

In this issue:

News and Notices

- Your Help May Be Requested During Annual HEDIS Audit
- Your Patients May Be Surveyed
- Beacon Health Options Will Now Be Carelon Behavioral Health
- VNS Health Medicare Offers Top Rated MA Plans in NYC and LI

Quality Measures

- Three Ways to Make the Most of a Patient's Annual Wellness Visit
- Patients May Need Encouragement with Eye Health
- Patients Can Earn Rewards for Wellness Visits and Screenings

Resources

- Comfort Care Answers for Medicare Patients and Providers
- Clinical Practice Guidelines Available in One Document

News and Notices

Your Help May Be Requested During Annual HEDIS Audit

Beginning this month, a data analysis organization named **Cotiviti** may contact you on our behalf to request medical records for some of your patients. This review is part of the annual Healthcare Effectiveness Data and Information Set (HEDIS) audit.

Developed by National Committee for Quality Assurance, HEDIS measures quality by examining medical records to determine whether certain care standards for patients have been met. This is not an audit of physician performance.

As a reminder, your participation agreement with us requires that you supply us with medical records needed for various purposes, including quality reviews, at no charge. Cotiviti will make every effort to minimize disruption to your practice.

Your assistance in the data collection process for HEDIS is extremely important to its success. Thank you in advance for working with us!

If you have questions, please contact <u>QualityManagement@vnshealth.org</u> or your Provider Relations representative.

Your Patients May Be Surveyed

From January through March, some VNS Health Total and MLTC members may receive a survey from Island Peer Review Organization (IPRO) on behalf of New York State Department of Health. Beginning in March and lasting until May, Total enrollees, along with members of other VNS Health Medicare plans, may also receive a survey from CAHPS (Consumer Assessment of Healthcare Providers and Systems) on behalf of the Centers for Medicare and Medicaid Services concerning their Medicare and Part D plans.

Both surveys ask for feedback on, among other things, the quality and accessibility of the services they receive from care providers and health plans. These surveys help us improve services and quality, which can increase our membership and drive more patients to you.

Any patients who have questions about the survey should call their VNS Health Care Team at the phone number on their ID card.

Carelon Behavioral Health

On March 1, 2023, our behavioral health partner Beacon Health Options' name is changing to Carelon Behavioral Health.

This change will have no effect on the way the company does business. There will be no disruptions in service. All contracts, policies, and procedures will remain unchanged. Additionally, all existing phone numbers, emails, websites, and portals will redirect with no new reregistration required. Only the brand name and the names of the corporate entities will change.



VNS Health Medicare Top-Rated MA Plans in NYC and LI

Every year the Centers for Medicare and Medicaid Services rates health plans based on a 5-star rating system. For the second year in a row, **VNS Health Medicare** (formerly VNSNY CHOICE Medicare) scored **4.5 out of 5 stars for 2023**. This makes our family of Medicare plans the highest-rated Medicare Advantage (MA) plans overall in New York City and Long Island.

That's something for your patients who are interested in enrolling in or switching to a new MA plan to consider.

Our family of Medicare health plans includes:

- VNS Health EasyCare (HMO), our MA plan for people with Medicare only, has extras and benefits to make living healthy easier, especially for those eligible for Low Income Subsidy/Extra Help.
- VNS Health EasyCare Plus (HMO D-SNP) brings Medicare and Medicaid together into one easy-to-use health plan.
- VNS Health Total (HMO D-SNP), a plan that integrates MA with Medicaid Managed Long Term Care, is for people who need ongoing help with activities of daily living to stay safe in their homes.

If you have patients who might benefit from our Medicare plans, please suggest they call **1-866-414-6715** (TTY: 711) 7 days a week, 8 am to 8 pm.

They can also visit <u>vnshealthplans.org/our-plans</u> anytime to compare our plans and make an appointment to speak to one of our advisors about whether our plans are right for them.

Learn more about VNS Health Medicare plans.

Download a brochure about our Medicare plans.

Quality Measures

Three Ways to Make the Most of a Patient's Annual Wellness Visit

A patient's annual wellness visit (AWV) to their primary care physician (PCP) can give them momentum toward a year of mindful action around their general health.

