

# Scripps Health Plan Services Managed Care Link

March 2021

First Quarter Edition

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*Thank you for taking the time to read our Newsletter*

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## **2021 Health Plan Contractual Updates**

Effective January 1, 2021, SHPS will be capitated with two **new Medicare Advantage** plans for **Scripps Clinic Medical Group** and **Scripps Coastal Medical Center**.

- **Alignment Health Plan** - Select HMO plan
- **Cigna Medicare Advantage** – Employer Group Waiver Plan (EGWP) only

Effective March 1, 2021, SHPS will take back risk for Anesthesia and ER for **Blue Shield**.



SHPS Matrix 2021

INSTITUTIONAL Effect



SHPS Matrix 2021

PROFESSIONAL Effect

## **Eligibility and Claims Status Automated Phone System for Providers is Now Live!**

Our **new 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.

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:

- Coverage status (active/terminated)
- Effective and Term dates
- Medical Group and PCP
- 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 (paid/denied/pending)
- If **paid**: claim number, paid amount, patient responsibility, check number, and check date
- If **denied**: claim number, received date, and denied date
- If **pending**: claim number and received date

You will be provided with a **call reference number** after each inquiry. Enhancements to our automated system related to claims status are coming soon!

## ***Authorization Change Request Form No Longer Valid***

Effective January 1, 2021, the **Authorization Change Request Form** will no longer be utilized with our provider network.

- Changes can be requested to approved authorizations ***only*** under certain situations.
- Providers are encouraged to call **Customer Service**, submit their change request via **Scripps Care Link**, or submit a new authorization request.
- Our Customer Service Department can make provider changes requested over the telephone for requests to:
  - Add CPT codes for an approved office visit, Add CPT codes for urology, dermatology, colonoscopies, ophthalmology when on the approved code list.
  - Change location for diagnostic testing or imaging as long as the new location is contracted and same or lower level of care (e.g., outpatient to outpatient/hospital to outpatient).
  - Extend dates 30 days back or extended 30 days forward.
  - Add diagnosis codes (except for chiropractic services).
- New authorization requests are needed for requests to:

- Add CPT codes for urology, dermatology, colonoscopies, ophthalmology when ***not*** on the approved code list.
- Add new J-code or add PT/OT visits (except Spinezone).
- Change location to a non-contracted facility.
- Change 'Refer To' provider to a different individual provider.

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## ***Become More Efficient***

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***We encourage you to sign up for EFT and Care Link***

### ***Electronic Funds Transfer (EFT)***

EFT is now available through SHPS! The **EFT Enrollment Form** can be found on our website: <https://www.scrippshealthplanservices.com>

- 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](mailto: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.

### ***Scripps Care (Plan) Link***

***Become a User!*** Say hello to **Scripps Care (Plan) Link**, an online web portal where you can check Scripps Health Plan Member eligibility, check the status of your referral requests and claims, and retrieve remittance advices; all accessible 24 hours a day, seven days a week. The process is easy!

Easily create a free online account by visiting our [website](#).

- 1.** Click on "Provider Resources"
- 2.** Scroll down to "Request Access to Scripps Care Link" and follow the simple instructions

**PLEASE NOTE: If your office uses a billing company, complete the application to give those users access.**

**CURRENT CARE LINK USERS: Please notify us of email address changes. We want to make sure you receive your annual email reminder and Care Link application for you to have continued access to the portal.**

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## *Resources and Reminders*

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### *Provider Operations Manual*

Our **Provider Operations Manual** serves as a comprehensive resource where providers can find helpful information, such as, but not limited to:

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

For your convenience, the latest version of our Manuals can be found online. Please note that there are separate Manuals specific to SHP HMO and SHPS Managed Care.

**SHP HMO Manual:** [www.scrippshealthplan.com/provider-information](http://www.scrippshealthplan.com/provider-information)

**SHPS Managed Care Manual:** [www.scrippshealthplanservices.com/providers](http://www.scrippshealthplanservices.com/providers)

### *Language Assistance Program (LAP)*

SHPS is committed to promoting the health and well-being of every member by understanding and responding effectively to unique cultural and linguistic needs.

State and federal law requires that health plans establish a **Language Assistance Program (LAP) for limited English proficient (LEP) 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 (5) days prior to an appointment. Should an interpreter not be available for face-to-face services, health plans can also make

arrangements for telephone interpreting services. Scripps Clinic and Coastal providers also have access to interpreters through in-office **Blue Phones**.

For SHPS Managed Care members, you can contact SHPS Managed Care Customer Service at **(888) 680-2273** for assistance in accessing language services for a member through the member’s health plan.

