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## Spotlight

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SOUTH COUNTRY  
HEALTH ALLIANCE

## Director's Corner

by Mark Ward, Director  
Provider Network Management

### SCHA Access and Availability Requirements

SCHA in its role as a Managed Care Organization (MCO) with the Minnesota Department of Human Services (DHS) and in order to meet the health maintenance organization requirements in MN Rule 4685.1010, which states "The HMO in coordination with participating providers, shall develop and implement written standards or guidelines that assess the capacity of each provider network to provide timely access to health care services in accordance with subpart 6." Subpart 6 states that the HMO will:

- either directly or through its provider contracts, shall arrange for covered health care services to be accessible to enrollees on a timely a basis, and
- in coordination with its participating providers, shall develop and implement written appointment scheduling guidelines based on type of health care service.

Furthermore, DHS in its contracts with SCHA provides additional appointment scheduling guidelines which SCHA utilizes to help establish the Plan's standards.

SCHA's process to monitor its access and availability standards in 2011 will include:

1. Summary of SCHA requirements to its provider network through its Provider Newsletter.
2. Bulletin to participating providers outlining SCHA's specific "Access and Availability Standards" and its appointment scheduling guidelines. Bulletin will also be posted on the SCHA website.

3. SCHA Access and Availability survey to primary care providers and outpatient mental health providers during the third quarter.
4. Summary report of Access and Availability survey results in the fourth quarter as well as reporting to the SCHA Quality Assurance Committee.

Thank you for your support in this important effort to assure SCHA enrollees have the access and availability to its participating provider network to meet their health care needs.

### Early Medicaid Expansion

One of Mark Dayton's first actions as Governor for the State of Minnesota was to sign legislation to implement expanded Medical Assistance (MA) effective March 1, 2011. This legislation will affect SCHA and all Managed Care Organizations (MCO's) under contract with the Department of Human Services (DHS) to provide services through the Minnesota Health Care Programs.

It will also have significant impact to the SCHA participating provider network and to the additional enrollees that will now be eligible for MA. While many details are still being worked out by DHS, SCHA wanted to take this chance to heighten the awareness of our provider network and suggest that providers monitor closely DHS's "Provider Updates", the first of which was posted on February 4, 2011 as "MHCP Provider Update MHP-11-01" Expanded Medical Assistance Implementation.

SCHA will be working with DHS over the next 30 days on the expanded medical assistance implementation plan and will work to keep our participating provider network updated with key information. Read more on the Medicaid Expansion from the DHS website at [DHS MA Expansion Info](#). ■

# South Country Health Alliance Overview of Model of Care for Special Needs Plans

In 2008, the federal government required all Medicare Advantage Special Needs Plans (SNPs) to develop a Model of Care to help guide the development, implementation, and evaluation its care management process. South Country Health Alliance (SCHA) offers two fully-integrated dual-eligible Special Needs Plans which are SeniorCare Complete (MSHO) and AbilityCare (SNBC). Both of these products enhance benefits by combining those available through Medicare and Medicaid. Special Needs Plans offer the opportunity to improve care for members primarily through improved coordination and continuity of care. The Model of Care is foundation by which SCHA provides the coordination and continuity of care for members.

South Country Health Alliance (SCHA) works toward assuring that each member has a medical home and access to the benefits they need along with improving the ease of navigating the system and assuring that they receive the right service at the right time. SCHA works to provide a system that is seamless for the member and provides for the integrated medical and social services along with complex medical case management. SCHA care management assists members to achieve the highest level of health possible by providing integrated case management, comprehensive coordination and promoting service accessibility.

South Country Health Alliance (SCHA) is a County-based entity that has a unique relationship with member Counties and is able to offer a local County-based care team model. SCHA utilizes County-based case managers to provide the overall care coordination of the member's needs. This ensures access to all benefits including Medicare, Medicaid, Home and Community Based, and other County services. Local County care coordinators work with all other

identified primary care, specialty care, home care, and other community support and human service providers for the members to ensure that member's care is provided at the right time and avoid duplication of services.

