Feel Well, Live Well with AgeWell NEW YORK HEALTH PLANS

High quality and affordable health care coverage

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PROVIDER NEWSLETTER - SUMMER 2021

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MEDICAL DIRECTOR

FROM THE DESK OF OUR MEDICAL DIRECTOR

COLORECTAL CANCER SCREENING AND SURVEILLANCE IN THE ELDERLY POPULATION

The lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women. In the United States, colorectal cancer is the third leading cause of cancer-related deaths. It is expected to cause over 52,000 deaths during 2021. (American Cancer Society, 2021) The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer in all adults aged 50 to 75 years (type A recommendation) and aged 45 to 49 years (type B recommendation). The USPSTF recommends that clinicians selectively offer screenings for colorectal cancer in adults aged 76 to 85 years. (USPSTF, 2021). With the recent guidelines from USPSTF recommending against CRC screening in individuals older than 85 years old because of uncertainty in the benefits, CRC initiation and cessation decisions among the elderly population becomes unclear (Nee et al., 2020). Providers must recognize that CRC screening and surveillance benefits are rooted in the patient's 10-year life expectancy in combination with risk factors for developing malignant neoplasm (Nee et al., 2020). Hence, it is essential to consider both factors when giving CRC screening and surveillance recommendations.

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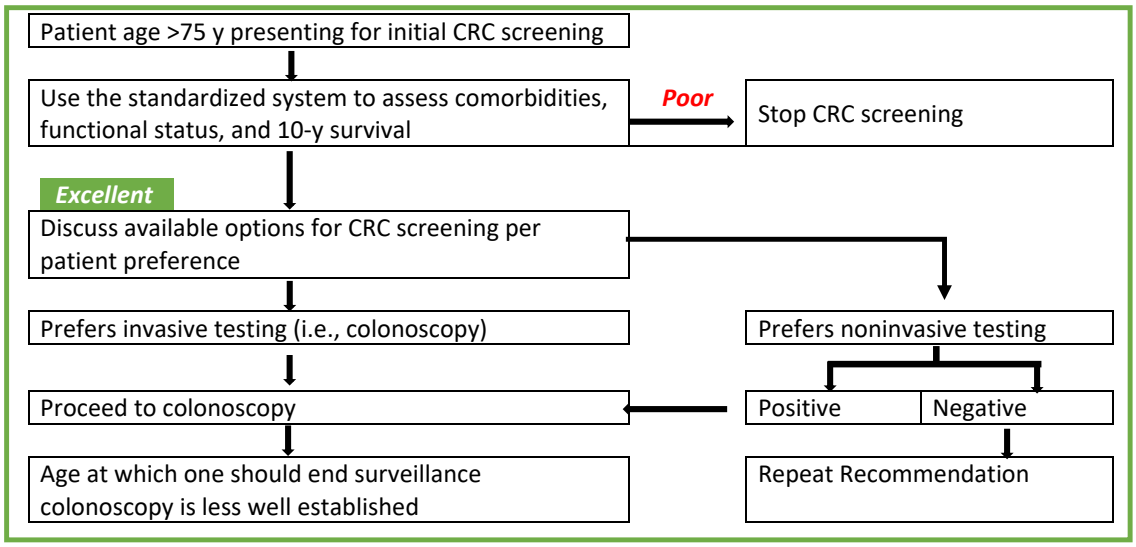
Table 1. Algorithm for CRC Screening in Older Adults



Inside this issue:

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Table 2. Key Features, Risks, and Benefits of Available Screening Modalities in CRC

