our current collaborations with Humana, VillageCare Max, and Centers Plan. These partnerships are forged with your needs in mind, aiming to broaden your capacity to deliver quality care. Moreover, we are in active discussions with multiple plans at present and will have more to share soon.
- ✔ **New Incentive Plans for the Medicare Population:** To support your efforts in keeping patients healthy and out of the hospital, we are introducing new, robust incentive programs. These initiatives are tailored to reward proactive care measures, including annual wellness exams, effective transitions of care, frequent patient consultations, and the closure of care gaps. Our goal is to empower you to deliver the best possible outcomes for your patients, while also recognizing and rewarding your dedication and hard work.
- ✔ **Advancements in Technology:** We continue to leverage technology to streamline your interactions with us and enhance your access to patient information. Our updated provider portal is designed to not only be secure but also intuitive, offering you a comprehensive snapshot of your members' health care needs. This tool is part of our ongoing commitment to equip you with the best resources, allowing you to make informed decisions swiftly and efficiently.

As we move forward into this promising year, we are enthusiastic about the prospects of working collaboratively with you to transform your practice and help us achieve shared goals. Your growth is our priority, and we are here to support you every step of the way.

Thank you for your continued commitment to excellence in patient care. We look forward to a fruitful and successful year ahead.

Warm regards,

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2024 Provider Incentive Program

Medicare Advantage for Emblem & Empire Patients



1: Complete Annual Wellness Visit (AWV) Exam or HCP Patient Assessment Form

The purpose of this incentive is to reward providers for delivering high quality prospective health assessments where all new and chronic conditions are assessed, managed, and documented properly.

Complete HCP Patient Assessment Form:		Complete Annual Wellness Exam:	
Must complete exam by June 30, 2024 Must submit all documentation by July 31, 2024 to earn \$150.	Earn \$150 per patient	Must complete AWV by June 30, 2024 Must submit all documentation by July 31, 2024 to earn \$300.	Earn \$300 per patient
Must complete exam between July 1, 2024 - December 31, 2024. Submit all documentation by January 31, 2025 to earn \$100.	Earn \$100 per patient	Must complete exam between July 1, 2024 - December 31, 2024 Submit all documentation by January 31, 2025 to earn \$200.	Earn \$200 per patient
Payment Frequency: Quarterly		Payment Frequency: Quarterly	



2: 3x Patient Visit Bonus

Medicare-aged patients who see their PCP at a regular, pre-determined cadence (i.e. quarterly) experience improved disease management and higher rates of preventative screenings. These patients are less likely to go to the ED or get admitted with ambulatory-sensitive or newly emergent symptoms.

Patient Visit Bonus:	
Patient must be seen by PCP 3 or more times within the calendar year.	Earn \$200 per Medicare Advantage patient

Payment: Final measurement year reconciliation paid in 2025



3: 7-Day Post-Discharge Visits with Medication Reconciliation

Patients who receive PCP follow-up and medication reconciliation within 7 days of hospital discharge are significantly less likely to be readmitted.

Patient Visit Bonus:	
Post-discharge visit completed within 7 days of hospital discharge with medication reconciliation.	Earn \$150 per Medicare Advantage patient

Payment Frequency: Quarterly

Medicare Advantage for Emblem & Empire Patients (cont'd)



4: STAR Measures Closed

Earn \$50
per closure

Earn \$50 for each of these Quality STAR Measures closed per patient

- Breast Cancer Screening
- Care for Older Adults - Pain Assessment
- Care for Older Adults - Medication Review
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Diabetes Care – Blood Sugar Controlled (A1c<9)
- Diabetes Care – Retinal Eye Exam
- Medication Adherence for Cholesterol (Statins)
- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension
- Medication Reconciliation Post-Discharge
- Statin Therapy for Patients with Cardiovascular Disease
- Statin Use in Persons with Diabetes

Payment Frequency: Quarterly

Eligible Submission:

- › Measures are paid as patients achieve compliance in accordance with current HEDIS® specifications.
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)



5: Bonus Incentive Opportunity: Preferred Specialists Referral Program

Utilizing vetted preferred specialists facilitates better coordination of patient care and high-quality outcomes, along with higher satisfaction of care experience. Receive additional incentives when you refer your patients to our preferred network for NEW specialist referrals. In this example, the provider has earned \$10,000 for all of the other MA incentives. There are three tiers for the bonus incentive, as outlined below.

When HCP patients need a NEW specialist referral:

Tier 1: **30%**

Refer 30%, Earn 30%

Tier 1 Example:

\$10,000 x 30% = \$3,000 Preferred Specialist bonus

Potential total earnings =

\$13,000

Tier 2: **40%**

Refer 40%, Earn 40%

Tier 2 Example:

\$10,000 x 40% = \$4,000 Preferred Specialist bonus

Potential total earnings =

\$14,000

Tier 3: **50%**

Refer 50%, Earn 50%

Tier 3 Example:

\$10,000 x 50% = \$5,000 Preferred Specialist bonus

Potential total earnings =

\$15,000

Payment: Final year reconciliation period in 2025



Primary Care Physician Gain Sharing

Gain share positions the PCP as a partner in value without downside financial exposure. The goal is to reward providers for their contributions to improving care and reducing preventable medical costs.

Payment: Q3 2025

Gain Sharing

Exceed network Medical Loss Ratio and Quality targets, and earn gain share back to qualifying PCPs.

