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## Your First Point of Contact

### Provider Contact Center

Hours: Monday - Friday,  
8:00 a.m. - 4:30 p.m. (Central Time)  
Phone: 1-888-633-4055 (toll free)

## Subscribe Today

Click the envelope icon to receive the Provider Network Newsletter and other provider communications by email.



## Updated Provider Contact Center Hours

Beginning Dec. 1, 2022, the Provider Contact Center will be closed from noon to 1 p.m. Central Standard Time (CST).

Starting Dec. 1, 2022, providers can obtain member eligibility information within the same call as other inquiries to our Provider Contact Center as well.

If you have questions about this change, please call the Provider Contact Center at **1-888-633-4055** (toll free).



## IMPORTANT INFORMATION: Changes to Health Plan Options

Each fall, Minnesota Health Care Programs (MHCP) members who receive their health care coverage through a health plan have the chance to choose a new health plan for the coming year if more than one option is available in their area.

In 2022, the Minnesota Department of Human Services (DHS) conducted re-procurement for the Families and Children Program in the 80 greater Minnesota counties. DHS also conducted a statewide re-procurement for Minnesota Senior Health Options (MSHO)/Minnesota Senior Care (MSC) and Special Needs Basic Care (SNBC). This resulted in additional or different plan options in most counties.

DHS sent out annual health plan selection notices in October to current managed care enrollees notifying them of the options in their counties and how to select a health plan.

New contracts between DHS and the health plans participating in public health care programs will begin in January 2023. The health plan options in each county are available on the Annual Health Plan Selection webpage.

South Country Health Alliance (South Country) continues to be a health plan option for residents in Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca counties for all programs; however, additional plan options may be available. South Country will no longer be a health plan option for residents of Freeborn County in 2023.

**Be sure to verify and confirm all member eligibilities prior to rendering services on and after Jan. 1, 2023.**



**COMING SOON:**  
We are excited to announce a new feature for providers! You will soon be able to submit electronic claims appeals in the South Country Provider Portal.

*Keep watching for updates!*

## Skilled Nursing Facility Daily Rates

South Country uses the DHS/Minnesota Department of Health (MDH) Nursing Home Report Card facility daily rates when processing Medical Assistance (Medicaid) long-term care claims. Rates for 2022 are removed from the Nursing Home Report Card website and are no longer available on Jan. 1, 2023. To prevent claims with dates of service in 2022 from denying due to missing Medical Assistance (Medicaid) resource utilization group (RUG) rates after Jan. 1, 2023, please fax the 2022 Medical Assistance (Medicaid) RUG rates to 1-888-633-4056.

If you have questions, please call the Provider Contact Center at 1-866-633-4055.

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## Home A1C Testing Kit for Dual Eligible Members in 2023

Sterling Pharmacy is partnering again with South Country to serve our dual eligible members in 2023. Members do not need to be Sterling customers to receive this benefit.



In 2023, we will continue to provide SeniorCare Complete and AbilityCare members with diabetes a home A1C testing kit as a supplemental benefit. The benefit will end Dec. 31, 2023.

South Country dual eligible members with diabetes may elect to test their A1C hemoglobin levels in their own home. Testing in the comfort of their own homes may provide members an alternative to going into the clinic for labs or may be used as a supplemental test in conjunction with lab testing in the office. This in-home test, not typically covered by health insurance, is fully paid and shipped with personal outreach by a pharmacist to offer education and support.

Providers are encouraged to discuss this supplemental benefit with members to help members test at home and be an active part of their diabetic care plan.

South Country has partnered with a sole source provider for this added benefit. Providers can easily initiate this for their SeniorCare Complete (MSHO) and AbilityCare (SNBC) members by sending a doctor's order requesting the in-home A1C testing kit with supporting diagnosis of diabetes accompanied by member demographics to:

Sterling Pharmacy Owatonna - Fax to: 507-451-5134

The prescription may be faxed or electronically submitted.

*Thank You for Your Support of This Program!*

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## Minnesota Child and Teen Checkups (C&TC)

DHS has provided notification that there have been updates to the [Minnesota Child and Teen Checkups \(C&TC\) Schedule of Age-Related Screening Standards](#).

Refer to the C&TC section of the [MHCP Provider Manual](#) for policy, billing and coding information for each component. When a screening or preventive service is contraindicated or refused, the manual has guidance on screening exceptions, including coding information and when to reschedule the screening, if applicable. Also, the [C&TC Fact Sheets](#) provides brief information on several C&TC components.

