CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

Welcome

Pharmacy CGM Learning Collaborative | November 28, 2023

Care Transformation Collaborative of RI

Agenda

Topic *Presenter*	Time
Welcome *Susanne Campbell, RN, MS, PCMH CCE, Sr. Program Administrator, CTC-RI*	**5 min**
Practice Updates (~8 mins / practice): **Coastal** **Anchor** **MARI** **Integra/RIPCPC** **Miriam Hospital** **PCHC** *Kelley Sanzen, PharmD, PAHM, CDOE, Clinical Pharmacist, Pharmacy Quality Improvement Facilitator*	**55 min**
Data Summary *Stephen Kogut, PhD, MBA, RPh*	**15 min**
Billing *Kelley Sanzen, PharmD, PAHM, CDOE, Kenny Correia, PharmD, BCACP, CVDOE, Bradford Pease, PharmD CDOE*	**10 min**
Next Steps	**5 min**

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Coastal Medical

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Plans for spread & sustainability?

Coastal Medical is planning to expand access to professional continuous glucose monitoring to 6 Lifespan Physician Group practices (Tiverton, Metacom, Newport, Jamestown, Warwick and Cranston). This will allow professional continuous glucose monitoring to be used as a tool for additional patients with diabetes who have not had access to a continuous glucose monitor prior. This will also help to optimize patients' medication regimens and reduce hypoglycemia in patients of these practices. We will continue to administer ***patient experience*** surveys to patients.

Anticipated barriers to spread & sustainability?

- Upcoming Lifechart migration on 2/5/24
- Retina Vue clinics/Quality measures/CMR's as competing priorities in Q4 2023
- Improved insurance coverage of personal CGM's=smaller amount of patients who would benefit from Pro CGM

Plans to overcome barriers using data?

- Prior to 2/5 Lifechart Go Live:
  - Develop flowsheet in Lifechart to capture necessary data elements for Pro CGM project
  - Train PharmD/RN's/Navigator on Pro CGM device and workflow
  - Educate Lifespan Physician Group providers on Pro CGM device/workflow
  - Begin identifying patients who would benefit from a Pro CGM sensor

- Pharmacy intern to assist with project once onboarded, anticipated start date: 11/27/23

Patient Success Story

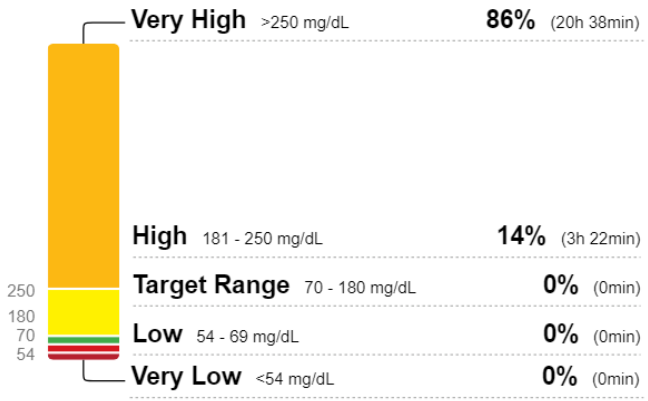
- Patient KL, A1c 10.3% on 9/8/23, was taking Metformin ER 2000mg daily. Deferred insulin, Glipizide discontinued prior due to GI intolerance. Prior history of intolerance to Farxiga (fungal infection) and Alogliptin (pancreatitis). Personal CGM not covered unless on insulin (United Rhody Health). Agreeable to Libre Pro (see results below).

August 28, 2023 - September 11, 2023 **15 Days**
Time CGM Active: **100%**

Ranges And Targets For	Type 1 or Type 2 Diabetes
Glucose Ranges	**Targets** % of Readings (Time/Day)
Target Range 70-180 mg/dL	Greater than 70% (16h 48min)
Below 70 mg/dL	Less than 4% (58min)
Below 54 mg/dL	Less than 1% (14min)
Above 180 mg/dL	Less than 25% (6h)
Above 250 mg/dL	Less than 5% (1h 12min)
Each 5% increase in time in range (70-180 mg/dL) is clinically beneficial.	

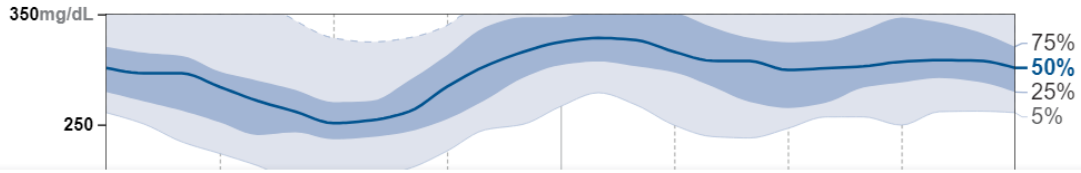
Average Glucose	**299** mg/dL
Glucose Management Indicator (GMI)	**10.5%**
Glucose Variability	**14.9%**

Defined as percent coefficient of variation (%CV); target ≤36%



AMBULATORY GLUCOSE PROFILE (AGP)

AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if occurring in a single day.



Given results of Pro CGM sensor, patient agreed to start basal insulin which DMP is working to actively titrate. Recent FBS readings as of 10/31/23: 186, 142, 144, 160. Plans to repeat A1c 12/2023, anticipate improvement. Now highly engaged in his care.

