MediGold

PROVIDER UPDATE

January 2021

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Special Welcome 2021 Providers!

Members will have the following covered services at no additional costs on select plans:

- 24-hour nurse advice line.
- Virtual care visits.
- Part D Senior Savings model.
- Visitor/Travel allowance.

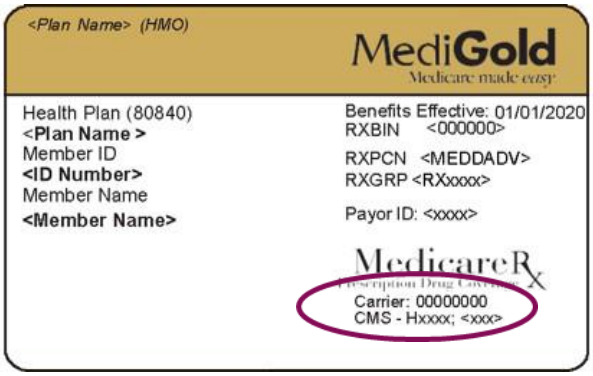
We're making positive changes to the MediGold service area including:

- **Welcome Iowa Providers!**
- New Iowa Counties: Benton, Cerro Gordo, Dallas, Jasper, Madison, Polk, Warren, Worth.
- **Expanded Ohio counties:** Crawford, Fulton, Hancock, Ottawa, Wyandot and Hocking.

If you have any questions or need assistance please contact Provider Services at 1-800-991-9907.

Thank you for all you do for MediGold and your patients.

Look for the health plan code on the 2021 member ID cards.



Staying in the loop is easy!

In the past year, has your:

- Ability to **accept new patients** changed?
- Office recently **moved or have a new mailing address**?
- **Phone number** changed?

If you answered yes to any of these questions, access the Provider Information Change Form here: https://MediGold.com/For-Providers/Tools-and-Resources/Forms.

Health-Related Transportation

MediGold now offers a transportation benefit* for non-emergency health-related visits to plan approved provider locations and pharmacies.

Have members call 1-866-267-7641 (TTY 1-866-288-3133) to schedule health-related transportation to a plan-approved location.

Not available in all areas. Please have members refer to their Evidence of Coverage for plan details.

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New Updates to Home Health Care Prior Authorization

IMPORTANT!

Effective March 1, 2021, MediGold will require you to obtain prior authorization for **all episodes of care following the initial episode of care (60 days).**

In order to obtain prior authorization, you will need to submit a Prior Authorization Request form to MediGold via fax with all clinical documentation to support the medical necessity of subsequent episodes of care.

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Part D Formulary Deletions

Below are the top 6 Part D formulary deletions for 2021 along with approved alternatives which are covered in 2021.

Brands drugs are capitalized while generics are in lower case.

Drug Being Deleted on the 2021 Part D Formulary	2021 Covered Recommended Drug Option 1	2022 Covered Recommended Drug Option 2	2023 Covered Recommended Drug Option 3	2024 Covered Recommended Drug Option 4	2025 Covered Recommended Drug Option 5
RESTASIS EMULSION 0.05%	XIIDRA DROP 5% (COVERED ON JANUARY 1, 2021)				
COLCRYS TABLET 0.6MG	*colchicine tablet 0.6mg*	MITIGARE CAPSULE			
travoprost drop 0.004%	*latanoprost solution 0.005%*	LUMIGAN SOLUTION 0.01%	RHOPRESSA SOLUTION 0.02%		
AMITIZA CAPSULE 24MCG	LINZESS CAPSULE	MOVANTIK TABLET	TRULANCE TABLET (COVERED ON JANUARY 1, 2021)		
GLUCAGON INJECTION EMERGENCY	GVOKE PFS INJECTION	GVOKE HYPOPEN INJECTION			
LOTEMAX GEL 0.5% and loteprednol suspension 0.5%	*dexamethasone ophthalmic solution 0.1%*	*prednisolone suspension 1%*	*fluorometholone suspension 0.1%*	DUREZOL EMULSION 0.05%	FLAREX SUSPENSION 0.1%

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Delivering Soon - CAHPS & HOS Surveys

To monitor the experiences and quality of care in health plans and providers, each year the Centers for Medicare & Medicaid Services (CMS) distribute surveys to randomly selected Medicare beneficiaries. You may find this information helpful during conversations with your patients.

What is the CAHPS survey?

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a program designed to understand a patient's health care experience. Part of the program is the CAHPS survey, which asks questions covering topics focused on several aspects of quality from health plans and providers from the previous year. Below are highlights of questions your patients may be asked about their provider health care experience.

In the last six months, how often did your doctor:

- Explain things in a way that was easy to understand?
- Include you in determining best treatment options?
- Listen carefully to you?
- Show respect for what you had to say?
- Spend enough time with you?
- Discuss ways to prevent illness?
- Talk about all prescription medicines you were taking?

