PROVIDER UPDATE

Trinity Health Plan Of New England

MediGold

AUGUST 2024

Important Update Regarding Change Healthcare and 835 Files

As you may recall, Change Healthcare (CHC) experienced a cybersecurity issue impacting the healthcare sector nationally in February of this year. Trinity Health Plan Of New England's ability to process and pay claims was not impacted. However, providers who utilized Change Healthcare as their claims clearinghouse were unable to submit claims to Trinity Health Plan Of New England nor receive electronic remittance advices (also known as 835 files) from us in return. Furthermore, Change Healthcare indicated at that time that they were not exchanging data with other clearinghouses and they were unable to distribute 835 files prior to June. Many providers switched to alternative claims clearinghouse partners during the cyber event period.

Our understanding is that if you were a CHC client at any time during the event, CHC/Relay Exchange has 835 electronic remittance files going back to the beginning of the event. Providers still needing outstanding 835 files from the cyber event period should work with their trading partners and CHC/Relay Exchange to secure outstanding 835 files. Trinity Health Plan Of New England does not have the ability to produce outstanding 835s from the cyber event period for providers. We appreciate your support.

We're Here To Serve You.

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

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Upcoming Closure – Labor Day

In observance of the Labor Day holiday, the Provider Service Center will be closed **Monday, September 2, 2024**.

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

REMINDER

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 New England, 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!

Utilization Management Elective Procedure Prior Authorization Reminder

As a reminder to all providers, elective hospital admissions (medical, surgical, and behavioral health) require a Prior Authorization for the procedure to be performed PRE-SERVICE. This is on the Prior Authorization List that is available in our **Provider Administrative Manual**. The authorization that is completed for the procedure does NOT include the bed type decision. Once the patient admits for the procedure that was prior authorized, the hospital notification will still need to be sent for a bed type review (including Inpatient Only Procedures).

The Utilization Review nurse will review the procedure that was performed and issue a bed type determination at that time. This is a two-step process.

For any questions, please refer to the **Prior Authorization List** or call Utilization Management with any clarifying questions at **1-800-240-3870**.

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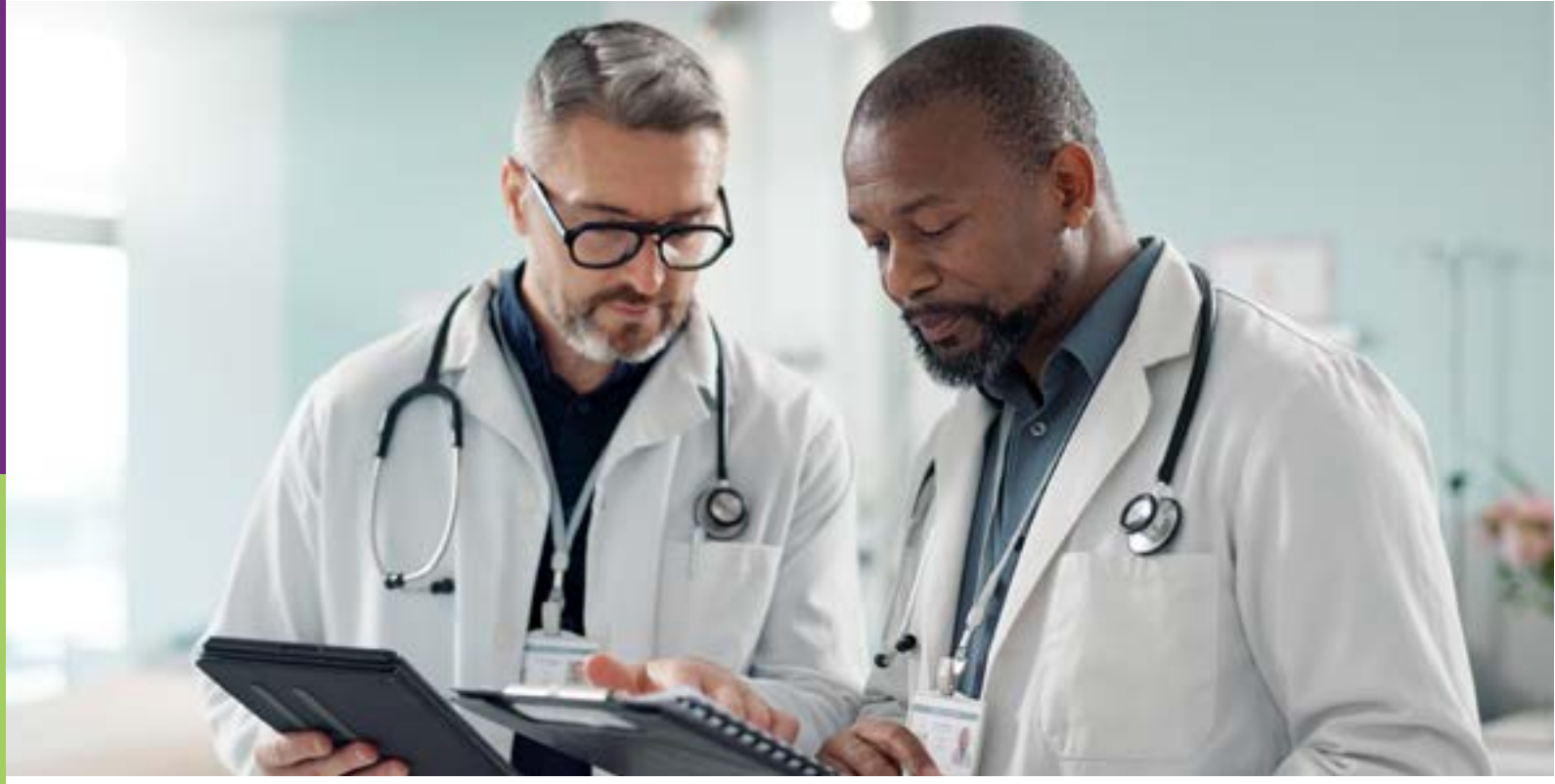

Utilization Management Request for Review of Inpatient Status Clarification

In cases where the hospital case manager and Trinity Health Plan Of New England utilization review nurse do not agree on a bed type determination (inpatient or observation):

STEP 1: Hospital case manager sends additional clinical information to the Trinity Health Plan Of New England utilization review (UR) nurse to review. The UR nurse will confirm new clinical information is sent, review it, and either uphold or overturn the original decision. If a consensus cannot be reached at the nurse level, please move to step 2.

