

PROVIDER UPDATE



MediGold

AUGUST 2025



MediGold Provides New Ways to Receive Payments

MediGold now provides more ways to receive payments from us effective August 18, 2025. 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 this website). 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**

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 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. **Enroll with MPX**

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**.



Appropriate Expedited Prior Authorization Requests

As a reminder, the plan's prior authorizations requests are allowed up to 14 calendar days to render the decision. If the services being requested could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, the provider may request the authorization to be expedited. An expedited authorization will have a decision rendered within 72 hours. Note, this is a term defined by the Centers for Medicare and Medicaid Services (CMS). **To ensure all our members have their prior authorizations reviewed timely and appropriately, please submit expedited prior authorizations only when they meet the definition outlined above.**

Here are some examples (list is not inclusive):

- Life-threatening situations: If a delay could result in loss of life, such as in cases requiring immediate surgery or treatment for a serious illness, an expedited review is warranted.

- Situations jeopardizing health: This includes conditions where waiting could cause significant deterioration of health, potentially leading to permanent disability or requiring more extensive interventions later.
- Impaired functional recovery: If waiting for a standard review could negatively impact a patient's ability to recover functional abilities, such as mobility or cognitive function, an expedited review is appropriate.

Important considerations:

- Thorough documentation is crucial: When requesting an expedited review, it's essential to provide a clear and compelling explanation of why the standard review timeframe is not appropriate and how the patient's health or well-being is at risk.
- Expedited review is not for convenience: It's not appropriate to request an expedited review simply to get a faster decision when the situation is not truly urgent.

We're Here To Serve You.

Trinity Health Plan of Michigan 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)



Myocardial Infarction (MI)

Key Facts

- Myocardial infarction (MI), also known as a heart attack, occurs when blood flow to the heart muscle is blocked
- According to the CDC, approximately 805,000 Americans experience a heart attack every year.
 - Of these, 605,000 are a first heart attack
 - 200,000 are in people who've already had one

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	CODING GUIDANCE
I21.X	STEMI and NSTEMI (Acute)	MI specified as acute or with a stated duration of 4 weeks (28 days) or less from onset
I22.X	Subsequent MI	Acute MI occurring within 4 weeks (28 days) of a previous acute MI. Can only be assigned when previous MI was type 1 or unspecified.
I25.2	Old MI	Healed or past MI diagnosed (greater than 28 days)

Coding Tips:

1) Code only active or recent MIs under I21-

- Use ICD-10-CM category I21 for acute MIs occurring within 28 days of the event.
- Do not code from I21 if the MI occurred more than 4 weeks ago. Use I25.2 for an old MI instead.

2) Use appropriate type and location

- Specify the type (e.g., STEMI vs NSTEMI) and location (e.g., anterior wall, inferior wall).

- For example:

- I21.01 – STEMI involving left main coronary artery
- I21.4 – NSTEMI (Non-ST elevation MI)

3) When to Capture I22- Codes (Subsequent MI)

- A new MI occurs within 28 days of a previous MI (initial MI already coded with I21-).
- The second MI is in a different site or artery than the first or is clearly identified as a new event by the provider.



August is National Wellness Month

There are many components to wellness at any stage of life, and maintaining our best health as we age is paramount. Research has shown that self-care can help increase happiness by up to 71% when we manage our stress and maintain a healthy lifestyle. In fact, self-care helps manage stress and promotes happiness.¹

August is National Wellness Month and probably one of the most important steps your patients can take to that end is scheduling their Annual Wellness Visit (AWV) if they haven't already done so. One of Trinity Health Plan of Michigan's many free preventive services*, the AWV establishes a comprehensive assessment of your patient's

current health and wellbeing, and also provides the opportunity to create a personalized plan for health maintenance.

Please remind your patients to schedule their AWV if they haven't already done so, to take advantage of this free service with Trinity Health Plan of Michigan, which is also part of the Member Rewards Incentive Program. Encourage your patients to schedule their annual wellness visit today!

*With Trinity Health Plan of Michigan, there is no coinsurance, copay or deductible for the AWV. If other services are provided during the AWV, cost-sharing may apply.

¹ <https://www.nationaldaycalendar.com/august/national-wellness-month-august>



Upcoming Closure – Labor Day

In observance of the Labor Day holiday, the Provider Service Center will be closed **Monday, September 1, 2025**.

If you have any questions, please contact our Provider Service Center at **1-800-991-9907** (TTY: 711).

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

⁴ Trinity Health Plan of Michigan is a Medicare Advantage organization with a Medicare contract. Enrollment in Trinity Health Plan of Michigan depends on contract renewal. Benefits vary by county.