

Elderplan|HomeFirst Network News

VOL 3

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Welcome to the network

Maimonides Midwood Community Hospital!



Social Day Care Transportation

According to DOH, MLTC Policy 24.01, effective January 1, 2025, Social Adult Day Care Centers must provide their own transportation to members, either directly via a vehicle owned and operated by the SADC, or by contracting out for this service.



Provider Portal

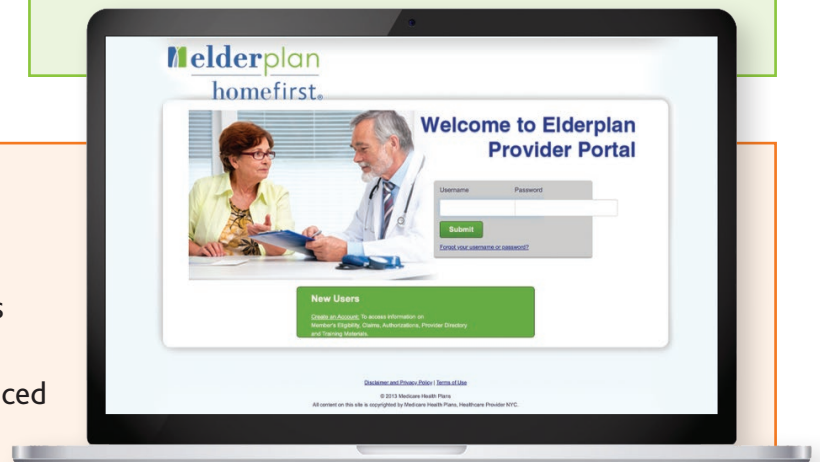
The Elderplan Provider Portal is designed to empower providers with the tools and resources needed to deliver high-quality care while streamlining administrative processes for enhanced efficiency, communication and convenience.

The portal offers a wide range of functionality 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."

Reimbursement Change for Fiscal Intermediaries

The NYS Department of Health (DOH) has issued a sweeping change to the way MAP and MLTC plans are to reimburse Fiscal Intermediaries (FIs) for Consumer-Directed Personal Assistance Services (CDPAS), effective August 1, 2024. The administrative portion of the compensation will be carved out and paid separately. In other words, in addition to the quarter-hour claims for direct services that agencies are accustomed to billing, there will be a monthly administrative payment dictated by the state, based on rate codes. FIs must submit the monthly administrative claim on a UB form (837i via electronic billing). Elderplan/HomeFirst is sending out letters and amendments to all contracted FIs, but please feel free to reach out with questions.



Interoperability Regulations

The Centers for Medicare & Medicaid Services (CMS) has announced new Interoperability Legislation, that will become effective January 1, 2027. This legislation represents a significant shift in the health care landscape, enhancing the exchange of health information, improving care coordination among providers, and increasing patient access to their health information.

Providers are encouraged to review the legislation and begin planning for its implementation. Your responsibilities will include developing methods to share information via programming interfaces and utilizing new pre-approval methods, like portals, for real-time communication.

Key points:

Enhanced Patient Access

The legislation enables patients to have unprecedented access to their health information through Application Programming Interfaces (APIs). This will allow patients to integrate their health information into apps of their choice, thereby promoting patient engagement in their health care journey.



Improved Information Sharing

The legislation mandates that health care providers share health information with other providers at the patient's request. This will foster greater transparency and interoperability in the health care ecosystem, facilitating better care coordination.



Increased Accountability

Providers and hospitals that engage in "information blocking" practices, or anti-competitive behaviors that hinder the sharing of health information, may be publicly reported. This increased accountability aims to promote fair practices in the health care industry.



Focus on Quality

Your partners at Elderplan would like to take this time to remind you that you play a crucial role in maximizing our members' quality of life. One way Elderplan learns how our members are feeling, is through reviewing results from the Health Outcomes Survey (HOS). CMS sends this survey to members in July every two years.



