Provider Digital Engagement Supplement

Purpose

The purpose of this supplement is to establish the standards for increasing the use of secure digital provider tools and applications. These tools and applications are accessible to both participating and nonparticipating providers. This supplement is applicable to Summit Community Care and affiliate health plans for commercial and government business divisions (Federal Employee Program, Medicaid and Medicare). The products include medical, behavioral health, dental and vision.

In support of this digital supplement, the following efficiencies have been documented as industry averages per the annual *Council for Affordable Quality Healthcare, Inc. (CAQH®) CORE Efficiency Index Study*.

Table 10: Average, Minimum, and Maximum Time Spent by Providers Conducting Manual, Partial and Electronic Transactions, Medical, 2019 CAQH Index

Transaction	Method	Average Time Providers Spend per Transaction (minutes)	Min Time Providers Spend per Transaction (minutes)	Max Time Providers Spend per Transaction (minutes)	Potential Average Time Saving (minutes)
Eligibility and Benefit Verification	Manual	10	3	30	8
	Partial	5	1	15	3
	Electronic	2	<1	10	
Prior Authorization	Manual	21	3	45	17
	Partial	8	1	20	4
	Electronic	4	<1	18	
Claim Submission	Manual	6	1	25	4
	Electronic	2	<1	6	
Attachments	Manual	11	1	30	6
	Electronic	5	1	10	
Claim Status Inquiry	Manual	12	1	20	8
	Partial	4	1	10	0
	Electronic	4	<1	11	
Claim Payment	Manual	5	<1	11	2
	Electronic	3	<1	10	
Remittance Advice	Manual	7	<1	19	5
	Partial	4	<1	10	2
	Electronic	2	<1	10	
Total Potential Time Savings (Manual)					50
Total Potential Time Savings (Partial)					9

Supplement statement

This supplement outlines the digital tools Summit Community Care has available to participating and nonparticipating providers who serve its members. It is our expectation that providers will utilize these digital tools unless mandated by law or other legal requirement no later than January 1, 2021. The electronic tools and applications include the secure Availity* Provider Portal, Electronic Data Interchange (EDI) Transaction Gateway and available business-to-business (B2B) application programming interfaces (APIs) — all hosted via Availity. This supplement addresses the following processes:

- Acceptance of digital ID cards
- Eligibility and benefit inquiry and response
- Claim submission, including attachments and claim status
- Remittances and payments

It is preferred that in markets where these tools are currently available, these digital alternatives are used:
- Disputes
- Grievances and appeals
- Demographic updates
- Pharmacy prior authorization drug requests
- Services through Summit Community Care affiliates, AIM Specialty Health®* and Beacon Health*
- Provider enrollment
- Prior authorization submissions including updates, attachments and authorization status

Summit Community Care expects that all providers seeking any functions and processes above will use available electronic self-service tools, including EDI X12 transactions, the Availity Provider Portal or direct desktop integration via B2B APIs in lieu of manual channels (paper, mail, fax, call, etc.). Availity provides access to all Summit Community Care self-service tools across all electronic channels outlined above. All digital channels are consistent with industry standards.

Access to all Summit Community Care digital tools and capabilities is available on the secure Availity Provider Portal via **https://www.availity.com**. Please access Availity to learn more about available EDI, the Availity Provider Portal and B2B API options. Administration simplification standard transaction requirements: **https://www.hhs.gov/hipaa/for-professionals/other-administration-simplification-rules/index.html**

Note: *As a mandatory requirement, all trading partners who currently transmit directly to a Summit Community Care EDI Gateway must transition to the Availity EDI Gateway and have an active Availity Trading Partner Agreement in place.*

SECTION I
Acceptance of digital ID cards

As our members transition to electronic member ID cards, providers may need to implement changes in their processes to accept this new format. Summit Community Care expects that providers will accept the electronic version of the member identification card in lieu of a physical member identification card when presented by members who are transitioning to digital cards.

SECTION II
Eligibility and benefit inquiry and response

Providers may leverage any of the following Availity hosted channels for electronic eligibility and benefit inquiry and response:
- EDI transaction: X12 270/271 — eligibility inquiry and response (version 5010):
  - Summit Community Care supports the industry standard X12 270/271 transaction set for eligibility and benefit inquiry and response as mandated by *HIPAA*.

- Secure Availity Provider Portal:
    - Eligibility and benefit verification utility — This utility allows a provider to key an inquiry directly into an online eligibility and benefit look-up form with real-time responses.
- Provider desktop integration via B2B APIs:
    - Summit Community Care has also enabled real-time access to eligibility and benefit verification APIs that can be directly integrated within participating vendors' practice management software, revenue cycle management software and some electronic medical records software. Contact Availity for available vendor integration opportunities at **https://www.availity.com/Healthcare-APIs**.

