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Hours: Monday - Friday,
8:00 a.m. - noon and 1:00 p.m. - 4:30 p.m.
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**South
Country**
HEALTH ALLIANCE

Annual Compliance Requirements and Disclosure of Ownership

South Country Health Alliance (South Country) requires all organizations that contract with South Country to comply with all applicable Federal and State laws and regulations. To ensure compliance with applicable Federal and State laws and regulations, South Country requires all organizations to complete an annual Compliance Attestation and Disclosure of Ownership form no later than **December 31, 2026**.

Annual Compliance Attestation

The Centers for Medicare and Medicaid Services (CMS) requires South Country implement an effective compliance program that meets the regulatory requirements outlined at [42 C.F.R. §§422.503\(b\)\(4\)\(vi\)](#) and [423.504\(b\)\(4\)\(vi\)](#). South Country maintains the responsibility for ensuring first tier, downstream, and related entities (FDRs) comply with Medicare program requirements. South Country is requiring all FDRs who provide health or administrative services in connection with South Country's Medicare Advantage programs to attest that they are in compliance with the requirements annually by **December 31, 2026**. The attestation can be completed online by visiting <https://www.mnscha.org/about-us-a/compliance/fdr-compliance/>.

Disclosure of Ownership

DHS and CMS require health plans, including South Country, to ensure that network providers/delegated entities submit documentation of their ownership and control interests (conflicts of interests). South Country has developed a standard form that can be completed and submitted electronically no later than **December 31, 2026**. Please access the form through our Provider Portal or complete the form online by visiting <https://www.mnscha.org/about-us-a/compliance/ownership-control-interest/>. If you have already completed a similar form for another Minnesota health plan in 2026, you may send us a copy of that form rather than duplicating the information using our form.

If you have any questions or concerns regarding the annual compliance requirements or the Disclosure of Ownership form, please email us at compliance@mnscha.org.

Updated Provider Manual Chapters

Remember to check out our Provider Manual chapters located on our website at: <https://www.mnscha.org/providers/provider-manual/> for any updates.

The Provider Manual chapters are updated regularly throughout the year; check out the [Summary of Provider Manual Changes](#) to see what has been updated in the chapters.

Preparing for Digital HEDIS

Healthcare quality measurement is undergoing a significant transformation. Over the next several years, the National Committee for Quality Assurance (NCQA) will transition HEDIS® measures from traditional chart-based reporting methods to digital quality measurement using electronic clinical data. The goal is to improve data accuracy, reduce administrative burden, and provide more timely insights that support patient care. All HEDIS measures are expected to be 100% digital by the end of 2030.

What Is Changing?

Historically, many HEDIS measures have relied on administrative claims data supplemented by medical record review (MRR). This process requires health plans and providers to identify records, respond to chart requests, and participate in manual abstraction activities.

Digital HEDIS shifts quality measurement toward Electronic Clinical Data Systems (ECDS), which leverage structured electronic data from electronic health records (EHRs), health information exchanges, registries, laboratory systems, case management platforms, and claims data. Rather than measuring quality through sampled chart reviews, digital measures increasingly use data from the full eligible member population.

Why the Transition Matters

The move to Digital HEDIS offers several benefits for providers and patients:

- Reduced reliance on medical record requests and chart abstraction.
- Greater use of clinical data captured during routine care.
- Improved data standardization and interoperability.
- More timely quality reporting and quality improvement opportunities.
- Enhanced ability to identify care gaps earlier and support patient outreach.

Digital measurement represents a shift from looking backward at care delivered months ago to leveraging electronic data that can support quality improvement activities closer to the point of care.

What Providers Can Expect

As HEDIS transitions to digital reporting, provider organizations will play a critical role in ensuring that clinical information is captured in structured, standardized formats within electronic health records.

Key areas of focus include:

- Accurate coding and documentation. Check out this new provider resource: (insert coding and reference guide)
- Structured capture of screenings, assessments, immunizations, and lab results.
- Participation in data sharing and interoperability initiatives.
- Continued attention to data completeness and data quality.

Measures related to preventive screenings, immunizations, chronic disease management, transitions of care, and other areas are gradually moving toward ECDS and digital reporting methodologies.

Reducing Administrative Burden

One of the most significant benefits of the transition is the anticipated reduction in chart retrieval requests.

As more measures move to electronic reporting, health plans can increasingly rely on data transmitted electronically rather than requesting large volumes of medical records. South Country has already observed a substantial decline in medical record requests as hybrid measures are retired and digital reporting expands.