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Anchor Medical

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Plans for spread & sustainability?

- **Spread**
  - Plan to share data internally and externally
  - Continue to offer to patients and providers as indicated/ requested.
  - Hope to develop a targeted approach in the future using reporting etc, but we don't have the capacity to do that for now.
- **Sustainability**
  - Currently our model appears to be working well within 100% provider participation (for at least 1 patient)
  - Working to expand staff that are able to place/ download reports and cross train where needed
    - Ongoing issue given staffing / turn over etc.

Anticipated barriers to spread & sustainability?

- Ongoing issue given staffing / turn over etc.
- Providers moving/ retiring, high case loads and higher goals etc.
- Hard to keep this as a level 1 priority item when "the sky is falling" in primary care
- Limited shared resources for support in IT/ data and care mgt teams that are spread thin.

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Medical Associates of Rhode Island

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Plans for spread & sustainability?

SUSTAINABILITY

Review 95251 requirements

Develop efficient workflow that ensures timely and compliant billing

Educate providers and implement new process

SPREAD

Train bilingual MAs to place, activate sensors and provide initial education

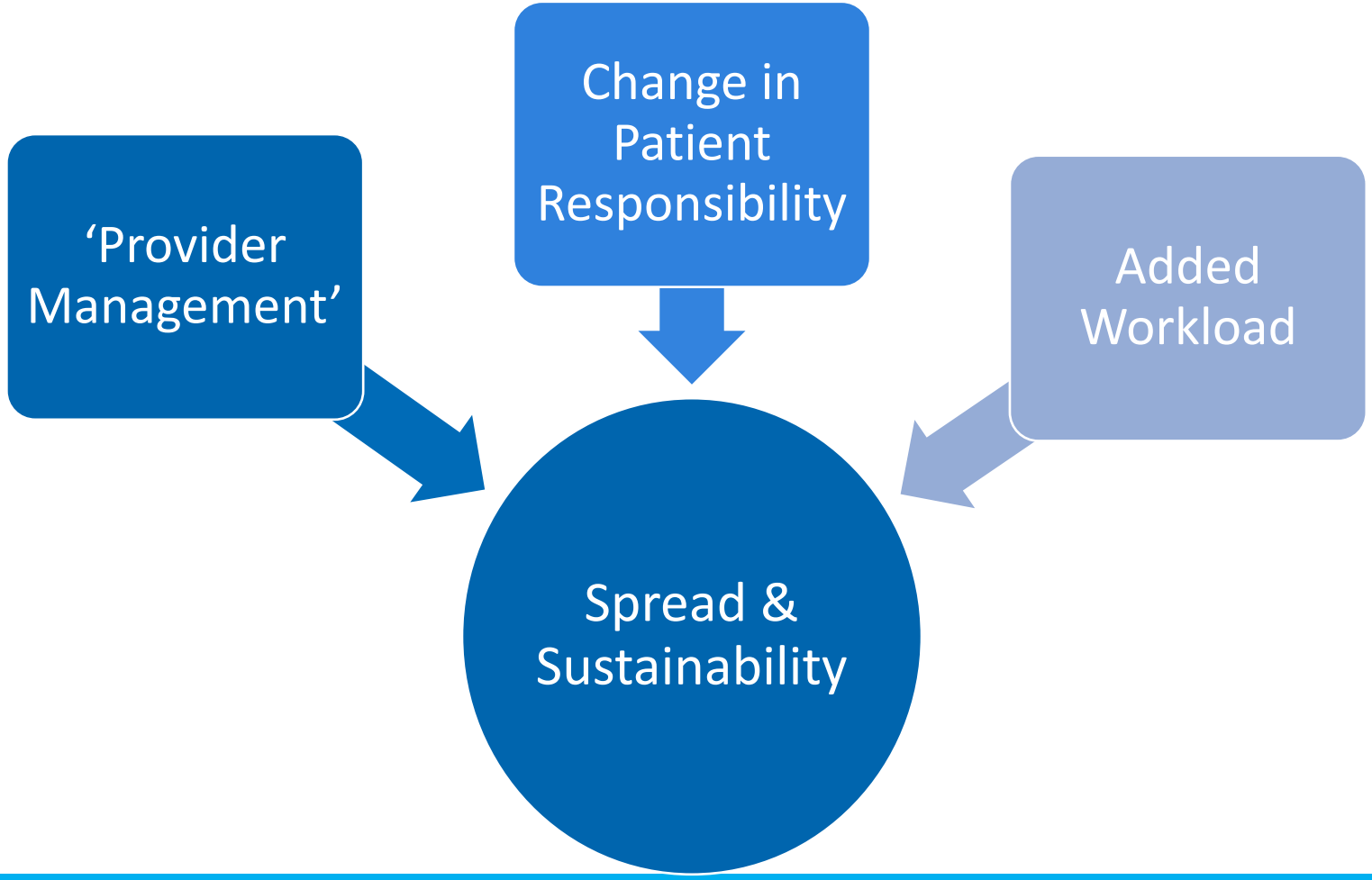
Generate worklist in January from prior year non-compliant A1cs

Schedule interpretation appts at convenient time for MA

Generate action for first appointment of the year to address proactively

Spread through optimization

Anticipated barriers to spread & sustainability?



