

Scripps Health Plan Services Newsletter

DECEMBER 2021-FOURTH QUARTER EDITION



Health Plan Updates in 2022

Terminating - Cigna Sure Fit EPO plan is terminating with SHPS effective 12/31/21.

Rebranding - Effective 1/1/22, **Health Net** is changing some Individual & Family Plan names to “**Ambetter from Healthnet**”. This is a rebranding of the IFP offerings. It does not change who is in or out of any IFP network.

For additional questions, contact Health Net Provider Services Center at 888-926-2164, go to their provider portal at provider.healthnetcalifornia.com, or email provider_services@healthnet.com.

New Plan – Effective 8/15/21, **Health Net Salud HMO FFS**, Members added during open enrollment this Fall.

New Plan – Effective 1/1/22, **Alignment Medical Advantage PPO FFS**

Although the City of San Diego has made contractual changes for ambulance transport, American Medical Response will continue to be Scripps Health Plan Service’s transportation provider.

All services can be accessed through the Scripps Medical Transportation service line, 858-492-3656.

Special Needs Plan Model of Care Training 2022

The Center for Medicare & Medicaid Services (CMS) requires all contracted medical providers and staff receive basic training about the Special Needs Plans (SNPs) Model of Care (MOC).

MOC is a quality improvement tool. It provides the basic framework needed to improve access, health status, and coordination of care for members with special needs.

We will share the training dates for 2022 in an upcoming edition of our newsletter once they are made available to us.

MD Staff - Go Live - January 17, 2022

Scripps will transition to MD-Staff, a new cloud-based system for provider credentialing, privileging and reappointment. The new system will replace the paper application forms currently used across Scripps.

Current Scripps physicians who are scheduled for reappointment on June 17, 2022, and beyond will use MD-Staff. The reappointment process often begins six months before the deadline, so physicians up for reappointment June 17, 2022, will begin using MD-Staff January 17, 2022.

Physicians who have questions or are experiencing any issues with MD-Staff after launch should contact their Medical Staff Office. Outside regular office hours, call the IS Service Desk physician line at 619-678-6800.

2022 Matrices - Institutional and Professional



SHPS Matrix 2022 INSTITUTIONAL Effective



SHPS Matrix 2022 PROFESSIONAL Effective

COVID-19

For COVID-19 related information, including FAQs, testing, and vaccine information, visit Scripps Health's dedicated [COVID-19](#) webpage.

UM Authorization/Referral Fax Requests

You may have a unique situation, or you are waiting for your Scripps Care Link access to be activated. In that case, you can fax your authorization/referral requests to the UM Department.



SHP Auth Form.pdf



SHPS Auth Form.pdf

MEDICAL BILLING TIPS CPT MODIFIERS

SHPS has received a few questions about **Multiple Procedures Modifiers 51 and 59; and Bilateral Procedures Modifier 50.**

It is important to remember some key points when you are coding submissions.

CMS may not require **modifiers 51, 59, or 50** since their hard-coded logic allows the claims payment reductions on multiple and/or bilateral procedures to adjust payment automatically, per guidelines.

The processing of **modifiers 51, 59, and 50** by any other carrier besides CMS is determined by the carrier. SHPS requires these modifiers to be present on the claim for it to be processed accurately which results in faster reimbursement.

Reminder: SHPS Authorization and Referral Turnaround Times

SHPS and its delegated entities are required to provide prompt and timely decisions on prior authorization requests appropriate for the nature of the Member's condition. Below is a table of turnaround times based on regulations.