50%
of savings generated

Medicaid



Primary Care Physician Gain Sharing

Gain share positions the PCP as a partner in value without downside financial exposure. The goal is to reward providers for their contributions to improving care and reducing preventable medical costs.

Payment: Q3 2025

Gain Sharing

Exceed network Medical Loss Ratio and Quality targets, and earn gain share back to qualifying PCPs.

50%
of savings generated

Commercial



Patient Post-Discharge Visits

Patients who receive PCP follow-up and medication reconciliation within 7 days of hospital discharge are significantly less likely to be readmitted.

Payment Frequency: Quarterly

Patient Visit Bonus:

Post-discharge visit completed within 7 days of hospital discharge with medication reconciliation.

Earn \$150
per Commercial patient

For complete details of the Provider Incentive Program, qualifying payment criteria, payment timelines, or best practices, please contact your Provider Relations Specialist.



Find documenting M.E.A.T., SOAP Notes, AWW forms, and other quality and education tools by scanning this QR code.

HealthCare Partners Medical Malpractice Insurance Program



Program Benefits

Cost

- Discount for HCP providers
- Savings Examples:
 - 65% for an ENT in New York County
 - 37% for a Family Practitioner in Kings County
 - 28% for a Gastroenterologist in Queens County.

Coverage

- Accepted by all New York Hospitals
- Claims made and occurrence forms available
- Eligible for Section 18 excess coverage
- 94% insured satisfaction with claims handling

Benefits

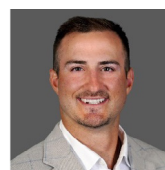
- Nation's largest physician-owned malpractice insurer
- Members eligible for dividends when declared
- Over \$150 million Tribute* Plan awards paid
- Free tail upon retirement**

Premium Considerations

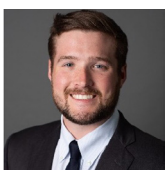
Proprietary HCP Credit:	10%	New Graduate Credit:	up to 50%
Claim Free Credit:	up to 12%	Consent Waiver Credit:	5%
Part Time Credit:	up to 50%	Pay in Full Credit:	2%
Risk Management Credit:	5%		



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*The Tribute Plan reward physicians for their loyalty and dedication to superior patient care and is only offered by The Doctors Company
 ** Subject to Policy Conditions



5 Steps to Ensure Success in 2024

Please review the following to help you prep for success in the year ahead.

1 Confirm that your office information is up-to-date:

It is critical for HealthCare Partners (HCP) to have accurate office and billing information for all HCP-contracted PCPs and Specialists. Our members – your patients – need accurate information about the providers and facilities in their plans when they wish to access healthcare services. Maintaining accurate and up-to-date information will ensure that we send our communications, as well as our payments, to the proper locations.

To notify HCP of changes:

- Visit our website at [HealthCarePartnersNY.com](https://www.healthcarepartnersny.com) and type “Demographic Change Request Form” in the Search bar; fax the completed form to (516) 746-8473 or
- If registered for log-in access to the HCP Provider Portal, update your information by clicking on the “Office” tab and selecting the “Edit” icon.

For questions or issues, call (516) 394-5639.

2 Positively Impact Your HEDIS/STARS & Quality:

Encourage your patients to start the new year on the right foot by having them proactively complete their Annual Wellness Visit (AWV), physical examination, and outstanding preventative screenings and address the management of their chronic conditions to ensure their well-being.

To aid in this process:

- Keep in mind our affiliated group, Heritage New York Medical P.C. (HNYMPC), which includes physicians, nurse practitioners, pharmacists, social workers, and support staff to provide services to your patients. HNYMPC offers medical visits in the patient’s home, physician’s office, or via audio/visual visits through its telemedicine platform. In addition to conducting AWVs, HNYMPC’s clinical team offers in-home post-hospital discharge visits and care management services designed to help your patients manage chronic health conditions.

For additional details, please contact HCP’s Customer Engagement Center at (800) 877-7587, available 24/7.

- Vaccinate patients against Influenza, Pneumonia, Tetanus, Shingles, COVID-19, and provide COVID booster shots.
- Some measures, such as Care of Older Adults, can be completed by phone using our *COA Overview and Form* located on HCP’s website under Quality Tools > HEDIS Coding Guides and Tip Sheets > COA.
- Digital blood pressure readings taken by patients can be documented in your progress notes.
- Lab testing should be performed to close gaps for the current measurement year. **Tip:** Consider FOBT, FIT-DNA testing for Colorectal Cancer Screening and A1c and Urine protein tests for Comprehensive Diabetes Care. Send all lab requests to Quest Diagnostics.

3

Streamline and shorten your claim processing time with Availity:

HCP's preferred method of claims submission is electronic through Availity. We encourage you to register with Availity so you can experience streamlined claims, improved response time, and enhanced correction capabilities. You will even be provided with a record of your claim upload!

Contact Availity to get started at (800) 283-4548.

4

Follow these Documentation and Compliance Tips

HCP has a dedicated team of coding analysts who review, verify, and ensure the accuracy and completeness of medical records while extracting appropriate and specific ICD-10 diagnosis codes. Since all documentation will be permanent in the patient's records, whether entered manually or via computer, coding precision is essential for providing exceptional care to our members. Specific guidelines and standards must be followed to improve the accuracy of a medical record.

