

Provider Newsletter

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METS

MEMBERS EMPOWERED TO SUCCEED

TRANSITIONS

TO AVAILITY ESSENTIALS

LEARNING LABS

SILVERSUMMIT HEALTHPLAN

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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 Q3 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.

The SilverSummit Learning Lab

Dear Providers,

SilverSummit will be hosting an ongoing provider forum, The SilverSummit Learning Lab, to answer common provider questions and concerns. The sessions will give you and your staff the opportunity to meet with healthplan experts as they share various plan resources and programs.



Each session will approximately be 30 minutes.

Various topics include:

- Healthplan Tools
- The Continuity of Care Program
- The Pay-for-Performance Program

If you have any questions, please contact your Provider Engagement representative or our Provider Services team at 1.844.366.2880.

SilverSummit Healthplan transitions to Availity Essentials

SilverSummit Healthplan has chosen Availity Essentials as its new, secure provider portal. Starting July 22, 2024, you can validate eligibility and benefits, submit claims, check claim status, submit authorizations, and access SilverSummit Healthplan payer resources via Availity Essentials.

If you are already working in Essentials, you can log in to your existing Essentials account to enjoy these benefits for SilverSummit Healthplan's members beginning July 22, 2024.

- Use Availity Essentials to verify member eligibility and benefits, submit claims, check claim status, submit authorizations, and more.
- Look for additional functionality in SilverSummit's payer space on Essentials and use the heart icon to add apps to My Favorites in the top navigation bar. Our current secure portal will still be available for other functions you may use today.
- Access Manage My Organization – Providers to save provider information. You can then auto-populate that information repeatedly to eliminate repetitive data entry and reduce errors.

If you are new to Availity Essentials, getting your Essentials account is the first step toward working with SilverSummit Healthplan on Availity.



Getting started: Designate an Availity administrator for your provider organization

Your provider organization's designated Availity administrator is the person responsible for registering your organization in Essentials and managing user accounts. This person should have legal authority to sign agreements for your organization.

SilverSummit Healthplan transitions to Availity Essentials

HOW DOES THIS IMPACT ME?	WHAT IS MY NEXT BEST STEP?
<p>I am the administrator.</p> <p>I am the designated Availity administrator for my organization.</p>	<p>Visit Register and Get Started with Availity Essentials to enroll for training and access other helpful resources.</p>
<p>I am not the administrator.</p> <p>I am NOT the designated Availity administrator for my organization.</p>	<p>Your designated Availity administrator will determine who needs access to Availity Essentials on behalf of your organization and will add user accounts in Essentials.</p>
<p>I am not sure.</p> <p>I am not sure who will be the designated Availity administrator for my organization.</p>	<p>Share this information with your manager to help determine who will be the designated Availity administrator for your organization.</p>

Check out some of the time-saving tools that come with an Availity Essentials account:

- Verify member eligibility and benefits, submit claims, check claim status, and submit authorizations.
- Look for additional functionality in SilverSummit Healthplan’s payer space and use the heart icon to add apps to My Favorites in the top navigation bar.
- Save provider information in Essentials and auto-populate it to save time and prevent errors.

Join one of our upcoming free webinars, [Availity Essentials Overview for SilverSummit Healthplan](#) to learn additional tips for streamlining your workflow. We’ll show you how to verify eligibility and benefits, submit claims, check claim status, submit authorizations, and more.

We’re excited to welcome you to Availity Essentials, helping you transform the way you impact patient care with SilverSummit Healthplan. If you need additional assistance with your registration, please call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday, 8 a.m. – 8 p.m. ET. For general questions, please reach out to your SilverSummit Healthplan Provider Relations Representative.

Response Required: Age Bands for Behavioral Health Providers

To ensure our directory remains accurate and up to date, we kindly request you to confirm the ages of patients you accept.

Please use the PDQ Request Form to submit the accepted ages and any other necessary updates. You can also email your request to nvss_providerquality@silversummithealthplan.com.



