

December 2024 Provider Newsletter

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ARSMT-CD-072759-24

To view this publication online:

Visit <https://providernews.summitcommunitycare.com/publications/december-2024-provider-newsletter-3493>

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Anesthesia billed time units update beginning February 2025

Summary:

- Effective Feb 1, 2025, Summit Community Care will begin using CMS *Physician Work Time* values for anesthesia claims.
- Claims with anesthesia services time exceeding the set limit will only pay up to the CMS established amount; industry standards remain.
- Exemptions: patients under age 22 and maternity care. Follow American Society of Anesthesiologists (ASA) guidelines for pre- and post-op times.

Beginning with claims processed on or after February 1, 2025, Summit Community Care will change how we evaluate billed time on professional claims for anesthesia services (for example, CPT® codes 00100 through 01999).

We will use the CMS *Physician Work Time* values to target the number of minutes reported for anesthesia services. Claims submitted with reported time above the established number of minutes will only pay up to the CMS established amount . This update will not change industry standard coding requirements or the ASA anesthesia formula.

This update will account for anesthesia work time that is included in the pre-service evaluations, intra-service period, and post-service period. The appropriateness of billing for pre- and post-operations time must be documented and follow the guidelines established by the ASA as the appropriate amount of time that should be counted and documented.

Exclusions:

- Patients under the age of 22
- Maternity-related care

Resources:

- *Maximum Units Per Day* reimbursement policy
- CMS Physician Fee Schedule (PSF) Federal Regulation Notice Final Rule *Physician Work Time*
- ASA

If you disagree with a claim reimbursement decision, please follow the claim dispute process as outlined in the provider manual. Documentation to support your request will be required.

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

ARSMT-CD-068091-24-CPN67709

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/anesthesia-billed-time-units-update-beginning-february-2025-23146>

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Roster Automation updates: roster download functionality

Background:

- Care providers can request and download a full roster for an organization and TIN.
- To request a roster, care providers must go to **Payer Spaces** in Availity Essentials as detailed below. This functionality is not on the *Upload Roster File* screen, which is where care providers upload rosters for processing.
- After downloading the roster, care providers can use it to easily edit demographic information.

My Roster: request and download a copy of your current roster

Care providers can now download a copy of their full roster in Availity Essentials. This enhancement allows care providers to view and verify the demographic information we maintain and currently have loaded in our system.

To request a roster, go to [Availity.com](https://www.availity.com) > Payer Spaces > Select Payer Tile > Provider Enrollment and Network Management > Request Current Roster.

Care providers will be prompted to select the organization name and TIN they would like included in the roster. Multiple TINs can be included in one request.

Download requested roster

The roster available for download from **Payer Spaces** in Availity Essentials will contain a few more columns than the standard template. The additional columns have drop-down menus that enable care providers to indicate what data needs to be updated and how (for example, updates or terminations).*

Care providers can edit the downloaded roster and upload the updated version via Availity's *Upload Roster File* screen to easily make changes to their data. Because the download is correctly formatted, it should enable automatic processing.

* Care providers should continue to use the Provider Enrollment application in Availity Essentials to submit requests to add new practitioners under existing groups that require credentialing.

As a reminder, care providers are responsible for the accuracy of the data they submit as well as submitting updates timely. If updates are not submitted timely and result in claim denials or rejections, those denials will stand.

Contact us

Availity 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](https://www.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 for the appropriate contact.

ARSMT-CD-070193-24-CPN70176

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Arkansas value-based care model

Summit Community Care reaches members where they live, work, and play to address all the factors that influence health — physical, behavioral, and social. **Did you know 80% of the drivers of health occur outside the practitioner's offices?** Summit Community Care is committed to addressing the lack of resources and barriers faced by our Medicaid enrollees and working with providers to deliver excellent care and services. Our approach centers around comprehensive care management and coordination, ensuring that our interventions extend beyond clinical settings. By implementing a value-based care model, we aim to advance the health and well-being of the most vulnerable individuals in our communities. This approach not only enhances patient care but also fosters long-term, positive health outcomes for those who need it most.

Refer to attachment to view full details.

ARSMT-CD-070771-24-SRS70771

ATTACHMENTS (available on web): **[Arkansas value-based care model \(pdf - 0.75mb\)](#)**

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/arkansas-value-based-care-model-22745>

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Advancing health equity, together

Arkansans deserve the opportunity to live an optimal life with a healthcare system that supports the whole health of residents and reduces barriers to access, equity, quality, and affordability. That means making sure everyone has a fair opportunity to be as healthy as possible, regardless of age, race, gender, disability, socioeconomic status, or other circumstances.

By working together with over 70 community-based partners on an annual basis, Summit Community Care is better positioned in Arkansas to understand and meet members' clinical and social needs and to recognize and address care inequities. Focusing on whole health is key to driving healthcare value, affordability, and outcomes.

