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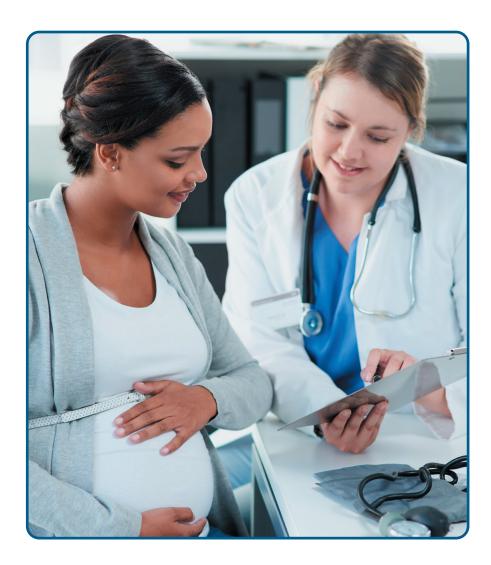
@HealthyBlueSC

# Quality Incentive Program: **Centering Pregnancy (PCPs)**

In Centering Pregnancy, after a woman has her initial obstetric appointment and exam, she is placed in a group with eight to 12 other women who have due dates in the same month. They receive all their prenatal care visits together in 10 sessions of two hours each throughout their second and third trimesters. A health care provider, such as a physician or nurse practitioner, facilitates the groups, carrying out all the medical care the patients would routinely receive per the prenatal care guidelines from the American College of Obstetrics and Gynecology. The sessions include extended time for the provider to facilitate health education and the patients to enjoy social support among themselves.

There is a financial incentive for Centering Pregnancy visits, beyond routine prenatal care visit charges. All Healthy Connections organizations offer an additional \$30 per patient per visit, up to \$150. Healthy Blue offers up to \$475 in incentives per patient.

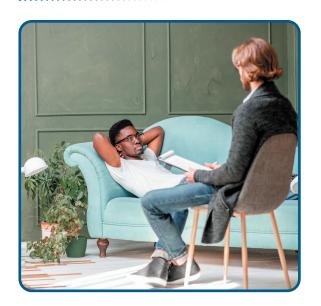
For more information on the Centering Pregnancy model and the consortium in South Carolina, contact Sarah Covington-Kolb, Centering Pregnancy coordinator, at scovington-kolb@ghs.org or 864-455-8803.



# Behavioral Health Support **for Members After Hospitalization**

The Healthy Blue behavioral health case management team began providing post-discharge assessments for members who had psychiatric hospitalizations in the fourth quarter of 2021. Historically, the case management team has contacted all members upon their discharge from psychiatric hospitalization to offer support and resources. In October, the case management team began completion of a post-discharge assessment that can be shared (with the member's permission) with the outpatient provider members are following up with for care. This contact and assessment have allowed members to have additional support after hospitalization and have provided education related to additional benefits they may have questions about as a Healthy Blue member.





# Psychiatric Residential Treatment (PRTF) Providers Reporting for Healthy Blue

In December 2021, the South Carolina Department of Health and Human Services (SC DHHS) notified Medicaid managed care organizations there was a desire to gather data on members currently in the psychiatric residential treatment level of care. Healthy Blue has reached out to all PRTF providers to host informational meetings related to reporting requirements. Healthy Blue must report information related to planned discharge dates and discharge plans weekly to SC DHHS. PRTF providers are encouraged to contact Healthy Blue if they have questions about this reporting requirement that will take effect in January.

# Access and Availability for **Behavioral Health Visits**

Behavioral health providers are reminded of the following timeline requirements for offering appointments for members in alignment with Healthy Blue's Managed Behavioral Healthcare Organization (MBHO) accreditation requirements:

Type of Care	Provider type	Appropriate time frame
Hospital discharge follow-up	Behavioral health providers	Within 7 days of discharge
Initial routine visit	Behavioral health providers	Within 10 business days
Follow-up routine care	Behavioral health providers	Within 30 days
Non-life-threatening emergency care	Behavioral health providers	Within 6 hours
Life-threatening emergency care	Behavioral health providers	Immediately

## Annual CAHPS Survey

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual standardized survey conducted between February and May to assess consumers' experiences with their providers and health plans. A random sample of your adult or child patients may receive the survey.

