



Network **News**

The Capital District Physicians' Health Plan, Inc. network newsletter

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CDPHP® Can Help With Medical Case Management

Are you struggling with a non-adherent patient? Do you find you don't have enough time in your day to provide all the patient education you would like? Maybe you need help in finding additional resources for your patients. CDPHP® medical case management can help.

Medical case management is a collaborative process among the provider, member, and a CDPHP health care professional. It involves assessment, care planning, care coordination, advocacy, and facilitation of services to meet an individual's and family's comprehensive health needs. The goal is to promote quality, cost-effective outcomes.

Anyone who is struggling with a health care need can be referred to medical case management at CDPHP. With each referral, we contact the member and assess the situation to determine what the needs are, then determine a plan to meet those needs. The types of patients who might be appropriate for a referral are:

- » Adults with chronic illnesses who could benefit from disease-specific education (diabetes, COPD/asthma, MS, heart failure, stroke, CAD).
- » Patients with multiple co-morbid conditions.
- » Frail elderly patients at risk for falls in the home due to poor mobility or dementia.
- » Patients with medication adherence concerns.
- » Patients with financial or transportation issues that affect their adherence to the medical plan of care.
- » Oncology patients, particularly those living with a chronic illness.
- » Patients with chronic kidney disease, prior to dialysis.
- » All patients with frequent hospital admissions or at risk for readmission.
- » Patients with frequent ER utilization.
- » Adults with physical or developmental disabilities.

Referring a patient is easy. Simply call our Single Source Referral Line at 1-888-942-3747 and leave a message with the following information:

- » Member's name, date of birth, and CDPHP ID number.
- » Your name and contact information.
- » A brief description of your concern.

We will call the member directly to assess and determine how we can help.

Many Medicaid members with complex medical, behavioral, and long-term care needs are enrolled in Medicaid Health Homes. CDPHP collaborates with a network of providers and community-based organizations to address the needs of these individuals.

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Single Source Referral Line
1-888-942-3747



Help Us Stay in Touch

Thank you for reading *Network News*. The quarterly newsletter is just one vehicle we use to stay in touch with our valued participating provider offices. Would you like to receive brief electronic updates as well? Please go to www.cdphp.com/ProviderDatabase and complete a quick form to be added to our email list. We promise to send only information that is relevant and can help you in your day-to-day work.

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Documenting Availability of Foreign Language Speakers

Our members who are not native English speakers may use Find-A-Doc at www.cdphp.com to locate a network physician office where their own language is spoken. Be sure to keep information about your office's foreign language capabilities updated in your file with CDPHP.

If there are any changes in availability, please let us know via fax to (518) 641-3209 or mail to CDPHP Provider Registry Department, 500 Patroon Creek Blvd., Albany, NY 12206. To assure that we are receiving complete, accurate, and authorized change information from your office, please use a Practitioner Information Change Request Form. These can be located in the Forms and Documents section of the provider page at www.cdphp.com. Thank you.



MedSolutions is Now eviCore healthcare

A merger by MedSolutions (the company assisting with the CDPHP radiology review program) and CareCore, another leading medical benefits management company, has resulted in a new name for the combined entity: eviCore healthcare. The process for physicians seeking reviews of PET, MR, and CT scans has not changed, as all phone numbers will remain the same and the current web address will be redirected to the correct location. You will be notified directly by eviCore healthcare of any changes in web address that might affect the way you interact with them.



Directories Designate HIV Providers

As a Medicaid managed care organization, CDPHP is obligated by the New York State Department of Health (NYS DOH) to list HIV-experienced practitioners explicitly in our provider directories.

You may find HIV experienced practitioners by using Find-A-Doc at www.cdphp.com. Indicate a plan type, enter a ZIP or city, and use the dropdown to indicate a mile radius for your search. Under “Select a Specialty,” choose “More Specialties,” then select “HIV Experienced Practitioners.” Click the Search button to see a list of practitioners in that specific area. If using a paper directory, refer to the table of contents.

An HIV-experienced practitioner is defined as one who has:

1. provided direct ongoing clinical ambulatory care of at least 20 HIV-infected persons taking antiretroviral therapy over the preceding 12 months; or
2. met the criteria of one of the following accrediting bodies:
 - » The HIV Medicine Association (HIVMA)
 - » The American Academy of HIV Medicine (AAHIVM)
 - » HIV/AIDS Nursing Certification Board (HANCb)

Please contact the CDPHP credentialing department at (518) 641-3321 if you wish to be listed as an HIV-experienced practitioner.