The following are the types of questions that members are asked to complete:

- How they are feeling physically, including limitations in daily activities due to their physical health and pain
- How they are feeling mentally, including whether their emotional health has interfered with their daily lives and social activities
- Have they discussed their level of exercise with their provider in the past year
- Whether they have fallen or had issues with balance or walking, and discussed how to minimize their falls risk with their provider
- If they have issues with urinary incontinence and discussed treatment options with their provider

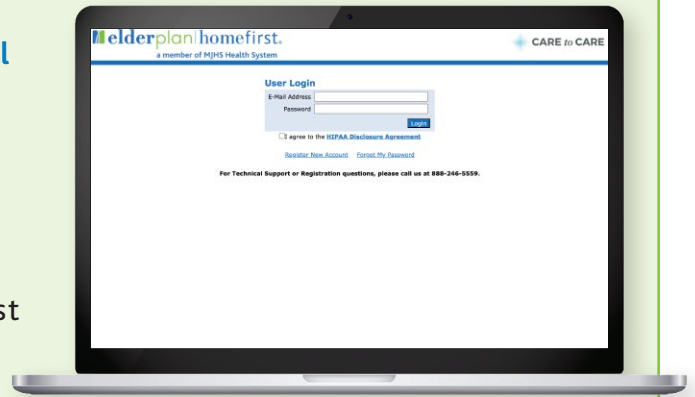
Our care team is here to support our members, ensuring their health care needs are coordinated. We also advise members to consult with you to determine whether exercise is appropriate, falls risk is minimized, and incontinence concerns are addressed.

We thank you for your past and continued collaboration in caring for our members and look forward to working together to ensure that their health and safety remain our primary objectives.

Vendor Updates

Care to Care's High-Tech Radiology Vendor Care Portal

Care to Care, our high-tech radiology vendor, offers a provider portal called the CarePortal. This portal is specifically designed for prior authorization requests. One of the key benefits of the CarePortal is its ability to facilitate collaboration between providers and radiologists by allowing them to consult with a radiologist at any point during the prior authorization process. This feature ensures the best possible outcome for patients.



Providers can access the CarePortal at <https://elderplan.careportal.com>. Please keep in mind that there is a first-time user registration process to complete when submitting your initial online request. This process is necessary to establish your username and password.

If you have any further questions or need assistance with the CarePortal, you can contact Care to Care at 1-866-390-7526.

Dental Service Options with Healthplex in 2024

Starting in 2024, members enrolled in select plans have the flexibility to choose between in and out-of-network dental services through our dental manager, Healthplex. All dental providers can access the portal at **UHCdental.com** for various purposes, including eligibility verification, plan coverage details, online claim submission, pre-treatment and pre-authorization submissions, and more. To verify eligibility, the first 9 digits of the member ID are required. Members with dental benefit questions can reach out to Healthplex Customer Services at 1-866-795-6493 (TTY 711) Monday to Friday 8am to 6pm EST. For any provider-related inquiries or assistance, dental providers can contact the Provider Services phone number at 1-877-282-7012, Monday to Friday from 8am to 5pm EST.



BrainHQ - Memory Fitness Benefit for Elderplan Members

Do you have a patient expressing cognitive concerns? Tell them about BrainHQ, the only online memory training program proven in hundreds of clinical studies to help adults think faster, focus better, and remember more. BrainHQ is available at no cost to members of most Elderplan plan options. It's fun, easy to use, and accessible in thirteen languages. Members interested can register by calling BrainHQ's support team at 888-496-1675 or visiting elderplan.brainhq.com.



Change Healthcare Outage

Elderplan continues to implement solutions to help our providers through the Change Healthcare outage. For updates and detailed information, please visit www.elderplan.org/for-providers/change-healthcare-outage/.

CHANGE
HEALTHCARE

- Claims to Elderplan: We can receive claims from providers via iEDI (Optum), HHA Exchange (primarily used by LHCSA and CDPAS providers), TransShuttle, and paper claims, and we will mail payments.
- Payments from Elderplan: We are sending paper checks, and we are actively working on implementing EFT with multiple vendors.

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.

In the provider portal, please make sure to complete your annual attestation of the Elderplan Model of Care.

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.

 **elderplan|homefirst**
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Leading the way to great care.™