Multi-disciplinary teams are developed at the County-level to ensure that members have access to both a nurse and social worker to provide appropriate coordination for the member. Clinical Facilitators assist the teams by providing consultation and support to local care coordinators for members who have complex and chronic conditions. SCHA also works with its third party administrators (TPA) regarding utilization management and clinical case management. SCHA uses an electronic case management web-based computer program that is accessible to the local care coordination teams, TPA clinical case managers, and all appropriate staff in order to provide immediate shared access to members' case management and care coordination information.

The member's care coordinator will complete a face-to-face visit with the member within 30 days of enrollment. The member's initial health assessment of the physical, psychosocial, and functional needs of the members will be completed during the visit. The health assessment is required to be completed annually. A comprehensive care plan is then developed within 30 days of the health assessment based upon the needs identified in the health assessment. The care coordinator and member work together in the development of the care plan ensuring coordination of the member's Medicare, Medicaid, and home and community based services. The care plan is holistic and crosses all domains to include medical and social service needs and guides the care coordinator to reduce service fragmentation, improve clinical outcomes and assist with access to care. The member's care

plan includes goals and objectives, services and benefits that are offered and provided along with measurable outcomes. Quarterly contacts and an annual face-to-face with members are required to monitor the care plan's goals, objectives, and outcomes. The care coordinator and member can revise the member's care plan as needed.

SCHA assures access to care by developing and working with Provider Networks that have targeted clinical expertise for the target population. Providers must use nationally-recognized clinical protocols and also are accredited by national recognized quality and health-care safety accreditation organizations who standards assure evidence-based practice. SCHA provides trainings for its Providers through online manuals on the SCHA website, electronic newsletters, Provider news bulletins/mailings, and specialized annual trainings (in-person, web-based, interactive television). Maintaining regular communication is vital amongst all Providers, care managers, care coordinators, and SCHA staff. South Country accomplishes this through multiple methods including trainings, meetings, audits, and newsletter/bulletins.

SCHA will work toward the performance measurement and improvement of its Model of Care through the collection, analysis, reporting, and acting on data that will evaluate the Model of Care by SCHA staff. The results will be documented and preserved as evidence of the effectiveness of the Model of Care. SCHA will communicate these improvements in the Model of Care to all stakeholders through multiple methods including, but not limited to, webpage announcements, newsletters, bulletins, announcements, and trainings. ■

# Provider Alerts

## 340B Drug Program

Public and nonprofit healthcare facilities often treat individuals who are under-insured or lack the means to obtain insurance. These facilities are eligible for financial assistance for medication costs through the 340B Drug Discount Program. Medicare and Medicaid recipients with limited income and resources can benefit from the discounts afforded through the 340B program.

The U.S. Congress authorized the 340B Drug Discount Program in 1992 as part of the Veterans Health Care Act. It was designed as a way to help reduce medication costs for needy people. The program works by reducing prescription and prescribed over-the-counter drug costs for low income and under-insured Medicare and Medicaid recipients, according to the Safety Net Hospitals for Pharmaceutical Access reference website. In effect, the 340B Drug Discount Program requires pharmaceutical manufacturers to offer discounted prices to government-supported facilities.

Providers who take part in the 340B Drug Program are exempt from NDC reporting. Add the UD modifier to drugs purchased through the 340B Program when billing South Country Health Alliance.

## South Country Health Alliance closes the Brainerd office

The South Country Health Alliance satellite office located on 322 Laurel Street in Brainerd Minnesota closed its doors in November 2010. Please update your contact lists with the following information:

Address: 110 West Fremont Street  
Owatonna, MN 55060  
Office number: (866) 722-7770  
Fax number: (507) 444-7774

## Rule 25 assessments for Methadone Maintenance Treatment

SCHA requires members to complete a Rule 25 assessment with a qualified licensed LADC assessor for any

methadone maintenance treatment. Prior to the beginning of methadone maintenance treatment, an independent Rule 25 assessment must be submitted to MMSI for prior authorization. Therefore, effective February 1, 2011, South Country Health Alliance, as the placing authority for chemical dependency treatment, will no longer accept Rule 25 assessments from providers affiliated with or employed by the Methadone clinics or Opiate Treatment Programs (OTP).