## More than half of the questions used for scoring are directly impacted by providers. These questions are:

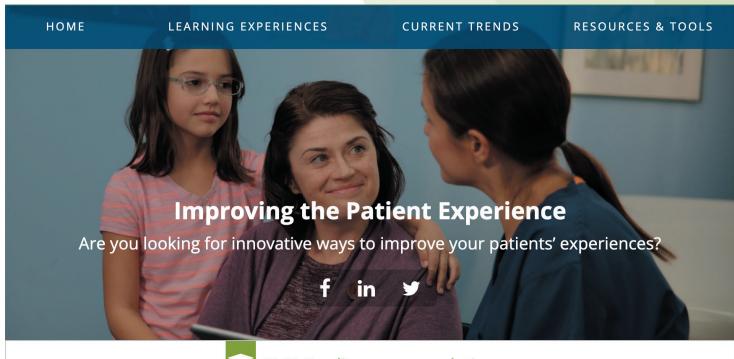
- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a checkup or routine care as soon as you needed?
- How often was it easy to get the care, tests or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed?
- How often did your personal doctor seem informed and up to date about the care you got from other doctors or other health care providers?
- How would you rate your personal doctor?
- How would you rate the specialist you see most often?
- How would you rate all your health care in the last six months?

#### Interested in how you can improve CAHPS performance?

Healthy Blue offers an online course for providers and office staff that's designed to teach how to improve communication skills, build patient trust and commitment, and expand your knowledge of the CAHPS survey. The Improving the Patient Experience course is available at no cost and is eligible for one continuing medical education (CME) credit by the American Academy of Family Physicians. It can be accessed at <a href="https://www.MyDiversePatients.com">www.MyDiversePatients.com</a>.\*









#### CME Credit upon completion

#### Did you know?

- Substantial evidence points to a positive association between the patient experience and health outcomes.
- Patients with chronic conditions, such as diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their health care providers.
- Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.

# How will this benefit you and your office staff? You'll learn tips and techniques to:

- Improve communication skills.
- Build patient trust and commitment.
- Expand your knowledge of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

#### **Designed For**

- Doctors
- Nurses
- Health Professionals
- Medical Office Staff

# Skilled Nursing Facility Reviews: **Level of Care Certification Form**

The Level of Care Certification Form (Form 185 or Form 185S [Complex]) is required for authorization of members seeking care at a skilled nursing facility (SNF). The state of South Carolina will complete the initial request and provide a set of approved days (effective and expiration dates) for the admission. The completed, dated and signed Level of Care Certification Form must be sent to the Health Plan with the member's request for admission.

If the member continues to require care beyond the initial effective and expiration dates provided by the state, it then becomes the responsibility of the SNF to complete a new signed and dated Level of Care Certification Form with the new effective and expiration dates for concurrent review. The SNF must submit the new form to the state five days prior to the previous form's expiration date and must also submit the new completed copy of the form to the Health Plan for the authorization of additional days.

Access the Level of Care Certification Form <a href="here">here</a>,\* and select Form 185 or 185S (Complex).

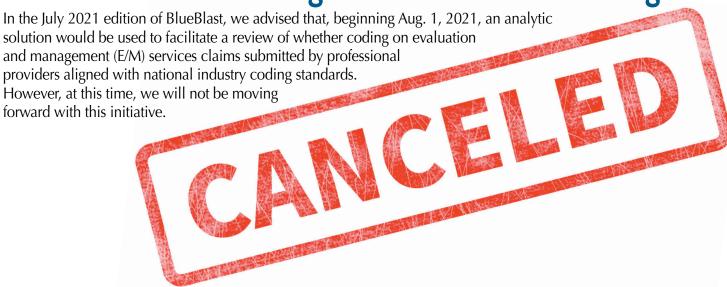
Healthy Connections	Report Fraud
MEDICAID 🗸	
GETTING MEDICAID FOR PROVIDERS COMMUNICATIONS USEFUL TO	OOLS ABOUT US
ome	
Nursing Facility Services Manual 07/01/19 Edition	Sign up to receive the latest news and updates.
Posted 07/01/19	Email Address SUBSCRIBE
	SUBSCRIBE
The South Carolina Department of Health and Human Services (SCDHHS) reorganized its  Medicaid provider manuals to give them a fresh look and a user-friendly approach to accessing	
information. The new manual is available on the provider section of the SCDHHS website under	
provider manual list . Each historic provider manual is archived on the SCDHHS website during	MOST VIEWS
a transition period.	
WHAT HASN'T CHANGED:	Medicaid Portal Login
	Frequently Asked Questions
<ul> <li>Procedure code information is under review, and may be revised later, but has not changed and is still in section 4. Section 4 can be accessed by clicking on the link that is included at the end of the program overview of each revised manual.</li> </ul>	Medicaid
<ul> <li>Forms are still available and may also be accessed by clicking on the link that is included at the end of the program overview of each revised manual.</li> </ul>	Other Resources  About SCDHHS
WHAT HAS CHANGED:	
<ul> <li>The newly revised manuals are comprised of information previously contained in section 2 of the original manuals along with any unique program area information previously contained in sections 3 and 5.</li> </ul>	Stay Connected
<ul> <li>General administrative and billing information previously contained in sections 1, 3 and 5 is now included in SCDHHS' new Provider Administrative and Billing Manual.</li> </ul>	
Download entire manual	
Provider Administrative and Billing Manual	
Copayment Schedule     Appendices	
<ul> <li>Appendix 1: Edit Codes , CARCs/RARCs, and Resolutions</li> <li>Appendix 2: Carrier Codes</li> </ul>	
• Forms	
Third Party Liability Supplement	
Managed Care Supplement     Observe Control Proceedings	
Change Control Record	
JTH CAROLINA	