• **Not showing all documentation for work performed during an encounter can lead to a less specific diagnosis.** Keep in mind:

- Diabetes documented with no complications, medication, or status is a less accurate description of a patient's condition.
- Specificity of active complications, medications, and status of care can lead to more accurate entries.
- Only one component of monitoring, evaluation, assessment, and/or treatment (*MEAT*) must be documented to count as evidence that a chronic condition is being addressed during a visit. If it is a new condition or exacerbation of a chronic condition, your note should reflect full E&M documentation.

• **Check the medical record to ensure the following information is included:**

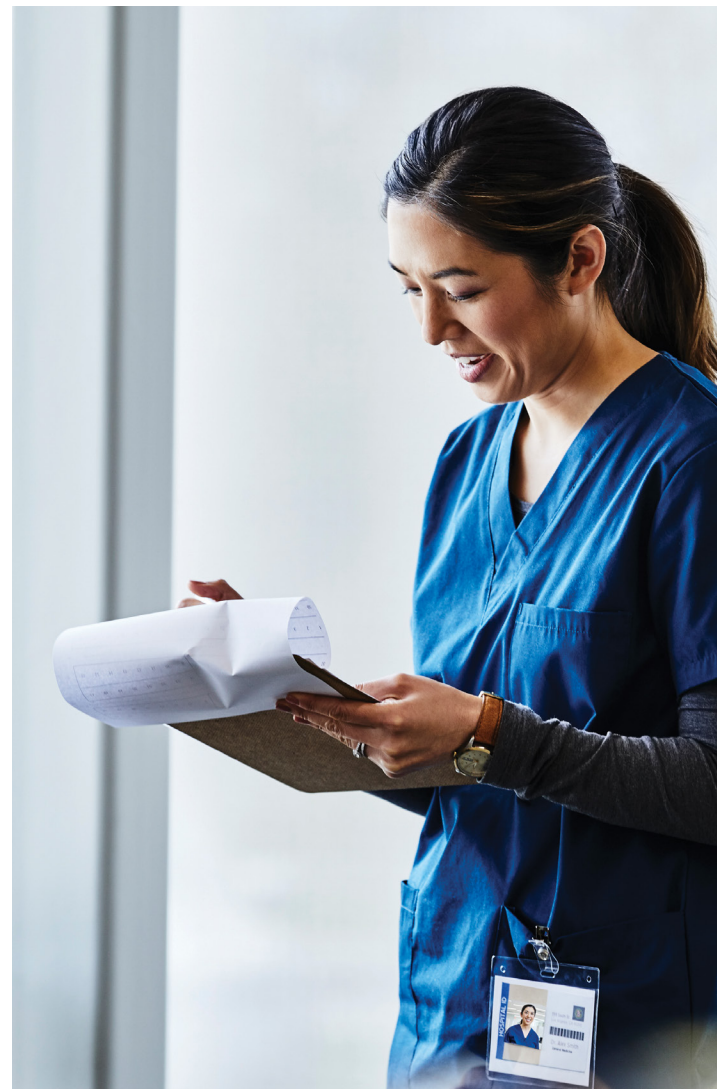
- Patient's name, DOB, or other unique 2nd identifier
- Date of service (month, day, and year of encounter)
- Description of the medical condition to the highest specificity in addition to status and/or treatment plan
- Rendering provider name and credentials
Note: "Dr." and "Physician" are not approved credentials; include legible provider signature with date

5

Review the Quality Resources and Tools page of Our website:

Familiarize yourself with our available in-office support services and tools to assist your practice. Visit the Quality Resources page for access to tools such as the AWV Form, Medical Record Forms & Documentation Requirements, HEDIS Coding Guides & Tip Sheets, Diagnosis Coding Guides and tip sheets, Behavioral Health Tools, and more. The Clinical Quality Support page details how we partner with providers and their office staff to ensure all patients receive the support needed to improve their health outcomes.

Call our Customer Engagement Center with questions or issues, available 24/7 at (800) 877-7587.



For more tips, see [Best Practices on the following page >](#)

Best Practices

Following is a brief overview of helpful steps to keep in mind to ensure a successful new year.



Offer an Annual Physical Exam for all patients



Perform an Annual Wellness Visit (AWV) for every Medicare Advantage patient



Maintain same-day access for patients in case of urgent medical issues



Complete a post-discharge visit within 7 days with medication reconciliation



Schedule high-utilizers/high-risk patients at least once every 90 days



Reach out to your non-user patients to help them schedule PCP appointments



Refer patients:

- To our Preferred Specialists
- After-hours to urgent care centers vs. the ER for non-life-threatening issues
- To free-standing radiology facilities vs. hospital-based radiology centers



Close as many quality and risk gaps during every visit as possible



Send all lab requests to Quest Diagnostics



Web Tools to Help Educate Your Patients

HCP's website, **HealthCarePartnersNY.com**, provides content that can be used to educate your patients on the importance of preventive care, managing chronic issues, receiving annual physicals, and much more. Access these tools from the Providers section of the main menu: screening starting at 45 years old. Patients should always consult their doctor about which screening method is right for them. Those experiencing signs and symptoms need a diagnostic exam.



HCPartners in Care

Check for news articles and flyers added periodically, which provide helpful information to support your compliance with HEDIS® and CAHPS® measures, such as these NEW tools:

- Annual Wellness Visit
- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Hemoglobin A1c Control for Patients with Diabetes
- Medication Adherence
- Making a Strong Flu Vaccine Recommendation

For questions or assistance in finding or using any of these tools, please contact your Provider Relations Specialist or HCP's Quality Support Team at **(833) 989-1358**, Monday - Friday from 9:00am - 5:30pm EST.



