

Scripps Health Plan Services Newsletter

DECEMBER 2022 - FOURTH QUARTER EDITION



HEALTH PLAN UPDATES EFFECTIVE 1/1/2023

New Anthem Blue Cross HMO

Pathway HMO is the new Covered California HMO offered by Anthem Blue Cross. Member ID Alpha Prefix will begin with JQO or JQL.

Member ID Card: ANTHEM GOLD 90 HMO. Member: JAMES JONES. Member ID: ABC123456789. Effective Date: 01/01/2021. Contract Code: 5JM9. Primary Care Visit: \$35 / 0%. Specialist Visit: \$65 / 0%. Emergency Room: \$350 / 0%. Urgent Care: \$35 / 0%. Plan Type: HMO. Pathway HMO.

Information Card: anthem.com/ca. Member Service: (855) 634-3381. Help for Pharmacists: (833) 296-5041. Provider Service: (800) 676-2583. Pre Authorization: (800) 274-7767. 24/7 Nurseline: (800) 249-3617. Coverage while traveling: (800) 810-BLUE. PROVIDERS: File all claims directly with your local Blue Cross and/or Blue Shield plan. Referral required for Specialists. Outside our service area, benefits may be limited to Urgent and Emergency care. Issue Date: 11/19/2020.

New SCAN D-SNP Plan


SCAN Connections is replacing SCAN Plus. (Participating IPAs include Scripps Clinic Medical Group, Scripps Coast Medical Center, and Scripps Physician's Medical Group)

Member ID Card: PLAN: XXXXXXXX. Issuer: 80840. ID: X. NAME: X. DR: X. MEDICAL GROUP: X. PCP: SPECIALIST. EMERGENCY: \$X.XX. MedicareRx Prescription Drug Coverage. CMS HXXXX XXX.

Information Card: If an Emergency Arises: Go to the nearest ER or call 911. Providers: For eligibility call 1-877-778-026. SCAN Member Services: 1-866-700-7267 (Toll users: 711). Oct 1-Mar 31: 8 A.M. - 8 P.M. 7 days per week. Apr 1-Sept 30: 8 A.M. - 8 P.M. 5 days per week. ESI Customer Service: 1-800-4125. Send Pharmacy Claims to: Express Scripts, Attention: Medicare Part D, P.O. Box 2416, Lexington, KY 40512-4718. Pharmacy Help Desk: 1-800-922-1557. Send Medical Claims to: SCAN Claims Department, P.O. Box 22698, Long Beach, CA 90801-5616. www.scanhealthplan.com


Health Net Medicare Advantage D-SNP

Health Net Cal MediConnect will transition to **Wellcare by Health Net EAE D-SNP HMO** (Participating IPAs include Scripps Coastal Medical Center and Scripps Physicians Medical Group-institutional only).

Front	Back
 <p>Wellcare By Health Net Wellcare Dual Align 129 (HMO D-SNP) CMS#: <H0562-129> Effective Date: <MM/DD/YYYY></p> <hr/> <p>MEMBER INFORMATION Name: <First MI Last> Member ID#: <XXXXXXXX-XXX> Care Coordinator Phone: <1-800-431-9007></p> <p>PROVIDER INFORMATION PPG Name: <Provider Group Name> PPG Phone: <X-XXX-XXX-XXXX> PCP Name: <Last, First Name> PCP Phone: <X-XXX-XXX-XXXX></p> <p>MEMBER CANNOT BE CHARGED PCP/Specialist Office Visit: \$X</p> <p><small>FOR EMERGENCIES Dial 911 or go to the nearest Emergency Room (ER).</small></p>	<p>www.wellcare.com/healthnetCA</p> <p>FOR MEMBERS</p> <p>Member Services: <1-800-431-9007 (TTY: 711)> Mental Health Benefits: <1-800-646-5610 (TTY: 711)> Nurse Advice Line: <1-800-893-5567 (TTY: 711)> Transportation: <1-866-653-0975 (TTY: 711)> Envision Vision (For Members and Members): <1-866-392-6058 (TTY: 711)></p> <hr/> <p>FOR PROVIDERS</p> <p>For Member eligibility and Medical prior auth/referrals: <1-800-431-9007> Medical Claims: <Wellcare By Health Net> <Attn: Claims> Payor ID: <68069> <P.O. Box 9030 Farmington, MO 63640-9030></p> <hr/> <p>Pharmacy prior auth: <1-800-867-6564> For help: (PHARMACY USE ONLY) <1-888-865-6567> Submit Part D Drug Claims to: <Wellcare By Health Net> <Attn: Member Reimbursement Dept> <P.O. Box 31577, Tampa, FL 33631-3577></p>

Health Net HMO

Health Net **Ambetter HMO** has formally transitioned from Health Net Community Care HMO. (This is a fee for service plan).



