SOUTH COUNTRY HEALTH ALLIANCE
PROVIDER NETWORK NEWS
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Your First Point of Contact

Provider Contact Center

Hours: Monday–Friday,
8:00am–4:30pm (Central Time)

Phone: 1-888-633-4055 (toll free)

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South Country HEALTH ALLIANCE
Celebrating 20 Years

Prenatal Genetic Screening

The practice of medicine is dynamic with rapidly evolving information. That is particularly true in the area of genetic testing. The array of genetic tests available is accelerating and it is an ongoing challenge to stay current on these. Genetic tests vary widely in application as well as sensitivity, specificity, and other determinants of clinical value. This is one of the reasons prior authorizations, while not required for many general lab tests, are required by many payors for most genetic tests.

There has been an increasing consensus regarding the possible value of the cell free DNA test for aneuploidy (CPT code 81420) in pregnancy. The American College of Gynecology (ACOG) guidelines support offering this test to any pregnant patient regardless of age or risk. It has long been recognized that the risk for the most common aneuploidy syndrome associated with live birth (Down Syndrome) increases with maternal age. As a result, past strategies for screening for this and other aneuploidy syndromes have often focused on maternal age.

With cell-free DNA technology this test can be done with a maternal blood sample, greatly reducing the risk of the test compared with other more invasive tests. The possible benefit to risk ratio is enhanced with this development and is one of the reasons there has been the recent recommendation by some to offer this test regardless of maternal age or other risk factors. Some tests are better than others, but no test is perfect, and many experts consider best practice to involve counselling before ordering this test to allow for shared decision making and truly informed consent. In some cases, documentation of this counselling is required as part of the prior authorization process.

At South Country Health Alliance (South Country), we have decided to remove the requirement for a prior authorization for this specific cell-free DNA aneuploidy test (CPT code 81420). Prior authorization is still required for other genetic tests. We agree with those who emphasize counselling, shared decision making, and informed consent. But, we recognize the importance of removing barriers to the timely delivery of health care. We strive to follow evidenced-based principles to facilitate the best possible care for our members; just as you do to provide the best possible care for your patients.

Clinical Practice Guidelines

South Country provides access to clinical practice guidelines for clinicians that are adopted from multiple nationally recognized sources. Examples include the United States Preventive Services Task Force, the American Diabetes Association, the American College of Cardiology, the American Heart Association, and the Global Initiative for Asthma. South Country updates its Clinical Practice Guidelines yearly or more often as needed. The links to these guidelines are formatted for easy access and can readily be found on the South Country website. Simply select Providers > Provider Manual > Chapter 7, and you will arrive at Clinical Practice Guidelines – South Country Provider Manual. Provider Manual – South Country Health Alliance (mnscha.org).

There you will find links to resources on such topics as:

- Preventive Services for Adult Guidelines
- Preventive Services for Children Guidelines
- Prenatal, Routine Care Guidelines
- Diabetes, Type 2 Management Guidelines
- Asthma, Diagnosis and Management Guidelines
- Hypertension Diagnosis and Treatments
- Adult Depression
- Children & Adolescents with Attention-Deficit / Hyperactivity Disorder
- Chiropractic Care

Critical Key Documentation for Best Practices

A critical component to quality patient care is the importance of complete, legible, and accurate medical records documentation, according to the American Academy of Professional Coders. It will validate place of service, medical necessity, provider identity, and ensure billing accuracy.

A few areas of known concern in the medical record documentation that are easily fixable are:

- Dictation errors: misspelled words, phrases that do not make sense, incomplete sentences, incorrect date(s) of service
- Evidence of cloning or copying data from previous service(s) that is irrelevant to the current service
- Missing dosage and/or strength of medication ordered/ not linking condition medication that is used to treat
- Missing orders of diagnostic test

Inaccurate payment may also result from medical documentation that is vague or ambiguous when referring to the status of chronic medical conditions. Often a condition that is historic in nature is referred to with the ambiguous phrase “history of” which could mean the condition was present years ago but is no longer present today. It could also mean a condition was first diagnosed years ago and is still present today. Clarity is important for accurate coding and can be achieved by stating a status of resolved, currently stable, etc.

