



PEIA PPB Face to Face Diabetes Policy

Subject: Face to Face Diabetes Program

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Signatures:

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PEIA Director

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General Counsel

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Purpose:

To document the policies and procedures of the PEIA Face to Face (F2F) Diabetes Program.

General:

The F2F Diabetes Program is a Disease Management Program for PEIA PPB Plan members with diabetes. Participants are required to select a Program provider in their area, who provides one-on-one diabetes care coordination during scheduled appointments. The F2F Diabetes Program was developed to improve the health care status of members with diabetes while reducing their medical costs. PEIA members participating in this Program will have their co-payments for some diabetes-related prescriptions and limited supplies waived (see Attachment A). Participants are responsible for their deductibles and 75% co-insurance of any non-preferred medication.

Disclaimer:

The Face to Face Diabetes Program does not authorize, and a provider must not initiate, discontinue, or modify drugs and/ or dosages or conduct laboratory tests related directly to drug therapy management. The Face to Face Diabetes Program does not authorize, and the provider must not conduct physical examinations other than height, weight and vital signs. The Face to Face Diabetes Program does not authorize, and a provider must not interpret lab studies.

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Pharmacists/Pharmacies will only be reimbursed for the visits and clinical labs (listed on attachment D) described in this policy under Coding and Billing Requirements. If a pharmacist performs laboratory services, he/she must have a certificate of registration through the Clinical Laboratory Improvement Act of 1988 (CLIA) and a physician order for services performed.

Eligibility & Limitations of Coverage:

Participants – Participating providers may make referrals for enrollment. Eligible participants will be identified via historical medical claims with HealthSmart. As of 10/1/15, members identified as having a claim expense with an ICD-10 diagnosis code of E08, E09, E13, E10, E11 or 024 will be eligible to participate in the Program. Participants must have a primary care physician in order to participate in this Program. Members may participate simultaneously in the F2F Diabetes Program and the PEIA Weight Management Program. The participant must share their Weight Management journal with the provider during each session. Prior participants who were enrolled with the diagnosis of gestational diabetes 024 may be allowed to re-enroll into the Program with a diagnosis code of E08, E09, E13, E10, E11 with additional pregnancies.

For initial and continued participation, the participant must agree to:

- Complete all required forms.

- Attend regularly scheduled appointments with the F2F provider and physician.
- Provide a Hemoglobin A1c lab value to the F2F provider at the initial appointment and thereafter per the American Diabetes Association guidelines. If the lab value is 7 and below, the Hemoglobin A1c must be submitted twice per year, if above 7 four times per year.
- After one year of participation and thereafter, the Hemoglobin A1c lab value must be 8 or less to remain enrolled.
- If the lab value is above 8, the participant may submit a note from their treating physician indicating the medical reason a value of 8 or below cannot be achieved.
- Notify the F2F provider at least 24 hours in advance for re-scheduling of an appointment.
- Become an active participant in improving his/her health.
- Provide self-glucose monitoring values to the provider at each visit.
- Remain tobacco-free.

Limitations of Coverage:

1. Members are not eligible to participate in the F2F Diabetes Program if they have had bariatric surgery. Participants will be allowed to remain as a participant one year post-surgery.
2. There is a 12 month waiting period for members that were dis-enrolled for non-compliance.
3. It is our intent to offer a benefit which will assist PEIA members in making necessary lifestyle changes to lessen risk factors. The members' tobacco status on file with PEIA must be tobacco free.
4. PEIA members enrolled in the Health Plan, Humana or Special Medicare Plan are not eligible to participate. This benefit is only offered to PEIA PPB plan members.
5. Co-payments on non-preferred brand diabetes medication are not waived. The participant is subject to the 75% co-insurance of the PEIA allowed amount.

