PROVIDER NETWORK NEWS

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Your First Point of Contact

Provider Contact Center

Hours: Monday - Friday,

 $8\!:\!00$ a.m. - noon and $1\!:\!00$ p.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.



Providers Should Verify Their Enrollment Record Revalidation Status

Organizational providers should review the <u>Medicare Revalidation List</u> for a potential revalidation requirement of your Centers for Medicare & Medicaid Services (CMS) enrollment record. Currently, this does not apply to individual providers; CMS will advise providers if this changes.

CMS usually posts revalidation due dates six to seven months in advance but will establish your date at least 90 days in advance. A due date of "TBD" means that CMS hasn't set your due date, and you don't need to do anything now.

Please review the CMS <u>Revalidations (Renewing Your Enrollment)</u> webpage for more information.



Marriage and Family Therapist and Mental Health Counselor: New Provider Types Implemented by CMS

The <u>CY 2024 Physical Fee Schedule (PFS) final rule</u> issued by CMS recognizes the following two new provider types effective January 1, 2024:

- 1. Marriage and family therapist (MFT); and
- 2. Mental health counselor (MHC).

Marriage and family therapists and mental health counselors (including eligible addiction, alcohol, or drug counselors who meet qualification requirements for mental health counselors) are now able to enroll as a Medicare provider and bill for dates of service on or after January 1, 2024.

To <u>become a Medicare provider</u>, you will need to complete the enrollment application using either of the following:

- The electronic-based Medicare <u>Provider Enrollment, Chain, and Ownership System (PECOS)</u>.
- The paper CMS-855I application.

Contact your <u>Part B Medicare Administrative Contractor</u> if you need help with the enrollment process.

Providers may choose to opt-out of Medicare (not enroll as a Medicare provider). However, South Country will not pay for services covered by, but not billed to, Medicare because the provider has chosen not to enroll in Medicare.

Please notify the South Country credentialing department at credentialing@ mnscha.org with your Medicare enrollment status at your earliest convenience.

MHCP Offers MPSE Portal Questions and Answers Sessions

The Minnesota Provider Screening and Enrollment (MPSE) portal is the online application that providers can use to enroll with Minnesota Health Care Programs (MHCP), or enrolled providers can use to update enrollment information. MHCP is offering weekly questions and answers sessions on Wednesdays from 1 to 2 p.m. starting Wednesday, February 7, 2024. Sessions are conducted using the Microsoft Teams platform, but attendees do not need to have Microsoft Teams installed to attend.

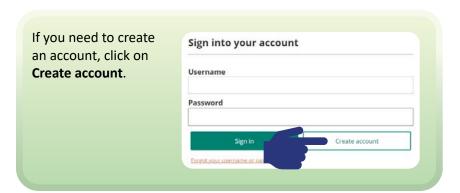
The instructor will answer questions in a group setting in the order questions are received using a live demonstration in the MPSE portal whenever possible. General questions not requiring a live demonstration are also welcome. Instructors will not answer questions that include provider identifying information.

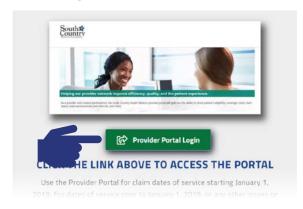
Find the link to join the Q&A sessions on the MPSE Training webpage. Refer to the MPSE FAQ for additional information.

Submit Your Service Request in South Country's Provider Portal

Did you know that you can submit many authorization service types or notifications via South Country's Provider Portal? Most medical-based services can be submitted through the portal!

Access the Provider Portal from the South Country website via the **Provider Portal Login link**:





Once you gain access to the portal, to submit a new service authorization or notification, click on the **Authorizations tab** on the **Home Page**.



When you enter the Authorizations screen, you can view any authorizations that have been previously submitted and you can also submit a new authorization!





2



SUD 1115 Demonstration Enrollment

The following Substance Use Disorder (SUD) providers will be required to enroll in the SUD 1115 Demonstration by January 1st, 2025:

- Minnesota nonresidential SUD treatment providers licensed by Minnesota Department of Human Services (DHS) and enrolled in MHCP; and
- Hospital-based residential SUD treatment providers licensed by DHS and enrolled in MHCP.