Screening Test	Key Features	Risks	Benefits
Colonoscopy	Criterion standard; 50% reduction in CRC incidence in older adults	Highest rate of complications: perforation, gastrointestinal bleed, and cardiovascular risks; requires bowel preparation	Polyp removal at the time of screening
Sigmoidoscopy	20% reduction in CRC incidence in older adults. 35% reduction in mortality	Right colon not evaluated; cardiovascular risks associated with sedation if used; requires bowel preparation	Fewer complications than in colonoscopy; may be able to perform without sedation
Capsule Endoscopy	Not studied in older adults.	Requires colonoscopy if lesions visualized; requires bowel preparation; incomplete visualization if poor preparation; risk of aspiration of the capsule and retained capsule	No sedation required; if no lesions detected and adequate preparation, can provide reassurance without risks of invasive testing
CT Colonography	Not studied in older adults; requires adequate insufflation, which may prove more challenging in older adults	Requires colonoscopy if lesions visualized; requires bowel preparation; radiation exposure; risk of perforation from insufflation; incidental findings	No sedation required; if no lesions detected and adequate preparation, can provide reassurance without risks of invasive testing
Fecal Occult Blood Test (FOBT)	11% to 16% reduction in mortality from CRC in older adults; highest false-positive rate of noninvasive testing options	Requires colonoscopy if positive results; high false-positive rate; US Multi-Society Task Force (US-MSTF) recommends against its use as a result	If negative results, may provide reassurance without risks of invasive testing
Fecal Immunochemical Test (FIT)	Sensitivity for detecting CRC in older adults higher than that with FOBT but lower than that with multi-target stool DNA testing (73.8%)	Requires colonoscopy if positive results	Improved sensitivity and specificity compared with FOBT; if negative results, may provide reassurance without risks of invasive testing
Stool DNA Testing	Highest sensitivity for detecting CRC (92%) compared with FIT; best sensitivity	Requires colonoscopy if positive results	Improved sensitivity and specificity compared with other noninvasive testing; highly sensitive for advanced polyps; if negative results, may provide reassurance without risks of invasive testing
Septin 9 Blood Testing	Specificity as high as 92%; limited data in the elderly	Requires colonoscopy if positive results; false positive risk may increase with age	If negative results, may provide reassurance without risks of invasive testing

COLORECTAL CANCER SCREENING AND SURVEILLANCE IN THE ELDERLY POPULATION (CONTINUED)

It is also critically important to help patients and their loved ones make informed decisions based on their cultural values and preferences.

There are various CRC screening modalities available in invasive (colonoscopy, sigmoidoscopy, endoscopy) and non-invasive (stool-based testing, radiologic testing, and blood testing) methods. The most sensitive and traditionally the standard CRC screening is colonoscopy, which is covered by Medicare. There hasn't been randomized controlled trials done on the elderly population but according to Nishihara et al. (2013), one prospective study revealed a 50% reduction in the incidence of CRC in individuals over 75 if their last colonoscopy was more than five years ago. Despite conflicting articles on CRC screening and surveillance among the elderly population, please consider their life expectancy and risk of developing CRC. Table 1 and 2 will guide you in screening for CRC in older adults (Nee et al., 2020).

AgeWell New York is here to collaborate with in-network providers to ensure our members receive the health options they deserve. Thank you for your continued advocacy toward providing quality, cost-effective care and meaningful patient experiences.

Reference:

Key Statistics for Colorectal Cancer (2021), American Cancer Society, https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html

Colorectal Cancer: Screening (2021). U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

Nee, J., Chippendale, R. Z., & Feuerstein, J. D. (2020). Screening for colon cancer in older adults: Risks, benefits, and when to stop. Mayo Clinic Proceedings, 95(1), 184-196. https://doi.org/10.1016/j.mayocp.2019.02.021

Nishihara R, Wu K, Lochhead P, et al. Long-term colorectal cancer incidence and mortality after lower endoscopy. N Engl J Med. 2013;369(12):1095-1105.

SUPPORTING PATIENT'S PHYSICAL AND MENTAL HEALTH

Many people report that they are still struggling through COVID-19. Complicating the impact of COVID-19 on your patients' physical and mental health has been the reluctance of many individuals to see their providers for wellness care or for obtaining ongoing care for chronic conditions.

AgeWell New York has been working to support our providers and our members by encouraging our members/your patients, to return to you for wellness care and to receive ongoing care for chronic illnesses.

It's well known that an individual's physical health can be greatly impacted by mental health factors, including stress experienced during the COVID-19 pandemic.

