PROVIDER NETWORK NEWS

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Your First Point of Contact

Provider Contact Center

Hours: Monday - Friday,

 $8\!:\!00$ a.m. - noon and $1\!:\!00$ p.m. - $4\!:\!30$ p.m.

(Central Time)

Phone: 1-888-633-4055 (toll free)

Subscribe Today

Click the envelope icon to receive the Provider Network Newsletter and other provider communications by email.





IMPORTANT CHANGE EFFECTIVE JANUARY 1, 2025

Earlier this year, South Country Health Alliance's Kanabec County voted to withdraw their membership in South Country Health Alliance (South Country), as of January 1, 2025. As a result of this decision South Country will not be a plan option for qualifying individuals residing in Kanabec County for any of our current products: Medical Assistance (PMAP),

MinnesotaCare, Minnesota Senior Care Plus (MSC+), SingleCare, SharedCare (both SNBC programs), SeniorCare Complete (MSHO) and AbilityCare, both programs for dual eligible individuals. To ensure 2025 claims are processed quickly and accurately, please advise scheduling staff to verify new insurance coverage with patients previously enrolled with South Country Health Alliance.



Reminder: Minnesota Critical Access Hospitals Rate Sheets Requirement

Critical access hospitals (CAHs) are paid at a rate that is designated by Centers for Medicare & Medicaid Services (CMS) and based on each hospital separately. Payment for outpatient, emergency, and ambulatory surgery hospital

services provided by a CAH as designated under MN Stat. sec. 144.1483 are made on a reasonable cost basis under the cost finding and allowable costs determined under the Medicare program according to MN Stat. 256B.75(b). Every fiscal year the rates change for the providers, but these rates can also change quarterly or monthly as well.

Effective January 1st, 2025, South Country will begin denying claims if the most current rates on file were received more than one year ago. It is the provider's responsibility to submit CAH rates to South Country and update South Country with any changes to the rates prior to the submission of claims for that rate period. Once South Country receives the updated rates, please allow up to 15 business days for programming of the rates to be completed.

Providers should email or fax all CAH rate updates and changes to South Country on an annual basis at the following:

Email: schaclaims@primewest.org

Fax: 1-320-762-5956

All CAH claims will process with the current rates on file at the time the claim is received unless the rates on file were received more than one year ago, then the claim will be denied. Providers must send updated rates and resubmit the claim to be considered for reimbursement. South Country **will not reprocess** claims received prior to the date the change is made in our system.

Targeted Case Management Rates Update

Targeted Case Management (TCM) rates are updated annually – It is the provider's responsibility to provide a copy of your most recent TCM rate sheet to us. To ensure accurate reimbursement of your claims, please submit a copy of your most recent Minnesota Department of Human Services (DHS) Minnesota Health Care Programs (MHCP) targeted case management rate sheet to us at providerinfo@mnscha.org as soon as possible.

Transportation During Inclement Weather

Providers may decline transporting members when they feel that it is unsafe to travel due to inclement weather. The safety of the members is top priority and should be considered when deciding whether to transport or to provide a specific level of service during times of inclement weather. Special consideration must be given to urgent requests such as but is not limited to dialysis, electro-current therapy, chemotherapy, and radiation.

Providers must make every effort to complete all the transportation services rendered and return members they took to an appointment before inclement weather limits their ability to transport the member safely. The provider must notify the member(s) and South Country RideConnect immediately if they are unable to complete transportation services due to inclement weather.



HEDIS® Audit Coming Soon!

At the beginning of each year, like many health plans, South Country conducts their annual HealthCare Effectiveness Data and Information Set (HEDIS®) audit. As part of this audit, we request medical records from many providers, which supports your patients receiving the best quality of care. We are committed to ensuring this process is smooth and efficient. If your medical records contact or process to request medical records has changed in 2024, please contact Milly Stanton at mscha.org or call 507-431-3012. We thank you for your continued cooperation and patience; you have an important impact on our annual HEDIS® audit and the members we serve.

Medicare Advantage and Prescription Drug Plan - CAHPS

Consumer Assessment of Healthcare Providers & Systems (CAHPS)

Overview: CMS collects information about Medicare beneficiaries' experiences with, and ratings of, Medicare Advantage (MA) plans, Medicare Advantage Prescription Drug plans, and stand-alone Medicare Prescription Drug Plans (PDP) via surveys of beneficiaries who have been enrolled in their plans for six months or longer.

About the survey: The MA and PDP CAHPS Survey is administered annually to a large sample of MA and PDP beneficiaries using a mixed mode data collection protocol that includes two survey mailings and telephone follow up of non-respondents to the mailed questionnaire. Questions ask about ease of getting needed care and seeing specialists, getting appointments and care quickly, doctors who communicate well, coordination of members' health care services, health and/or drug plan provides information or help when members need it, ease of getting prescriptions filled, rating of health and/or drug plan, rating of health care quality, annual flu vaccine, and pneumonia vaccine.

We need your help providing the highest level of care to meet the needs of our members and supporting excellent outcomes on the survey.

Quality Improvement Projects

As a part of South Country's quality improvement projects, we have two focused studies, two performance improvement projects (PIPs) and two chronic care improvement projects (CCIPs) in 2025.