IFP Ambetter HMO network

Member ID# [R/UXXXXXXXX]

Effective date with PPG [MMDD/YYYY]

Physician Group and PCP
[PPG NAME]
[PPG# [MXXX]]
[PPG PHONE NUMBER]

[PCP NAME]
[PCP Street Address]
[PCP City, State Zip]
[PCP Phone number]

Health Net of California, Inc.
(Copays may apply after deductible)

PCP Visit \$XX Specialist Visit \$XX ER \$XXX Urgent Care \$XX Babylon \$XX

(Deductibles may apply)	Individual/Family (In Network)	Individual/Family (Out of Network)
RX Deductible	\$X,XXX/\$X,XXX	Not covered, except for emergency or urgent care and services approved by Health Net.
Deductible	\$X,XXX/\$X,XXX	
Out of Pocket Max	\$X,XXX/\$X,XXX	

In an emergency, call 911 or go to the nearest emergency care center

SPECIAL NEEDS MODEL OF CARE TRAINING

The Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage organizations (MAOs) to provide initial and annual Model of Care training for Special Needs plans (SNP) and those participating in Medicare Medicaid Plans (MMP or Cal MediConnect). In accordance with the regulations, Scripps Health Plan Services, in partnership with SCAN and Health Net has included their links to the Model of Care training (MOC).

The following documents can be accessed through the [SCAN Health Plan website](#) and include:

- 2022 SNP MOC FAQs
- 2022 SNP MOC Training PowerPoint presentation (PDF)
- 2022 SNP MOC Training – Webinar Recording
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This link takes you directly to the Health Net trainings:

[D-SNP Provider Trainings And Webinars | Health Net](#)

Model of Care Training links are also available on our website at SHPS Website, under our provider page.

SENATE BILL 137

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 below 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.

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

COVID-19

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

REMINDER: Claims for Covid services are submitted directly to the Health Plans unless the claim is for a senior member. Then those claims are submitted to SHPS.



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.

Providers/Groups Terminating Their Contract

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.

Spotlight on SHPS Utilization Management – Referral Requests

Important reminders:

- **Referral requests should be made electronically through Epic or Scripps Care Link.** Please do not fax referral requests unless absolutely necessary (e.g., system issues, waiting for Scripps Care Link access).
- **The Authorization Change Request form is no longer in use.**
- **There are regulated timeframes for making referral decisions.**
They are below:

CATEGORY	COMMERCIAL TIMEFRAMES	MEDICARE TIMEFRAMES
Routine	Within five (5) business days of receipt	Within fourteen (14) calendar days of receipt
Urgent	Within seventy-two (72) hours of receipt	Within seventy-two (72) hours of receipt
Routine Pharmacy	Within seventy-two (72) hours from the receipt of request	Within seventy-two (72) hours from the receipt of request
Urgent Pharmacy	Within twenty-four (24) hours from the receipt of request	Within twenty-four (24) hours from the receipt of request

- **Approved referrals cannot be modified** due to regulatory requirements. If you need to add a CPT code, please submit a new referral request.
- **Request a peer-to-peer meeting with a physician reviewer.** The physician reviewer name and direct telephone number is printed on all referral denial letters.
- **Physician reviewers are not financially incentivized,** motivated, or otherwise rewarded for issuing denials of requested health services and are not offered any financial incentives that would encourage underutilization of services.
- **Need help to coordinate language interpreter services?** Call our SHPS Customer Service department to assist at 888-680-2273 (MSO members) or 844-337-3700 (Scripps Health Plan members).

Retro-authorization Update

To align with Medicare regulations, all Medicare Advantage post-service request are to be submitted to the SHPS claims department. The utilization management department will no longer provide retro-authorization for Medicare Advantage members.

SHPS UM department continues to review Commercial member post-service request for authorization.

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 PQI guide and reporting form on our SHPS Web Site.

[SHPS Website](#)

SHPS Complex Care Management

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)***

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

Email: shcmreferrals@scrippshealth.org

Voicemail: [888-399-5678](tel:888-399-5678)

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

SCRIPPS CARE LINK UPDATES AND REMINDERS

Change effective 2/27/22.

Scripps Care Link users will be asked to enter a log in department. Please select:

SH CARELINK LOGIN.

If you do not enter this, you will lose access to several activities, including Patient Search.

If you are actively waiting for Scripps Care Link access and you need to submit a request for authorization, you can submit a paper request. Just advise the UM team you are waiting for your access when you fax in the form.

If you have an active Scripps Care Link account, and you get locked out, call the Help Desk for assistance. Their phone number is 858-678-7500.

Scripps Care Link

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 referral/authorization requests.

Go to our Website for a Scripps Care Link

Application [SHPS Website](#)

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 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

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 Alertline ([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 (HICE) 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

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 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](#)

Update to Provider Operations Manual

Sensitive Services:

In accordance with AB 1184 and CA Civil Code 56.107, SHP will not require members who can consent to sensitive services (e.g., mental, or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence) to obtain the subscriber's authorization to receive or submit a claim for such services. Further, SHP shall direct all communications regarding a member's receipt of sensitive services directly to the member.

Communications include:

- Bills and attempts to collect payment.
- A notice of adverse benefits determinations.
- An explanation of benefits notice.
- A request for additional information regarding a claim.
- A notice of a contested claim.
- The name and address of a provider, description of services provided, and other information related to a visit.
- Any written, oral, or electronic communication from a health care service plan that contains protected health information.

SHP shall not disclose medical information related to sensitive services to the subscriber or any member other than the individual receiving care, absent an express written authorization from the individual receiving care.

Stay Connected

- Email: ProviderRelations@scrippshealth.org
- Epic In-Basket: Within your Scripps Care Link account
- Phone: Managed Care (all plans) (888) 680-2273
- Phone: Scripps Health Plan HMO (844) 337-3700
- Scripps Health Plan Services website [SHPS](#)
- Scripps Health Plan website [SHP](#)