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PROVIDER PORTAL UPDATES

2026 Evidence of Coverage (EOC)

We have uploaded the 2026 Evidence of Coverage (EOC) to the Provider Portal. This document outlines member benefits and coverage details for year 2026. Please review to ensure you are familiar with the most current information regarding member benefits.

2026 Leon Model of Care Power Point Training

As part of our compliance requirements, all providers must complete this training to stay informed about the delivery of high-quality coordinated care to our members.

Clinical Guidelines

We have updated our Clinical Guidelines to reflect the latest evidence-based practices and standards of care.

2026 Provider Directory

The 2026 Provider Directory is now available for review. This directory includes the most recent information about our network providers, including updated contact details and specialties.

- **Reminder:** Please verify your information in the directory and notify us of any changes to ensure accuracy for our members

Need Assistance?

If you have any questions or need help accessing the portal, please don't hesitate to reach out to our Provider Relations team:

- **Email:**
Providerrelations@leonhealth.com



PROVIDER MANUAL UPDATE

We're excited to let you know that the Provider Manual has been updated and is now available for your review on the Provider Portal.

We encourage you to log in and take a moment to familiarize yourself with the changes at your earliest convenience.

If you're unable to access the Provider Portal or encounter any issues, don't hesitate to reach out to us at: providerrelations@leonhealth.com.

Our team is here and ready to assist you in gaining access.



ANNUAL VISITS AND ADVANCED DIRECTIVES

Supporting Patient Well Being Through Preventive Care and Future Planning

Annual wellness visits and advanced directives are two of the most powerful tools we have to support patient health, safety, and long term quality of care. As providers, encouraging our patients to engage in both not only strengthens our clinical partnerships but also helps ensure that every individual receives care aligned with their needs, values, and goals.

WHY ANNUAL VISITS MATTER

Annual visits offer far more than a routine check in, it is a cornerstone of preventive medicine. These visits allow us to:

Detect Health Issues Early

Chronic diseases such as hypertension, diabetes, kidney disease, and heart conditions often develop silently. Annual screenings help us identify risks early, when intervention is most effective.

Update and Optimize Care Plans

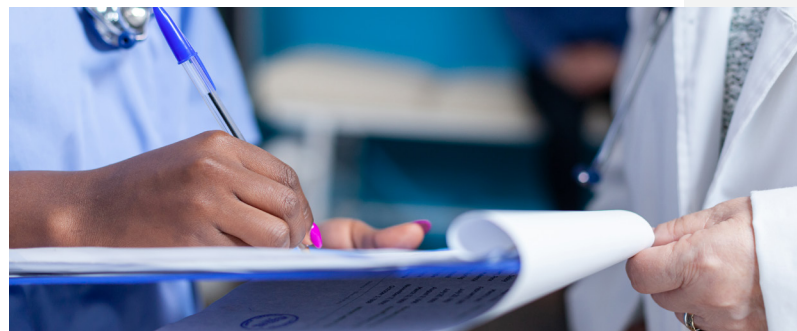
Patient health can change significantly from year to year. Annual visits give us the opportunity to adjust medications, review recent test results, and ensure continuity of care across specialists and healthcare settings.

Reinforce Preventive Measures

Immunizations, cancer screenings, lifestyle counseling, and behavioral health discussions are integral to preventing long term complications. These conversations empower patients to take ownership of their health.

Strengthen the Provider–Patient Relationship

Regular face-to-face interaction builds trust, it is an essential element of patient engagement, adherence, and shared decision making.



THE CRITICAL ROLE OF ADVANCED DIRECTIVES

Just as preventive care prepares patients for healthier futures, advanced directives prepare them for unexpected circumstances. Discussing and documenting these preferences ensures that patients receive care that aligns with their values, even if they become unable to communicate.

Upholding Patient Autonomy

Advanced directives give individuals the power to express what types of medical

interventions they do or do not want. This protects their autonomy during physically or cognitively limiting events.