Vague documentation often results in underpayment for chronic medical conditions that were present but lack supporting documentation to add the appropriate diagnosis. The risk adjustment model utilize patient-level diagnosis codes, missing diagnoses of chronic conditions can lead to lower risk scores which results in lower reimbursement from the State or The Centers for Medicare and Medicaid Services (CMS).

In recent Office of Inspector General (OIG) audits, the focus has been on a handful of medical conditions that are at a high risk of being miscoded. These miscoded conditions have resulted in significant overpayment in certain instances. The use of data mining has targeted audits of these often-miscoded diagnoses.

Focused high-risk diagnoses that were targeted by data mining and the rationale for the focus include:

- **Acute stroke diagnosis when that diagnosis is not included on an inpatient claim.** “History of” stroke typically should have been used in these instances. If the patient has a residual deficit after the stroke, the diagnosis would be an associated sequelae code. Clear linking of deficits associated with a stroke are keys to the correct diagnosis code.
- **Acute heart attack on outpatient claims that do not also have a corresponding inpatient hospital claim (either within 60 days before or after the physician’s claim).**

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Past myocardial infarction diagnosed by electrocardiogram (ECG) or other investigation, but currently presenting no symptoms would be a customary finding in this situation. A less severe diagnosis is often appropriate in these situations such as ICD 10 diagnosis code of I25.2 which indicates old/healed myocardial infarction. For example, ICD-10-CM category I21.- includes a related ICD-10-CM coding guideline that states:

- "For encounters occurring while the myocardial infarction is equal to, or less than, four weeks old, including transfers to another acute setting or a post-acute setting, and the myocardial infarction meets the definition for "other diagnoses" (see Section III, Reporting Additional Diagnoses), codes from category I21 may continue to be reported. For encounters after the 4-week time frame and the patient is still receiving care related to the myocardial infarction, the appropriate aftercare code should be assigned, rather than a code from category I21. For old or healed myocardial infarctions not requiring further care, code I25.2, Old myocardial infarction, may be assigned."

- **Embolism that was diagnosed without having anticoagulant medication dispensed to the patient that predominately would be used to treat an embolism.** This circumstance may warrant further review due to it routinely indicating the patient is following up a prior acute embolism that likely should be diagnosed as "history of" embolism instead. It should also be noted that if the patient is undergoing anticoagulation therapy prophylactically due to a prior embolism/thrombosis the personal history of condition of would be appropriate.

Properly documenting the patient's medical records has always been important, but never more than now. Both Federal and State regulatory entities have increased their focus on medical record accuracy, particularly as it relates to risk adjustment data used to determine payments to health plans. A well-documented medical record demonstrates communications with other health care personnel, reduces risk management exposure, records CMS hospital quality indicators and Physician Quality Reporting System (PQRS) Measures, and ensures appropriate reimbursement.

Find more information about 2022 ICD-10-CM Coding Guidelines on the CMS website at https://www.cms.gov/medicare/icd-10/2022-icd-10-cm

Additional Resources:

https://oig.hhs.gov/oas/reports/region7/71901187.pdf

https://oig.hhs.gov/oei/reports/OEI-03-17-00474.pdf

Keeping Practitioner Information Current

Reporting practitioner updates is crucial in making sure South Country's credentialing database, reports, and provider directories reflect the most current and accurate information. South Country must be notified of the following practitioner updates as soon as they occur:

- Practitioners that terminate from your clinic/facility including termination date and reason for termination (e.g., resignation, retirement)
- Practitioner name changes
- Practitioner location terminations or additions
- Practitioner specialty changes
- Practitioner ability to accept new patients
- Practitioner directory listing updates (e.g., practitioner no longer wants to be listed in the provider directory)
- New Practitioner enrollment for non-credentialed specialists (e.g., Hospitalists, Radiologists, Physical therapy (PT), Occupational therapy (OT), Speech-Language Pathology (SLP) Therapists, Audiologists, Dieticians, Anesthesiologists, etc.)
- Credentialing staff contact updates (e.g., new contact staff, email, phone number) to make sure South Country credentialing staff knows where to send requests for practitioner credentialing/recredentialing applications, additional credentialing information, etc.

