

SPRING 2025

Provider Newsletter

NEW

STRATEGIES
FOR SUCCESS

WHAT'S NEW THIS QUARTER?
POLICY UPDATES, NEW PROGRAMS
AND PROVIDER TRAINING

EDUCATIONAL RESOURCES
TELEMEDICINE TRAINING AND BILLING GUIDES

MARK YOUR CALENDARS
UPCOMING EVENTS AND THE LEARNING LAB



FOR MORE INFORMATION REGARDING PROVIDER NEWS PLEASE VISIT [SILVERSUMMITHEALTHPLAN.COM](https://www.silversummithealthplan.com)

Section

1



Healthplan Updates

What's New This Quarter

-  **Policy Updates: Highlight ASC steerage policy NV.CP.MP.158**
-  **New Programs: The Members Empowered to Succeed Program (METS)**
-  **Provider Training Attestations for 2025**
-  **Access and Availability Guidelines**
-  **Clinical Payment Policies**





Policy Updates

ASC steerage policy NV.CP.MP.158



Description

Ambulatory surgery centers (ASC) operate for the purpose of offering outpatient surgical services to Members/enrollees in an environment appropriate for low-risk procedures on Members/enrollees with low-risk health status. They serve as a high-quality, cost-effective alternative to inpatient surgical services and outpatient hospital site of care. This policy provides guidance for when surgical services are medically appropriate to be provided in an ASC and under what clinical conditions or circumstances Members are not redirected from an inpatient or outpatient hospital setting.

Click to review full policy update

CLICK
HERE



Members Empowered to Succeed Program

The Members Empowered to Succeed Program is an integrated, whole health approach to support Members with significant behavioral health challenges. METS takes a unique approach to Member care focusing on the individualized needs to create a recovery roadmap that is personalized to the Member. We partner with both the provider and the Member to ensure the Member achieves the ultimate level of recovery and resiliency. Our Clinical Liaisons are licensed clinicians that work directly with BH providers to identify the Member's treatment and supports needed for successful progress in treatment. Our Care Coordinators reach out telephonically to the Member to identify needs and resources to meet the Member's behavioral health, social, and medical needs.

Benefits and Outcomes of METS

- Integrated, whole health approach to Member's needs and care including behavioral
- Health, medical, therapeutic, pharmacy, and supplemental
- Cross-care team partnership to ensure coordination of care and collaborative problem solving
- Coordination of services and treatment between multiple providers
- Knowledge of covered services such as expanded benefits or new programs and how to access
- Access to various physicians and specialists to promote diversity among providers and treatment team

METS does not accept referrals and Members are identified internally.

If you have a Member identified for the program, a METS Clinical Liaison will reach out to you to discuss the Member's treatment plan and progress in services. Please know that no release of information is required; PHI that is used or disclosed for purposes of treatment, payment, or healthcare operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the Member.

For questions, please contact Provider Services

**CLICK
HERE**

Provider Training Attestations for 2025: *Cultural Competency, Fraud, Waste and Abuse and Model of Care (MOC)*



Click icons to complete Provider Training Attestations



CULTURAL
COMPETENCY



FRAUD, WASTE
AND ABUSE



MODEL OF CARE
(MOC)

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
Emergency Services	
Emergency Services	Shall be provided immediately on 24 hours/7 days a week with unrestricted access, to a qualifying provider in network or out of network
Primary Care Appointments	
Emergent Care	Same day care
Urgent	Within (2) calendar days
Routine 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.
Specialist Appointments (For specialty Referrals to, Behavioral Health Services, physicians, therapists, vision services, and other diagnostic and treatment Providers) *Access available to a child/adolescent specialist if requested by the parent(s).	
Emergency	Same day, within (24) hours of referral
Urgent	Within (3) calendar days of the referral
Routine	Within thirty (30) days of referral
Prenatal Care Appointments <i>Initial prenatal care appointments must be provided for pregnant members as follows:</i>	
First Trimester	Within 7 calendar days of the first request
Second Trimester	Within 7 calendar days of the first request
Third Trimester	Within 3 calendar days of the first request
High Risk Pregnancies	Within three (3) calendar days of identification of high risk by SilverSummit Healthplan or by the maternity care provider or immediately if an emergency exists
Home Health, Private Duty Nursing and Personal Care Services <i>Initiation of ongoing services according to the Member's identified needs must be provided as follows:</i>	
Urgent Needs	Same day
Non urgent needs	Within fourteen (14) Calendar Days
Appointments to Maintain Efficacy of Treatment (For conditions that are not urgent or emergent, but where treatments are more medically effective when delivered sooner than routine care (for example, physical therapy), services must be provided as follows:	
Not urgent or emergent	Within fourteen (14) Calendar Days of the first request. or Within the timeframe recommended by the referring Provider.

