



How Health Plans in New York State Support Diabetes Care

Results of a 2012 Survey by the Healthcare Association
of New York State and New York State Health Foundation



Healthcare Association
of New York State



NYS HEALTH
FOUNDATION

INTRODUCTION

Nearly 26 million Americans have diabetes, an additional 79 million have prediabetes, and diabetes prevalence continues to rise. Diabetes correlates with an increased risk of hospitalization and readmission within 30 days. In 2008, the Healthcare Association of New York State (HANYs) and New York State Health Foundation (NYSHealth), in collaboration with other grantee partners, began the Diabetes Campaign to reverse this concerning trend.

NYSHealth and HANYs came together to offer a range of education and support to HANYs' members including Webinars highlighting best practices and laying out the business case for diabetes, training hospital staff to become Certified Diabetes Educators (CDEs), and coaching and educating hospitals to

successfully complete the American Association of Diabetes Educators Diabetes Education Accreditation Program (AADE DEAP) for their diabetes education centers. Throughout the Campaign, one of the main objectives was to assist primary care providers to achieve recognition as part of the National Committee for Quality Assurance (NCQA) Diabetes Recognition Program (DRP), an outcomes-based program that recognizes providers for excellence in diabetes care and management.

The overarching goal of the Campaign is to reduce the disease burden and improve the quality of care delivered to New Yorkers with diabetes. To achieve this goal, all stakeholders must work together, from the health care providers to the health plans. While HANYs was working with NYSHealth on the CDE and AADE DEAP initiatives, it became clear that there was a great deal of confusion and interpretation issues around coverage of diabetes education services. These issues were a barrier to increasing utilization of these preventive services, impacting many patients.

To that end, HANYs and NYSHealth decided to survey health plans in New York State to learn about the

SURVEY

In June 2012, HANYs contacted major health plans licensed in New York State. The following plans responded and are included in the survey results:

- Capital District Physicians' Health Plan (CDPHP)
- Emblem Health
- Excellus
- Health Now
- Hudson Health Plan
- Independent Health Association
- MVP Health Care
- Monroe Plan

The health plans were asked to provide information about available incentives or recognition for providers whose treatment of diabetes aligns with NCQA standards for diabetes or PCMH recognition. The health plans were also asked to list specific programs that offer support and/or address lifestyle and wellness issues. The NYS Diabetes Campaign appreciates the contributions of these plans.

diabetes management programs each plan offers and to determine the kinds of additional support they offer providers in other excellence and prevention programs such as NCQA DRP, the Bridges to Excellence Diabetes Recognition Program, and patient-centered medical home (PCMH) recognition.

This publication summarizes the survey results. HANYs and NYSHealth recommend hospitals and their staff use this information as a resource for understanding what administrative and financial health plan support may be available to providers that use NCQA quality standards.

NEW YORK STATE MEDICARE AND MEDICAID

Medicaid and Medicare fee for service both offer coverage for diabetes self-management education/training (DSME/T). Under the Medicare Part B program, individuals can receive up to 12 hours of initial DSMT in a 12-month period. Medicare will pay 80% of the cost for training, after the patient deductible is met. Other covered services include medical nutrition therapy services, eye exams, foot exams, and preventive services, which follow the same coverage levels as DSMT.

Medicare

Medicare has very specific coverage policies for DSMT. Group DSMT services are covered if the treating physician or qualified non-physician practitioner who is managing the Medicare beneficiary with diabetes certifies that such services are needed.

Physicians need to document the:

- need for education/training and maintain the plan of care in the beneficiary's medical record; and
- topics to be covered in education/training.

Initial education/training hours can be used for the full initial education/training program or specific areas such as nutrition or insulin education/training.

- number of hours of group or individual education/training (up to ten may be ordered).

Medicare has assigned a specific category of CPT® Codes, called HCPCS II G codes for DSMT services. These codes can be used to bill all government and commercial payers.

Medicare covers education/training on an individual basis for a Medicare beneficiary if:

- no group session is available within two months;
- the patient has special needs resulting from conditions, such as severe vision, hearing, or language limitations, that hinder effective participation in a group education/training session—this must be documented in the patient record.
- the physician orders additional insulin education/training; and
- the need for individual education/training must be identified by the physician or non-physician practitioner in the written referral.

(Source: http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/general/reimbursement_tips.pdf)

NEW YORK STATE MEDICARE AND MEDICAID (CONTINUED)

New York State Medicaid

Medicaid will reimburse for Diabetes Self-Management Training (DSMT) when provided by an Article 28 clinic (hospital outpatient department or freestanding diagnostic and treatment center) that is accredited by a CMS-approved national accreditation organization (NAO). Currently, CMS recognizes the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), and Indian Health Services (IHS) as approved NAOs. Under this accreditation, DSMT can be performed by a New York State licensed, registered, or certified professional in one of the following DSMT enrollment professional disciplines:

- Registered Nurse
- Pharmacist
- Registered Nurse Practitioner
- Physician Assistant
- Registered Dietician
- Physical Therapist
- Physician (MD, DO)

DSMT services can be provided to beneficiaries who are newly diagnosed with diabetes, to beneficiaries with diabetes who are stable, or to beneficiaries with diabetes who have a medically complex condition such as poor control of diabetes or other complicating factor.

