



Valuable Benefit for New Members

The Welcome to Medicare Visit

The Welcome to Medicare visit is a comprehensive examination covered under Medicare Part B and consists of the following seven components*:

1. A review of medical and social histories with attention to modifiable risk factors.
2. A review of potential risk factors for depression.
3. A review of functional ability and level of safety.
4. A physical examination, including measurements of height, weight, blood pressure, visual acuity, and body mass index (a new requirement as of Jan. 1, 2009).
5. End-of-life planning (a new requirement as of Jan. 1, 2009), including a discussion of advance directives.
6. Education, counseling, and referral based on the results of the review and

**As of Jan. 1, 2009, performance and interpretation of an EKG is no longer required as part of the Welcome to Medicare visit.*



evaluation services described in the previous five components.

7. Education, counseling, and referral—including a brief written plan, such as a checklist—for obtaining the appropriate screenings. Those include colorectal, breast, and prostate cancer screenings and a one-time ultrasound screening for abdominal aortic aneurysm (AAA).

Health Plus Elite members have one year from their Part B enrollment date to take advantage of this one-time visit.

Nevertheless, Health Plus encourages participating providers to conduct this important evaluation visit with new members within 90 days of enrollment.

Note: *Reimbursement for this visit does not include clinical laboratory tests. Physicians can provide and bill separately for the screenings and other preventive services that are currently covered and paid for by Medicare Part B.*

OTHER HELPFUL INFORMATION

Various organizations have developed tools to help support physicians in the delivery of this important benefit, and we have included some of them on the Health Plus website:

- A downloadable, two-page quick reference guide for the Welcome to Medicare visit.
- A downloadable pamphlet detailing the components of the visit, required blood tests and ultrasound screening for AAA.

DOCUMENTATION AND CODE SELECTION

Ensure that your documentation reflects the provision of each of the required elements before billing for the Initial Preventive Physical Exam (IPPE). If you provide the entire service, including an electrocardiogram (EKG), report two —Continued on page 4

BROWN BAG CHECKUPS

An Important Tool for Patient Education and Safety

Patients with chronic conditions may routinely take many different kinds of medications. The doses or timing of the medications may need to be adjusted as the patient's health changes. Sometimes medications are ordered by different doctors, especially if the patient visits a number of specialists, leading to a great deal of confusion when taking medications. As a safety measure, Health Plus recommends scheduling brown bag checkups with your patients who take multiple medications.

Remind patients to bring all prescription and over-the-counter medications and herbal or natural products—such as teas, infusions, and drops—they are taking. During your review, you can check the medications against those listed in the patient's medical record and verify the dosage, strength, frequency, and expiration date on each medicine/product. You can also screen the medications and products for potential duplication of therapy or side effects and medications that might have been discontinued.

This review will also help you know whether your patients understand how to take the medication and are aware of any necessary precautions or special laboratory testing that may be needed with certain drugs.

Encourage your patients to:

- Keep their list of medications and over-the-counter products up-to-date and share this information with every doctor or health care provider they visit.

- Fill all their prescriptions at the same pharmacy or inform their pharmacist of any over-the-counter, herbal, or mail-order prescriptions they are taking so that there is complete oversight of their medications.

Consider encouraging your new Health Plus Elite members to make an appointment today for a brown bag checkup as soon as possible. This can also be done during their initial



Welcome to Medicare visit, which should take place within the first 90 days of enrollment.

Visit the "Provider" section of the Health Plus website at www.healthplus-ny.org for a brown bag checkup checklist.

Need to Contact Us?

For general provider inquiries:

Health Plus Provider Care Center and INFO PLUS 1-800-450-8753

For more specific inquiries:

Cleo Dixon, Vice President, Network Management and Provider Relations 1-718-491-6770

Gary Cowan, Director of Network and Provider Field Services 1-718-491-7495

Brooklyn, Staten Island, Queens private-office providers and Health Centers

Stacey Ross, Provider Relations Manager 1-718-491-7509

Svetlana Kats, Provider Relations Field Supervisor 1-718-491-7513

Manhattan and Bronx private-office providers and Health Centers

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All network hospitals, Nassau private-office providers and Health Centers

Leroy Houston, Provider Relations Manager 1-718-491-7556

Nina Stone, Provider Relations Field Supervisor 1-718-840-4314

Belinda Kavanagh-Lantimo, Provider Relations Field Supervisor 1-718-567-3251



Members get \$50 a month for select nonprescription items, which they can order online or by phone.

