August 2024 Provider Newsletter

Contents

ARSMT-CD-062997-24

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Administrative | Medicaid | Aug 1, 2024

Mutually exclusive places of service

Beginning with claims processing on or after November 1, 2024, Summit Community Care will update the claims editing process for professional claims to support mutually exclusive places of service edits.

According to CMS policy, the place of service (POS) code used should indicate the setting in which the patient received a face-to-face encounter or where the technical component of a service was rendered, in the case of an interpretation. However, when a patient is in a registered inpatient status, all services billed by all providers should reflect and acknowledge the patient's inpatient status. A physician/practitioner/supplier furnishing services to a patient who is a registered inpatient shall, at a minimum, report the inpatient hospital POS code 21 irrespective of the setting where the patient receives the face-to-face encounter.

For additional information, please visit CMS.gov:

- CMS Transmittal 2679; R2679CP | CMS.
- CMS Transmittal 1170; R1170OTN | CMS.

If you have questions about this communication or need assistance with any other item, contact your provider relationship management representative.

ARSMT-CD-061211-24-CPN61097

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Digital Solutions | Medicaid | Aug 1, 2024

Save time and get better results with optimized CPT code search in Availity Essentials

Improvements in search capabilities in Availity Essentials now result in faster and more accurate results.

To help save you more time upfront while receiving more detailed eligibility & benefits information, we've expanded the Current Procedural Terminology® (CPT) code search capabilities in Availity Essentials' Eligibility and Benefit tool.

These optimizations enable the use of up to eight specific CPT or Healthcare Common Procedure Coding System (HCPCS) codes per transaction for faster, more accurate, and personalized search results, which include:

- Authorization requirement notifications — so you know up-front if an authorization is needed.

- Additional plan-level benefit limitations details.

- Cost-share information displayed by places of service and procedure codes.

Making these details available on the search results pages can help you save time and effort by giving you access to the right information you need when you need it. Additionally, it reduces the need to contact us, resulting in fewer calls and chats over time.

Watch the recorded training to see how you can start saving time today. Learning sessions show step-by-step how you can use the CPT code search capabilities in Availity Essentials to help increase your productivity. We're dedicated to supporting your success through digital solutions that help reduce your administrative burden and streamline your interactions with us.

If you have any questions, contact your provider relationship management representative.

To view this article online:

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Admission, discharge, and transfer information is now available for Medicaid members

If you and your organization are focused on promoting evidence-based medicine and clinical quality performance, our Alerts Hub clinical notification tool, accessed through Availity Essentials, can help drive your success.

Our clinical notification application, Alerts Hub, offers admission, discharge, and transfer (ADT) notifications for Medicaid members. For those members, Alerts Hub offers a simple way to view a list of patients who have been admitted to the hospital or visited the emergency room.

Discover what users across the country already know.

Alerts Hub offers timely, actionable information to help your organization reach out to patients who can benefit from transitions in care planning or other interventions following inpatient or emergency care.

Viewing and responding to ADT notifications with outreach to patients can help drive your organizations' clinical quality and cost of care performance in value-based care arrangements —More importantly, it helps drive better outcomes for your patients.

Get started today.

We are committed to finding solutions that help our care provider partners offer quality services to our members. To access Alerts Hub, log on to Availity Essentials, select **Payer Spaces**, then select **Alerts Hub**. New users will need to register and set preferences. Registered users will receive daily notification emails with a summary of relevant alerts and a reminder to view details in Alerts Hub. Be sure to check your junk or spam folders if you aren't receiving messages in your inbox.

ARSMT-CD-062997-24

Need more help? The Availity Custom Learning Center offers a range of training materials that can help you get up to speed quickly so that you can take advantage of all Alerts Hub has to offer.

Contact us.

Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to Availity.com and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section of our provider website.

ARSMT-CD-060622-24-CPN59897

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/admission-discharge-and-transfer-information-is-now-availabl-20767

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August is National Breastfeeding Month

On August 6, 2011, the U.S. Breastfeeding Committee (USBC) officially declared August as National Breastfeeding Month.[1]

In recognition of August as National Breastfeeding Month, we are introducing resources published by numerous trusted sources, including My Diverse Patients. The first is an eLearning experience, developed for care providers, nurses, office staff, and other healthcare professionals. It is titled *Promoting Birth Equity*. You can find it on the Maternal Health Disparities page. In addition, within the *Current Trends* section, we offer access to an education resource via an externally published special series called *Lost Mothers: Maternal Mortality In The U.S.* It includes a resource by the National Public Radio entitled *Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why*.