For members who are currently receiving treatment, the Methadone clinic/OTP can complete the Rule 25 updates and submit them to MMSI.

We appreciate your cooperation as we implement this policy change. If you have any questions, please contact Ruth Boubin, 507-431-6370 or Joan Monahan, 507-431-6369.

Listed below are the contact numbers to schedule a Rule 25 Assessment:

Brown County: 507-354-8246  
Dodge County: 507-635-6170  
Freeborn County: 507-377-5484  
Goodhue County: 651-385-6180  
Kanabec County: 320-679-6350  
Morrison County: 320-632-2957  
Sibley County: 507-237-4000  
Steele County (Fountain Center, Owatonna): 507-451-0511  
Todd County: 320-732-4500  
Wabasha County: 651-565-3351  
Wadena County: 218-631-7605  
Waseca County: 507-835-0551

## SCHA 2011 Growth Hormone Prior Authorization Process

If the medication is dispensed through the pharmacy and will be administered in the physician's office or by the member; the authorization request and claims must be processed through Prime Therapeutics.

If the medication is dispensed at the physician's office and administered by the physician; the authorization request and claim must be processed through MMSI.

1/01/2011:

Prime Therapeutics Responsibilities:

- ◆ Prime Therapeutics will be respon-

sible for reviewing and approving requests for self administered growth hormone treatment for SCHA members.

- ◆ Prime will require the use of the Minnesota Uniform Formulary Exception form which can be found on the SCHA website under the provider tab.
- ◆ Prime Therapeutics will forward any requests that come to them in error to MMSI for review.

Attention: MMSI Health Services  
Fax: 1-888-889-7822  
Phone: 1-800-645-6296

MMSI Responsibilities:

- ◆ MMSI will be responsible for reviewing and approving requests for provider administered growth hormone treatment for SCHA members.
- ◆ MMSI will require the use of the Authorization Medical/Surgical Request form which can be found on the SCHA website.
- ◆ MMSI will forward any requests that come to them in error to Prime Therapeutics for review.

Attention: Prime UM  
Fax: 800-693-6703  
Phone: 800-693-6651

## PT/OT/ST Billing Requirements

Just a reminder that the "Service Date" field must be populated when submitting Institutional claims to SCHA/MMSI for therapy services. On the 837I, the field is in Loop 2400, Segment DTP\*472, Element 03. On the UB-04 paper claim form, the field is number 45. There must be a single line item date of service for every iteration of every revenue code on all outpatient bills. Claims submitted without this field populated will deny with the EOP message "Payment adjusted due to a submission/billing error(s)."

## Important Notice to Hospital Inpatient Admissions

Emergent and Non-Emergent Medical Hospital Admission require Notification

*Provider Alerts continued on page 4*

# Goal set to increase Mammogram Screening for PIP

In compliance with MN Department of Human Services regulatory requirements, each year South Country implements new quality improvement projects that promote improved health outcomes for enrollees in all programs. These Performance Improvement Projects (PIPs) typically have a life cycle of two to four years, and include a variety of member- and provider-based interventions designed to achieve specific, measurable outcomes.

In 2011, South Country will begin taking a multi-faceted approach to improving compliance with mammography screening guidelines among women ages 42-69 years. As part of this PIP, eligible members will be sent educational materials about the importance of breast cancer screenings, along with reminders to schedule a mammogram as they become due for the screening. Women who remain non-compliant will be contacted via telephone and encouraged to complete the screening. South Country will also offer a reward to women who have a mammogram and return a voucher signed by a clinician (see attached link for copy of the voucher). As part of South Country's partnership with local public health de-

partments, "risk lists" of members due for a mammogram will be distributed to public health staff to provide additional outreach to women, including assistance with scheduling or transportation, as necessary. A survey of eligible South Country members will also be employed to identify specific factors that either influenced the member to receive a mammogram or factors contributing to their non-compliance.