Health Plus Elite Now Offers Members Four Ways to Access Their OTC Benefit

The Health Plus Elite BE BETTER Over-the-Counter (OTC) Benefit provides members with \$50 a month (\$600 a year) for select OTC drugs and supplies.

The approved items covered under this benefit are listed in a catalogue that is available in hard copy or online at www.healthplus-ny.org (click the Medicare Elite icon on the bottom of the homepage). Health Plus has made it easy to access this benefit by offering four flexible options from which members can choose:

- 1. Order online.** Members can visit shopping.drugsourceinc.com/healthplus and place their order using the online version of the catalogue.
- 2. Order by phone.** Members can call **1-800-854-8764** and press 4 to speak

with a representative to place their order, selecting items from the Health Plus Elite catalogue.

- 3. Pick-up at any participating pharmacy.** Members can simply request a prescription from their physician for the items they want then present

their Health Plus Elite Member ID card at a participating pharmacy to obtain their approved items free of charge. The pharmacy then bills Health Plus Elite, deducting the total value of the items from the member's \$50 monthly allowance. Our Pharmacy Directory lists all participating pharmacies.

- 4. Buy the catalogue items and be reimbursed.** Members can mail in their itemized receipts to 241 37th St., Suite 412, Brooklyn, NY 11230.

The mailing must include the following:

- Provider of service (for example, the pharmacy).
- Date of service.
- Item purchased or type of service (for example, hand sanitizer).
- Service or item amount.
- Proof of purchase, such as a receipt.

Members must use their \$50 each month or forfeit the unused portion. Unspent portions of the \$50 cannot be carried over from month to month. There are **no** shipping charges for phone and online orders, but members must have their Health Plus Elite ID card handy when placing orders.



Advance Care Planning



Advance care planning is the process by which competent adults specify the type of medical care they wish to receive should they become incapacitated. The goals of advance care planning are to:

- Maximize the likelihood that medical care serves the patient's goals.
- Minimize the likelihood of over- or undertreatment.
- Reduce the likelihood of conflicts between family members and close friends and health care providers.
- Minimize the burden of decision making on family members or close friends.

BROACHING THE SUBJECT

As a health care provider, you can bring up advance care planning as one of many health promotion activities and reassure the patient that raising this issue does not mean that there is

something unspoken to worry about. When having a discussion about advance care planning, the following questions are recommended:

1. Who should speak on your behalf if you become so sick you can't speak for yourself?
2. Are there any circumstances that you've heard about through the news or TV where you've said to yourself, "I would never want to live like that"? If so, what are they and why do you feel this way about them?
3. Are there any life-sustaining treatments that you would not want to receive under any circumstances? If so, what are they and why do you feel this way about them?

You can bring up advance care planning as one of many health promotion activities.

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HCPCS codes as follows:

- G0402—IPPE and face-to-face visit services limited to new beneficiary during the first six months of Medicare enrollments.
- G0403—EKG, routine EKG with at least 12 leads with interpretation and report, performed as a component of the initial preventive physical examination.

You should also ensure accurate reporting of ICD-9-CM codes as follows:

- V70.0—Routine general medical examination at a health care facility/health checkup.

- V81.2—Special screening for cardiovascular conditions.

Note that because the IPPE is subject to Medicare's deductible and coinsurance provisions, members will typically end up paying most of the Medicare allowed charges, because they will be receiving the services within 12 months of their enrollment. You may want to alert patients to this fact so it does not come as a surprise when you attempt to collect from them.

CARDIOVASCULAR DISEASE SCREENING

Coverage is provided for three screening blood tests:

- Total cholesterol test.
- Cholesterol test for high-density lipoproteins.
- Triglycerides test.

These three tests should be performed as part of a panel and only following a 12-hour fast. Each of the three tests under this benefit is permitted once every five years. When performing these services in conjunction with the IPPE, report CPT code 36415, collection of venous blood by venipuncture, with the appropriate cardiovascular screening ICD-9-CM code (for example, V81.0, V81.1, V81.2).

DIABETES SCREENING TESTS

When diabetes screening is performed on individuals diagnosed with pre-diabetes, report ICD-9-CM code V77.1.

Individuals who have any of the following risk factors for diabetes are eligible for this benefit:

- Hypertension—ICD-9-CM codes:

DOCUMENTATION

Advance directives are the written documents that provide information about a patient's wishes and his or her designated spokesperson. If official forms are not used, health care providers should document the results of their advance care planning conversations in a medical record progress note.

Advance directives take effect only in situations where a patient is unable to participate directly in medical decision making. Appeals to living wills and surrogate decision makers are ethically and legally inappropriate when individuals remain competent to guide their own care.

