Provider Newsletter

www.SilverSummitHealthplan.com

PROJECT GUARDIAN
MATERNITY PROGRAM

UNIVERSAL
SCREENING FOR SUBSTANCE USE DISORDER

BENEFITS
OF USING Z-CODES

VIRTUAL CARE 101
PROVIDER TRAINING SPOTLIGHT

silversummit healthplan™

November 2024

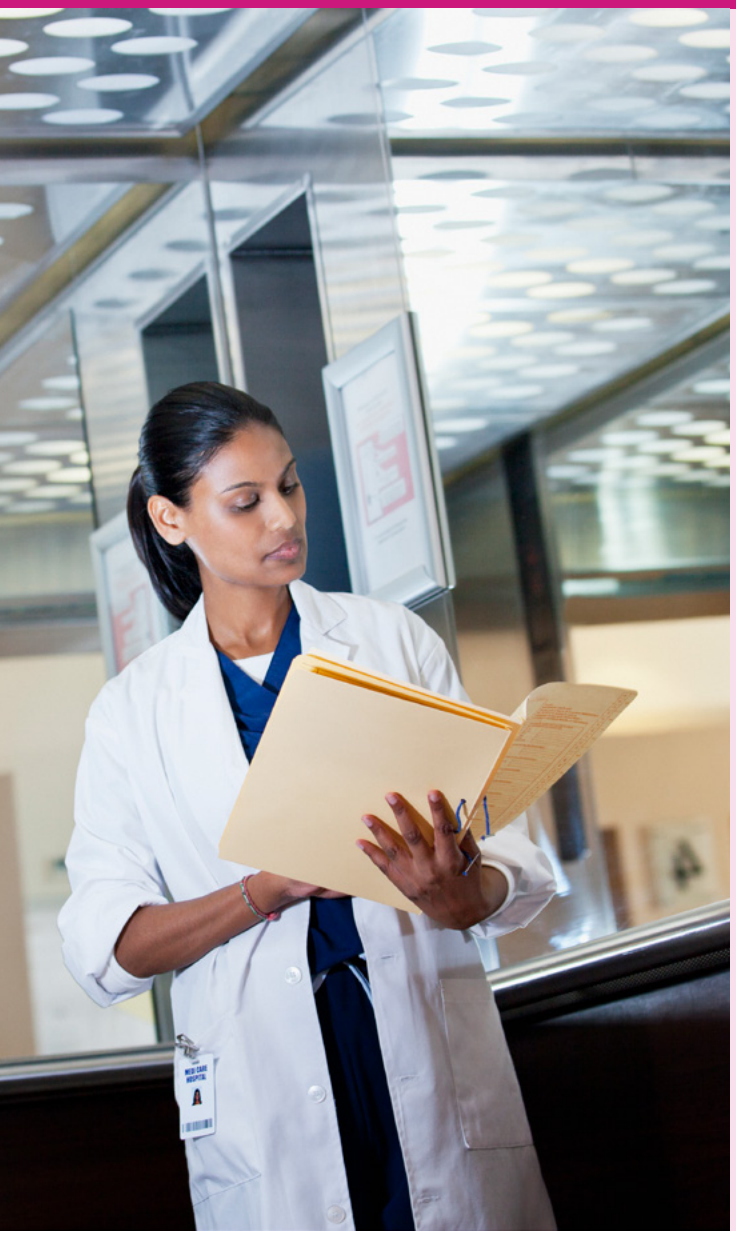
In this Issue

silversummit healthplan

Transforming the health of the community, one person at a time.

Partners in Health

Quarterly Provider Newsletter



From the desk of
Eric Schmacker

President and CEO
of SilverSummit
Healthplan

Hello! Welcome to our Q4 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.

silversummit healthplan™

Here for Nevadans

- We have established relationships and contracts with nearly all rural Nevada providers and critical access to hospitals.

- In 2024, SilverSummit awarded $1,501,027.00 in grants to organizations serving rural Nevada

- We are the only Managed Care Organization to have provided health insurance (Marketplace) to ALL rural Nevada counties since 2017.

