AGERIGHT ADVANTAGE

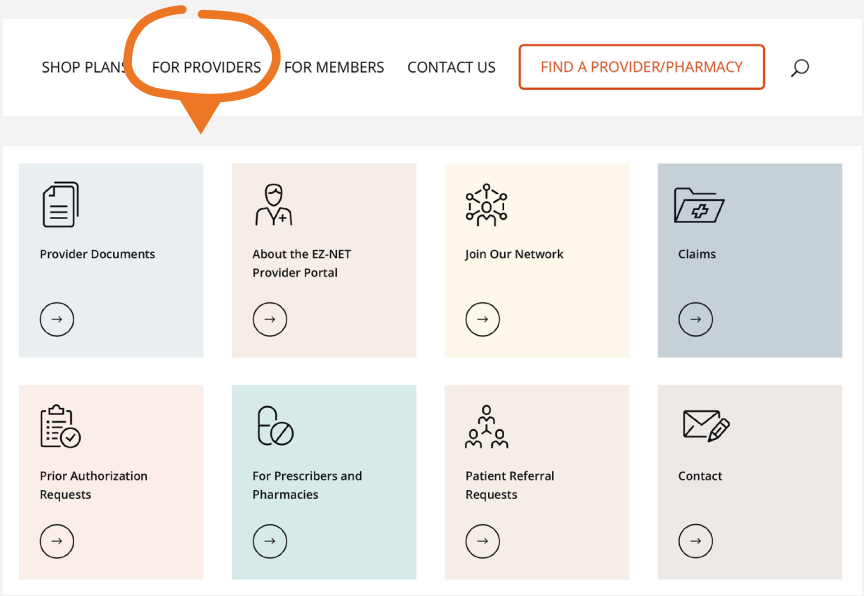
Provider Newsletter

Q3 2024

Plan Website - For Providers

The Plan Provider Website contains important information for Provider and Facility Staff. To access additional information on topics included in this newsletter, access the Plan website and click on "For Providers," the following folders display with links to the specific sections.

Visit the plan website at: AgerightAdvantge.com



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Enroll In Electronic Funds Transfer

ECHO Health Inc. is a leading provider of electronic solutions for payments to healthcare providers. ECHO consolidates individual provider and vendor payments into a single compliant format approved by the Employee Retirement Income Security Act of 1974 (ERISA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), remits electronic payments, and provides an explanation of provider payment details to Providers.

There are two enrollment options to sign up for EFT:

Option 1
Enrollment with only our plan, (no fees apply) visit:
https://enrollments.echohealthinc.com/efteradirect/AllyAlignHealth

Option 2
Enrollment to receive EFT from All Payers processing payments on the Settlement Advocated platform (A fee for this service will apply) visit:
https://enrollments.echohealthinc.com

To check the status of an EFT enrollment or if you have any questions on how to enroll, contact ECHO's customer support at (888) 834-3511.

How are we doing?

Let us know what your experience has been with our plan by taking the provider survey https://forms.office.com/r/7ZnePErtn9.

We welcome your feedback and use it to make continuous improvements to plan operations.

Telehealth

Telehealth policies continue to evolve. During the COVID-19 PHE, CMS announced a series of policy changes that broadened Medicare coverage and payment for telehealth services. The COVID-19 PHE ended on May 11, 2023, but the Consolidated Appropriations Act, 2023, extended many telehealth flexibilities through December 31, 2024, such as:

- FQHCs and RHCs can serve as a distant site provider for non-behavioral/mental telehealth services
- Medicare patients can receive telehealth services in their home
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required
- Telehealth services can be provided by all eligible Medicare providers.

To access a list of telehealth services that qualify for reimbursement, please visit the following link: https://www.cms.gov/medicare/coverage/telehealth/list-services. This page provides detailed information on which servicesare covered under Medicare, allowing you to verify eligibility
and ensure proper billing.

If you are currently providing or will provide telehealth services, ensure to stay abreast the latest telehealth coverage and billing requirements by visiting https://telehealth.hhs. gov/providers

Telehealth visits will only be reimbursed and covered when federal , state and Medicare service and documentation standards for telehealth coverage are met.