In the last six months, how often:

- Did you get an appointment for a check-up or routine care as soon as you needed?
- When you needed care right away, did you get care as soon as you needed?
- Did you see the person you came to see within 15 minutes of your appointment?

What is HOS?

The Health Outcomes Survey (HOS) is initiated by CMS to gather data related to member/patient care. The purpose is to establish health plan accountability and improve patient outcomes.

How does it work?

A random sampling of Medicare members receive a survey in the spring. Every other year, the same sampling of members are surveyed again. The results from both surveys are compared and analyzed to determine whether their overall health has improved, remained the same or worsened.

HOS questions that measure patient/physician relationships are related to:

- Management of urinary incontinence.
- Physical activity in older adults.
- Management of the risk for falls.

Tips to ensure successful survey results:

- Remind patients of your office hours and how to get care after-hours.
- Communicate effectively, in a manner your patients can understand.
- Offer to schedule specialist appointments while the patient is in the office and request that the patient's test results, medication changes and status of outcomes be relayed to you.
- Obtain authorizations as applicable.
- Limit patient wait times to less than 15 minutes.
- Build in time for urgent appointments.
- Be sure to discuss and counsel for urinary incontinence, physical activity, fall risk, osteoporosis testing, smoking cessation, the importance of vaccinations, etc.
- Confirm patients understand any orders or communications.

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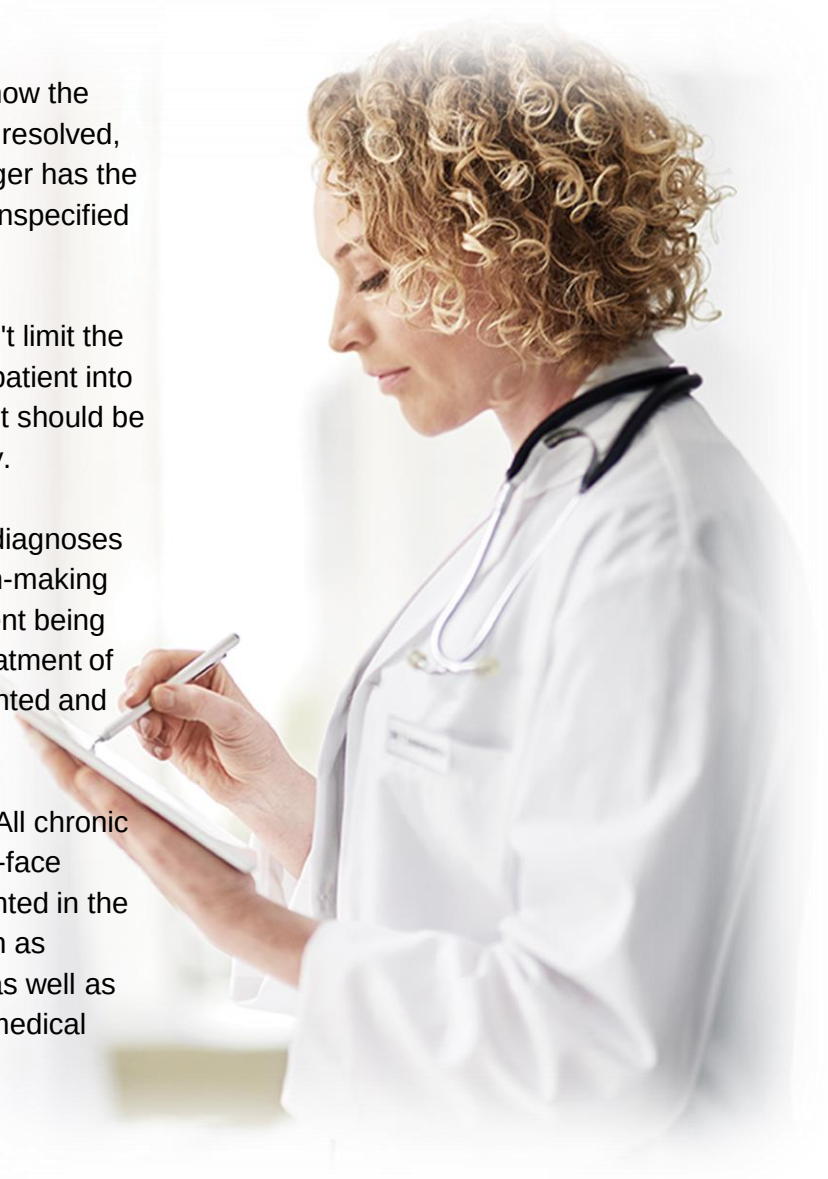
Four Best Practices: Coding Tips

Proper coding and documentation can impact a patient's overall quality of care and is a medical record requirement with the Centers for Medicare & Medicaid Services (CMS). Consider these four best practices for coding/documenting:



1. **Problem list:** Should be kept up-to-date and show the status of each condition, e.g., active, chronic or resolved, and whether the condition is "current" or no longer has the condition "history of." Do not use only default, unspecified codes – they do not accurately show severity.