Focused studies:

Focused studies are improvement projects where we "focus" our efforts to improve the health outcome of a specific set of members.

Cervical cancer prevention screening – In this focused study we are working to get members ages 21-64, or as recommended by a provider, in to see their primary care physician for routine prevention screenings for cervical cancer and to improve on the early detection of cervical cancer.

Chlamydia screening – In this focused study we are working to get members who were identified as sexually active to complete a test for chlamydia screening annually and to consult their primary care physician for other recommended routine prevention screenings.

Performance improvement projects:

South Country is engaged in two performance improvement projects.

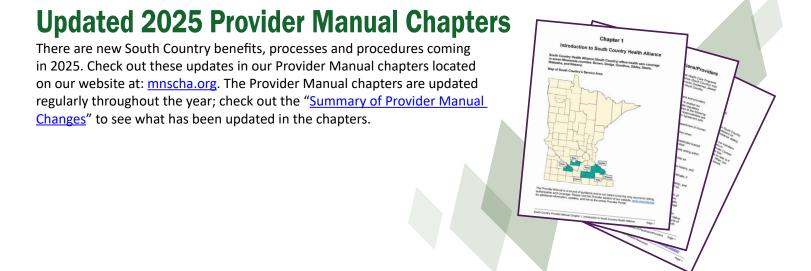
The first PIP focuses on addressing the comorbidities of diabetes and depression for the seniors in Minnesota Senior Health Options (MSHO) & Minnesota Senior Care Plus (MSC+) products and the Special Needs Basic Care (SNBC) populations.

The second PIP aims to promote a "Healthy Start" for children in the Families and Children (PMAP) and MinnesotaCare populations by focusing on and improving services provided to pregnant people and infants.

Chronic care improvement projects:

Cancer screenings for members — These projects work to increase the number of members who are up to date on their colorectal and breast cancer screenings for early detection and to increase the percentage of our members going in for health screenings as recommended by their providers and physicians.

South Country collaborates with providers and various external stakeholders on various projects and initiatives and is always open to new collaborative ideas and approaches to support our members' health and wellness. In 2025, we would like to continue adding new engagement with communities and providers in the performance improvement projects and request that you email quality@mnscha.org or call 507-431-6387 to discuss opportunities to work together.



Documentation Improvement Tips

Thorough documentation and accurate medical coding in medical records has become essential to optimizing a patient's clinical outcomes and ensuring appropriate payment to health care professionals.

Through chart reviews conducted by South Country staff, we identified several areas for provider documentation improvement.

Some examples of provider documentation best practices include:

- Document all cause-and-effect relationships.
- Clearly link complications or manifestations of a disease process.
- Include all current diagnoses as part of the current medical decision-making process and document them in the note for every visit.
- Only document diagnoses as "history of" or "past medical history (PMH)" when they no longer exist and are resolved. Some examples include the history of a myocardial infarction (MI) or history of a cerebrovascular accident (CVA).
- If a condition is historical, consider using terminology such as "resolved" instead of "history of". "History of" is an ambiguous phrase that could mean a condition was present years ago but is no longer present today or it could mean a condition was first diagnosed years ago and is still present today. Clarity is important for accurate coding and can be achieved by stating a status of resolved, currently stable, etc.

The following tips and reminders can be helpful in improving documentation and achieving accurate medical coding:

- Keep it Simple and try D.S.P.
 - o **Diagnosis** Document all current co-existing conditions that affect care and management of the patient.
 - o <u>Status and Support</u> Document the status of the diagnosis along with the pertinent physical exam and test results to support the diagnosis
 - o **Plan of Treatment** Document the plan of care which includes diagnostic tests ordered, follow-up recommendations and linking medication and supplies prescribed to the diagnosis.
- When documenting, use standard medical abbreviations only.
- Remember to document and code to the highest level of specificity. Avoid unspecified codes when they do not apply.
- When selecting a diagnosis code, "cheat sheets" or "favorites lists" should be used only for guidance. This is to avoid the habit of choosing a code out of convenience.
- Link the medication/supply with the corresponding diagnoses in the medication/supply list.

Improving documentation and achieving accurate coding on a member's medical record can improve the member's overall health status and prepare diagnosis-driven payment models.

If you have questions, please contact providerInfo@mnscha.org.

Find more information on the 2025 ICD-10-CM Coding Guidelines on the CMS website.

Thank You, Providers South Country would like to take this time to thank providers for their support, service and dedication to our members throughout the year. You are helping us make a difference in many lives. We wish you the very best for 2025!

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. CMS requires that we confirm this information directly with our contracted providers each quarter. 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;
- Telephone/fax numbers;

- Addition or removal of a contracted entity or practitioner;
- Addition or removal of services offered;
- Directory email address;
- · Web address;
- · Organization hours; and
- Accepting new Medicare/Medicaid patients (yes or no).

New forms to ensure accurate provider information!

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, use the Contracted Entity Location Add/Remove Form #5079.
- If you are changing any services at a particular location, use the Change of Services web form.

These forms are located on our South Country website, under Providers/Forms/ Contracted Providers, at https://mnscha.org/.

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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 <u>South Country Provider Online Directory</u> 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, <u>Chapter 3</u> 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.

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