

Provider Newsletter

www.SilverSummitHealthplan.com



PROVIDER
ANNOUNCEMENTS

QUALITY
IMPROVEMENTS

GUIDELINES
FOR PROVIDERS



silversummit
healthplan[™]

June 2024

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Partners in Health

Quarterly Provider Newsletter



From the desk of
Eric Schmacker

President and CEO
of SilverSummit
Healthplan

Hello! Welcome to our Q2 2024 Provider Newsletter.

We at SilverSummit Healthplan are working hard to make sure you are well informed on issues affecting our Members and your patients.

SilverSummit Healthplan employees take great pride in ensuring that our Members have access to high quality health care and that you as a provider have a more coordinated and frictionless experience working with us.

We appreciate the complexities of health care and the many issues that can arise providing health care services. Our team is devoted to ensuring we do our part to make the provider and member experience our highest priority.

Thank you for all you do and please feel free to reach out to us with any issues you may encounter. We look forward to serving you and our Members.

Provider Announcement

Working Together to Improve Accuracy in the Find A Provider Tool

We are committed to ensuring our Members have access to quality care from valued providers such as yourself. A key component of ensuring access to care is maintaining and displaying accurate data in our Provider Directory, so that our Members can find the right provider in the right location for their healthcare needs. To support that effort, SilverSummit Healthplan may periodically call your office and ask to validate our data. Please consider taking time to answer these calls and respond to the questions asked so that we can ensure our directory is as accurate as possible. Thank you for your partnership! <https://www.silversummithealthplan.com/members/medicaid/find-a-provider.html>



Focusing on Well Visits

As we start the new year, SilverSummit Healthplan is focused on helping our Members attend at least one well visit in 2024 (ages 3 through adult).

Medicare

Complete an Annual Wellness Visit (AWV) annually.

REVIEW:

- **Assess:** functional status (activities of daily living and instrumental ADLs), cognitive ability, pain, level of safety, risks for disease, health status, psychosocial and behavioral health
- **Review:** all medications, family and medical history, preventative care needs, advanced care planning
- **Complete:** routine measurements including height/weight/BMI, blood pressure, immunizations
- **Order:** recommended tests (screening for colorectal and breast cancer)
- **Conduct:** health risk assessment

Pediatrics – EPSDT (Early Periodic Screening, Diagnostics and Treatment)

Pediatric well visits follow the Bright Futures periodicity schedule (www.aap.org/periodicityschedule).

TIPS:

- Screen for physical, emotional, and social development. Include screening for depression starting at age 12.
- Provide anticipatory guidance at all stages and screen for safety including high risk activities for pre-teen and teens (smoking, alcohol and drugs, safe sex).

- Complete and document screening or counseling for physical activity and nutrition.
- Include physical assessments that include weight, height, and calculated BMI percentile appropriate for the child's age.
- For newborn through toddler ages: Complete at least 6 well child visits before 15 months of age, 16-30 months of age requires 2 well child visits.
- Childhood immunizations should be completed before age 2 to meet requirements for Pay-For-Performance. Schedule visits before the child turns two to complete all immunization series and receive credit. Immunizations included in this measure: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus, and 2 flu vaccines.

HEDIS® Measure Immunizations for Adolescents (IMA)

TO MEET THIS MEASURE:

Members need one Tdap, one Meningococcal conjugate and two HPV **before** they turn 13 years of age.

HPV: Start this series **at age 9** through 12 years of age as recommended by the American Academy of Pediatrics and the American Cancer Society.

In a 2-dose schedule of HPV vaccine, the recommended interval is 6–12 months, and the minimum interval is 5 months between the first and second dose. If the second dose is given earlier than 5 months after the first dose, your patient will need a third dose.

