

# PROVIDER UPDATE



MediGold

MAY 2024



## May is Mental Health Awareness Month

As providers, you know how important your patients' mental health is to their overall wellbeing. There are numerous resources available to your patients to improve their mental health. One aspect that may be overlooked – simply moving!

Movement looks different for everyone - maybe your patients take exercise classes, walk, or do household chores. Movement has the power to transform their mental states and even reduce the risk for diseases like dementia. Moving our bodies releases endorphins and helps relieve stress.

It also allows us to take a break from everyday challenges and responsibilities, and helps emotions move through our bodies.\*

Encourage your patients to keep moving to help improve their mental health!



The SilverSneakers® benefit can help; our members. [GET STARTED HERE](#)

*\*University of Colorado Boulder,  
"Mental health is ... Moving your body."*



## 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)

<sup>1</sup> 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.

# Reminder: Medicare Advantage 30-Day Readmission Claim Submission Guidance

In concurrence with our readmissions policy effective 1/1/24, as outlined in the January 2024 Provider Update, approved 30-day readmissions must be combined with the initial admission and reported on the same UB-04 claim form. Claim reimbursement will be administered as one claim and one reimbursement methodology in accordance with the Hospital's Reimbursement Schedule of their contract.\*

## **Always submit claims per the direction of the authorization and level of care made by the Plan.**

An encounter identified by the Plan as a readmission within 30 days of the initial

Trinity Health Plan of Michigan adheres to the Medicare Claims Processing Manual, Chapter 3, Section 40.2.6.

\*Please note that previously paid inpatient encounters deemed to include days related to the approved 30-day readmission will be recouped with final payment administered on final claim. Correct billing guidelines must be adhered to for the Plan to facilitate timely and accurate claims payment.

\*\*Also, claims that are not submitted correctly as a readmission will be denied with explanation Code D9 (claim not billed as resubmission-resubmit for consideration) and CARC Code 249 (This claim has been identified as a readmission.) If you have any questions about this new process, please contact our Provider Service Center at 1-800-991-9907 (TTY:711).

admission must be combined and submitted with the following data elements\*\*:

- Occurrence span code 74: Report dates leave of absence (LOA) began and ended.


Following optional data element may be used to further define claim as having non-covered LOA days:

- Revenue Code 018X: Leave of absence days may be shown under revenue code 018x. (Claims will NOT be denied if revenue code 018X is omitted.)

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## Please Review: Diabetic testing supplies – changes for 2024

Effective January 1, 2024, Trinity Health Plan of Michigan members must obtain their diabetic testing supplies, as well as continuous glucose monitors, at any of our 64,000 in-network retail pharmacies nationwide or through our mail order pharmacy, CVS Caremark.

 Most diabetic testing supplies are covered at both retail and mail order locations.

However, blood glucose monitors must be filled at a retail pharmacy only using the voucher provided to our members. [GET THE VOUCHER HERE](#)

The following preferred blood glucose monitors and test strips are now 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 are now covered:

- DexCom
- FreeStyle Libre

Only these brands of preferred monitors, test strips or continuous glucose monitoring system and supplies are covered by the plan, effective January 1. For your patients to obtain new blood glucose monitors and test strips 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).

# Utilization Management Readmission Process Update

You have given us feedback and we are listening! As of June 1, Trinity Health Plan of Michigan will be adjusting the processing of our readmissions internally. Our priority is always to be provider and member friendly, with the hopes of nurturing strong partnerships.

It has been a rare scenario since January 1, but we are seeing some of our chronically, critically ill patient population continue to readmit. Initially in our new readmissions policy, the process was to re-open the initial authorization and link the cases together, if they were deemed related. We have seen more than expected readmit three- and four-plus times causing that “anchor” auth to extend much longer than originally anticipated. So after a thorough review of those cases and how to make the readmission policy more appropriate, we decided to add an episode of care of 60 days.

