PROVIDER UPDATE

MERCYONE Health Plan

MediGold

JULY 2024

July is Healthy Vision Month

There are few things more important to our overall health than our vision. We acknowledge Healthy Vision Month by encouraging regular eye exams among our members, along with other aspects of vision protection, including:

- Maintaining a healthy diet
- Refraining from smoking or use of tobacco products
- Wearing sun protection for the eyes when outdoors
- Wearing protective eyewear when necessary
- Learning about family's eye health history

MercyOne Health Plan recognizes the importance of maintaining vision health for our members and offers our Flexible Benefit Card with an allowance towards plan-covered vision services. Our Flexible Benefit Card is a convenient way to pay for qualifying expenses. The prepaid card holds money that can be used like a debit card on out-of-pocket expenses associated with covered services under MercyOne Health Plan.

Encourage your patients to maintain their vision health this month, and every month! MercyOne Health Plan can help!

Source: https://www.readingma.gov/CivicAlerts.aspx?AID=472

We're Here To Serve You.

MercyOne Health Plan is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams to coordinate and deliver the best possible care. **LEARN MORE**

Provider Service Center 1-800-991-9907 (TTY 711)

1 MercyOne Health Plan is a Medicare Advantage organization with a Medicare contract. Enrollment in MercyOne Health Plan depends on contract renewal. Benefits vary by county.

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REMINDER

Enroll in Electronic Funds Transfer

We encourage our providers to enroll in the electronic funds transfer (EFT) option. If you submit claims electronically to MercyOne Health Plan, this will allow you to receive payment for your claims directly into your bank account the next business day after a claim is paid. This option also allows you to receive electronic remittance advice in the same timeframe.

ENROLL NOW Select Electronic Payment and Remittance Enrollment form, under Claims. Per instructions, please complete a separate form for each office location. You can fax or mail the completed form to us via the contact information listed.

Start receiving your claims payments more promptly through EFT!

Access the Provider Administrative Manual online!

As we mentioned earlier this year, the Provider Administrative Manual (PAM) is now available as online content on your website, rather than as a PDF manual. This allows for easier viewing of all the information you need as a MercyOne Health Plan provider and also allows for more efficient and timely updates, as needed.

The easy-to-use online manual is divided into clickable sections, including Eligibility and Enrollment, Provider Policies and Protocols, Claims Processing Procedures, and much more. All information from the previous PDF document is included, but it is much easier to review and update. We hope the online PAM gives you easier access to this important information, at your fingertips!

ACCESS PAM TODAY

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Proper Documentation for Abdominal Aortic Aneurysm

An Abdominal Aortic Aneurysm (AAA) is an enlarged area in the lower part of the aorta. It is very important to monitor this condition, as it can become fatal if not monitored properly.

- A specialist often diagnoses and treats this condition, but it is important to capture all chronic conditions on an annual basis.
- There are **two** procedures that can be done to treat AAA:
  - — If there has been an open repair, it is important to note that this can no longer be coded as current
  - — If an endovascular repair has been done and there are stents put in place, AAA is still coded as active
- There should be annual imaging done to monitor the condition

Acceptable Documentation

70-year-old male in for annual wellness exam. Patient has history of AAA and recently had imaging done to monitor. Imagining showed 3.4cm.

Code: I71.40 – Abdominal aortic aneurysm, without rupture, unspecified

Providing Timely Notice of Demographic Changes

You must notify us within **30 days** of any changes to demographic and participation information that differs from the information reported with your executed provider agreement. These include, but are not limited to: tax ID changes (W9 required), office or remittance address changes, phone numbers, suite numbers, additions or departures of health care providers from your practice, ability of individual practitioners to accept our members or any other changes that affect availability to our members and new service locations. If a provider is associated with a group that is delegated for credentialing, please verify that credentialing is not affected by contacting the Provider Service Center at **1-800-991-9907**.

If a provider is associated with a group that is delegated for credentialing, please reach out to your group's point of contact for credentialing. Demographic changes must be completed by submitting a Provider Information Change Form. Provider terminations must be completed by submitting a Provider Termination Request Form.

