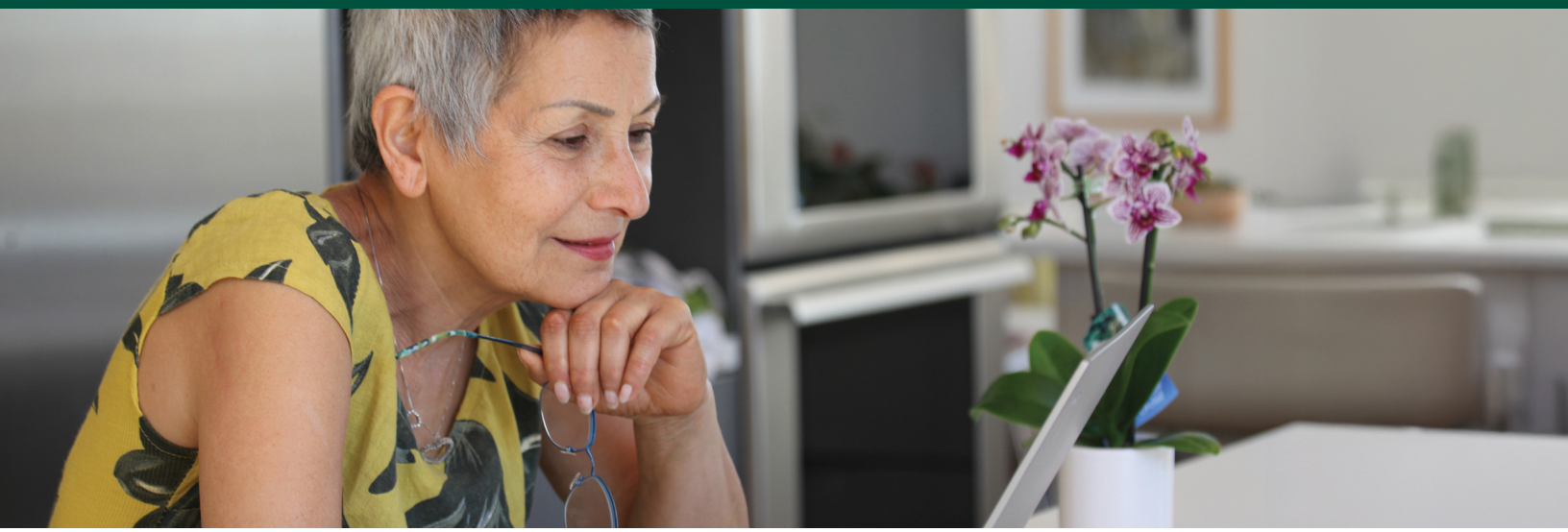
PROVIDER UPDATE

MERCYONE Health Plan

MediGold

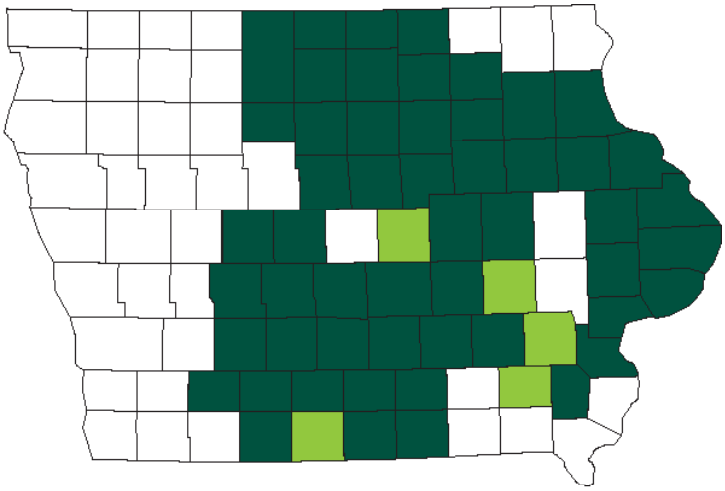
OCTOBER 2025



Ready for the Annual Enrollment Period!

It's October and Annual Enrollment Period (AEP) time is here! We look forward to 2026 being another successful year for MercyOne Health Plan and our providers. We are ready to do everything we can to prepare for an excellent AEP and want to ensure that it's a great time for you as well.