Refer to attachment to view full details.

ARSMT-CD-070800-24-SRS70771

ATTACHMENTS (available on web): **[Advancing health equity, together \(pdf - 0.61mb\)](#)**

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/advancing-health-equity-together-22746>

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Supportive Living Quality Incentive Program

The Supportive Living Quality Incentive Program (SLQIP) offers incentives to supportive living providers who deliver quality and efficient care to members.

SLQIP promotes timely and appropriate post discharge management and improved coordination of care and social drivers of health by integrating behavioral health services into the member's person-centered plan.

Refer to attachment to view full details.

ARSMT-CD-070801-24-SRS70771

ATTACHMENTS (available on web): **[Supportive Living Quality Incentive Program \(pdf - 0.7mb\)](#)**

To view this article online:

Visit **<https://providernews.summitcommunitycare.com/articles/supportive-living-quality-incentive-program-22747>**

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Clinical Criteria updates

Effective January 30, 2025

Summary:

On August 16, 2024, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Summit Community Care. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. For questions or additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive

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

Please note:

- The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

- This notice is meant to inform the provider of new or revised criteria that has been adopted by Summit Community Care only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
January 30, 2025	*CC-0266	Rytelo (imetelstat)	New
January 30, 2025	CC-0156	Reblozyl (luspatercept)	Revised
January 30, 2025	CC-0244	Columvi (glofitamab-gxbm)	Revised
January 30, 2025	CC-0124	Keytruda (pembrolizumab)	Revised
January 30, 2025	CC-0104	Levoleucovorin Agents	Revised
January 30, 2025	CC-0182	Iron Agents	Revised
January 30, 2025	CC-0197	Jemperli (dostarlimab-gxly)	Revised
January 30, 2025	*CC-0082	Onpattro (patisiran)	Revised

Effective date	<i>Clinical Criteria number</i>	<i>Clinical Criteria</i> title	New or revised
January 30, 2025	*CC-0217	Amvuttra (vulrisiran)	Revised
January 30, 2025	*CC-0084	Tegsedi (inotersen)	Revised
January 30, 2025	*CC-0010	Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	Revised
January 30, 2025	CC-0209	Leqvio (inclisiran)	Revised
January 30, 2025	*CC-0193	Evkeeza (evinacumab)	Revised
January 30, 2025	*CC-0027	Denosumab	Revised
January 30, 2025	CC-0019	Zoledronic Acid	Revised
January 30, 2025	CC-0208	Adbry (tralokinumab)	Revised

Effective date	<i>Clinical Criteria number</i>	<i>Clinical Criteria</i> title	New or revised
January 30, 2025	*CC-0029	Dupixent (dupilumab)	Revised
January 30, 2025	*CC-0246	Rystiggo (rozanolixizumab-noli)	Revised
January 30, 2025	*CC-0207	Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-gvfc)	Revised
January 30, 2025	*CC-0028	Benlysta (belimumab)	Revised
January 30, 2025	*CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended -release) injection	Revised
January 30, 2025	*CC-0002	Colony Stimulating Factor Agents	Revised
January 30, 2025	CC-0127	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
January 30, 2025	CC-0121	Gazyva (obinutuzumab)	Revised

Effective date	<i>Clinical Criteria number</i>	<i>Clinical Criteria</i> title	New or revised
January 30, 2025	CC-0242	Epkinly (epcoritamab-bysp)	Revised
January 30, 2025	CC-0130	Imfinzi (durvalumab)	Revised
January 30, 2025	CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
January 30, 2025	CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
January 30, 2025	CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
January 30, 2025	CC-0071	Entyvio (vedolizumab)	Revised
January 30, 2025	*CC-0048	Spinraza (nusinersen)	Revised
January 30, 2025	*CC-0058	Sandostatin and Sandostatin LAR (Octreotide) / Octreotide Agents	Revised

ARSMT-CD-070776-24-CPN70546

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/clinical-criteria-updates-22699>

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Clinical Criteria updates

Effective February 13, 2025

Summary: On May 17, 2024, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Summit Community Care. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. For questions or additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other providers in your practice and office staff.

Please note:

- The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.
- This notice is meant to inform the provider of new or revised criteria that has been adopted by Summit Community Care only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.