Providers will need to attest to providing an American Society of Addiction Medicine (ASAM) level of care by the deadline. Programs that do not meet the requirements of enrollment are ineligible for payment for the services provided under Minnesota Statute 256B.0625.

Providers who have questions or would like assistance in completing their enrollment application should send an email to 1115demonstration.dhs@state.mn.us.

Provider Satisfaction Survey

We want to hear from our providers on your interaction with South Country! Your input is appreciated. You will find links to complete our satisfaction survey on our Provider Portal, in the Provider Newsletter and at other locations on our website. Your feedback is important to us as it helps us to continue to improve our support to providers and our members. Thank you for participating!

Click here to access the survey. Satisfaction Survey



South Country Health Alliance Satisfaction Survey

Please take a couple minutes to fill out our satisfaction survey to help us better assist you and your organization.



Required CFSS Training for PCA Providers

The Minnesota Department of Human Services (DHS) anticipates CMS approval of the transition of the Personal Care Assistance (PCA) Program to Community First Services and Supports (CFSS). Once this transition is approved, all CFSS workers will be required to complete the individual PCA and CFSS training.

To prepare for this transition and ensure there are no delays in receiving reimbursement for CFSS services, complete the <u>Individual PCA and CFSS training</u> by **June 1, 2024**.

Current individual PCA workers who took the test after April 15, 2020, and have a certificate titled "PCA and CFSS Support Worker Training" **do not** need to retake the training.

Current individual PCA workers who took the test **before** April 15, 2020, and have a certificate titled "Personal Care Assistant Training" **will** need to complete the training.

Agencies are encouraged to review their entire roster of individual PCA staff for accuracy. Update individual PCA records using the <u>Minnesota Provider Screening and Enrollment (MPSE) portal</u> or fax the form to the number shown on <u>Individual DSW Information Change Request (DHS-5716) (PDF)</u>.

For new enrolling PCA and CFSS workers, indicate completion of the training on your enrollment application either using MPSE or by fax to the number on the form.

EVV Quarterly Webinar Sessions

DHS offers quarterly webinar sessions to providers required to use electronic visit verification (EVV). The webinar sessions cover updates, resources, and Q&A. The sessions are scheduled from 1 p.m. to 2 p.m. on the following dates:

- Monday, June 24, 2024
- Monday, September 23, 2024
- Monday, December 16, 2024

Review the Disability Services Division's <u>electronic visit verification (EVV) quarterly updates</u> webinar announcement for registration and other information.

Important Information on Billing a South Country Member

It is critical that your organization reviews the process identified in our Provider Manual Chapter 4 Provider Billing before billing a South Country member. You will find our <u>Provider Manual</u> on our website at https://mnscha.org/. Select the Provider tab at the top and select Provider Manual. This process is not the same as you utilize with your patients that are covered by commercial plans.

As highlighted in the Provider Manual Chapter 4, South Country allows providers to request and accept payments from our members in very limited cost-sharing instances (for example - copays and EW waiver obligations).

Providers may bill a member for non-covered services only when South Country **never** covers the services, and only if the provider informs the member **before you deliver the services** that he/she would be responsible for payment, allowing adequate time for the member to make an informed decision. If South Country normally covers a service, but the member does not meet coverage criteria at the time of the service, the provider cannot charge the member and cannot accept payment from the member. Providers should have office procedures in place to prevent misunderstandings about whether you properly informed a member about a non-covered service and the cost of the health service. Please reference Provider Manual Chapter 4 Provider Billing for **all** of the detailed requirements necessary to bill our member.



Skilled Nursing and Therapy Providers

In a February 2024 memo, CMS reminded health plans to "refresh and/or train staff and contracted providers" on the policy established with the 2013 Jimmo vs. Sebelius settlement. This settlement clarified that the Medicare program covers skilled nursing care and skilled therapy services in skilled nursing facility, home health, and outpatient therapy not only to improve a person's condition. A summary of the settlements was posted by the Center for Medicare Advocacy, stating "the Settlement confirmed that access to Medicare coverage should be determined based on the beneficiary's need for skilled care, not potential for improvement. Specifically, the settlement concluded that Medicare covers skilled care to maintain an individual's condition or slow decline."