Quality Improvement

Connecting with your Provider Quality Liaison (PQL)

The Provider Quality Liaison (PQL) team has been working on developing new initiatives for all lines of business, including improving collaboration with our Provider Network, Risk Adjustment and Provider Engagement teams. Provider conversations have had a greater focus on annual wellness visits, well child visits, immunizations, prenatal/postpartum care and managing chronic conditions. Many resources are shared with the provider groups to assist them in improving performance for both HEDIS measures and member experience. Resources the PQL's share with the providers include, but are not limited to:

Reports

Providers receive quality reporting which reviews current STARS/HEDIS performance, open member care gaps, incentive program information, as well as trends over time. They typically receive these reports on a monthly basis.

Educational Resources

PQL's also share educational resources with provider offices. These resources inform the providers of new health plan updates, including resources the Health Plan has available to assist them with their quality needs. Some of these resources include:

- Path to 5 Stars - this document reviews the different measures for all lines of business. It shares information on how to close HEDIS care gaps, best practices, and commonly used codes for gap closure.
- Measure education (Measure of the Month) - one measure is chosen each month, and the PQL team educates the providers on best practices for closing that corresponding care gap, along with a list of Members who are non-compliant for that measure.

- *Missed Appointment Logs*

- *Member Rewards Updates*

- *Provider incentive Program Information*

- *Provider Forum Information*

- *Medical Records Submission Education*

- *Supplement Data Source Implementation Information*



Overall, the PQL team has been working diligently to continue to build relationships with our providers while providing them with the necessary education and support to help them effectively care for our Members. If providers have any questions, comments, or concerns, please reach out to the assigned PQL directly, or email the Provider Outreach email at NV_QIPProviderOutreach@azcompletehealth.com

Quality Improvement

Submitting Medical Records to the Health Plan to Close Gaps

Silver Summit Healthplan is committed to supporting our providers in reducing administrative burden and maximizing earning potential. It is important that you know your options for submitting records and/or allowing our team access to your Electronic Medical Record (EMR). We are accepting medical records for the following measures for MY24 HEDIS Off Season: AAP, BCS, BPD, CBP, CCS, CHL, CIS, COA, COL, EED, FUA, FUH, FUM, GSD (Formerly HBD), IMA, KED, OMW, PPC, TRC, W30, WCC and WCV.



Option 1:
Grant the Quality HEDIS Team Remote Access (EMR Access)

- Allow us to abstract medical records without the administrative burden of record requests.
- Please email NV_QIProviderOutreach@SilverSummitHealthPlan.com or connect with your assigned Provider Quality Liaison to set up this option.

****Preferred**



Option 2:
Email Medical Records Securely to our Quality HEDIS Team

- Send a secured email: NV_QIProviderOutreach@SilverSummitHealthPlan.com.
- This option allows for confirmation of receipt from Quality HEDIS Team.

****Preferred**



Option 3:
Fax Medicare Records to our Quality HEDIS Team

- Fax # 1-833-895-0386

****Preferred**



Option 4:
Secure SFTP

- Email a request to NV_QIProviderOutreach@SilverSummitHealthPlan.com and we will begin the process to set up a secure SFTP site to share records.
- If this method is used, we request an email NV_QIProviderOutreach@SilverSummitHealthPlan.com for each submission to let the SSHP Quality HEDIS Team know records were placed on the secure SFTP.



Option 5:
Schedule Onsite

- Contact us to schedule an onsite to pick up medical records.
- Please email NV_QIProviderOutreach@SilverSummitHealthPlan.com or request a pick-up with your assigned Provider Quality Liaison.



Option 6:
Secure Provider Portal

- Medical record submission is available via the secure SSHP provider portal.
- This option does not allow for confirmation of receipt by the SSHP Quality HEDIS Team.



University of Nevada, Reno
School of Medicine
 Project ECHO



Project ECHO Nevada presents

SBIRT FOR HEALTH PROFESSIONALS

The SBIRT for Health Professionals ECHO will provide community health professionals with the training and support they need to manage substance use issues within health settings using an SBIRT model.