CATEGORY	COMMERCIAL TIMEFRAMES	MEDICARE TIMEFRAMES
Standard	Within five (5) business days of receipt	Within fourteen (14) calendar days of receipt
Expedited	Within seventy-two (72) hours of receipt	Within seventy-two (72) hours of receipt
Extension for Expedited	Within thirty (30) calendar days	Within fourteen (14) calendar days of receipt of request
Extension for Standard	Within forty-five (45) calendar days when it is in the member's best interest to obtain additional information that would support the request (a member or provider may request this so they can provide the necessary information)	Within fourteen (14) additional calendar days when it is in the member's best interest to obtain additional information that would support the request (a member or provider may request this so they can provide the necessary information)
Retrospective	Within thirty (30) calendar days of receipt of all necessary information	Within thirty (30) calendar days of receipt of all necessary information
Standard Pharmacy	Within seventy-two (72) hours from the receipt of request	Within seventy-two (72) hours from the receipt of request
Expedited Pharmacy	Within twenty-four (24) hours from the receipt of request	Within twenty-four (24) hours from the receipt of request
Concurrent Review	Within five (5) calendar days of notification	Within two (2) working days of notification
<i>Medicare Only</i>		
Detailed Notice of Discharge (DND)	Not more than two (2) calendar days prior to inpatient discharge	
Detailed Explanation of Non-Coverage (DENC)	No later than two (2) calendar days before coverage ends	

Managed Care Grievance Process

Scripps Health Plan Services is not delegated for grievances by any of the major health plans except for Scripps Health Plan (HMO) when we are the Plan.

- Refer the patient to contact their health plan directly.

Patient may file a complaint by call customer service, submit via mail, or use online grievance form. They can find the Health Plan contact information on the insurance identification card. (See below).

Health Plan Name	Phone Number	Link to Appeals and Grievances Form
Alignment Health Plan	1-866-634-2247	Grievances and Appeals Alignment Health Plan
Anthem Blue Cross	1-800-331-1476	https://www.anthem.com/ca/forms/
Blue Shield	1-800-393-6130	https://www.blueshieldca.com/bsca/bsc/public/member/mp/login
Cigna	1-800-997-1654	https://www.cigna.com/individuals-families/member-resources/appeals-grievances
Health Net	1-800-675-6110	https://www.healthnet.com/content/healthnet/en_us/members.html
United Healthcare	1-866-414-1959	https://www.uhc.com/member-resources/forms
SCAN	1-800-559-3500	How to Complete a Grievance (scanhealthplan.com)
Scripps Health Plan (HMO)	1-844-337-3700	www.scrippshealthplan.com Grievance and Appeal Process - Scripps Health Plan

Potential Quality Issue (PQI)

A PQI is any suspected provider quality of care or service issue that has the potential to impact the level of care being provided to the enrollee/patient. Providers may include independent physicians, medical groups, hospitals, nurses, ancillary providers, and their staff as well as health plan staff.

Please see attached PQI guide and reporting form for your reference:



PQI Memo.docx



PQI Form.docx

AUTHORIZATION CHANGE REQUEST FORM IS NO LONGER IN USE

The Authorization Change Request Form is no longer in use, and codes can no longer be added to referrals that are finalized.

You can use Scripps Care Link in-basket messaging to request changes, or you call SHPS Customer Service, 888-680-2272. Reps can make the following changes:

Change location from one Scripps site to another Scripps site.

Extend referral date 30 days (backward and forward).

Use Scripps Care Link for Efficiency!

Scripps Care Link is our online web portal where you can check Scripps Health Plan member eligibility, enter referral requests, check the status of your referral requests, and view claims. You can send in-basket messages to SHPS departments and retrieve remittance advices.

It's easier than you might think, and it's more efficient than faxing in your requests. We are happy to provide you with training to help you be successful!

Go to our Website for a Scripps Care Link Application [SHPS Website](#) or email providerrelations@scrippshealth.org and request one.

If your office uses a billing company, please have them email provider relations to inquire about access.

Electronic Funds Transfer (EFT)

80% of our providers have signed up for EFT. The **EFT Enrollment Form** can be found on our website: [SHPS Website](#)

1. A prerequisite is being able to retrieve your ERAs (835 files) via one of our Clearinghouses, Office Ally or Change.
2. Download and complete an **EFT Enrollment Form** and return your signed form to SHPS by fax (858) 260-5851 or scan by email to ProviderRelations@scrippshealth.org.
3. Once your Vendor EFT is activated, paper Remittance Advices (RAs) will no longer be provided by SHPS.
4. RAs should be available electronically via your clearinghouse or through Scripps Care Link. If you haven't applied for access to Scripps Care Link yet, you can find this application on <https://www.scrippshealthplanservices.com> as well!
5. Confirm your EFT is active and contact Provider Relations to report any issues.