C	TH CAROLINA DEPARTMENT OF HEALTH AND H OMPLEX CARE PROGRAM SUPPEMENTAL ASSES	
C	ontact Email: Complexcare@scdhhs.gov or Fax: Check status of applications by 5th busine	(803) 255-8209. ss day.
Applicant	Medicaid #	
Name & Title of Staff Completin	FormFax/En	nail
2 <sup>nd</sup> Staff Contact Name & Title_	Faxe	Email
Facility Completing Form	Date Completed	d:
Initial Referral 🗆	Recertification  Requested Recertification dates: To	oFrom
Submit initial referral when appl	icant is in hospital/acute inpatient for 10 consecuti	ve days. Inpatient Admission date:
Check Applicants Insurance:	☐ Medicaid ☐ Medicare A Medicare #	
Category/Treatment	Additional Information	Documents to send with refer
	apply to the applicant. Send admit note/H&P, In	
☐ Stage 4 / pressure	(Attach staging note of stage 4 pressure woun	d only)
Tracheostomy	☐ Tracheostomy tube/cannula ☐Tracheal cleaning	(Attach tracheostomy care/suction orders)
□Oral Suctioning	Purpose:	(Attach care/suction note if applicable)
By respiratory care unit or nursing facility staff	Frequency	
☐Total Parenteral Nutrition	□Expected duration of 2 weeks or more	
□Partial Parenteral Nutrition Given by IV-Intravenous access only, No Antibiotics	Name of TPN/PPN nutrition therapy:	(Attach Medication list/orders for TPN/PPN therapy)
Disruptive Behaviors 60% of the time requiring 1:1 assistance or restraints	List conditions / Behaviors:	(Attach additional information)  PASRR Level III completed  Psychiatry Evaluation recommendation
☐ Diagnosis of Morbid	□Bed	(Attach charted measurements)
Obesity (BMI 40 or higher and at least	□Lift Type □Wheelchair	Height ft. in
100 pounds over ideal weight must include other d/x and need	LI Wheelchair	Weight Ib. (or kg
assistance with 1 ADL)		Comorbidity:
☐ Goal directed therapies	□PT □	Comorbidacy:
Received therapist totaling 5	□от	(Attach PT/OT/ST treatment plan/ goals/progress notes)
days per week for 2 of 3 disciplines.	□ST Frequency:	goals/ progress notes)
Uventilator Dependent (life sustaining for 6 or more hours a day)	Name & List settings	(Attach ventilator orders/settings)
□ Dialvsis	Frequency	(Attach Dialysis schedule)
☐ HIV (CD4 level equal to or less than 500)	Taking 2 or more medications for HIV treatment	(Attach medication list for HIV treatment)

