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Your First Point of Contact Provider Contact Center

Hours: Monday - Friday,
8:00 a.m. - 4:30 p.m. (Central Time)
Closed from 12 noon - 1 p.m.
Phone: 1-888-633-4055 (toll free)

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Substance Use Disorder (SUD) Providers Required to Enroll

Providers required to enroll by January 1, 2024

The following SUD providers are required to enroll in the [1115 Demonstration](#) by January 1, 2024:

- Minnesota residential treatment providers licensed by the Minnesota Department of Human Services (DHS) and enrolled in Minnesota Health Care Programs (MHCP).
- Minnesota withdrawal management providers licensed by DHS and enrolled in MHCP.
- Out-of-state residential SUD providers enrolled in MHCP.

Providers required to enroll by January 1, 2025

The following SUD providers are required to enroll in the demonstration by January 1, 2025:

- Minnesota nonresidential treatment providers licensed by DHS and enrolled in MHCP.
- Hospital-based residential treatment providers licensed by DHS and enrolled in MHCP.

Tribally licensed providers may elect to participate in the demonstration.

These enrollment requirements are according to [Minnesota Statute 256B.0759, subdivision 2](#). Send an email to 1115demonstration.dhs@state.mn.us if you have questions or would like assistance in completing your enrollment application.



Final Phase of Electronic Visit Verification Implementation

DHS will start the final phase of Electronic Visit Verification (EVV) implementation on October 16, 2023. During Phase 4, all home health providers will start to use EVV exclusively. DHS sent welcome letters to affected providers that included next steps for working in their chosen EVV system.

For more information, go to: [Final phase of EVV implementation starts in October.](#)

The Importance of Practitioner Credentialing and Organizational Assessment

Practitioner credentialing and organizational assessment is crucial for patient safety and is a requirement for South Country Health Alliance (South Country) to meet regulatory requirements mandated by DHS, Minnesota Statutes and The National Committee for Quality Assurance. It is a requirement as part of your contractual agreement with South Country and if not adhered to may result in termination of your contract.

Practitioner credentialing is the process by which South Country reviews and evaluates the qualifications and other relevant information pertaining to a practitioner subject to credentialing who seeks to provide services to South Country members and who wish to participate under a contract with South Country.

- Credentialing **is required** for practitioners who have an independent relationship with South Country including, but not limited to, physicians, physician assistants, chiropractors, doctors of osteopathy, doctors of podiatric medicine, nurse practitioners, optometrists, psychiatrists, doctoral or master level mental health and substance use disorder practitioners licensed by the state to practice independently.
- Credentialing **is not required** for practitioners under a contract with a hospital and who practice exclusively in an inpatient hospital setting (e.g., pathologists, anesthesiologists, emergency room physicians, hospitalists and radiologists); practitioners who practice solely in freestanding facilities such as surgical centers; and practitioners who provide services under the direct supervision of another practitioner.

Organizational assessment is the process focused on verification of adequate licensure and competence of an organizational provider to ensure the facility meets acceptable quality standards for rendering care to South Country members.

- Organizational Assessment **is required** for health care facilities such as hospitals, skilled nursing facilities, free standing ambulatory surgical centers, home health care agencies and inpatient, residential and ambulatory/community mental health facilities.
- Organizational Assessment **is not required** for facilities where contracts and payments are made to individual practitioners or groups of practitioners such as primary and specialty care clinics.

South Country requires the completion of practitioner credentialing and/or organizational assessment prior to providing services to South Country members. If a new contract with South Country has been established, the contract will not be activated until credentialing and/or organizational assessment is completed. Recredentialing/re-assessment is required to be completed every 36 months thereafter.

It is critical that you report to South Country any changes your organization has with credentialing staff contacts to receive notification requesting required credentialing and organizational assessment documentation and information. Please send any credentialing updates or questions to South Country's Credentialing Supervisor Jeanette Horn at jhorn@mnscha.org.



Adult Dental Benefits Expanding in 2024

South Country adult members will soon be eligible for more oral health services.

Beginning in 2024, Minnesota is set to join twenty-six other states in offering extensive dental benefits for adults.

