

# Provider Newsletter

[www.SilverSummitHealthplan.com](http://www.SilverSummitHealthplan.com)



**ADULT**  
ACCESS TO PREVENTIVE/  
AMBULATORY HEALTH SERVICES (AAP)

**PROVIDER**  
SATISFACTION SURVEY

**CAHPS**  
SEASON 2023



**silversummit**  
**healthplan**<sup>™</sup>

November 2023

# In this Issue

**3** *Adults Access to Preventive/Ambulatory Health Services (AAP)*

---

**5** *Notification of Pain Management Network Changes*

---

**6** *Provider Satisfaction Survey*

---

**7** *CAHPS Season 2023*

---

**8** *Electronic Visit Verification (EVV) Billing Process*

---

**9** *Patients Important Resources*

---

**12** *Ambetter Value Trainings*

---





## Adults Access to Preventive/Ambulatory Health Services (AAP)

As we near the end of year, SilverSummit wants to remind you to continue activities that promote Members access to primary care. The **Adults Access to Preventive/Ambulatory Health Services (AAP)** measure is great way to identify the Members in your panel that need to be seen by the end of year.

### **What is the AAP measure?**

The percentage of Members 20 years and older who had an ambulatory or preventive care visit in the measurement year (2023).

### **Why is AAP important?**

Health care visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions.

### **Do sick visits count?**

Yes, sick visits count as a numerator compliant event.

### **Do annual wellness visits count?**

Yes, annual wellness visits count as a numerator compliant event.

### **Do visits have to be in person?**

No, you can complete visits via telehealth including telephone visits and online assessments.



## Adults Access to Preventive/Ambulatory Health Services (AAP)

### How can I improve AAP performance?

- Review the gap in care report that is provided by your assigned Provider Quality Liaison (PQL).
- Conduct Reminder calls, text messages or mailing to ensure Members do not miss scheduled appointments.
- Encourage Members to come in for an annual adult wellness visit.
- Educate Members on the importance of preventive screenings.
- Consider telephonic visits or online assessments when in person appointments are not readily available.
- Offer telehealth if in person appointments are not available.
- Outreach to newly assigned Members to schedule appointments.

### What are the codes for telephonic visits and online assessments?

## Telephone Visits

**CPT\*/CPT II - 98966, 98967, 98968, 99441, 99442, 99443**

**SNOMED - 185317003, 314849005, 386472008, 386473003, 401267002**

## Online Assessment (e-visit/virtual check-in)

**CPT\*/CPT II - 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458**

**HCPCS - G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252**

**Reminder:** Don't miss out on provider rewards! The AAP measure is part of SSHP's Pay for Performance (P4P) program. Providers receive \$50 with every AAP gap that is closed.



# Notification of Pain Management Network Changes

SilverSummit Healthplan is pleased to announce that we are partnering with Nevada Comprehensive Pain Center as our preferred pain management provider effective October 1, 2023.

Please begin sending members who need pain management services to Nevada Comprehensive Pain Center.



Northwest

[6090 Smoke Ranch Road](#)  
[Las Vegas, NV 89128](#)



Central Location

[2809 W. Charleston Blvd](#)  
[Las Vegas, NV 89102](#)



East Flamingo

[1589 E. Flamingo Road](#)  
[Las Vegas, NV 89119](#)



Southwest

[9327 W. Sunset Road](#)  
[Las Vegas, NV 89148](#)



Henderson

[1655 W. Horizon Ridge Parkway](#)  
[Henderson, NV 89012](#)



North

[1610 E. Lake Mead](#)  
[North Las Vegas, NV 89030](#)



**Phone: 702.476.9999**



**Fax: 702.946.1343**



**Email: [contact@nvcpc.com](mailto:contact@nvcpc.com)**

## Provider Satisfaction Survey



### Provider Satisfaction Survey est. fielding dates

- Medicaid: 10/31/23
- Ambetter: 11/6/23
- Medicare: 11/6/23



**Surveys will be mailed to provider site address(s) as well as done via phone.**



**Only 1 survey needs to be filled out either by the office staff, billing staff or provider.**



**SSHP will be selecting 5 providers that have filled out the survey to receive a \$150 gift card.**

We really appreciate your participation in our survey to help us better serve you!

# Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2023



CAHPS Season ended during June 2024 and final scores are pending CMS approval. Currently the SilverSummit Member Experience Quality team is completing a comprehensive analysis of the results and have identified areas of focus for 2024.

One strategy to improve Member's response rates in 2024 is to bridge the language gap barrier. All Members will receive the survey in their preferred language listed. If a Member does not receive the survey in their preferred language, there will be an insert in multiple languages for the Member to request a survey in the correct language.

In addition, some composite measures have been removed from the 2024 CAHPS survey. For example, being seen within 15 minutes will be removed in 2024.