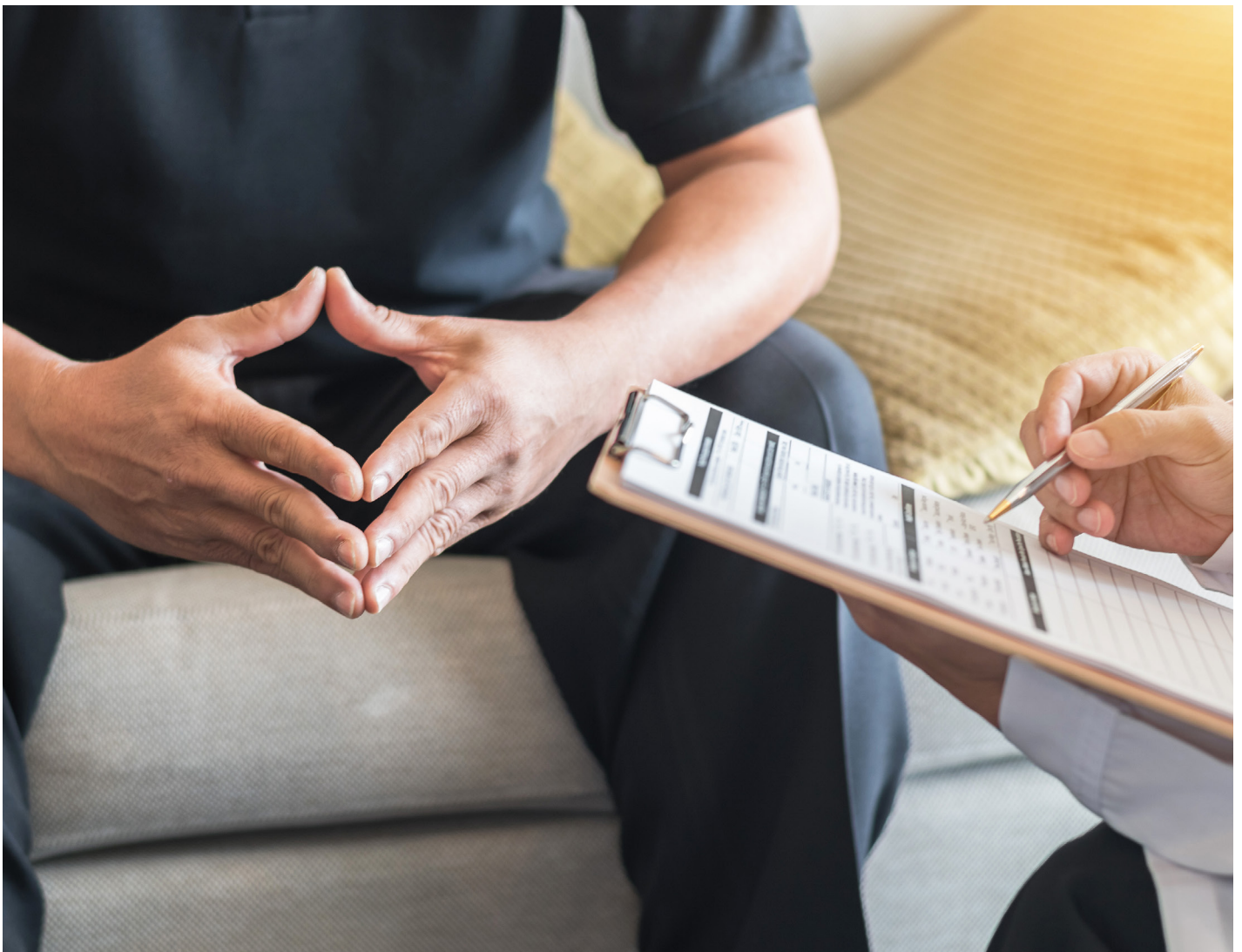
Guidelines for Providers

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. Providers are allowed to be delayed in meeting scheduled appointment times when they “work in” urgent cases, when a serious problem is found, or when the patient has an unknown need that requires more services or education than was described at the time the appointment was scheduled.

