

PROVIDER UPDATE

August 2023

August is National Immunization Awareness Month

August is National Immunization Awareness Month, which highlights the importance of vaccination for people of all ages – including your patients.

As you have no doubt heard, the Federal COVID-19 Public Health Emergency (PHE) ended on May 11, 2023. “The U.S. has mobilized and sustained a historic response to the COVID-19 pandemic,” according to the Centers for Disease Control and Prevention (CDC). “As a nation, we now find ourselves at a different point in the pandemic – with more tools and resources than ever before to better protect ourselves and our communities.”

Access to COVID-19 vaccines will generally not be affected for now, with free COVID-19 vaccines for all adults and children still available. The U.S. government remains committed to continued access to COVID-19 vaccines.

In observance of National Immunization Awareness Month, we hope you will continue to encourage your patients to take advantage of free COVID-19 vaccines and boosters, as they are available. On a related note, insurance providers will no longer be required to waive costs or provide free COVID-19 tests. However, most MediGold and our affiliated plans will continue to cover COVID-19 at-home tests as part of our over-the-counter supplemental benefit.*

**Not applicable to all plans.*



Enroll in Electronic Funds Transfer (EFT)

We encourage our providers to enroll in the electronic funds transfer (EFT) option. If you submit claims electronically to MediGold, this will allow you 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. Please go to MediGold.com for the Electronic Payment and Remittance Enrollment form (www.medigold.com/for-providers/tools-and-resources/forms.)

Upcoming Closure – Labor Day

In observance of the Labor Day holiday, the Provider Service Center will be closed Monday, September 4, 2023.

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

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New CMS Medicare Advantage Reimbursement Model

In 2024 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.

ICD-10 Codes

- Under the new rule, there are 2,264 ICD-10 diagnosis codes that will no longer result in an HCC code.
- Categories that were affected most include, but are not limited to atherosclerosis, protein malnutrition, angina, and mild depression.

Change in Risk Score Weight

- In addition to diagnosis code reduction, the risk score associated with some HCCs will change.
- There are many chronic conditions, such as Diabetes and COPD that will coincide with lower risk score weights.
- Some conditions that will see an increase in risk score weights include A fib, CKD 4, and CHF.

Hierarchical Condition Category (HCC) Disease Group				
Disease Group	v24 HCC	v24 Coefficient	v28 HCC	v28 Coefficient
Diabetes	18/108 Diabetes w/PVD	0.302 + 0.288	37 Diabetes w/PVD	0.166
A fib	96 Atrial Fibrillation	0.268	238 Atrial Fibrillation	0.299
CHF	85 Congestive Heart Failure	0.331	226 Congestive Heart Failure	0.36
CKD	137 chronic kidney disease, stage 4	0.289	327 chronic kidney disease, stage 4	0.514

CMS 2024 Final Rule – Reminder of Appointment Wait Times

The Centers for Medicare & Medicaid Services (CMS) reminds providers of the following minimum standards for appointment wait times for its 2024 Final Rule. The minimum standards are as follows:

- (A) Urgently needed services or emergency – Immediately
- (B) Services that are not emergency or urgently needed, but the enrollee requires medical attention – Within 7 business days
- (C) Routine and preventive care – Within 30 business days.

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Coding Tips: Human Immunodeficiency Virus (HIV)

HIV is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. If left untreated, HIV can lead to the disease AIDS (acquired immunodeficiency syndrome).

Lifelong chronic conditions, such as HIV, often require ongoing medical attention and the diagnoses are typically unresolved once diagnosed. It is appropriate to report these conditions, even when stable or documented in the past medical history at the time of the encounter.

Important Coding Information

Code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be used when there are not symptoms or HIV related conditions documented.

Code B20, Human immunodeficiency virus [HIV] disease, is to be applied when there are other associated HIV conditions such as AIDS.

Code B97.35, Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere is to be used when the patient has HIV 2, which is a less common type of HIV.

Reminder -- 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 NOT 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).

Prior Authorization List Update

MediGold, in accordance with CMS, is excited to announce the newly issued coverage for the Alzheimer's Medication called LEQEMBI. The CPT code assigned to this medication is J0174. MediGold has added these new codes to the [Prior Authorization List](#) found on [MediGold.com](https://www.MediGold.com). These are now published on the Prior Authorization list following this recommendation by CMS and will follow published criteria for medical necessity.

Essette Provider Portal Update

As a reminder, we have expanded our Essette Provider Portal to allow hospital and skilled nursing facilities to send admissions. The portal will allow for notification of the admissions as well as concurrent review. Prior authorization is still available for those services on the Prior Authorization List, as well. If you are interested in obtaining access, please notify Lindsey Glass, Manager UM, at lindsey.glass@medigold.com