Refer to Behavioral Health Guidelines Online

CDPHP regularly reviews guidelines developed by professional organizations and the federal government. If approved by our behavioral health and quality management committees, they are made available to help the health plan and its providers assess the medical necessity and efficiency of various treatments.

In compliance with National Committee for Quality Assurance (NCQA) requirements, we assess the use of these guidelines by network providers. This year we are looking particularly at the use of guidelines for monitoring atypical antipsychotics.

Recently adopted was the Veteran Affairs Clinical Practice Guideline for Management of Bipolar Disorder in Adults. These VA guidelines make recommendations regarding the monitoring of atypical antipsychotic use and include a review of scientific literature to support their recommendations.

You can view this guideline and others—including major depressive disorder and ADHD—in the behavioral health section of www.cdphp.com. If you are unable to access guidelines via the Internet, paper copies may be requested by calling the Behavioral Health Access Center at 1-888-320-9584.

Updated Clinical Guidelines Available On Web

CDPHP clinical guidelines are periodically reviewed and approved by the quality management committee. Recently reviewed and approved guidelines include:

- » Diabetes
- » Sexual transmitted infections
- » Chronic obstructive pulmonary disease

All guidelines can be found by logging in securely at www.cdphp.com and clicking on Provider Secure Site > Provider Resources > Health Practice Guidelines and Policies > CDPHP Practitioner Practice Guidelines.

Other helpful tools on the resource page in the provider portal include:

- » Manuals and forms
- » Policies
- » Additional guidelines
- » HEDIS information

If you need paper copies of any of these materials, contact the provider services department at (518) 641-3500 or 1-800-926-7526.

Home Visit Service for Members with Alcohol or Drug Dependence

Due to the increased prevalence of substance abuse and misuse in the Medicare population, CDPHP has agencies that can provide assistance specific to seniors, ensuring confidentiality and privacy. If you believe that your patient is in need of help for alcohol or substance abuse, our CDPHP Behavioral Health Access Center can assist with obtaining treatment. As an added benefit for our members 50 years of age and older, CDPHP will offer an outpatient follow-up home visit by a licensed clinical social worker. After the appointment, the clinician will call to ensure the member is connected to support systems. For more information or to consult regarding appropriate referral requirements, call the CDPHP Behavioral Health Access Unit at (518) 641-3600 or 1-888-320-9584.

Medical Record Documentation: The Basics and Beyond

CDPHP often reviews member medical records as needed to transact health plan business and comply with regulatory agencies such as NCQA and CMS. We generally find that our network providers' documentation practices adequately fulfill basic standards of care, but on occasion we identify opportunities for improvement in documentation.

Please be aware of the following guidelines from CMS:

- » The provider's *signature and credentials* must be on each chart entry.
- » Signatures must be legible, or written above a typed name, including credentials.
- » Electronic signatures must indicate "approved by," "signed by," or "electronically signed by."
- » Rubber stamp signatures are NOT acceptable.
- » Any services rendered by a nurse or medical student must be co-signed by a provider.
- » The patient name and date of service must be on each page of the medical record.
- » When an error is made in a handwritten record, the provider must cross out the incorrect information with a single line, initial and date the correction, then write in the correct information.
- » For accurate and complete diagnosis coding, use the current version of ICD-9-CM (after October 1, 2015, ICD-10) and follow standard coding guidelines.
- » Please note all acute and chronic diagnoses with the *current status* and treatment plans in each progress note (i.e. "mild depression, controlled" (instead of just "depression") or "uncontrolled DM2 with neuropathy" (instead of just "DM").

Thank you for your cooperation in meeting and exceeding the basics of good medical record documentation.

Claim Audit Software Updates

CDPHP uses the McKesson Health Solutions LLC ClaimCheck® code auditing software in the processing of professional and outpatient radiology claims. Updates to this software can be made twice a year (spring and fall). Changes in the code auditing software are carefully evaluated, with important changes and newly customized edits reviewed by the CDPHP utilization management committee.

