Scripps Health Plan Services Newsletter

JUNE 2022 - SECOND QUARTER EDITION

TAKE ADVANTAGE OF THE SHPS WEBSITE

For All Your Provider Resources

[SHPS Website]

Case Management

Claims (Matrix, submissions, Provider dispute resolution, EFT)

Credentialing

Eligibility

Fraud, waste, and abuse

Grievance process

Language assistance

Medical management

Prior authorization

Provider directories

Quality management and improvement

Scripps Care Link

Timely access to care

2022 SHPS Compliance Plan

CONTRACT AMENDMENTS AB 457

AB 457 - Protection of Patient Choice in Telehealth Provider Act.

This bill was signed into law and became effective 1/1/22.

With the passing of this bill, the SHPS Provider Relations & Contracting department added this information to service agreement amendments and sent them out to all contracted providers.

Please return the signed amendments to **providerrelations@scrippshealth.org** or fax to 858-260-5851.

SHPS Medical Groups and Affiliates

Scripps Clinic Medical Group (SCMG) and Scripps Coastal Medical Center (SCMC) are SHPS Medical Groups. Contact us at 888-680-2273.

Primary Care Associates Medical Group (PCAMG) is changing their name effective 6/13/22 to Optum Care Network-North County SD - Contact them at 800-985-8000.

Mercy Physicians Medical Group (MPMG) Contact them at 619-543-5500.

Scripps Physicians Medical Group (SPMG) – Contact them at 858-824-7000.

Rady Children's Health Network (RCHN) – Contact them at 877-276-4543.

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.

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.

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.

What We Expect From You

It is our priority at SHPS to assist your practice adhere to federal, state, and health plan requirements, such as regulations, reporting, policies and procedures, and industry best practice procedures.

As a Provider of SHPS, you are required to:

- Understand and abide by the Knox Keene Health Care Service Plan Act of 1975 that protects members from receiving bills or statements of any kind. The only exclusions and exceptions are non-authorized services (if member is made aware of financial responsibility in advance and in writing), non-covered services, and/or co-payments
- Provide all covered Hospital or Professional or Ancillary services to members enrolled through SHPS as authorized
- Freely communicate with patients regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations
- Provide all services in a professional manner in adherence with non-discriminatory practices to all members disregarding a member's disability, sex, culture, religion, language, or ethnic background as set forth in Section 1557 of the Affordable Care Act. Verify member eligibility with their responding health plan in a timely manner prior to services being provided. SHPS is not delegated for eligibility verifications and is therefore not able to provide eligibility on behalf of the member's health plan.

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 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.

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 is 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)

In **August 2022**, we will be emailing an annual provider survey link to assess your understanding and satisfaction with these services. We would appreciate your response and valuable feedback.

Please tell us how we did!

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 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)

Orders
Problem List Visit Diagnoses BestPractice Meds & Orders SmartSets Disp & CC Chart
Medications & Orders
Create Medication List Comments
case man
New Order
Patient-Reported
After visit
Ambulatory referral to SHPS Complex Case Management
Click this Ambulatory order

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

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:

- 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 PC
- 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

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

Update to Provider Operations Manual

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

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.

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 (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

Legislative Updates

There are several state bills that are effective this year that may impact you. The information below is a summary of these legislative bills.

#	State Bill	Effective Date	Summary
1	AB 342 - Colorectal Cancer Screening and Testing	1/1/2022	• Plans must cover, at zero cost-sharing, a colorectal cancer screening test assigned either a grade A or B by USPSTF, including the required colonoscopy for a positive result on a test or procedure, other than a colonoscopy.
2	SB 242 - Health Care Provider Reimbursements	1/1/2022	• Applies to public health emergences (PHEs) declared on or after January 1, 2022. **COVID-19 is NOT included.** • Plans must reimburse contracting providers for business expenses (i.e., personal protective equipment, additional supplies, materials, and clinical staff time over) incurred to prevent the spread of respiratory-transmitted infectious diseases causing PHEs.
3	SB 306 - Sexually Transmitted Disease (STD) Testing	1/1/2022	• Plans must cover STD home test kits and the laboratory costs for processing kits, that are deemed medically necessary or appropriate and ordered directly by an in-network provider or furnished through a standing order for patient use based on clinical guidelines and individual patient health needs.
4	SB 428 - Adverse Childhood Experiences (ACE) Screenings	1/1/2022	• Plans must provide coverage for ACEs screenings for children and adults, consistent with the Medi-Cal program's ACEs coverage requirements.
5	SB 510 - COVID-19 Cost Sharing	1/1/2022	• Applies retroactively to March 4, 2020 (Governor declared State of Emergency for COVID-19). • Plans must cover COVID-19 testing and immunization without cost-sharing, prior authorization, or utilization management until the federal PHE expires. • Providers who participate in the Scripps Health Plan network and have a contracted rate will be reimbursed at the applicable contracted rate. Claims submitted by participating providers that do not have a contracted rate will be processed and reimbursed at the out-of-network rate, as required under CA SB 510.
6	AB 1184 - Confidentiality of Medical Information	7/1/2022	• Plans must accommodate confidential communication requests of medical information regardless of whether there is a situation involving sensitive services or a situation in which disclosure would endanger the individual.
7	SB 535 - Biomarker Testing	7/1/2022	• Prohibits plans from requiring prior authorization for biomarker testing for a member with advanced or metastatic stage 3 or 4 cancer.

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

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