Scan Code for PDQ Request Form

Request Type *
Data Maintenance - Individual Practitioner

Practitioner Request Type *
For Specialty changes please upload copy of new license
Panel Accepted Ages X

Practitioner NPI *
Enter the Individual Practitioner's NPI
1234567890

Practitioner Full Name *
Joe Smith

Group NPI *
1234567890

TIN *
Please use 00 00000 format
00-00000

Email attached to request *
No - There is no Email to attach

Eff Date of Change *
07/03/2024

Display in Directory *
Yes

Age Limits Accepted *
Ages displayed by Lowest Age - Highest Age. Please select all that may apply. If Other, please specify Lowest Age - Highest Age accepted in Additional Comments
0-6 X 7-12 X 13-17 X

Additional Comments
Lowest - 10
Highest - 30

Send me a copy of my responses

Submit

Members Empowered to Succeed (METS)

- Behavioral Health Program

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The METS program is an integrated, whole health approach to support members with significant behavioral health challenges. The METS team partners with both the provider and the member to ensure the member achieves their highest level of recovery and resiliency. Our Clinical Liaisons are licensed clinicians that work directly with BH providers to identify the member's treatment and supports needed for successful progress in treatment. Our Member Engagement Service Coordinators reach out telephonically to the member to identify needs and resources to meet the member's behavioral health, social, and medical needs.



Benefits and Outcomes of METS

- Integrated, whole health approach to member's needs and care including behavioral health, medical, and pharmacy
- Cross-care team partnership to ensure coordination of care and collaborative problem solving
- Knowledge of covered services such as expanded benefits or new programs and how to access them
- Access to various physicians and specialists to promote diversity among providers and treatment team

Members are internally identified using claims history over a 12-month period. If you have a patient identified for the program, a METS Clinical Liaison will reach out to you to discuss the member's treatment plan and progress.

For additional questions, please contact your SilverSummit Provider Relations Specialist.

Notification Of Pregnancy (NOP) form

In effort to improve timely identification of pregnancy, SilverSummit Healthplan (SSHP) is pleased to announce that we have revised the Notification Of Pregnancy (NOP) form. The early identification of high-risk conditions during pregnancy is critical to reducing poor birth outcomes. You play a pivotal role in the timely identification of pregnant populations with high-risk conditions. The NOP form is a tool that enables SSHP to identify risk factors in the early stages of pregnancy.

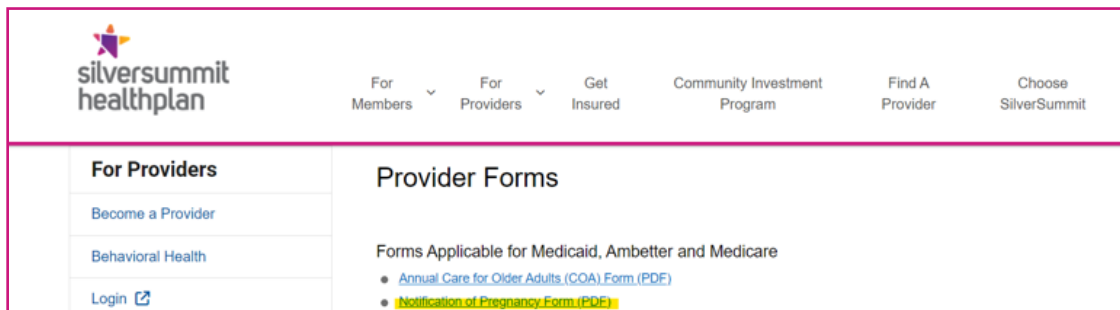
Where can you find the NOP form?

You can find the NOP form in the provider portal or on our website.



1. SilverSummit website:

<https://www.silversummithealthplan.com/providers/resources/forms-resources.html>



2. Secure Provider Portal:

<https://provider.silversummithealthplan.com/>

How can you submit the NOP form?

Providers can submit the NOP form via the provider portal or via fax.



1. Provider Portal submissions:

- Log into the Secure Provider Portal: <https://provider.silversummithealthplan.com/>
- Locate the Notification of Pregnancy Form under the Assessments tab.
- Complete all fields.
- Select submit



2. Fax completed form to: 1-844-367-7014

When should you submit the NOP form?

Please submit completed NOP form within 30 days of the first prenatal visit or at the confirmation of pregnancy appointment.

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
<p>SilverSummit Healthplan PO Box 5090 Farmington, MO 63640-5090</p>

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

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	
<i>(For specialty Referrals to, Behavioral Health Services, physicians, therapists, vision services, and other diagnostic and treatment Providers)</i>	
<i>*Access available to a child/adolescent specialist if requested by the parent(s).</i>	
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.