Update notifications may be completed using the MN Uniform Change Form and either completing on the Minnesota Credentialing Collaborative (MCC) website - Minnesota Credentialing Collaborative > Home (mncred.org) or accessing a blank change form on the South Country website – www.mnscha.org, Providers, Credentialing – Credentialing Forms and emailing the completed form to credentialing@mnscha.org.

Helpful Provider Resources with South Country

The ***Provider Contact Center*** staff are your first point of contact to assist with:

- Member benefit coverage
- Authorization verification
- Website questions
- Claims billing and processing guidelines
- Remittance adjustment code details and payment information
- Claim rejection guidance
- Provider web portal issues
- General information

South Country wants providers to be reimbursed for services provided to our members and following all billing guidelines. Our staff are committed to support and guide you in understanding all South Country processes and procedures. Calls to our Provider Contact Center get a reference number that identifies your call in our system. Use the reference number if you have any additional questions or need to check the status of an open issue. The reference number will help our support services locate your issue quickly.

South Country's Website

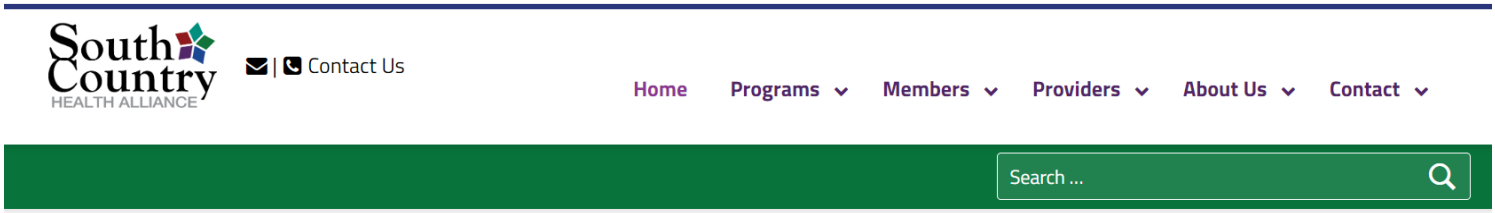
We hope you visit our provider web pages often. Our network team has been working hard to support you with updated and valuable information and keep it relevant to the important work you do.

We've made some recent changes to the website to give providers a better experience.

You will want to use our South Country website at https://mnscha.org and select the Provider tab for helpful information when working with South Country, such as:

- ***Forms*** – Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) forms accessed here enable you to receive your reimbursement directly into your banking account with no delays and review the detail of your claim payment activity.
- ***Provider Portal*** – You and your staff may register for quick and easy access to a variety of information, once you are contracted or have completed and finalized non-contracting information forms. Information you can access include some of the following: claim status, member eligibility, submit and review authorizations, remittances, forms, resources, send secure emails and elderly waiver service agreement information.
- ***Provider News & Updates*** – Stay up-to-date with the latest information by subscribing to the Provider News and Updates! Subscribe by choosing the option in the Provider News and Updates menu. Subscribed providers will get newsletters and updates before they are posted on the website – so it's a great idea to subscribe!
- ***Provider Manual*** – Chapter 3 has Provider Network Resources and Chapter 4 has Provider Billing information plus so much more in Chapters 1 through 37 to help you and your staff.
- ***Cultural Competency for Providers*** – This is a new area many providers have questions about. Check for updated details and training.
- ***Provider Training Resources*** – A newer addition to the website – Please check frequently as changes will occur often.
- ***Contact*** – At the top right of the Home screen click to connect to Provider Network – We would love to hear from you. Providers can also send us a SECURE email and review other options to contact the Provider Network area. Also find a link to complete a Provider Satisfaction Survey – we need and value your input.

Our website is always changing to keep up with the latest information so bookmark us in your favorite browser and visit often!