Guiding Families During Difficult Times

Without documented wishes, families face emotional and often overwhelming decisions. Advanced directives provide clarity, reduce conflict, and allow loved ones to act confidently on the patient's behalf.

Supporting Ethical and Aligned Care

By understanding a patient's goals, whether focused on comfort, longevity, independence, or overall quality of life, providers can ensure that every medical decision aligns with and supports those personal priorities.

Reducing Unnecessary Hospitalizations and Interventions

Clear and well documented advance directives help prevent unwanted procedures and reduce avoidable hospitalizations, ensuring that patients receive care that truly supports their well being.

HOW PROVIDERS CAN MAKE A DIFFERENCE

- Proactively address preventive care and advance directives during annual visits and transitions of care.
- Present advanced directives as a routine part of comprehensive care.
- Educate patients and families using clear, compassionate explanations and available resources.
- Review and update advanced directives regularly, especially after major life or health changes.

TOGETHER, WE CAN IMPROVE PATIENT OUTCOMES

Annual visits and advanced directives work hand in hand to support holistic, patient centered care. By promoting both consistently, we help individuals stay healthier today while honoring their wishes for tomorrow.



MODEL OF CARE (MOC) OVERVIEW

The Model of Care (MOC) is the foundational framework we use to ensure high quality, patient centered care for our members. It outlines how the health plan, providers, and interdisciplinary care teams work together to meet the clinical, functional, and psychosocial needs of individuals enrolled in our programs—particularly those in Special Needs Plans (SNP).

Please refer to the Training SharePoint for the full MOC.

Purpose of the Model of Care

The MOC is designed to:

- Improve health outcomes for vulnerable populations

- Promote coordinated, continuous, and person centered care
- Reduce hospitalizations and prevent avoidable complications
- Ensure compliance with CMS regulatory requirements (for SNP plans)
- Support providers with structured processes, communication pathways, and care management resources

Key Components of the MOC

A. Member Assessment

Members receive a comprehensive health risk assessment (HRA) upon enrollment and annually thereafter.

The HRA helps identify:

- Medical needs
- Behavioral health needs
- Functional limitations

B. Individualized Care Plan (ICP)

Each member has an ICP created by the care management team and updated as needed.

The ICP includes:

- Member goals
- Identified risks and needs
- Care team contacts

Providers contribute to the development and monitoring of ICP goals.

C. Interdisciplinary Care Team (ICT)

The ICT coordinates the care of each member and may include:

- Primary care provider
- Specialists
- Care managers
- Behavioral health clinicians
- Social workers
- Pharmacists

- Caregivers, as appropriate

Providers are asked to participate in ICT meetings or provide updates to support ICP development.

D. Care Coordination & Communication

The health plan provides:

- Transition of care follow up after inpatient episodes
- Medication reconciliation services
- Communication pathways for providers, including care management contacts

Providers play a critical role by timely sharing clinical information and following evidence based care guidelines.

Provider Responsibilities within the MOC

To support the MOC, providers are expected to:

- ICP documents
- Engage with care management teams
- Participate in ICT
- Document all member interactions thoroughly
- Report changes in health status

The Model of Care is a collaborative framework that ensures members receive consistent, high quality, and person centered services. Providers are valued partners in this process, and your engagement is essential to delivering optimal outcomes for our membership.





CAHPS SURVEY SEASON

As we enter this year's CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey season, we need your help in encouraging our members to understand the importance of completing the survey if they receive it. Your role in supporting this effort is vital to our shared mission of delivering exceptional care and achieving our goal of becoming a 5-Star plan.