CMS noted there may have been misunderstanding that Medicare only covers skilled nursing and therapy services under Medicare when a beneficiary is exhibiting progress and improvement. Providers are encouraged to review clarifications noted in the FAQ from CMS in the link below.

What this means to South Country contracted providers: Since South Country utilization management program does not require prior authorization for medical necessity for Medicare skilled services; providers are expected to follow Medicare guidance and coverage criteria guidelines. For more information on this topic providers may access the following:

Jimmo Settlement | CMS

Frequently Asked Questions (FAQs) Regarding Jimmo Settlement Agreement | CMS 2024-02-08-MLNC | CMS

South Country Health and Wellness Rewards

South Country has new, increased and returning Wellness Rewards where members can earn a gift card after receiving their screening and completing the voucher. South County wants to increase the percentage of our members going in for health screenings as recommended by their provider.

NEW REWARD!!

Diabetes Blood Glucose (HbA1c) Test \$25 Reward Members enrolled in AbilityCare, SharedCare, SingleCare, SeniorCare Complete (MSHO), or MSC+ with a diagnosis of Type 1 or Type 2 diabetes mellitus on date of service of blood glucose (HbA1c) test.

Prenatal Care \$75 Reward Complete four prenatal visits during a pregnancy.

Postpartum Care \$75 Reward Complete a postpartum visit between seven and 84 days after delivery.

Infant Checkups \$75 Reward Complete at least six infant well-care checkups before 15 months of age.

Lead Test \$25 Rewards Complete a lead test between nine to 18 months and then again between 18 to 30 months of age for up to two rewards.

Well-Child Visits \$25 Reward Complete two child well-care visits between 15 and 30 months of age.

Child & Adolescent Well-Care Visit \$25 Reward Complete an annual C&TC exam for children ages three to 21.

Childhood Immunizations \$50 Reward Complete all provider recommended immunizations by the child's second birthday.

Immunizations for Adolescents \$50 Reward Complete all provider recommended immunizations by 13 years of age.

Chlamydia Testing \$25 Reward The member should talk with their health care provider about screening for chlamydia and other related infections that are advised for them based on factors including age and history.

Cervical Cancer Screening \$25 Reward Members ages 21 to 65 (or as recommended by their provider) who complete a cervical cancer screening.

Breast Cancer Screening \$25 Reward Members age 40 and older (or as recommended by their provider) who complete a mammogram.

Colorectal Cancer Screening \$25 Reward Members age 45 and older (or as recommended by their provider) who complete a colorectal cancer screening.

Preventive Dental Care \$25 Reward Members enrolled in AbilityCare, SharedCare, SingleCare, SeniorCare Complete (MSHO) or MSC+ who complete at least 1 preventive dental visit.

Other available member benefits:

Be Buckled™ South Country provides one car seat per child, age seven and younger, per lifetime.

Early Childhood Family Education (ECFE) Classes for families with newborn to kindergarten age children are free to South Country members. Sibling care is not covered.

Pregnancy & Childbirth Education Classes Classes for expecting parents.

Free Breast Pump South Country will cover the cost of a breast pump for new moms.

Community Education South Country will cover up to \$15 of the registration fee for up to five Community Education classes a year.

Be Active™ SingleCare, SharedCare and Minnesota Senior Care Plus (MSC+) members receive up to a \$20 credit; SeniorCare Complete members receive up to \$40 credit and AbilityCare members receive up to \$65 credit toward their monthly health club membership fees.

Some restrictions apply. Visit <u>www.mnscha.org</u> or call Member Services for full details. Rewards limited to one reward per year per service unless otherwise specified.



Update to the 2024 Medical Record Review

Social determinants of health - new assessment requirement

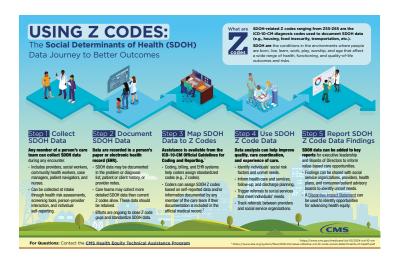
Beginning in 2024, as part of our primary care medical record reviews, South Country will be assessing whether providers are collecting member information about social determinants of health (SDOH) that may create barriers to accessing care and meeting health care goals. This addition is based on the requirements of the 2023 calendar year.