Plans to overcome barriers using data?

SUSTAINABILITY

- % of studies properly coded, adjudicated, and reimbursed with additional code v. current practice
- % change in average patient responsibility with additional code v. current practice (stratified by payor type)

SPREAD

- % decrease in YOY non-compliant A1cs
- Non-English speaking patient feedback
- Care team feedback

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Integra / RIPCPC

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Plans for spread & sustainability?

- Incorporation of additional care team members (ie. medical assistants)
  - Anticipate improved patient identification and enrollment rates
  - Likely to contribute to sustainability outside of the CTC-RI program
  - Leverage of Community Health Workers for future patient identification
- Utilizing the data collected to identify the ideal patient population for future use of this device
  - *Examples:*
    - **Clinical factors:** hypoglycemic unawareness, management on sulfonylurea, concerning comorbidities (ie. CKD, anemia)
    - **Patient specific factors:** lack of engagement in healthcare, resistance to SMBG, cost/affordability, access to device

Anticipated barriers to spread & sustainability?

- Not actively coding for billing/reimbursement for service
  - Limited provider availability
  - Cost to the patient (ie. high deductible/high copay)
- Patient preference for personal CGM
  - Broadening of Medicare requirements in May 2023
  - Availability and accessibility of CGM devices
- Smaller group of patients to benefit from use in each individual practice
  - Patient population at each practice site may vary
  - Short expiration dates resulting in wasted product

Plans to overcome barriers using data?

- Exploring billing and reimbursement options for the pharmacy team
  - Participating in ASHP billing and reimbursement course
- Centralized access to proCGM devices
  - Limits concern for unused product

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Lifespan

TMH Suite C
RIH Adult Endocrinology

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Plans for spread & sustainability? - Spread

RIH Adult Endocrinology

- 9/2023: Expansion into RIH Adult Endocrinology
- Patient population: lower socio-economic status, primarily Medicare/Medicaid, uninsured, and undocumented patients.
  - Barriers: low health literacy, multiple comorbid conditions, psychiatric comorbidities, socioeconomic concerns and financial barriers
- Spring/Summer 2024: Potential spread to Center for Primary Care patients
  - Similar patient population, however in a primary care setting vs. Endocrinology
- Potential for future inclusion RT-CGM sensors
  - Crossover data to assess if unblinded vs. blinded CGM readings improve percent time in range and glycemic variability

Plans for spread & sustainability? - Sustainability

- TMH Suite C:
  - Project has helped to emphasize the need for potential full-time pharmacist position
  - Expansion of CGM education to residents, nurses, and MAs

- Billing: Ongoing discussion regarding using specific CPT codes for placing of CGM sensor (95249, 95250) and interpretation of CGM data (95251)
  - Currently not billing, limited to MD interpretation, not PharmD

Anticipated barriers to spread & sustainability?

- Staffing
- Return to clinic
  - Low health literacy patient population with ongoing socioeconomic, psychosocial, etc. concerns
  - High no-show rate to follow up appointments
    - Suite C no-show rate following initial sensor placement: 4/58 = 7%
  - Transportation issues
- Sensor inventory issues
  - Abbott invoice payment in a reasonable timeframe
- Issues with sensor adhesion

Plans to overcome barriers using data?

- Staffing
  - Suite C: implementation of full-time pharmacist in clinic space
  - Utilization of clinic nurses to assist with sensor application
- Return to clinic
  - Low health literacy patient population with ongoing socioeconomic, psychosocial, etc. concerns
  - High no-show rate to follow up appointments → scheduling appointments post-sensor placement. Utilizing MA team to confirm follow up appointments
  - Transportation issues → utilization of social work to assist with transportation using MTM
- Sensor inventory issues
  - Develop a streamlined process to order sensors. Involve Lifespan Pharmacy Leadership team to ensure invoices are paid in a timely manner.
- Issues with sensor adhesion
  - Utilize CTC funds to purchase Skin Tac and over patches

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Providence Community Health Centers

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Plans for spread & sustainability?

- PCHC adopted proposed change management plan as part of 3 AE projects
- **Project 1**: Increase numbers of certified diabetes educators in the organization at each clinic site
  - Offer CDOE training to NCMs and RNs
- **Project 2**: Screen DM patients with validated stress tool
  - Interdisciplinary team referrals: IBH, NCM, CHA, Pharmacy
- **Project 3**: Expand pharmacy pro-CGM project to all clinical sites

Anticipated barriers to spread & sustainability?