## ***Timely Access to Care***

SHPS is committed to maintaining **timely access to care for our members**. California law requires health plans to ensure their network of providers can provide members with an appointment that meets the following timely access standards:

<b>Urgent Appointments</b>	<b>Within</b>
Emergency Services	Immediately 24 hours a day, 7 days a week
Urgent services that <b>do not</b> require prior authorization (such as an urgent appointment with a PCP)	48 hours
Urgent services that <b>do</b> require prior authorization (such as an urgent appointment with a Specialist)	96 hours
<b>Non-Urgent Appointments</b>	<b>Within</b>
Primary Care Appointment	10 business days
Specialist Appointment	15 business days
Mental Health Appointment (non-physician)	10 business days
Ancillary Service Appointment (Lab, Diagnostic Imaging, Physical Therapy, etc.)	15 business days

### **Triage or Screening Services:**

- Telephone triage and screening services must be available to members 24 hours a day, 7 days a week.

- Callers with an emergency must receive instructions to hang up and call 911 or go to the nearest emergency room.
- The triage or screening wait time must not exceed 30 minutes.

## ***Non-discrimination in Health Care***

SHPS does not discriminate, exclude, or treat individuals differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

### **To assist members in accessing services, SHPS provides:**

- 1.** Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- 2.** Free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (e.g. large print, audio, accessible electronic formats).

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](mailto:SHPSAppealsAndGrievancesDG@scrippshealth.org)

Online: [www.scrippshealthplan.com](http://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

## **COVID-19**

As we continue to navigate the challenges associated with **COVID-19**, it is SHPS' priority to ensure a stable health care delivery system with adequate access for our members and appropriate resources for our providers. Below are some important reminders.

### **Cost-Sharing**

Provider offices are not to collect co-payments, deductibles, or co-insurance for SHP or SHPS members at the time of service where the purpose of the visit is to be screened and/or tested for COVID-19.

### **Timely Access to Care**

Medically necessary emergency services do not require prior authorization, regardless of whether provided by an in-network or out-of-network provider. Providers are not to unlawfully balance bill members.

### **Telehealth**

Members should be encouraged to use telehealth services for delivery of care, whenever medically appropriate, to limit their exposure to others who may be infected with COVID-19, and to increase the capacity of our providers for members needing direct patient care.

### **Vaccines**

The federal government will cover the cost of the COVID-19 vaccines themselves, however you may bill the administration of qualifying COVID vaccines with no cost sharing, to our claims department.

### **Mitigating Negative Health Outcomes**

In light of the pandemic, members are at greater risk for stress-related morbidity and mortality. SHPS encourages providers to employ the principles of [Trauma-Informed Care](#) to help mitigate the secondary physical and mental health impacts of COVID-19. Providers should utilize resources made available by members' health plans, as well as those available in the community.

## **CPT Coding and Guidance**

The American Medical Association (AMA) recently released CPT codes for the COVID-19 vaccine. The new codes are 91300 and 91301 for COVID-19 vaccines and 0001A, 0002A, 0011A, and 0012A for administration of the COVID-19 vaccines. These CPT codes are unique for each of two COVID-19 vaccines, and the administration codes are unique to each vaccine and dose. Information on COVID-19 CPT coding and guidance can be found on the AMA's [website](#).

Get more information about [COVID-19](#), including answers to FAQs and testing locations, from Scripps Health.

## **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.

If you have additional questions related to these CPT modifiers, please contact our Provider Relations Department for assistance.

## **Special Needs Plan Model of Care Training**

The Centers 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. Learn more about MOC training below.

Please click-on the links below to complete the annual Model of Care training for Health Net and SCAN:

[https://centene.zoom.us/rec/share/2p1sKrH56GRJWZ3i4mrTA\\_47XZq7eaa823IWqKJbnR0W6Y9mIzK\\_kpogkJUbqF77](https://centene.zoom.us/rec/share/2p1sKrH56GRJWZ3i4mrTA_47XZq7eaa823IWqKJbnR0W6Y9mIzK_kpogkJUbqF77)

<https://attendee.gotowebinar.com/recording/6596042132931943184>



## 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:

- |                             |   |                                   |
|-----------------------------|---|-----------------------------------|
| ✓ Name                      | ✓ Languages Spoken                      | ✓ Phone and Fax Numbers           |
| ✓ Address, City, State, Zip | ✓ License Expiration Date               | ✓ Practice Name                   |
| ✓ Board Certification       | ✓ Network Hospital Admitting Privileges | ✓ Practice NPI                    |
| ✓ CA License                | ✓ Network Tiers                         | ✓ Practice Tax ID                 |
| ✓ Contracted Plans          | ✓ Office Hours                          | ✓ Practitioner Type               |
| ✓ Group/IPA Affiliations    | ✓ Panel Status                          | ✓ Public Email Address (optional) |
| ✓ Individual NPI            |   | ✓ Specialty                       |

Update your information by completing a [Provider Demographic Update Form](#) located at: <https://www.scrippshealthplanservices.com/providers> under **Directory Updates**.

## Stay Connected

For questions or concerns related to prior authorization, claims, contracts, or any other operational functions, please contact us at:

- Email: [ProviderRelations@scrippshealth.org](mailto: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](http://www.scrippshealthplanservices.com)

[www.scrippshealthplan.org](http://www.scrippshealthplan.org)

All information included in this Newsletter can be found on our Scripps Health Plan Services Website