How South Country Is Preparing

South Country is actively preparing for the digital quality future through collaboration with providers, vendors, and technology partners. Efforts currently underway include:

- Expanding the use of electronic clinical data sources.
- Evaluating FHIR-based data exchange capabilities.
- Participating in digital HEDIS testing and validation activities.
- Working with quality reporting vendors to compare traditional and digital measurement results.
- Monitoring NCQA and CMS transition timelines and requirements.

What You Can Do Now

Providers can support a successful transition by:

- Reviewing the [CPT Category II Coding Quick Reference for HEDIS Quality Measures](#) available under the Training Materials section of [South Country's Provider Training Resources page](#). The guide includes CPT Category II codes that may be available to support HEDIS measure reporting and documentation.
- Ensuring clinical information is documented in structured EHR fields whenever possible.
- Reviewing coding and documentation workflows for completeness and accuracy.
- Participating in interoperability and data-sharing initiatives.
- Working with EHR vendors to understand FHIR and digital quality reporting capabilities.
- Staying informed about upcoming HEDIS and ECDS reporting changes.

Looking Ahead

The transition to Digital HEDIS is more than a reporting change—it is a step toward a more connected, efficient, and patient-centered healthcare system. By improving the exchange and use of clinical data, providers and health plans can work together to reduce administrative burden while creating new opportunities to improve health outcomes and member experience.

Billing Members for Chiropractic Services

As a result of legislative changes, effective January 1, 2026, chiropractic services are no longer a covered benefit under Medical Assistance for members age 21 and older. This change applies to South Country members enrolled in Families and Children, MinnesotaCare, Minnesota Senior Care Plus (MSC+), and Special Needs BasicCare (SNBC) Medical Assistance-only programs.

Before providing chiropractic services, chiropractic providers must notify affected members in writing that they will be financially responsible for the cost of services received. Providers may only bill a member for a non-covered service, or item when a properly completed and signed [Advance Recipient Notice of Non-Covered Service/Item \(DHS-3640\)](#) has been obtained before the service is rendered.

Prior to obtaining the member's signature, the provider must review and discuss with the member all applicable service limits, the specific reason(s) the service, item, or prescription is not covered, any available covered alternatives, and the specific procedure codes and associated costs for the services being rendered.

Failure to meet these requirements may prohibit the provider from billing the member and may result in the provider being financially responsible for the charges.

Additional guidance regarding member billing requirements is available in Chapter 4 of the South Country Provider Manual: [Provider Manual – South Country Health Alliance](#).

Reminder: Entity Type Qualifiers Are Required

As a reminder, South Country requires providers to select the correct Entity Type Qualifier (ETQ) for the National Provider Identifier (NPI) submitted on claims. The ETQ must be entered in element NM102 in the NM1 segment.

- Entity Type Code 1 indicates the NPI submitted is a person
- Entity Type Code 2 indicates the NPI submitted is a non-person entity or organization

Please ensure the ETQ defined in the [National Plan & Provider Enumeration System \(NPPES\) NPI Registry](#) is the ETQ that is indicated for the specific NPI when submitting claims for payment.

If you do not know your ETQ, refer to the [NPPES NPI Registry](#).

If you have questions, please reach out to the Provider Contact Center at 1-888-633-4055 (toll free).

Connecting Medical and Dental Care

Oral health is an essential part of overall health and well-being. Increasingly, healthcare providers recognize that medical and dental care are closely connected, particularly for individuals managing chronic health conditions. By working together to promote preventive care and coordinate services, medical and dental providers can help improve health outcomes for the members we serve.

South Country continues to see positive progress in preventive dental care utilization. South Country's Annual Dental Visit (ADV) rate increased from 39.8% in 2023 to 44.8% in 2024. Preliminary 2025 results show another notable upward trend, demonstrating improved engagement in preventive oral health services. [Oral Health / Minnesota Department of Human Services](#).

The connection between oral health and chronic disease is well established. Adults with diabetes are 40% more likely to have untreated cavities than adults without diabetes, and approximately 60% of adults with diabetes report having a medical visit during the past year without receiving dental care. Treating gum disease significantly improves blood sugar (glycemic control) in people with diabetes. Routine dental visits can help identify and manage oral health conditions that may impact diabetes management and overall health. [cdc.gov / Diabetes and Oral Health Facts](#).