Due to Minnesota legislative action adult members will be eligible to receive medically necessary dental services, just like children and pregnant women. The current limited dental benefit set for non-pregnant adults excludes molar root canals, general anesthesia and orthodontia. These services and others will be covered, effective January 1, 2024.

Updates will be made available in [South Country's Provider Manual](#), Chapter 20 Dental Services.



Annual Compliance Requirements and Disclosure of Ownership

South Country requires all organizations that contract with South Country to comply with all applicable federal and state laws and regulations. To ensure compliance, South Country requires all organizations to complete an annual compliance attestation and disclosure of ownership form no later than December 31, 2023.

ANNUAL COMPLIANCE ATTESTATION

The Centers for Medicare & Medicaid Services (CMS) requires that South Country implement an effective compliance program that meets the regulatory requirements outlined at 42 C.F.R. §§422.503(b)(4)(vi) and 423.504(b)(4)(vi). South Country maintains the responsibility for ensuring first tier, downstream and related entities (FDRs) comply with Medicare program requirements. South Country is requiring all FDRs who provide health or administrative services in connection with South Country's Medicare Advantage programs to attest that they are in compliance with the requirements annually by December 31, 2023. The attestation is attached to the FDR Compliance Program Guide that was sent to providers in June 2023 or is also available by visiting www.mnscha.org and selecting FDR Compliance.

DISCLOSURE OF OWNERSHIP

DHS and CMS require health plans, including South Country, to ensure that network providers/delegated entities submit documentation of their ownership and control interests (conflicts of interests). South Country has developed a standard form that can be completed and submitted electronically no later than December 31, 2023. Please access the form through our Provider Portal or by visiting www.mnscha.org and selecting Forms. If you have already completed a similar form for another Minnesota health plan in 2023, you may send us a copy of that form rather than duplicating the information using our form. If you have any questions or concerns regarding the annual compliance requirements or the Disclosure of Ownership form, please email us at compliance@mnscha.org.

Thank You For Your Continued Renewal Process Help

South Country would like to thank you for your continued help in communicating the eligibility renewal process to the 1.5 million Minnesotans who rely on the state's public health care programs for their health insurance. Through January 2024, Minnesotans on Medical Assistance and MinnesotaCare who need extra time and support will have an additional month to turn in their renewal paperwork. Medical Assistance is Minnesota's Medicaid program.

The extensions will help prevent renewal paperwork issues that cause eligible enrollees to lose their health insurance and access to health care and prescription medicine.

- If the previous deadline to renew coverage was Aug. 31, 2023, the new deadline is Sept. 30, 2023.
- If the previous deadline to renew coverage was Sept. 30, 2023, the new deadline is Oct. 31, 2023.
- If the previous deadline to renew coverage was Oct. 31, 2023, the new deadline is Nov. 30, 2023.
- If the previous deadline to renew coverage was Nov. 30, 2023, the new deadline is Dec. 31, 2023.
- If the previous deadline to renew coverage was Dec. 31, 2023, the new deadline is Jan. 31, 2024.

The federal government is supportive of states seeking one-month delays to target enrollees who have not returned renewal paperwork. People are still urged to send in their renewal forms and any required documentation as soon as possible to keep insurance coverage.

State, county and tribal workers have resumed eligibility checks for people on Medical Assistance and MinnesotaCare in monthly batches following a pause during the COVID-19 pandemic. Visit mn.gov/dhs/renewmycoverage for more information about Medical Assistance and MinnesotaCare renewals, including how to get free help filling out forms.

Preparing for Inclement Weather

Although Fall has just begun, we know that weather in Minnesota can change quickly. Now is the time to prepare and plan for inclement weather conditions. Non-emergency medical transportation (NEMT) providers should make sure their vehicles are ready for winter travel to ensure that South Country members are safe when being transported to and from their health care appointments.

South Country would like to highlight a section of our Provider Manual regarding the process that NEMT providers must follow when the weather affects their ability to provide scheduled transportation.

Providers may decline transporting members when they feel it is unsafe to travel due to inclement weather. The safety of our members is a top priority and should be considered when deciding whether to transport during times of inclement weather. Special consideration must be given to urgent requests such as but not limited to dialysis, chemotherapy, radiation and hospital discharges.