Quality Resources & Tools

These tools will assist you in reaching your quality and risk adjustment documentation goals, while reducing time spent on administrative functions and increasing time available for patient care, such as:

- Annual Wellness Visit Form (fillable PDF)
- Diagnosis Coding Guides & Tip Sheets
- Medical Record Forms and Documentation Requirements
- HEDIS® Coding Guides and Tip Sheets
- Behavioral Health Tools
- Patient Experience and Satisfaction - Includes CAHPS® Survey Questions and Tips for Success and more!

Please visit our website to check for new or updated information and remember to pay a visit to the **Newsroom** for the latest announcements, updates, and provider communications.



Patient Resources

Access tools from the **Healthcare Consumers** section of the website, which can be used to educate and reinforce appropriate patient health management, such as:

- NEW! Managing Your Medications
- NEW! When to visit your Primary Care Physician (PCP), Urgent Care, or Emergency Room (ER)
- The Importance of Preventive Care
- Advance Care Planning
- Nutrition Tips

Quick access to these resources has been provided on our website to help you achieve your clinical, quality, and financial goals.



Colorectal Cancer Awareness

Colorectal Cancer is the second-leading cause of cancer related deaths in the United States and was the cause of over 52,500 deaths in 2023. During March, we'd like to bring Colorectal Cancer awareness to the forefront and encourage all of our providers to emphasize the importance of regular screenings and early detection.

Colorectal Cancer is Preventable

To aid in the prevention and detection of colorectal cancer at an early stage, and in support of the 2024 Colorectal Cancer Screening (COL) HEDIS® measure requirement, we need to spread the word that this disease is preventable with screening and treatable if caught early.

Anyone, at any age, can get colorectal cancer. The American Cancer Society Guidelines recommend screening starting at 45 years old. Patients should always consult their doctor about which screening method is right for them. Those experiencing signs and symptoms need a diagnostic exam.*

Value of Colorectal Cancer Screening

The American Cancer Society estimates there will be more than 153,000 new cases of colorectal cancer in the United States this year. It is more important than ever to encourage patients 50 years and older to receive regular screening tests. The colon cancer death rate in this country could be cut in half if Americans simply followed recommended screening guidelines.

Importance of a Colonoscopy

A colonoscopy is the gold standard for colorectal cancer screening. The FIT Kit is a valuable alternative when a successful colonoscopy is not completed. Helping members to understand the pros of completing the FIT Kit and other colorectal cancer screening alternatives to a colonoscopy may help members better understand their options.

*Progress Notes: Do not use vague terms such as done "approximately" or write question marks (??) when documenting when a procedure was performed.

HEDIS® is a registered trademark of the National Committee for Quality Assurance

Did You Know?

2023 Colorectal Cancer in the U.S.

About

87% of new cases

occur in people aged 50 years or older

It is the

2nd leading cause

of cancer-related deaths among men & women combined

Between

25 - 30% of CRC patients

have a family history of the disease

It is estimated that

52,550 deaths

were caused by colorectal cancer during 2023

Measure Compliance

Patients ages 45–75 who had one or more appropriate screenings for colorectal cancer within the required timeframe:

- Fecal Immunochemical Test (FIT) and Fecal Occult Blood Test (FOBT) – Current Year
- Flexible sigmoidoscopy – 5 years
- Colonoscopy – also known as lower endoscopy – 10 years
- Computed Tomography (CT) colonography – virtual colonoscopy – 5 years
- FIT DNA – 3 years

Note: A FIT DNA is a Cologuard, while a FIT non-DNA is the FOBT; they are not the same.

Measure Tips

- When documenting a colorectal screening, identify the type (Colonoscopy, Cologuard, FOBT), date of completion, and place of service, if known.
- Scan colonoscopy report into the medical record.

Pros of completing the FIT Kit:

- ✓ Promotes good health through early detection
- ✓ Determines whether the patient needs follow-up with a GI specialist
- ✓ Non-invasive screening alternative
- ✓ Can be done in the comfort of your patients' homes and takes about 10 minutes to complete
- ✓ Satisfies the COL HEDIS® measure requirement when completed annually

Print the Colorectal Cancer Screening (COL) flyer from HCP's website; type "Partners in Care" in Search to access our most up-to-date tools.

Best Practices



Highlight the importance of routine screening, early detection, and treatment starting at age 45.

- Use reminder calls and personalized letters for check-ups and screening reminders.



Discuss all options for screening, including FIT and stool DNA, and how they work.

- Describe testing options and frequencies, discuss patient preferences, and include patient in treatment plan for colorectal screening.



Remind patients that preventive colon cancer screenings are legally covered under U.S. health care reform and the Affordable Care Act.



Address their fears and concerns and discuss which screening may be most appealing to them.



Other Tips:

- Provide order for testing.
- Ensure the patient's history is updated yearly and includes prior colorectal cancer screening test(s).
- Place a reminder in the patient's chart for when the next screening is due.



If you or your patients have any questions regarding screening for colorectal cancer, please call our Quality Team, available Monday – Friday from 9:00am – 5:30pm, at **(855) 339-4890**.



Protecting Your Patients and Yourself from Viral Respiratory Infections

Between influenza, SARS-CoV-2 (COVID-19), and Respiratory Syncytial Virus (RSV), doctors face the daunting challenge of keeping their patients and themselves healthy. As you know, these viruses spread mainly by droplets made when people cough, sneeze, or talk, which can then land in the mouths or noses of people who are nearby (within 6') or perhaps be inhaled into the lungs. Overlapping symptoms of these three respiratory viruses may include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, and congestion or runny nose.