Eligibility and Claims Status Automated Phone System for Providers

Our **automated phone system** allows for a quick check of claims status and Scripps Health Plan HMO eligibility status for one or more patients 24 hours a day, 7 days a week. Using this system saves you valuable time on the phone and offers a convenient self-serve option at any time of day. If you are in need to speak to a live agent, we are available Monday-Friday 8 a.m. – 5 p.m. SHP (844)-337-3700, SHPS (888)-680-2273.

To check **Scripps Health Plan HMO member eligibility**, please have the following information ready:

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- Your Tax ID number
- Member ID number (example: SH012345601 – you will input numbers only 012345601)
- Member date of birth

The system will provide the following **eligibility information**:

- Medical Group and PCP
- Coverage Information
- Effective and Term dates
- List of copays
- Maximum out of pocket limit (met/not met)

To check **claims status** for any of our managed care members, please have the following information ready:

- NPI associated with the claim (vendor or rendering provider NPI)
- Member Date of Birth
- Date of Service associated with the claim
- Billed Amount associated with the claim
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The system will provide the following **claims information**:

- Claim Status
- If claim paid: claim number, paid amount, patient responsibility, check number, and check date
- If claim denied: claim number, received date, and denied date
- If claim is pending: claim number and received date

PROVIDER OPERATIONS MANUAL

Our Provider Operations Manual serves as a comprehensive resource where providers can find helpful information on:

- Claims and Reimbursement
- Compliance and Privacy Key
- Key Contacts
- Medical Management Program
- Providers' Roles and Responsibilities.

Please note that there are separate Manuals specific to SHP HMO and SHPS Managed Care.

SHP HMO Manual:

[SHP Manual](#)

SHPS Managed Care Manual:

[SHPS Manual](#)

Providers/Groups Terminating Their Contract

Reminder - For any provider seeking to terminate their contract with Scripps Health Plan Service (SHPS), and in an effort to coordinate and ensure the member (patients) receive the sixty (60) day notice, SHPS requests a minimum of ninety (90) days written notice. Also, to ensure continuity of care for our members (patients) we request the terminating provider indicate the desired provider for whom all open referrals should be reissued to.

SHPS Complex Care Management Update

Complex Care Management (CCM) is a team of highly trained registered nurses and social workers who are available to assist you and your patients to reach their health care goals. At no cost to your patient, we are here to provide that extra level of support to overcome health and social challenges. CCM partners with you and your patients to develop a customized care management plan of care, connection to available community resources, education on complex health conditions and help navigating through the health care system. CCM offers the extra level of support needed by developing a one-to-one relationship with your patient through telephonic and video outreach. In addition to complex cases with co-morbid conditions and high utilization, the CCM team offers specialty focus areas including high risk OB, pediatrics, transplant, and transgender populations.

***Referring patients to CCM is at your fingertips in Epic!
Ambulatory Order #210 (Ambulatory referral to SHPS Complex
Care Management)***

KEEP YOUR INFORMATION CURRENT

Senate Bill (SB) 137

defines strict requirements for the accuracy of both online search tools and the provider directory for payors and practitioners in California. The law requires that medical groups and/or plans validate the provider information once or twice a year based on your contracted status.

Update your information by completing a [Provider Demographic Update Form](#)

Click [SHPS Website](#) and go to [Directory Updates](#).

Reminder – Please let us know when someone has joined or left your practice.

Orders

[Problem List](#) [Visit Diagnoses](#) [BestPractice](#) [Meds & Orders](#) **SmartSets** [Disp & CC Chart](#)

Medications & Orders

[+ Create Medication List Comments](#)

case man|

[+ New Order](#)

[+ Patient-Reported](#)

**Click this
Ambulatory order**

[After visit](#)

[Ambulatory referral to SHPS Complex Case Management](#)

SHPS Compliance Plan

Providers can view the SHPS Compliance Plan on the [SHP](#) and [SHPS](#) websites under provider resources.