2. **Include all problems in the assessment:** Don't limit the diagnosis codes to only those that brought the patient into the office. All problems assessed during the visit should be noted in the assessment and coded accordingly.

3. **All diagnoses should be documented:** Any diagnoses that were part of the provider's medical decision-making process should be documented. Example: patient being treated with medication that might affect the treatment of the current presenting issue should be documented and coded.

4. **Annually document all chronic conditions:** All chronic conditions should be assessed during a face-to-face encounter, at least once annually, and documented in the medical record. This includes status codes such as amputations, transplant status, ostomies, etc., as well as pertinent past conditions and other underlying medical problems.

Importance of Documentation

- Assures all the patient's medical conditions are addressed during the visit.
- Supports accurate claim payment, reducing denials.
- Accurate coding of conditions is needed for appropriate Risk Adjusted payment.
- If a condition is not documented, it cannot be coded.

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COVID-19 Vaccine Information

As you may be aware, there are two COVID-19 vaccines that have been approved by the Food and Drug Administration (FDA) and are in the beginning stages of distribution. There will be a limited supply of the vaccine initially. The first groups eligible to receive the vaccine are:

- health care personnel who have the potential for exposure to patients or infectious materials
- residents of long-term care facilities

When will members be eligible for the vaccine?

Pharmaceutical manufacturers are working to distribute the vaccine federally to state approved locations. State governments will handle the distribution of COVID-19 vaccines. Be sure to watch for updates from your state government as more doses become available.

As we learn more about the timeline of availability, we will be sure to communicate the information to you. For vaccine information and updates, you can also check the CDC website located at cdc.gov and click on Coronavirus, then Vaccines for up-to-date information. You can also visit our website at MediGold.com as we will be posting information as it becomes available.

Special COVID-19 Announcement:

As we continue through the COVID-19 journey together, we want you to know that our members are our top priority and their good health is our focus. That's why we continue to cover COVID-19 testing at zero cost-share to our members. In addition, we are **waiving the authorization requirement for skilled nursing admissions immediately and through February 28, 2021.** MediGold requires notification of admission and then will continue to follow the member through their stay.

Important Vaccination Information:

- Members will be able to get a **COVID-19 vaccine at no charge**.
- Members will be able to get a **COVID-19 vaccine at a location that is most convenient to them**. Visit VaccineFinder.org to find a vaccine provider.
- Make sure members are aware of the need for **both doses of the vaccine**, two doses are necessary for a complete vaccination.
- **Members should continue to follow CDC tips on protecting themselves and others** — Be sure to wash your hands often, avoid close contact, wear a face covering when around others, cover your mouth and nose with a tissue when you cough or sneeze, clean and disinfect frequently touched surfaces, and monitor your health daily.

Centers for Disease Control (CDC), (12/20/2020) Vaccines. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html.

Food and Drug Administration (FDA), (12/18/2020), COVID-19 Vaccines. Retrieved from https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines.

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Opioid Safety Reminder

Medicare Part D sponsors must have concurrent drug utilization review (DUR) systems, policies, and procedures designed to ensure that a review of the prescribed drug therapy is performed before each prescription is dispensed to an enrollee in a sponsor's Part D plan, typically at the point-of-sale (POS) or point of distribution as described in 42 CFR 423.153(c)(2).

To help prevent and address prescription opioid overuse through improved concurrent DUR, sponsors can fulfill 42 CFR 423.153(c)(2) by implementing opioid safety edits at the POS, including:

- Care coordination edit at 90 morphine milligram equivalents (MME) per day.
- Hard edit for 7-day supply limit for initial opioid fills (opioid naïve).
- Soft edit for concurrent opioid and benzodiazepine use.
- Soft edit for duplicative long-acting (LA) opioid therapy.

The purpose of the opioid safety edits is to prompt prescribers and pharmacists to conduct additional safety review to determine if the enrollee's opioid use is appropriate and medically necessary. Plan sponsors are expected to implement the edits in a manner that minimizes any additional burden on prescribers, pharmacists, and beneficiaries.

FDR Attestation

MediGold is committed to maintaining an effective compliance program due to our participation with Medicare.

First Tier, Downstream and Related Entities (FDRs) are asked to complete an annual attestation affirming they are meeting CMS standards and guidelines.

The easiest and quickest way (5 minutes or less!) to provide proof is to click on the FDR Compliance Attestation link found here, complete and submit the form.

When you successfully complete the form online you will receive a confirmation number.