

Scripps Health Plan Services Managed Care Link

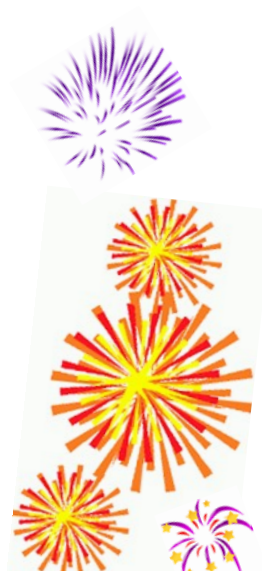


New Website Launched

ScrippsHealthPlanServices.com

Members, Providers and the public at large now have access to information about Scripps Health Plan Services at their fingertips! Check back often, as information will be updated and new resources published periodically. Providers resources include :

Provider Operations Manual	Newsletters and Forms
Provider Directories	Prior Authorization
Medical Management	Credentialing
Case Management	Claims



Electronic Funds Transfer (EFT)


EFT is now available through SHPS! The EFT Enrollment Form can be found at our new website:

<https://www.scrippshealthplanservices.com>

1. Prerequisite is being able to retrieve your ERAs (835 files) via one of our Clearinghouses, Office Ally or Change.
2. Download and complete the EFT Enrollment Form with signature and return to SHPS by fax (858) 260-5851, or scan and email to ProviderRelations@scrippshealth.org.
3. Once Vendor EFT is activated, paper Remittance Advice (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, that application can be found on the website as well!
5. Confirm your EFT is active, and contact Provider Relations to report any issues.

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compliance corner

January 1, 2020

This Update Applies to

Providers:

- Physicians
- IPAs/Medical Groups
- Hospitals
- Clinical Labs
- Imaging Centers
- ASCs
- SNFs
- LTAC Facilities

Lines of Business:

(All LOBs)

- Scripps Health Plan HMO
- Commercial HMO products
- Medicare Advantage products

Nondiscrimination in Health Care

Scripps Health Plan Services (SHPS) does not discriminate, exclude, or treat individuals differently on the basis of sex, sexual orientation, gender identity, national origin, ethnicity, religion, race, color, creed, nationality, primary-language, education, disability, age, or any other individually definable factor.

Minorities Face More Disparities in Health Care

Racial and ethnic minorities have disproportionately higher rates of chronic disease and disability, higher mortality rates, and lower quality of care, compared to non-Hispanic whites. Even with expanded insurance coverage, racial minorities are less likely to receive needed behavioral health services comparable to whites. Health disparities exist beyond racial and ethnic groups; for example, individuals with lower incomes are more likely to experience preventable hospitalizations compared to individuals with higher incomes. Lesbian women are less likely to receive preventive cancer screenings than their heterosexual counterparts¹, and men who have sex with men are less likely to have access to medical and behavioral health care than the general population of men.

Confronting Health Care Disparities

In recognition of these challenges, SHPS strives to provide effective, equitable, understandable, and respectful care & services that are responsive to the diverse needs of our members. SHPS respects individual cultural beliefs and supports health literacy, and other language access needs. 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 (large print, audio, accessible electronic formats, and other formats).

SHPS complies with the guidance set forth in the final rule for Section 1557 of the Affordable Care Act (ACA), which includes providing a notice of nondiscrimination and information for accessing language services in all significant Member materials. This Notice is translated in the top-15 non-English languages spoken in California.

SHPS Providers must also comply with the provisions and guidance set forth by the Department of Health and Human Services (HHS) and the Office for Civil Rights (OCR). SHPS requires that Providers deliver services without regard to sex, sexual orientation, gender identity, national origin, ethnicity, religion, race, color, creed, nationality, primary-language, education, disability, age, or any other individually definable factor. This also includes expressions of gender identity, pregnancy and sex stereotyping. The Industry Collaborative Effort (ICE) for Health Care has prepared [*Cultural Competency Training for Healthcare Providers*](#), available here, tinyurl.com/y95cgt8x. Provider guidance on Section 1557 of the ACA and translated Notices are provided by the OCR on their website, tinyurl.com/yaqhbapc. Participating Providers and medical groups may not limit their practices because of a Member's medical (physical or mental) condition or the expectation for the need of frequent or high cost-care.

compliance corner

Provider Offices, Facilities, Equipment and Personnel

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). In July, 2010 the OCR published *Access to Medical Care for Individuals With Mobility Disabilities*, available here, tinyurl.com/y7jt72ql.