Further and in accordance, the U.S. Centers for Disease Control and Prevention (CDC) offers these key points about breastfeeding:

- Breastfeeding is the best source of nutrition for most infants.
- Breastfeeding can reduce the risk of certain health conditions for both infants and mothers.
- Only one in four infants are exclusively breastfed as recommended until they are six months old.
- CDC supports and promotes breastfeeding across the United States.

Infants who are breastfed and mothers who breastfeed have reduced risk of:

- Asthma and severe lower respiratory disease.
- Obesity.
- Type 1 diabetes.

- Acute otitis media (ear infections).

- Sudden infant death syndrome (SIDS).

- Gastrointestinal infections, which can cause diarrhea and vomiting.

- [Necrotizing enterocolitis (NEC)](#) (death of intestinal tissue) for preterm infants.

Mothers who breastfeed also have reduced risk of high blood pressure, Type 2 diabetes, ovarian cancer, and breast cancer.[2]

Whole health

We are taking a holistic view that can transform health. Maternal-child health includes the entire pre-pregnancy, pregnancy, delivery, and postpartum journey of a parent and child up to one year after birth.[3]

Healthy babies start with healthy pregnancies. The United States has a robust healthcare infrastructure, spending more per capita on healthcare than any other nation, but maternal health in the U.S. has lagged behind that of other developed countries.[4]

Certified doula care can help improve maternal and infant health outcomes

Research shows that doulas — trained professionals who counsel pregnant people before, during, and after their babies are born — can help improve maternal health outcomes by offering information and education, as well as physical, social, and emotional support. Such care has been found to reduce the rate of cesarean births, preterm births, and postpartum depression, while also improving breastfeeding rate.[4]

We look forward to working together to deliver high-quality, equitable healthcare. If you have any questions about this communication, visit the *Contact Us* section of our provider website.

1. National Breastfeeding Month. U.S. Breastfeeding Committee. (n.d.). https://www.usbreastfeeding.org/national-breastfeeding-month.html

2. Centers for Disease Control and Prevention. (2023, December 18). *About breastfeeding*. Centers for Disease Control and Prevention. https://www.cdc.gov/breastfeeding/php/about/index.html

3. *Maternal Health.* Elevance Health. (n.d.). https://www.elevancehealth.com/our-approach-to-health/maternal-health

4. Elevance Health Impact. (2023, April 30). *Certified Doula Care Can Help Improve Maternal and Infant Health Outcomes* Video. Elevance Health. https://www.elevancehealth.com/our-approach-to-health/whole-health/certified-doula-care-can-help-improve-maternal-and-infant-health-outcomes

MULTI-ALL-CD-062146-24-CPN61848

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/august-is-national-breastfeeding-month-20836

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No-cost health risk prevention training for direct support staff

Direct support professionals (DSPs) are eligible for free training to help them identify and prevent common health problems in people with intellectual and developmental disabilities (IDD).

Refer to attachment to view full details.

ARSMT-CD-060976-24, ARSMT-CD-063282-24

ATTACHMENTS (available on web): No-cost health risk prevention training for direct support staff (pdf - 0.32mb)

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/no-cost-health-risk-prevention-training-for-direct-support-s-20886

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Coming soon: Provider e-Learning Resource Center for Payment Integrity

We are thrilled to announce the upcoming launch of Payment Integrity's new innovative tool, the Provider e-Learning Resource Center (PeRC). This is an exciting upgrade exemplary of our ongoing commitment to providing the best resources for your billing and coding success. PeRC is an educational platform:

- Dedicated to accurate coding initiatives, with the goal of resulting in reduced errors.

- That promotes a well-informed care provider community, enhances healthcare services, and improves outcomes.

Stay tuned for the official launch date and more details about the Provider e-Learning Resource Center from the Provider Education team.

We are committed to a future of shared success.

ARSMT-CD-061008-24-CPN60941

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/coming-soon-provider-e-learning-resource-center-for-payment-21077

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Notice of Material Amendment to Healthcare Contract

Carelon Medical Benefits Management, Inc. updates effective October 20, 2024

Effective on October 20, 2024, the following Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guideline updates for medical necessity review, will apply for Summit Community Care:

- Cardiology:
    - Cardiac Resynchronization Therapy
    - Endovascular Revascularization
    - Imaging of the Heart
    - Implantable Cardioverter Defibrillators
    - Percutaneous Coronary Intervention
    - Permanent Implantable Pacemakers

- Genetic Testing:
    - Pharmacogenomic Testing
    - Predictive and Prognostic Polygenic Testing
    - Chromosomal Microarray Analysis
    - Whole Exome Sequencing and Whole Genome Sequencing
    - Somatic Tumor Testing

- Musculoskeletal:
    - Spine Surgery
    - Sacroiliac Joint Fusion

- Radiology:

  - Imaging of the Spine

  - Imaging of the Extremities

  - Vascular Imaging

  - Imaging of the Brain

- Sleep:

  - Sleep Disorder Management

Please share this notice with other members of your practice and office staff.