Oral health is closely linked to cardiovascular health. Gum disease is associated with a higher risk of heart and blood vessel disease, and bacteria and inflammation from the mouth may enter the bloodstream and contribute to inflammation elsewhere in the body. Providers can support prevention by encouraging routine dental care, sharing relevant health information, addressing tobacco use, and monitoring risk factors such as high blood pressure. [Learn more from the American Heart Association](#).

During pregnancy, oral health plays an important role. Between 60% and 75% of pregnant women experience gingivitis, an early stage of gum disease that may be influenced by hormonal changes. The Centers for Disease Control and Prevention (CDC) emphasizes that routine and emergency dental care are safe throughout pregnancy and should be considered an important component of prenatal care. [cdc.gov / Pregnancy and Oral Health Facts](#), [cdc.gov / Talking to Pregnant Patients about Oral Health](#).

Preventive dental care can also help reduce avoidable emergency department utilization. South Country's rate of emergency department visits for non-traumatic dental conditions decreased from 136.9 to 117.5 visits per 100,000 member months between 2024 and 2025. This improvement reflects the value of prevention, early intervention, and coordinated follow-up care.

Together, medical and dental providers play a critical role in supporting whole-person health. By strengthening collaboration and encouraging preventive oral health services, we can help members achieve better health outcomes while reducing barriers to care.

Connect Members to Dental Care

South Country members may call dental member services at -1-866-398-9419 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m. for help finding a participating dentist or understanding their dental benefits.

Preventing Fraud, Waste, and Abuse

South Country is committed to maintaining the integrity of the health care programs we administer. Everyone shares responsibility for preventing, detecting and reporting suspected fraud, waste, and abuse.

As part of our program integrity efforts, South Country reviews allegations of potential fraud, waste, and abuse involving providers, members, vendors, and other parties. We work to detect, investigate, and address concerns consistent with state and federal requirements.

Examples of Fraud, Waste, and Abuse

- Billing for services that were not rendered
- Billing for a higher level of service than was provided (upcoding)
- Billing separately for services that should be billed together (unbundling)
- Submitting claims that are not supported by medical records
- Billing for services that are not medically necessary
- Misrepresenting services, diagnoses, or procedures to obtain payment
- Falsifying records, certifications, or credentials
- Offering, soliciting, or receiving kickbacks in exchange for referrals or services

Partnering to Prevent Fraud, Waste, and Abuse

Providers play an important role in protecting the integrity of the health care programs we administer. We encourage providers to maintain effective compliance practices, ensure claims are accurate and supported by documentation, and promptly report any suspected fraud, waste, or abuse.

South Country investigates all credible allegations and may conduct reviews of claims, records, and billing practices when concerns are identified.

Reporting Suspected Fraud, Waste, or Abuse

If you are aware of or suspect fraud, waste, or abuse, please report it through any of the following channels:

- Email: compliance@mnscha.org
- Phone: 1-866-722-7770 (toll free)
- Anonymous Reporting
 - o Hotline: 1-877-778-5463
 - o Online Reporting: www.reportit.net
 - ❖ Login: South Country
 - ❖ Password: Owatonna

Is Prior Authorization Required?

To quickly check without sending faxes or making phone calls, enter the medical service billing code in the PA lookup tool: <https://www.mnscha.org/providers/authorizations/>.

This web page also includes authorization request forms and provider portal information.

Please note: This lookup tool can be used to check if prior authorization is required for health care services. It does not include requirements for dental services or prescription drugs covered under the pharmacy benefit (retail).

C&TC Standards and Well-Child Resources

Minnesota Health Care Programs (MHCP) has updated the Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards effective October 1, 2026. South Country is sharing information about these updates along with resources that may be helpful for providers and clinic staff.

C&TC Screening Standards Update

- New recommendation: Assess sudden cardiac arrest/sudden cardiac death risk at least once for youth ages 11-21.
- Revised requirement: Extend HIV screening through age 21.
- Clarified requirement: Physical exam language includes a footnote stating that Medicaid screening services include a comprehensive unclothed physical exam.

Resources for Conversations with Families

Regular well-child visits support ongoing assessment of growth, development, and preventive care needs. The following messages and resources may complement conversations with families who have questions or need support getting caught up on visits or immunizations.

- Well-child visits provide an opportunity to review growth, development, and preventive care needs.
- Children who are behind on recommended immunizations can follow a catch-up schedule.
- The recommended immunization schedule is designed to provide protection early in life before exposure to potentially serious diseases.
- The Keep Your Kids on Track handout is available in Hmong, Russian, Somali, Spanish, and Vietnamese.