Quality Highlights

PQIs

A Potential quality issue (PQI) is defined as a possible adverse variation from expected clinical care or outcome of care that may benefit from additional review. Examples of potential quality issues include but are not limited to:

- Falls with injury
- Medication errors
- Incidents resulting in death
- Potentially preventable emergency department or inpatient hospital admission
- Pressure wound

Help to ensure the safety of our members and report all PQIs as soon as possible. You can report a PQI by one of the following methods:

- Complete the PQI form on the Plan website in the Provider Documents section and send to the Quality email at pqireferral@allyalign.com.
- Submit the PQI form through the Provider Portal

PQI submissions help identify opportunities to improve patient care. With your engagement in the PQI process, we can improve patient safety together!

Quality Highlights continued

2023 Customer Survey Results

Each year the health plan deploys a survey to members or member representatives to identify strengths and areas of opportunity with the health plan services. The survey assesses their satisfaction with the plan by asking questions about their experience with the plan services and benefits.

Below are our survey results. We would like to hear your feedback on how we can continue to improve. Send any inquiries or feedback about this survey to QualityTeam@curanahealth.com

Survey Question	2021	2022	2023
Nurse Practitioner/Physician Assistant/Clinical Services			
Know who your/your loved one's Health Plan Nurse Practitioner or Physician Assistant is	71%	85%	75%
Satisfaction with their response to cultural/spiritual/language needs	94%	94%	96%
Satisfaction with the amount of time they spend with you/your loved one	91%	94%	92%
Physician Services			
Know who your/your loved one's Primary Care Physician (PCP) is	65%	61%	59%
Satisfaction with their response to cultural/spiritual/language needs	90%	96%	84%
Satisfaction with the amount of time they spend with you/your loved one	85%	92%	82%
Pharmacy Services			
Primary Care Physician or Nurse Practitioner/Physician Assistant talked to you/your loved one about your medicine	61%	72%	76%
Satisfaction with the prescription drug plan benefit	90%	89%	92%
Access to Health Services			
Easy for you/your loved one to get the care, tests, or treatment needed	91%	100%	90%
Satisfaction with your/your loved one's access to hospitals during the last 6 months	94%	100%	85%
Able to get an appointment to see a specialist as soon as you/your loved one needed it	79%	72%	74%
Health Plan Services			
Satisfaction with the customer service received when calling the Health Plan	94%	100%	92%
Satisfaction with claims processing and payment during last 6 months	92%	90%	88%
Satisfaction with Health Plan benefits during last 6 months	96%	94%	95%
Satisfaction with getting a referral for care during last 6 months	77%	92%	93%
Likelihood to Recommend			
Likelihood to recommend your/your loved one's Health Plan to a friend or colleague	79%	78%	59%

Strengths:

- High satisfaction with Health Plan Services
- High satisfaction with Plan APP's cultural/spiritual/language response and the amount of time the Plan APP spends with the member

Opportunities:

- Increase communication to members and their representatives to enhance coordination of care, increase their awareness of who is providing care, and the value of your services
- Include the member representative when performing an annual medication review or with any significant medication change

Have you moved recently or has your phone number changed?

We want to ensure sure that plan members have the correct information that they need to reach you for their medical services.

We encourage you to review your directory listing and notify us of any changes to your information as soon as possible and no later than thirty (30) calendar days prior to an upcoming change.

By providing this information promptly, you will ensure that patients can reach you for needed care. Email changes to:
networksupport@agerightadvantage.com

Contact Us!

Email:
customerservice@agerightadvantage.com

Call:
1-844-854-6885 (TTY 711)

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AgeRight Advantage is an HMO I-SNP, HMO IE-SNP and HMO C-SNP with a Medicare contract. Enrollment in AgeRight Advantage plans depend on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat AgeRight Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost- sharing that applies to out-of-network services. Medicare beneficiaries may also enroll in AgeRight Advantage through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov. Every year, Medicare evaluates plans based on a 5-star rating system. AgeRight Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.