Dr. Joseph S. Cervia, an infectious diseases physician and Clinical Professor of Medicine and Pediatrics at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, shares the following important points.

Seasonal Influenza (“Flu”) leads to an estimated 650,000 deaths worldwide each year, according to the World Health Organization.

- Influenza viruses can be detected in most infected persons beginning one day before symptoms develop and up to *5 - 7 days* after becoming ill.
- People with the flu are most contagious in the first *3 - 4 days* after their illness begins. However, infants and people with weakened immune systems may be contagious for *7+ days*.
- Symptoms typically begin between *1 - 4 days* after flu viruses infect a person’s respiratory tract. Thus, an infected person can spread the virus to their close contacts before symptoms begin to manifest themselves.

COVID-19 has caused over 6.3 million hospitalizations and 1.1 million deaths in the US since its inception in 2019. An infected person can transmit this virus up to *2 days* prior to the appearance of symptoms, as well as while showing symptoms.

- Available data indicate that adults with mild to moderate COVID-19 remain infectious no longer than *10 days* after symptoms begin. This estimate has been the same for variants of concern, such as Delta and Omicron. Many adults with severe to critical illness or severe immune suppression may remain infectious for up to *20 days* after symptoms begin.
- Evidence shows that fully-vaccinated individuals who become sick with COVID-19 (referred to as ‘breakthrough infections’) can carry comparable amounts of virus as non-vaccinated people.

RSV causes approximately 60,000 – 160,000 hospitalizations and 6,000 – 10,000 deaths among older adults, according to CDC estimates.

- Adults at the highest risk for severe RSV illness include older adults, and those with chronic heart or lung disease, weakened immune systems, or living in nursing homes or long-term care facilities.
- People infected with RSV are usually contagious for 3 – 8 days and may become contagious a day or two

before symptoms appear. However, some infants, and people with weakened immune systems, can continue to spread the virus even after they stop showing symptoms, for as long as 4 weeks.

- Children are often exposed to and infected with this virus outside the home, such as in school or childcare centers. They can then transmit the virus to other members of the family.

Here's what you can do to protect you, your patients, and your colleagues from getting sick:

- ✔ **Regular, correct use of masks and respirators.** NIOSH-approved respirators, (including well-fitting disposable surgical masks and KN95s) offer the highest level of protection. Masks may be particularly helpful in crowded indoor settings, as well as if you have a high risk of getting severely ill from respiratory viral infections.
- ✔ **Clean your hands.** Washing your hands regularly with an alcohol-based hand sanitizer or soap and water is a simple yet effective tool to stop the spread of germs.
- ✔ **Clean and disinfect.** Regular environmental cleaning is a necessity. Lobby areas, cafeterias, and waiting rooms are all high-traffic spaces. **Disinfect reusable devices** and **do not reuse disposable items.**
- ✔ **Practice physical distancing.** To limit the spread of germs, encourage physical distancing – particularly in shared spaces. Take advantage of telemedicine and use telehealth appointments for patient care, when appropriate. These strategies substantially decrease the risk of spreading illness.
- ✔ **Get vaccinated.** Encourage every patient in your practice to get vaccinated against flu, COVID-19, and RSV (if eligible) to reduce spread and absenteeism. Recent studies show that flu vaccination reduces the risk of illness between 40-60% among the overall population during the season.
- ✔ **Ensure HVAC maintenance is up-to-date.** Consult with facilities management to ensure the heating, ventilation, and air conditioning, or HVAC, system is working efficiently for proper ventilation in your facility. Consider using high-efficiency particulate air, or HEPA filters in small spaces for an added layer of protection.



Vaccine Information

COVID-19 vaccines currently authorized by the U.S. Food and Drug Administration (FDA):

The CDC recommends everyone 6 months and older get an updated COVID-19 vaccine to protect against the potentially serious outcomes of the virus during the fall and winter.

- Pfizer-BioNTech and Moderna COVID-19 vaccines (mRNA vaccines) – updated vaccines became available in September 2023
- Novavax COVID-19 vaccine (a protein subunit vaccine)

RSV vaccines:

The CDC Advisory Committee on Immunization Practices recommends use of new vaccines from GSK and Pfizer for people ages 60 years and older, using *shared clinical decision-making*. This means that these individuals may receive a single dose of the vaccine based on discussions with their healthcare provider about whether an RSV vaccine is right for them.

Influenza vaccines:

Manufacturers of influenza vaccines are available from a number of firms, such as GlaxoSmithKline, Sanofi Pasteur, and Seqirus.

Please refer to the CDC's web page for additional information at www.cdc.gov/respiratory-viruses.



Benefits of Surgery in an Ambulatory Surgery Center

In the evolving landscape of modern healthcare, Ambulatory Surgical Centers (ASCs) emerge as a beacon of innovation and efficiency. Imagine a healthcare setting that not only prioritizes your time and comfort, but also champions cost-effectiveness and high-quality care. Welcome to the world of ASCs – the game-changing solution in outpatient surgery! These centers are not simply facilities, they represent a revolution in surgical care, offering a streamlined, patient-centered experience that challenges traditional hospital norms.

Procedures performed
in ASCs can cost

45-60%
less

than the same
procedures performed
in hospitals*

From significantly reducing wait times to offering advanced surgical techniques in a more personalized setting, ASCs are transforming the way we think about and experience surgical care. As we delve deeper into the myriad benefits of these centers, prepare to uncover a world where healthcare efficiency, patient satisfaction, and outstanding clinical outcomes are not just goals, but realities.

