How the Trinity Health Plan Of New England benefits your patients and practice

Our shared mission calls us to be a transforming healing presence in the communities we serve. To help realize this mission and achieve the best possible outcomes, we believe we must also work to transform the health care experience itself. As part of this commitment, in 2023, Trinity Health Of New England launched its own not-for-profit Medicare Advantage (MA) plan: Trinity Health Plan Of New England. We continue to enhance and refine the plan each year.

Our MA plan helps simplify Medicare for your patients and your staff. It requires only a fraction of the prior authorizations that other MA plans do, and working side by side with our own payer helps promote the best possible coordination of care.

Other ways the Trinity Health Plan Of New England helps simplify Medicare:

- No referrals needed for in-network providers.
- 99.7% of claims paid under 30 days.
- No site of service requirement.
- No step therapy.
- No third-party vendor requesting medical records to data mine or retract previously paid claims.

This approach brings significant value to your patients, your practice, and Trinity Health Of New England — and it’s why in the upcoming year, growing Trinity Health Plan Of New England membership is one of our strategic initiatives.

Why Trinity Health Plan Of New England is a win-win for you and your patients

Unlike other MA plans, Trinity Health Plan Of New England was carefully designed from the ground up by doctors who know firsthand the needs of both patients and providers. Your patients can count on a high-quality plan that puts their well-being, savings, and peace of mind first.

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of mind first. And you can count on a plan that helps streamline the health care journey — and gives you financial incentives when you care for your patients.

We invite you to help champion the Trinity Health Plan Of New England

Your patients may not be aware of the Trinity Health Plan Of New England or of all the advantages it brings them. To help them make informed choices this Annual Enrollment Period (AEP), and to help successfully grow Trinity Health Plan Of New England membership, you’re encouraged to:

• Bring the plan to your MA patients’ attention.
• Provide your endorsement.
• Direct them to flyers for more information.

Trinity Health Of New England is not asking you to sell the Trinity Health Plan Of New England. Only licensed agents can sell the plan. But you’re empowered to make sure your patients know about it and to recommend it to them. You can freely and proactively advocate for this plan without violating any compliance regulations.

As an example of how you can talk about it with your patients, you could say, “Trinity Health Of New England has its own Medicare Advantage plan you may want to consider. It has great benefits, and I’m confident in its value. If you’re interested, there’s a flyer that my team can give you.”

Your endorsement is pivotal in building patients’ trust in the plan and increasing the likelihood they select it during the AEP, which runs from October 15 to December 7, 2023.

Thank you for helping us grow the Health Plan and promote its value

Through our very own MA plan, we have the opportunity to drive transformative changes that bring value to patients, doctors, and Trinity Health Of New England alike. By endorsing this plan to your patients, you actively contribute to:

• Our plan achieving membership goals.
• You receiving financial incentives.
• Your patients benefitting from outstanding coverage and a more seamless health care experience.

Thank you for your partnership and support – your involvement is invaluable as we work to deliver on our shared vision to be an innovative, trusted health partner for life.
Helping patients with breast cancer

Breast cancer occurs when cells within the breast tissue grow out of control. These overgrown cells usually form a tumor, which may be felt as a lump or seen on an x-ray. Breast cancer occurs in women, and although less common, can also occur in men. There are various treatment options, including surgery, chemotherapy, hormonal therapy, and radiation therapy.

Important Coding Information

Active breast cancer for both male and female are under ICD-10 code category C50. According to the ICD-10-CM Coding Guidelines, “When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment of the malignancy directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85 Personal history of malignant neoplasm, should be used to indicate that former site of the malignancy.”

Personal history of breast cancer should be coded as Z85.3.

Code Selection

_C50. - Malignant Neoplasm of Breast:_

- C50.0 – Nipple and areola
- C50.1 – Central portion
- C50.2 – Upper-inner quadrant
- C50.3 – Lower-inner quadrant
- C50.4 – Upper-outer quadrant
- C50.5 – Lower-outer quadrant
- C50.6 – Axillary tail of breast
- C50.8 – Overlapping sites
- C50.9 – Unspecified site

These codes require 5th and 6th digits:

- 5th digit specifies gender: 1 – Female; 2 – Male
- 6th digit specifies laterality: 1 – Rights; 2 – left; 9 - Unspecified

Diabetic testing supplies – changes for 2024!

Effective January 1, 2024, Trinity Health Plan Of New England members must obtain their diabetic testing supplies, as well continuous glucose monitors, at any of our 66,000 in-network retail pharmacies nationwide or through our mail order pharmacy, CVS Caremark.

Beginning January 1, 2024, the following preferred blood glucose monitors and test strips will be covered:

- LifeScan: OneTouch Ultra Blue or OneTouch Verio
- Roche: Accu-Chek Plus, Accu-Chek Aviva, Accu-Chek Smart View or Accu-Chek Guide

For Continuous Glucose Monitoring system (CGM), the following preferred CGM supplies will be covered:

- DexCom
- FreeStyle Libre

Only these brands of preferred monitors, test strips or continuous glucose monitoring system and supplies will be covered by the plan effective January 1, 2024. In order for your patients to obtain new blood glucose monitors and test strips or CGM and supplies, please submit a new prescription with refills for a full year to their pharmacy on file with your office.

_If you need more information regarding this change, please contact Provider Services at 1-800-991-9907 (TTY 711)._
CMS Medicare Advantage reimbursement model v28 changes for Neoplasms

In 2024 CMS will begin to shift from V24 Risk Adjustment model to the new V28 model for Medicare Advantage reimbursement. This will influence Hierarchical Classification of Conditions (HCCs) codes related to patients.

The Neoplasm Group had the following changes:

• **V24 HCC 8 (Metastatic Cancer and Leukemia)** was split into 3 V28 HCCs
  ▪ V28 HCC 17 (Cancer Metastatic to Lung, Liver, Brain, and Other Organs; Acute Myeloid Leukemia Except Promyelocytic)
  ▪ V28 HCC 18 (Cancer Metastatic to Bone, Other and Unspecified Metastatic Cancer; Acute Leukemia Except Myeloid)
  ▪ V28 HCC 22 (Bladder, Colorectal, and Other Cancers)

• **V24 HCC 9 (Lung and Other Severe Cancers)** was split into 4 V28 HCCs
  ▪ V28 HCC 17
  ▪ V28 HCC 19 (Myelodysplastic Syndromes, Multiple Myeloma, and Other Cancers)

• **V24 HCC 10 (Lymphoma and Other Cancers)** was split into 7 V28 HCCs
  ▪ V28 HCC 17
  ▪ V28 HCC 18
  ▪ V28 HCC 20
  ▪ V28 HCC 21 (Lymphoma and Other Cancers)
  ▪ V28 HCC 22
  ▪ V28 HCC 23 (Prostate, Breast, and Other Cancers and Tumors)

• **V24 HCC 11 (Colorectal, Bladder, and Other Cancers)** was split into 3 V28 HCCs
  ▪ V28 HCC 20
  ▪ V28 HCC 21
  ▪ V28 HCC 22

• **V24 HCC 12 (Breast, Prostate, and Other Cancers and Tumors)** was split into 2 V28 HCCs
  ▪ V28 HCC 21
  ▪ V28 HCC 23