Register for ECHO
 Here : rb.gy/b2up3z



The University of Nevada, Reno School of Medicine approves this program for six (6) hours of *AMA PRA Category 1*, LADC, Psychology, MFT/CPC, and Nursing Continuing Education Credit.



LAUNCHING JULY 15TH, 2024
12:00 - 1:00PM PST

DATES AND SUBJECTS

July 15th
 Program Orientation

July 22nd
 Screening

July 29th
 Brief Intervention and Motivational Interviewing

August 5th
 Implementation Planning

August 12th
 Medication Assisted Treatment

August 19th
 Referral to Treatment

Claims Information

Disputing a Claim: Requesting a Claim Reconsideration Made Easy

A **complaint** is a verbal or written expression by a provider that indicates dissatisfaction or disagreement with SilverSummit Healthplan’s policy, procedure, claims (including untimely payment of claims submitted for reimbursement), or any aspect of SilverSummit Healthplan’s functions. Providers may express complaint if they are aggrieved by any rule or regulation, policy or procedure, contractual agreement, or decision by the health plan. SilverSummit Healthplan logs and tracks all complaints whether received verbally or in writing. A provider has **60 days** from the date of the incident, such as the original remit date, to file a complaint. After the complete review of the complaint, SilverSummit Healthplan shall provide EOP to the provider within 30 calendar days from the received date of the Plan’s decision.



SUBMITTING A CLAIM FOR RECONSIDERATION CAN BE DONE IN THESE SIMPLE STEPS:

1 A Claim Review is an informal request from a provider (via phone, meeting or email) to evaluate how claims processed. A Claim Reconsideration is a formal request for additional payment submitted using the Plan’s secure portal or by mail.

2 Claim Reconsiderations submitted via the secure portal or mail must include sufficient identifying information which includes, at a minimum, the patient’s name, patient ID number, date of service, total charges, and provider name.

3 Claim Reconsideration documentation must also include a detailed description of the reason for the request. (coding denials will require medical records)

4 Visit our [Secure Portal](#) or mail to:

MEDICAID
SilverSummit Healthplan PO Box 5090 Farmington, MO 63640-5090

Ambetter from SilverSummit Healthplan
Attn: Request for Reconsideration PO Box 5010 Farmington, MO 63640-5010

Refer to SilverSummit Healthplan provider manual in your Provider Toolkit:
[Provider Quick Links | SilverSummit Healthplan](#)

Guidelines for Providers

Appointment Availability and Access Standards

SilverSummit Healthplan follows the availability requirements set forth by applicable regulatory and accrediting agencies. SilverSummit Healthplan monitors compliance with these standards on at least an annual basis and will use the results of appointment standards monitoring to first, ensure adequate appointment availability and second, reduce unnecessary emergency room utilization.

Type of Appointment	Scheduling Time Frame
Emergency Services	
Emergency Services	Shall be provided immediately on 24 hours/7 days a week with unrestricted access, to a qualifying provider in network or out of network
Primary Care Appointments	
Emergent Care	Same day care
Urgent	Within (2) calendar days
Routine Care	Within 2 weeks. The 2 weeks standard does not apply to regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequent than once every 2 weeks.
Specialist Appointments (For specialty Referrals to, Behavioral Health Services, physicians, therapists, vision services, and other diagnostic and treatment Providers) *Access available to a child/adolescent specialist if requested by the parent(s).	
Emergency	Same day, within (24) hours of referral
Urgent	Within (3) calendar days of the referral
Routine	Within thirty (30) days of referral
Prenatal Care Appointments <i>Initial prenatal care appointments must be provided for pregnant members as follows:</i>	
First Trimester	Within 7 calendar days of the first request
Second Trimester	Within 7 calendar days of the first request
Third Trimester	Within 3 calendar days of the first request
High Risk Pregnancies	Within three (3) calendar days of identification of high risk by SilverSummit Healthplan or by the maternity care provider or immediately if an emergency exists
Home Health, Private Duty Nursing and Personal Care Services <i>Initiation of ongoing services according to the Member's identified needs must be provided as follows:</i>	
Urgent Needs	Same day
Non urgent needs	Within fourteen (14) Calendar Days
Appointments to Maintain Efficacy of Treatment <i>(For conditions that are not urgent or emergent, but where treatments are more medically effective when delivered sooner than routine care (for example, physical therapy), services must be provided as follows:</i>	
Not urgent or emergent	Within fourteen (14) Calendar Days of the first request. or Within the timeframe recommended by the referring Provider.