Non-Medical Factors Can Affect Patient Health

Help advance Health Equity for all Americans. Use Z codes (PDF) to identify poverty, unemployment, homelessness, and other social determinants. 37.2 million Americans living in poverty have an increased risk of chronic conditions, lower life expectancy, and barriers to quality health care; and racial and ethnic minorities have poverty rates more than twice that of white Americans. The COVID-19 pandemic has significantly affected these populations and low-income families.

Please go to our South Country website at https://mnscha.org/ select the Provider tab and Cultural Competency for Providers to find options to help your staff better understand this important topic. Please find some additional areas to learn more about health disparities below:

- Utilization of Z Codes for Social Determinants of Health among Medicare Fee-for-Service Beneficiaries, 2019 (PDF)
- Achieving Health Equity (web-based training)
- CMS Office of Minority Health, Health Observances (webpage)

Model of Care Provider Education

The South Country Health Alliance Model of Care is our plan to address the unique needs of each member in AbilityCare (SNBC) and SeniorCare Complete (MSHO), our two fully integrated Medicare Advantage Special Needs Plans for individuals eligible for both Medicare and Medicaid. It is important that our providers understand the Model of Care so we can actively work together to ensure superior care and service and improve the quality of life for our members.

About Our Members

The average age of our AbilityCare members is 50 years, with an equal enrollment of men and women. On average AbilityCare members have four (4) chronic conditions with the top three (3) chronic conditions being depression, anxiety, and hypertension.

The average age of SeniorCare Complete members is 80 years, with higher enrollment of women. On average SeniorCare Complete members have five (5) chronic conditions with the top three (3) chronic conditions being hypertension, arthritis (osteoarthritis and rheumatoid), and depression.

Members from both plans have complex physical, cognitive, and mental health diagnoses that are chronic in nature. However, in most cases, these health issues are managed through the engagement and support of the right providers and services.

Care Coordination

Our Model of Care centers around working closely with members at every level to set them up for success. Each member is assigned a county-based care coordinator who assists the member in selecting a primary care clinic or practitioner. Care coordinators live and work in our members' communities and are experts in identifying and working with local providers and resources.

This relationship significantly improves the member experience, streamlining the process of meeting the member's needs while emphasizing preventive care and reducing unnecessary use of health care resources. Care coordinators work with various health care providers, including primary care, dental, specialty, home care, and more, as well as community human service providers (e.g., food shelves, Veteran's services) so members can receive care at the right time without duplication of services. This close management of resources and relationships result in improved health outcomes for members and improved efficiency for providers.

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Local care coordination also ensures access to all the member's benefits, including Medicare, Medicaid, Home and Community Based Waivers, and other county services. For example, a medical equipment provider may encounter difficulty in filling a physician's order for a wheelchair or walker because the physician needs to meet directly with the member to complete additional required paperwork. The care coordinator working with the member can assist by setting up transportation to a scheduled appointment with the physician to complete the correct paperwork and ensure necessary forms are submitted to the equipment provider for processing.

Interdisciplinary Care Team (ICT)

The Interdisciplinary Care Team (ICT) in each county acts as another important part of the Model of Care. The ICT is a collaborative group consisting of South Country staff, care coordinators, and providers. Some of the goals of the ICT include the following:

- Share member clinical information to ensure members receive appropriate and timely care.
- Share completed member care plans directly with providers to improve understanding of member preferences.
- Monitor transitions in care (e.g., emergency room visits, hospitalizations) to improve discharge planning, decrease length of stays, decrease readmissions, and improve members' overall care.
    - For example, a care coordinator contacts a member in the hospital. Through a supportive and collaborative approach, the member receives the assistive devices she needs in her home before discharge. The care coordinator will arrange a nurse visit when she returns home to ensure she is taking the correct medications.

Evaluation

To make sure that our Model of Care is a successful framework for the delivery of our integrated Medicare and Medical Assistance products, our model is evaluated through a Plan-Do-Act-Check cycle. Results are documented and preserved as evidence of the effectiveness of the Model of Care and reviewed for opportunities to improve processes and strategy where needed. These results are communicated to stakeholders and regulatory agencies through online announcements, provider newsletters, provider bulletins, and trainings.