2026 MercyOne Iowa Service area



It is important to note that we no longer do business in the following counties in Iowa in 2026: Cherokee, Ida, Monona, Plymouth, Sioux, Woodbury.

That's why we're pleased to provide the following online information to you and your staff to aid you during AEP and year-round. Just go to our website and select "For Providers" in the title bar across the very top of the page. This will take you to a page with links to our Provider Portal, Provider Administration Manual, our Provider Communication page with links to the Provider Update archive, and much more.

Check out all these resources today!

- **2025 Counties** – Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Jackson, Jasper, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monroe, Muscatine, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Wayne, Winnebago, Worth, Wright
- **2026 Counties** – Decatur, Iowa, Jefferson, Marshall, Washington

1 MercyOne Health Plan is a Medicare Advantage organization with a Medicare contract. Enrollment in MercyOne Health Plan depends on contract renewal. Benefits vary by county.

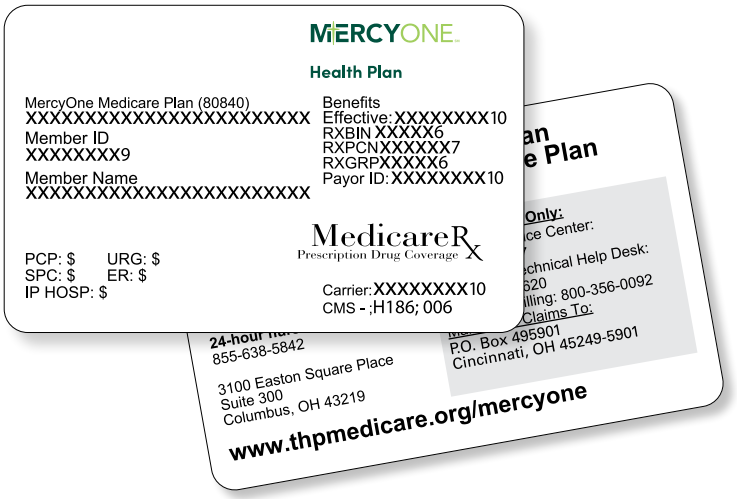
2026 Health Plan Highlights

Your 2026 MercyOne Health Plans offer many of the same outstanding benefits provided in 2025—if it ain't broke, don't fix it! Our priority has always been to help our members get the most out of their Medicare Advantage plan coverage by providing them with high-quality service and comprehensive health care.*

Some of our benefits include:

- $0 premium plan option
- Cash Back plan option**
- $0 copay primary care doctor visits (in-network)
- $0 copay for Tier 1 and Tier 2 drugs (mail order)
- $0 virtual care visits
- $0 medical deductibles
- Generous Visitor Travel allowance

These features, along with the many benefits our members currently enjoy, including a 24/7 Nurse Advice Line, Visitor/Travel benefits, Over-The-Counter (OTC) allowance, a Flexible Benefit Card, and Dental, Vision, and Hearing benefits assist our members on their health care journey.



** Premiums and benefits vary by plan.*
*** Other eligibility restrictions apply. Medicare Part B Premium Cash Back is applicable to only certain plans.*

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)

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October is Breast Cancer Awareness Month

October is Breast Cancer Awareness Month, a time to create awareness of and honor the many lives affected by breast cancer. Breast cancer is the most commonly diagnosed cancer among women worldwide. In 2022, approximately 2.3 million women were diagnosed and another 670,000 died from the disease. But there is hope and help available to many women affected by this disease.

Every breast cancer diagnosis is personal. Behind every diagnosis is a story—of courage, resilience, and hope. This theme reminds us that breast cancer touches the lives of women and their families around the world differently, and that every journey deserves compassion, dignity, and support. Early detection, timely diagnosis, and effective treatments are linked to the best outcomes.

Find out how you can best support those who are affected by breast cancer.

Breast Cancer

Key Facts

- 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 1 in 8 women, and although less common, can also occur in men.
- There are various treatment options, including surgery, chemotherapy, hormonal therapy, and radiation therapy.

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.