Pharmacists – Pharmacists eligible to participate in this Program and receive reimbursement from PEIA for initial and follow-up visits must:

- Provide Program specific services to enrolled PEIA PPB Plan members;
Complete the diabetes certification program:

The Pharmacist and Patient-Centered Diabetes Care,”

- or a comparable certification program approved by PEIA. A copy of this certificate must be on file with PEIA;
- Agree to comply with the practice requirements as set forth in the The Pharmacist and Patient-Centered Diabetes Care certification program;
- Be affiliated with a pharmacy that has the capacity to fill a prescription, written by any physician, for the PEIA member that is participating in the Program;
- The intent of the Program is that the participating member will have the ability to fill all prescription(s), written by any physician, at the facility they have their F2F Program visits;
- Agree to comply with the “Provider Agreement” (Attachment D) as indicated by signing and returning to PEIA. A copy of this form must be on file with PEIA.

Coding and Billing Requirements

Visits -- Providers must contact Mike Broce at CAMC Health Education Research Institute for billing the initial assessment and follow-up visits. He can be reached at 304-388-9923. The following chart includes the acceptable codes, limitations, and allowances for these services.

HCPCS/CPT Code	Description	Limitations	PEIA Allowance	Per Visit Maximum
S0315	DM program, initial assessment	1 per participant for each attempt	\$80.00	\$80.00
S0316	DM program, follow-up: 15 min.	limit of 2 units per visit	\$20.00	\$40.00

Data must be entered in the web-based F2F system and should be billed after the scheduled visit and all information is verified and complete. ***Please note:** PEIA has a timely filing limitation that requires submission of claims within six months of the date of service. Claims submitted beyond the timely filing limitation will be denied and may not be billed to the patient.*

PEIA will pay 100% of the PEIA allowance for the assessment and follow-up services. The participant will not be responsible for a co-payment or deductible for these services.

Prescriptions

Pharmacists must bill prescriptions to Express Scripts via standard practice. PEIA will waive co-payments for generics and preferred brand diabetes-related drugs and some supplies (see Attachment A). Participants will be responsible for their deductibles and any member cost share on tier 3 medications for diabetes. Participants must use a Retail

Pharmacy to receive the benefit of waived co-payments. Participants who use Mail Order will not be eligible for the waived co-payments.

Clinical Lab Services

PEIA covers medically necessary clinical lab testing and monitoring. Participants will be responsible for their deductibles and applicable co-insurance. If a Program participant has not completed the recommended lab monitoring studies as recommended in the “West Virginia Guidelines for Diabetes Care-Screening” (Attachment C), PEIA will pay the pharmacists for the performance of clinical lab services requested by a physician. To perform clinical lab services, the pharmacist must have a certificate of registration through CLIA and a physician order for services performed. Payment for clinical lab services is based on PEIA’s clinical lab fee schedule, which is available on the web site at www.wvpeia.com.

Documentation Requirements

The provider must use the F2F Diabetes Program system by clicking www.peiaf2f.com to document all participant visits. This documentation must support the level of services billed for each visit. The online format includes, but is not limited to; fields for documentation of blood pressure, monitoring of cholesterol and hemoglobin A1c lab values, meal and exercise planning, review of medications, and referrals to appropriate healthcare providers. The “Face to Face – Education/Goals Summary” must include documentation of the goals established by the participant and the provider. Specific instructions and educational material should be included as guidance for the achievement of the established goals. **The provider must document all visits within the month of the visit.**

Face to Face Diabetes Program Procedures

Identifying Eligible Participants

Members identified via an ICD-9 diagnosis code of E08, E09, E13, E10, E11 or 024 are eligible to enroll in the Program. Once enrolled, F2F providers will be notified via e-mail.

Please note:

On July 1, 2014, PEIA added a second attempt per lifetime benefit to the PEIA Face to Face Diabetes Program. There is a 12 month waiting period from the dis-enrollment date.

Enrollment

The member must complete the F2F Diabetes Program Application and Participant Agreement with their choice of participating provider. If the member does not choose a provider, a form will be mailed to the member requesting a participating provider to be chosen. Since the Program has a limited number of participating providers, the enrollment is on a first-come, first-serve basis. The members' information will be verified to determine eligibility for Program participation.