Focus areas for 2024 will be provided by your Provider Quality Liaison during your monthly meetings, action planning and your Mock CAHPS Scorecard review is applicable.

As a reminder CAHPS 2024 season begins in March of Q1. It is never too early to encourage our Members to share their healthcare opinions and experiences so we can better serve.



# Action Required by November 30, 2023: Urgent Update Regarding Changes to Electronic Visit Verification (EVV) Billing Process



## Attention Personal Care Services (PCS) and Home Health Care providers:

Nevada Medicaid has an important update regarding upcoming changes to the Electronic Visit Verification (EVV) billing process. Please read this message carefully as it contains crucial information that will affect billing procedures going forward.

As outlined in Web Announcement 3119, Nevada Medicaid is transitioning the EVV system from Fiserv's AuthentiCare® to Sandata Technologies, LLC. The expected start date for providers to begin using Sandata is **December 15, 2023**.

### Change to Billing:

Currently all providers using an EVV system are required to bill through AuthentiCare®, regardless of whether they use the state EVV system or a data aggregator (also known as an alternate EVV system). With the transition to Sandata, providers will have more flexibility in how they can bill for services that require the use of an EVV system.

### Essentials to Know:

**State EVV Sandata Users:** If a provider chooses to use the state EVV system through Sandata, they can continue to have billing handled within the EVV system. Another option is to use the state EVV system, but also be able to select a third-party billing solution.

**Alternate EVV System Users:** Nevada Medicaid will no longer mandate providers who opt for an alternate EVV system to bill through the state EVV vendor, as Sandata does not support billing for alternate EVV systems. This means providers using an alternate EVV system must choose a third-party billing solution for their EVV-related services.

### ALL USERS - Provider Registration:

Regardless of whether the state EVV or an alternate EVV system is used, all providers must register with Sandata. This registration is essential to identify which EVV system a provider intends to use and ensures readiness to start capturing visits and generating 837s by December 15, 2023. For the purpose of this transition, provider registration will open on **October 30, 2023**, and the deadline for all providers to complete registration with Sandata is **November 30, 2023**.

### Upcoming Seminar Sessions:

Be on the lookout for an invitation to join one of three upcoming EVV Seminar Sessions hosted by the Division of Health Care Financing and Policy (DHCFP) and Sandata in the coming weeks. These seminars will provide additional information about next steps in the EVV system transition, provider registration, alternate EVV technical specifications, and more.

For any questions or concerns regarding the EVV system transition or the changes to the billing process for EVV, please do not hesitate to send an email to [nvevv@dhcfp.nv.gov](mailto:nvevv@dhcfp.nv.gov).

Thank you,  
SilverSummit Healthplan



## SilverSummit offers Providers and their Patients Important Resources



### Claims Quick Reference Guide

A one-page reference guide to these typical requests will help you navigate the claims, reconsideration, and appeals processes for SilverSummit Healthplan.

#### Click for the Guide:

<https://www.silversummithealthplan.com/content/dam/centene/Nevada/Notifications/2023Notifications/QuickReferenceGuideforClaimsReconsideration-andAppeals.pdf>

### Learn More about Payspan:

SilverSummit Healthplan is pleased to partner with PaySpan Health to provide an innovative web based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment.

#### To learn more:

<https://www.silversummithealthplan.com/providers/resources/electronic-transactions/payspan---eft-era.html>



## Important information regarding your patients' Medicaid renewals is coming up fast



In March 2020 Medicaid renewals (redetermination) were put on hold. While renewals began again in June 2023 Nevada Medicaid paused disenrollment in September 2023 to ensure processes for Medicaid.

To keep your patients covered please remind them to prepare for renewals by:

- 1 Update their contact information. **Make sure their mailing address, phone number, and email are up to date.**
- 2 To check the mail. **A letter will be mailed out to each Member about their Medicaid coverage. This letter will let them know if they need to complete a renewal form and to see if they still qualify for Medicaid coverage.**
- 3 Complete the renewal form immediately. **Fill out form and return right away to avoid a gaps Medicaid coverage.**
- 4 If they need help or have questions? **Call 1-(844) 366-2880.**

Many Medicaid beneficiaries are unaware of the State's changes in renewals and this could have an impact on themselves or family Members. SilverSummit is taking proactive steps to ensure their coverage is maintained by a rigorous plan that includes calls, texts, and emails and it is important to tell the Member to be patient, as we are trying to keep them informed.

If they no longer qualify for Medicaid? Please refer them to our affordable health insurance with Ambetter by SilverSummit. Explore Coverage Options <https://ambetter.silversummithealthplan.com/#/>

# Guidelines for Providers

## Appointment Availability and Access Standards

SilverSummit Healthplan follows the availability requirements set forth by applicable regulatory and accrediting agencies. SilverSummit Healthplan monitors compliance with these standards on at least an annual basis and will use the results of appointment standards monitoring to first, ensure adequate appointment availability and second, reduce unnecessary emergency room utilization.