ARSMT-CD-056095-24-CPN54674

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/carelon-medical-benefits-management-inc-updates-effective-oc-20653

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Notice of Material Amendment to Healthcare Contract

Prior authorization requirement changes

Effective October 1, 2024

Effective October 1, 2024, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Summit Community Care for Medicaid members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

Code	Description
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity Essentials at Availity.com.

- **Fax:**

  - **Behavioral health: 877-434-7578**

  - **Non-behavioral health: 800-964-3627**

- **Phone: 844-462-0022**

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Not all PA requirements are listed here. Detailed PA requirements are available to providers on **provider.summitcommunitycare.com** on the *Resources* tab or for contracted providers by accessing Availity.com. Providers may also call Provider Services at **844-462-0022** for assistance with PA requirements.

UM AROW A2024M1495

ARSMT-CD-059735-24-CPN59021

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Notice of Material Amendment to Healthcare Contract

Prior authorization requirement changes

Effective October 1, 2024

Effective October 1, 2024, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Summit Community Care for Medicaid members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

Code	Description
C9790	Histotripsy (for example, nonthermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity Essentials at **Availity.com**.

- **Fax: 800-964-3627**

- **Phone: 844-462-0022**

Not all PA requirements are listed here. Detailed PA requirements are available to care providers on **provider.summitcommunitycare.com** on the *Resources* tab or for

contracted care providers by accessing **Availity.com**. Care providers may also call

Provider Services at **844-462-0022** for assistance with PA requirements.

UM AROW A2023M0967

ARSMT-CD-050770-24-CPN50146

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Visit https://providernews.summitcommunitycare.com/articles/notice-of-material-amendment-to-healthcare-contract-prior-au-20618

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Notice of Material Amendment to Healthcare Contract

Reimbursement policy update: Nurse Practitioner and Physician Assistant Services

(Policy G-20002, effective 11/01/2024)

Beginning with dates of service on or after 11/01/2024, Summit Community Care will update the *Nurse Practitioner and Physician Assistant Services* reimbursement policy as indicated below.

The following services will be removed as physicians' services.

- Preventive Services

- Radiology Services

The following services will be included as physicians' services.

- Durable medical equipment Prosthetics, Orthotics, and Supplies (DMEPOS)

- Laboratory Services and Screening Services

The Nurse Practitioner reimbursement has been updated to 100% of NP Fee Schedule Rates.

For additional information, please review the *Nurse Practitioner and Physician Assistant Services* reimbursement policy at **Reimbursement Policies (summitcommunitycare.com)**.

ARSMT-CD-050405-24-CPN49984

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/notice-of-material-amendment-to-healthcare-contract-reimburs-20669

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Bringing whole-person care to sickle cell disease management

Call to action

We're committed to active involvement with our care provider partners and going beyond the contract to create a real impact on the health of our communities. We are excited to share a new and improved way to care for people living with sickle cell disease (SCD). Summit Community Care has created a comprehensive SCD care management program. The program partners with members and care providers to remove barriers to care, improve and facilitate treatment adherence, and increase the quality of life for people living with SCD. By focusing on the prevention of SCD complications and building strategies for effective pain management, we aim to reduce preventable emergency department (ED) use and hospital admissions.

Our goal is to ensure that members with SCD receive comprehensive whole person care that goes beyond treating disease symptoms. Through this program, we will provide disease education, medication adherence monitoring, care coordination, as well as connections to community resources that support social drivers of health and other critical services. By building trusting relationships between Summit Community Care, our members, care providers, and community resources, we assist our members in achieving the best quality of life possible.

To refer a Medicaid-enrolled Summit Community Care member to the SCD Care Coordination program, call Provider Services at **844-462-0022**.