Effective date	<i>Clinical Criteria number</i>	<i>Clinical Criteria</i> title	New or revised
February 13, 2025	*CC-0262	Tevimbra (tislelizumab-jsgr)	New
February 13, 2025	*CC-0162	Tepezza (teprotumumab-trbw)	Revised
February 13, 2025	*CC-0111	Nplate (romiplostim)	Revised
February 13, 2025	CC-0165	Trodelvy (sacituzumab govitecan)	Revised
February 13, 2025	*CC-0002	Colony Stimulating Factor Agents	Revised
February 13, 2025	CC-0128	Tecentriq (atezolizumab)	Revised
February 13, 2025	*CC-0098	Doxorubicin Liposome (Doxil, Lipodox)	Revised
February 13, 2025	*CC-0101	Torisel (temsirolimus)	Revised
February 13, 2025	*CC-0107	Bevacizumab for Non- Ophthalmologic Indications	Revised
February 13, 2025	CC-0143	Polivy (polatuzumab vedotin-piiq)	Revised

Effective date	<i>Clinical Criteria number</i>	<i>Clinical Criteria</i> title	New or revised
February 13, 2025	*CC-0092	Adcetris (brentuximab vedotin)	Revised
February 13, 2025	CC-0106	Erbitux (cetuximab)	Revised
February 13, 2025	*CC-0105	Vectibix (panitumumab)	Revised
February 13, 2025	CC-0145	Libtayo (cemiplimab-rwlc)	Revised
February 13, 2025	CC-0160	Vyepti (eptinezumab)	Revised
February 13, 2025	CC-0102	GNRH Analogs for Oncologic Indications	Revised
February 13, 2025	CC-0201	Rybrevant (amivantamab-ymjw)	Revised
February 13, 2025	*CC-0188	Imcivree (setmelanotide)	Revised
February 13, 2025	*CC-0124	Keytruda (pembrolizumab)	Revised
February 13, 2025	CC-0041	Complement C5 Inhibitors	Revised

Effective date	<i>Clinical Criteria number</i>	<i>Clinical Criteria</i> title	New or revised
February 13, 2025	CC-0199	Empaveli (pegcetacoplan)	Revised
February 13, 2025	*CC-0130	Imfinzi (durvalumab)	Revised
February 13, 2025	CC-0240	Zynyz (retifanlimab-dlwr)	Revised
February 13, 2025	CC-0123	Cyramza (ramucirumab)	Revised
February 13, 2025	CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
February 13, 2025	CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
February 13, 2025	CC-0226	Elahere (mirvetuximab)	Revised
February 13, 2025	CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
February 13, 2025	*CC-0066	Monoclonal Antibodies to Interleukin-6	Revised

Effective date	<i>Clinical Criteria number</i>	<i>Clinical Criteria</i> title	New or revised
February 13, 2025	CC-0221	Spevigo (spesolimab-sbzo)	Revised
February 13, 2025	CC-0071	Entyvio (vedolizumab)	Revised
February 13, 2025	*CC-0063	Ustekinumab Agents	Revised

ARSMT-CD-063650-24-CPN63281

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/clinical-criteria-updates-22920>

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Long-term services and supports provider site visits

As part of our commitment to developing long-standing long-term term services and supports (LTSS) provider relationships, we are dedicated to ensuring clear communication, education, effective relationship management, and timely issue resolution. To achieve this, our LTSS provider relationship management team will conduct periodic in-person meetings designed to foster increased communication, deeper connections, and enhanced collaboration.

LTSS provider relationship management representatives:

- Brandon Boyd — responsible for providers whose names begin with A to J:
 - **501-200-7493**
 - brandon.boyd@summitcommunitycare.com
- Rachelle Rose — responsible for providers whose names begin with K to Z:
 - **501-442-6420**
 - rachelle.rose@summitcommunitycare.com

LTSS providers include:

- ADDT/EIDT clinics.
- CES waiver agencies.
- Home health agencies.
- Private duty nursing agencies.
- Intermediate care facilities (ICFs).
- Personal care agencies.

As an LTSS provider, expect outreach from your dedicated LTSS provider relationship management representative to coordinate in-person, formal provider meetings. These meetings, scheduled in advance with a structured agenda and clear objectives, will supplement ongoing informal interactions throughout the year.

Additional support:

- Brittany Davis, Director of Provider Relationships:
 - **501-446-8625**
 - brittany.davis@summitcommunitycare.com
- Jessica Walker, Provider Educator:
 - **501-412-0462**
 - jessica.walker@summitcommunitycare.com
- Ashley Riedmueller, Workforce Development Manager:
 - **501-289-9297**
 - ashley.riedmueller@summitcommunitycare.com

We look forward to working closely with you to strengthen our collaboration and support.

ARSMT-CD-071087-24

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Notice of Material Amendment to Healthcare Contract

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on or after March 1, 2025, the following medication codes will require prior authorization.

Please note, inclusion of a National Drug Code (NDC) on your medical claim is necessary for claims processing.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
CC-0264	C9399, J9999	Anktiva (nogapendekin alfa inbekicept-pmIn)
CC-0166	J3590	Hercessi (trastuzumab-strf)
CC-0263	C9399, J9999	Imdelltra (tarlatamab-dlle)

What if I need assistance?

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

Services at **844-462-0022**.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

ARSMT-CD-070236-24-CPN69976

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