ICD-10-CM	DESCRIPTION
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

Coding Tips:

1. 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."
    a. When a breast cancer patient has completed surgery and chemotherapy, but is still on maintenance therapy such as Tamoxifen, or other hormonal therapy for 5 years, as long as this is considered adjuvant therapy for the original site, this can be coded as active cancer.
2. Cancer is coded as current if the record clearly states active treatment is for the purpose of curing or palliating cancer, or states cancer is present but unresponsive to treatment, the current treatment plan is observation or watchful waiting, or the patient refused treatment.

REMINDER: MediGold Provides New Ways to Receive Payments

As we mentioned previously, MediGold now provides new ways to receive payments. We have engaged **PNC Healthcare** to provide new electronic payment methods via their **Claim Payments & Remittances (CPR) service**, powered by ECHO Health. There are several ways to receive payments, including via **Electronic Funds Transfer (EFT)**, which can be set up by visiting the ECHO website (You can also enroll in EFT with all of your vendors by visiting the site). In addition to your banking account information, you will need to provide an ECHO payment draft number and payment amount as part of the enrollment authentication. You were sent a communication with an access code included.

Enroll and Receive Payments via EFT

Also, if you are not currently registered to accept payments electronically, you will receive **Virtual Credit Card** payments with your Explanation of Payments (EOPs). If you have a HIPAA certified fax number on file, your office will receive a fax notification; if not, your virtual card will be mailed. Each notification will contain a virtual card with a number unique to that payment transaction including an instruction page for processing.

The steps for processing these payments are similar to how you manually enter patient card payments today. Be sure to enter the full amount of the payment prior to the expiration date on the card. Normal transaction fees apply and are based on your merchant-acquirer relationship. No action is necessary to start receiving virtual card payments.

Another option for receiving payments, Medical Payment Exchange (MPX), is available if you haven't enrolled in EFT or Virtual Card options. Enroll with MPX and receive payments via your MPX portal account. Or you can receive an MPX payment by Choice Card notification or Paper Check notification. The notification includes instructions for selecting your preferred payment option via the website. **Learn More**

Finally, payments by Paper Check is an option. To receive paper checks and paper explanation of payments, you must elect to opt out of Virtual Card Services or remove your EFT enrollment.

For questions about all the payment options available to you, please contact ECHO Health at 800-393-4140.

HealthRules Payer System A to Z: Part II

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

Since its implementation, there are still questions about various aspects of the system. We continue providing the following information to help you better align with the system.

A) Attachments:

Providers are now able to submit attachments electronically. Providers no longer need to drop their claims for paper to submit attachments. This is an enhancement from our previous system.

B) Critical Access Hospital (CAH):

- Please remember to bill the correct Type of Bill (TOB) on your claim
- Please refer to Section 250, Medicare Claims Processing Manual, Chapter 4 - Part B Hospital

C) Federally Qualified Health Center (FQHC):

- Please refer to Medicare Claims Processing Manual, Chapter 9 - Rural Health Clinics/ Federally Qualified Health Center for the services that are not part of the FQHC PPS.
- Please remember to bill the correct Type of Bill (TOB) on your claim.
- Please remember to bill on the correct claim form.

D) Fractional Units:

- Ambulance and Anesthesia providers are allowed to bill fractional units. Other provider types should not bill fractional units.
- Please refer to the Medicare Claims Processing Manual, Chapter 15 - Ambulance, pages 28 and 29 and Transmittal 2103.

E) Home Health:

- Please remember to bill the correct Type of Bill (TOB) on your claim.
- Please refer to the Medicare Claims Processing Manual, Chapter 10 - Home Health Agency Billing

F) Paper Claim Billing Address:

The new address is:
PO BOX 495901
Cincinnati, OH 45249

G) Sequestration on EOP in the ECHO Portal:

The sequestration amount is in the "Other Adjustment" field on the EOP in the ECHO Portal. It is not included in the "Provider Discount" field.

H) Skilled Nursing Facilities (SNF)

- NPIs are required to be billed on the claim
- Please refer to Section 30, Medicare Claims Processing Manual, Chapter 6 - SNF Inpatient Part A Billing and SNF Consolidated Billing

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