

Ascension Complete

Provider Newsletter, August 2022

Review the latest updates related to the medical plan. Access our provider portal [here](#).

Medicare Annual Enrollment Period (AEP) is coming!

Medicare AEP communications will begin going out to patients ages 65+ in August and conclude in December. They will receive various direct mail letters and emails during this time. [Click here](#) to view a list of meetings, hosted by HealthShare360, Ascension's trusted Medicare advisor. Please feel free to share this list with your patients to learn about their Medicare options, including Ascension Complete.

Provider training

Are you looking to learn how to compliantly speak to patients about Ascension Complete, or the other great Medicare Advantage (MA) plans available? Stay tuned for upcoming training opportunities in the coming weeks.

Here to help you: Insurance navigators

Your local Insurance navigator is here to help you navigate the Ascension Complete plan. They can help you with items such as:

- Educating providers and office staff on the plan.
- Assisting providers/clinics with portal access.
- Triaging member issues from sales agents, practice managers and providers.
- Triaging billing and claim issues.
- Triaging provider portal and find-a-provider tool issues to network team.
- Requesting care management referrals for members.

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Diabetic Retinopathy: A leading cause of blindness in American adults

Diabetic retinopathy (DR) is a common complication of diabetes. It is the leading cause of blindness among U.S. working-aged adults aged 20–74 years. An estimated 4.1 million and 899,000 Americans are affected by retinopathy and vision-threatening retinopathy, respectively.¹

The risks of DR are reduced through disease management that includes good control of blood sugar, blood pressure, and lipid abnormalities. Early diagnosis of DR and timely treatment reduce the risk of vision loss; however, as many as 50% of patients are not getting their eyes examined or are diagnosed too late for treatment to be effective.¹

As part of the recommended standard of care for people with diabetes, retinal eye exams are a non-invasive diagnostic tool to help detect early signs of eye disease and protect the member's eyesight. To promote continuity and coordination of care, it is important for the PCP and or endocrinologist to obtain a copy of the retinal eye exam results for the medical record.¹

Ascension Complete offers a [diabetic eye examination fax form](#) which may be provided to members prior to leaving their annual wellness visit or other encounter(s). The member may give this form to their eye care professional and ask that it be faxed back to their PCP and or endocrinologist. Be sure to complete the upper section including the medical practice fax number where the completed record can be returned.

By working together and communicating with one another, we will provide the best care for these members.

¹ Common eye disorders and diseases. (2020). Centers for Disease Control and Prevention. [Retrieved May 18, 2022.](#)

With questions, [click here](#) to contact our provider service team.

Annual wellness visit

Your patients' health is important to us. That is why Ascension Complete has partnered with you to keep your patients informed and healthy throughout the year. This year, members' annual wellness visit can be completed either in person or virtually using a telemedicine platform. In an effort to minimize risk of exposure during the COVID-19 pandemic, we offer telemedicine options to our members.

There are no copays or deductibles. However, if you need to perform additional tests or services, co-pays or deductibles may apply. Additionally, we are also giving \$100 to members for completing their annual wellness visit.

Breast cancer screening measure

Breast cancer is the most common type of cancer, and the second leading cause of cancer-related deaths among women in the U.S. Ascension Complete wants to help your practice increase HEDIS rates. Below is the outline of the breast cancer screening measure, its code and guidance for documentation.

Description: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer anytime on or between Oct. 1 two years before the measurement year and Dec. 31 of the measurement year. Exclusions: Bilateral Mastectomy.

Always enter the test performed and the date. If the member self-reports, also include the result. Ascension Complete prefers to capture data for BCS based on claims. Please make sure to document the mammogram properly with the following Billing Codes: 77055-77057, 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206

DO THIS!	NOT THAT!
Detailed information recorded on medical record	Not enough information recorded
Preventive medicine health maintenance: MAMMOGRAM Date: 06/09/2022 BIRADS 1 Result: Normal	CHART 1 PATIENT SCREENING/ HISTORY Female screenings last mammogram – Considering screening – Rx given (Insufficient documentation: No date of service and no results/ test not completed)

Source: 1Centers for Disease Control and Prevention. Basic Information. Retrieved from www.cdc.gov/cancer/breast/basic_info/index.htm, August 24, 2018.