For more information about SIlverSummit's programs go to

www.SilverSummitHealthplan.com/CaringforNV.html

silversummit healthplan

Project Guardian Maternity Program

What is Project Guardian Maternity?

Project Guardian Maternity (PGM) is SilverSummit Healthplan's remote patient monitoring (RPM) program.

Who is eligible to participate?

All pregnant and postpartum Members with at least one of the following conditions.

- **Gestational Hypertension (current or History of)**
- **Pre-eclampsia (current or History of)**
- **Eclampsia (history of)**
- **Gestational Diabetes (current or history of Type I or Type II)**
- **Multiple pregnancy**
- **Advanced maternal Age (AMA)**
- **Class II/III obesity (BMI 35 or >)**

Refer your Members today:

1. Complete the Project Guardian Maternity RPM Referral Form

2. Email completed referral form to: Silvia Sanchez: ssanchez@adnabresearch.com

or

3. Fax completed referral form to: Fax: 888-521-2969

Where can you find the referral form?

Please see attachment : Project Guardian Maternity Remote Patient Monitoring Program_Referral Form

silversummit healthplan

Project Guardian Maternity- Remote Patient Monitoring Referral Form- Attachment 1

*** Indicate required fields to be completed**

1. Complete referral Form
2. Submit referral form via fax (**888-521-2969**) or email Silvia Sanchez (**ssanchez@adnabresearch.com**)
3. Optional: Warm transfer line: **702-605-6467 (Available M-F 8:5 PST)**

Referral Date*	Adnab Referral Fax Number	Adnab Referral Email	ADNAB RESEARCH Remote Patient Monitoring Referral Form: Maternity
	888-521-2969	ssanchez@adnabresearch.com	

Patient Demographics			
First Name, Last Name*	**Date of Birth***	**Address***	**Phone Number***
Alternate Contact Number	**EDC***	**Preferred Member Language**	
		☐ Language assistance needed	
Member Email Address			

Referring Provider Information			
OB Provider/Practice Name*	**OB Provider Contact Phone #***	**Provider Fax #**	**Preferred Method of Contact**
			☐ FAX ☐ PHONE

Eligibility Screening (select all that apply)	
Condition/Diagnosis	**Baseline (if available)**
☐ Gestational Hypertension (current or history of)	Most recent BP (include date):
☐ Pre-eclampsia (current or history of)	Most recent BP (include date):
☐ Eclampsia (history of)	Most recent BP (include date):
☐ Gestational Diabetes (current or history of Type I or Type II)	Most recent BS (include A1C if known):
☐ Multiple Pregnancy	
☐ Advanced Maternal Age (AMA): Age 35 years or >	Patient Age:
☐ Class II/III Obesity (BMI 35 or >)	BMI:

Brief summary of referral reason or pertinent information (include medication list, lab reports, previous vital signs)

silversummit healthplan

Universal Screening for Substance Use Disorder in the Prenatal and Postpartum periods

Substance use during pregnancy can contribute to adverse maternal and infant outcomes including miscarriage, stillbirth, low birth weight, prematurity, physical malformations, and neurologic damage.

How can you help?

Implement universal screening for substance use by using a standardized, validated screening tool as early as possible in pregnancy.

Who should be screened?

All pregnant persons should be screened using a validated instrument.

How can you screen for SUD?

Develop a Screening, Brief Intervention, Referral to Treatment (SBIRT) process in your clinic(s).

What are the key components of SBIRT?