Additional Guidance and Resources

Additional guidance, fact sheets, and policy information are available through MHCP and the South Country Provider Manual. Providers may find these resources helpful when reviewing the upcoming screening standard changes and supporting preventive care discussions with members and families.

Resource Links

- [C&TC fact sheets](#)
- [South Country Provider Manual](#)
- [Well-child visit and immunization resources](#)
- [Keep Your Kids on Track handout](#)

Notification of Residential MH and SUD Admissions

South Country requires fax notification for all admissions, discharges, and transfers to and from residential mental health (MH) and substance use disorders (SUD) treatment. Including admission and discharge summaries*

The following forms can be found at: [Forms – South Country Health Alliance](#)

For SUD fax form #4505 to Utilization Management at 507-431-6329.

For MH fax form #5116 to Utilization Management at 507-431-6329.

*South Country is required to complete retro utilization reviews of SUD services. By submitting documentation at the time of admission and discharge, it reduces outreach by our plan, helps expedite the review, and avoids submission of documents for members no longer in your care.

Updated Requirements for EIDBI Providers

The 2026 Minnesota Legislature passed changes that impact documentation requirements for Early Intensive Developmental and Behavioral Intervention (EIDBI) providers. These changes can be found in Minnesota Statute [256B.0949 Subd. 19](#).

Effective July 1, 2026, all documentation must:

- Be legible and understandable to individuals outside service delivery;
- Include the participant's name on each health record page;
- Be signed and dated by the provider completing the documentation;
- Be entered within 72 hours of service and contain a record and explanation of any delays in entry;
- Clearly reflect clinical decision-making and support medical necessity;
- Be available for review or audit;
- Include a record of caregiver involvement where applicable.

Please review your agency's documentation practices as well as any internal policies and procedures that may be affected by this legislative change.

Community Ed and ECFE Scholarships

South Country offers Community Education and Early Childhood Family Education (ECFE) scholarship programs that help remove financial barriers to learning opportunities that support health, safety, and family well-being. Providers are encouraged to share these resources with eligible members who may benefit from educational programs in their local communities.

Community Education Discounts

Eligible South Country members may receive:

- Up to \$15 off registration fees for most Community Education classes
- Discounts for up to five classes per calendar year
- Assistance with registration costs for select safety-related courses, including CPR, first aid, driver's education, ATV safety, and other certified training programs
- Full registration fee coverage for qualifying pregnancy and childbirth education classes

These programs help members access valuable educational experiences that promote health, safety, and community engagement.

Early Childhood Family Education Scholarships

ECFE scholarships provide additional support for families with young children by offering:

- Full coverage of ECFE parent-child class registration fees
- No annual limit on the number of qualifying ECFE classes
- Access to educational and developmental programming for children from birth through kindergarten

How Providers Can Help

Providers play an important role in connecting members to resources that support healthy family development. Consider discussing Community Education and ECFE scholarship opportunities with expectant parents, families with young children, and members who may benefit from health and safety education programs.

By increasing awareness of these benefits, providers can help members access educational opportunities that strengthen family support systems, encourage healthy development, and promote lifelong learning.

BFCC-QIO Expedited Appeals Notice

What is a BFCC-QIO? The Beneficiary and Family Centered Care Quality Improvement Organization is an organization that is contracted with the federal government to monitor and improve the health care for Medicare beneficiaries (beneficiaries are also referred to as enrollees or health plan members).

One of the responsibilities of the BFCC-QIO is to process certain member expedited appeal requests. The current BFCC-QIO for Minnesota is Commence Health. Use the key resources below to learn more.

When might a BFCC-QIO expedited appeal occur for South Country members? A member enrolled in South Country's SeniorCare Complete or AbilityCare program can file an appeal with the BFCC-QIO when they disagree with the following: a facility discharge from a hospital or nursing home, a provider termination of Medicare skilled care and services (one example is a notice from the provider that skilled nursing services are ending, such as physical therapy) or when a hospital changes the member's status from "inpatient" to "outpatient observation".

Why is this important? Compliance with this regulatory process ensures member rights are honored, provider and plan decision-making is appropriate, members receive quality health care and services and that negative impacts are avoided for South Country, its members or its delegates/providers.

Facility Preparedness: Access, Train, Monitor

Facilities should ensure staff have the right access, training, and oversight in place to handle an expedited BFCC-QIO appeal notice. BFCC-QIO notices can be received 24/7 (any day and time).