Significant customized edits to the software are outlined in the Code Auditing Customization Policy, 1550/20.000162. Additional information regarding code auditing guidelines can be found in Clear Claim Connection™. Both the Code Auditing Customization policy and Clear Claim Connection may be accessed online through the CPDHP secure provider interface at www.cdphp.com.

Protecting Victims of Domestic Abuse

In compliance with New York State Insurance Law § 2612, CDPHP assures the privacy of: 1) covered dependents who have a valid order of protection against the policyholder or another insured covered under the same policy; and 2) covered dependents who have made a request to receive communications at an alternate address or via alternate means. By calling our member services department a member may initiate a request that we refrain from disclosing their address, phone number, and information about services received or their providers of care to the policyholder or other insured covered under the policy.

As a network provider, your role in educating victims of domestic violence about their rights is crucial. A statement regarding the legislation referenced above is available at www.cdphp.com, along with a notice that you are requested to print and post in your office. That downloadable PDF includes information about how to reach NYS Domestic Violence Hotlines by calling 1-800-942-6906. Thank you in advance for locating this resource on the provider page of our site and displaying it prominently where members can see it.

CDPHP Corporate Compliance and Integrity Program

As part of its commitment to integrity and compliance with state and federal laws and regulations governing the health insurance business, CDPHP has a Corporate Compliance and Integrity Program. The program is designed to prevent, detect, and correct possible organization and employee behavior that may not fully comply with governmental laws and CDPHP corporate policies.

CDPHP employees are trained with regards to their duty and responsibility to follow governmental laws and CDPHP corporate policies and to report suspected fraud or non-compliance of any employee, independent contractor, or agent of CDPHP.

You are encouraged to report any instance in which you believe CDPHP or any of its employees or agents may be violating any law or regulation governing our business activities by contacting the CDPHP compliance officer at (518) 641-5260 or the CDPHP Fraud/Compliance Hotline at 1-800-280-6885.

Please Attest to Your CMS Compliance Status

As a health plan that contracts with CMS to offer Medicare Advantage coverage, CDPHP is required to have a compliance program to prevent, detect, and correct non-compliance with CMS program requirements. All participating provider practices should also be assuring that their staff and physicians adhere to all applicable laws and regulations that govern the program. To assist you in achieving compliance, we offer an online provider training program.

If you do not already have a CMS compliance training process in place, please assure that all staff view our compliance presentation upon first hire and annually thereafter. The training module is a PowerPoint presentation posted in the provider section of www.cdphp.com under “Get Your Job Done” > “Working with CDPHP.” At the end of the presentation is an attestation form and tracking tool that you can use to document each employee’s completion of the training. This documentation should be retained for 10 years and made available upon request by CDPHP or CMS.

Coding Compass

ICD-10: Have You Tested?

ICD-10 is scheduled to be implemented on October 1, 2015. You should have tested an 837 claim file by this time. If you have not submitted an 837 claim file, please consider doing so very soon. The file does not have to contain a lot of claims, just enough to ensure that you cover your most common billing scenarios, coded in ICD-10. We have processed files as small as eight claims.

It is to your advantage to ensure that you are able to submit a compliant, ICD-10 coded claim file, prior to October 1, 2015.

If you have questions regarding testing with CDPHP, please contact your Provider Relations Representative or visit our ICD-10 webpage at www.cdphp.com. Navigate to Providers > Get Your Job Done > ICD-10. You may also email your testing questions to ICD-10@CDPHP.com.

Appointment Availability Standards

The Appointment Availability Standards for Physicians (PCP and OB/GYN) requires that members be able to access medical services directly or via their PCP or OB/GYN on a 24-hour, 7 days a week basis.

CDPHP appreciates your compliance with the standards listed below and would like to remind you that the New York State Department of Health (NYS DOH) annually monitors all PCP and OB/GYN practices to ensure the availability standards are met. In past audits, the DOH has noted an inability to obtain an appointment unless medical records are produced. To ensure compliancy, please grant appointments to patients calling for appointments before requesting their medical records.