1. Screening: Assess for substance use using a standardized, validated tool.
2. Brief Intervention: Engaging in a short conversation, providing feedback, and advice.
3. Referral to Treatment: Referring for additional treatment

Screening →

- Identify risk level
- Use validated tool
- Screen all pregnant persons

Brief Intervention →

Non-judgemental conversation

Use motivational interviewing

Referral to Treatment

Refer those with "high risks" to speciality care

Billing & Reimbursement for SBIRT

CPT Code	Code Description	Medicaid Reimbursement Rate
H0049	SBIRT: Alcohol and/or drug screening	$9.75
99408	SBIRT: Alcohol and substance (other than tobacco) abuse structure screening (for example, AUDIT, DAST) and brief intervention (SBI) services; 15 to 30 minutes	$22.86-$43.75
99409	SBIRT: Alcohol and substance (other than tobacco) abuse structure screening (for example, AUDIT, DAST) and brief intervention (SBI) services; over 30 minutes	$22.86-$43.75

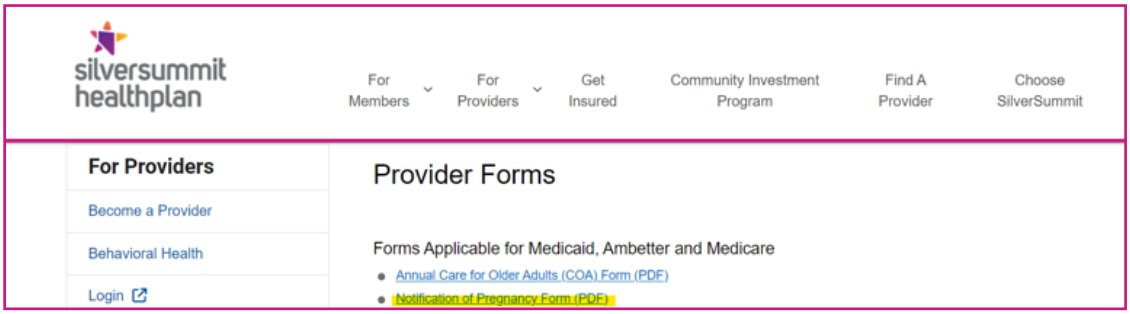
Notification Of Pregnancy (NOP) form

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:

a. Log into the Secure Provider Portal: https://provider.silversummithealthplan.com/
b. Locate the Notification of Pregnancy Form under the Assessments tab.
c. Complete all fields.
d. 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.

Benefits of Using Z-Codes

What is an SDOH Z-Code?

Social Determinants of Health (SDOH) Z-Codes are a category of ICD-10 codes designed to capture non-medical factors that influence health outcomes. These codes encompass a wide range of social, economic, and environmental conditions that affect member health. Key points include:

- **Purpose: Z-Codes (Z55-Z65) provide additional context for a member's visit, explaining the underlying social, economic, and environmental factors influencing their health.**
- **Usage: Z-Codes must be accompanied by a procedure code to describe any medical procedures performed. They are utilized across various healthcare settings, including doctors' offices, hospitals, and skilled nursing facilities.**
- **Classification: Depending on the encounter, Z-Codes can be listed as either a principal/first-listed or secondary code.**

Benefits of Using Z-Codes

Using Z-Codes offers numerous benefits that enhance member care and support healthcare providers' efforts to deliver comprehensive, personalized care. Key benefits include:

- **Enhanced Member Care: Provides a holistic view of a member's health status, allowing for more personalized and effective care plans.**
- **Improved Care Coordination and Referrals: Facilitates better communication among care teams and improves the coordination of care and referrals to social services.**
- **Support for Quality Measurement: Helps in tracking and improving quality of care by identifying and addressing social determinants that impact health outcomes.**
- **Identification of Community/Population Needs: Enables providers to recognize and address specific needs within their member populations, promoting targeted interventions.**
- **Support for Planning and Implementation of Social Needs Interventions: Assists in the development and execution of interventions aimed at addressing social needs.**
- **Monitoring SDOH Intervention Effectiveness: Provides data for evaluating the impact of social interventions on health outcomes.**

Z-Codes enable healthcare providers to tailor care to the individual needs of members, considering a wide range of factors that affect their health. Additionally, they support healthcare planning and resource allocation by helping policy health agencies identify public health trends and allocate resources appropriately.

Benefits of Using Z-Codes

CMS Suggested Steps for Using Z-Codes

To effectively utilize Z-Codes, CMS (https://www.cms.gov/files/document/zcodes-infographic.pdf; https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf) suggests the following steps:

1 Step 1: Collect SDOH Data

•Who Collects: Any member of a care team (providers, social workers, community health workers, case managers, member navigators, nurses).

