

Scripps Health Plan Services Newsletter

SEPTEMBER 2021-THIRD QUARTER EDITION

Medical Management Surveys

As in years past, Scripps Health Plan Services (SHPS) will be emailing you to request your feedback in completing a Provider Satisfaction Survey. This is your opportunity to tell us how we're doing and how we may improve our Utilization Management (UM) services for you and your offices. You may expect to receive the survey beginning in October 2021. Please be on the look-out, your feedback is encouraged and appreciated. Your survey response will remain anonymous.

Access to Care Surveys

Scripps Health Plan (SHP) is committed to maintaining timely access to care for members. As part of SHP Quality Management (QM) Program, SHP performs **three surveys each year** to assess compliance with statutory timely access standards and monitors opportunities for improving access to care. The 3 surveys conducted annually are the Provider Satisfaction Survey, noted above, the Provider Appointment Availability Survey (PAAS) and the After-Hours Survey.

These surveys are being conducted from **now until the end of December 2021** and are an opportunity to assess adherence to appointment access and availability standards set forth by the Department of Managed Health Care (DMHC). SHP's QM Program is obligated to survey you as a network provider, your response is required.

Sutherland, our third-party vendor, will initiate the Access to Care surveys via email, fax, or phone. If after a couple of attempts and a survey response is not submitted, you may expect a Corrective Action Plan (CAP). For those found to have not met the access standards, these too will result in a CAP. Thank you in advance for your participation.

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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.

Special Needs Plan Model of Care Training

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.

Please contact HealthNet directly regarding their MOC training that is coming up in early October 2021. (The MOC training link will be made available in the December-4th quarter newsletter.)

Please note that attendance for Groups with Special Needs Plan members is **mandatory**.

Please click-on the link to complete the annual MOC training on September 20, 2021 for SCAN: [SCAN MOC](#)

Referral Approval or Denial Reviews

Please be sure to look in the body of your referral letter for the medical reviewer/medical director contact information to request a peer-to-peer review.

The following is an example of what you see in the letter:

“If the treating physician would like to discuss this case with the physician or health care professional reviewer or obtain a copy of the criteria used to make this decision, please call Luigi Simone, MD at 858-927-5798.”

You will also find the information for the appeals process in the body of your denied referral letter. The process can vary, depending on the health plan.

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 Provider Relations for assistance.

Electronic Funds Transfer

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.
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

SCRIPPS CARE LINK

Scripps Care Link is our SHPS online web portal where you can check Scripps Health Plan member eligibility, enter referral requests, check the status of your referral requests and claims. You can also retrieve remittance advices.

Click below for Scripps Care Link application:
[SHPS Website](#)

If your office uses a billing company, please have them reach out to providerrelations@scrippshealth.org to inquire about access.

Authorization Change Request Form

NO LONGER IN USE

We can no longer add codes to referrals that are finalized.

Changes can be requested via Scripps Care Link, by calling SHPS Customer Service, 888-680-2273, or by submitting a new request.

Our SHPS Customer Service reps can make provider changes to:

1. Change location if it's from one Scripps site to another Scripps site.
2. Extend referral date 30 days (back or forward).

New authorization requests are needed for:

1. Adding CPT codes and changing location to a non-contracted provider.
2. Changing "Refer to" provider to a difference individual provider or outside facility. i.e., changing Scripps Rancho Bernardo to UCSD or to I.H.S.

Plan Link User CRM Update – Now three subtopics for inquiries

The screenshot shows a CRM interface with a 'Primary Information' header. Below the header, there are search fields for 'Source Type' (Patient) and 'Patient' (Tapestry, Veronica). There are also search fields for 'Subject Type' and 'Subject'. The 'Topic' is set to 'Scripps Care Link User Inquiry'. The 'Subtopic' field is highlighted in yellow. Below the subtopic field, there is a table with three rows:

Title	Number
Authorization Questions - DME	164724
Authorization Questions - General	164649
Authorization Questions - Home Health	164725

A red arrow points to the 'Authorization Questions - General' row.

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

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

2021 Matrices - Institutional and Professional



SHPS Matrix 2021 INSTITUTIONAL Effectiveness



SHPS Matrix 2021 PROFESSIONAL Effectiveness

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.

Vaccinating individuals with high-risk health conditions and/or disabilities and those who lack transportation or who are homebound is a priority. Members in need of an in-home vaccination or transportation to a vaccination site should be referred to the [MyTurn online appointment request system](#) or the California COVID-19 Hotline at 1-833-422-4255.

Please refer to the current [CDC guidance](#) for details on which individuals may be eligible for additional doses of the COVID-19 vaccine.

For more COVID-19 related information , including FAQs and testing visit [COVID-19](#)

OIG/GSA/State Exclusion Checks

SHPS is prohibited from hiring, contracting, or making payments to any person or business that is excluded or debarred from federal health care programs. All applicable individuals and entities, including providers, are checked against the [Office of Inspector General \("OIG"\)](#) and [General Services Administration \("GSA"\)](#) federal exclusion lists and the [consolidated State of California Medi-Cal Suspension Lists](#) prior to hire or contracting, and monthly thereafter.

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

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:

<https://www.scrippshealthplan.com/sparkle-assets/documents/provider-operations-manual.pdf>

SHPS Managed Care Manual:

www.scrippshealthplanservices.com/providers

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 (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**.

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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