- Lack of funds
- Lack of interest
- Lack of time
- IT barriers
- New EMR migration
- Already doing diabetes education
- IBH team at full capacity especially post COVID
- Lack of pharmacy bandwidth

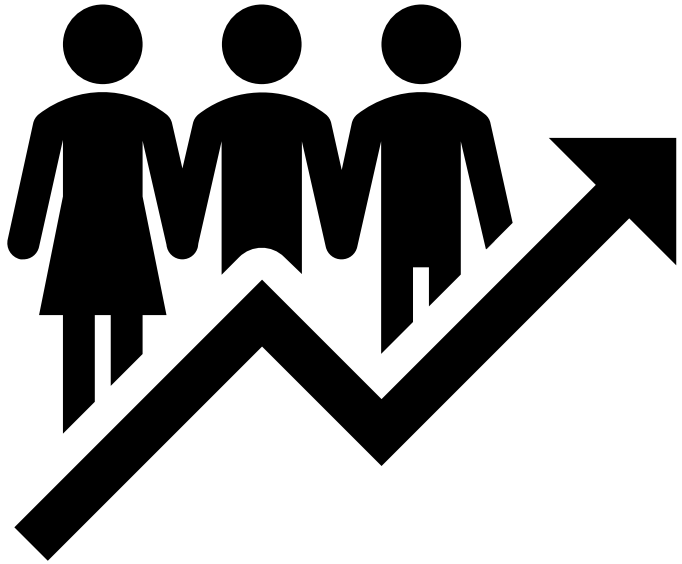
Plans to overcome barriers using data?

Utilized Power BI report to demonstrate high volume of patients in need of interventions and lack of evidenced based standardized workflows

Leveraged relationships to foster change management in the organization

Data Summary

Stephen Kogut, PhD, MBA, RPh
University of RI



Pro-CGM placements as of 11/2023

Site	A	B	C	D	E	F	Total (n)	%
Total placements	71	85	53	58	15	27	309	
Age (n)								
18-49	9	7	13	13	1	1	45	15%
50-69	32	30	29	38	10	17	156	50%
70+	30	48	11	7	3	9	108	35%
Payer (n)								
Medicare	37	48	18	21	2	15	141	46%
Medicaid	11	13	21	13	11	1	70	23%
Commercial	21	24	14	11	2	11	83	27%
UHC %	26%	32%	36%	33%	20%	26%		30%
Using Insulin								
yes (%)	37%	-	34%	59%	80%	44%	90	

Pro-CGM Data Readings 11/2023

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Site	A	B	C	D	E	F	ALL*
Glucose							
mean	182	184	201	203	239	212	233
sd	83	53	70	73	97	80	85
Glucose Variability							
mean	26%	30%	24%	27%		30%	33%
sd	10.4	8.8	12.0	10.5		11.6	
Glucose Management Indicator							
mean	7.6	8.1	8.1	8.2	9.0	8.3	8.1
sd	1.8	3.7	3.0	1.8	2.3	2.1	2.7
Time in Target							
>250 md/dL	18%	19%	25%	27%	42%	30%	23%
180-250 mg/dL	19%	26%	28%	25%	21%	26%	24%
70-180 mg/dL	60%	53%	45%	46%	34%	43%	50%
< 70 mg/dL	3%	3%	2%	2%	3%	2%	2%
A1c							
Baseline (mean)	8.8	8.6	9.1	10.0	10.9	9.8	9.2
Follow up (mean)	7.3	8.2	7.9	8.6	12.2	7.4	8.1
% follow up A1c missing	7%	41%	40%	41%	93%	92%	
A1c point difference	-1.5	-0.4	-1.2	-1.4	1.3	-2.4	-1.1

* Weighted averages

proGCM Care Team Survey 2: Nov. 2023 n=36

Role

Pharmacist	11
Physician (attending)	7
Nurse	5
Other	3
Physician (resident/other)	2
Care Manager / Nurse Care Manager	2
Practice Manager	2
Behavioral Health / Social Worker	1
Medical Assistant	1
Nurse Practitioner	1
Pharmacy Technician	1

Practice

Anchor Medical	5
Coastal Medical	6
Medical Associates of RI	9
Miriam Hosp Ambulatory Care Clinic	3
Providence Community Health Center	5
RIPCPC/Integra	7