• How to Collect: During any encounter, through intake, health risk assessments, screening tools, provider-member interactions, and self-reporting.

2 Step 2: Document SDOH Data

• Recording Data: Document SDOH data in the member's paper or electronic health record (EHR).

• Details: Data may be documented in the problem list, diagnosis list, member history, or provider notes.

• Retention: Keep detailed SDOH data even if they extend beyond current Z-Code specifications.

3 Step 3: Map SDOH Data to Z-Codes

• Guidelines: Follow ICD-10 CM Official Guidelines for Coding and Reporting.

• Support: Utilize coding, billing, and EHR systems to assign standardized Z-Codes.

• Assignment: Coders can use self-reported data and documented information from any care team member.

4 Step 4: Use SDOH Z-Code Data

• Analysis: Use data to improve quality of care, care coordination, and member experience.

• Application: Identify social risk factors, inform care planning, trigger referrals, and track referrals to social services.

5 Step 5: Report SDOH Z-Code Data Findings

• Reporting: Include SDOH data in reports for executive leadership and Boards of Directors.

• Sharing Findings: Share findings with social service organizations, providers, health plans, and advisory boards.

• Disparities Impact Statement: Utilize findings to identify opportunities for advancing health equity.

silversummit healthplan

Why it Matters

The benefits of implementing Z-codes are substantial. By capturing the broader context of members' lives, providers can deliver more effective, equitable, and comprehensive care. The data gathered can inform targeted interventions, improve resource allocation, and support the ongoing effort to address health disparities and promote health equity. Your engagement and commitment to using Z-Codes will not only enhance member outcomes but also align with the broader mission of advancing health equity within our healthcare system.

Examples of Z-Code Categories

Z55 – Problems related to education and literacy

Z56 – Problems related to employment and unemployment

Z57 – Occupational exposure to risk factors

Z58 – Problems related to physical environment

Z59 – Problems related to housing, economic circumstances, and transportation

Z60 – Problems related to social environment

Z62 – Problems related to upbringing

Z63 – Other problems related to primary support group, including family circumstances

Z64 – Problems related to certain psychosocial circumstance

Z65 – Problems related to other psychosocial circumstances

Provider Training Spotlight: Virtual Care 101

SilverSummit Healthplan, is excited to spotlight Virtual Care 101—a training that equips providers with the essentials of telehealth. As virtual care becomes an increasingly popular way for our members to connect with providers, we want our network to feel prepared and confident in both discussing and delivering telehealth options.

What You'll Learn in Virtual Care 101

Virtual Care 101 introduces the basics of telehealth, including various delivery models that increase access to care, especially for members who may face challenges attending in-person visits. The training covers how virtual visits can help overcome common barriers like transportation, scheduling limitations, and provider availability.

Enhancing Care Access and Quality for Members

As part of our commitment to accessible, member-centered care, SilverSummit Healthplan aims to provide flexible options that support providers in delivering quality services. Through telehealth, providers can offer timely follow-ups, consultations, and ongoing care management, providing convenience and flexibility for members. Virtual Care 101 offers strategies to integrate telehealth seamlessly into your practice, enhancing the member experience.

Support and Resources from SilverSummit Healthplan

SilverSummit Healthplan's provider support team is here to assist with all aspects of telehealth, from technology setup to billing guidance. For more information, additional resources, or to enroll in Virtual Care 101, please reach out to our PR team or register via the provided link https://www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/vitural_health_videos_101.html.

Thank you for partnering with us to make healthcare more accessible. Together, we're working to ensure that every member receives the care they need, when and where they need it.

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. These 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 be approximately 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.

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 *Initial prenatal care appointments must be provided for pregnant members as follows:*	
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 *Initiation of ongoing services according to the Member's identified needs must be provided as follows:*	
Urgent Needs	Same day
Non urgent needs	Within fourteen (14) Calendar Days
Appointments to Maintain Efficacy of Treatment *(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:*	
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.