STEP 2: Physician-to-Physician (peer-to-peer). A physician involved with the patient's care or physician advisor may request a physician-to-physician (peer-to-peer) discussion with a medical director by calling Utilization Management at **1-800-240-3870** within two business days of receiving the notice of determination. (If peer-to-peer is post-discharge, it is considered a request for review of inpatient status in step 3 and will be the final clinical review given.) If you do not wish to have a physician-to-physician discussion and there is additional information to be reviewed, please move to step 3.

NOTE** If a physician-to-physician discussion is had during the hospital stay, the hospital may then request their post discharge review within 90 days. If the discussion is had after discharge, that will satisfy the one post discharge review given for the authorization in question.

STEP 3: Request for review of inpatient status. All post-discharge requests for review must be submitted to **1-833-263-4866** within 90 days from the date of discharge. This is a final review of your bed type determination and a decision will be provided within 7-10 business days of submission.

The goal of Trinity Health Plan Of New England is that all bed type determinations are made as concurrently as possible, giving the provider the option to have all 3 steps performed if they choose.

IMPORTANT NOTE: Please do not send additional clinical requests to the claims department as a claims dispute. Clinical requests for review should ALWAYS come through Utilization Management. The claims dispute process is for claims related denials only, not medical necessity decisions or additional reviews.

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SS&C Technologies Mailroom Moves

The SS&C Mailroom formerly located in Birmingham, Ala. moved to the Kansas City, Mo., location effective August 1.

As part of this move, providers and/or facilities currently sending documents directly to the Birmingham location are advised to mail to the new address in Kansas City. The current Birmingham PO Box will be forwarded for a limited time.

If overnighting directly to SS&C, please ensure all packages are sent using the new mailing address effective August 1.

Any email correspondence currently being sent to the Birmingham location will need to be sent to the new distribution list for the Kansas City mailroom location. Please see new information below.

HSKCMailCenterTeam@dstsystems.com

FORMER PO BOX	NEW PO BOX
PO Box 830697 Birmingham, AL 35242	PO Box 219273 Kansas City, MO 64121-9273

FORMER MAILING ADDRESS	NEW MAILING ADDRESS
2500 Corporate Drive Birmingham, AL 35242	430 W 7th Street, Suite 219273 Kansas City, MO 64105-1407

Contact information for SS&C:
Help Desk at **1-800-865-4879**
SERVICENOW

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

- V28 HCC 35 (Pancreas transplant status) has been added to this grouping at the top of the hierarchy
- V24 HCC 17 (Diabetes with acute complications) had all of its codes moved to V28 HCC 36 (Diabetes with severe acute complications) with the exception of drug or chemical-induced diabetes which were removed from the model in every V24 HCC
- V24 HCC 18 (Diabetes with severe acute complications) had all of its codes moved to V28 HCC 37 (diabetes with chronic complications)
    - The codes for hypo and hyperglycemia were moved to V28 HCC 38 (Diabetes with glycemic, unspecified, or no complications) which resulted in a RAF decrease
- V24 HCC 19 (Diabetes without complication) had all of its codes moved to V28 HCC 38

Diabetes with Complications

Diabetes mellitus (DM) is a metabolic disease that involves the metabolism of glucose in the body. Individuals with DM are typically prescribed insulin or drugs that assist in lowering glucose levels.

Diabetes has a long list of associated chronic complications. These conditions can be linked even if the documentation does not specifically link them, and unless the documentation clearly states they are not causal, they will be linked under ICD-10-CM coding guidelines. It is still expected that both the diabetes and complication have individual support.

E11.1- Type 2 Diabetes with ketoacidosis

E11.2- Type 2 Diabetes with kidney complications

E11.3- Type 2 Diabetes with ophthalmic complications

E11.4- Type 2 Diabetes with neurological complications

E11.5- Type 2 Diabetes with circulatory complications

E11.6- Type 2 Diabetes with other specified complications

Important Coding Information

The one exception to the above statement involves conditions under the not elsewhere classified (NEC) category. Examples include E11.59 (Type 2 Diabetes with other circulatory complications) and E11.69 (Type 2 diabetes with other specified complications). The provider must explicitly state what the "other" complication is and the linked relationship with diabetes.

Sufficient Documentation

EXAMPLE 1

HPI: Patient present with Type 2 DM and hyperlipidemia due to diabetes complications. Patient will continue Metformin for DM and work on diet control along with continue their statin.

Code: E11.69 (Type 2 diabetes with other specified complications)

EXAMPLE 2

HPI: Patient present with Type 2 DM and neuropathy. Patient will continue Metformin for DM and work on diet control. Sensation has decreased and patient will start Gabapentin.

Code: E11.40 (Type 2 diabetes with diabetic neuropathy, unspecified)

Insufficient Documentation for Linkage

HPI: Patient present with Type 2 DM, recent a1c of 7.5, continue Metformin

Problem List: Neuropathy

Code: only E11.9 (Type 2 diabetes, uncomplicated) since there is no support for the neuropathy

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

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