Approvals:

- PEIA will review electronic and paper applications to determine eligibility.
- Approved participants will be flagged in PEIA's Benefits Administration System (BAS) with a "DBT" attribute. This attribute indicates that the member is a participant in the Program. Second attempt participants will have the "DBT2" attribute in BAS.
- The participants' effective date for enrollment will be the first day of the month following receipt of the application. For example, the effective date for a member whose Diabetes Program application is received by PEIA on March 25, 2013, will be April 1, 2013.
- PEIA will provide information to the Third Party Administrator (TPA), the Pharmacy Benefit Manager (PBM) and the PEIA data warehouse. The "DBT" attribute is a flag sent to these vendors indicating that the identified member will have their co-payments waived for some diabetes-related prescriptions and limited supplies.
- Approved participants will be notified by PEIA of their enrollment and effective date into the Program. The assigned F2F provider will be notified via e-mail.

Denials

Some members may not be eligible for participation in this Program. If it is determined that a member who submits an application is not eligible, the member will be notified in writing by PEIA of the denial. A member may be denied participation due to one or more of the following:

- Member is not covered under a PEIA PPB Plan.
- Member is enrolled with Humana or PEIA's Special Medicare Plan.
- Member was not diagnosed with diabetes. ***Please note: Metabolic syndrome and obesity are not considered eligible diagnoses for this Program.***
- Member is not tobacco free or has not been tobacco free six months prior to enrollment.
- Member has had bariatric surgery.
- Member was enrolled in Program less than twelve months prior to re-applying.

Scheduling the First Appointment

The initial visit between the participant and the provider will be scheduled by the provider and/or participant to occur as soon after the effective date, as is reasonable for the participant and the provider. Program requirements are:

- The provider will contact the participant within 7 days of their effective date to schedule the first appointment.
- The first appointment will be conducted within 45 days of the participant's effective date.
- The provider may leave a message for the participant when attempting to schedule an appointment. The participant should respond to the message within three calendar days. If there is no response by the following week, the provider will leave a second message. If the participant does not respond within three days after the second telephone message, the provider must notify PEIA and the participant will be mailed a non-compliance letter.
- If the provider does not contact the participant within 7 days of the effective date, it is the participants' responsibility to contact the assigned provider to schedule an initial appointment.
- If the participant does not hear from their provider within 7 days, it is the participant's responsibility to contact PEIA letting them know their provider is non-responsive.

First Appointment/Initial Assessment

At the first appointment, the provider will review and complete the “Background Information and Initial Visit” and work with the participant to establish two goals the participant will work toward before the next appointment. The goals on the Participant Master Summary must be reviewed and discussed with the participant prior to their departure. The HbA1c lab value *must* be documented in the F2F system. The Summary will also identify the date and time of the next appointment. All documentation must be entered into the F2f system in a timely manner.

Follow-up Visits

Based on the participant’s health status and goals, the provider will determine the frequency of follow-up visits. Follow-up visits may be scheduled as noted below, if the criteria as noted in the section “Eligibility and Limitations of Coverage” are not met with regard to the HbA1c level of 7 or less:

- Monthly visits with the participant are required for the first three months of the Program for each participant.
- After the third visit, the provider must schedule quarterly visits for the first year. After the first year, the provider may reduce the frequency of visits based on the individual’s HbA1c. If the HbA1c level is 7 or less, two annual visits must be scheduled; if greater than 7, quarterly visits must be scheduled.
- Complicated cases, patients with poorly controlled diabetes and/or poorly controlled co-morbidities, may also require visits that are more frequent. For these participants, two visits per month may be covered, as necessary, during the initial three months. The provider must enter data in the patient record to document the necessity of the additional visits. Additional visits may be granted by PEIA based on documentation.
- Providers must document each visit. Visits should be entered into the F2F system no more than **14 days** after the scheduled visit.

For each follow-up visit, the provider must:

- Verify the Participant Background Information with the participant.
- Complete the Visit Form.
- Review the previous visit’s goals from the Participant Summary with the participant and determine if the goals have been met or if they require modification.
- By the end of each follow-up visit, develop two goals with the participant and provide the participant with a copy of the goals and the date/time of the next visit. If goals are consistently not met, the provider will contact PEIA.

- The HbA1C lab value must be documented at the first visit and thereafter per the ADA guidelines.
- After each follow-up visit, the provider must document the visit in the F2F system within the month of the visit.

