

Provider Connections

A Monthly Newsletter from HealthTeam Advantage

November 2023 Edition

Important Update: Revised Electronic Remittance Advice Sent

Remittance Advice Sent

On October 12, 2023, revised Electronic Remittance Advices (ERAs/837s) were sent to your clearinghouse.

These are not duplicates and require posting.

For the 2023 dates listed below, our ERAs incorrectly reported the member liability as a contractual obligation.

- August 8
- August 10
- August 15
- August 17
- August 22
- August 24
- August 29
- September 5
- September 7
- September 12

The revised ERAs you received on October 12 were revised to correctly report the member's liability and reduced the contractual obligation to be posted.

If you have any questions or would like to obtain the check numbers that impacted your group, please email providerconciierge@htanc.com.

We apologize for any confusion and inconvenience this has caused.

How to Interpret Adjusted Claims on your Explanation of Payment (EOP)

Starting October 4, 2023, we began sending adjustments out to providers. This could include underpayments, corrections to Member cost-share, contract corrections, etc. When a claim is adjusted in our claim system, the following happens:

- The original claim status is changed to a Void and creates a reversal of the original claim.
- A completely new claim number is created with the correct processing.

On your EOP, you will see the original claim with all negatives (this is the reversal).

Claim Header		Patient Account ID		Rendering NPI										
Claim ID	Member ID	Plan Name	HealthTeam Advantage Plan B (PPO) 2022	Rendering Provider Name	Rendering Provider Name									
Member Name	Member Name	Remit Detail: P	Remit Detail: P											
Line #	Service From Date	Service Through Date	Revenue Code	Service Code	Units Billed	Billed Amount	Allowed Amount	COB Paid Amount	Deductible	Copay/Coins	MPRS Amount	Reconciliation Amount	Final Payout Code	Paid Amount
1	12/30/2022	12/30/2022		8902125L KJ	1	\$87.25	\$74.61	-	-	\$14.96	-	\$1.20	-	\$56.65
Subtotal	-	-	-	-	-	\$87.25	\$74.61	-	-	\$14.96	-	\$1.20	-	\$56.65
Claim Summary														
COB Code	Total Patient Liability	Total Interest Applied	Total Paid Amount											
-	\$14.96	-	\$56.65											

You will then see the new claim showing the accurate processing. Under the Claim Summary Grid on the EOP, it will point out the Original Claim ID, Paid Date, and the Delta (Change) in previous payment to this corrected one. Keep in mind the Delta may be Zero if we are not paying an additional amount. We may have just changed the network or something else on the claim that did not affect the pricing.

Claim Header		Patient Account ID		Rendering NPI										
Claim ID	Member ID	Plan Name	HealthTeam Advantage Plan B (PPO) 2022	Rendering Provider Name	Rendering Provider Name									
Member Name	Member Name	Remit Detail: P	Remit Detail: P											
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Subtotal	-	-	-	-	-	\$87.25	\$74.61	-	-	\$14.96	-	\$1.20	-	\$56.65
Claim Summary														
COB Code	Total Patient Liability	Total Interest Applied	Total Paid Amount											
-	\$14.96	-	\$56.65											

Original Claim ID: [REDACTED] Original Claim ID Payment Date: 01/14/2023 / Delta: \$0
 *If the Original Claim ID is populated, it means the claim has been adjusted and the delta from the old claim total and the new current claim total will be paid.

To post this in your system, you will need to back out the original payment and post the new claim that was issued to show the accurate processing.

Claims Mailing Address Changing for 2024

Effective January 1, 2024, all paper claims and contracted provider disputes should be mailed to:

Attn: Claims
 HealthTeam Advantage
 PO Box 1264
 Westborough, MA 01581

Please note this change ONLY impacts the submission of paper claims and disputes.

For faster processing times, please send all claims electronically to:

HealthTeam Advantage
 Payer ID: 88250*

* For your convenience, we have one Payer ID for all HealthTeam Advantage plans.

November is National Diabetes Month

The American Diabetes Association estimates that more than 37 million Americans are living with diabetes, making it **one of the most prevalent chronic conditions in the United States**. Even more concerning is that it is the eighth leading cause of death.