proGCM Care Team Survey 2

Years Experience in Field

	n
3-5 years:	5
6-10 years:	8
10+ years:	26

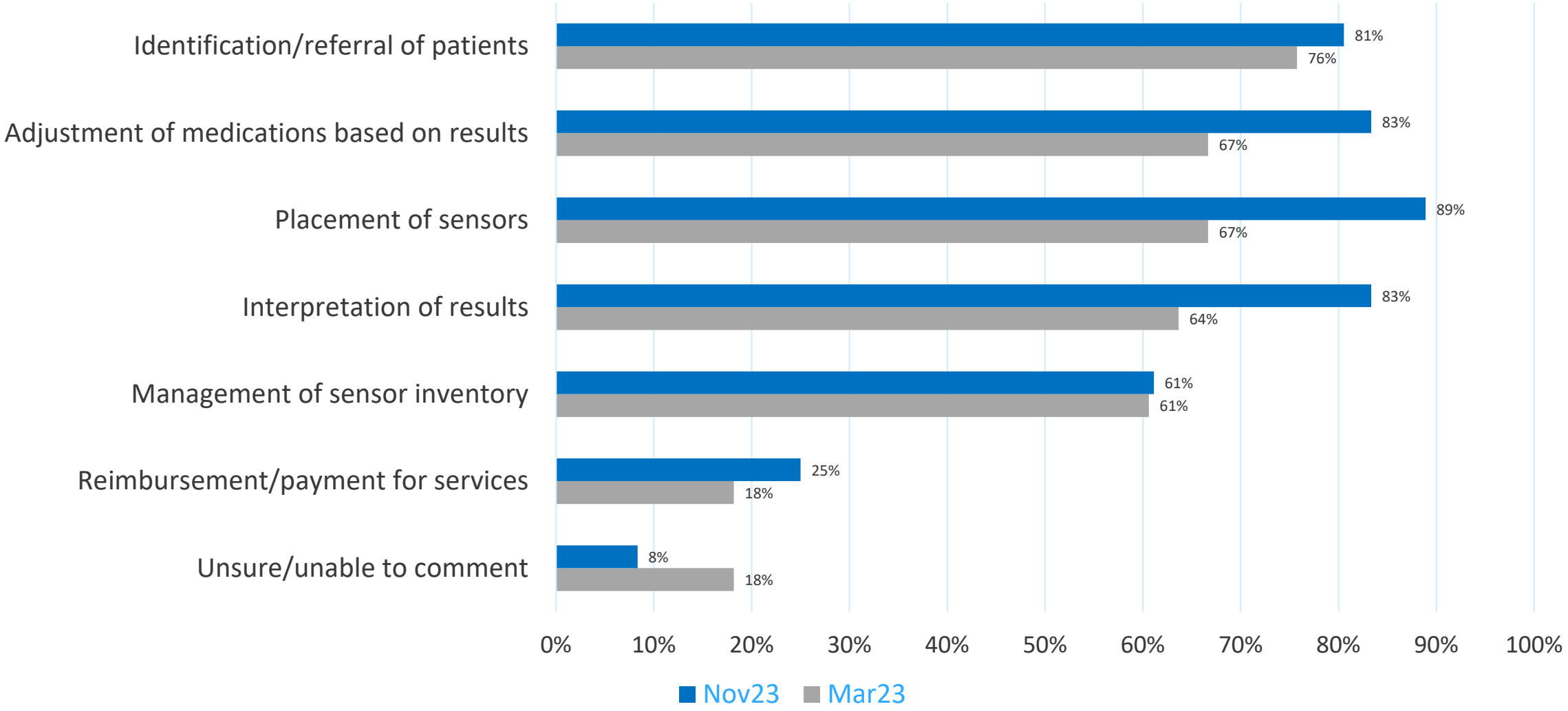
Years Experience with proCGM

	n
0 years:	6
1-2 years:	18
3-5 years:	10
6-10 years:	2

proCGM pts in last 6 months

	3/23 n	11/23 n
0 patients:	10	6
1-2 patients:	5	5
3-5 patients:	8	8
6-10 patients:	1	9
>10 patients:	9	7

proGCM Care Team Survey



proGCM Care Team Survey

S1: Mar23; S2: Nov23

Pharmacist involvement in the use of proCGM has positively impacted our patients.

	S1	S2
Strongly agree	71%	83%
Somewhat agree	11%	9%
Neither agree/disagree	3%	3%
Somewhat disagree	0%	3%
Unsure/ unable to comment	6%	3%
Pharmacists are not involved at my site	9%	

Pharmacist involvement in the use of proCGM has positively impacted the wellbeing of team.

	S1	S2
Strongly agree	59%	69%
Somewhat agree	21%	14%
Neither agree/disagree	6%	14%
Strongly disagree	3%	0%
Unsure / unable to comment	6%	3%
Pharmacists are not involved at my site	6%	

Following this program, I believe proCGM will become a sustainable service for our practice.

	S1	S2
Strongly agree	56%	50%
Somewhat agree	24%	33%
Neither agree/disagree	12%	0%
Somewhat disagree	0%	8%
Strongly disagree	3%	6%
Unsure/ unable to comment	6%	3%

Top barriers to using proCGM in your practice Nov. 2023

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Referral workflow for patients not at goal
Increased access to personal CGM (fewer indications for proCGM)
patient deferring/extra office visit/not wanting to know readings
Not having ProCGMs available at every site
Patient preference for personal CGM
Patients can now have personal CGM and prefer
Practice models existing at the organization (provider-focus, leads to apprehension on integration of clinical pharmacy services)
Access to device, uninsured
At reception here of them falling off or not working
CGM detachment during the hot summer months despite using skin tac and adhesive covers
Having enough sensors
Initial patient outreach and insurance backed continuation CGM for personal CGM (It is a tease for those that like it).
Ability to stay on, malfunction
insurance approval
Insurance approval/cost and issues with sensors falling off or not being accurate
Clinician experience/comfort
Inventory Management
Logistics of managing, attaching, and retrieving sensors
Patients not having working phones
Missed appointments

Unable to pull up interim results when patient came in for office visit and pharmacist on vacation. As MD, I did not know how to upload data for review.
patient participation and patient follow through
personal comfort with technology and patient willingness to return in person for removal/review
Staff changes. And lack of IT support due to illness
having patients into the office to assist with placement and downloading the results
patient fear of needles
Patients do not want to wear a visible device
Barriers related to pharmacist availability to see patients given current structure of the pharmacy department
Patients do not want to have to come to office twice in 2 weeks
Limitation of tracking/reporting with current EHR
Cost for those insured
Patient do not want a device attached to them
Patients not following up to retrieve data
ins payment
Insurance coverage
Many patients prefer personal CGM if covered
Reporting on the data
Patient availability to come to meet for initial placement.
We ran into the barrier early on with supplies of the PROCGM. That was fianlly remedied.