WHAT YOU NEED TO KNOW

CMS NEWS

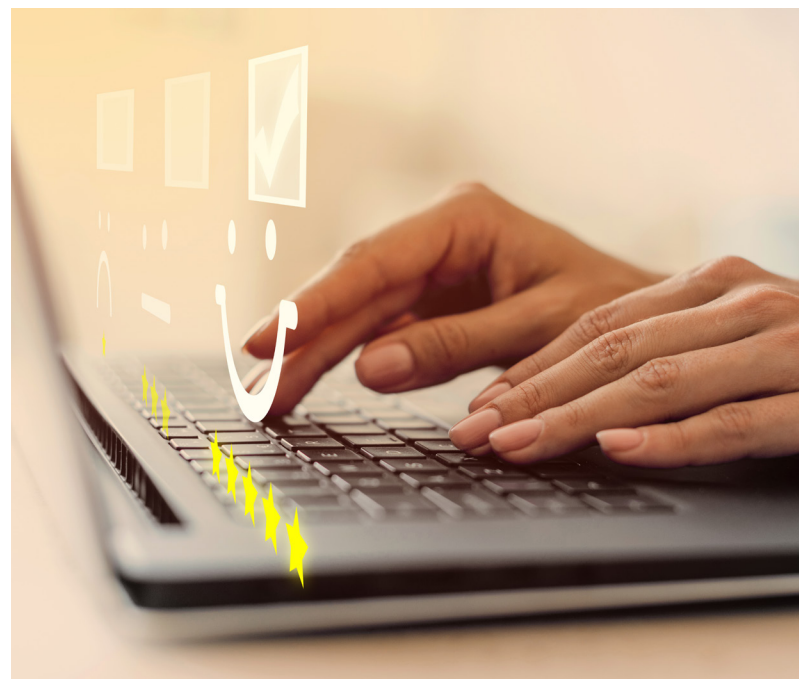
Important Update: New Medicare Outpatient Observation Notice (MOON)

A new version of the Medicare Outpatient Observation Notice (MOON) has been released and is now available in both English and Spanish on the *CMS Beneficiary Notices Initiative webpage*. The updated MOON is effective immediately and will remain valid until February 28th, 2029. If you still have copies of the older MOON form, you can continue using them until April 20th, 2026, but please ensure you switch to the updated version by that date.

For detailed instructions, refer to Section 400, Chapter 30 of the CMS Claims Processing Manual: *Download the manual here*.

Why CAHPS Matters

The CAHPS survey is an essential tool that allows members to share their experiences with our health plan and their healthcare providers. The feedback gathered directly impacts our ability to improve services and achieve high-quality ratings. A higher survey response rate provides a more accurate representation of member satisfaction and strengthens our ability to identify areas of improvement. Ultimately, it helps us on our journey to becoming a 5-Star Medicare Advantage plan.



How the Survey is Being Administered

This year, CMS has implemented a web-based survey option to encourage higher response rates. Here's how members are being contacted:

- **Web Survey Invitations:** Selected members with an email address on file were emailed a survey invitation by CMS.
- **Mailed Web Invites:** Members without an email address on file were mailed a web invite letter to their homes.

How You Can Help

As trusted providers, you have a unique opportunity to encourage members to complete the survey if they receive one. Here are a few ways you can support this effort:

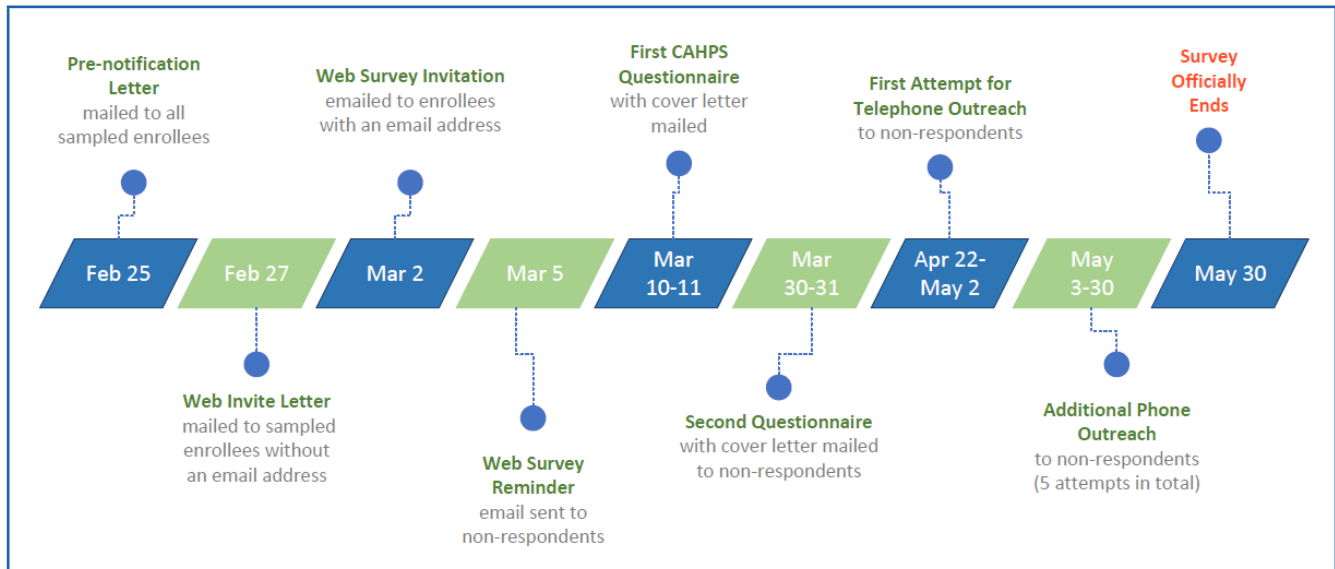
- **Educate Members:** During appointments, remind members

about the importance of completing the CAHPS survey and how their feedback helps improve their healthcare experience.

- **Reassure Members:** Let them know their responses are confidential and directly contribute to enhancing the quality of care at Leon Health.
- **Highlight the Impact:** Share how their feedback helps us achieve higher ratings, which benefits all members by allowing us to offer better services and resources.



2026 CAHPS COLLECTION TIMELINE



COLORECTAR CANCER AWARENESS MONTH

March marks Colorectal Cancer Awareness Month, a vital time to raise awareness about the importance of early detection, prevention, and education regarding colorectal cancer.

Colorectal cancer remains one of the most preventable yet deadly cancers, making it critical that we work together to drive awareness and encourage action among our patients.

Here's how you can contribute to raising awareness and improving outcomes for your patients this month:

Encourage Screening

- Remind eligible patients (ages 45-75) to schedule their routine colorectal cancer screenings.
- Discuss the variety of screening options available.