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.



Learn More About Clinical Payment Policies

[CLICK
HERE](#)





Section

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Educational Resource of the Quarter

Improving Outcomes Through Education

-  **Resource: Virtual 101: Telemedicine Training**
-  **Tip: Ambetter FQHC billing guide**
-  **Health Equity, Cultural Humility and Social Justice**
-  **Case Study: Top Social Drivers of Health for Silversummit Medicaid Members**





Improving Outcomes Through Education

Virtual 101: Telemedicine Training



For more information on videos and training

**CLICK
HERE**



Ambetter FQHC billing guide

December 30, 2024

There are three different pathways for health centers to follow when billing Ambetter Health. Billing methods and reimbursement will depend on the provider contract and language.

1. Payor-Specific Contract Language

- a. Can bill and receive reimbursement only on a CMS 1500 claim form for all Marketplace covered services.

2. Encounter/PPS Contract Language

- a. Should bill the appropriate encounter code on UB-04 (CMS 1450).
- b. Should bill all other Medicare Covered services (since this is for providers seeking Medicare reimbursement methodology) on a CMS 1500.

3. Contract is silent on specific reimbursement terms-Default Billing Method

- a. If your contract does not include specific billing language:
 - i. Bill the appropriate encounter code on UB-04 (CMS 1450).
 - ii. Only reimburses adjunct codes covered under Marketplace which should be billed on CMS 1500.

Additional Resources:

CMS FQHC billing guide:

<https://www.cms.gov/files/document/mln006397-federally-qualified-health-center.pdf>

CMS FQHC FAQ:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-FAQs.pdf>

Providers should ensure billing practices align with the terms of their contract.

We value your continued partnership with SilverSummit Healthplan.
Please contact Provider Services at [1-844-366-2880](tel:1-844-366-2880) with any questions.



Health Equity, Cultural Humility and Social Justice for SilverSummit Medicaid Members



Health Equity, Cultural Humility, & Social Justice

Black History Month is a time of reflection, recognition, and celebration of the resilience, achievements, and contributions of Black communities throughout history. It is also a moment to acknowledge the ongoing struggles for justice and equity in health care.

Health Equity, Cultural Humility, and Social Justice are interconnected concepts related to ensuring everyone has equal access to quality healthcare by acknowledging and addressing systemic inequalities, promoting respectful cross-cultural interactions, and advocating for fair societal structures that support health for all individuals, regardless of their background or identity.

The ability to live a long, healthy life—free from preventable illness, systemic barriers, and disparities—is a fundamental right, yet one that has been historically denied to disparate populations. Structural racism has shaped social and economic conditions, creating health inequities that persist today. From higher rates of maternal mortality to disparities in chronic disease and access to care, these challenges are not just medical issues but matters of social justice.



Health Equity, Cultural Humility and Social Justice for SilverSummit Medicaid Members

Cultural Competency & Cultural Humility: A Commitment to Change

Cultural competency ensures that health care providers understand and respect diverse backgrounds, but cultural humility goes further—it requires continuous self-reflection, acknowledgment of power imbalances, and a willingness to listen and learn from the communities we serve. True health equity demands both. It demands that we not only recognize disparities but actively work to dismantle the systemic barriers that create them.

Health Equity as a Civil Rights Imperative

The fight for health equity is deeply connected to the broader movement for racial justice. Health disparities remain an enduring form of inequality. Addressing social determinants of health—such as housing, education, economic opportunity, and access to culturally responsive care—is essential to achieving true equity. We all have a role to play in advancing health justice. Let's move forward with cultural humility, amplify community voices, and ensure our Member's are valued, respected, and given the opportunity to achieve optimal health and true freedom.





Health Equity, Cultural Humility and Social Justice for SilverSummit Medicaid Members

Health Equity, Cultural Humility and Social Justice Calls to Action:

As organizations and individuals dedicated to improving health outcomes, we must take intentional action:

Expand Access to Culturally Competent Care

- Recruit and retain diverse providers who reflect the communities they serve.
- Offer training in cultural humility and implicit bias to ensure respectful, equitable care.
- Invest in community health workers, doulas, and peer navigators to build trust and improve health outcomes.

Address Social Determinants of Health (SDOH) Proactively

- Screen Members for social needs (e.g., food insecurity, housing instability, transportation barriers) and connect them to resources.
- Partner with local organizations and community groups to drive solutions that address inequities.
- Advocate for policies that improve economic and social conditions impacting health.