A remarkable fact about ASCs is their efficiency and cost-effectiveness. Studies have shown that procedures performed in ASCs can cost 45-60% less than the

same procedures in hospital outpatient departments, without compromising the quality of care. This not only translates into significant savings for patients, but also reduces the overall burden on the healthcare system.

In the ASC setting, physicians can conveniently schedule procedures, form teams of specialized and highly skilled staff, select equipment, and supplies tailored to their techniques, and create facilities customized to their specialties and patients' needs.

Benefits of Using ASCs Over Hospitals:



Effective and safe alternative to surgery in a hospital setting



Same quality of staff, care, and equipment as hospitals



Ability to perform a wide variety of procedures, such as knee and hip replacements, minor knee surgeries (arthroscopic surgeries), pain management injections, hernia repairs, cataract surgeries, colonoscopies, upper gastrointestinal endoscopies (EGD), and other minor surgical procedures



Less wait time – Patients discharged same day



Higher nurse-to-patient ratio



Reduced stress due to excellent pre- and post-surgical care and ability to heal in-home vs. hospital



Lower costs – Studies show that ASCs can cost significantly less than hospital stays*



Lower risk of infection



Convenience and accessibility – ASCs are generally situated in locations that offer greater convenience for patients, which is especially important to those undergoing procedures such as joint replacement



Time – Research has shown that time spent by a patient in an ASC was close to 26% less than that spent in a hospital for the same surgery*

*ScienceDaily.com

When given the option between a hospital and a surgery center, patients may find that an ASC presents a valuable alternative to the conventional hospital-based approach. It is advisable for patients to hold a discussion with their surgeon to better assess whether outpatient surgery provides a suitable and efficient treatment choice for their individual case. While circumstances vary, ASCs are progressively emerging as a more accessible and cost-effective option for a growing number of patients.



Connect with our Pharmacy Support Services

The Pharmacy Team at HCP collaborates with our internal clinical department, providers, and directly with our members.

HCP pharmacists work alongside our case management teams reviewing patient care plans and making recommendations that ensure the accuracy and safety of prescribed medications. They play an integral role in the development of population health programs and the implementation of pharmaceuticals to increase patient experiences and outcomes.

Our team will work together with you - particularly during discharge planning - to educate your patients about their medications and dosing.

Our pharmacists can also help you:

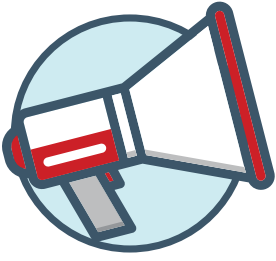
- ✓ Facilitate coordinated care that involves the patient, your office, and their pharmacy to ensure all parties are informed and collaboratively working together for the patient's health.
- ✓ Aid in continuous adherence monitoring, focusing on compliance with diabetes, statin, and hypertension medications, to ensure patients efficiently keep up with their prescribed treatment plans.
- ✓ Provide refill reminders and offer specialized counseling from Clinical Pharmacists - especially beneficial to patients who are delayed in refilling their medications and emphasizing the critical importance of adhering to prescribed medication schedules.
- ✓ Provide drug-specific education and advice on potential adverse reactions.
- ✓ Complete medication reconciliations.
- ✓ Offer access to resources aimed at overcoming common patient barriers, such as cost or transportation, to help ensure uninterrupted treatment.

Our pharmacists can also help you close the following measures:

Measures	Description	Tips for Success
Diabetes, Cholesterol, and Hypertension adherence	Ensure patients are adherent to chronic medications at least 80% of the year	<ul style="list-style-type: none"> • Prescribe 90-day supplies to reduce trips to the Pharmacy • Ask if patients are having difficulty taking their medications as prescribed • Explain the importance of these medications on reducing complications, such as stroke, heart attacks, or the long-term consequences of diabetes
Statin Use in Persons with Diabetes	At least one fill for any statin for a patient with diabetes to reduce the likelihood of cardiovascular disease	<ul style="list-style-type: none"> • If a patient cannot tolerate statin therapy, code for the appropriate exclusions (Myalgia M79.1 or Drug-induced Myopathy - G72.0) • Ensure patients with diabetes are continuing to fill and take their statin medications • Reinforce the importance of reducing the risk of cardiovascular disease in the presence of diabetes
Statin Use in Cardiovascular Disease	At least one fill for a moderate to high intensity statin to reduce the likelihood of recurrent cardiovascular complications in patients with cardiovascular disease	<ul style="list-style-type: none"> • If a patient cannot tolerate statin therapy, code for the appropriate exclusions (Myalgia M79.1 or Drug-induced Myopathy - G72.0) • Ensure that patients are on maximally tolerated statin therapy to reduce the risk of recurrent MI, stroke, and cardiovascular mortality
Medication Reconciliation Post Discharge	Clinical Pharmacists conduct medication reconciliation with recently discharged members at risk for readmission	<ul style="list-style-type: none"> • Schedule in-person visits with recently discharged patients within 5 days of a discharge notification, ideally no later than 30 days post-discharge • Review medication list provided by HCP Pharmacy team with patient for accuracy and completeness



If you or your patients need assistance with their medications, please call the HCP Pharmacy Support Services team at **(516) 515-8861**, Monday - Friday, 8:30am - 5:30pm EST.