FIND YOUR FORMS ONLINE

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CHF Home Care Connect Program

We're pleased to continue offering our Home Care Connect program for members with Congestive Heart Failure (CHF). This program combines compassionate clinical experience, advanced technology and a 24-7 virtual care center staffed with a team of specially trained RNs to reduce avoidable emergency room visits and re- hospitalization.

How does this work?

The CHF member will receive a tablet, weight scale, blood pressure monitor, and a pulse oximeter. This will allow the member to report key information such as weight, blood pressure, and other vitals and interact with a team of health care professionals when symptoms appear. In addition, the member will have access to engaging educational courses via the tablet about conditions and medications. The care team will be able to monitor and track the health of the members in near real-time every day.

What are the benefits?

Not only is it easy to use and no cost to the member, it's designed to empower the patient and relieve anxiety as symptoms appear.

Research has proven that the use of the Home Care Connect program has had a positive impact on patient health and satisfaction. Since the program was introduced in other health plans a few years ago, the 30-day readmission rate is lower for members who were enrolled in the program when compared to members not enrolled. Around 98% of participating members reported satisfaction with the program and 96% of them would recommend it to others. As a provider, you will have access to reports that will assist in understanding the patient's condition and the benefits of the program.

Who is eligible?

To be eligible, a member will need to have had a diagnosis of CHF within the past year, with 2 or more IP admissions or emergency room visits in 2023. This excludes members with a diagnosis of dementia or those who are enrolled in hospice. If you have any patients whom you believe would qualify and/or have interest, please speak to them about this program during their next visit.

If you have any questions about this program, please contact Jennifer Scott, MediGold Case Manager Director, at **614-546-4848** or email at **jashraf@MediGold.com**.

CMS Medicare Advantage Reimbursement Model V28 Changes: Spinal Disease

In 2024, CMS is shifting from V24 Risk Adjustment model to the new V28 model for Medicare Advantage reimbursement. This will influence Hierarchical Classification of Conditions (HCCs) codes related to patients.

The Spinal Disease Group had the following changes:

- V24 HCC 70 (Quadriplegia) has had all of its codes transferred to V28 HCC 180 (Quadriplegia) with a RAF increase
- V24 HCC 71 (Paraplegia) has had all of its codes transferred to V28 HCC 181 (Paraplegia) with a RAF decrease
- V24 HCC 72 (Spinal cord disorders/ injuries) mostly has had its codes moved to V28 HCC 182 (Spinal Cord Disorders/ Injuries) with a RAF decrease
  - — An exception includes the codes used for sequela to spinal cord injuries having been removed from the model

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Helpful Hints for Improving HOS Star Scores

Some of your patients may be receiving the 2024 Medicare Health Outcomes Survey (HOS) in the mail this summer. The interaction you have with your patients directly impacts HOS Star measure ratings.

- What will your patients' perception of your interactions be this year?
- Will they recall discussing issues with you that are key HOS questions?
- How can you impact their perception?

It is important that you're familiar with the HOS Star measures in order to ensure you're asking the right questions.

Five HOS Star Ratings Measures

1. Improving or maintaining physical health

- A measure of plan members whose physical health was the same or better than expected after two years.

2. Improving or maintaining mental health

- A measure of plan members whose mental health was the same or better than expected after two years.

3. Monitoring physical activity

- A measure of members indicating that their doctor discussed exercise with them.
- The member was advised to start, increase or maintain their physical activity during the year.

4. Improving bladder control

- A measure of members with a urine leakage problem in the past 6 months.
- The member discussed treatment options with a provider.

5. Reducing risk of falling

- A measure of members with a problem falling, walking, or balancing.
- The member reports discussing it with their provider and received a recommendation for how to prevent falls during the year.

These are just some of the measures to keep in mind when talking with your patients. It could make a difference as to how they complete the Health Outcomes Survey.

Do you have access to our Provider Portal?

Through the Provider Portal you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!

GET ACCESS TODAY

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