Reporting Complaints of Discrimination

If you or a member believe that SHPS has discriminated against an individual on the basis of race, color, national origin, age, disability, sex, or any other way, a grievance can be filed with Linda Pantovic, SHPS' Civil Rights Officer by email Pantovic.Linda@ScrippsHealth.org; by phone (844) 337-3700, TTY: (888) 515-4065; by fax (858) 260-5821; by mail or in-person:

Scripps Health Plan ATTN: Compliance
10790 Rancho Bernardo Rd. Mail Drop 4S-300
Rancho Bernardo CA 92127

The OCR accepts complaints of discrimination, electronically through the OCR Complaint Portal, available at ocrportal.hhs.gov/ocr/smartscreen/main.jsf, by phone (800) 368-1019, (800) 537-7697 (TDD), or by mail:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Section 1557 Investigations

SHPS' Civil Rights Officer is responsible for overseeing reports of discrimination. If a Member or Provider believes that SHPS has failed to provide language services or has discriminated against a Member or Provider in another way, the individual should be directed to contact the Civil Rights Officer. SHPS Providers are expected to disclose all complaints subject to Section 1557 of the Affordable Care Act to SHPS's Compliance Officer.

If you have questions regarding this Provider Update, Member Rights or SHPS' Nondiscrimination program, contact SHPSCompliance@scrippshealth.org. To update your provider contact information and for all other provider network inquiries, email ProviderRelations@scrippshealth.org.

Thank you for Partnering with Scripps – Promoting Health & Wellness, Together.

ⁱBuchmueller T., & Carpenter C.S. (2010). Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000–2007. *American Journal of Public Health*. 100(3), 489-495.

ⁱⁱMcKirnan, D.J., DuBois, S.N., Alvy, L.M., & Jones, K. (2012). Health care access and health behaviors among men who have sex with men: The cost of health disparities. *Health Education and Behavior*. Advance online publication. doi:10.1177/1090198111436340.

ⁱⁱⁱ45 CFR Part 92 – Nondiscrimination in Federally Funded Health Care Programs and Activities

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Connecting Members with Language Access Program (LAP) Resources

California Health & Safety Code Sections 1367.04; Title 28 CCR 1300.67.04; and Section 1157 of the Affordable Care Act require that health plans establish a Language Assistance Program (LAP) for Limited English Proficient (LEP) Members. A Language Access Program must, among other requirements, provide qualified medical interpreters and translators for Members who demonstrate limited English proficiency.

***Cultural and Linguistic Competence** is the ability of health care providers to understand and respond effectively to the cultural and linguistic needs of their patients.*

Provider Access to Language Services

Everything we do is to promote the health and well-being of our Members, and without regard to one's social or economic background. Under the law, 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 Members of Scripps Health Plan, contact SHP's Customer Service line by calling **(844) 337-3700**, or TTY **(888) 515-4065**. Scripps Clinic & Coastal providers also have access to interpreters through in-office **Blue Phones**.

Interpreter Services

Providers can request interpreters for LEP Members, including Members requiring an American Sign Language interpreter, by calling the Member's health plan. Face-to-face interpreter service requests must be submitted at least **(5) days** prior to an appointment. Please note that even with prior notice, interpreters for face-to-face services may not be available for all languages. Should an interpreter not be available for face-to-face services, health plans can also make arrangements for telephone interpreting services. Be prepared to provide the following information to connect you with the most appropriate resource:

- Member name, Member ID, and date of birth
- Age, gender, nationality and regional dialect (to help interpreters provide culturally appropriate interpretation)
- Appointment date and time, office location, Provider name, and type of appointment (e.g., OB/GYN, post-acute stay, follow-up, preventive care, etc.)
- **For Phone Interpretation:** Phone Number – this is the number the interpreter will call your office for a scheduled appointment

Requesting LAP Resources

Below is a list of LAP contact information for Scripps Health Plan and our contracted health plans.