Type of Appointment	Scheduling Time Frame
<b>Emergency Services</b>	
Emergency Services	24 hours/7 days a week with unrestricted access, to a qualifying provider in network or out of network
<b>Primary Care</b>	
Emergent	Same-day care
Urgent Care	2 calendar days
PCP Routine, Non-Urgent or Preventative Care	Within 2 weeks. The 2 weeks standard does not apply to regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequent than once every 2 weeks.
<b>Specialist Care</b>	
(For specialty Referrals to, Behavioral Health Services, physicians, therapists, vision services, and other diagnostic and treatment Providers)	
Specialty Care Emergent	Same-day within 24 hours of referral
Specialty Care Urgent	Within 3 calendar days of the referral
Specialty Care Routine	Within thirty (30) days of referral or as clinically indicated
Child/Adolescent Specialist	Upon request of the parents
<b>Maternity Care</b>	
Within First Trimester	Within 7 calendar days of the first request
Within the Second Trimester	Within 7 calendar days of the first request
Within the Third Trimester	Within 3 calendar days of the first request
High Risk Pregnancies	Within three (3) days of identification of high risk by <u>SilverSummit Healthplan</u> or by the maternity care provider or immediately if an emergency exists
<b>Home Health, Private Duty Nursing and Personal Care Services</b>	
Urgent Needs	Same-day
Non urgent needs	Within fourteen (14) Calendar Days
<b>Appointments to Maintain Efficacy of Treatment</b>	
Not urgent or emergent	Within fourteen (14) Calendar Days of the first <u>request</u> ; or Within the timeframe recommended by the referring Provider.

## Office Wait Times

Unless the provider is delayed or unavailable due to an emergency, urgent case, serious problem or unknown patient need that requires more services or education than was described at the time the appointment was scheduled SilverSummit Healthplan Members shall not wait longer than one (1) hour for a scheduled appointment. This includes time spent in the waiting room and in the exam room.

## Hours of Operation

The provider must offer hours of operation no less than the operating hours offered to commercial Members or comparable to Medicaid FFS Members if the provider does not provide health services to commercial Members.





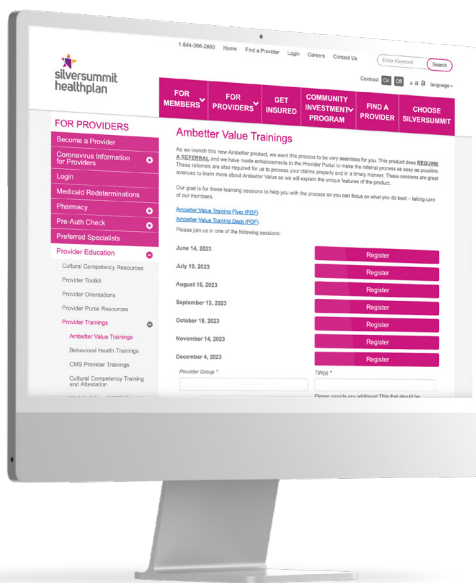
# Ambetter Value Trainings



Welcome to Ambetter Value, we want this process to be very seamless for you. This product does REQUIRE A REFERRAL and we have made enhancements to the Provider Portal to make the referral process as easy as possible. These referrals are also required for us to process your claims properly and in a timely manner. These sessions are great avenues to learn more about Ambetter Value as we will explain the unique features of the product.

Ambetter Value features a primary care physician (PCP)-centric approach to care delivery. PCPs coordinate our Members' medical care, as appropriate, either by providing treatment or by issuing referrals to other in-network providers. For services to be covered, they must be provided by or referred by a PCP. Emergency care, urgent care, and in-network mental health, behavioral health, and obstetrical or gynecological services are excluded from this requirement. As requirements may change, please refer to the provider portal for the most up-to-date list of specialties exempt from referral. It is also important you confirm you network participation in the Ambetter Value product. Please contact your Provider Relations Representative if you have any questions.

Our goal is for these learning sessions to help you with the process so you can focus on what you do best -- taking care of our Members.



Provider Group *	TIN(s) *
<input type="text"/>	<input type="text"/>
	Please provide any additional TINs that should be represented in this form.
TIN 2	TIN 3
<input type="text"/>	<input type="text"/>
Email *	Phone *
<input type="text"/>	<input type="text"/>
Fax *	Cell *
<input type="text"/>	<input type="text"/>
Training Completion: * <input type="checkbox"/> The Ambetter Value Training has been completed by the Provider above	

<https://www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/ambetter-value-trainings.html>