What are the most important benefits of proCGM? Nov. 2023

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Great teaching tool for newly diagnosed patients with diabetes; Help patients better understand the benefits of CGM; Identify patients having low blood sugars, hypoglycemia
A nice snap shot look at a person's trends over 24 hrs within a 2 week span is always going to be insightful for both provider and patient. It's likely you will learn something new despite years of glucometer use
able to determine what is happening throughout the day with the patient glucose. Able to identify times of the day that BS goes up or down. Better able to make medication recommendations
able to quantify numbers and risks (ie for hypoglycemia) in patients who are less willing to check bg regularly or may have compliance problems
Accurate results and the ability to act on them in a timely manner
being able to better keep our patients safe and out of the hospital for diabetes related complications
better control of the patient's A1C for better overall health
Better glycemic control in diabetic pts
Better temporal resolution.
Capturing pertinent data to make correct medication changes.
Data that is reliable and can be acted on. Essential.
Having a visual of blood glucose patterns coupled with patient interviews help us make more clinically sound decisions.

House patients and providers. See what goes pattern professional makes it helpful for patients who don't qualify for personal
Identification of blood sugar trends, that otherwise would go unidentified
Improved diabetic control; Increased medical attention for our diabetic patients; Increased patient understanding of their diabetes and how to manage it
making sure the pt is motoring themselves properly
may be beneficial only in a few select patient who don't qualify for personal
Patient engagement in care increases. Opportunities to work collaboratively with case management, social work, and providers
ProCGM allows us to capture real blood sugar data that is not affected by patient bias (some patients will self-adjust medication with personal CGM as they can see their readings in real time). It captures data we would not otherwise have with glucometer fingerstick testing.
real time monitoring of glucose levels, no painful finger sticks, convenience
The patients are able to view their blood sugars at all times of day.
updated accurate data received in a timely manner
Utilizing when patients do not provide sufficient data to make informed safe adjustments to regimen.
Visualization of hyper and/or hypoglycemia as a tool for education and pattern recognition; identification of hypoglycemia in patients w/ hypoglycemic unawareness who don't use personal CGM

What contributed to the successful use of proCGM? Nov. 2023

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A1C% reports, personnel including RN, PharmD, NCM, NP
Close follow up continue to offer pro-CGm more than 2 times- even if once a month for patients to help keep them on track.
Communication/Organization
Connection between pharmacist and pt
decreasing ED/IP stays related to diabetes
downloading all the data to help with better control
Having something with reimbursement covers. The cost was nicer sustainability
Not using it where it isn't indicated; patients are referred for diabetes management and it's the discretion of the NCMS, PharmD and patient what the best course of action is (personal v pro, med changes w/o CGM, DM education/lifestyle modifications, or a combination)
Once referred, our pharmacist manages all of the logistical aspects of CGM and provides me with data essential to improving diabetic management of patients.
our great pharmacist and his comfort with it
Patient education & Staff education; Access to Healthcare Providers
Patient who wanted personal but unable to obtain seemed to be most willing to utilize professional.
Patients who were engaged in their diabetes care were most successful in the use of CGM. Patients who could not afford a personal CGM but wanted to get a better understanding of their blood sugars 24/7 were most successful
Persistent and flexible work from our pharmacy team
Pharmacist follow-up
Physician collaboration
Physician support and pharmacy team support
Provider buy in with patients A1c not corresponding to the blood sugars provided
Provider engagement in the program
Pts ability ot make follow-up appts
seeing the positive results and engagement from the patients
Sometimes 2 weeks is not enough to assist in the management of a labile PWD
The pharmacist and nurse care manager that help with the process
This practice has always used professional CGM; had hoped to increase usage on commercial patients who would have had a significant copay for office services however most patients are now able to get personal and this is preferred

Impacts on care team member well-being Nov. 2023

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Has led to increased time spent in direct patient care and thus increased work satisfaction.
Has significantly made this provider's work easier in managing our diabetic patients
No changes
Satisfaction has increased as pharmacy technician and pharmacists have more time face to face time with patients.
This has improved care team member work satisfaction because we are able to provide this service to patients who otherwise would not have been able to receive it. It is great to review proCGM results with patients and help provide explanations for blood sugar patterns in regard to diet/exercise.
This has made management of patients with difficult to control diabetes much easier and patients are pleased with the experience, making everyone feel good about what we are doing.
Unknown
Yes - decreases burden at each MD office visit
Yes -we have had a number of pts who have improved their ability to recognize highs and lows, and improve their A1c. The additional education and training to pts and monitoring that our pharmacist is able to provide has allowed so many of our pts to use CGM - honestly I dont think there would have been anyone on it if our pharmacist was not providing the education and support. It is great to see pts A1c improve - esp those who have had had poorly controlled DM for years

yes, better results for the patient's keeps care team happy
yes, had a positive impact on care team members when receiving updated accurate data to discuss with the patients in a timely manner
Yes, has been very rewarding for patients to see the change in their blood sugars over time.
Yes, I have been able to present data to patients who otherwise were just continuing medication regimen without realizing other readings during a 24 hour period that were not supportive of health goals. This gives job satisfaction :)
yes, patients are better controlled, so they are happier, so the staff and providers are happier. Better care and better outcomes
Yes. All work has been done by pharmacist as lack of staff makes her the primary person for all things related to this project. And that's alot of work on top of existing duties
Yes. Providers are satisfied with the level of data received from the devices and patients are more engaged in their care upon review of the blood sugar trends.
yes; wanting the project to be successful; struggling to find patients willing to enroll has been a negative
yes-greatly helpful in managing diabetics.

