

Provider UPDATE

MERCYONESM

Health Plan

MediGold

Thank you, network providers!

It's been a momentous year for our health plan and you, our dedicated providers! As we enter 2024, we want to share our gratitude for all you've done this year to provide high-quality and compassionate care to our members.

We appreciate your partnership in delivering the best possible outcomes for your patients. From all of us at MercyOne Health Plan, we wish you joy and good health this holiday season and in the coming year!

Changes to diabetic testing supplies for 2024

Effective January 1, 2024, MercyOne Health Plan members must obtain their diabetic testing supplies, as well as continuous glucose monitors, at any of our 66,000 in-network retail pharmacies nationwide or through our mail order pharmacy, CVS Caremark.

Beginning January 1, 2024, the following preferred blood glucose monitors and test strips will be covered:

- LifeScan: OneTouch Ultra Blue or OneTouch Verio
- Roche: Accu-Chek Plus, Accu-Chek Aviva, Accu-Chek Smart View or Accu-Chek Guide

For Continuous Glucose Monitoring system (CGM), the following preferred CGM supplies will be covered:

- DexCom
- FreeStyle Libre

Only these brands of preferred monitors, test strips or continuous glucose monitoring system and supplies will be covered by the plan effective January 1, 2024. For your patients to obtain new blood glucose monitors, test strips and lancets or CGM and supplies, please submit a new prescription with refills for a full year to their pharmacy on file with your office.

If you need more information regarding this change, please contact Provider Services at 1-800-991-9907 (TTY:711).

WE'RE HERE TO SERVE YOU.

[MediGold.com/For-Providers](https://www.MediGold.com/For-Providers)

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

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.

Provider Service Center closed for holiday

Our call center will be closed Monday, December 25 and Monday, January 1, in observance of the Christmas and New Year's holidays.

New readmissions process for 2024

Your health plan has worked diligently on our clinical processes for 30-day readmissions. Our current workflow, which has been in place since January 1, 2022, will be sunseting effective December 31, 2023, and a new process will take its place on Jan 1, 2024. You should have received notice from our health plan recently outlining the changes.

On January 1, 2024, MercyOne Health Plan will transition to the below readmissions process:

When the Utilization Management Team determines that an Inpatient admission is a 30-day readmission to a facility, the health plan will use clinical judgment to determine if the care provided for the subsequent admission is for the same or closely related clinical condition as the prior condition or due to a potential complication related to

a previous procedure/service/admission. The clinical team will also review for potential issues related to premature discharge or preventable with appropriate discharge planning.

The health plan has exclusions the clinical team will review. Readmission exclusions are:

- Oncology related services
- Behavioral health related services
- Transplant related services
- Patients who have left against medical advice (AMA)

If the clinical team determines that the admissions are related to each other, the original admission will be linked to the second/subsequent admission(s) and combined as one authorization. If they are not deemed to be related or meet an exclusion, a new authorization will be created. The UR Nurse will communicate the decision back to the servicing provider.

Any updates in your office?

We want to be informed of any status changes in your practice, including your ability to accept new patients, any office relocations, new addresses or phone numbers, and so on.

It's easy to advise us of these changes. Please complete the [Provider](#)

[Information Change Form](#), located under "Network Providers – Data Update Forms."

Please complete this form with any changes, such as the above. Once complete, please fax the form to 614-234-8673. Thank you for keeping us informed!

CMS Medicare Advantage reimbursement model V28 changes: Metabolic disease

In 2024, the Centers for Medicare and Medicaid Services (CMS) will begin to shift 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 Metabolic Disease Group had the following changes:

- V24 HCC 21 (Protein-Calorie Malnutrition), and all codes in that HCC were removed from the model.
- V24 HCC 22 (Morbid Obesity) is staying but will decrease by 0.077 on average across all populations.
- V24 HCC 23 had several commonly coded conditions removed from the model and

V24 HCC 23 had several commonly coded conditions removed from the model and rest of the codes split between V28 HCC 21, HCC 49 (Specified Lysosomal Storage Disorders), HCC 50 (Amyloidosis, Porph-yria, Other Specified Metabolic Dis-orders), HCC 51(Addison’s and Cushing’s Diseases, Acromegaly, Other Specified Endocrine Disorders), HCC 115 (Specified Immunodeficiencies, White Blood Cell Disorders), and HCC 202 (Coma, Brain Compression/Anoxic Damage)

Commonly coded conditions that were removed from the model include all forms of hyperparathyroidism, all forms of hyperaldosteronism, and drug-induced adrenocortical insufficiency.

Myocardial Infarction coding tips

Type 1 Myocardial Infarction (MI) occurs when blood flow to an area of the heart muscle is severely diminished or entirely blocked due to a primary coronary event such as plaque erosion or rupture. In non-ST elevation MI (NSTEMI), the arterial blockage is incomplete and only partial thickness damage to the heart muscle occurs.

Common symptoms of NSTEMI are chest pain, shortness of breath, nausea, vomiting, diaphoresis, palpitations, and cardiac arrhythmia. Testing the levels of cardiac troponin can indicate the occurrence of a MI.

- Identify and document the number of weeks since the MI occurred
- Indicate subsequent MI appropriately
- Document when a NSTEMI evolves into a STEMI and when a STEMI converts into a NSTEMI because of thrombolytic therapy
- If the patient is still receiving care for the MI, then you should use the term ‘aftercare’ and if the patient no longer receives care for the MI, use the term ‘old’ or ‘healed’ MI
- Document the exact site (for example, left main coronary, anterolateral wall or true posterior wall)

ICD-10	Description	Coding Guidance
I21.x	STEMI and NSTEMI (Acute)	MI specified as acute or with a stated duration of 4 weeks (28 days) or less from onset
I22.x	Subsequent MI	Acute MI occurring within 4 weeks (28 days) of a previous acute MI. Can only be assigned when previous MI was type 1 or unspecified.
I25.2	Old MI	Healed or past MI diagnosed (greater than 28 days)

MercyOne Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in MercyOne Health Plan depends on contract renewal. Benefits vary by county.