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. SDOH data helps identify and address health disparities more effectively. SDOH has a major impact on access to quality care and is critical to the health and well-being of patients. Medical care accounts for approximately 20% of health care. Physical environment, socioeconomic factors, and health-related behaviors, all elements of SDOH, account for the other 80% of health care outcomes.¹

Capturing this fundamental SDOH data, such as sociocultural, physical, economic, and educational factors, provides a holistic view of the patient. Screening tools, such as the tool for Health Resilience in Vulnerable Environments (THRIVE), for example, provide clinicians with the following patient information.

- Where do you live?
- Do you have shelter?
- Do you have access to food?
- Can you afford to pay for your medications?
- Do you have trouble getting transportation to medical appointments?
- Are you a caretaker responsible for a child, family member or friend?

Through these important questionnaires, clinicians can identify patients who are noncompliant with their medical regimen due to SDOH circumstances that are out of their control. According to Ankit Rohatgi, MD, incorporating SDOH data into electronic health records "could dramatically increase the scope, quality, and timeliness of data available for planning intervention targeted at SDOH factors." Ultimately, by embracing the holistic perspective that social determinants of health reveal to us, clinical professionals can play a significant role in improving patient outcomes and promoting health equity.²





Source: IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes (cms.gov) https://www.cms.gov/files/document/zcodes-infographic.pdf

¹ Ankit Rohatgi, MD, MBA, CPE, FACS, Improve Patient Outcomes by Integrating SDOH Data into EHRs (ahima.org)

² The Value of Documenting Social Determinants of Health in Clinical Decision-Making - MCG Health https://www.mcg.com/blog/2023/07/06/documenting-social-determinants-of-health/

Quality Improvement Projects

As a part of South Country's quality improvement projects, we have two focused studies, two performance improvement projects (PIPs), and two chronic care improvement projects (CCIPs) in 2024.

Focused studies

Focused studies are improvement projects where we "focus" our efforts to improve the health outcome of a specific set of members.

Cervical cancer prevention screening – In this focused study we are working to get members in to see their primary care physician for routine prevention screenings for cervical cancer and to improve on the early detection of cervical cancer.

Chlamydia screening – In this focused study we are working to get members to consult their primary care physician for recommended routine prevention screenings.

Performance improvement projects

South Country is engaged in two performance improvement projects and these projects are aimed at addressing the comorbidities of diabetes and depression and to promote a "healthy start" for the health of our mothers and children ages zero to 30 months. The diabetes and depression goal is to decrease the health disparity gap by improving members' self-management of their diabetes and depression for those living in a rural community. The Healthy Start goal is to decrease the health disparity gap by improving members' prenatal care, postpartum care, and well-child visits for those living in a rural community.

Chronic care improvement projects

Cancer screenings for SeniorCare Complete and AbilityCare members work to increase the number of members who are up to date on their colorectal and breast cancer screenings for early detection and to increase the percentage of our members going in for health screenings as recommended by their providers and physicians.

South Country collaborates with providers and various external stakeholders on various projects and initiatives and is always open for new collaborative ideas and approaches to support our members' health and wellness. Please feel free to reach out at any time if you would like to discuss opportunities to work together.



Change to Unloaded Miles Reimbursement

Effective April 1, 2024

All unloaded miles to pick up a member will now be reimbursable

Transportation providers must bill all unloaded mileage to pick up a member (place of origin) and may be reimbursed, with no initial deduction, on total mileage submitted. Unloaded miles going to pick up a member from a medical facility on a round trip or after you drop a member off at their residence for your return trip back are not reimbursable and should not be submitted. The only time that would be allowed is if it was a one-way trip where you only picked up a member at a medical facility location and it was not part of a round trip.

Unloaded miles on a return trip after a member is dropped off are not billable. Documentation for unloaded miles must identify the starting location of the driver or odometer readings for the unloaded miles being billed to pick up a member.

For a detailed description of the Transportation Services Policy, please refer to the Provider Manual Chapter 27 at Provider Manual — South Country Health Alliance (mnscha.org).

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 Health Alliance website, under Providers/Forms/Contracted Providers, at https://mnscha.org/.

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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 <u>South Country Provider Online Directory</u> 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, <u>Chapter 3</u> 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 webpage.

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