DSMT services can be provided in individual sessions, or in group sessions of no more than eight patients. Claims must include the appropriate ICD-9 code for diabetes mellitus: 250.XX, 648.0x, 648.8x, 775.0, or 775.1.

DSMT services are billed in unit increments with one unit equaling 30 minutes of service using the following HCPCS codes:

- G0108 Diabetes outpatient self-management
- G0109 Diabetes outpatient self-management training services, individual, per 30 minutes; training services, group (2-8 patients), per 30 minutes.

No more than ten hours or 20 units of DSMT for a newly diagnosed beneficiary or beneficiary with a medically complex condition can be billed during a continuous six-month period. Beneficiaries who are medically stable can receive up to one hour, or two units, of DSMT in a continuous six-month period.

In order to bill for DSMT services, Article 28 clinics will need to request an enrollment form by contacting Medicaid's Rate Based Provider Enrollment Office at (518) 474-8161. To avoid reimbursement interruption, providers are advised to notify Rate Based Provider Enrollment upon re-certification from the NAO.

SURVEY RESULTS

DIABETES MANAGEMENT AND WELLNESS

All health plans that responded to the survey offer some form of diabetes management and wellness programs, including telecommunications, individualized plan of care with a professional nurse health coach, diabetes Webinars (for providers), and dietetic services.

DIABETES SELF-MANAGEMENT TRAINING (DSMT)

All health plans surveyed reimburse providers who offer DSMT. The plans generally reimburse physicians offering DSMT to patients, and Medicaid will reimburse Certified Diabetes Educators who are providing services within diabetes education centers certified by the AADE or the ADA; however, not all reimburse licensed dietitians or nurses.

DIABETES RECOGNITION PROGRAM

While several health plans endorse NCQA DRP measures for other quality programs, like CDPHP's enhanced primary care model or Hudson Health Plan's Supporting Excellence in Diabetes Management, no health plans offer direct incentives for NCQA DRP participation.

CONCLUSION

Health plans in New York acknowledge the valuable role of education and preventive services in treating diabetes. All plans that responded to the survey support services offered by providers and offer direct services that target individuals at risk for or diagnosed with diabetes.

It is important for plans and providers to work together to maximize the benefit of all available programs to improve the health of their patients with diabetes and prediabetes. The survey results acknowledge the importance of NCQA DRP and PCMH programs when health plans work with providers to improve health care delivery models for patients with diabetes.

HANYS and NYSHHealth hope the information contained in this report encourages providers throughout the State to pursue NCQA recognition to ensure patients with diabetes in New York State have access to the highest quality health care.

For more information about achieving NCQA recognition or other items covered in this survey, please contact Amy Jones, Program Manager, Quality Initiatives, HANYS, at (518) 431-7650 or at ajones@hanys.org.