Patients who do not have anyone to name as a health care proxy should be advised to write down their wishes and give a copy to their health care providers. They should fill out a legal form, such as a living will, with as much detail as possible and then include a

personalized statement to provide a better understanding of their wishes.

The patient should also be informed that the best way to prevent family disagreements is to communicate with everyone ahead of time to let them know who has been picked as a spokesperson and what kind of approach to medical care he or she wants.

Adapted from *Advance Care Planning, Ethics in Medicine*, University of Washington School of Medicine, Robert A. Pearlman, MD, MPH, professor of medicine



401.0-401.9, 402.00-402.91, 403.00-403.91 and 404.00-404.93.

■ Dyslipidemia—ICD-9-CM code: 272.4.

■ Obesity (a body mass index equal to or greater than 30 kg/m²)—ICD-9-CM code 278.00-278.01 along with V85.0-V85.54.

■ Previous identification of elevated impaired fasting glucose or glucose intolerance—ICD-9-CM codes 790.21 or 790.22.

When performing these services in conjunction with the IPPE, report CPT code 36415, collection of venous blood by venipuncture, with the appropriate diabetes screening ICD-9-CM code (for example, V77.1).

In addition, individuals who have a risk factor consisting of at least two of the following characteristics are

eligible for this benefit:

■ Overweight (a body mass index greater than 25 but less than 30 kg/m²)—ICD-9-CM code 278.02, along with V85.0-V85.54.

■ A family history of diabetes—ICD-9-CM code V18.0.

■ Age 65 years or older.

■ A history of gestational diabetes mellitus or delivering a baby weighing more than nine pounds—ICD-9-CM code V12.2.

SPECIAL CLAIM REPORTING TIPS TO REMEMBER

To facilitate accurate and timely processing of your claims:

■ Report ICD-9-CM codes in box 21 and 24E and report CPT codes, HCPCS codes, and applicable modifiers in box 24D on the CMS 1500 claim form

(professional service claims).

■ Report ICD-9-CM codes in box 67 and report CPT codes, HCPCS codes, and applicable modifiers in box 66 on the UB 04 claim form (outpatient institutional professional service claims).

■ Ensure that ICD-9-CM codes are reported to the highest level of specificity where applicable (for example, diabetes 250.xx, not 250).

■ Ensure that multiple procedures/services are reported with the correct CPT and/or HCPCS codes and modifiers where applicable (for example, G0402, 99213-25).

■ When reporting services for routine venipuncture, report CPT code 36415 once with all of the applicable ICD-9-CM codes that describe the screening services performed.

DISEASE MANAGEMENT

Programs for Health Plus Elite Members

Health Plus has a variety of Disease Management Programs to help bolster your care of members with chronic conditions.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PROGRAM

For members with a history of progressive, persistent dyspnea; chronic cough and/or sputum production; or occupational/chemical exposure, our COPD Disease Management Program includes referrals for such services as smoking cessation, spirometric evaluation, specialty care by a pulmonologist, nutrition education, and the flu and pneumonia vaccines. Prospective members are screened by our nurse clinicians and then stratified according to acuity. They will then work with you to make sure the member receives appropriate follow-up care and adheres to your treatment regimens.

CONGESTIVE HEART FAILURE (CHF) PROGRAM

Our CHF Disease Management Program targets members with a history of acute myocardial infarction, valvular heart disease, pericarditis, cardiomyopathy, and/or hypertension. Health Plus

nurse clinicians contact the members to screen and stratify them according to acuity. They work with you and the member to encourage treatment adherence and make sure the member follows a proper diet, monitors weight gain and swelling, and exercises as tolerated.

DEPRESSION PROGRAM

Depression Disease Management Services offered by Health Plus can include:

- Depression screening.
- Phone education and support to encourage treatment compliance.
- Educational workshops.
- Referrals to behavioral health providers.
- Coordination of primary care and behavioral health services.

DIABETES PROGRAM

Health Plus's Diabetes Disease Management Program, based on American Diabetes Association guidelines, may include:

- Review of glucose monitoring principles.
- Dietary compliance information.
- Nutritionist or specialist referrals.
- Medication review and instruction.
- Review of important lab and clinical



exams (for example, Hb A1C, dilated eye exam, foot exam, and nephropathy evaluation).

ASTHMA PROGRAM

Asthma Disease Management involves education and support services to help members with:

- Trigger identification.
- Flow meter use (when applicable).
- Asthma medication information.
- Specialist referrals as needed.
- Home nursing assessments.
- Periodic mailings to reinforce self-management skills.