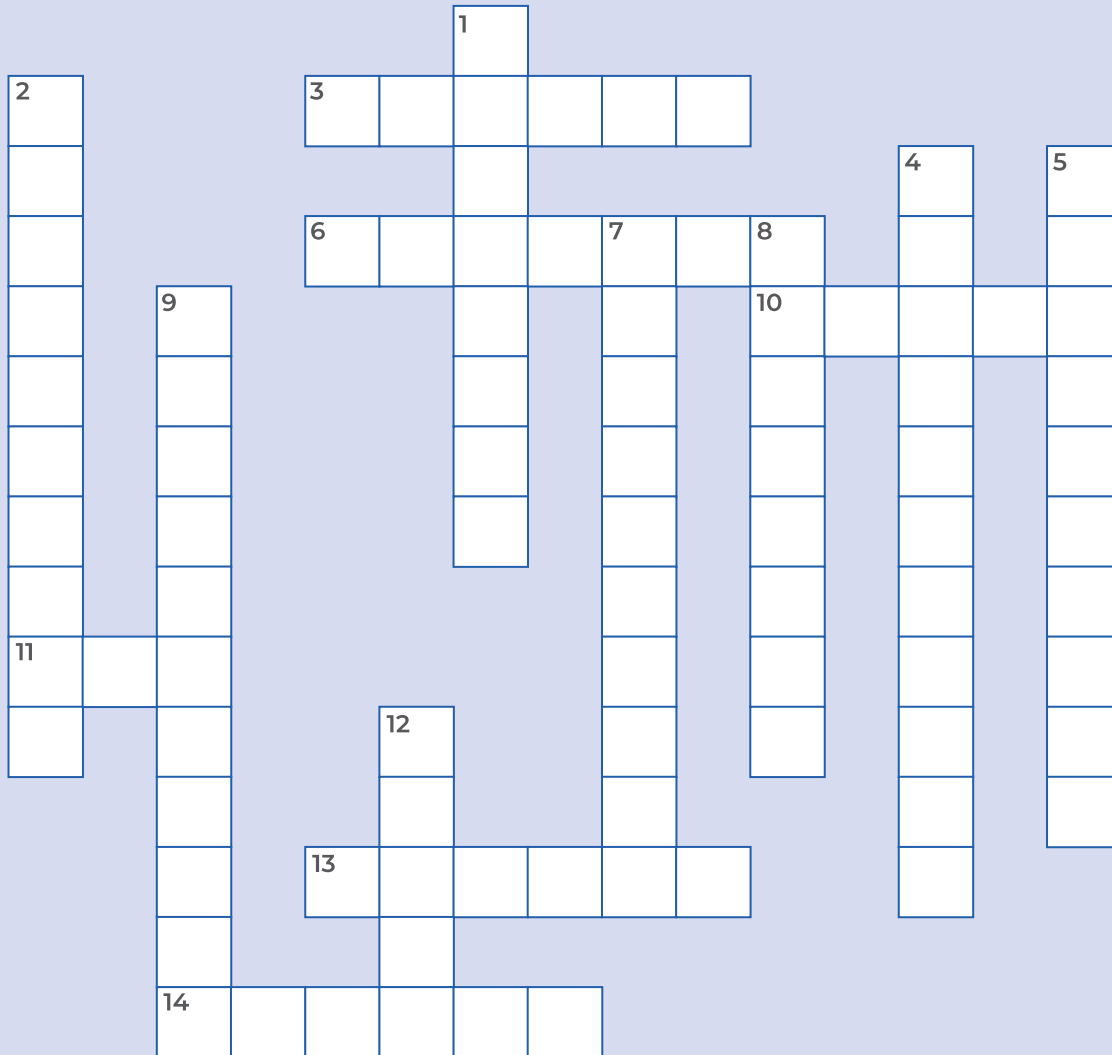
Educate Patients on Prevention

- Share lifestyle tips that reduce colorectal cancer risks, such as maintaining a healthy diet, exercising regularly, limiting alcohol intake, and avoiding tobacco use.
- Discuss the importance of recognizing symptoms like changes in bowel habits, unexplained weight loss, or persistent abdominal pain, and encourage patients to seek evaluation if these occur.





CROSSWORD



ACROSS

- 3.** The area of the colon that terminates in the anus and has a higher than average rate of cancer diagnosis.
- 6.** Sacculations in the wall of the colon are:
- 10.** A precancerous growth that can be found during colonoscopy and removed with a snare.
- 11.** This stapler is used for lower anterior colon resections and has “donuts” that are removed after firing.

- 13.** The RNFA must help protect this structure during colorectal surgery and may be stented prior to the procedure.
- 14.** Care must be taken by the RNFA when retracting near the splenic flexure to protect the _____

DOWN

- 1.** _____'s point is a landmark for appendectomy.
- 2.** A _____ retractor is commonly used for open abdominal cases.

- 4.** Tattooing a polyp can be performed via this procedure.
- 5.** This surgical technique is the approach to open colon resection.
- 7.** The _____ colon is the most mobile part of the large intestine.
- 8.** This blind internal diverticulum is often removed laparoscopically
- 9.** _____ is restoring the continuity of the bowel.
- 12.** The rectum has how many internal infoldings?