ADL SELF-PERFORMANCE- (Code for client's PERFORMANCE during last 7 daysNot including setup	2)
1. INDEPENDENT - No help or oversight - OR - Help/oversight provided only 1 or 2 times during last 7 days	
<ol> <li>SUPERVISION - Oversight encouragement or cuing provided 3+ times during last 7 days - OR - Supervisit physical assistance provided only 1 or 2 times during last 7 days.</li> </ol>	on plus
LIMITED ASSISTANCE - Client highly involved in activity, received physical help in guided maneuvering	ng of limbs, or othe
non-weight bearing assistance 50% or more of the time -0R- More assistance < 50% of the time dur 3. EXTENSIVE ASSISTANCE - While client performed part of activity, over last 7 day period, help of following 50% or more of the time: Weight-bearing support Full careigive performance during part (but not all) of last 7 days	
<ol> <li>TOTAL DEPENDENCE - Full caregiver performance of activity during entire 7 days</li> </ol>	
DEFINITIONS  A. TRANSFER - How the client moves between surfaces - to/from: bed, chair, wheelchair, standing position	enter i inchi.
from bath/toilet)	
B. LOCOMOTION - How the client moves between locations in his/her room and living area. If in a wheelch in chair	air, self-sufficiency or
C. DRESSING - How the client puts on, fastens, and takes off all items of clothing, including donning/removi	ng prosthesis.
D. EATING - How the client eats and drinks (regardless of skill). E. TOILET USE - How the client uses the toilet (or commode, bedpan, urinal): transfer on/off toilet, cleanses	, changes pad,
manages ostomy or catheter, adjusts clothes.	Code H
TRANSFER	Code II
LOCOMOTION	
DRESSING	
EATING	
TOILET USE	
Supervision—Oversight help only     Supervision—Oversight help only     Physical help limited to transfer only  BATHING	Code H
CONTINENCE SELF-CONTROL CATEGORIES (Code for client performance over 14 days)	
O.CORTINENT - Comprises control L. USUALLY CONTROL TO BLOCK AND	
BOWEL CONTINENCE Control of bowel movement, with appliance or bowel continence programs employed.	
BLADDER CONTINENCE Control of urinary bladder function (if dribbles, volume insufficient to soak tunderpants) With appliances (e.g., Foley) or continence programs, if employed	hrough
TO BE COMPLETED BY SCONHS REPRESENTATIVE	
Approved Effective Date FromToTo	
□ Denied Reason(s)	
SCDHHS RepresentativeDate:	
SCDH4IS RepresentativeDate:	
COHHS Form 1855	
COHHS Form 1855	
DCDR4G RepresentationDate:	

For any questions, please feel free to contact the Utilization Management department at 866-902-1689 or review the SNF Provider Manual here.\*





### **Cost Containment**

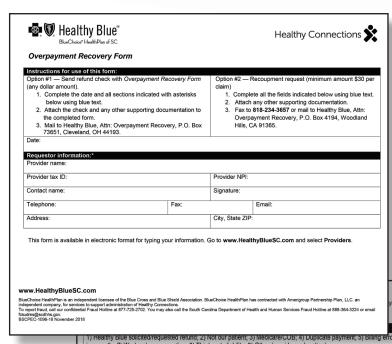
Have you received a refund request or feel you were overpaid on a claim? If either of these applies, please be sure to complete the <u>Overpayment Recovery Form</u> and mail it along with the check to the below address.

#### **Healthy Blue**

Attn: Overpayment Recovery P.O. Box Central – 73651 Cleveland, OH 44193-1177

#### For questions,

you may call 818-234-3289, 8 a.m. – 5 p.m. Eastern time.





incorrectly; 7) Workers' compensation; 8) Third-party liability; 9) Other (provide explanation)								
Refund adjus	stment request	information:*						
Patient	Patient ID	Patient	Claim	Date(s) of	Billed	Paid	Refund	Readjustment
name:	(include alpha prefix):	DOB:	number (one claim per line):	service:	amount:	amount:	amount:	reason code: (If "Other," please provide explanation in box below.)
(Insert additio	nal lines as nee	eded.)						
(Insert addition	nal lines as nee	eded.)			Total re	fund amount:		
(Insert addition	nal lines as nee	eded.)		•	Total re	fund amount:		
		eded.)	ner) is entered	above:	Total re	fund amount:		
		,	ner) is entered	above:	Total re	fund amount:		
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Healthy Blue







BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan LLC, an independent company, for services to support administration of Healthy Connections. Amerigroup Corporation, an independent company, administers utilization management services for BlueChoice HealthPlan.

\* Some links in this newsletter lead to third-party sites. Those organizations are solely responsible for the content and privacy policies on these sites.

The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information.

To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov.

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