Improve Data Transparency and Accountability

- Collect and analyze race, ethnicity, and language (REL) data to identify disparities and measure progress.
- Use stratified data to drive targeted interventions and close gaps in care.
- Hold leadership accountable for embedding health equity in strategic goals and performance measures.

Nevada Community Programs and Organizations

- Southern Nevada Health District - Works with community organizations to improve health equity and reduce health disparities
- Nevada Minority Health and Equity Coalition - Works to improve health and reduce health disparities for racial and ethnic populations
- Nevada Public Health Association - Advocates for public health and health equity, and promotes evidence-based policymaking
- University of Nevada, Reno School of Medicine - Offers a Medical Social Justice Scholarly Concentration that focuses on research, policy reform, and community engagement





Glossary for Terms



Health Equity:

The principle that everyone should have the opportunity to achieve their best possible health, which means actively working to eliminate disparities caused by factors like race, ethnicity, socioeconomic status, and geographic location.

Key aspects:

- Identifying and addressing health disparities
- Considering social determinants of health
- Tailoring healthcare interventions to specific populations

Cultural Humility:

A practice that involves ongoing self-reflection, recognizing power imbalances, and actively learning about different cultures to provide respectful and patient-centered care, rather than assuming cultural competence.

Key aspects:

- Self-awareness of biases and assumptions
- Openness to learning from patients about their cultural context
- Building respectful relationships with patients

By practicing cultural humility, healthcare providers can better understand and address the unique needs of patients from diverse backgrounds, which is crucial for achieving health equity.

Social Justice:

The pursuit of fairness and equity in society, including addressing systemic inequalities that impact health outcomes, such as discrimination, poverty, and lack of access to quality education and healthcare.

Key aspects:

- Advocacy for systemic change
- Addressing root causes of inequities
- Empowering marginalized communities

By advocating for policies and systemic changes that address social determinants of health, like access to housing, education, and employment, social justice efforts can contribute to improved health outcomes for marginalized communities.



Resources



<https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

<https://nimhd.nih.gov/resources/understanding-health-disparities/health-equity.html>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8532165/>

<https://www.apha.org/what-is-public-health/generation-public-health/our-work/social-justice>

<https://www.stkate.edu/academics/healthcare-degrees/health-equity-vs-health-equality>

<https://www.carelonbehavioralhealth.com/content/dam/digital/carelon/cbh-assets/documents/il/2024-provider-cultural-humility-health-equity-and-implicit-bias-training-humana-il.pdf>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6445906/>

<https://ethnomed.org/resource/practicing-cultural-humility-when-serving-immigrant-and-refugee-communities/>

<https://gdb.ucdavis.edu/blog/cultural-competence-and-humility-education>

<https://www.dailynurse.com/health-equity-what-does-it-mean-for-nursing/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9645708/>

<https://pttcnetwork.org/wp-content/uploads/2024/09/Advanced-Ethics-WorkbookFinal-Social-Justice-Cultural-Competence-Ethics-Final-9-3-24-final-1.pdf>

Nevada Specific Resources

https://dhhs.nv.gov/Programs/CHA/MH/Office_of_Minority_Health/

<https://www.southernnevadahealthdistrict.org/programs/health-equity/>

<https://nevadacurrent.com/2023/10/27/systemic-racism-and-poverty-are-hurting-nevadans-health-state-report-finds/>

<https://med.unr.edu/education/medical-education/scholarly-concentrations/medical-social-justice>