For more information about our Disease Management Programs or to refer a member, please call **1-800-450-8753** and press 6 for our Health Services Department.

Preventing Falls

According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of injury deaths among older adults in the United States.

Falls are also the most common cause of nonfatal injuries and hospital admissions for trauma.

Encourage your patients to take the following steps to protect their independence and reduce their risk of falling:

- Exercise regularly. Exercise programs like Tai Chi that increase strength and improve balance are especially good.
- Review their medicines—both prescription and over-the-counter—with you to reduce side effects and

interactions (see page 2).

- Have an eye exam by an eye doctor at least once a year.
- Improve the lighting in their home.
- Reduce hazards in their home that can lead to falls.
- Wear comfortable, safe footwear.

For more information, visit www.fallprevention.org and www.cdc.gov.



Seasonal and 2009 H1N1 Flu

It's flu season again. Keep your patients protected.

All people currently recommended for seasonal influenza vaccine, including people ages 65 and older, should receive the seasonal vaccine as soon as possible.

The New York City Department of Health and Mental Hygiene (DOHMH) is distributing 2009 H1N1 vaccine to public and private health facilities to ensure that New Yorkers have as many vaccination points as possible.

The vaccine is being made available at no cost to providers who plan to vaccinate their patients. In order to be eligible to receive the 2009 H1N1 vaccine, providers must register with the Citywide Immunization Registry (CIR), a centralized record-keeping system that tracks the immunization status of individuals. To register your practice, or to get more information about the CIR, please visit www.nyc.gov/html/doh/html/cir/a03c.html or call 1-212-676-2323. Once providers are registered, they will receive additional information about ordering

the 2009 H1N1 influenza vaccine.

All providers who administer 2009 H1N1 vaccines will be required to report these doses to the CIR. If an emergency is declared, consent may not be required for reporting 2009 H1N1 immunizations administered to people 19 years and older.

The 2009 H1N1 immunizations can be reported using the online registry

or by batch file transfer from a clinical or billing system. All reporting must be through one of these electronic methods.

BILLING FOR H1N1 ADMINISTRATION

Health Plus pays \$12 for administration of H1N1 vaccine (use HCPCS code

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Where to Find Important Information

- INFO PLUS online (Member Eligibility, Claims, Authorizations)**
..... log on to www.healthplus-ny.org, choose "Providers," then "INFO PLUS"
- INFO PLUS by phone (Member Eligibility, In-Network Referrals, Optometry Benefits)** 1-800-450-8753 (press 1)
- Provider Care Center (all provider inquiries)** 1-800-450-8753
- Provider Updates** 1-718-504-9602 (fax)
- NPI Number** 1-718-233-3523 (fax)
- Request a Provider Directory** 1-800-450-8753
- Disease or Case Management Referrals** 1-718-360-1314 (fax)
- Domestic Violence Coordinator** 1-718-491-7545
- Health Education and Community Outreach** 1-888-743-3508

Website: www.healthplus-ny.org

For expert health information, Health Plus members may call **Tele-Nurse Plus 24 hours a day, 7 days a week: 1-800-437-7587.**

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HEALTH PLUS is a not-for-profit health care plan committed to quality health care and dedicated to the health and well-being of our culturally diverse communities through partnerships with members, providers, and community-based organizations.

Information in HEALTH PLUS ELITE PROVIDER UPDATE comes from a wide range of medical experts. If you have any concerns or questions about specific content in this newsletter, please call 1-718-840-4418.

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Brooklyn, NY 11201

ADDRESS SERVICE REQUESTED

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Permit No. 1066



A single dose of the 2009 H1N1 vaccine can render sufficient immunity in 8 to 10 days.

Seasonal and 2009 H1N1 Flu

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G9141 or CPT code 90470). As the vaccine is being provided free of charge, vaccine product codes should be billed at the rate of \$0. For more information, visit the Health Plus website at www.healthplus-ny.org

and click “Providers.”

Regular updates on 2009 H1N1 are posted at www.nyc.gov/html/doh/html/cd/cd-h1n1flu.shtml.

According to the National Institute of Allergy and Infectious Diseases, a single dose of the 2009 H1N1 vaccine can render sufficient immunity in as little as 8 to 10 days after the vaccine is administered.

The Advisory Committee on

Immunization Practices states that simultaneous administration of inactivated vaccines against seasonal and 2009 influenza A (H1N1) viruses is permissible if different anatomic sites are used.

However, simultaneous administration of live, attenuated vaccines against seasonal and 2009 influenza A (H1N1) virus is not recommended.