PATH PROGRAMS
Taking Positive Actions Toward Health

REFER YOUR PATIENTS

We offer health management programs (also known as PATH programs) to help your patients manage their medical conditions. We want to team up with you, as their doctors and practitioners, to enhance their quality of life. The following PATH programs are voluntary and available to all members who meet eligibility requirements:

<table>
<thead>
<tr>
<th>PATH Program</th>
<th>Phone Number/Contact</th>
<th>Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Breathing PATH for Asthma</td>
<td>1-888-881-3112</td>
<td>Asthma (limited to Medicaid members only)</td>
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<tr>
<td>Better Breathing PATH for COPD</td>
<td>1-888-881-3112</td>
<td>COPD (chronic obstructive pulmonary disease)</td>
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<tr>
<td>Condition Care PATH</td>
<td>1-866-360-5659</td>
<td>Rare conditions (We partner with Accordant Health Services to identify and enroll members into Condition Care PATH.)</td>
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<tr>
<td>Depression Care PATH</td>
<td>1-800-447-0769</td>
<td>Depression</td>
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<tr>
<td>Diabetes Care PATH</td>
<td>1-888-881-3112</td>
<td>Diabetes</td>
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<tr>
<td>Healthy Beginnings PATH</td>
<td>1-877-736-2229</td>
<td>Prenatal program (We partner with Alere to identify and enroll pregnant members into Healthy Beginnings PATH.)</td>
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<tr>
<td>Healthy Living PATH</td>
<td><a href="http://www.emblemhealth.com">www.emblemhealth.com</a></td>
<td>Weight management</td>
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<tr>
<td>Heart Care PATH for Coronary Artery Disease</td>
<td>1-888-881-3112</td>
<td>Coronary artery disease</td>
</tr>
<tr>
<td>Heart Care PATH for Heart Failure</td>
<td>1-888-881-3112</td>
<td>Heart failure</td>
</tr>
<tr>
<td>Kidney Care PATH</td>
<td>1-866-561-7518</td>
<td>End-stage renal disease or chronic renal failure (We partner with OptumHealth Resource Services to identify and enroll members into Kidney Care PATH.)</td>
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<tr>
<td>Steps-4-Safety PATH</td>
<td>1-888-447-5451</td>
<td>Reduction of environmental risk factors that can lead to a fall</td>
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<tr>
<td>New York State Smoker’s Quitline</td>
<td>1-866-697-8487</td>
<td>Tobacco cessation</td>
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If you think any of your EmblemHealth, GHI, GHI HMO, HIP or Vytra patients could benefit from these programs, call us or have your patients call us.

Our PATH programs are designed to complement your care. We offer outbound calls and ongoing education. Members in need of PATH programs are identified via health risk surveys, claims data, self-referral and referrals and through you, their doctors and practitioners.
PATH PROGRAMS

Program goals include:

- Greater adherence with physician instructions
- Increased patient health literacy
- Symptom improvement or stabilization
- Reduction in inappropriate utilization
- Positive health behavior changes

PATH PROGRAM COMPONENTS

The PATH programs support practitioner care plans by using evidence-based clinical practice guidelines to emphasize how members can prevent complications and flare-ups of chronic conditions. Key components of the PATH programs are as follows:

- Matching members with disease-specific programs that meet their individual needs
- Access to community-based support services
- Coordinating care between the members and their practitioners, support-services providers, caregivers and health plan
- Educating and empowering members to make lifestyle choices that may prevent or control their conditions (including behavioral modification and compliance/surveillance)
- Health coaching and monitoring centered on a care plan created by a registered nurse or another clinically trained or licensed health professional
- Making appropriate use of information technology (may include specialized software, data registries, automated decision-support tools and tickler systems for materials or calls)
- Measuring progress and outcomes of care for quality improvement, reporting and performance-based payment purposes

Members can receive the following services and support:

- Periodic newsletters with the latest information on their diseases
- Educational tools to assist with understanding their diseases, including:
  - Symptom management
  - Diet and nutrition needs
  - Treatment options
  - Planning for doctor visits
- One-on-one telephone support from a professional health coach
- Access to additional services through our other case management programs

BETTER BREATHING PATH PROGRAM FOR ASTHMA/COPD

Provides education and health coaching to members diagnosed with asthma, emphysema, chronic bronchitis or chronic obstructive pulmonary disease (COPD). This program promotes nationally recognized standards of care and the individual’s optimal, realistic level of wellness and functionality.

CONDITION CARE PATH PROGRAM

Helps members with rare chronic conditions find answers and support to manage their health needs and improve their overall health. The program also helps practitioners educate their patients and promotes adherence to treatment plans. Members with the following conditions may be eligible to participate:

- Amyotrophic lateral sclerosis (ALS)
- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Crohn’s disease
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- Cystic fibrosis
- Dermatomyositis
- Gaucher disease
- Hemophilia
- Multiple sclerosis
- Myasthenia gravis
- Parkinson's disease
- Rheumatoid arthritis
- Scleroderma polymyositis
- Seizure disorders
- Sickle cell disease
- Systemic lupus erythematosus (SLE)
- Ulcerative Colitis

DEPRESSION CARE PATH
Available to members age 18 or older with a diagnosis of major depression disorder, either alone or in conjunction with hypertension or asthma. Our behavioral health coach contacts high-risk members by phone. Members benefit from educational materials, assistance in finding behavioral health and other services, and care coordination among primary treatment providers. The program also monitors member adherence and assesses their progress through depression screening and use of the PHQ-9 at various intervals.

