

2023 All-Plan Quality Withhold Program – Diabetes Interventions

Updates to MCD Diabetes Benefits in 2024

Rev. 1/24/2024

Diabetes Self-Management Education (DSME)

Enhanced Reimbursement Rates for Providers

CPT Code	Reimbursement Type	Standard Rate (By Effective Date)		New Enhanced Rate (2/13/2023 - 12/31/2024)
G0108	Institutional	ODM's Hospital Outpatient EAPG Rate * MCE Contracted Rate		ODM's Hospital Outpatient EAPG Rate * 475%
	Non-Institutional	1/1/2022	1/1/2024	\$100 per unit
\$40.22 per unit		\$42.23 per unit		
G0109	Institutional	ODM's Hospital Outpatient EAPG Rate * MCE Contracted Rate		ODM's Hospital Outpatient EAPG Rate * 130%
	Non-Institutional	1/1/2022	1/1/2024	\$50 per unit
\$11.15 per unit		\$11.71 per unit		

MCO Key Contacts for DSME Claim Configuration

Managed Care Plan	Key Contact	Contact Information	Job Title
AmeriHealth Caritas	Michelle Phillips	smphillips@amerihealthcaritasoh.com	Director, Provider Network Operations
Anthem	Stacy Turner	Stacy.Turner@anthem.com	Business Change Manager, OH Medicaid
Buckeye Health Plan	Gordon Treat	GTREAT@centene.com	Manager, Claims Research and Analysis
CareSource	Erin Brigham Richard Meyer	Erin.Brigham@caresource.com Richard.Meyer@caresource.com	Sr. Director, Quality and Population Health Manager, Clinical Quality Improvement
Humana	Jackie Tremble	jtremble@humana.com	Lead, Claims Research and Resolution
Molina	Deanna Putman	Deanna.Putman@MolinaHealthCare.com	Director, Provider Relations
UnitedHealthcare	Rose Ross	rose.ross@uhc.com	Manager, Claims



Continuous Glucose Monitors

Removed Prior Authorizations for CGMs through the Durable Medical Equipment (DME) Benefit

All MCES have completed claims code configuration to remove prior authorization on HCPCS codes A4239 and E2103, through, at a minimum, the next calendar year, 1/1/2024 – 12/31/2024.

HCPS Codes	Description
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
E2103	Non-adjunctive, non-implanted continuous glucose monitor (CGM) or receiver

Managed Care Plan	Covered CGM Devices	Prior Authorization Required for Plan Participating Providers?
AmeriHealth Caritas	DexCom G6 AND FreeStyle Libre	No
Anthem	DexCom G6 AND FreeStyle Libre	No
Buckeye Health Plan	DexCom G6 AND FreeStyle Libre	No
CareSource	DexCom G6 AND FreeStyle Libre	No
Humana	DexCom G6 AND FreeStyle Libre	No
Molina	DexCom G6 AND FreeStyle Libre	No
United Healthcare	DexCom G6 AND FreeStyle Libre	No

MCO Key Contacts for DME Benefits and PA Removal

Managed Care Plan	Key Contact	Contact Information	Job Title
AmeriHealth Caritas	Michelle Phillips	smphillips@amerihealthcaritasoh.com	Director, Provider Network Operations
Anthem	Stacy Turner	Stacy.Turner@anthem.com	Business Change Manager, OH Medicaid
Buckeye Health Plan	Rhonda Maddern	rhonda.s.maddern@centene.com	Sr. Director, Utilization Management
CareSource	Rebecca DePaulitte	Rebecca.depaulitte@caresource.com	Manager, Utilization Management
Humana	Jennifer Williams Cali Brou	jsmith60@humana.com cbrou@humana.com	Sr. Market Development Professional Associate Director, Utilization Management
Molina	Amber Silcox	Amber.Silcox@molinahealthcare.com	Supervisor, Utilization Management
UnitedHealthcare	Greg Best	gregory_s_best@uhc.com	Associate Director, Network Programs / Provider Relations