Closing the Year Out on a High Note: Final Steps to Maximize Quality Performance

As the calendar year winds down, providers have a valuable opportunity to make a final impact on their quality performance scores. Many quality measures are based on services rendered and documented by December 31, making November and December critical months for closing care gaps and improving performance.

High-Impact Measures to Focus On:

These measures are still actionable and have a strong influence on Star Ratings:

- **A1c Control:** Perform one final check of a patient's Hemoglobin A1c if they have not had a test this year or if their last value was greater than 9.0.
- **Medication Adherence:** Review refill patterns for patients with hypertension, diabetes and cholesterol medications. Encourage 90-day fills and address barriers to adherence.
- **Controlling Blood Pressure:** Re-check readings and adjust treatment plans for patients with uncontrolled hypertension.
- **Breast and Colorectal Cancer Screenings:** Identify patients who are overdue and offer flexible scheduling or alternative screening options.
- **Diabetic Eye Exams:** Ensure patients with diabetes receive their annual retinal screening.
- **Annual Wellness Visits:** Use these visits to address multiple care gaps, including fall risk assessments, depression screenings and preventive services.

Tips for Success:

- **Use Plan Supplied Gap reports:** Helps providers identify and address patients with outstanding gaps.
- **Engage Your Team:** Front office staff, nurses and care coordinators can assist with outreach and scheduling.
- **Document Accurately:** Timely and complete documentation ensures services count toward quality measures.

CPT-II Coding Incentive Reminder:

Our Health Plan offers a **CPT-II coding incentive** that reimburses providers for submitting codes that help close gaps in care. These codes support accurate reporting of clinical quality measures and contribute directly to improved Star performance.

 Click here to access the incentive guide.

Want to Know Where You Stand?

If you'd like to review your **Quality Gap Report, Performance Scorecard** or for any other Quality related questions, please contact the Trinity Health Plan New York Quality Team at **StarsandHedis@mchs.com**. These tools provide valuable insights into your current performance and highlight opportunities for improvement.

Let's finish the year strong—delivering high-quality care to our members and driving better outcomes across our network.

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

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Diabetes Awareness Month: Managing Chronic Conditions for Better Outcomes

November is National Diabetes Awareness Month—a timely opportunity to focus on improving outcomes for patients with diabetes and closing key quality gaps.

Diabetes and Star Ratings:

Several Star measures are tied to diabetes care, including:

- HbA1c Control (<8%)
- Dilated Retinal Eye Exams
- Statin Use in Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes
- Medication Adherence for Diabetes Medications

Tips for Providers:

- **Schedule Preventive Visits:** Proactively reach out to patients with diabetes to ensure they're up to date on screenings and labs.
- **Encourage Pre-Visit Labs:** Ask patients to complete labs (e.g., HbA1c, kidney function) before their appointments so results can be discussed during the visit.
- **Educate on Self-Management:** Provide resources on diet, exercise and medication adherence.
- **Coordinate Care:** Ensure referrals to ophthalmology and pharmacy are completed. Write 90-day fills for maintenance medications and encourage mail order pharmacy use.
- **Document Thoroughly:** Accurate coding and documentation are essential to capture this measure.

Helping Patients Stay on Track During the Holidays:

The holiday season can disrupt routines and make it harder for patients to manage their diabetes. Here's how you can help:

- **Reinforce Medication Adherence:** Encourage 90-day supplies or mail-order options to avoid missed doses during travel or holiday closures.
- **Discuss Healthy Holiday Habits:** Offer practical tips for managing diet, staying active and monitoring blood sugar during gatherings.
- **Plan Ahead:** Help patients schedule follow-ups and lab work before the end of the year to avoid delays.
- **Provide Encouragement:** Acknowledge the challenges of the season and offer support to keep patients motivated and engaged.

By staying proactive and patient-centered, we can help our members maintain control of their diabetes and improve outcomes—during the holidays and beyond.

Medical Coding/Rheumatoid Arthritis

Key Facts

- Rheumatoid arthritis (RA) is a chronic autoimmune disorder that results in swollen, painful joints.
- RA is more common in women (3:1 ratio compared to men).
- Typically, onset occurs between the ages of 30 and 60 but can affect any age
- There are various treatment options, including NSAIDs for pain relief and inflammation, drugs such as Methotrexate and Hydroxychloroquine that help slow disease progression and corticosteroids that help with flare-ups.

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.
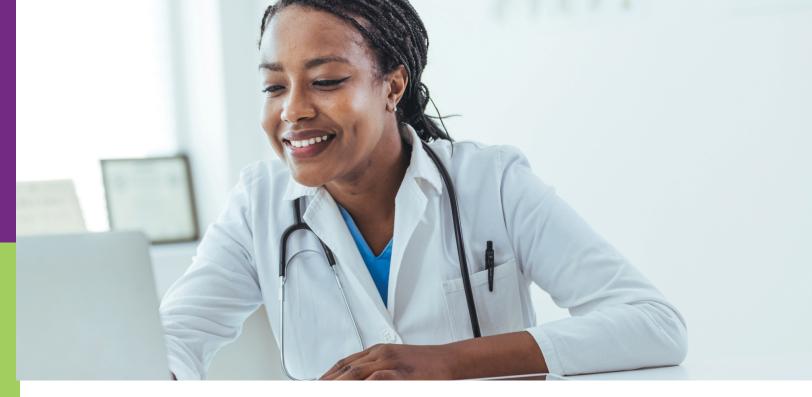
Coding Tips:

- Best practice is to spell out and fully describe the type of RA; try not to use the unspecified code
- M05.- and M06.- codes contain detail that indicate the anatomical site, along with any organ involvement
- Documenting the type, location and/or associated complications of the RA is important in making sure the highest specified code is selected

Rheumatoid Arthritis

ICD-10-CM	DESCRIPTION
M05.-	Rheumatoid arthritis with rheumatoid factor
M06.-	Other rheumatoid arthritis

Coding Tips:

- Best practice is to spell out and fully describe the type of RA; try not to use the unspecified code
- M05.- and M06.- codes contain detail that indicate the anatomical site, along with any organ involvement
- Documenting the type, location and/or associated complications of the RA is important in making sure the highest specified code is selected

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Prior Authorization Updates

Updates are coming to the Prior Authorization list. Effective **12/1/25**, we will no longer require prior authorization for the following services:

- Radiation Therapy
- Power Mobility Devices
- Genetic Testing: BRAC Analysis
- Elective Acute Hospital Admissions and Surgeries

  Note: Notification of admission will still be required when the member arrives for their scheduled admission.

Please reach out to Lindsey Glass, Director, Utilization Management with any questions at **lindsey.glass@medigold.com**.

We're Here To Serve You

Trinity Health Plan New York 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)

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

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