

PROVIDER UPDATE

JULY 2025

MERCYONESM

Health Plan

MediGold



HealthRules Payer (HRP) is Live!

Effective July 1, MediGold implemented the HealthRules Payer (HRP) core administrative processing system, which integrates all aspects of our business into one system – from claims processing to administrative, financial and clinical functionality. We're confident it will help us better serve our provider and member communities in an optimal way.

An important note is that our July claims payment schedule will no longer be paused. Payments will be distributed as per normal schedule on Tuesdays and Fridays. However, we must now pause **August** claims payments from Friday, August 1 to Tuesday, August 12. We will resume regularly scheduled payments on **Friday, August 15**. We will make every attempt to return payment volumes to normal as soon as possible and ask for patience as we perform additional quality

checks early on to ensure payment accuracy during our system stabilization period. We will continue to ingest claims as we do today throughout the entire transition period.

Also, please remember that there will be no change to your electronic claim submission process as our Payor ID Number (95655) remains the same. However, **effective July 1 our new mailing address for paper claim submissions is:**

MercyOne Health Plan
P.O. Box 495901
Cincinnati, OH 45249-5901

If you have any questions about claims processing or any aspect of the HRP system, please contact our Provider Service Center at **800-991-9907** (TTY: 711).

We're Here To Serve You

MercyOne Health Plan is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams to coordinate and deliver the best possible care. [LEARN MORE](#)

Provider Service Center 800-991-9907 (TTY: 711)



July is Healthy Vision Month

There are few things more important to our overall health than our vision. We acknowledge Healthy Vision Month by encouraging regular eye exams among our members, along with other aspects of vision protection, including:

- Maintaining a healthy diet
- Refraining from smoking or use of tobacco products
- Wearing sun protection for the eyes when outdoors
- Wearing protective eyewear when necessary
- Learning about family's eye health history

MercyOne Health Plan recognizes the importance of maintaining vision health for our members and offers our Flexible Benefit Card with an allowance towards plan-covered vision services. Our Flexible Benefit Card is a convenient way to pay for qualifying expenses. The prepaid card holds money that can be used like a debit card on out-of-pocket expenses associated with covered services under MercyOne Health Plan.

Encourage your patients to maintain their vision health this month, and every month! MercyOne Health Plan can help!

Access the Provider Administrative Manual

As a reminder, our Provider Administrative Manual (PAM) is **available online now** for your convenience. This allows for easier viewing of all the information you need as a MercyOne Health Plan provider and also allows for more efficient and timely updates, as needed.

The easy-to-use online manual is divided into clickable sections, including Eligibility and Enrollment, Provider Policies and Protocols, Claims Processing Procedures, and much more. All information from the previous PDF document is included, but it is much easier to review and update. We hope the online PAM gives you easier access to this important information, at your fingertips!



[**Access the Manual Now**](#)



Prostate Cancer

Prostate cancer is one of the most common types of cancers and occurs when cells within the prostate gland grow out of control. Following are some key facts about prostate cancer:

- Data shows that 1 in 8, or about 12% of men will be diagnosed with prostate cancer in their lifetime according to the American Cancer Society
- The most common age of diagnosis is between 65-74 with the median age being 68.
- There are various treatment options, including prostatectomy, chemotherapy, hormonal therapy, and radiation therapy.

- These overgrown cells are often accompanied by continuously elevated prostate specific antigen (PSA) levels, which are often used as supporting documentation of the condition.

CMS requires submission of risk-adjusting diagnosis codes within the reporting period of each calendar year based on diagnoses documented in the medical records.

Clinical documentation should be clear, reliable, valid, and legible. All conditions that coexist during the encounter/visit and require or affect patient care, treatment, and/or management should be documented.

PROSTATE CANCER

ICD-10-CM	DESCRIPTION
MC61	Malignant neoplasm of prostate

PROSTATE CANCER CODING TIPS:

Active prostate cancer uses ICD-10 code C61. 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."

Routine surveillance is NOT considered active treatment and should not be documented or coded as active prostate cancer. If the cancer was completely eradicated with a prostatectomy, this would be considered routine surveillance or monitoring and should be documented and coded as Z85.46, Personal history of malignant neoplasm of prostate.



Helping Patients with Type 2 Diabetes

Our team of dedicated nurse case managers are currently enrolling members – your patients – into our Chronic Condition Improvement Program (CCIP) focused on Type 2 diabetes. This is a newly developed voluntary case management program designed to improve the functional status of members diagnosed with Type 2 diabetes.

Members who enroll will be sent a Welcome Packet with educational materials focused on teaching them how to effectively manage their condition. Additionally, they will receive a monthly call from their case manager throughout the year. During

the calls, the case manager will review goals and objectives and remind members of the importance of keeping their primary care provider (PCP) central to their care. Our program is intended to be collaborative with the members' PCP.

We welcome your participation in educating and supporting your patients' efforts to improve their functional status. If you have other patients that you feel would benefit from this program, please encourage them to contact case management at **800-240-3870, option 5**.

Providing Timely Notice of Demographic Changes

You must notify us within **30 days** of any changes to demographic and participation information that differs from the information reported with your executed provider agreement. These include, but are not limited to: tax ID changes (W9 required), office or remittance address changes, phone numbers, suite numbers, additions or departures of health care providers from your practice, ability of individual practitioners to accept our members or any other changes that affect availability to our members and new service locations. If a provider is associated with a group that is delegated for credentialing, please verify that credentialing is not affected by contacting the **Provider Service Center at 800-991-9907**.

If a provider is associated with a group that is delegated for credentialing, please reach out to your group's point of contact for credentialing. Demographic changes must be completed by submitting a Provider Information Change Form. Provider terminations must be completed by submitting a Provider Request for Termination Form. Forms are available online.



[**Access Forms Now**](#)

Do You Have Access to Our Provider Portal?

Through the Provider Portal you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!



[**GET ACCESS TODAY**](#)