Appointment Availability Standards

TYPE OF VISIT	TIME TO AN APPOINTMENT
Urgent care	Within 24 hours
Non-urgent "sick" visit	Within 48 hours
Emergency care	Immediately
Routine primary care; preventive care appointments	Within 4 weeks
Initial prenatal within first trimester	Within 3 weeks
Initial prenatal within second or third trimester	Within 1 week
Initial family planning	Within 2 weeks
Initial newborn	Within 2 weeks of hospital discharge
Behavioral Health—Emergent	Within six hours (may be referred to the ER)
Behavioral Health—Urgent appointment	Within 48 hours
Behavioral Health—Initial routine appointments	Within 10 business days
Behavioral Health—Ambulatory appointment post-inpatient stay	Within seven days of discharge

Member and Provider Rights and Appeals

In accordance with New York State public health law, CDPHP has standard appeal processes for both members and physicians. The Provider Review Form (PRF) is your tool to request a review of a claim that has been processed. It includes a section for providers to indicate whether they are appealing on their own behalf or on behalf of the member.

Details on the provider appeal process are provided at www.cdphp.com/providers/get-your-job-done/provider-appeals.

If appealing on behalf of the member, your PRF should be accompanied by another form entitled Physician/Provider Designation. By using this form, the request will no longer be considered a provider appeal, but would follow the path of a member appeal.

CDPHP maintains a formal list of member rights and responsibilities as well as an appeals process for our members. You can view the full text of these documents in the Member Handbook, which is posted at www.cdphp.com. Contact the CDPHP provider services department at 1-800-926-7526 if you would like a paper copy.

TIP To view a brief video about using the Provider Review Form, go to the Provider sections of www.cdphp.com and click on the "Tutorials" tab.

Government Programs

MEDICAID

Coverage for Medicaid Members in Nursing Homes

Effective July 1, 2015, Medicaid is requiring eligible recipients over age 21 who need long-term care/permanent placement in a nursing home to join a Medicaid Managed Care Plan (such as CDPHP Select Plan) or a Managed Long-Term Care Plan. Any CDPHP Select Plan member who meets these requirements and needs such services may remain in CDPHP and receive their permanent placement nursing home care as a plan member.

This change will not affect Medicaid recipients who are not enrolled in a plan and are already receiving long term/permanent placement care in a Medicaid-certified nursing home prior to the July 1, 2015. However, starting October 1, 2015, those recipients may choose to enroll in a Medicaid Managed Care Plan or Managed Long-Term Care Plan. Recipients already in a nursing home who join a plan will not be required to change nursing homes as a result of this transition.

It's important that recipients understand all their options before they choose a plan, including knowing the difference between Medicaid Managed Care and Managed Long-Term Care. These programs offer different covered benefits for long-term care services, with more options for home and community-based services in Managed Long-Term Care. Recipients should work with their families and providers to determine which program best meets their specific needs and which plan includes their nursing home.

CDPHP does not offer currently a Managed Long Term Care Plan. For more information about Managed Long-Term Care, call New York Medicaid Choice at 1-888-401-6582.

DXA Scan Coverage

Effective July 1, 2015, medically necessary DXA scans (CPT codes 77080 and 77081) are covered once every two years for the following Medicaid (Select Plan) members:

- Women over the age of 65
- Men over the age of 70
- Women and men over the age of 50 with significant risk factors for developing osteoporosis

DentaQuest Network for Child Health Plus and Select Plan

Effective July 1, 2015, CDPHP is using DentaQuest to manage dental benefits for Child Health Plus and Medicaid members. A DentaQuest network dentist must be used for covered routine services such as checkups and cleanings. Medical dental care, such as treatment for an accidental injury or congenital disease, will still be managed by CDPHP.

Elective Deliveries at Less Than 39 Weeks

As you should already be aware, New York State Medicaid has determined that C-section and induction of labor for women at less than 39 weeks gestation is not reimbursable for Medicaid enrollees without an acceptable indication. Failure to provide a condition code to identify the gestational age of the fetus as of the date of delivery on inpatient delivery claims should result in the claim being denied.

The following payment structure pertains when ICD-9 procedure codes 73.01, 73.1, 73.4, 74.0, 74.1, 74.2, 74.4, and 74.99 are reported on the claim:

- Condition code 81, C-section or induction performed at less than 39 weeks gestation for medical necessity—Claim can be paid in full (unless diagnosis code does not support medical necessity, in which case payment is reduced by 10%).
- Condition code 82, C-section or induction performed at less than 39 weeks gestation electively—If reported without an acceptable primary diagnosis code, payment is reduced by 10%.
- Condition code 83, C-sections or inductions performed at 39 weeks gestation or greater—Claim is acceptable, no reduction.