How to Report Compliance Concerns

There are multiple ways to report compliance concerns, including potential fraud, waste, and abuse:

- Notify your supervisor or manager
- Notify SHPS Compliance Department: SHPSCompliance@scrippshealth.org
- Notify SHPS Chief Compliance Officer: Pantovic.Linda@scrippshealth.org or (858) 927-5360
- Anonymously through the Scripps Health Compliance and Patient Safety Alert line ([online](#) or by phone 1-888-424-2387)

Medical Record Documentation Standards

Consistent, current, and complete documentation in the medical record is an essential component of quality patient care. There are specific elements that reflect a set of commonly accepted standards for medical record documentation. Providers will be required to meet minimum documentation standards to continue participation in the SHPS network. This includes electronic medical record (EMR) documentation. SHPS conducts periodic audits and ongoing oversight of documentation to ensure compliance with such standards. Medical record documentation audit activities are often directed to the PCP; however, audits of other practitioners and ancillary providers will be conducted as directed by the SHPS Compliance Department as a result of claims trends, suspected fraud, waste, or abuse, documentation issues, and/or as directed by any of our Scripps Health Plan Services Committees. Please refer to the “Medical Record Documentation Standards - Tip Sheet” available via the SHP and SHPS websites under [SHP Forms, Credentialing & Dispute Resolution](#) or [SHPS Provider Resources](#).

Standards of Conduct – Doing the Right Thing

[Scripps Health Standards of Conduct](#) serves as a primary education and communication tool that demonstrate how Scripps’ mission and values influence patient care, conduct daily business, interact with each other, and make everyday decisions. It is everyone’s responsibility for upholding these guiding principles and for providing care and conducting business in a manner consistent with these standards. Scripps Health has relevant and specific compliance guidance for physicians, advanced practice clinicians, vendors, and third parties.

Language Assistance Program (LAP)

State and federal law requires that health plans establish a **Language Assistance Program for limited English proficient members**. Providers are required to assist members in accessing language services made available by each health plan. Providers can access a qualified medical language interpreter for office appointments or other member encounters by contacting the member's health plan.

To request interpreter or translation services for SHP members, contact SHP's Customer Service line by calling **(844) 337-3700**, or TTY **(888) 515-4065**. Face-to-face interpreter service requests must be submitted at least five (5) days prior to an appointment. Should an interpreter not be available for face-to-face services, health plans can also arrange for telephone interpreting services. Scripps Clinic and Coastal providers also have access to interpreters through in-office **Blue Phones** or may contact their Operations Supervisor for assistance.

For SHPS Managed Care members, you can contact SHPS Managed Care Customer Service at **(888) 680-2273** for assistance.

Non-discrimination in Health Care

SHPS requires providers to deliver services to members without regard to race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Provider offices, facilities, equipment, personnel, and administrative services must be at a level and quality necessary to perform duties and responsibilities to meet all applicable legal requirements, including the accessibility requirements of the Americans with Disabilities Act (ADA). The Health Industry Collaborative Effort (ICE) has prepared [Better Communication, Better Care: Provider Tools to Care for Diverse Populations](#). Provider guidance on civil rights is also available on the U.S. Department of Health and Human Services (HHS) [website](#).

Providers are expected to disclose complaints of discrimination to SHPS. If you or a member believe that SHPS has failed to provide language services or has discriminated against an individual in another way, a grievance may be submitted to the SHPS Appeals & Grievances Department in person or by mail, phone, fax, email, or online:

Scripps Health Plan Services Attn: Appeals & Grievances Department

10790 Rancho Bernardo Rd., 4S-300
San Diego, CA 92127

Phone: (844) 337-3700 TTY: (888) 515-4065

Fax: (858) 260-5879

Email: SHPSAppealsAndGrievancesDG@scrippshealth.org

Online: www.scrippshealthplan.com

The U.S. Department of HHS, Office for Civil Rights (OCR) also accepts complaints of discrimination electronically through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by phone at (800) 368-1019 TDD: (800) 537-7697, or by mail at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Stay Connected

- Email: ProviderRelations@scrippshealth.org
- Epic In-Basket: Access within your Scripps Care Link Account
- Phone: Managed Care (all plans) (888) 680-2273
- Phone: Scripps Health Plan HMO (844) 337-3700

www.scrippshealthplanservices.com

www.scrippshealthplan.com

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