The CMS requires South Country to conduct Model of Care training for providers through attestation processes, online manuals, newsletters, bulletins, mailings, and other specialized trainings. We appreciate your support and compliance with this important work. Thank You! Thank you for your participation in South Country's network and the services you provide our members.

Hepatitis C Virus Screening

Screening for Hepatitis C virus infection at least once at age 18 or older will be added as a recommended component of care to the Minnesota Child & Teen Check (C&TC) Schedule of Age-Related Screening Standards according to American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care Bright Futures Periodicity Schedule, U.S. Preventive Services Task Force, Centers for Disease Control and Prevention, and the Minnesota Department of Health (MDH). This recommendation becomes effective October 1, 2022. Providers are strongly encouraged to complete recommended components as part of a preventive visit. The Minnesota C&TC Schedule of Age-Related Screening Standards and other relevant publications will be updated or created to reflect this change. A new Hepatitis C Fact Sheet will be posted on July 1, 2022, on the MDH Child and Teen Checkups Fact Sheets webpage to allow time for clinics to become familiar with the procedure and update protocols as needed before October 1, 2022.

Electronic Visit Verification Rollout Update

The 21st Century Cures Act requires providers of personal care, including personal care assistance and some waiver services and home health care providers, to use electronic visit verification to be eligible for full federal Medicaid matching dollars. DHS has set a new phased timeline for the start of Electronic Visit Verification (EVV). DHS worked with their vendor to identify and resolve outstanding issues and minimize problems for providers, direct support workers, and people and families who use personal care services.

DHS is rolling out EVV to providers serving people who receive services paid through fee-for-service in the following phases:

- **Phase 1**: Financial management services (FMS) for personal care services (Consumer Directed Community Services and Consumer Support Grant) by the end of June 2022
- **Phase 2**: Remaining personal care service providers by the end of calendar year 2022
- **Phase 3**: Home health services before the end of calendar year 2023

DHS will provide updates about the rollout to providers serving people who receive services paid through managed care organizations when they have more information.

DHS expects to have a better idea of start dates for phases 2 and 3 as they move forward with the Phase 1 EVV launch for FMS agencies. DHS will update you on the start of EVV for all providers in July 2022.

CV.53 Waiver Ending on June 30, 2022

The CV.53 waiver allows personal care assistance (PCA) providers to provide required in-person oversight of PCA workers via two-way interactive telecommunications (such as phone or video technology) for all people who receive PCA services. This includes people who are new to receiving services or transferring to a new PCA agency.

The CV.53 waiver for remote delivery of qualified professional (QP) visits ends on June 30, 2022.

Effective July 1, 2022, PCA providers must resume providing in-person QP visits at the required intervals outlined in Minnesota Statutes, 256B.0659 to provide oversight of PCA services. Lead agencies do not need to take action.

Note: The Legislature made the allowance for individual PCA workers to work 310 hours per month permanent in the 5th Special Session in October 2020. Review Minnesota Statutes, 256B.0659, subdivision 11. So, this part of waiver does not expire.

Residential Treatment Providers – Substance Use Disorder

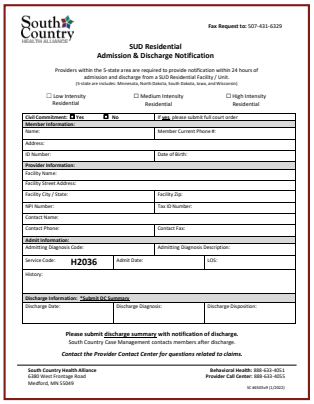
South Country requires fax notification of all admits, discharges and transfers to and from Substance Use Disorder (SUD) Residential Treatment (H2036)*. Please fax SUD Admission and Discharge form #4505 to Utilization Management at 507-431-6329. The form is found at:

Forms – South Country Health Alliance (mnscha.org)

Select the Behavioral Health menu then + Substance Use Disorder.

*The Discharge Summary should be included with each notification of discharge. South Country utilizes this information for internal case management programs that provide outreach and assistance to our members.