Providers must make every effort to complete all agreed upon transportation services and return members they took to an appointment to their place of residence before inclement weather limits their ability to transport the member safely. It is the NEMT provider's responsibility to notify the member(s) and South Country RideConnect immediately if they cannot complete transportation services due to inclement weather.

Please review [South Country's Provider Manual](#), Chapter 27 Transportation Services for more information.

Blood Lead Screening Guidelines For Minnesota

(Latest Revision December 2022)

The *Childhood Blood Lead Screening Guidelines for Minnesota* was officially released in March 2000. The *2022 Revision* was updated based on research and feedback from a multi-disciplinary workgroup consisting of health care and public health professionals, professional health care associations and other relevant partners. These screening guidelines now recommend universal blood lead testing of all children in Minnesota at 12 and 24 months of age and targeted blood lead testing for children ages 25 months through seventeen years. These screening guidelines include both a three-page summary and a longer reference manual. For more details visit [Blood Lead Level Guidelines - MN Dept. of Health \(state.mn.us\)](#).



Endoscopy Reduction Rules Changes

Effective August 14, 2023, multiple endoscopy reduction rules will be implemented in the South Country claims editing system for members enrolled in Families and Children (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+) and Special Needs BasicCare (SNBC). These rules will match those currently in effect for South Country SeniorCare Complete (MSHO D-SNP) and AbilityCare (HMO D-SNP) members.

If you have questions, please call the Provider Contact Center at 1-888-633-4055.

Additional update to South Country's Coordination of Benefits

In accordance with Minnesota Statute 256B.37 subd. 5a, South Country has implemented the following reimbursement change; effective for claims processed on or after July 1, 2023, If South Country has secondary financial responsibility for covered services, South Country shall limit our reimbursement to the Provider to the lesser allowed amount from either the primary payer or South Country.

Fraud, Waste and Abuse

Health care fraud and abuse is a serious concern for the entire health care industry. South Country detects and investigates all allegations of fraud, waste and abuse. If you are aware of or suspect fraud, waste, or abuse, you may report it in any of the following ways:

- Submit a report to compliance@mnscha.org;
- Submit a report to South Country at 1-866-722-7770 (toll free); or
- Submit an anonymous report to “Report-it” at 1-877-778-5463 or online at www.reportit.net (login is South Country, password is Owatonna).

South Country is required to comply with all state and federal program integrity requirements and refer suspected fraud to the Minnesota Department of Human Services, the federal Health and Human Services Office of Inspector General (OIG) and law enforcement. South Country has the authority to seek monetary recovery and to administer sanctions concurrently.

For more details, please review [South Country’s Provider Manual](#), Chapter 8 Fraud and Abuse.

Clinic Complaint Reporting Process

What does your data show for South Country member Quality of Care (QOC) complaints?

With the mid-year behind us and the next quarterly reporting period fast approaching in October, it is an opportune time to review your South Country member QOC complaint (grievance) data and your provider responsibilities related to this.

As a reminder, South Country contracted providers are required to report South Country member QOC complaints data that originates at the provider level to South Country on a quarterly basis (Minnesota Rule 4685.1110 Subpart 9(C)).

Information on this process is outlined in [South Country’s Provider Manual](#), Chapter 9 Clinic Complaint Reporting Process.



You may want to consider using this **SAMPLE CHECKLIST** for the upcoming Q3 reporting period.



If you have not submitted any reports to South Country for Q1 and/or Q2 (indicating you have zero complaints for the quarter), have you performed an internal quality review of your data and records to ensure you have not overlooked or missed any South Country member complaints (grievances) that need to be investigated and reported to South Country?

STAFF TRAINING:

Staff who use and need this information have received training on, and are knowledgeable about, South Country’s Chapter 9 Clinic Complaint Reporting Process, the applicable State laws and any of your related internal policies, procedures and processes.

STAFF COMPLIANCE:

Staff appropriately follow these policies, procedures and processes.

Complaints received from South Country members are reported to South Country no later than 30 days after the end of each quarter.

REPORTING:

If using South Country’s online Form #4458, all fields are complete and accurate.

If using your own facility form to report to South Country, the form includes all the necessary information.