Other comments Nov. 2023

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The use of the proCGM device allowed for the identification of blood sugar trends that resulted in significant medication changes and eventual conversion to personal CGM use. Prior to the use of the proCGM, the patient was not testing blood sugars and was unaware of the current blood sugar trends, which involved drastic blood sugar elevations and episodes of hypoglycemia. The use of the device for identification contributed to improvement overall patient safety.
Unhoused, UHC Medicaid patient with alcohol substance use disorder was initially on basal insulin and a SU. The pro-CGM showed severe episodes of hypoglycemia even after the SU was discontinued and insulin was decreased. Pro-CGM data was used as evidence in a peer-to-peer review for a personal cgm authorization and was granted!
While a well-designed and well administered CGM program can improve quality, getting good results requires a lot of labor and resources to deploy and administer. Using these resources to implement simpler programs and deploy them more broadly (e.g. group diabetic/nutrition education or even performing regular A1C screenings of known diabetics) would have a significantly greater impact on the health of the broader patient population. CGM is appropriate in a limited number of situations, but usage should be limited and driven by physicians.

Our Pharmacist w/ RIPCP, is fantastic. The patients have developed a relationship of trust and professionalism.
Elderly patient on basal insulin w/ hypoglycemia unawareness; initial CGM data showed TIR high to low 1/13/55/17/14. Insulin adjusted and subsequent personal CGM data showed TIR 7/26/67/0/0.
I have several patients who had non-symptomatic nocturnal hypoglycemia that were able to be corrected easily after 24/7 of data presented.
Several patients in this practice have had benefit with ProCGM. We have identified patients with significant glycemic variability, hypoglycemic unawareness, nocturnal hypoglycemia. and used the device for teaching patients.
Would be great if we could give these to pts who do not have insurance coverage, or whose co-pays or deductibles are too high to afford this
Successes occur when a patient has been inspired to wear a professional CGM and they are able to make small but meaningful changes because of it. The pharmacist here can attest to that as she has seen it happen and still continues to work closely with them.

BILLING

Professional CGM Billing codes 95250 and 95251

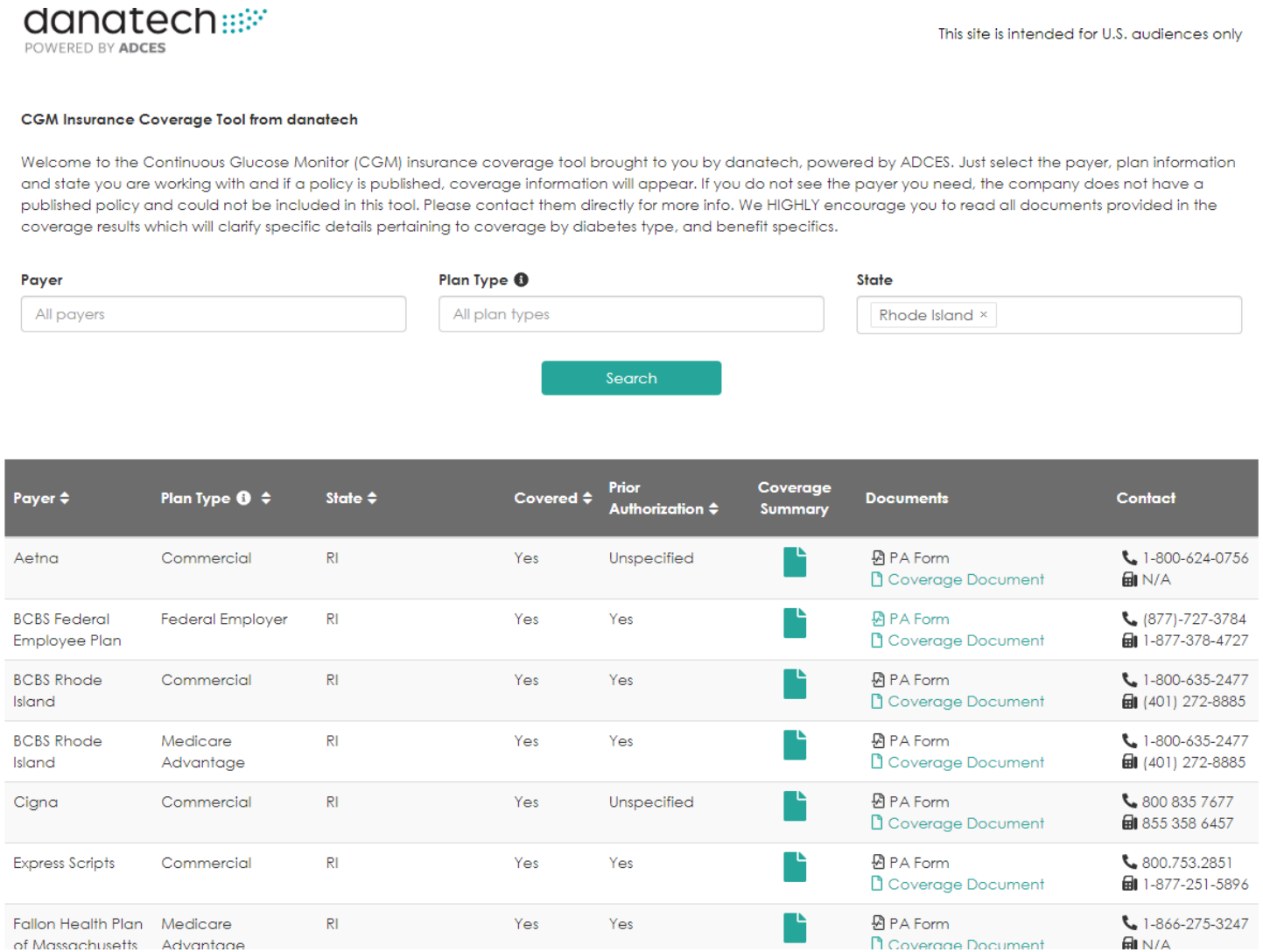
CPT Code	Type of Service	Provider	Frequency	Type of Visit
95249	**Personal CGM Start-up and Training** Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	RN, PharmD/RPh, RD, CDE, or MA (if within their scope of practice) and billed by the supervising physician, advanced practitioner, or hospital outpatient department	Once for the lifetime of the personal CGM device	Face-to-face visit
95250	**Professional CGM** Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	RN, PharmD/RPh, RD, CDE, or MA (if within their scope of practice) and billed by the supervising physician, advanced practitioner, or hospital outpatient department	Maximum of once per month	Face-to-face visit
95251	**CGM Interpretation** Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation, and report	Physician (MD, DO), NP, PA, or clinical nurse specialist	Maximum of once per month	Not required to have a face-to-face visit
–25 modifier	**Evaluation and Management (Separate Identifiable Service)** An E/M CPT code can be billed on the same day as codes 95249, 95250, and/or 95251 if documentation supports the medical necessity of a significant and separately identifiable evaluation and management service performed the same date. Modifier 25 is added to the E/M code to report a significant and separately identifiable evaluation and management performed above the CGM services.	Physician (MD, DO), NP, PA, or clinical nurse specialist	With office visits	Face-to-face visit