<https://npha.wildapricot.org/page-18053>

<https://nmhec.org/advocacy/>

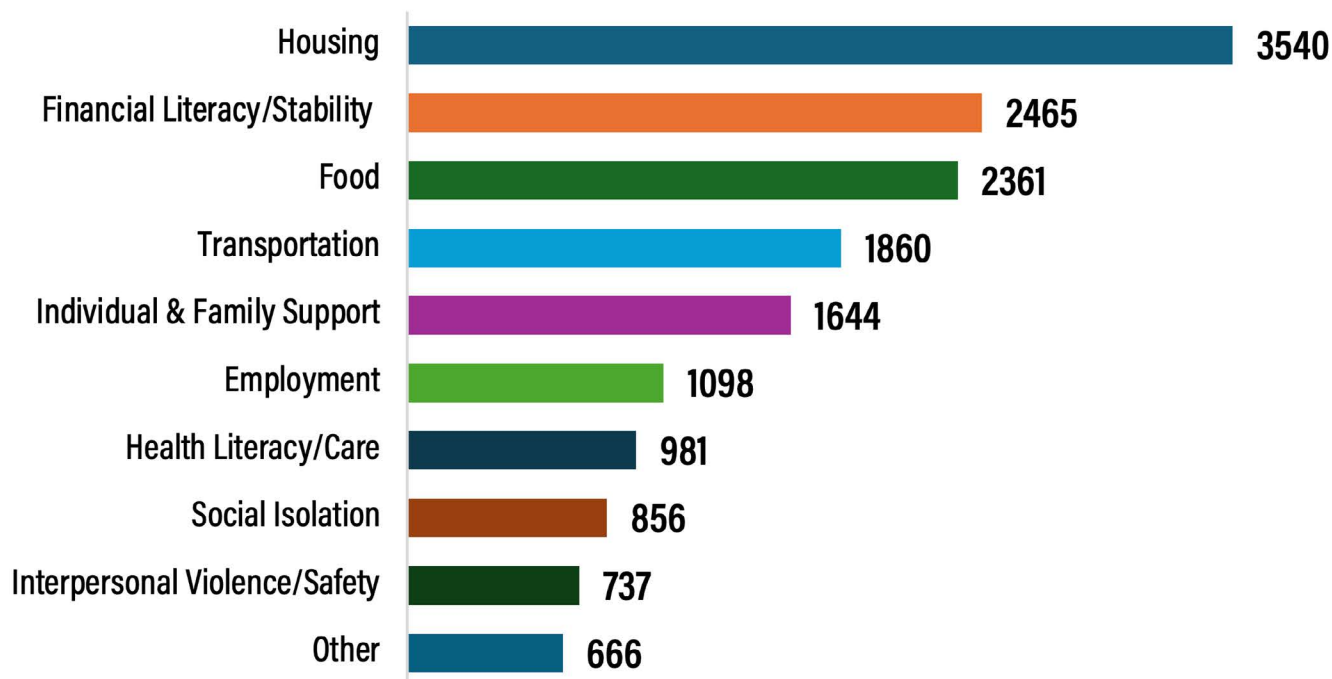


Top Social Drivers of Health for SilverSummit Medicaid Members

Case Study:

Social Drivers of Health (SDOH) data collection is critical to our efforts to promote health equity forming the foundation for our strategy. It represents the starting point of our data collection process, which is essential for identifying health disparities and developing effective interventions. They inform every step of our process, from identifying needs and designing interventions to implementing programs and evaluating their effectiveness. By starting with a strong data foundation, we ensure that our efforts are data-driven, evidence-based, and aligned with the real needs of our members.

We collect detailed data on the demographic composition of our members, including race, ethnicity, language, age, gender, and location and stratify it with the SDOH findings which allows us to understand the diverse makeup of our membership and identify specific needs within different communities. Our top SDOH needs for our Medicaid Members are housing, financially literacy/stability and food as indicated by the below graph.





Top Social Drivers of Health for SilverSummit Medicaid Members, continued

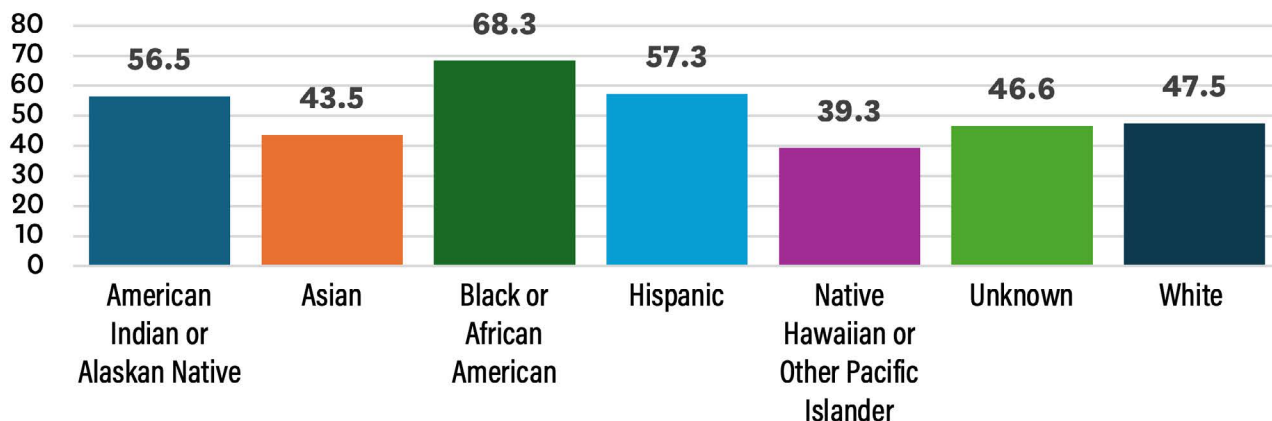
Our Neighborhood Economic Social Trait (NEST) risk score is a proprietary, internally built data science model.

