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Reminder: Provider Portal Administrator Required

As a reminder, South Country Health Alliance (South Country) requires each provider that bills us to have at least one designated Provider Portal administrator (provider admin).

This requirement went into effect in 2025 and remains an important part of how provider portal access is managed today. The provider admin is typically a business office manager, office administrator, or billing staff member and is responsible for managing portal access for their organization.

The Provider Admin is responsible for:

- Creating new provider portal user accounts;
- Updating or terminating user access when staff roles change; and
- Serving as the primary point of contact for portal access management.

Please note: account requests submitted when an organization already has an active provider admin on file will be denied. For this reason, it is important that your organization knows who your current provider admin is before submitting any new account requests.

Provider Portal features include:

- Payment search;
- Claims inquiry;
- Claim appeals;
- Member eligibility;
- Secure messaging with the Provider Contact Center;
- Access to Elderly Waiver service agreements; and
- Forms & resources.

If your organization:

Has not yet designated a provider admin, or is unsure who your current provider admin is, please take steps to identify or designate a provider admin and ensure they have an active South Country Provider Portal account.

Having an identified provider admin helps prevent delays in access, ensures compliance with portal requirements, and allows your organization to manage user access efficiently.

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.



Medical Record Requirements

To ensure high standards of care and meet regulatory requirements, all contracted providers are expected to maintain medical records that are up-to-date, thorough, clear, and easily accessible. Providers play a key role in supporting South Country during audits by furnishing the necessary medical records as requested. Please note that failure to comply may result in Centers for Medicare and Medicaid Services (CMS) intervention. Audits can include, but are not limited to, Advanced Directive, HEDIS®, and RADV chart reviews. Maintaining proper records not only promotes continuity of care and compliance with contractual, state, and federal regulations, but also safeguards the interests of both members and providers.

It is important to grant South Country or its authorized representatives' access to review patient billing and/or medical records at no cost. This access is essential for South Country to fulfill its responsibilities regarding financial, operational, quality assurance, HEDIS, and peer review requirements, as well as any additional obligations outlined in the Provider Participation Agreement.

Retention Requirement

Providers must retain clinical record information for the current calendar year plus ten years after a member's discharge. This applies to all clinical documentation related to services provided to the members, regardless of format (paper or electronic).

Preservation of Records

Providers must also make provisions for the maintenance of clinical records if they are no longer able to treat patients. This ensures that records remain available for authorized access, audits, or continuity of care needs even if a practice closes, merges, or transitions ownership.

Important Note

Planning ahead is essential. Whether transitioning systems, retiring, or closing a practice, contracted providers are required to maintain clinical records securely, ensure accessibility, and retain documentation for the full period required by regulation.

For questions regarding record retention or guidance on long-term storage of records, please review your Provider Participation Agreement, the Provider Manual, or reach out to the Provider Contact Center at 1-888-633-4055.

References

[42 C.F.R. § 422.310](#)

[42 CFR §489.100](#)

[9505.2165 - MN Rules Part](#)

[Provider Manual Chapter 2: Rights and Responsibilities of Physicians and Providers](#)

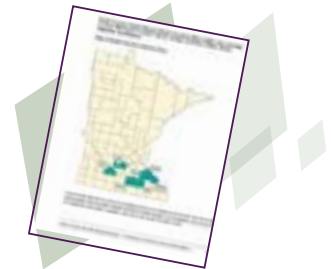
Updated Provider Manual Chapters

Remember to check out our Provider Manual chapters located on our website at:

<https://www.mnscha.org/providers/provider-manual/> for any updates.

The Provider Manual chapters are updated regularly throughout the year; check out the

[Summary of Provider Manual Changes](#) to see what has been updated in the chapters.



Jimmo Annual Training

Skilled Nursing, Home Health and Therapy Providers:

As part of South Country annual provider training, CMS expects health plans to “refresh and/or train staff and contracted providers” on the policy established with the 2013 Jimmo vs. Sebelius settlement.

This settlement clarified that the Medicare program covers skilled nursing care and skilled therapy services in skilled nursing facility, home health, and outpatient therapy is based on need, not exclusively to improve a person’s condition. The summary of the settlement posted by the Center for Medicare Advocacy, stated “the Settlement confirmed that access to Medicare coverage should be determined based on the beneficiary’s need for skilled care, not potential for improvement. Specifically, the settlement concluded that Medicare covers skilled care to maintain an individual’s condition or slow decline.”