For example, if a member has a history as below, with days starting 1/1/24, this is what the stay would look like if they were all related in the **new** 60-day episode of care:

1/1/2024 - 1/10/2024 – Original admission/auth created

1/11/2024 - 1/30/2024 – Leave of absence

1/31/2024 - 2/9/2024 – Readmission related auth linked to original

2/10/2024 - 3/5/2024 – Leave of absence

3/6/2024 - 3/10/2024 – Readmission related auth; **new auth created**, as it passes 60 days from the first admission/episode of care. This also starts a new 60-day episode of care, for any future readmissions.

In our current policy, the third and all subsequent readmissions would be linked to the January 1 admission. That will no longer be the case. Please contact Utilization Management with any questions related to this and all UM matters.

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## Request for Claim Review

Providers may request a review of a paid or denied claim once the original claim determination has been made. A request for claim review should only be made when you have reason to believe that your claim was processed incorrectly, or when you have additional information to provide regarding your claim that would support your request for reconsideration. The Request for Claim Review Policy and Instructions Form is located on our website. [ACCESS IT NOW](#)

Trinity Health Plan of Michigan encourages both participating and non-participating providers to utilize **our toll-free fax number: 1-833-263-4871** to submit the Request for Claim Review Policy and Instructions Form instead of sending the request via FedEx, UPS or USPS. The fax number will route your request directly to the Trinity Health Plan of Michigan’s claims department for review, thereby saving time and facilitating faster service.





## Alcohol Use Disorder

According to The National Institute on Alcohol Abuse and Alcoholism, Alcohol Use Disorder is a chronic relapsing brain disorder characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.

### Important Coding Information

When the provider documentation refers to use, abuse and dependence of the same substance, only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are present, assign only the code for abuse
- If both abuse and dependence are present, assign only the code for dependence
- If use, abuse and dependence are all present, assign only the code for dependence

- If both use and dependence are present, assign only the code for dependence

#### Alcohol use disorders

F10.1\_Alcohol Abuse

F10.2\_Alcohol Dependence

F10.9\_Alcohol Use

Complications and associated conditions include:

- Intoxication, withdrawal, delirium, perceptual disturbance
- Mood, anxiety, sleep, sexual dysfunction, depressive, psychotic disorders
- Psychoactive substance withdrawal can occur in individuals who do not have a diagnosis of dependence but who use the substance regularly and suddenly stop use

## CMS Medicare Advantage Reimbursement Model V28 Changes: Gastrointestinal

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 Gastrointestinal Disease Group had the following changes:

- V24 HCC 33 (intestinal obstruction/perforation) had all of its codes moved to V28 HCC 78 (intestinal obstruction/perforation) with a RAF increase
- V4 HCC 34 (chronic pancreatitis) had all of its codes moved to V28 HCC 79 (chronic pancreatitis) with a RAF increase
- V24 HCC 35 had its codes split between V28 HCC 80 [Crohn's Disease (regional enteritis)] with a RAF increase of 0.156, and V28 HCC 81 (ulcerative colitis) with a RAF decrease

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# Provider Advocacy – Dos and Don'ts

As a trusted resource, we realize you may receive questions about Trinity Health Plan of Michigan from patients, colleagues, family members or friends. Please keep these dos and don'ts in mind when talking about Trinity Health Plan of Michigan.

## DO

- Promote Trinity Health Plan of Michigan with your patients, and encourage them to look into our plan
- Promote our 2024 plans' product and benefit information



- Share Trinity Health Plan of Michigan social content from **Facebook** pertaining to product and benefit information. [VISIT FACEBOOK](#)



- Encourage friends, family and colleagues to visit our website. [LEARN MORE NOW](#)

## DON'T

- Accept completed enrollment applications in your office
- Talk about our benefits in the exam/care setting
- Create your own original marketing content

**Have concerns or questions?** Please feel free to reach out to the marketing team by email at **Communications@MediGold.com**. We greatly appreciate your support!



## Provider Service Center Closed for Holiday

The Provider Service Center will be closed **Monday, May 27** in observance of the Memorial 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!



[GET ACCESS TODAY](#)