Direct care staff who receive patient complaints are escalating these issues through the appropriate channels (e.g. random or focused quality reviews of patient medical records shows no evidence of patient complaints that have gone unreported, etc.).

DATA VALIDATION:

All quarterly reported data is accurate.

Diabetes and Hypertension Management Category 2 CPT Codes

What are Category 2 Current Procedural Terminology (CPT) codes?

Category 2 CPT codes (CPT 2) are supplemental tracking codes used to measure performance and improve patient care. These are intended to facilitate data collection for measuring the quality of care provided. By coding certain services and test results that support nationally established performance measures, CPT 2 codes have an evidence base as contributing to quality patient care in areas such as optimal diabetes care (including hemoglobin A1c control), hypertension management and timely cancer screenings.

Scenario Checks

Below are a few opportunities to use CPT 2 codes to improve quality of care and patient overall health and well-being.

Scenario 1:

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| Scenario | 70-year-old female in for follow-up and pre-op visits for planned left knee surgery with past medical history of diastolic heart failure and Type 2 diabetes, as well as chronic pain. Pre-op visits are ideal for recording CPT 2 codes since patients need to be cleared for surgery. |
| Possible Hypertension Related CPT 2 Codes | If most recent <i>diastolic</i> blood pressure is: <ul style="list-style-type: none"> • Less than 80 mm Hg, use 3078F • Between 80-89 mm Hg, use 3079F • Greater than or equal to 90 mm Hg, use 3080F If most recent <i>systolic</i> blood pressure is: <ul style="list-style-type: none"> • Less than 130 mm Hg, use 3074F • Between 130-139 mm Hg, use 3075F • Greater than or equal to 140 mm Hg, use 3077F |
| Possible Diabetes Related CPT 2 Codes | If most recent hemoglobin A1c is: <ul style="list-style-type: none"> • Less than 7.0%, use 3044F • Between 7.0% and 8.0%, use 3051F • Greater than 9.0%, use 3046F |
| Patient Benefit(s) | Both the surgeon and primary care physician can track and monitor patients' blood pressure and hemoglobin levels to ensure stability post-surgery. |

Scenario 2:

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| Scenario | 66-year-old male for diabetes checkup and blood pressure checkup with blood sugar logs to be reviewed. Member is on amlodipine which was recently added. Medication changes and follow-up are also ideal times to record CPT2 codes. |
| Possible Hypertension Related CPT 2 Codes | If most recent <i>diastolic</i> blood pressure is: <ul style="list-style-type: none"> • Less than 80 mm Hg, use 3078F • Between 80-89 mm Hg, use 3079F • Greater than or equal to 90 mm Hg, use 3080F If most recent <i>systolic</i> blood pressure is: <ul style="list-style-type: none"> • Less than 130 mm Hg, use 3074F • Between 130-139 mm Hg, use 3075F • Greater than or equal to 140 mm Hg, use 3077F |

Continued on next page.

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|---------------------------------------|---|
| Possible Diabetes Related CPT 2 Codes | If most recent hemoglobin A1c is: <ul style="list-style-type: none"> • Less than 7.0%, use 3044F • Between 7.0% and 8.0%, use 3051F • Greater than 9.0%, use 3046F |
| Patient Benefit(s) | Track patient’s self-logs and compare with blood pressure and hemoglobin levels done in office to identify discrepancies and integrate teaching methods (e.g., how to take your own blood pressure or hemoglobin levels and track them accurately). |

Scenario 3:

| | |
|---------------------------------------|---|
| Scenario | 58-year-old female seen for diabetes self-management and support with education. Member is treated with an insulin pump and has Type 1 diabetes. Medication changes and follow-up are also ideal times to record CPT2 codes. Diabetes management and education are useful times to get and record updated CPT 2 codes. |
| Possible Diabetes Related CPT 2 Codes | If most recent hemoglobin A1c is: <ul style="list-style-type: none"> • Less than 7.0%, use 3044F • Between 7.0% and 8.0%, use 3051F • Greater than 9.0%, use 3046F |
| Patient Benefit(s) | Track member’s hemoglobin levels to identify trends, quickly identify problems with insulin pump. |

As shown in the examples above, utilizing CPT 2 codes not only benefits patient care, but also impacts both medical and non-medical staff. Using CPT 2 codes reduces the workload for all staff because the tracking of patient metrics becomes an ongoing process, rather than an annual audit that requires staff to quickly respond to medical record requests, find patient records, and securely provide medical records to health plans. Using CPT 2 codes at the time of billing will reduce the amount of time and effort it takes for a provider’s office to respond to medical records requests, thus enabling providers to focus on their number one priority – their patients.