DIABETES CARE PATH PROGRAM
Educates members diagnosed with diabetes based on nationally recognized standards of care. The program aims to slow the progression of diabetes and prolong periods of optimal health. To meet these goals, the program focuses on risk-factor modification, medication adherence and secondary prevention of diabetes complications.

HEALTHY BEGINNINGS PATH PROGRAM
Helps eligible members better understand and manage their prenatal care by providing support and education throughout the pregnancy. Program services include:

- A series of health-risk screenings that identify potential high-risk factors, such as:
  - Postpartum depression
  - Tobacco use
  - Drug and alcohol use
- Comprehensive educational materials (available in English, Spanish and Chinese), such as:
  - Community services in their area
  - Child birth/parenting education
  - Women, Infants and Children's (WIC) Program referrals
- Specialized case management services for members with identified risk factors
- Access to a 24-hour toll-free maternity advice line staffed by experienced perinatal nurses. (Note: No medical advice is given.)
- Reminder mailings encouraging postpartum visits
- An incentive program for eligible members to enroll in the Healthy Beginnings PATH program. Additionally, members are incentivized to complete the Edinburgh Postpartum Depression Survey and complete a postpartum visit between 21 and 56 days after delivery.
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We promote and adhere to the New York State Department of Health’s comprehensive prenatal care standards, developed and adopted under Chapter 484 of the Laws of 2009.

HEALTHY LIVING PATH PROGRAM
Provides tools and support to help members manage their weight. For information on body mass index (BMI), clinical practice guidelines, recommendations, coding and tools, and the Childhood Obesity Action Network’s implementation guide to prevention and treatment of childhood obesity, visit www.emblemhealth.com and search for “Provider Weight Management Resources.”

HEART CARE PATH PROGRAM FOR CORONARY ARTERY DISEASE
Provides education and health coaching based on nationally recognized standards of care to members diagnosed with coronary artery disease (CAD). The program aims to slow the progression of CAD and prolong periods of optimal health. To meet these goals, the program focuses on risk-factor modification, medication adherence and secondary prevention of CAD complications.

HEART CARE PATH PROGRAM FOR HEART FAILURE
Provides education and health coaching based on nationally recognized standards of care to members diagnosed with heart failure. Members learn about the importance of medication management and monitoring their health status with daily weighing and symptom management.

KIDNEY CARE PATH PROGRAM
Provides education and tools to support members with chronic kidney disease (CKD), from stages 4 and 5 through ESRD. The program works with members to delay progression to renal failure. Nurse advocates prepare members for the challenges they are likely to face at each stage, to help them live life as normally as possible. The CKD portion of the program aims to delay progression to dialysis and avoid comorbidities. If dialysis is unavoidable, nurse advocates help members choose the type of dialysis and the provider that best meets their needs. If members reach ESRD, dialysis or a transplant is necessary to sustain life.

STEPS-4-SAFETY PATH PROGRAM
Helps members reduce environmental risk factors that can lead to falls. The program is open to all HIP Managed Long Term Care members and Medicare HMO and Dual Eligible Special Needs Plan members age 65 or older who meet the program’s clinical requirements (i.e., at risk for a fall or may have had a recent fall or fracture).

Program services include:

• Patient assessment essentials for providers
• Risk factor evaluation for providers
• List of drugs associated with increased risk of falls
• Interventions list for providers
• Post-fall evaluation form

Helpful online resources about fall risk prevention include:

Tobacco-Cessation Program

We partner with the New York State Smokers’ Quitline to provide comprehensive smoking cessation services to our members. The Quitline is available at no cost to all members who live in New York State. Once enrolled in the state program, eligible members can take advantage of the following state and EmblemHealth smoking cessation services:

Services available through the New York State Smokers’ Quitline include:

- Help developing a quit plan by phone from trained quit-smoking experts
- Tips and recorded phone messages available 24 hours a day, seven days a week
- Educational guides and materials by mail
- A follow-up report sent to the patient’s primary care physician with the patient’s permission
- Two-week supply of nicotine replacement therapy (nicotine patch, gum or lozenge) for those who qualify*
- Access to information and services through the New York State Smokers’ Quitline Web site

Referring Your Patients for Smoking Cessation Services

Please refer plan members directly to the New York State Smokers’ Quitline at 1-866-NY-QUITS (1-866-697-8487) or 311 in New York City. Referral forms can be found online at www.nysmokefree.com under “Health Care Provider Resources.” Nonresidents of New York State can call the National Quitline at 1-800-QUIT-NOW (1-800-784-8669).

We provide reimbursement for tobacco cessation counseling

Studies show that a follow-up visit or phone call within one week of the patient’s quit date can double the effectiveness of any intervention. Please use the following CPT codes or HCPCS codes for these office visits:

- 99406 or G0436 – Smoking and tobacco-use cessation counseling visit, intermediate, greater than three minutes up to 10 minutes.
- 99407 or G0437 – Smoking and tobacco-use cessation counseling visit, intensive, greater than 10 minutes.

MORE INFORMATION

To learn more about our Tobacco-Cessation program or the Clinical Practice Guidelines for Treating Tobacco Use and Dependence published by the US Public Health Service:

- Call our Asthma and Smoking Cessation Hotline at 1-646-447-4895.