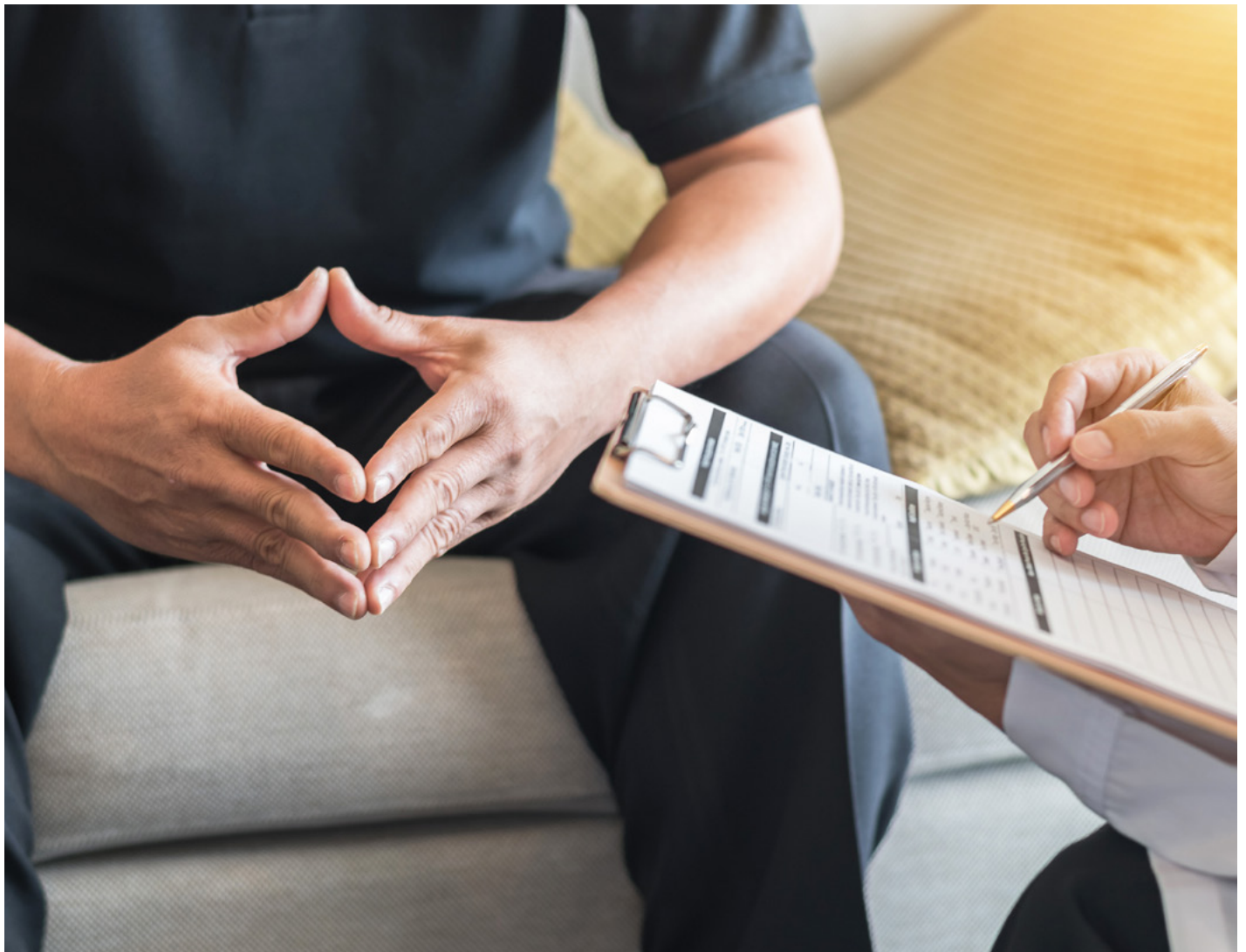
Guidelines for Providers

Office Wait Times

Unless the provider is delayed or unavailable due to an emergency, urgent case, serious problem or unknown patient need that requires more services or education than was described at the time the appointment was scheduled SilverSummit Healthplan Members shall not wait longer than one (1) hour for a scheduled appointment. This includes time spent in the waiting room and in the exam room. Providers are allowed to be delayed in meeting scheduled appointment times when they “work in” urgent cases, when a serious problem is found, or when the patient has an unknown need that requires more services or education than was described at the time the appointment was scheduled.

Hours of Operation

The provider must offer hours of operation no less than the operating hours offered to commercial members or comparable to Medicaid FFS members if the provider does not provide health services to commercial members.





FROM | **silversummit**
healthplan

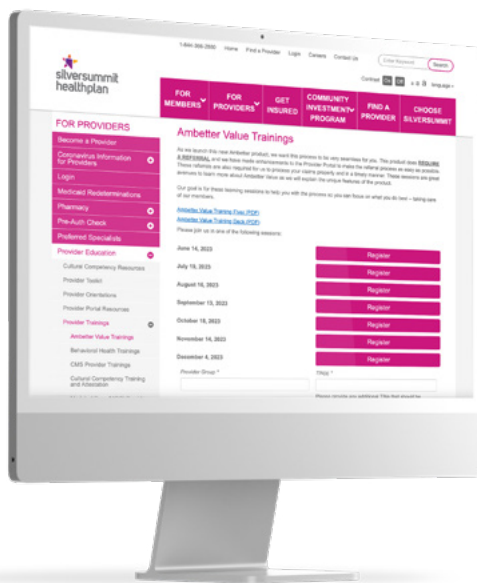


Ambetter Value Trainings

Welcome to Ambetter Value, we want this process to be very seamless for you. This product does REQUIRE A REFERRAL and we have made enhancements to the Provider Portal to make the referral process as easy as possible. These referrals are also required for us to process your claims properly and in a timely manner. These sessions are great avenues to learn more about Ambetter Value as we will explain the unique features of the product.

Ambetter Value features a primary care physician (PCP)-centric approach to care delivery. PCPs coordinate our Members' medical care, as appropriate, either by providing treatment or by issuing referrals to other in-network providers. For services to be covered, they must be provided by or referred by a PCP. Emergency care, urgent care, and in-network mental health, behavioral health, and obstetrical or gynecological services are excluded from this requirement. As requirements may change, please refer to the provider portal for the most up-to-date list of specialties exempt from referral. It is also important you confirm you network participation in the Ambetter Value product. Please contact your Provider Relations Representative if you have any questions.

Our goal is for these learning sessions to help you with the process so you can focus on what you do best -- taking care of our Members.



Provider Group *	TIN(s) *
<input type="text"/>	<input type="text"/>
	Please provide any additional TINs that should be represented in this form.
TIN 2	TIN 3
<input type="text"/>	<input type="text"/>
Email *	Phone *
<input type="text"/>	<input type="text"/>
Title *	Date *
<input type="text"/>	<input type="text"/>
Training Confirmation *	
<input type="checkbox"/> The Ambetter Value Training has been completed by the Provider above	

<https://www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/ambetter-value-trainings.html>