Government Programs

Continued

Treatment of Gender Dysphoria

Effective March 11, 2015, gender reassignment surgery is considered a medically necessary service that can be covered for members of the CDPHP Select Plan when certain criteria are met. Please refer to the CDPHP Resource Coordination Policy #1370/20.000447, Gender Reassignment Services for details.

Coverage for Oncotype DX®

Effective March 1, 2015 for CDPHP Select Plan members, reimbursement is available for the Oncotype DX® test for breast cancer. This pharmacogenomic test can help guide practitioners in making determinations regarding effective and appropriate use of chemotherapy in female (ICD-9-CM code 174.0 – 174.9), or male (ICD-9-CM code 175.0 or 175.9) patients with recently diagnosed breast tumors. There are numerous criteria to be met, and the testing must be prior authorized. Please call the CDPHP resource coordination department at (518) 641-4100 or 1-800-274-2332 for information.

MEDICARE

HIV Screening

Effective April 13, 2015, in keeping with the recommendations of the United States Preventive Services Task Force (USPSTF), Medicare covers one-time HIV infection screening for all individuals between the ages of 15 and 65 years, regardless of perceived risk. Such screening is already covered annually for Medicare beneficiaries in that age group who are at increased risk for HIV, and up to three times per pregnancy.





Physician *Notes*

A summary of CDPHP news for network physicians' attention.

Prior Authorization for Genetic Testing

When ordering genetic counseling and testing for a CDPHP member, it is important to remember that most genetic tests require prior authorization. There are three key elements that must be fulfilled:

- » Genetic testing must be ordered by a CDPHP physician.
- » The enrollee must give written informed consent for testing as required by NYS law.
- » Testing should be performed at a participating laboratory whenever possible.

Please call (518) 641-4100 to request prior authorizations for genetic testing. The CDPHP resource coordination department will provide a complete and timely review of all requests and notify you promptly of their findings.

When ordering a genetic test, please be aware that the member's cost could be substantial if an out-of-network laboratory is utilized. For information regarding par laboratories for the various tests available, please call the CDPHP provider services department at (518) 641-3500 or 1-800-926-7526.

Genetic testing is indicated once per lifetime per condition. Exceptions may be considered if technical advances in testing demonstrate significant advantages that would support a medical need to retest. If ordering a genetic test that may not be covered, you must inform the member of the non-covered status before rendering the service.

CDPHP requires a written waiver specific to the service being performed. A generic waiver is not considered to be an acceptable form of member consent. If the genetic test needs to be appealed, the signed waiver should be submitted with your appeal.

Personal Care Assistant and Consumer Directed Assistance programs

Do you have a Medicaid patient who could benefit from the Personal Care Assistance (PCA) program? PCA and the Consumer Directed Personal Assistance Services (CDPAS) programs are Medicaid programs that offer personal care services to members in their homes. The types of services that are covered are: bathing, grooming, light housekeeping, errands, meal prep, shopping, and assistance with the self-administration of medications. In both programs, the services provided must be deemed essential to the maintenance of a patient's health and safety in the home.

The New York State Department of Health (NYS DOH) requires that a physician's order form DOH-4359 (2010) must be completed and submitted for any Medicaid member to be evaluated. Once the completed order form is received, the patient will be assessed by a RN. After reviewing the evaluation and the medical necessity of recommended services, the process of scheduling an appropriate aide can begin. None of this can be initiated without a completed form DOH-4359.

To initiate or continue services, the patient's doctor must send a completed physician's order form to CDPHP via fax at (518) 641-3402. Once the completed form has been received, the CDPHP RN case manager will arrange a social and nursing assessment of the patient in his or her home, utilizing a CHHA. Please note, if services are approved, new physician's orders are required every six months.

To expedite the process, please take careful note of the following tips for completion:

1. Complete both Sections 1 and 2 of the form, following the instructions that accompany the form. Please be sure to fill in the patient's complete name, date of birth, address, and the physician's name and license number.
2. The date of the examination and the date of the physician's signature must be within the last 30 days. This is a NYS DOH requirement for both programs.
3. A list of the patient's current medications must be included with the order.