## Consumer Assessment of Health Care Providers and Systems

### Medicare Advantage (MA) and Prescription Drug Plan (PDP) CAHPS

**Overview:** The Centers for Medicare and Medicaid Services (CMS) collects information about Medicare beneficiaries' experiences with, and ratings of, MA-only plans, Medicare Advantage Prescription Drug (MA-PD) plans, and stand-alone PDPs via surveys of beneficiaries who have been enrolled in their plans for six months or longer.

**About the survey:** The MA and PDP CAHPS Survey is administered annually to a large sample of MA and PDP beneficiaries using a mixed mode data collection protocol that includes two survey mailings and telephone follow-up of non-respondents to the mailed questionnaire. Questions ask about:

- The ease of getting needed care and seeing specialists;
- Getting appointments and care quickly;
- Doctors who communicate well;
- The coordination of members' health care services;
- If the health and/or drug plan provides information or help when members need it;
- The ease of getting prescriptions filled;
- The rating of the health and/or drug plan;
- The rating of health care quality;
- The annual flu vaccine; and
- The pneumonia vaccine.

We need your help providing the highest level of care to meet the needs of our members and supporting excellent outcomes on the survey.

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## New Substance Use Disorder Screening Available



DHS is implementing a new Substance Use Disorder (SUD) screening called Screening, Brief Intervention, and Referral to Treatment (SBIRT) effective Jan. 1, 2023.

SBIRT is an early intervention approach used to identify people with substance use disorders as well as those who are at risk of developing these disorders. SBIRT is used to reduce and prevent substance use disorder through the use of screening tools, brief interventions, and, if needed, a referral to treatment.

The following enrolled Minnesota Health Care Programs (MHCP) providers are eligible to provide SBIRT:

- Advanced practice registered nurses;
- Clinical nurse specialists;
- Licensed alcohol and drug counselors;
- Licensed independent clinical social workers;
- Licensed marriage and family therapists;
- Licensed professional clinical counselors;
- Licensed psychologists;
- Nurse midwives;
- Nurse practitioners;
- Physician assistants;
- Physicians;
- Psychiatric nurse practitioners;
- Psychiatrists; and
- Tribal certified professionals.

SBIRT will be available for Medicaid-only members. Eligible members may receive six hours of SUD services without a comprehensive assessment, depending on the results of the screening. The six hours of SUD services include:

- Four hours of individual or group treatment; and
- Two hours of treatment coordination or peer support.

The Behavioral Health Division at DHS is offering informational sessions about SBIRT on [Tues., Jan. 24, 2023, from 1 - 2:30 p.m.](#) and on [Tues., Feb. 21, 2023, from 1 - 2:30 p.m.](#) South Country will add a SBIRT section to Chapter 22 of the Provider Manual.

## Accurate Contracted 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. **Please communicate to us if your organization has had any changes to the following information:**

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

CMS requires that we confirm this information directly with our contracted providers each quarter.

The image shows two forms from South Country Health Alliance. The top form is the 'Contracted Entity Update Form' (SCCHA 5073 v11/2018). It includes fields for 'Contracted Entity Name', 'Legal Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Fax', 'Hours', and 'NPI or UMPI'. It also has checkboxes for 'Ownership', 'Billing Address', and 'Other Changes described'. The bottom form is the 'Contracted Entity Location Add/Remove Form' (SCCHA 5079 v11/2018). It includes fields for 'Location Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Fax', and 'Hours'. It also has checkboxes for 'Add Location', 'Remove Location', 'Primary Care', 'Specialty Care', 'Mental Health', and 'Other'. Both forms have a 'Comments' section and a 'Completed by' field.

**We request that you use the following forms to notify South Country of any changes:**

- **Identify any changes on the Contracted Entity Change Update Form #5073.**
- **If you have added or terminated a location, please use the Contracted Entity Location Add/Remove Form #5079.**

Both forms are located on our South Country Health Alliance website, under Providers/ Forms/Contracted Providers, at <https://mnscha.org/>.

Forward these changes to us via email at [providerinfo@mnscha.org](mailto: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](#) or other downloadable, printable directories.

*Thank you for your assistance!*

## Contracted Provider Quality of Care Grievance Reporting

One of the ways we monitor for member satisfaction with health care services is through the member grievance process. Members can report concerns verbally or in writing. This process allows us an opportunity to work together toward delivering quality services to our members.

As we start a new year, we want to remind our contracted providers of the contractual and regulatory responsibility for the quarterly reporting of quality of care (QOC) member grievances. As we share some highlights of this process with you, it is also a good time for you to review the information that is outlined in Chapter 9 (Clinic Complaint Reporting Process) of our online Provider Manual and ensure your organization has processes in place to adhere to this requirement.

Member complaints are highly regulated by federal and state agencies. As a contracted provider, you are required to report any QOC complaint that you receive directly from a South Country member to us on a quarterly basis.

