

Attention Required: Provider Directory Validation

It's always important to know how to verify if the provider's and facilities' information is listed correctly on [HealthTeam Advantage's Provider Directory](#). Health plan enrollees need accurate information about which providers and facilities they can visit in-network. Consumers need accurate information about the providers and facilities that are in health plan provider networks when shopping for coverage.

HealthTeam Advantage would like to encourage practice administrators to visit our [Provider Directory](#) on a monthly basis to verify information such as the address, telephone number, provider name, practice name, provider specialty, etc.

Updating demographic information for providers and facilities can be done through our [website](#). Fill in the blank fields with all the required information and click Submit. Once this has been completed, this information will be processed within 45 days.

SHOP PLANS | MEDICARE BASICS | FIND A PROVIDER | PRESCRIPTION DRUGS | CONTACT | MEMBERS

For Providers
Provider Update

Indicates required fields

Practice Name

First Name Last Name

First Last

Confirm your practice information

Practice Name/Address Group NPI

Specialty

If a provider or facility location needs to be added or termed from the group, please call our Provider Concierge department at (855) 218-3334 or email providerconclerger@htanc.com. You will be emailed a form to complete and return to us. Please contact our Provider Concierge team if you have any questions.



July Virtual Roundtable: DME Providers

Wednesday, July 27, from 11 am to 12 pm (RSVP required)
 Your provider services team cordially invites you to join our next session. Please plan to join us to learn more about:

- Our provider portal for accessing your claims
- Checking member eligibility
- How to use the Acuity Connect portal for prior authorizations (including auto approvals on CPAPs and BiPaps)
- 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 providerconclerger@htanc.com with the following information:

- Name
- Practice/Facility
- Email Address
- Job Title

Once we receive your RSVP, we'll send you a calendar invitation with the link to join us virtually on July 27.

Reminder: 2% Medicare Sequestration for July 1

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), a bill designed to provide financial support and resources to individuals and businesses affected by the COVID-19 pandemic, was signed into law on March 27, 2020, and extended on December 27, 2020.

Under the Act, the 2% sequestration of Medicare payments was suspended effective May 1, 2020, through March 31, 2022.

Beginning April 1, 2022 through June 30, 2022, we implemented the 1% payment adjustment. Beginning July 1, 2022, the full 2% payment adjustment is effective.

HealthTeam Advantage has followed CMS regulations regarding the suspension and reinstatement of the sequestration as outlined above.

Summer Surveys Coming to a Member's Mailbox Near You!

Although school may be out for your younger patients, some of your Medicare patients may receive mailings that look like tests. If they ask, tell them not to fret! The mailings may be surveys asking to hear from them about their healthcare experiences. Member experience has become a high priority for Medicare. This can be seen in the increase to 4x weight for member experience measures on the overall Star Ratings! That includes the **Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** surveys.

Starting in late July, some HealthTeam Advantage (HTA) members may receive the **Medicare Health Outcomes Survey (HOS)** and/or the **Mock CAHPS®** survey in mail. If selected, members will receive communications from CMS and SPH, our Medicare-approved survey vendor, requesting their responses. Please encourage them to respond! For beneficiaries who are unable to complete the survey via mail or phone, a family member or other proxy may complete the survey for them.

[Learn What the Surveys Measure](#)

The Coding Tip Corner

Important Note from Risk Adjustment

After a recent record review, the Risk Adjustment team has noticed several practices continue to code a CVA from the I63 category during a follow-up visit post hospital discharge.

When coding a new stroke, that diagnosis code is only accepted at the initial period of the stroke. While it potentially could occur in an outpatient setting during an office visit, it would be rare and would need to be substantially documented by the provider as such. (In other words, the member/patient should be on their way to a hospital, preferably by ambulance.)

Otherwise, once the patient is discharged from the acute care hospital, the diagnosis code becomes either a "history of" or a late effect condition. These "late effects" or sequelae include neurologic deficits that persist after the initial onset of conditions sequela to categories 160-167.