	<i>For which plan types do you offer a diabetes disease management program? (HMO, PPO, Medicare, Medicaid)</i>	<i>Please briefly describe the support services provided through your plan's diabetes management program.</i>	<i>Does your plan reimburse providers who offer DSME or DSMT?</i>	<i>Do you have any requirements and/or restrictions in place regarding provider reimbursement for DSME or DSMT?</i>	<i>Does your plan offer specific financial incentives or enhanced reimbursement to providers that have achieved NCQA Diabetes Recognition?</i>	<i>Does your plan have other quality programs that adopt or use quality measures similar to NCQA DRP?</i>	<i>If yes, please identify the quality programs that adopt or use quality measures similar to NCQA DRP.</i>	<i>Does your plan offer financial incentives or enhanced reimbursement to providers that achieve NCQA PCMH recognition?</i>	<i>Financial incentive for PCMH Level One (HMO, PPO, Medicare, Medicaid).</i>	<i>Financial incentive for PCMH Level Two (HMO, PPO, Medicare, Medicaid).</i>	<i>Financial incentive for PCMH Level Three (HMO, PPO, Medicare, Medicaid).</i>	<i>Does your plan provide any additional non-monetary incentives to support practices seeking NCQA PCMH recognition?</i>
CDPHP	HMO, PPO, Medicaid, Medicare	Wellness classes for members; gap of care lists to individual practices; embedded case managers; and quarterly diabetes Webinars (for providers).	Yes	Copays for DSME and DSMT exist for some lines of business.	No	Yes	Enhanced primary care model offers increased reimbursement for physician practices based on quality outcomes, including diabetic HEDIS measures.	Yes	N/A	N/A	HMO, PPO, Medicare, Medicaid: EPC practices; reimbursement done on a risk-adjusted capitated basis.	No
Emblem	HMO, PPO, Medicare, Medicaid	Diabetes Care Path Program includes: intervention based on low- or high-risk patients; individualized plan of care with a nurse health coach; collaboration with other health professionals; availability of social workers and behavioral health specialists; and patient monitoring.	Yes	Providers must furnish another service for which direct Medicare payment may be made. Provider must properly receive Medicare payments. Provider then must submit documentation and receive accreditation by a CMS-approved organization. Finally, the provider must submit documentation to the plan, as requested, including diabetes outcome measurements.	No	Yes	Annual incentives to select medical groups related to these diabetes quality measures: A1c testing, A1c poor control >9, and dilated retinal eye examination.	No	N/A	N/A	N/A	No
Excellus	HMO, PPO, Medicare, Medicaid	Diabetes management is provided via mailings; Web education; telecommunications; gap reminders; telephonic care management; condition-specific and member-centric educational and care support program; and education on gaps in care.	Yes	Providers are reimbursed according to member benefits and contracted rates.	No	Yes	Pilot initiatives with clinical quality measures including those used in the Diabetes Recognition Program and other chronic diseases and preventive health care.	Yes	Medicaid : per NYS Medicaid PCMH Incentive Program = \$2 per member/per month.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$4 per member/per month.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$6 per member/per month.	No
Health Now	HMO, PPO, Medicare, Medicaid	The goal of the Diabetes Management Program is to improve the health status for members through a population-based approach; managing health; costs by evidence-based diagnosis and treatment; program interventions for self-management skills; and education and telephonic education by nurses, social workers, and dietitians.	Yes	Provider must submit CPT codes for billing/reimbursement.	No	Yes	Pay-for-performance.	Yes	Medicaid: per NYS Medicaid PCMH Incentive Program = \$2 per member/per month; HMO, PPO, Medicare: \$.50 per member/per month; Adirondack Park PCMH: \$7 per member/per month for HMO and PPO only.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$2 per member/per month; HMO, PPO, Medicare: \$1 per member/per month; Adirondack Park PCMH: \$7 per member/per month for HMO and PPO only.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$2 per member/per month; HMO, PPO, Medicare: PCMH consultant; Adirondack Park PCMH: \$7 per member/per month for HMO and PPO only.	Yes
Hudson Health Plan	Medicaid	Supporting Excellence in Diabetes Management services include outreach to members about diabetes services; assisting with making appointments or eye exams; incentives for completing diabetes well care; and outreach to primary care doctors.	Yes	Diabetes educators are reimbursed for diabetes education per NYS Medicaid regulations.	No	Yes	Supporting Excellence in Diabetes Management: outreach to members and primary care doctors. In the process of retooling to provide bonus payment through PCMH.	Yes	Medicaid: per NYS Medicaid PCMH Incentive Program = \$2 per member/per month.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$4 per member/per month.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$6 per member/per month.	No
Independent Health	HMO, PPO, Medicare, Medicaid	Services include: <i>HealthStyles</i> member newsletter; annual informational letter; flu immunization and gap reminders; 24-hour medical helpline; NYS Quit line and tobacco cessation support; wellness programs; diabetes-focused community events; Web-based tools, health records, and health library; certified diabetes educators for DSME; health coaches; case managers; in-home case management; PCMH practice sites; and Good for the Neighbor Program (free health screenings). Moderate-risk members receive: health coach outreach calls; pharmacy medication therapy management; and community health outreach worker for MediSource members in need of services. High-risk members receive: case management and health coach outreach.	Yes	Billing code G0109 is applied for training of two or more members in a group setting for up to eight hours. Any education over eight hours requires preauthorization. G0108 and G0109 are applicable if billed by provider number for physicians and registered dietitians.	No	Yes	Incentives to physicians for focusing on improving management of patients with diabetes by adhering to best practice standards. Includes measures of both process and outcomes using parameters such as blood pressure; foot exam; annual DRE; and measurement of A1C and LDL levels and renal function.	Yes	Enhanced reimbursement to PCP practices that are a part of PCMH pilot program.	Enhanced reimbursement to PCP practices that are a part of PCMH pilot program.	Enhanced reimbursement to PCP practices that are a part of PCMH pilot program.	Yes
Monroe	Medicaid	Disease care and case management services for enrollees. Assist provider panel members in implementation of the the chronic care model and PCMH processes.	Yes	Provider must be appropriately licensed by NY State.	Yes	Yes	Monroe Plan is a NYStateHealth grantee of the Meeting the Mark initiative.	Yes	Medicaid: per NYS Medicaid PCMH Incentive Program = \$2 per member/per month.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$4 per member/per month.	Medicaid: per NYS Medicaid PCMH Incentive Program = \$6 per member/per month.	No
MVP	HMO, PPO, Medicare, Medicaid	The Diabetes Care Program strategies include: education; health coaching; case management; one-on-one telephonic health coaching/education for the diabetic member who needs assistance with behavior change and understanding the disease process; preventive screening and medical management; clinicians dedicated to the diabetes program are CCM certified, certified wellness coaches, and diabetes educators; telehealth; transition coaching; PCMH integration; and Silver Sneakers Fitness Program for Medicare.	Yes	Provider must follow correct coding guidelines for E&M and CPT codes submitted for reimbursement.	No	Yes	Used in MVP's quality reporting in all service areas.	Yes	All: P4P programs and pilot collaboration throughout its service area.	All: P4P programs and pilot collaboration throughout its service area.	All: P4P programs and pilot collaboration throughout its service area.	No