¹ Criteria for CPT® Category II codes. American Medical Association. <https://www.ama-assn.org/practice-management/cpt/criteria-cpt-category-ii-codes#:~:text=CPT%20Category%20II%20codes%20are%20supplemental%20tracking%20codes>

² Quality Measures HEDIS® Toolkit Measurement Year 2022. https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/2022_HEDIS_Quality_Measures_Tip_Sheet.pdf

³ Quality Measures HEDIS® Toolkit Measurement Year 2022. https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/2022_HEDIS_Quality_Measures_Tip_Sheet.pdf



CES Multiple Therapy Reduction Rules

Effective November 2, 2023, claims edit system (CES) multiple therapy reduction rules will apply to facility claims for members on Medicare.

Previously, these reduction rules were applied only to medical claims for Medicare members.

If you have questions, please call the Provider Contact Center at 1-888-633-4055.

Accurate Provider Information Needed

It is critical that we have accurate provider information in our system and that our directories contain correct information about your organization. Please communicate to us if your organization has had any changes to:

- Contracted entity/practitioner name;
- Contracted entity address;
- Billing address/Information;
- Contact information for contracting, billing or credentialing;
- Ownership;
- Tax ID or NPI/UMPI number;
- Add/removal of a contracted entity or practitioner;
- Add or remove services offered;
- Telephone/fax numbers;
- Directory email address;
- Web address;
- Organization hours; and
- Accepting new Medicare/Medicaid patients (yes or no).

CMS requires that we confirm this information directly with our contracted providers each quarter.

We request that you use the following forms to notify South Country of any changes:

- List changes on the Contracted Entity Change Update Form #5073.
- If you have added or terminated a location, please use the Contracted Entity Location Add/Remove Form #5079.

Both forms are located on our South Country Health Alliance website, under Providers/Forms/Contracted Providers, at <https://mnscha.org/>.

Forward these changes to us via email at providerinfo@mnscha.org, fax to South Country at 507-444-7774 or mail to South Country Health Alliance, Attn: Contracting, 6380 West Frontage Road, Medford, MN 55049. If you have any questions on this process, please reach out to our **Provider Contact Center at 1-888-633-4055**.

South Country provides our members with a current list of providers on our website with the [South Country Provider Online Directory](#) or other downloadable, printable directories.

Thank you for your assistance!

Our friendly Provider Network team would love to hear from you.

Tell us how we are doing - please take a minute or two to complete our [Satisfaction Survey](#).

Provider Resources

Provider Network News is a publication of South Country Health Alliance. For submission information or reprint permission, contact:

South Country Health Alliance
6380 West Frontage Road
Medford, MN 55049

South Country Health Alliance
Provider Manual, [Chapter 3 Provider Network Resources](#).

Email: ProviderInfo@mnscha.org

Visit us online at www.mnscha.org.
Click the Providers tab to find all the forms, instructions and other resources and information you need.

REPORTING: Fraud, Waste and Abuse

It is everyone's responsibility to report suspected fraud, waste and abuse.

You can report it by sending an email to the South Country compliance department at compliance@mnscha.org, by calling anonymously through our Report it hotline at 1-877-778-5463, or by visiting www.reportit.net.
Username: SCHA, Password: Owatonna

Did You Know?

The DHS website provides updates to personal care attendant (PCA) providers specifically for training requirements, both for individuals and for agency administration staff. [Visit the DHS PCA Provider Training webpage](#).

The image shows two forms from South Country Health Alliance. The top form is the 'Contracted Entity Update Form' (Form #5073) and the bottom form is the 'Contracted Entity Location Add/Remove Form' (Form #5079). Both forms include fields for provider information, contact details, and specific update or location change information. The forms are designed to be filled out by providers to report changes to their information in the system.