Please be aware that not all sequelae risk adjust. Be specific when documenting the type of sequelae, for example right or left Hemiparesis or Hemiplegia. Coding for the "history of" or sequelae after the onset of the stroke is applicable not only to the provider in an outpatient office setting, but it also should be coded by Skilled Nursing Facilities, Rehab Centers, Long Term Care Facilities, or Home Health Providers.

In the coming months, your provider concierge may reach out to specific practices that have been impacted by our review. If you have any questions related to this, please reach out to your Provider Concierge.



Social Determinants of Health and Taking 5 Minutes

In many cases, it has been an extended amount of time since you physically saw your patients. Now more than ever, it's important to take 5 minutes to ask how your patient is doing.

Learning which social determinants of health are affecting your patients will most likely open the lines of communication on how you can develop an individual plan of care that they are more likely to follow. It is easy to say follow a special diet. It's not so easy to follow when your money for food is gone by the second week of the month.

HTA is not asking you to solve all their concerns. We are only asking you to allow HTA to help.

Please make a note: Use/capture the Z codes **Z55-Z75**, then steer the member to contact the number for the health plan on the back of their card. We have many resources to direct people in need, and we would appreciate the chance to help the member. We are also extremely active in the community and are more than willing to share the resources available.

Let's build a stronger team and partner up for our HTA members! Many of our members are aware of what is available in the community, but we know that we have many more to reach.

If your practice would like to work with our plan to ensure these codes are captured and sent to us, please reach out to your Provider Concierge.

Auditing Season

Last but certainly not least, auditing season is in full swing. Please note that we are working very hard to not be intrusive to the office. We only ask for what is required for an audit. These requirements are not determined by HTA—those are set by the entity requesting the audit (i.e., CMS, OIG, to mention only two).

Records can be requested for the current year or several years prior. We are required to work within the timeframe set by the entity, so please work with us on these requests.

While it may seem as though we are frequently faxing requests, there are very specific requests of what is to be audited. Sometimes we have been directed to the wrong office for a specific note, which ultimately results in a second fax to an office. We are not choosing who or what to audit, so we ask for your cooperation and understanding.

There are several different audits, so it is very possible to be asked for records more than once within a very short time frame.

If you would like more information on the audits the Risk Adjustment Team performs, please reach out to your Provider Concierge.

Test Your Knowledge

ANSWERS to June Newsletter Questions

Take a moment to test yourself. Look for the answers in next month's newsletter!

A patient comes in two weeks following hospitalization of a CVA. What is the appropriate code for this?

- a. I63.9
- b. I63.39
- c. **Z86.73** ✓
- d. I63.9, I69.354

Social Determinants of Health do not play a role in a member's health.

- a. True
- b. **False** ✓

Which of the following is NOT a way to boost your claim appeals success rate?

- a. Read the remittance advice.
- b. When appealing an overpayment request that involves multiple claims, include a copy of the overpayment letter and indicate which claim(s) you're appealing.
- c. If you are requesting a change from a lower-level code to a higher-level code, submit documentation that supports the coding.

Apologies from the Coding Corner! The actual answer was not given. Congratulations if you did not accept any of the above! **The answer is: Make sure that Medicare is listed as the primary payer.** This is not going to help at all. Don't worry, all the correct answers are noted for July. 😊

July Newsletter Questions

Take a moment to test yourself. Look for the answers in next month's newsletter!

It is appropriate to code a stroke from the I60-I67 range for 28 days following the event.

- a. True
- b. **False**

Social Determinants of Health do not play an actual role in a member's health.

- a. True
- b. **False**

A contracted Medicare provider can select which CMS audits they wish to participate in, as long as they participate in at least one annually.

- a. True
- b. **False**

Medical records are considered legal documents; therefore, the member's legal name and date of birth are required to be legible on each page.

- a. True
- b. **False**

Miss a past edition of the Provider Connection?

We are pleased to announce that the past 12 months of the Provider Connection newsletter are now available on our [website](#). You can visit the **For Provider** section of our website, or bookmark the [direct link](#).

Need Assistance?
 Contact Your Dedicated Provider Concierge:
 Phone: **855-218-3334**
 Email: providerconclerger@htanc.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