The NEST score provides a single indicator of risk for adverse health outcomes based on the social, economic, and environmental conditions our members experience in their neighborhoods. They help us gain a more nuanced understanding of the factors contributing to health disparities, beyond just clinical indicators.

NEST scores, when combined with clinically-based data, enhance our ability to proactively identify at-risk members and helps us allocate resources more efficiently and design programs that are more likely to succeed in improving health outcomes.

The below graph is an illustration of the NEST composite score and indicates that our Black or African American and Hispanic members have the highest SDOH related needs and barriers.

Average Member NEST Score



Tip/Resource: Our SDOH and NEST findings rely on Z-Code data that comes from provider claims, in addition to member screenings and community reports. When z-codes are captured, it can inform targeted interventions, improve resource allocation, and support the ongoing effort to address health disparities and promote health equity. Your engagement and commitment to using Z-Codes will not only enhance member outcomes but also align with the broader mission of advancing health equity within our healthcare system. Please refer to the Z-Code Utilization article in our Provider Newsletter – Winter 2024

<https://www.silversummithealthplan.com/providers/resources/newsletters.html>

Section **3**

Spotlight Feature
Silversummit Healthplan Member Story

 **Member Story - David Villanueva “Making a Difference”**

Silversummit Healthplan

Member Story: Making a Difference



Member Raquel was first outreached by Carreen from MET to get invited to the MAC meeting. Member states she receives lots of spam calls, so she didn't answer. Since we were unsuccessful reaching her, Carreen left a voicemail behind with our Member Services phone number. Member thought the voicemail was very professional and left great information about the upcoming meeting, so she was curious and called SSHP back.

Ms. Raquel spoke with Vinnie in Customer Service and was grateful she spoke with someone who was so respectful, knowledgeable, helpful, and compassionate. Vinnie helped her RSVP for the MAC meeting and provided all the details, as well as helped her find multiple providers & educated her on VABs.

Ms. Raquel attended the meeting in person, and she took a moment to thank Silver Summit and its staff for being so kind and compassionate. She got very emotional expressing her gratitude, as she has been struggling with the recent loss of her husband.

She mentioned she was in a constant state of stress and anxiety, but a lot of that was relieved as SSHP helped her see the BH providers needed.

Also, the fact that SilverSummit does not have any copay or deductible was very impressive to her and a huge financial relief.

Ms. Raquel stayed after the MAC to speak to Suanly from Community Solutions as she often worries about food security. Suanly was able to connect our Member with the Just One Project, so she will now receive monthly food drop offs to close any social gaps that can affect her health.

Ms. Raquel also spoke with me, Princess, from MET to sign up for Value Added Benefits. Member's health risk screening was completed on site and was able to sign up for her free Costco card and gym Membership.



For more information on the Member Advisory Counsel

**CLICK
HERE**

Section **4**

Upcoming Events

Mark Your Calendar

- ☒ Contracting and Credentialing Office Hours
- ☒ Learning Lab



Mark Your Calendar



Contracting and Credentialing Office Hours:

Credentialing and Contracting Office Hours about the provider applications process. We hope to answer questions, address issues, and discuss topics about the enrollment workflow. Our goal is to keep you apprised of the next steps and we also want to hear any challenges you may have as well as inputs for process improvement.

Click to register

<https://www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/credentialing-and-contracting-office-hours.html>



Learning Lab:

SilverSummit will be hosting an ongoing provider forum, The SilverSummit Learning Lab, to answer common provider questions and concerns. These sessions will give you and your staff the opportunity to meet with healthplan experts as they share various plan resources and programs. Each forum will be approximately 30 minutes.

Click to register

<https://www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/the-learning-lab.html>