The nationally recognized HEDIS Breast Cancer Screening measure (modified to exclude members living in a nursing facility) serves as the baseline and focus for improvement over the next three years. South Country appreciates the support of medical providers in promoting breast cancer screenings to eligible patients. The impact of this PIP will be shared in future editions of South Country's PNN. If you are interested in learning more about the project or would like to discuss opportunities for South Country to support mammography screening efforts in your clinic, please contact Anne Grimmus (Health Promotion Coordinator) at [agrimmus@mnscha.org](mailto:agrimmus@mnscha.org). ■

## 2011 Medicare Coverage of the Annual Wellness Visit

Beginning January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) will implement provisions in the Affordable Care Act that provide Medicare coverage for preventive services (i.e. an annual wellness visit). This visit augments the benefit of the Initial Preventive Physical Exam (IPPE) or "Welcome to Medicare Exam" with an annual visit that allows the provider and patient to develop a personalized prevention plan that considers age-appropriate preventive services as well as additional services that may be appropriate because of the individual's health status.

Medicare Advantage plans such as SeniorCare Complete and AbilityCare will cover this new benefit. We encourage providers to bill South Country Health Alliance using the codes listed below for preventive services, as you will be reimbursed accordingly. ■

### Eligible Codes:

#### CPT Codes

**99387:** New patient initial comprehensive preventive medicine (65 years & over)

**99397:** Established patient periodic comprehensive preventive medicine (65 years & over)

#### HCPCS Code:

**G0402:** Initial preventive physical exam, face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

*Provider Alerts continued from page 3*

within 24 hours. Non-Emergent Medical Inpatient Admissions required the hospital or physicians office to complete the Authorization Medical/Surgical Request form and fax it to MMSI/SCHA Health Services within the first 24 hours. Timely notification allows our Health Services team the necessary time to coordinate and plan service once the patient/enrollee has been discharged.

Notification of admission is a contractual obligation under article IV section 4.4 'Provisions of Covered Services and Administrative Requirements' of your participation agreement with SCHA.

The Authorization Medical/Surgical Request form is located at [http://www.mnscha.org/provider\\_forms](http://www.mnscha.org/provider_forms) and fax it to: 888-889-7822.

### Provider Manual Updates:

Several section of the Provider Manual has been updated

Chapter 9 - Complaint Reporting

Chapter 22 - Chemical Health Services

Chapter 23 - Mental Health Services

Chapter 24 - Home Health Care Services (including PCA)

Chapter 30 – Nursing Facilities (new)

### Reminder to All Providers who receive CLIA certification:

The Department of Human Services requires each health plan have a current copy of your CLIA certificate on file.

Please send a copy of your facility(s) certificate by faxing it to 507-444-7774 or email it to [providerinfo@mnscha.org](mailto:providerinfo@mnscha.org). ■

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• Web site: [www.mnscha.org](http://www.mnscha.org)

## Prime Therapeutics Updates Fraud, Waste and Abuse Program

Prime Therapeutics has updated their FWA program and has now developed a Case Referral Form. This form is available online at

<http://www.primetherapeutics.com/compliancereport.html>

SCHA staff, providers, members, etc. should begin using this online form to send any suspected FWA cases to Prime for investigation. This form will also be accessible to Prime members, pharmacists, prescribers. Basically anyone who logs on to the Prime corporate website will have access to use this form.