Health Plan	Interpreter and Translator Access Numbers
Anthem Blue Cross (Commercial)	(800) 407-4627 After business hours, call the 24/7 Nurse Line at (800) 224-0336
Anthem Blue Cross (Medicare Advantage)	(855) 816-3087
Blue Shield of California	(866) 346-7198 (209) 371 5838 (fax requests for written translation)
Blue Shield – Promise Health Plan	(877) 904-8195 (Access Code: 838600)
Cigna	(800) 806-2059 or (800) 244-6224
Health Net (Commercial)	(800) 641-7761 8am - 6pm M – F (800) 546-4570 (after hours)
Health Net (Medicare Advantage)	(800) 929-9224 8am - 5pm M – F Member Contact Number: (800) 275-4737 8am – 8pm
Health Net Cal Medi-Connect	(855) 464-3572 24hrs / 7 days
SCAN	(800) 559-3500 8am – 8pm
Scripps Health Plan (SHP)	(844) 337-3700 8am - 5pm M - F
UnitedHealthcare	(866) 270-5785 7am – 7pm M – F (877) 261-6608 (after hours)

You can also contact SHPS Managed Care Customer Service (for non-SHP HMO Members) at **(888) 680-2273** for assistance in accessing language services for a Member through the Member’s health plan.

Promoting Appropriate Language Assistance in Provider Offices.

Office staff should ask patients, “what is your preferred language?” during registration or when scheduling an appointment. Providers should consider the use of an “I Speak . . .” poster or card and maintain language preferences in patient medical records. Providers may also consider leaving after-hours messages in the predominant non-English language of their patients. **Free** Provider Cultural & Linguistic Resources are available on the ICE website, including a Provider Toolkit for Caring for Diverse Populations, here tinyurl.com/y7ncokj6.

When using a Phone or Live Interpreter, remember to speak to the patient directly, at an even pace and in short sentences. Avoid run-on or complicated sentences, sentence fragments, idiomatic expressions, or asking multiple questions at one time. ***Unless insisted upon by the patient, it is never okay to rely on friends or family members, especially minor children, for interpretation.***

If you have questions regarding this Provider Update, SHP’s Language Access Program, or any other language or interpreter service inquiries, email SHPSCompliance@scrippshealth.org. To update your provider contact information and for all other provider network inquiries, email ProviderRelations@scrippshealth.org.

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
- ◆ Address, city, state, ZIP
- ◆ Practitioner type
- ◆ Board certification
- ◆ License’s expiration date
- ◆ Provider languages spoken
- ◆ Networks Tier
- ◆ Accepting patients status
- ◆ Practice name
- ◆ Practice TIN
- ◆ Public email address (not required)
- ◆ Phone and fax
- ◆ Specialty
- ◆ CA license number
- ◆ NPI individual
- ◆ Office hours
- ◆ Contracted Plans
- ◆ Group/IPA affiliations
- ◆ Practice NPI
- ◆ Network hospital admitting privileges

Update your information by completing a **Provider Demographic Update Form** located at <https://www.scrippshealthplanservices.com/providers> under “Directory updates”.

Scripps Care (Plan) Link

*Say hello to **Scripps Care Link**, an online provider web portal!*

SCRIPPS HEALTH PLAN (HMO): Users can verify eligibility for Scripps Health Plan Members as “the source of truth”, check the status of your referral requests and claims, retrieve remittance advice, and send messages. Scripps Care Link is conveniently accessible 24/7 to active users.

ALL OTHER SHPS HEALTH PLANS: All the same features with the exception of member eligibility, as *the member’s health plan is always the source of truth.*

Easily apply for access by going to our SHPS website: <https://www.scrippshealthplanservices.com>

1. Click on “Provider Resources”
2. Scroll down to “Request Access to Scripps Care Link” and follow the simple steps.

PLEASE NOTE: If you use a billing company, have them complete the application to request access.

****NEW FEATURE** Guest Claims Search Option**

Third Party Billers now have the ability to view claims without having to log into our Epic Electronic Health Record by utilizing a link on the login page. This feature allows **limited view-only** access with specific look-up information. Go to https://scrippscarelink.org/EpicCareLink/common/epic_login.asp, and click on “Check Claim Status”

managed care operations

Utilization Management

Referrals

◆ Entering Referrals in Epic

“Urgent” requests are for situations where there is *risk of life or limb*. When you mark a referral request as urgent when it’s really “Routine”, you are bogging down the system and causing further delays in the process. Please use “Urgent” designation responsibly.