Here are two actions you can take to support patients as they get started on their health journey:

- Complete preventative screenings in office. Ensure that patients receive A1c testing, blood pressure checks, and breast exams as needed during the visit. And remember to administer appropriate immunizations (including COVID-19, flu, and pneumococcal vaccinations).
- Provide referrals for health screenings and specialists. Did you know that patients are more likely to complete a preventative screening or specialist visit if their PCP recommended that they go? Your patients trust you to guide them, so be sure to refer them to an ophthalmologist (annually), audiologist (every 2 years), dentist (annually) and for the completion of mammograms (every two years for women aged 50-74).

And here's something you can do for yourself:

 Code AWVs appropriately to avoid denials and delayed payments. As each patient's medical visit may vary, we have provided a guide for assessing which AWV codes would be best for individual patients. Click on the button below to access this useful guide.

Wellness Visit Coding Guidance

Patients May Need Encouragement with Eye Health

Although the CDC recommends an annual eye exam for all adults 18 and older, only half visit an eye doctor each year.

Here is how you can help impact the eye health of your patients:

Discuss eye health with all patients during annual wellness visits.

- Inquire about vision issues they may be aware of.
- Discuss whether they have a family history of eye disease. Since many
 eye conditions are hereditary, encourage patients to talk to their families
 about their eye health history.

Encourage patients to protect their eyes.

- Advise patients to wear sunglasses that are made to protect their eyes from the sun's ultraviolet rays. The best ones will have a tag or sticker saying they block 99 to 100 percent of UV-A and UV-B radiation.
- For patients who spend a lot of time at the computer, remind them to practice the 20-20-20 rule: Every 20 minutes, look away about 20 feet in front of you for 20 seconds. This short exercise can help patients reduce eyestrain and give the eyes a rest.

Continue to prioritize annual eye exams for diabetic patients.

- Patients may not be aware that diabetic retinopathy is the leading cause of blindness among working-age (age 20–74) Americans.
- Provide ophthalmologist or optometrist referrals to your diabetic patients if they do not already have a regular eye doctor.

 Let SelectHealth and VNS Health Medicare patients know they may be eligible to receive <u>member rewards</u> for having a diabetic retinopathy exam.

Encourage patients not living with diabetes to have an eye exam annually to prevent vision loss.

- Provide ophthalmologist or optometrist referrals to all patients if they do not already have a regular eye doctor. Prioritize patients with a family history of eye disease.
- Tell your SelectHealth members they may be eligible to receive member rewards for an eye exam.

Please tell your patients with SelectHealth or a VNS Health Medicare plan that they should **call Superior Vision** if they need help scheduling an eye exam. The number is on the back of their Member ID card. VNS Health Medicare members can also <u>use the Provider directory</u> on our website, and SelectHealth members can use the directory on the <u>SelectHealth</u> website, to find a provider in their area.

Patients Can Earn Rewards for Wellness Visits and Screenings

If you have a patient who is a member of <u>SelectHealth</u> or one of our <u>VNS</u> <u>Health Medicare</u> plans, their annual wellness visit can earn them rewards as part of their plan's incentive program. These patients may also be able to earn rewards for certain tests, inoculations, and screenings.

Resources

Comfort Care Answers for Medicare Patients and Providers

Q: Can a patient in hospice care also receive curative care?

A: In some cases, yes. If the patient is enrolled in a **VNS Health Medicare** plan and in an in-network hospice program, they may receive **transitional curative care** for the first month they are in hospice.

Patients with serious and terminal illnesses, as well as their families and physicians, can find answers to this and many other questions about our hospice and palliative care services on our website.

Click on the buttons below to learn more.

Comfort Care Options for VNS Health Medicare patients

Comfort Care Options for VNS Health Medicare providers

Clinical Practice Guidelines Available in One Document

The Clinical Practice and Preventive Health Guidelines for all the health plans from VNS Health is a handy tool that includes links to current evidence-based practice information on a wide range of conditions and treatments.

Click on the button below to access this document.

View Our Clinical Practice and Preventive Health Guidelines

Please note: We have changed our email addresses from @vnsny.org to @vnshealth.org. To avoid interruptions in service, emails sent to our old addresses will continue to be delivered.

To make sure emails from **@vnshealth.org** are not caught in your spam trap, please update your contacts to include our new email address.

Questions?

Contact Provider Services
Call toll free: 1-866-783-0222
TTY for the hearing impaired: 711
Monday – Friday, 9 am – 5 pm



Use our Availity Portal

View our Health Professional pages on our website

Thank you for being part of our Provider network!

We want to make this publication useful to you. Please let us know what you think! Write to us at ProviderNews@vnshealth.org.

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