

PROVIDER UPDATE



MediGold

JUNE 2024



June is Alzheimer's & Brain Awareness Month

Currently, about 6 million Americans aged 65 and older are facing Alzheimer's Disease and related dementias. While there's no cure, ongoing research provides hope.

Adopting a healthy lifestyle, including regular exercise and proper nutrition, is suggested to lower the risk of dementia and Alzheimer's disease. Positive effects on the body can positively influence the brain, with these practices also proving effective in preventing cancer, diabetes, heart disease, and potentially reducing cognitive decline.¹

As a trusted medical provider, you can encourage your patients to adopt these behaviors to improve their health and possibly reduce their chances

of developing Alzheimer's. Preventive, healthy lifestyle choices include:

- Preventing and managing high blood pressure
- Managing blood sugar, for diabetic patients
- Maintaining a healthy weight
- Keeping physically active
- Quit smoking and avoid excessive drinking
- Prevent and correct hearing loss
- Getting enough sleep

While adopting all of these behaviors at once may seem overwhelming to your patients, encourage them to make them gradually. Step by step, they can make a big difference to their cognitive health.

¹ [cdc.gov/aging/aginginfo/alzheimers.htm](https://www.cdc.gov/aging/aginginfo/alzheimers.htm)



We're Here To Serve You.

Trinity Health Plan of Michigan 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 Trinity Health Plan of Michigan is a Medicare Advantage organization with a Medicare contract. Enrollment in Trinity Health Plan of Michigan depends on contract renewal. Benefits vary by county.



Enroll in Electronic Funds Transfer

We encourage our providers to enroll in the electronic funds transfer (EFT) option. If you submit claims electronically to Trinity Health Plan of Michigan, 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!

Referrals to In-Network Providers

All referrals and prior authorization requests for members for out-of-network services must be made by a network provider. Prior authorization is not required for referrals for in-network services, however, all referrals and prior authorization requests for out-of-network services should be made by a network provider.

You are responsible for the care of your members whether you provide the care directly or indirectly. Medical care, including diagnostic testing, sought out-of-network (excluding emergent or urgent care) at your direction

but not prior authorized, will be subject to Trinity Health Plan of Michigan's Remediation Policy.

The plan will implement progressive disciplinary steps with plan participating providers who do not comply with the contractual requirement to refer members to the plan's participating providers or fail to obtain prior authorization from Trinity Health Plan of Michigan for services listed on the plan's Prior Authorization List. These disciplinary steps include focused review, monetary penalties, and adverse participation decisions.

Atrial Fibrillation – Coding Information

Atrial fibrillation is an irregular and often rapid heart rate that can cause poor blood flow to the body and could pose a threat of a stroke. There are three types of atrial fibrillation: paroxysmal, persistent and chronic (permanent).

- Paroxysmal – two or more episodes of irregular cardiac rhythm, that last for more than 30 seconds, which go away spontaneously in seven days or less
- Persistent – irregular cardiac rhythm episodes that fail to go away within seven days
- Chronic (permanent) – irregular cardiac rhythm that has been present for more than 12 months

Important Coding Information

In order to properly code Atrial Fibrillation there needs to be supporting documentation, including a valid treatment plan. Treatment plans can include:

- Medications
- Diet
- Referrals, and
- Diagnostic exams

Common signs and symptoms are as follows, and can also be used as supporting documentation:

- Irregular heartbeat
- Palpitations
- Tachycardia
- Fatigue
- Weakness and dizziness
- Shortness of breath
- Chest pain

The Importance of Medication Adherence

Your patients taking their medications as prescribed is extremely important to their health, especially if they have chronic conditions such as diabetes, hypertension (high blood pressure) or high cholesterol.

Trinity Health Plan of Michigan wants to ensure our members are medication adherent, especially for the aforementioned conditions. To that end, we've partnered with a health organization called US-Rx Care. Their goal, directly in line with ours, is to help our members when it comes to this important aspect of their health. US-Rx Care contacts members to discuss medication management and provide any cost-saving options within the plan, helping them manage their medications overall.

Another cost-saving incentive for our members is our mail order pharmacy through CVS Caremark. This plan offers the major convenience of having maintenance medications delivered directly to their homes.

You can help by writing prescriptions for a 90-day supply of these medications so they can enroll in the program. The program also offers the added convenience of automatic refills.

What you can do

In addition to these efforts, following are a few tips you can follow to encourage medication adherence:

- Assess the patient's health literacy
- Explain why the medication is needed
- Provide written instructions on taking their medications with their personal schedule in mind
- Discuss common side effects to allay any concerns they may have about the medication
- Schedule follow-up appointments to help ensure medication adherence

CMS Medicare Advantage Reimbursement Model V28 Changes: Blood 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 Blood Disease Group had the following changes:

- V24 HCC 46 (Severe hematological disorders) changes:
 - The codes for refractory anemia and refractory cytopenia have been moved to V28 HCC 19 (myelodysplastic syndromes, multiple myeloma, and other cancers)
 - The codes for sickle cell disease and thalassemias have been split between V28 HCC 107 (sickle cell anemia (Hb-SS) and thalassemia beta zero) and V28 108 (sickle cell disorders, except sickle cell anemia (Hb-SS) and thalassemia beta zero; beta thalassemia major)
 - The codes for drug-induced hemolytic and aplastic anemias have been removed from the model

- V24 HCC 47 (Disorders of Immunity) changes:
 - Many codes have been removed from the model, including neutropenia, secondary immunodeficiency, and drug-induced pancytopenia
- HCC 48 (Coagulation Defects and Other Specified Hematological Disorders) changes:
 - Many codes were removed from the model, including secondary hypercoagulable state, sickle cell trait, unspecified and drug-induced thrombocytopenia, and senile purpura
 - The codes for severe bleeding disorders such as Von Willebrand's, primary thrombocytopenia, and other hereditary hemophilias have been moved to V28 HCC 112 (immune thrombocytopenia and specified coagulation defects and hemorrhagic conditions)

Provider Service Center Closed for Holiday

The Provider Service Center will be closed **Thursday, July 4** in observance of the Independence Day holiday. Leave us a message at **800-991-9907**.



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!



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