

Provider Newsletter



<https://www.summitcommunitycare.com/provider>

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All services referenced in this material are funded and provided under an agreement with the Arkansas Department of Human Services.

Practitioners' rights during credentialing process

The credentialing process must be completed before a practitioner begins seeing members and enters into a contractual relationship with a health care insurer. As part of our credentialing process, practitioners have certain rights, as briefly outlined below.



Practitioners can request to:

- Review information submitted to support their credentialing application.
- Correct erroneous information regarding a credentialing application.
- Be notified of the status of credentialing or recredentialing applications.

The Council for Affordable Quality Healthcare (CAQH®) universal credentialing process is used for individual providers who contract with Summit Community Care. To apply for credentialing with Summit Community Care, go to the [CAQH website](#) and select **CAQH ProView™**. There is no application fee.

We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members' claims.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

AR-NL-0008-18/AR-NL-0016-19

Provider surveys

Each year we reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and strengthen our relationship with our providers.

Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

AR-NL-0008-18/AR-NL-0016-19

Clinical Criteria updates

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved *Clinical Criteria* applicable to the medical drug benefit for Summit Community Care. These policies were developed, revised and/or reviewed to support clinical coding edits.



The *Clinical Criteria* is publicly available on the Summit Community Care provider website, and the effective dates are reflected in the [Clinical Criteria updates notification](#). Visit the

[Clinical Criteria website](#) to search for specific policies.

[Email](#) for questions or additional information.

AR-NL-0019-19

New collaboration with Medline Industries, Inc. for breast pump supply management

Summit Community Care is pleased to introduce Medline Industries, Inc. (Medline), a national manufacturer and distributor of medical supplies, which will be providing quality breast pumps to Summit Community Care members.

Providers should refer Summit Community Care members to Medline for breast pumps. Order fulfillment with Medline will also enroll the member into Ameda Direct's Continuum of Care program, which supports new moms in having a successful breastfeeding experience.



Medline ships supplies directly to members' homes via FedEx. Most orders are processed within 24-48 hours, with direct home delivery available Monday-Saturday. You can use the [Electric, Nonhospital Grade Breast Pump Request Form](#) on the [provider website](#) to place an order for your patient and either fax to 1-337-628-2240 or email to orders@amedadirect.com for fulfillment.

Additionally, to place a breast pump order for a member, contact Ameda Direct powered by Medline via one of the methods below:

- Phone: 1-877-791-0064
- Fax: 1-337-628-2240
- Online: <https://insured.amedadirect.com>
- Email: orders@amedadirect.com

ARPEC-0169-18

Medline is a participating provider with Summit Community Care and is the largest privately held manufacturer and distributor of incontinence products in the United States. Medline's collaboration with Ameda Direct offers Summit Community Care members a breast pump specifically designed for them as well as access to the following benefits at no additional cost:

- An online library of breastfeeding tips and videos (Visit <https://insured.amedadirect.com> for more information.)
- Online and phone lactation support provided by Ameda Direct
- Lactation trained specialists available through Ameda Direct's dedicated support center to assist members before, during and after their breast pump purchase

90-day continuity of care period for behavioral health authorizations

Background: For the March 1, 2019, implementation of the Provider-Led Arkansas Shared Savings Entity (PASSE) program, Summit Community Care will observe a 90-day period of continuity of care for all members with existing behavioral health authorizations. No service will be denied for circumstances where authorizations were in place and authorized by the Arkansas Department of Human Services prior to March 1, 2019.



The continuity of care period applies to both participating and nonparticipating behavioral health providers, who will receive a minimum of the Medicaid fee schedule for those 90 days.

What this means to you:

In order to ensure appropriate processing of these behavioral health claims during the continuity of care implementation period, please continue to utilize the appropriate HCPCS/CPT codes identified for these services.

In order to establish a staggered authorization process, all behavioral health authorizations with expiration dates during the 90-day period will be reviewed by Summit Community Care Utilization Management (UM) team for authorization for services requested by the provider. However, the original behavioral health authorizations approved prior to the March 31, 2019, start date will be paid through May 31, 2019. Care coordinators will continue to work with providers and members to develop Person-Centered Service Plans (PCSPs). These PCSPs will assist providers and the UM team in reviewing the needs of our members.

In order to receive the same options/authorizations for new behavioral health members, providers must ensure appropriate documentation is submitted to justify care for the member. Care coordinators will still complete the PCSP with the provider and member.

How long will the waiver last?

The behavioral health continuity of care waiver begins on March 1, 2019, and runs through May 31, 2019. At the end of the implementation waiver, all approved behavioral health authorizations will be paid according to rates established in your provider contract.

Our continuity of care policy ensures there is no lapse in care or previously authorized by traditional Medicaid or another PASSE managed care organization for members who have recently joined Summit Community Care.

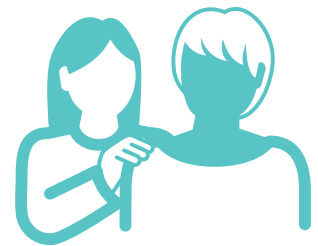
Beginning June 1, 2019, prior authorization for continuity of care will be required. Providers will need to contact Summit Community Care as soon as possible for new authorizations.

ARPEC-0333-19

120-day Continuity of Care Waiver for Community and Employment Services Waiver members

Background: For the March 1, 2019, implementation of the PASSE program in Arkansas, Summit Community Care is adopting a 120-day Continuity of Care Waiver for all members in the Community and Employment Services (CES) Waiver Program. No service will be denied for absence of authorization where waiver services were in place and authorized by the Arkansas Department of Human Services prior to implementation. Rates/payments established within the current waivers will be paid by Summit Community Care through the 120-day period.

The Continuity of Care Waiver applies to both participating and nonparticipating CES Waiver providers. The CES Waiver rates approved prior to the March 1, 2019, start date will be paid through June 30, 2019, while Summit Community Care reviews claims to establish a new rate methodology (i.e., fee schedule). At the end of the implementation waiver, all CES Waiver plans (regardless of when they were authorized or reviewed) will be paid at the new rates. Providers will be notified of the new fee schedule/rate at least 21 days before July 1, 2019.



What this means to you:

In order to ensure appropriate processing of these claims during the Continuity of Care Implementation Waiver period, continue to use the appropriate HCPCS/CPT codes for these services.

To stagger the authorization process, all CES Waivers with expiration dates during the 120-day period will be reviewed:

- By a care coordinator for the development of a new person-centered service plan.
- By utilization management for service authorizations.

Providers should submit budget sheets and other documentation justifying care members to receive the same waiver option as CES Waiver members. Care coordinators will still complete the person-centered service plan with the provider and member.

How long will the waiver last?

The CES Waiver continuity of care waiver begins on March 1, 2019, and runs through June 30, 2019. At the end of the implementation waiver, all CES Waiver plans will begin being paid at the new rates regardless of when the CES Waiver was authorized or reviewed.

Our continuity of care policy aims to ensure there is no lapse in care coordinated or previously authorized for newly added Summit Community Care members.

Effective July 1, 2019, prior authorization for continuity of care will be required. Providers need to contact Summit Community Care for new authorizations.

ARPEC-0334-19