Max= once/month
Requires 72 hrs of use

Documentation to consider:

- Glycemic control problems
- Treatment plan
- Pt adherence to plan
- A1C
- Glucose logs
- Report w/ interpretation of findings

ADCES Billing Resource



danatech
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CGM Insurance Coverage Tool from danatech

Welcome to the Continuous Glucose Monitor (CGM) insurance coverage tool brought to you by danatech, powered by ADCES. Just select the payer, plan information and state you are working with and if a policy is published, coverage information will appear. If you do not see the payer you need, the company does not have a published policy and could not be included in this tool. Please contact them directly for more info. We HIGHLY encourage you to read all documents provided in the coverage results which will clarify specific details pertaining to coverage by diabetes type, and benefit specifics.

Payer: All payers | Plan Type: All plan types | State: Rhode Island ×

Search

Payer	Plan Type	State	Covered	Prior Authorization	Coverage Summary	Documents	Contact
Aetna	Commercial	RI	Yes	Unspecified		PA Form Coverage Document	1-800-624-0756 N/A
BCBS Federal Employee Plan	Federal Employer	RI	Yes	Yes		PA Form Coverage Document	(877)-727-3784 1-877-378-4727
BCBS Rhode Island	Commercial	RI	Yes	Yes		PA Form Coverage Document	1-800-635-2477 (401) 272-8885
BCBS Rhode Island	Medicare Advantage	RI	Yes	Yes		PA Form Coverage Document	1-800-635-2477 (401) 272-8885
Cigna	Commercial	RI	Yes	Unspecified		PA Form Coverage Document	800 835 7677 855 358 6457
Express Scripts	Commercial	RI	Yes	Yes		PA Form Coverage Document	800.753.2851 1-877-251-5896
Fallon Health Plan of Massachusetts	Medicare Advantage	RI	Yes	Yes		PA Form Coverage Document	1-866-275-3247 N/A

Next Steps

Spread and sustainability (Months 15-23)	November 2023 - July 2024	
Submit updated PDSA including patient engagement and care team engagement data, key findings and adjustments necessary to project plan	2 weeks prior to Feb learning collaborative	PDSA to be submitted by 2/13/24. deliverables@ctc-ri.org
Quarterly learning: present QI work plan w/ content expert, as applicable	February 27, 2024	
Aggregate input from patients/care team for qualitative measures	March 2024	
Submit updated PDSA	2 weeks prior to May learning collaborative	PDSA to be submitted by 5/7/24. deliverables@ctc-ri.org
Quarterly learning: present QI work plan w/ content expert, as applicable	May 21, 2024	
Aggregate input from patients/care team for qualitative measures	June 2024	
Submit final Storyboard	2 weeks prior to final learning collaborative	PDSA to be submitted by 7/16/24. deliverables@ctc-ri.org
Final learning collaborative	July 30, 2024	


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баярлалаа
mersi
barka
welalin
tack
дзякуй
faafetai lava
vinaka
спасибо
blagodaram
dank je
misaotra
paldies grazzi
mahalo
tapadh leat
thank you
gracias
kiitos
dankie
dhanyavad
mauruuru
hvala
bedankt
enkosi
благодаря
asante
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