Note: when you click 'Submit' the form is sent securely to the Prime ReportFraud email account which is monitored regularly. After you click submit you will have the option to print the submission for your case file. Also, there is not an "attachment" option on the form, so any attachments can be sent directly to: ReportFraud@primetherapeutics.com

As a reminder, issues of fraud, waste or abuse concerning SCHA can and should always be reported to someone at SCHA. To report suspected fraud or abuse committed against SCHA you can submit an anonymous report at 1-866-722-7770 (toll free) or submit an anonymous report to "Report-it" at 1-877-778-5463 or on-line at [www.reportit.net](http://www.reportit.net) (login is SCHA, password is Owatonna).

As you may recall, in 2009, as part of its anti-fraud plan, SCHA compiled an Investigation Team to investigate allegations of fraud and abuse committed against SCHA. The mission of this team is to prevent, identify, investigate, report and, when appropriate, recover money from health care fraud and abuse.

Should you have any questions regard-

## 2010 Consumer Assessment of Health Plans Survey (CAHPS) Report

The purpose of this DHS-sponsored member survey is to measure members' satisfaction with health plan performance, quality of care issues, and overall satisfaction with physicians and the health plan. The survey is administered annually from January to April to all members 18 years and older. Members are asked to rate their experience in the last 6 months using a scale of 0-10 in four categories, including ratings of Health Plan, All Health Care, their Personal Doctor, and Specialist Seen Most Often. The percent of members' responses of 8, 9, and 10 are considered a health plan's score. Members are also asked about their experience in four dimensions of care including Customer Service, Getting Care quickly, Getting

Needed Care, and Doctor Communication. In 2010 South Country was the top performing plan in MSHO members' rating of their Health Plan, Getting Needed Care, How Well Doctors Communicate, and Customer Service. South Country's AbilityCare score was the top performing plan in rating of Getting Care Quickly and had the top PMAP score in Getting Care quickly and How Well Doctors Communicate. Lowest ratings included PMAP's Specialist Seen Most Often and AbilityCare's Rating of Personal Doctor. MSHO member's ratings were above the state-wide average in all areas. Lower PMAP ratings are being evaluated for possible opportunities for improvement. ■

## 2010 Medicare Consumer Assessment of Health Plans Survey (MA-CAHPS) Report

This CMS-sponsored survey was administered from January to June 2010 to MSHO and AbilityCare members to rate their experience using a scale of 0-10 in the last 6 months in six overall areas including rating of Health Plan, Personal Doctors, Drug Coverage, Care Received, and Specialists. Members are also asked to rate their experience in six dimensions of care including Getting Care Needed, Getting Care Quickly, Doctors Who Communicate Well, Health Plan Customer Service, Getting Information about Prescription Drugs, and Getting Needed Prescription Drugs. Scores are assigned a star-rating from 1 to 5, with 1 star falling below the 15th

percentile nationally and 5 stars above the 85th percentile nationally. South Country's MSHO results were rated 5 stars in all areas with the exception of Customer Service which was rated 4 stars. AbilityCare results were given 4 star-ratings for ratings of Health Plan, Drug Coverage, Getting Care Quickly, and Doctor Communication, and 3 star-ratings for areas including Care Received, Getting Needed Care, Customer Service, Getting Information about Prescription Drugs, and Getting Needed Prescription Drugs. Health plan star-ratings are reported by CMS in the Medicare & You handbook and on [www.medicare.gov](http://www.medicare.gov). ■

ing any of the information provided in this message, please contact Rhonda A. Seefeld, J.D., CHC, Compliance Manager & Privacy Officer for South Country Health Alliance at (507) 431-6068 (Direct Line), (866) 722-7770 (Toll Free), via fax at (507) 444-7774 or by email at [rseefeld@mnscha.org](mailto:rseefeld@mnscha.org) ■

### REPORTING Fraud, Waste and Abuse

SCHA believes it is the responsibility of everyone to report suspected fraud, waste or abuse. You can report anonymously through our REPORT-IT hot line by calling 1-877-778-5463. You can also make a report at [www.reportit.net](http://www.reportit.net). Username: SCHA, Password: Owatonna