For proper claim submission and to avoid additional outreach please ensure accurate dates on each claim including dates of service, admission and/or discharge date including discharge status codes.


South Country HEALTH ALLIANCE

Fax Request to: 507-431-6329

SUD Residential
Admission & Discharge Notification

Providers within the 5-state area are required to provide notification within 24 hours of admission and discharge from a SUD Residential Facility / Unit.
(5-state are includes: Minnesota, North Dakota, South Dakota, Iowa, and Wisconsin)

☐ Low Intensity Residential ☐ Medium Intensity Residential ☐ High Intensity Residential

Civil Commitment: ☐ Yes ☐ No If yes, please submit full court order

Member Information:
Name: Member Current Phone #:
Address:
ID Number: Date of Birth:

Provider Information:
Facility Name:
Facility Street Address:
Facility City / State: Facility Zip:
NPI Number: Tax ID Number:
Contact Name:
Contact Phone: Contact Fax:

Admit Information:
Admitting Diagnosis Code: Admitting Diagnosis Description:
Service Code: H2036 Admit Date: LOC:
History:

Discharge Information: *Submit DC Summary
Discharge Date: Discharge Diagnosis: Discharge Disposition:

Please submit discharge summary with notification of discharge.
South Country Case Management contacts members after discharge.
Contact the Provider Contact Center for questions related to claims.

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

Behavioral Health: 888-633-4055
Provider Call Center: 888-633-4055

SC-MEDSUD (1/2022)

Substance Use Disorder Provider Enrollment

SUD residential and withdrawal management providers must enroll in the 1115 SUD System Reform Demonstration by January 1, 2024

The following SUD providers are required to enroll in the **1115 SUD System Reform Demonstration** (1115 Demonstration) by January 1, 2024:

- Minnesota residential treatment providers licensed by DHS and enrolled in MHCP
- Minnesota withdrawal management providers licensed by DHS and enrolled in MHCP
- Out-of-state residential SUD providers enrolled in MHCP

Outpatient SUD providers and tribally licensed providers may elect to participate. This in accordance with Minnesota Statute 256B.0759 Subd. 2. See the 1115 Substance Use Disorder System Reform Demonstration 2021 Legislative Changes bulletin (21-51-01) for more information.

Rule 25 Phase Out

As Rule 25 phases out on July 1, 2022, new Direct Access resources become available on the DHS website

In October of 2020 Minnesota began running a parallel process for SUD access during which a person could either follow the traditional Rule 25 process or, via Direct Access, go directly to a provider for an assessment and treatment.

On July 1, 2022, this parallel process ends, and Direct Access will become the only process by which publicly paid SUD treatment services can be accessed in Minnesota. Rule 25 will no longer be available after June 30, 2022.

Key information on the updated Direct Access page includes:

- To avoid disruption in payment, providers must have counties or tribes re-determine financial eligibility of all clients with service agreements as of June 30, 2022. The process for eligibility can be found in Direct Access (DA) process for dates of service on or after October 1, 2020 (PDF). The Drug and Alcohol Abuse Normative Evaluation System (DAANES) will need to be updated for the change in funding from a service agreement to add the treatment service record within the admission.
- Limitation of two billable comprehensive assessments within a six-month period has been removed.

Thank You for Your HEDIS Efforts

The HealthCare Effectiveness Data and Information Set (HEDIS) medical record abstraction process has been successfully completed for HEDIS Measurement Year 2021. South Country thanks you for your assistance in completing this process in a timely and efficient manner. We continually utilize HEDIS outcomes and rates to support South Country's current improvement projects and company-wide initiatives.

We welcome your feedback. If you have questions, comments, or concerns, please notify Justin Smith, Manager of Quality, at 507-431-6387, jsmith@mnscha.org. Also, please reach out to us if you are making changes to chart location requests, health information contacts, or electronic medical record systems.

In the coming months, South Country may reach out to your clinic or nursing home medical records teams as we prepare for HEDIS Measurement Year 2022.

Thank you for your partnership!

Sincerely,

South Country Health Alliance HEDIS Team

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: SCHA, 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 Web page.