SECTION III
Authorizations

Prior authorization submission, attachment and status

Providers may leverage any of the following channels for prior authorization submission, status inquiries and submission of electronic attachments (solicited or unsolicited) on the secure Provider Portal via Availity:

- EDI transaction: X12 278 — prior authorization and referral (version 5010):
    - Summit Community Care supports the industry standard X12 278 transaction for prior authorization submission and status inquiry as mandated per *HIPAA*.
- EDI transaction: X12 275 — patient information, including HL7 payload (version 5010) for authorization attachments:
    - Summit Community Care supports the industry standard X12 275 transaction for electronic transmission of supporting authorization documentation including medical records via the HL7 payload.
- Secure Availity Provider Portal:
    - Interactive Care Reviewer (ICR) — The authorization ICR utility allows a provider to key a prior authorization request, including an attachment or status inquiry directly into an online form.
    - Additionally, providers can use ICR to make inquiries on previously submitted requests, regardless of how the original prior authorization was submitted (phone, fax, eReview, secure email, etc.).
    - Provider desktop integration via B2B APIs:
        - Summit Community Care has enabled real-time access to prior authorization APIs, that can be directly integrated within participating vendors' practice management software, revenue cycle management software and some electronic medical records software. Contact Availity for available vendor integration at: **https://www.availity.com/Healthcare-APIs**.

Claim submissions, attachment and status

Providers may leverage any of the following channels for electronic claim submisssion, attachments (for both pre- and postpayment) and status on the secure Availity Provider Portal:

- EDI transaction: X12 837 — professional, institutional and dental claim submission (version 5010):
    o Summit Community Care supports the industry standard X12 837 transactions for all fee-for-service and encounter billing as mandated per *HIPAA*.
- EDI transaction: X12 275 — patient information, including HL7 payload attachment (version 5010):
    o Summit Community Care supports the industry standard X12 275 transaction for electronic transmission of supporting claims documentation including medical records via the HL7 payload.
- EDI transaction: X12 276/277 — claim status inquiry and response (version 5010):
    o Summit Community Care supports the industry standard X12 276/277 transaction set for claim status inquiry and response as mandated by *HIPAA*.
    o Secure Availity Provider Portal: Direct Data Entry (DDE) — The claim DDE utility provider allows a provider to key a claim directly into an online claim form and also upload supporting documentation for a defined claim (solicited or unsolicited).
    o *837 Claim* batch upload — The claim batch upload utility allows a provider to upload an entire batch/file of claims (must be in X12 837 standard format).
    o Claim Status Inquiry utility — This utility allows a provider to key an inquiry directly into an online claim status form with real-time responses.
- Provider desktop integration via B2B APIs:
    o Summit Community Care has also enabled real-time access to claim status via APIs, which can be directly integrated within participating vendors' practice management software, revenue cycle management software and some electronic medical records software. Contact Availity for available vendor integration at **https://www.availity.com/Healthcare-APIs**.

SECTION V
Remittances and payments electronic funds transfer

Like the payroll direct deposit service that most businesses offer their employees, electronic funds transfer (EFT) uses the automated clearing house (ACH) network to transmit health care payments from a health plan to a health care provider's bank account. Health plans can use a provider's banking informaton only to deposit funds, not to withdraw funds. Summit Community Care expects providers to accept payment via EFT in lieu of paper checks.

Providers can register or manage account changes for EFT via the CAQH enrollment tool called **EnrollHub™**. This tool will help eliminate the need for paper registration, reduce administrative time and costs and allows physicians and facilities to register with multiple payers at one time. EFT payments are deposited faster and are generally the lowest cost payment method.

To facilitate quicker reimbursement for providers who have not enrolled for EFT, Summit Community Care may move paper checks to a virtual card payment method. Virtual cards allow physicians and facilities to process payments as credit card transactions.

Using the same Trace Identifier Segment (TRN) helps to match the payment to the correct remittance advice, a process called reassociation. Health plans are required to input the X12 835 TRN segment into Field 3 of the *Addenda Record of the CCD+Addenda*. The TRN segment in the *Addenda Record of the CCD+Addenda* should be the same as the TRN segment in the associated ERA that describes the payment.

Electronic remittance advice
Providers may leverage any of the following channels for electronic remittance advice (ERA) on the secure Availity Provider Portal:
- EDI transaction: X12 835 — ERA (version 5010)
  - Summit Community Care supports the industry standard X12 835 transaction as mandated per *HIPAA*.
- Secure Availity Provider Portal — remittance inquiry:
  - The Remittance Inquiry application provides a digital version (PDF) of paper payment remittance that can be downloaded.