

Change Healthcare Outage

As you are undoubtedly aware, a cybersecurity incident occurred at Change Healthcare, a subsidiary of Optum. This has affected the claims clearinghouse for Elderplan as well as many other payors in New York and across the country. According to Change, when this security incident occurred, they immediately took their systems offline to limit further exposure/impact. Unfortunately, Change's clients are now unable to process claims submissions and payments.

Elderplan has created multiple temporary solutions to help our providers through this outage. We can receive claims from providers via HHA Exchange (primarily used by LHCSA and CDPAS providers), TransShuttle, and paper claims, and we will mail payments. For updates and detailed information, please visit elderplan.org/for-providers/change-healthcare-outage.

We understand the critical importance of timely claims processing and payments, and we sincerely apologize for any inconvenience caused by the Change Healthcare outage. Rest assured, our team is diligently working to minimize disruptions and provide the support you need during this challenging time.

Thank you for your understanding and cooperation as we navigate through this situation together.

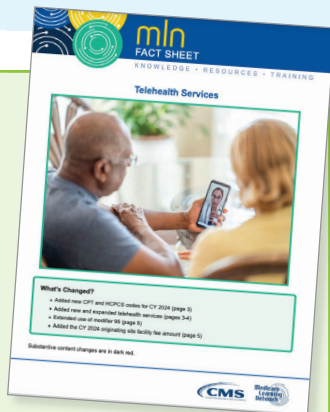


Telehealth Guidance

CMS has made a change to its telehealth coding policies, updating when and how the modifier 95 is to be applied.

Prior to the change, a provider might bill, for example, Place of Service 11, Procedure code 99213 with modifier 95. CMS now wants the provider to use, for example, Place of Service 10, 99213, no modifier.

The only time 95 would be billed on a claim is if the provider is in a facility and providing telehealth services. Please see this CMS guide at [cms.gov/files/document/mln901705-telehealth-services.pdf](https://www.cms.gov/files/document/mln901705-telehealth-services.pdf) for more information.



Provider Portal

The Elderplan Provider Portal is designed to empower providers with the tools and resources needed to deliver high-quality care while streamlining administrative processes for enhanced efficiency, communication and convenience.

The portal offers a wide range of functionalities to streamline your administrative tasks. You can easily check member eligibility, access detailed claims information, manage appeals, upload requested charts or documentation, and stay updated with the latest Elderplan news—all from one convenient location.

To register, simply visit elderplan.org and click "For Providers" followed by "Web Portal."



EverCare

In case you haven't already heard the good news, Elderplan/HomeFirst will be acquiring the membership of EverCare Choice, effective May 1, 2024, subject to Department of Health approval, and the members' right to choose an alternate plan. EverCare Choice, an MLTC plan caring for at-risk Medicaid recipients in Orange, Rockland and Dutchess counties, must discontinue operations under a change in DOH policy and we're proud to say, has selected HomeFirst to care for its MLTC members.

Elderplan/HomeFirst is working with the Department of Health and EverCare to help facilitate a smooth transition. We look forward to warmly welcoming our new members to the plan and are confident our excellent network of providers will offer them the same outstanding care currently experienced by existing HomeFirst members.

Focus on Quality:

1. HEDIS Season: It's that time of year again! Our team may be reaching out to you for charts and lab results as we prepare for the annual HEDIS survey. Your cooperation and partnership in providing this information are greatly appreciated as we strive to ensure compliance and maintain high-quality care standards.

2. CAHPS Survey Reminder: We want to emphasize the crucial role you play in delivering a top-notch experience for our members. Understanding and responding to our members' needs and expectations is essential for us to offer the best possible care and services. To achieve this, we rely on valuable feedback collected through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey administered by CMS.



In the CAHPS survey, members are asked about various aspects of their health care experience over the past six months, including:

- How easily they could get appointments with specialists
 - How easily they could get urgent and routine appointments
 - How often their medical records and/or test results were shared with them
 - How often their PCP discussed the prescription drugs they were taking and how to manage them and how to coordinate their specialist care
 - How informed and up-to-date their PCP is about the care received from specialists

Additionally, members rate the overall quality of care they receive on a scale from 0 to 10.

Our care team is committed to supporting members with appointment scheduling and follow-up care coordination and we appreciate your efforts toward helping us schedule patient appointments and reducing wait times.

Thank you for your continued dedication to providing high-quality care and for your partnership in improving the overall health care experience for our members. Your contributions make a significant difference in the lives of those we care for.

Transportation Carveout

Effective March 1, 2024, the NYS Department of Health carved out NEMT (Non-Emergency Medical Transportation) services from MLTC and MAP plans and is now managing this benefit directly. Due to this change, MAS (Medical Answering Services) has replaced Modivcare as the transportation vendor for Elderplan MAP and HomeFirst members. DOH is now responsible for coordinating the benefit. Elderplan members enrolled in all of our other plans are not affected by this change and will continue to utilize Modivcare for their transportation benefits.

MAS can be contacted at:

- Downstate: 844-666-6270 (NYC, Nassau, Westchester, Putnam)
- Upstate: 866-932-7740 (Dutchess, Orange, Rockland, Sullivan and Ulster)
- www.medanswering.com

Providers exempted from this NEMT change include Social Adult Day Care (SADC) centers that utilize their own transportation services to bring members to their programs. These SADCs will continue to provide transportation and will not be required to use MAS. Additionally, Adult Day Care centers have the option to bill NYS DOH directly for transportation services provided to MAP and MLTC members, instead of utilizing MAS.



Friendly Reminders

• Provider Quality Incentive:

Take advantage of financial incentives by registering with Stellar Health at www.stellar.health today! You'll earn rewards for the outstanding care you already provide to your patients.

• Keep Your Information Updated:

Don't forget to update your provider data if there have been any changes. Additionally, please ensure timely submission of all re-credentialing documents, upon request.

• Complete Coding and Documentation:

Remember the importance of thorough coding and documentation in member records.

If it's not documented in the claim or the member's chart, it didn't happen!

Be sure to code chronic conditions annually, using the MEAT acronym as a helpful guide:

Monitoring, Evaluation, Assessment, and Treatment.

Thank you for your attention to these important reminders. Your diligence in these areas contributes to the quality of care provided to our members. If you have any questions or need further assistance, please don't hesitate to reach out.

Provider Services is available to answer your questions
at **1-800-353-3765, option 2**. 9am to 5pm, 7 days a week.



Leading the way to great care.™