- Access: Ensure appropriate staff have access to the BFCC-QIO portal, fax capability, and any internal systems needed to gather and submit requested documentation.
- Train: Train staff who may receive or respond to BFCC-QIO notices on regulatory requirements & timeframes, documentation expectations, access to and monitoring of faxes, access to medical records and other documentation, and internal escalation steps.
- Monitor: Monitor for notices 24/7. Periodically review readiness, confirm access remains active, and monitor process compliance so staff are prepared when a notice is received.

Facility Responsiveness: Review, Collect, Submit

The provider facility must comply with the BFCC-QIO notice by the applicable regulatory deadline.

- Review: Thoroughly read the faxed notice from the BFCC-QIO to identify the correct member and case, and to ensure an accurate understanding of the request and deadlines.
- Collect: Immediately upon receipt of the BFCC-QIO notification, gather and prepare copies of all requested medical records and other required documents or information. Double-check the documents to make sure there is no missing information.
- Submit: Timely submit the requested records/documents to the BFCC-QIO by the regulatory deadline; if your facility does not have the means to submit electronically via the BFCC-QIO portal, you may submit via the designated BFCC-QIO fax number.

Some Key Resources:

- CMS Part C and D Enroll Grievances Organization-Coverage Determinations, and Appeals Guidance (recently updated on July 6, 2026) [2025 Medicare C D Appeals Guidance Update](#)
- South Country Provider Manual, Chapter 13 [Provider Manual – South Country Health Alliance](#)
- Commence Health website www.commencehealthqio.cms.gov/en
- 42 CFR §422.622 [eCFR :: 42 CFR 422.622 -- Requesting immediate QIO review of the decision to discharge from the inpatient hospital.](#)
- 42 CFR §422.626 [eCFR :: 42 CFR 422.626 -- Fast-track appeals of service terminations to independent review entities \(IREs\).](#)

Accurate Provider Information Needed

It is critical that we have accurate provider information in our system and that our directories contain correct information about your organization. CMS requires that we confirm this information directly with our contracted providers each quarter. Please communicate to us if your organization has had any changes to:

- Contracted entity/practitioner name;
- Contracted entity address;
- Billing address/information;
- Contact information for contracting, billing or credentialing;
- Ownership;
- Tax ID or NPI/UMPI number;
- Telephone/fax numbers;
- Addition or removal of a contracted entity or practitioner;
- Addition or removal of services offered;
- Directory email address;
- Web address;
- Organization hours; and
- Accepting new Medicare/Medicaid patients (yes or no).

New forms to ensure accurate provider information!

Use the following forms to notify South Country of any changes:

- List changes on the Contracted Entity Change Update Form #5073.
- If you have added or terminated a location, use the Contracted Entity Location Add/Remove Form #5079.
- If you are changing any services at a particular location, use the Change of Services web form.

These forms are located on our South Country website, under Providers/Forms/Contracted Providers, at www.mnscha.org/.

Forward these changes to us via email at providerinfo@mnscha.org, fax to South Country at 507-444-7774 or mail to South Country Health Alliance, Attn: Contracting, 6380 West Frontage Road, Medford, MN 55049. If you have any questions on this process, please reach out to our **Provider Contact Center at 1-888-633-4055**.

South Country provides our members with a current list of providers on our website with the [South Country Provider Online Directory](http://www.mnscha.org/south-country-provider-online-directory) or other downloadable, printable directories.

Thank you for your assistance!

Our friendly provider network team would love to hear from you.

Tell us how we are doing - please take a minute or two to complete our [Satisfaction Survey](#).

Provider Resources

Provider Network News is a publication of South Country Health Alliance. For submission information or reprint permission, contact:

South Country Health Alliance
6380 West Frontage Road
Medford, MN 55049

South Country Health Alliance
Provider Manual, [Chapter 3](#)
[Provider Network Resources](#)

Email: ProviderInfo@mnscha.org

Visit us online at www.mnscha.org.

Click the Providers tab to find all the forms, instructions and other resources and information you need.

REPORTING: Fraud, Waste and Abuse

It is everyone's responsibility to report suspected fraud, waste and abuse.

You can report it by sending an email to the South Country compliance department at compliance@mnscha.org, by calling anonymously through our Report it hotline at 1-877-778-5463, or by visiting www.reportit.net.
Username: SCH, Password: Owatonna

Did You Know?

The DHS website provides updates to personal care attendant (PCA) providers specifically for training requirements, both for individuals and for agency administration staff. [Visit the DHS PCA Provider Training webpage.](#)