HCP NEWS:

Things You Need to Know

Three 2024 Coding Guides Now Available

The following (3) Coding Guides for 2024 are enclosed with the newsletter:

1. Provider HCC Risk Adjusted Diagnoses
2. 2024 HCC Coding and Documentation Tips
3. 2024 Telehealth Coding and Billing Tips

Since updates to the 2024 HEDIS® Coding Guide and HEDIS® Gap Closure Tips are not available until the end of March, those aids will follow once updates have been completed.

For additional copies of the enclosed aids, please contact your Provider Relations Specialist.

CME Learning Series - Collaborating to Improve the Patient Experience

Earn up to 8 Continuing Education Credits*

Multiple eLearning modules – consisting of short (less than 2-minute) videos – have been created by industry experts to offer care providers and their staff practical ways to enhance the patient experience.

Two continuing education credits will be available upon completion of each of the six videos within this series, hosted by our partner, Press Ganey.*

These self-paced modules consist of a variety of topics that cover different areas of the patient experience, such as:

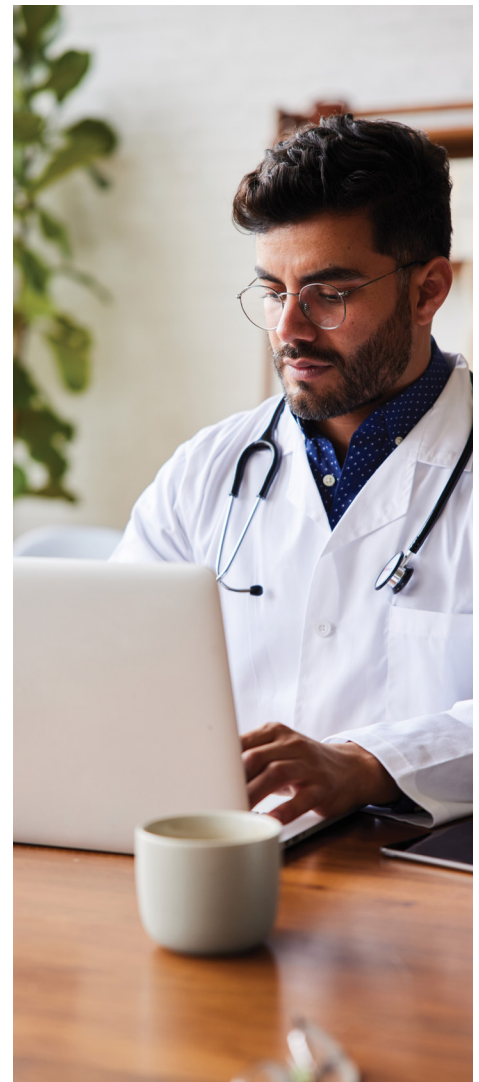
- Maximizing your time with patients
- Reducing inefficiencies and anxiety for you and your patients
- Care coordination – whose job is it anyway?
- Tactics to raising patient awareness of the great work you do



Register today

(Use Google Chrome browser for the best experience.)

*Two (2) CECs will be available upon the completion of each of the 6 videos within each series. There are 4 different series, with an opportunity to earn up to 8 CECs. This program is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for healthcare professionals.





Update to eviCore Healthcare (Palladian) Services Effective April 1, 2024

Beginning on April 1, 2024 HCP will no longer use eviCore healthcare (“eviCore”) for health plan sponsored services* offered through your Palladian/eviCore PNP Agreement. This program termination is effective March 31, 2024.

Please continue to treat HCP members and submit claims to Palladian for all dates of service prior to April 1, 2024. As of April 1st, claims for these services should be submitted to HCP or the managing entity as listed on the member’s ID card.

For questions regarding this change, please contact HCP Provider Services at (516) 746–2200. For questions about this notification, please email the eviCore Network Team at questions.netdev@evicore.com.

*Note: Effective 1/1/2024, Preauthorization and referrals will no longer be required for these services.



Durable Medical Equipment

HealthCare Partners has designated New York Home Healthcare (NYHHC) as the preferred provider for all our members’ durable medical equipment (DME) needs. Kindly direct all requests for DME to NYHHC at (516) 333–2473.



Diabetes Care Program No-Fee Service

The Diabetes Care Program is an innovative and complimentary service available exclusively to members of EmblemHealth and Anthem health plans. It is designed to empower members in effectively managing their diabetes, enhancing their health, and fostering independence in self-care practices.

The program is open to members aged 18 to 75 years old with an HbA1c over 9%. Referrals can be made via email to CMref@hcpipa.com or for questions, call (888) 258–0203. Visit HCP’s website at HealthCarePartnersNY.com and type “HCPartners in Care” into the Search bar for additional information on this program and other helpful articles and tools.

We believe this program is a significant step forward in enhancing diabetes care for our members, and we look forward to your active participation and support.

HCP Discontinued Programs

DocGo: Although this in-home care program is no longer offered, please be aware that our affiliated group, **Heritage New York Medical P.C. (HNYMPC)** offers physicians, nurse practitioners, pharmacists, social workers, and support staff to provide services to patients whose PCP is part of HCP’s network of practitioners. HNYMPC offers medical visits in the patient’s home, physician’s office, or via audio/visual visits through its telemedicine platform. In addition to conducting Annual Wellness Visits (AWV), HNYMPC’s clinical team offers in-home post-hospital discharge visits, and care management services designed to help patients manage their chronic health conditions.

For questions regarding these or any of our programs, please contact your Provider Relations Specialist or call our Customer Engagement Center at (800) 877–7787, available 24 hours, 7 days a week.