CMS noted there may have been misunderstanding that Medicare only covers skilled nursing and therapy services under Medicare when a beneficiary is exhibiting progress and improvement. Providers are encouraged to review clarifications noted in the FAQs from CMS in the links below.

What this means to South Country contracted providers:

Since South Country utilization management program does not require prior authorization of medical necessity for Medicare skilled services; providers are expected to follow Medicare guidance and coverage criteria guidelines. For more information on this topic providers may access the following:

[Jimmo Settlement | CMS](#)

[Frequently Asked Questions \(FAQs\) Regarding Jimmo Settlement Agreement | CMS](#)

[2024-02-08-MLNC | CMS](#)

Medicare Advantage and Prescription Drug Plan

Overview:

The Centers for Medicare & Medicaid Services collects information about Medicare beneficiaries’ experiences with, and ratings of, Medicare Advantage (MA-only) plans, Medicare Advantage Prescription Drug (MA-PD) 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 & PDP CAHPS Survey is administered annually to a large sample of MA & 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.

2026 Wellness Rewards

South Country has wellness rewards where members can earn a gift card after receiving their screening and completing the voucher. South Country wants to increase the percentage of our members going in for health prevention and screenings as recommended by their provider.

Prenatal Care \$75 Reward: Complete 4 prenatal visits during your pregnancy.

Postpartum Care \$75 Reward: Complete a postpartum visit within 12 weeks of giving birth.

Infant Well-Care Visits \$75 Reward: Complete at least 6 infant well-care visits before 15 months of age.

Lead Test \$25 Rewards: Complete a lead test between 9-18 months and 18-30 months of age for up to 2 rewards.

Well-Child Visits \$25 Reward: Complete 2 child well-care visits between 15 and 30 months of age.

Child & Adolescent Well-Care Visit \$25 Reward: Complete an annual child and adolescent well-care visit (C&TC exam) for children 3-21 years of age.

Childhood Immunizations \$50 Reward: Complete all provider recommended immunizations by 2 years of age.

Immunizations for Adolescents \$50 Reward: Complete all provider recommended immunizations by 13 years of age.

Chlamydia Test \$25 Reward: Complete a chlamydia test.

Cervical Cancer Screening \$25 Reward: Members age 21 to 65 (or as recommended by your provider) complete a cervical cancer screening.

Mammogram \$25 Reward: Members age 40 and older (or as recommended by your provider) who complete a mammogram.

Colorectal Cancer Screening \$25 Reward: Members age 45 and older (or as recommended by your provider) complete a colorectal cancer screening.

Diabetes Blood Glucose (HbA1c) Test \$25 Reward: Members enrolled on AbilityCare, SharedCare, SingleCare, SeniorCare Complete (MSHO), or MSC+ with a diagnosis of Type 1 or Type 2 Diabetes Mellitus on date of service of blood glucose (HbA1c) test.

Dental Visit \$25 Reward: Members enrolled on AbilityCare, SharedCare, SingleCare, SeniorCare Complete (MSHO) or MSC+ and complete at least 1 dental visit.

Other benefits you may have available:

Delfina Program: Members who are currently pregnant or up to one year postpartum are eligible to use the Delfina App. This app includes virtual support from doulas, registered dietitians, mental health therapists, lactation counselors, as well as offers virtual group classes for members to join! <https://www.delfina.com/south-country-health-alliance>

Be Active™: Receive up to a \$20 credit for Families and Children (PMAP), SingleCare, SharedCare, MinnesotaCare and Minnesota Senior Care Plus (MSC+) members. Up to \$40 credit for SeniorCare Complete (MSHO) and AbilityCare members towards your monthly health club membership fees.

Be Buckled™: South Country provides one car seat per child, per lifetime.

Early Childhood Family Education (ECFE): Classes for families with newborn to kindergarten age children are free to South Country members. Sibling care is not covered.

Free Breast Pump: South Country will cover the cost of a breast pump for new moms.

Community Education: South Country will cover up to \$15 of the registration fee for up to 5 Community Education classes a year.

Some restrictions apply. Visit <https://www.mnscha.org/members/wellness-programs/> or call Member Services for full details. Rewards limited to one reward per year per service unless otherwise specified.

South Country Health Alliance Member Services

1-866-567-7242

TTY users call 1-800-627-3529 or 711

Hours of Service: 8 am to 4:30 pm, Monday - Friday

Our Model of Care

South Country's Model of Care is our plan to address the unique needs of each member in AbilityCare and SeniorCare Complete, our two integrated Medicare Advantage Special Needs Plans for individuals eligible for both Medicare and Medicaid. It is important that our providers understand the Model of Care so we can actively work together to ensure superior care and service and improve the quality of life for our members.

