PROVIDER UPDATE

Trinity Health Plan Of New England

MediGold

NOVEMBER 2024

We are Leaving the Connecticut Market

We regret to inform all of our Trinity Health Plan Of New England providers that we have made the difficult decision to exit the Connecticut marketing beginning January 1, 2025. The Trinity Health Plan Of New England will no longer be offered in 2025. It will end on December 31, 2024, the last day of coverage for this year.

We have informed all plan members of this decision, and have advised them how to seek Medicare coverage elsewhere either with another Medicare Advantage plan (with or without Part D coverage), or Original Medicare and a Part D Plan. We have also advised them that we will cover all claims for services provided through December 31, 2024.

This also applies to our providers. Please continue to submit claims to us for services provided through December 31, 2024. For your convenience, we will accept these claims through March 31, 2025 or the timely filing limitation prescribed in your Participation Agreement, if different. Please submit all claims by that date, for 2024. You will also have access to our Provider Portal until March 31, 2025. The Provider Portal allows you to verify eligibility, view claims history and payment status and send our Provider Services team secure messages.

Access The Provider Portal

We have made clear to all our members that they will still have access to high-quality care, extra wellness benefits, and expert member support through the last day of their coverage on December 31, 2024. This includes coverage for any claims they have through December 31, 2024, as mentioned.

It has been our privilege to serve you and our members. Please direct any questions about this change to our Provider Service Center at **800-991-9907 (TTY 711)**.

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.

24_PN_HQ_NOVPRU_02665

Peer to Peer Process Update

Effective immediately, the process for Peer to Peers (P2P) will be updated as follows:

The Physician Services Department will make two outbound attempts to schedule a P2P that has been requested. These attempts will be made on different days, which the Health Plan will document in the member's authorization, as attempts to schedule. After the two attempts with no return call to discuss the admission, the request will be reviewed by our Medical Director, and this decision will be a final review of the bed type determination. The Health Plan will not accept another post discharge review, either through a P2P request OR Request for Review of Inpatient Status.

Our goal is to have prompt follow up and communication between our Participating Providers and the Health Plan. This change will ensure that both parties have effective use of time, and that the member gets prompt review of their hospital status for copays and claims payment. Thank you for your participation.

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

- V24 HCC 157 (Pressure ulcer of skin with necrosis through to muscle, tendon, or bone) had all of its codes moved to V28 HCC 379 (Pressure ulcer of skin with necrosis through to muscle, tendon, or bone) with an increase in RAF
- V24 HCC 158 (Pressure ulcer of skin with full thickness skin loss) had all of its codes moved to V28 HCC 381 (Pressure ulcer of skin with full thickness skin loss) with a decrease in RAF
- V24 HCC 159 (Pressure ulcer of skin with partial thickness skin loss) had all of its codes moved to V28 HCC 382 (Pressure ulcer of skin with partial thickness skin loss) with an increase in RAF
- V24 HCC 161 (Chronic ulcer of skin, except pressure) had two codes removed from the model, and the rest split between V28 HCC 380 (Chronic ulcer of skin, except pressure, through to bone or muscle) and V28 HCC 383 (Chronic ulcer of skin, except pressure, not specified as through to bone or muscle)
- Codes moving to V28 HCC 380 included the codes for non-pressure chronic ulcers with muscle or bone involvement, which had an increase in RAF
- Codes moving to V28 HCC 383 included codes for diabetes with ulcer, atherosclerosis of arteries and grafts with ulcer, and non-pressure chronic ulcers with skin or fat layer involvement. These codes received an increase in RAF
- The two codes that were removed were for drug or chemical-induced diabetes with ulcer
- V24 HCC 162 (Severe skin burn or condition) had most of its codes moved to V28 HCC 385 (Severe skin burn) with an increase in RAF
- V28 HCC 387 is made up of codes that were not HCCs in V24. This includes codes for sarcoidosis of the skin, pemphigus and pemphigoid skin conditions, and pyoderma gangrenosum

Sepsis Coding Tips

Sepsis usually starts with localized infection that enters the blood stream and then affects the tissues and organs of the patient. The cause of systemic infection is usually pneumonia, UTI, influenza, E. coli, etc. These infections may show symptoms such as tachycardia, leukocytosis, tachypnea, and fever. It cannot be assumed the patient has sepsis or SIRS based on symptoms alone, the provider must document their clinical judgement and testing results. Due to the severity of this condition is, it is typically not diagnosed in the outpatient setting.

Important Coding Documentation

- Sepsis is coded based on the causative organism (i.e., Listerial sepsis, Streptococcal sepsis, Sepsis due to Staphylococcus aureus, Sepsis due to Escherichia coli etc.)
- If the underlying infection or organism is not specified for an accurate diagnosis, code A41.9, Sepsis, unspecified organism
- The main ICD-10 diagnosis categories for Sepsis are A40- (Streptococcal sepsis) and A41- (Other sepsis)
    - o Outside of those two categories, sepsis can also be found under the disease category in which the sepsis originated, i.e. Salmonella sepsis is found under A02- (Other salmonella infections) and Listerial sepsis under A32- (Listeriosis).

Correct Coding of Sepsis (Inpatient)

A: Streptococcal sepsis, unspecified (A40.9) - Patient arrived with elevated heart rate, fever and confusion. Lab results showed positive for Streptococccal sepsis.

P: Treatment includes IV antibiotics, aggressive IV fluids to prevent organ failure, supplemental oxygen, careful monitoring of vital signs and organ function

Incorrect Coding of Sepsis (Outpatient)

A: Streptococcal sepsis, unspecified (A40.9) - Patient is here for follow-up visit of sepsis. Was admitted and diagnosed with Streptococcal sepsis.

P: Continue antibiotics

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

24_PN_HQ_NOVPRU_02665