

# PROVIDER UPDATE

July 2023

## 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 2020. This excludes members with a diagnosis of Dementia or those who are enrolled in Hospice. You may have already received a letter from us with more details and a list of your patients that are eligible for this program.

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](mailto:jashraf@MediGold.com).

## Provider Administrative Manual

To ensure you always have the most current information, we update our Provider Administrative Manual (PAM) on a quarterly basis. The Q3 PAM is now available and can be accessed here:

<https://www.medigold.com/for-providers/tools-and-resources/provider-admin-manual>

If you have any questions, please contact our Provider Service Center at 1-800-991-9907 (TTY 711).



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## Helpful Provider Hints for Improving HOS Star Scores

Many of your patients will be receiving the 2023 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.
- and
- 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.
- and
- The member discussed treatment options with a provider.

5. Reducing risk of falling

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

### Codes for Power Wheelchairs

MediGold, in accordance with CMS, is excited to announce the newly issued coverage for four new DME CPT codes for Power Wheelchairs in a Memo from May 2023. MediGold has added these new codes to the Prior Authorization List found on our website (<https://www.medigold.com/for-providers/tools-and-resources/utilization-management/prior-authorization-medigold>).

The codes are E2300 Power Seat Elevation, E2301 Power Standing Feature, E2310/E2311 Electrical Connections. These are now published on the Prior Authorization list following this recommendation by CMS and will follow CMS published criteria for medical necessity.

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## Diabetes Uncontrolled

Diabetes Uncontrolled is often used as an umbrella term for Diabetes with Hyperglycemia or Diabetes with Hypoglycemia. In order to make sure the proper code is selected, medical record documentation must clearly indicate the presence of hyperglycemia or hypoglycemia. Documentation of Uncontrolled DM alone does not allow coders to assign a specific code. If Uncontrolled DM is documented without either of those phrases, E11.9 - Type 2 diabetes mellitus without complications, is the associated code.

It is best practice to clearly identify any diabetic complications and causal relationships with linking verbiage such as due to or secondary to.

### Acceptable Documentation

- 70-year-old female here for DM follow-up
- Poorly controlled diabetes with hyperglycemia, working on controlled diet
- Code: E11.65 - Type 2 diabetes mellitus with hyperglycemia

### Unacceptable Documentation

- 70-year-old female here for DM follow-up
- Uncontrolled diabetes, working on controlled diet
- The code that would be selected for the above documentation would be E11.9 - Type 2 diabetes mellitus without complications, is the associated code

## 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. Forms are available online at [MediGold.com/For-Providers/Tools-and-Resources/Forms](https://www.MediGold.com/For-Providers/Tools-and-Resources/Forms).

## Ozempic and other GLP-1 Drugs Not Covered by Medicare for Weight Loss

The Food and Drug Administration approved Ozempic to treat Type 2 diabetes in December 2017. Despite the prevalence of obesity among older adults, the Centers for Medicare & Medicaid Services (CMS) does not cover any weight loss drugs; therefore, the Medicare Part D benefit is prohibited from covering Ozempic and other GLP-1 drugs "used for anorexia, weight loss or weight gain (even if used for a non-cosmetic purpose (i.e., morbid obesity))," according to the Medicare Prescription Drug Benefit Manual. ■