About Our Members

The average age of our AbilityCare members is 50, with enrollment split almost evenly between males and females. Forty-one percent of our SeniorCare Complete members are 80 years old or older, and 70% of our SeniorCare Complete members are female.

Members from both plans have complex physical, cognitive and mental health diagnoses that are chronic in nature. However, in most cases, these health issues are managed through engagement and support of the right providers and services.

Care Coordination

Our Model of Care centers around working closely with members at every level to set them up for success. Each member is assigned a care coordinator who conducts a health risk assessment. This assessment is done initially upon enrollment, and annually unless a member is unable to be reached or refuses. After an assessment is completed with a member, a care plan is developed. Care coordinators assist members in selecting a primary care clinic or practitioner. Care coordinators live and work in our members' communities and are experts in identifying and working with local providers and resources.

Care coordinators work with various health care providers, including primary care, dental, specialty, home care, and more, as well as community human service providers (e.g., food shelves, veteran's services, etc.) so members can receive care at the right time without duplication of services. This close management of resources and relationships results in improved health outcomes for members and improved efficiency for providers.

Local care coordination also ensures access to all the member's benefits, including Medicare, Medicaid, home and community-based waivers and other county services.

Interdisciplinary Care Team:

The interdisciplinary care team (ICT) in each county acts as another important part of the Model of Care. The ICT is a collaborative group consisting of South Country staff, care coordinators and providers. Some of the goals of the ICT include:

- Sharing clinical information to ensure members receive appropriate and timely care;
- Sharing completed member care plans directly with providers to improve understanding of member preferences; and
- Monitoring transitions in care (e.g., emergency room visits and hospitalizations) to improve discharge planning, decrease length of stays, decrease readmissions and improve members' overall care.

Measurable Goals, Outcomes and Evaluation

Our Model of Care includes annual measures that are monitored and analyzed to help improve the quality of life for our members. Results are documented and preserved as evidence of the effectiveness of the Model of Care and reviewed for opportunities to improve processes and strategy where needed. These results are communicated to stakeholders and regulatory agencies.

The Centers for Medicare and Medicaid Services requires that we provide Model of Care training and information to providers. Thank you for participating in our network and the services you provide our members.

For more information about our Model of Care, please visit the Model of Care chapter in our [Provider Manual](#) on our website.

Utilization Management Updates

Overview

Medical Services Utilization Management is pleased to share recent improvements aimed at simplifying the prior authorization process for providers.

Simplified Prior Authorizations

We have taken significant steps to streamline prior authorizations. The provider section of the South Country website has been refreshed to make it easier to access information related to authorizations. You can find these updates within the provider section at <https://www.mnscha.org>.

Reduction in Billing Codes

We are proud to announce that we have reduced prior authorization billing codes by more than 50%. This reduction is designed to simplify workflows and improve efficiency for providers and access to our members.

Enhanced Website Functionality

The website has been refreshed, making it easier to identify which services require a prior authorization. For each code, providers are directed to the clinical criteria used for medical necessity reviews. Detailed grids are now easily accessible to support your review and submission process.

Upcoming PA Look Up Tool

Beginning in April, the website will feature a new prior authorization (PA) look up tool powered by Itiliti Health. This tool will help providers drill down to the exact billing code, determine if prior authorization is required, and link directly to the coverage criteria.

Nursing Home Providers

Claims for nursing facilities are paid based upon the case mix rates in effect for the specific date(s) of service, not based upon the rates in effect when the claim is submitted or processed by South Country. Rates from a previous calendar year are required when processing a claim. South Country uses Minnesota Department of Health (MDH) Nursing Home Report Card facility daily rates when processing long-term care claims. It is important to fax South Country your annual daily rate sheet because rates for previous calendar years are removed from the Nursing Home Report Card website and no longer available after the first of each year. To prevent claims from being denied due to missing Medical Assistance (Medicaid) resource utilization group (RUG)/Casemix rates please fax your daily rate sheet to 1-888-633-4052. Providers may access their historical rates at nfportal.dhs.state.mn.us.

If you have questions, please review [Chapter 30 Long-Term Care \(LTC\) of our Provider Manual](#) or call the Provider Contact Center at 1-888-633-4055.

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 www.mnscha.org/.



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 [South Country Provider Online Directory](#) 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, [Chapter 3](#)
[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.](#)