Your assistance with the timely submission of these orders will help to ensure that our members receive the care they need in a timely manner.



Tracking Teen Wellness Opportunities

The teen years can be fraught with hazards as young adults cope with peer pressure and get their first taste of freedom. Counseling regarding sexual activity, tobacco usage, depression, drugs and alcohol can be provided during any type of visit, not just the annual preventive visit.

Be sure to document your successful use of these opportunities by coding them in medical records and claims.

Counseling Related to Sexual Activity

- » V65.44
- » V65.45
- » V25.0, V25.01, V25.02, V25.03, V25.04, V25.09
- » CPT II – 4293F
- » HCPCS – G0445

Codes for Depression Screening

- » V79.0
- » CPT II – 1220F, 3085F, 3351F, 3352F, 3353F, 3354F, 3725F
- » HCPCS – G0444, G8431, G8510, G8511, G8930, S3005

Codes for Tobacco Cessation Counseling or Services

- » CPT – 99406, 99407
- » CPT II – 1000F, 1031F, 1032F, 1033F, 1034F, 1035F, 1036F, 4000F, 4001F, 4004F
- » HCPCS - G0436, G0437, S9453

Codes for Alcohol and Substance Use Counseling or Services

- » V79.1
- » V65.42
- » CPT – 99408, 99409
- » CPT II – 3016F, 4290F, 4306F, 4320F
- » HCPCS – G0396, G0397, G0443, H0001, H0005, H0006, H0007, H0022, H0047, H0049, H0050, T1007

Inappropriate Antibiotic Prescribing: Are You Part of the Solution?

More than 90 percent of adult acute bronchitis is of viral origin, yet antibiotics continue to be prescribed inappropriately for this condition. Are you doing your part to stem the tide of antimicrobial resistance?

CDPHP is recognizing our providers who have achieved high scores in the HEDIS® Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) measure.

Congratulations to the following providers with a perfect score of 100 percent in AAB: Carsten P. Stracke, MD; Bradley M. Denovio, PA; Giridhar C. Kamath, DO; Todd B. Dykstra, PA; Lillian M. Conway, FNP; and Maria Aylward, NP.

Other high performers in this measure were: Elizabeth C. Hom, MD; Todd Sandagato, MD; and Cary Vachon, DO.

The power to prevent antimicrobial resistance is in your hands. It is important to educate patients about the dangers of antibiotic resistance. CDPHP has patient education materials to help you. Go to the provider section of www.cdphp.com and float your cursor over “Get Your Job Done,” then click on “Provider Guides” at the right of the screen. If you’d prefer to receive hard copies, contact the CDPHP provider relations department at (518) 641-3890. The CDC also has various patient education materials available at www.cdc.gov/getsmart.





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Our Case Managers Are Here to Help

See article on page 1

Together, We Can Help Fight Childhood Obesity

CDPHP is proud to collaborate with the Alliance for a Healthier Generation to provide the Healthier Generation Benefit to address the obesity epidemic in young people. This effort brings leading insurers, employers, and the American Academy of Pediatrics and other national medical associations together to offer comprehensive health benefits to children and families for the prevention, assessment, and treatment of childhood obesity. Members aged 3 to 18 years old who have been identified with a body mass index $\geq 85^{\text{th}}$ percentile are eligible for exercise and nutritional counseling visits with their primary care provider and registered dietitians. These services are subject to applicable deductibles, copayments, coinsurances, and/or group-specific contract limitations, if any.

CDPHP urges pediatric primary care providers to take the following steps to participate in the Healthier Generation Benefit:

- » Screen all children for BMI percentile and document using the appropriate coding.
- » Provide educational materials on nutrition and exercise and offer follow-up counseling visits to children categorized as overweight or obese.
- » Refer eligible CDPHP members to a registered dietitian for additional weight management support. Providers and members can use the CDPHP Find-A-Doc tool at www.cdphp.com to search for local registered dietitians.
- » Visit www.cdphp.com/providers/hgb for more information.

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CDPHP®
500 Patroon Creek Boulevard
Albany, NY 12206
(518) 641-3500 or 1-800-926-7526

John D. Bennett, MD
President & Chief Executive Officer

Bruce Nash, MD, MBA
*Senior Vice President, Medical Affairs
& Chief Medical Officer*

Brian Freer
Director, Provider Services