Did you know we participate with these health plans?



Register for HCP's Provider Portal

HCP's provider portal is a web-based tool designed to enhance your patient care experience. The portal provides access and insight to your patient roster and earning opportunities for managing and closing gaps in care for your patient population. It displays your roster of patients with specific information related to each individual patient.

The Annual Wellness Visit form (AWV) is accessible and available from the portal as a downloadable PDF or an electronic form, either of which can be completed and submitted to HCP for review. You can also submit supporting medical documentation electronically.

As a valued healthcare professional partnering with HCP, this platform grants you exclusive access to patient and care-specific data, empowering you to deliver exceptional care efficiently and effectively. By leveraging the portal, you can optimize your workflow, streamline patient management, and ultimately elevate the standard of care you provide.

To register: Speak with your Provider Relations Specialist to create your office account. Upon completion, an onsite visit to train you and staff on the portal's functionality will be scheduled.

Are you looking to expand your panel size?

Let us introduce you to our Medicare broker, Benefits Concierge Group (BCG), who can assist your traditional Medicare patients in choosing health plans that best suit their healthcare requirements.

Medicare members can meet with BCG's staff in your office or where convenient for the patient to discuss their healthcare requirements, and will help them select a health plan that matches their needs in terms of care and benefits. BCG will work with you to host events to educate patients on each health plan and its advantages.



BCG will:

- Assist your patients with choosing the right health plan to fit their needs and identify additional resources for which your patients may qualify.
- Reduce your office staff's administrative burden by assisting patients with benefit and billing questions.
- Attract new patients to your office, assist patients who are aging into Medicare, and partner with your practice to drive patient retention.

If you want to initiate a strategy meeting to expand your panel size, please contact **Frank Segura** by phone at **(516) 460-4235** or via email at **fsegura@hcpipa.com**.

New Health Plans at HCP



VillageCare MAX is a managed long-term care (MLTC) plan in New York that provides comprehensive healthcare services to 24,000 members who are eligible for Medicaid or Medicare.

What is VCM's coverage area?

Their coverage area includes Brooklyn, Manhattan, Queens and the Bronx. In 2023, their service areas expanded to include Staten Island, Nassau, and Westchester counties for their DSNP products.*

What plans are included under VCM?

- ✓ **Managed Long-Term Care (MLTC):**
For Medicaid eligible individuals; provides members with long-term care services and supports like personal care, adult day health care, and others.
- ✓ **Medicaid Advantage Plus (MAP):**
Dual-eligible for Medicare and Medicaid; provides benefits designed for individuals with special health care needs as well as long-term care services and supports.
- ✓ **Dual Special Needs Plan (HMO DSNP):**
Dual-eligible for Medicare and Medicaid; provides benefits designed for individuals with special health care needs, who are dually eligible for Medicare and Medicaid.
- ✓ **FLEX Dual Special Needs Plan (HMO DSNP):**
Dual-eligible for Medicare and Medicaid; benefits designed for individuals with special health care needs; FLEX benefit option provides additional covered services to fit dental, vision, or hearing needs.
- ✓ **NEW: Medicare Select Advantage Plan (HMP):**
Medicare eligible; also referred to as the Low-Income Subsidy plan (LIS) which offers members supplemental benefits such as vision, hearing, and dental.

Who should I call for plan questions?

For plan questions, please call the Provider Relations Department at (718) 517-2783 or email ProviderRelations@villagecare.org. Visit villagecaremax.org/providers for additional resources such as the provider portal, manual, and other necessary tools.



Centers Plan for Healthy Living (CPHL) is one of the largest Managed Care Organizations (MCOs) in New York, CPHL provides comprehensive healthcare services to 60,000 members who are eligible for Medicaid or Medicare.

What is CPHL's coverage area?

Their coverage area includes New York, Kings, Queens, Bronx, Richmond, Suffolk Nassau, Westchester, Rockland, Erie, and Niagara.

What products are included under CPHL?

- ✓ **Medicaid Advantage Plus (MAP):**
Medicare and full Medicaid
- ✓ **Medicare Advantage Part D (MAPD):**
Medicare and prescription drugs (Medicare Parts A & B)
- ✓ **Institutional Special Needs Plan (I-SNP):**
Medicare members who require institutionalized care
- ✓ **Dual Eligible Special Needs Plan (D-SNP):**
Members who are dual-eligible for Medicare and Medicaid, with a full comprehensive plan
- ✓ **Managed Long-Term Care (MLTC):**
Members who are eligible for Medicaid with long-term care services. **Note:** HealthCare Partners (HCP) is contracted with CPHL for all Lines of Business except Managed Long-Term Care (MLTC).

What type of arrangement does HealthCare Partners (HCP) have with CPHL?

This contract allows CPHL to lease our network, which means that the providers will bill CHPL directly.

Who should I call for plan questions?

For plan questions, please call CPHL's Provider Hotline at (844) 292-4211 available 24/7 or visit www.centersplan.com.

*Pending SDOH approval for MAP and MLTC.

We're here to help you deliver great patient care.
Available 24 hours a day/7 days a week.



**Routine
administrative &
referral needs:**

Customer Engagement
Center (CEC):
(800) 877-7587



**Immediate referral
authorization needs:**

Fast Track
Referral Line:
(855) 324-9400



**Urgent clinical,
time-sensitive
patient care needs:**

Real Time Resolution™
Center (RTR):
(866) 925-0199