Provider and Physician Communications

The provider will send a “Participant Summary” to the appropriate physician(s). Quarterly reports are sufficient, unless more frequent reports are necessary as determined by the provider, to communicate medical or non-compliance issues. The provider may also on occasion call and speak with the participant’s physician regarding their medical status.

Physician referrals should be made when conditions are identified by the provider that requires medical attention. Alternatively, a physician may also refer a patient to a provider for monitoring and/or diabetes education, as provided through PEIA’s F2F Diabetes Program.

Missed Appointments/Visits

The participant must give a 24-hour notice to the provider if he/she is unable to make a scheduled appointment (unless it is an emergency). If the participant does not provide notice, the provider will contact him/her to reschedule the visit.

A missed appointment is to be followed-up with a phone call to the participant and a visit re-scheduled within 30 days of the missed appointment.

Upon a second missed appointment without prior notification, the provider will contact the participant regarding his/her responsibilities for continuing in the Program and the provider will re-schedule the visit to occur within 15 days.

With the occurrence of a third missed appointment or member’s refusal to re-schedule within the time periods stated above, the provider should contact PEIA. At this time, F2F Program staff will send the participant a non-compliance letter. If the participant has not contacted the provider to schedule and attend a visit within 30 days, the participant will be dis-enrolled from the Program. After two non-compliant letters, should the participant continue to be non-compliant, the participant will be immediately dis-enrolled from the Program.

Voluntary Dis-enrollment

A participant may choose to dis-enroll from the Program at any time. The participant must notify in writing to PEIA or the provider as soon as possible. If the provider is notified by the participant, the provider must notify PEIA immediately. PEIA will remove the “DBT” attribute and notify the member.

***Please note:** Effective July 1, 2014 members are allowed a second attempt in the Program. There is a 12 month waiting period from the dis-enrollment date.*

Non-compliance Dis-enrollment

Participants will be dis-enrolled due to non-compliance with the Program requirements. For purposes of this policy, a participant is considered non-compliant:

- When three or more scheduled appointments are missed without documented cause;
- When recommended medical and/or preventative care is not obtained;
- When little or no effort is made to meet the established visit goals and/or;
- When the member fails to schedule and attend an appointment with the provider within the time periods noted in the policy;
- When self-reported glucose monitoring values are not given to the provider after the third cumulative visit and on a yearly basis thereafter.
- When the HbA1C lab value is above 8 at the end of twelve month of participation.

This Disease Management Program was established in an effort to improve the health care status of our members with Diabetes and reduce the medical costs of PEIA and its members. Thus, participants are expected to comply with the Program requirements in order to receive the benefits of waived co-payments.

Participants who do not comply with the requirements of the Program will receive a letter advising them of their dis-enrollment.

Re-enrollment

Participants that were dis-enrolled due to their tobacco status may re-enroll six months after they are tobacco free. Participants that were dis-enrolled due to non-compliance may appeal the dis-enrollment in writing. An appeal decision letter will be mailed to the member indicating the decision made by the Program Manager. Participants may also

submit a second level appeal to the PEIA Pharmacy Director. Members can re-apply for a second attempt at the end of 12 months from dis-enrollment.

PEIA and Provider Communication

Providers that choose to no longer participate in the Program or participants that request to transfer to another provider **must** notify PEIA. The participants who are assigned to the provider will be mailed a form and a list of participating providers. The participant must complete the form and return to PEIA. F2F staff will change the provider in the F2F system and notify the participant and newly assigned provider via letter or e-mail.

Educational Resources

Providers may obtain diabetes related educational materials by completing a F2F Materials Order Form and submit to PEIA via mail, e-mail or fax. In addition, the Face to Face Diabetes Program website, www.peiaf2f.com, will include links to additional diabetes resources. Providers may re-order Bayer Know Your Program replacement forms by going to <http://www.bayercontourpro.com/knowyourprogram>.

Provider Agreement

Attachment E lists the requirements for the provider. This form must be reviewed and signed prior to approving the new provider.

Attachments:

Attachment A – Waived Co-payments

Attachment B – Participant Agreement and Application

Attachment C – West Virginia Guidelines for Diabetes Care-Screening

Attachment D – System User Manual

Attachment E – Provider Agreement