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SUPPORTING PATIENT'S PHYSICAL AND MENTAL HEALTH (CONTINUED)

The increased availability of the COVID-19 vaccine is promising a fresh start for many of us. In addition to encouraging your patients to obtain their COVID-19 immunization, you can take these steps to support your patient's mental and physical well-being:

- Ensure all of your patients receive an **Annual Wellness Visit (AWV).**
  - If you are a primary care provider (PCP), ask your staff to actively reach out to patients to schedule an AWV.
  - If you are a specialist, ask your patients if they have seen their PCP this year. If they have not, encourage them to do so.
- Offer **depression screening** to all patients:
  - Yearly PHQ2 for patients with no existing history of depression. For patients with scores of 3 or higher, follow immediately with PHQ9 to determine whether they meet the criteria for depressive disorder.
  - Quarterly PHQ9 for patients who score positive for depression to monitor the success of clinical interventions for depression.
- **Encourage your patients to:**
  - Schedule regular times to connect with friends and loved ones.
  - Get some fresh air – open a window, take a walk, garden, or read a book outdoors.
  - Create an "activity routine" such as walking, stretching or gentle workouts.
  - Eat healthy foods and have meals and snacks regularly.

AgeWell Mental Health Support:

Did you know that AgeWell New York has licensed social workers available to support our members/your patients to manage stress, depression, or other mental health issues? To connect with an AgeWell New York social worker, members can call their AgeWell New York Care Manager, or they can obtain a Social Work referral by contacting the AgeWell New York Call Center at 1-866-237-3210 or for TTY/TDD: 1-800-662-1220.

Resources:

Coding for Depression Screening and for Depression Disorders: *This listing is not intended to direct coding or billing. All CMS coding rules apply. *

PROCEDURE CODING FOR DEPRESSION SCREENING	
CODE	**DESCRIPTION**
G0444	Annual depression screening, 15 minutes
96127	Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument
DIAGNOSTIC CODING FOR DEPRESSION	
CODE	**DESCRIPTION**
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.41	Major depressive disorder, recurrent, in partial remission

For copies of the PHQ tools and guidelines for use, visit: www.phqscreeners.com

OFFICE WAIT TIME STANDARDS

AgeWell New York is committed to ensuring that our members have access to care when they need it. To help with this process, we ask that you and your office staff adhere to the following recommendations:

Appointments: You must make every effort to see a patient within the following time frames:

- **Emergent:** The patient should be assessed immediately. If appropriate, schedule patient for the same day or refer to urgent care. Patient should be directed to call 911 in the event of a serious emergency or visit the emergency room for treatment
- **Urgent:** Within 24 hours
- **Routine/Symptomatic:** Within 7 days
- **Wellness/Asymptomatic:** Within 30 days

Please note, office wait times should not exceed 30 minutes from the time of the scheduled appointment and providers are expected to meet the federal and state accessibility standards and those defined in the Americans with Disabilities Act of 1990.

Telephone coverage after hours: Providers must have an answering service or a telephone recording that directs a patient to call another telephone number or 911 in the event of an urgent or emergent circumstance.

During normal business hours: Immediate responses to any urgent or emergency health events, within 4 hours for non urgent calls, and within 1–2 business days for routine calls.

Covering provider: When you are on extended leave (vacation, illness, etc.) you must arrange with another participating primary care provider or specialist to provide accessible 24-hour coverage. Coverage must extend beyond 911, except in the event of an emergency or urgent situation.

Feel Well, Live Well with AgeWell NEW YORK HEALTH PLANS

AgeWell New York offers High Quality and Affordable Health Plans for Those With:

- Medicare
- Medicare and Medicaid, and a
- A Medicaid Advantage Plus (MAP) Plan for those who need community based long term care services and supports in the home

For more information, contact provider relations at info@agewellnewyork.com

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PROVIDER DIRECTORY UPDATES

We rely on our network providers to inform us of demographic changes so we can keep our provider directory accurate for our members. Inaccuracies in provider data can lead to challenges for our members including access to care. In addition, providers may experience claim denials if updates are not received. Please review your listing in the Provider Directory on a regular basis to confirm that the information is correct and up to date.

To ensure AgeWell New York and its members have up-to-date provider information, please provide us with advance notice of your demographic changes including office phone number, office address, language capabilities or panel status. Thirty-day advance notice is recommended. You may communicate changes by completing the provider change form located on the Provider Portal at agewellnewyork.com/for-providers/provider-directory-updates. Or submit changes on office letterhead by email at providers@agewellnewyork.com.

Our provider portal offers secure, convenient access to useful tools and resources. Be sure to visit the portal regularly at agewellnewyork.com/for-providers and follow us on **Facebook, Twitter** and **LinkedIn**.