Why this is important

SCD is a chronic condition and is the most common inherited red blood cell disorder in the United States affecting at least 100,000 Americans.[1] The Center for Disease Control and

Prevention (CDC) reports that SCD affects one out of every 365 Black and African American births and one out of every 16,300 Hispanic and Latinx births.[1]

Most care providers are familiar with the unpredictable symptoms and long-term morbidities that individuals affected by SCD experience, including pain and vaso-occlusive crises, depression, and fatigue. Repeated vaso-occlusion, infarction, and chronic hemolytic anemia lead to organ dysfunction. More than half of people living with SCD have some organ disease and at least 24% have damage affecting multiple organs[2]. Vaso-occlusive events can have devastating consequences across all age groups. For example, it is estimated that 50% of people with SCD will experience cerebral vasculopathy by age 14, and 25% of adults with SCD will experience a stroke by age 45.[2]

Care providers might lose sight of the high medical costs (estimated to be over $1 million per individual lifetime)[6,1], barriers to care, and reduced quality of life people with SCD face. Despite medical advances in treatments such as medications and gene therapy, large discrepancies in both outcomes and mortality rates for people with SCD still remain. One startling national statistic shows that life expectancy for people with SCD is at least 22 years lower than that for people without SCD.[6] These gaps can be attributed to multiple factors including limited access to comprehensive care.

The effects of SCD on quality of life are often unrecognized. Patients with SCD are more likely than people without SCD to have lost workdays and missed school days because of time spent in the hospital or ED.[6] The prevalence of depression and anxiety among people with SCD is five times greater than that of the general population.[2]

Patient experience is linked to their perceptions of quality of care.[10] Many people living with SCD report dissatisfaction with the quality of care they receive. Contributing factors to this dissatisfaction include perceptions of racial discrimination, feelings of being stereotyped as drug seekers who do not have legitimate pain, barriers to accessing specialty care, and lack of clinician comfort with disease management — especially pain.[10]

The presence of implicit racial bias in healthcare and perceptions of discrimination are directly linked to negative health experiences.[2] One example comes from a published study that showed people with sickle cell crisis in the ED waited 50% longer for pain treatment than patients who arrived with long bone fractures.[3] In another study of ED wait

times, patients with SCD waited an average of two hours longer for initial pain treatment compared to patients without SCD.[3]

Negative healthcare experiences lead to feelings of mistrust, which result in poor health outcomes. Patients with SCD who report experiences of discrimination are 53% more likely to report nonadherence to physician treatment recommendations.[10] The lack of trusting relationships with healthcare providers correlates to low patient self-efficacy. This is compounded by obstacles related to social drivers of health, which disproportionately affect many individuals living with SCD.

We designed this program in our pursuit to deliver the most comprehensive care, and we believe it can foster close collaboration between Summit Community Care and healthcare providers. This joint effort has the potential to address and eliminate the challenges our members with sickle cell disease currently face.

To support this endeavor, Summit Community Care is ready to provide essential tools and resources needed to make a positive impact. Our shared commitment can help enhance the healthcare journey for our members.

References:

1 American Society of Hematology. (2022). *The cost of living with sickle cell disease.* tinyurl.com/2ezzzwzt.

2 BlueBirdBio. (n.d.). *We can change SCD*. changeforscd.com

3 Hutchinson S. (2023). *For people with sickle cell disease, ERs can mean life-threatening waits.* tinyurl.com/2fy2n5mb

4 Jang T, Poplawska M, et al. (2021). *Vaso-occlusive crisis in sickle cell disease: a vicious cycle of secondary events.* Journal of Translational Medicine. 10.1186/s12967-021-03074-z

5 Johnson KM, Boshen J, et al. (2023). Lifetime medical costs attributable to sickle cell disease among nonelderly individuals with commercial insurance. *Blood Advances,* 7(3). tinyurl.com/2phs7hcy

6 Lubeck D, Agodoa I, Bhakta N, et al. (2019) *Estimated life expectancy and income of patients with sickle cell disease compared with those without sickle cell disease*. JAMA Network Open. tinyurl.com/5n8wyfrw

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8 National Institutes of Health. (2022). *Researchers identify the high costs of living with sickle cell disease*. tinyurl.com/3mw6spxc

9 Onimoe G, Rotz S. (2020) *Sickle cell disease: a primary care update*. 87(1) 19-27 ccjm.org/content/87/1/19

10 Oyedeji C, Strouse J. Improving the quality of care for adolescents and adults with sickle cell disease – it's a long road. *JAMA Network Open*. 2020;3(5) tinyurl.com/4464y44y

11 United States, Department of Health and Human Services, Centers for Disease Control and Prevention. (7 July 2023). *Are family physicians comfortable treating people with sickle cell disease?* Centers for Disease Control and Prevention. tinyurl.com/yhr4tyb7

12 Wachnik, AA, Welch-Coltrane, JL, Adams, MC, et al. (2022) *A standardized emergency department order set decreases admission rates and in-patient length of stay for adult patients with sickle cell disease.* Pain Medicine. doi.org/10.1093/pm/pnac096

ARSMT-CD-062324-24-CPN61710

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