

Provider Newsletter



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

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COVID-19 information from Summit Community Care

Summit Community Care is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *COVID-19 Updates* page on our [website](#).

ARPEC-0579-20

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**.

AR-NL-0089-20

MCG care guidelines – 24th edition

Effective August 1, 2020, Summit Community Care will upgrade to the 24th edition of MCG care guidelines for the following modules: Inpatient Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC) and Behavioral Health Care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.



[Read more online.](#)

AR-NL-0080-20

New behavioral health discharge call-in line

We value the strong and collaborative relationships we have with the providers in our network. As we continuously work to improve our process, we have a new option for providers to communicate with us. Effective April 1, 2020, behavioral health providers have a new discharge call-in line.

What is the impact of this change?

If a member is discharging from inpatient or residential treatment, providers may send the discharge information via the call-in line at **1-833-385-9055**.

The call-in line is staffed from 7 a.m. to 7 p.m. CT, Monday through Friday. If all representatives are on calls, or if it's a weekend, the confidential voicemail will be initiated, allowing providers to leave discharge information.

Providers can also continue to submit the information via fax or the **Availity Portal**.*

** Availity, LLC is an independent company providing administrative support services on behalf of Summit Community Care.*

AR-NL-0091-20



2020 affirmative statement concerning utilization management decisions

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.

AR-NL-0082-20

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**. You can also use that number to discuss a UM denial decision with a physician reviewer. To access UM criteria online, go to <https://provider.summitcommunitycare.com/arkansas-provider/manuals-and-guides>.

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

You can submit precertification requests by:

- Visiting the Availity Portal* at <https://www.availity.com>
- Faxing to:
 - Physical Health: **1-800-964-3627**
 - Behavioral Health Inpatient and Intermediate Care Facility (ICF): **1-877-434-7578**
 - Behavioral Health Outpatient: **1-866-877-5229**
 - LTSS/CES Waiver Services: **1-844-815-4715**
 - Medical Retail: **1-844-429-7761**
- Medical Injectables: **1-844-429-7762**
- Calling Provider Services at **1-844-462-0022**

Have questions about utilization decisions or the UM process?

Call our Clinical team at **1-844-462-0022** Monday to Friday from 8 a.m. to 5 p.m. Central time and ask to be transferred to Summit Community Care.

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AR-NL-0088-20



Complex Case Management program

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



Summit Community Care is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals to support members, families, primary care physicians and caregivers. The Complex Case Management program 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 Monday to Friday from 8 a.m. to 5 p.m. Central time at **1-844-462-0022** or at: ArkansasCM@Summitcommunitycare.com. 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.

AR-NL-0087-20

Follow-Up After Hospitalization for Mental Illness

We understand providers are committed to providing our members with quality care, including follow-up appointments after a behavioral health (BH) inpatient stay. Since regular monitoring, follow-up appointments and making necessary treatment recommendations or changes are all part of quality care, we would like to provide an overview of the related HEDIS® measure.

The Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS measure evaluates members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

Two areas of importance for this HEDIS measure are:

- The percentage of BH inpatient discharges for which the member received follow-up within seven days after discharge.
- The percentage of BH inpatient discharges for which the member received follow-up within 30 days after discharge.



[Read more online.](#)

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

AR-NL-0086-20

Coverage of flu, pneumococcal and shingles vaccines

Effective February 1, 2020, Summit Community Care covers flu, pneumococcal and shingles vaccines on the pharmacy benefit.

Medicaid members 19 years and older can obtain these vaccines from their doctor's office or from an in-network pharmacy.

Medicaid members between the ages of 2-18 years old are eligible for free vaccine coverage by the Vaccine for Children (VFC) program. Health plans are not responsible for the cost of the vaccine. As a result, non-VFC claims submitted to Summit Community Care for vaccines in Medicaid members younger than 19 will reject.

Please see below for VFC pharmacies:

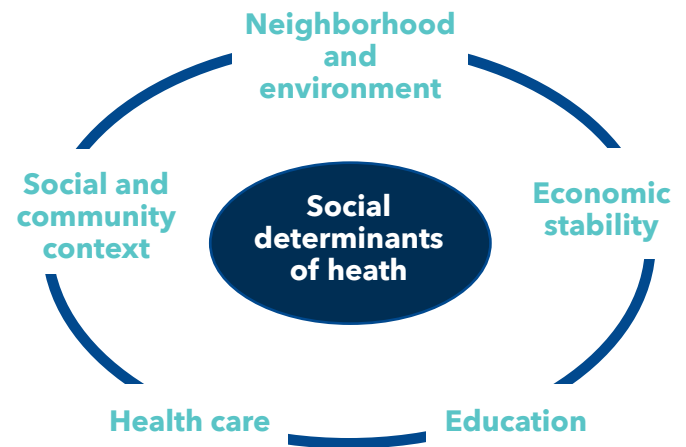
Pharmacy name	Pharmacy NPI	Status
Express Rx on Cantrell	1497186340	Y
Express Rx of Cabot	1225499619	Y
Express Rx of Sherwood	1063812138	Y
Harps #133	1457608598	Y
Harps #135	1861592180	Y
Harps #156	1942606306	Y
Harps #163	1255750717	Y
Harps #308	1649515941	Y
Harps #394	1720410467	Y

AR-NL-0079-20

Coding spotlight – provider's guide to code social determinants of health

What are social determinants of health (SDOH)?

The World Health Organization (WHO) defines SDOH as "conditions in which people are born, grow, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequalities." Capturing SDOH is becoming a necessary element of documentation.



 [Read more online.](#)

AR-NL-0084-20

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.



To view a guideline, visit <https://provider.summitcommunitycare.com/arkansas-provider/medical-policies-and-clinical-guidelines>

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
 - Revised scope of document to only address benign prostatic hyperplasia (BPH)
 - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
 - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
 - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
 - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- *SURG.00037 - Treatment of Varicose Veins (Lower Extremities)
 - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
- Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
- Added limits to retreatment to the medically necessary criteria for all procedures
- *SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
 - Expanded scope to include gastroparesis
 - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- *SURG.00097 - Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
 - Expanded scope of document to include vertebral body tethering
 - Added vertebral body tethering as investigational and not medically necessary



Medical Policies and Clinical Utilization Management Guidelines update (cont.)

- *CG-LAB-14 - Respiratory Viral Panel Testing in the Outpatient Setting
 - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving 5 targets or less when criteria are met
 - Added RVP testing in the outpatient setting using large panels involving 6 or more targets as not medically necessary
- *CG-MED-68 - Therapeutic Apheresis
 - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the **AIM Specialty Health**,** page:
 - *Joint Surgery
 - *Advanced Imaging–Vascular Imaging

Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Summit Community Care.

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Summit Community Care. These guidelines were adopted by the medical operations committee for Summit Community Care members on November 25, 2019.

View the full update line for a list of the policies and guidelines recently developed and revised.



Read more online.

** AIM Specialty Health is a separate company providing utilization review services on behalf of Summit Community Care.

AR-NL-0090-20

Reimbursement Policy

Policy Update

Unlisted, Unspecified or Miscellaneous Codes

(Policy 06-004, effective 08/01/2020)

Summit Community Care allows reimbursement for unlisted, unspecified or miscellaneous codes. Effective August 1, 2020, unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.



For additional information, please review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy [here](#).

AR-NL-0083-20