If you have access to Scripps Care Link, referral change requests should be submitted via In-basket Messaging and not fax. Conversely, home health requests for additional visits is a new referral.

◆ Genetic Testing

All genetic testing requires a physician order and an approved referral before specimen is sent to a SHPS contracted lab. Providers can call **Scripps Health Lab Client Services at (858) 554-9552** for questions regarding contracted vendors. Hours are Monday thru Friday, 6:00 am to 5:30 pm and Saturdays, 6:30 am to 3:00 pm..

◆ Home Health **Alert**—Non-Routine Supplies

Routine supplies such as bandages, KY Jelly, creams and salves, cotton balls, alcohol wipes, gauze pads, gloves, ABD’s, tape, betadine wipes, peroxide, and syringes included in the visit rate and to be supplied by the Home Health Agency at no additional charge.

Should non-routine specialized supplies be required, i.e. wound care and ostomy supplies, the agency will need to contact the Ordering Physician to request they provide a physician’s order in addition to entering a referral to a SHPS contracted provider for the specialty supplies. If the Home Health Agency provides the supplies, they can bill SHPS invoice cost (with a copy of the supplier’s invoice) - please check your SHPS contract for this provision.

Reminder from Finance

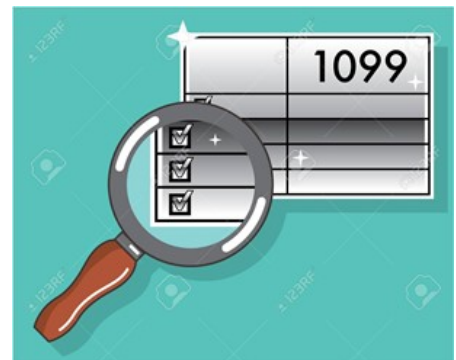
It’s Tax Season!

Expecting a 1099 from Scripps Health Plan Services? Please ensure we have your most current information on file by submitting a current and completed W-9 Form. Obtaining a blank W-9 Form is easy! The form is conveniently located on the IRS website and includes instructions. Just type this link into your web browser and download the form:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Be sure to follow the instructions to complete each of the fields. Email completed forms to ProviderRelations@scrippshealth.org. Consult with your tax preparer for any questions.

We anticipate 1099s to be mailed by the end of the month.



for your information

Provider Reminders

- ◆ **Reporting Changes in Status**
 - ◆ Providers are required to report to SHPS any changes, such as Entity Name, TIN, NPI, licensure, insurance coverage, legal actions, bankruptcy, corporate and ownership information, office locations, provider adds and terminations.
- ◆ **Transportation Reminder**
 - ◆ Ambulance transportation of Scripps patients should be coordinated by calling:
Scripps Medical Transportation at (858) 492-3656.
- ◆ **Reminder for Specialists**
 - ◆ Reminder to providers to fax clinical reports and visit notes back to PCP.
- ◆ **Radiology and Imaging**
 - ◆ Scripps members should be referred to Scripps facilities for radiology and imaging services. For a list of Scripps free-standing radiology and imaging facilities, please refer to our Scripps Health Plan website.
- ◆ **Reminder for Physical Therapy Providers**
 - ◆ PT providers please be sure to fax discharge notes to members PCP office once patient is discharged and completed services.

Acronyms In this Issue

“ADA”	Americans with Disabilities Act	“LEP”	Limited English Proficient
“EFT”	Electronic Funds Transfer	“PCP”	Primary Care Physician
“ERA”	Electronic Remittance Advice	“NPI”	National Provider Identifier
“HHS”	Dept of Health and Human Services	“OCR”	Office for Civil Rights
“ICE”	Industry Collaboration Effort	“RA”	Remittance Advice
“IRS”	Internal Revenue Service	“SHPS”	Scripps Health Plan Services
“LAP”	Language Assistance Program	“TIN”	Tax Identification Number

Contact Us

For questions or issues related to prior authorization, claims, contracts and all other operational issues:

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