Regulatory agencies define QOC grievances as follows:

- QOC grievance (as defined in the CMS Manual titled, “Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance” (effective August 3, 2022)): A grievance related to whether the quality of covered services provided by a plan or provider meets professionally recognized standards of health care, including whether appropriate health care services have been provided or have been provided in appropriate settings.
- QOC grievance (as defined in MN Statute 62D.115 Subd. 1): An expressed dissatisfaction regarding health care services resulting in potential or actual harm to an enrollee. Quality of care complaints may include the following, to the extent that they affect the clinical quality of health care services rendered: access; provider and staff competence; clinical appropriateness of care; communications; behavior; facility and environmental considerations; and other factors that could impact the quality of health care services.

Some examples of QOC grievances include:

- Access: Delays in obtaining a specialty service;
- Provider/staff competence: Wrong diagnosis or inappropriate treatment;
- Communication/behavior: Licensed provider is rude or disrespectful to a member; and
- Facility/environment: Infection control issues.

You can find our Provider Quality Reporting Complaint Form on our website ([www.mnscha.org](http://www.mnscha.org)) by using the dropdown list under the Providers tab (select Forms and then go to the Contracted Providers section). If you choose to use your own form to report QOC member grievances to us, please remember to include all necessary information and include a brief summary of the member issue and resolution, so that we have a clear understanding of the member allegation and can effectively monitor for member satisfaction and similar grievances. This also helps us to easily identify any trends and potential areas for process improvements during data analysis. Our department staff may reach out to you if more information is needed.

*A good example of a brief summary and resolution for an access issue:* A member alleged it took over two months to get a consultant appointment with the specialist. Our investigation found that staff offered the member multiple appointment dates within one week of the referral and the member declined these offers. The appointment was scheduled based on member preference and acceptance. Staff appropriately followed the appointment scheduling process and there was no evidence of negative member impact.

Your QOC grievances report for South Country members needs to be submitted to South Country’s Grievance and Appeals Department *no later than thirty days after the end of each quarter*. You can submit your report via fax to 507-444-7774, or via mail to our Medford office (6380 West Frontage Road, Medford, MN 55049). You are NOT required to submit a Provider Quality Complaint Reporting Form if you received zero QOC member complaints for the reporting quarter.

If you have any questions regarding this process, you may call South Country’s Grievance & Appeals Manager at 507-431-6373.

## Claims Billing Update on Service Dates

As a reminder, South Country follows Minnesota Administrative Uniformity Committee (MN AUC) Best Practices regarding date span billing. Multiple month billings will not be accepted, with the exceptions below:

- On a professional claim, service date spans should only be within the same calendar month. Multiple claims may be submitted for different dates within the same calendar month based on the provider's billing practices.
- On an institutional outpatient claim, statement and service date spans should only be within the same calendar month. Observation, extended recovery and emergency department services beginning before and completing after midnight are exceptions to this if performed during the same visit. Procedures beginning on one day and ending on another should be billed together.

This does not apply to an institutional inpatient claim.

- Pharmaceuticals should be billed with the administration/dispensed date - not a span of dates.
- Monthly equipment rental should be billed with the start date of the rental period only - not the span of days.
  - Equipment rented on other than a monthly basis (e.g., daily rental of equipment) needs both "from" and "through" dates. Units of service should be reported as one per rental period unless the code specifically indicates "per day." These service date spans should only be within the same calendar month. Do not submit your claim until after the last day of rental on the claim.
  - Supplies should be billed with the purchase date and not the span of days. The only exception to this is for the following three durable medical equipment (DME) items or supplies that are allowed date spanning:
    - ❖ Continuous passive motion devices;
    - ❖ Diabetic testing supplies (test strips and lancets) - include modifier indicating if member is treated with insulin (KX) or without insulin (KS); and
    - ❖ Parenteral and enteral nutrition.
  - Claims for the items listed above will be held until the future date has passed and processed as a clean claim at that time.
  - Claims for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) items other than those listed above should not be billed with span dates.
  - For Medicare cross-over claims, date-spanned claims will be accepted as long as Medicare allowed it for the service for which you are billing.

Please call our Provider Contact Center at 1-888-633-4055 (toll free) if you have questions or need additional information.

## Thank You, Providers

South Country would like to take this time to thank providers for their support, service and dedication to our members throughout the year. You are helping us make a difference in many lives. We wish you the very best for 2023!

## 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](mailto:ProviderInfo@mnscha.org)

Visit us online at [www.mnscha.org](http://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](mailto:compliance@mnscha.org), by calling anonymously through our Report it hotline at 1-877-778-5463, or by visiting [www.reportit.net](http://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 webpage](#).