Here are a few facts from the CDC regarding diabetes:

- Currently, about 11.3% of the American population has diabetes.
- An alarming 23% of adults with diabetes are underdiagnosed.
- 96 million American adults, or nearly 38% of the adult population, have prediabetes.
- Approximately 8.6 people million have diabetes but have not yet been diagnosed.
- 4 million people aged 65 years or older (48.8%) have prediabetes.
- Diabetes impacts all social, economic, and ethnic backgrounds.

Kidney Disease

- Recent statistics (2017-2020) on end-stage kidney disease have shown that during a three-year period, a total of 62,012 developed end-stage kidney disease with diabetes as the primary cause.

Now being aware of those staggering numbers, especially with the large number of adults with prediabetes, **how often are you checking your patients** to be sure they have not crossed over? Complications usually develop over a long period of time without any symptoms. Early treatment can help prevent or delay diabetes-related health conditions.

November is a great time to be sure your patients are current with blood work, an (A1c), and a urine check when they come in for an office visit. Remind them to have regular eye exams as well. Sometimes it just takes a gentle reminder. Consider supplying your patients with a form they can give to the eye doctor's office to complete and send back to your office to keep on file.

Sources for the above statistics: Centers for Disease Control National Diabetes Statistics Report 2022; National Institutes of Health

NEWS FLASH

Do you REALLY KNOW who you're treating?

A February 2022 report found the following:

- More than 1.2 million North Carolinians are unable to access affordable housing.
- North Carolina has the eighth-highest food insecurity rate among all U.S. states.
- One in 5 North Carolina children live in food-insecure households, and nearly 1 in 4 have had adverse childhood experiences, potentially traumatic events that occur in childhood.
- Nearly 1 in 2 women in North Carolina have experienced intimate partner violence.

The World Health Organization describes Social Determinants of Health (SDOH) as "the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the condition of daily life."

North Carolina has developed a screening tool with 12 questions related to these topics:

1. Tobacco Use
2. Financial Resource Strain
3. Food Insecurity
4. Physical Activity
5. Social Connections
6. Depression (PHQ-9)
7. Housing Instability
8. Transportation Needs
9. Stress
10. Intimate Partner Violence
11. Alcohol Screening
12. Utilities

Is your office using this screening tool? The State of North Carolina views this as more than screening for SDOH, but rather "a screening and supporting opportunities for health."

The four core SDOH that North Carolina focuses on are:

- Food Insecurity
- Housing Instability
- Transportation Challenges
- Interpersonal Violence and Toxic Stress

A person's health record of multiple practices has shown this to be a part of the person's record audit that is not being maintained. **These are to be recaptured on an annual basis, or more frequently if there is an issue for the member.** The audit results showed that providers frequently used the section of their notes termed as "social history" and no other evidence was seen that resembled SDOH. Essentially, the note only asked about smoking and alcohol use. Patients who answered positively to those questions appeared not to have any additional follow-up by providers because nothing was documented.

We did find a few offices that are utilizing the 12 screening questions; however, it was noted many of these did not capture all 12 and were very rarely captured annually. Recently we sent a list of opportunities for members regarding various support available throughout the area, as well as offering that the member Contact Member Services for assistance (listed on the back of their HTA card). **We hope if you have not already done so, that you make these resources available to your patients!**

We at HTA understand you are giving great care; your members have voiced this! Unfortunately, if it is not documented, CMS, OIG, and all the other outside reviewers are not able to give you credit as deserved.

In closing, one final tip: The Centers for Medicare & Medicaid Services has outlined how SDOH data can be collected and used. Any member of the patient's care team can collect SDOH data during any encounter, including physicians, non-physician providers, nurses, social workers, community health workers, case managers, and patient navigators.

Consider This

- A patient's social needs related to housing, food, and safety can provide significant obstacles to high-quality care and contribute to poor health.
- Collecting the SDOH on your patients throughout the year will give you a better understanding of what their everyday life looks like outside the visit.
- Social factors often have a greater influence on patients' health than medical care.
- When inquiring about a specific response, ask open-ended questions.

Miss a past edition of the Provider Connection?

For your convenience, past issues of the Provider Connection newsletter are 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:

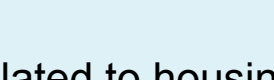
Phone: [844-806-8217](tel:844-806-8217) / optan 5

Email: providerconciierge@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



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