



PROVIDER CONNECTIONS

A Monthly Newsletter for HealthTeam Advantage Providers

Required Annual Model of Care Training for CSNP Providers

The Center for Medicare and Medicaid Service (CMS) requires that all providers seeing beneficiaries enrolled in a Chronic Special Needs Plan (CSNP), such as our Diabetes and Heart Care Plan participate annually in Model of Care (MOC) Training.

We need all administrators to support us by ensuring all providers have completed this requirement every year.

HealthTeam Advantage is committed to making this training available to you and your providers on a variety of platforms, and in-person when feasible.

All providers can visit our [website](#) to access the training and choose one of the following formats:

1. Read the MOC Training Slides via PowerPoint and complete the attestation form* at the end.
2. Read the MOC Training document via PDF and complete the attestation form* at the end.
3. Watch the 2021 MOC Training Video and complete the attestation form* at the end.

*Please note that completing the training in full is required. An attestation form must be completed, signed, and submitted by the individual provider to obtain

credit for the training.

If you have any questions about the status of your training and attestation requirements, you may email providerconciierge@healthteamadvantage.com or call [1-855-218-3334](tel:1-855-218-3334).



October Virtual Roundtable: For our DME Providers

Thursday, October 28th from 2 pm to 3 pm

RSVP required

Your provider services team cordially invites you to join our next session.

Please plan to join us if you want to learn more about:

- our provider portal on accessing your claims
- checking member eligibility
- how to use the Acuity Connect portal for prior authorizations (including auto approvals on CPAP's and BiPap's)
- how to find and use our prior authorization list
- why we need the referring provider's name
- NPI on your claims
- and more!

Please RSVP to providerconciierge@healthteamadvantage.com with the following information:

- Name
- Practice/Facility

- Email Address
- Job Title

Once we receive your RSVP, a calendar invitation will be sent to you with the link to join us virtually on October 28th.

Important Plan Changes for 2022

- HealthTeam Advantage has issued a service area reduction for 2022. This means HTA will NOT be available in 2022 in the following counties: Anson, Burke, Cleveland, Lincoln, Stanly, Union.
- HealthTeam Advantage PPO I and II will be available in Alamance, Davie, Davidson, Forsyth, Guilford, Randolph and Rockingham counties.
- HealthTeam Advantage HMO CSNP plan is expanding! The special needs plan will now be available in Alamance, Guilford, Randolph and Rockingham counties.

2022 Plan Documents Available

- Next year's plan documents (Summary of Benefits, Evidence of Coverage, Annual Notice of Change and Formularies) are now available on our [website](#).
 - The prior authorization list is also published and available under the 2022 Tools section of our [website](#).
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Annual Wellness Visits

What is the Annual Wellness Visit and why is it needed for my patients? Remember the old saying, “An ounce of prevention is worth a pound of cure?”

[Read More](#)

Three Unique Codes and How They Should Be Used

Medicare preventive wellness visits fall into three categories:

1. Initial Preventive Physical Exam (IPPE)
2. Initial Annual Wellness Visit (AWV)
3. Subsequent Annual wellness Visit

Patients that are enrolled in Medicare, are eligible for a welcome to Medicare Visit during the first twelve months of enrollment. The one -time visit includes a vision screening, vital signs, depression screening, and other assessments that are meant to gauge the health and safety of an individual patient. This is the Initial preventive physical exam (IPPE). **This visit must be coded using CPT G0402.** Once a patient has been enrolled for more than twelve months, this code will be rejected regardless of whether the IPPE visit previously took place or not.

Once a member has been enrolled in Medicare for twelve months, they are eligible for an Annual Wellness Visit (**AWV**). If they completed an IPPE, the member is eligible for the initial AWV on the first day of the same calendar month the following year. An AWV includes:

- Measurements of height, weight, and blood pressure
- Review of any specialists
- Screenings for memory loss and depression
- Review of other tests (mammogram, colon cancer etc.)
- Fall risk assessment
- Immunization review
- Review of current medications

The initial AWV must be coded using CPT G0438

All **subsequent** annual wellness visits that occur after the initial AWV should be coded as CPT **G0439**.

If an IPPE was never completed, G4039 would still be used for any subsequent visit after G4038 (an AWV).

While these three separate codes are commonly confused, the reasoning is that different types of visits take different amounts of resources, and so they are reimbursed at different rates.

It is also important that even though you select one of the three codes, attach the diagnosis codes that the member has been evaluated and treated for at each visit.

ICD 10 guidelines reportable Dx codes: Code all documented conditions that co-exist at the time of the encounter/visit and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. However, history codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.

Any questions or comments? Reach out to:

RiskAdjustment@healthteamadvantage.com

Need Assistance?

Contact Your Dedicated Provider Concierge:

Phone: [855-218-3334](tel:855-218-3334)

Email: providerconcierge@healthteamadvantage.com

Have a compliance concern or suspect fraud, waste, or abuse?

Contact the Compliance Helpline (anonymously if you wish) at:

1-855-741-4518 or www.hta.ethicspoint.com



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HealthTeam Advantage, 7800 McCloud Road, Suite 100, Greensboro, NC 27409, USA, (877) 905-9216

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