

# Provider Newsletter



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

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## Table of Contents

Important information about utilization management	Page 2
<i>2019 Utilization Management Affirmative Statement</i>	Page 2
Complex Case Management program	Page 3
<i>Members' Rights and Responsibilities Statement</i>	Page 3
Help prevent preeclampsia with prenatal aspirin	Page 4

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

# Important information about utilization management



Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our [provider website](#).

You can request a free copy of our UM criteria from Provider Services at 1-844-462-0022. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the number listed below. Providers can access UM criteria [online](#).

We are staffed with clinical professionals who coordinate our members' care and are available 24 hours a day, 7 days a week to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

## Submit precertification requests via:

- [Availity Portal](#)
- Fax:
  - Retail: 1-844-429-7761
  - Medical injectables: 1-844-429-7762
- Phone: 1-844-462-0022

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## Have questions about utilization decisions or the UM process?

Call our Clinical team at 1-844-462-0022  
Monday-Friday from 8 a.m.-5 p.m. CT.

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## 2019 Utilization Management Affirmative Statement

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization, or create barriers to care and service.

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## Complex Case Management program

Managing an illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.



Summit Community Care is available to offer assistance in these difficult moments with our Complex Care Management program. Our care managers are part of an interdisciplinary team of clinicians and other resource professionals who support members, families, primary care physicians and caregivers. The Complex Care Management process uses the experience and expertise of the Care Coordination team to educate and empower our members by increasing self-management skills. The Complex Care Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at 1-844-462-0022. Case Management business hours are Monday-Friday from 8 a.m.-5 p.m. Central time.

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## Members' Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to participating practitioners and members in our system, Summit Community Care has adopted a *Members' Rights and Responsibilities Statement*, which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at 1-844-462-0022



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# Help prevent preeclampsia with prenatal aspirin

Preeclampsia is one of four types of hypertensive disorders of pregnancy. It is defined as the development of hypertension with either proteinuria or end-organ dysfunction with onset after 20 weeks of gestation in a previously normotensive woman.

## Preeclampsia facts:

- The exact incidence of preeclampsia is unknown.
- Preeclampsia is reported to affect 5-10 percent of pregnancies with rates in the United States increasing (*ACOG Comm Op #638, September 2015, Reaffirmed, 2017*).
- Preeclampsia is one of the leading causes of maternal morbidity and mortality, accounting for 15.9 percent of the approximately 700 pregnancy-related deaths in the United States.
- Non-Hispanic Black women experience mortality rates 3-4 times that of non-Hispanic White women (*CDC Advancing the Health of Mothers in the 21st Century At A Glance, 2016*).

## Tips for providers:

- Prenatal aspirin and home blood pressure monitors are covered benefits for our members.
- Prescriptions for aspirin avoid out-of-pocket costs for members.
- Prescriptions for automatic, digital, home-use blood pressure monitors (with appropriately sized cuffs), along with proper instruction encourage members to identify preeclampsia early.
- Education on normal blood pressure range during pregnancy empowers members to partner with you in their prenatal care.

With the definitive etiology remaining unknown, the causation theory involves ischemic placental disease. After decades of research, daily low-dose aspirin has emerged as an effective prevention. Its anti-inflammatory and anti-platelet properties are key to counteracting the changes in platelet and vessel wall function that result in preeclampsia. Safety and efficacy of the use of aspirin in pregnancy has also been confirmed in the literature and supported by the [U.S. Preventive Services Task Force](#) in 2014.

The U.S. Preventive Services Task Force has recently recommended the use of daily aspirin in pregnant women with certain risk factors. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have endorsed the recommendation of a daily 81 mg aspirin for women at high risk of developing preeclampsia starting at 12-28 weeks of pregnancy (*ACOG Comm Op #743, July 2018*).

Close surveillance of blood pressure in pregnancy through in-office and at-home monitoring and decreasing stress are other potentially effective interventions.

We recognize the opportunity to collaborate with our obstetrical care providers to improve women's health and pregnancy outcomes by these interventions. We hope all obstetrical care providers will join us in promoting early identification of at-risk pregnant women, close surveillance of blood pressure, reduction of stress and administration of prenatal aspirin in eligible candidates.

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