Proud of it

Provider perspective: care managers worth your while

“I don’t know how we’re going to make this work,” Dr. Marian Greenburg can remember thinking of a patient with a complex medical and social history.

“That’s the point when I think of care managers,” Greenburg explained. “When I can tell that the patient and I aren’t connecting, when I’m feeling overwhelmed by realizing how much care a patient is going to need, when I’m sensing a readmission is imminent, I check to see if a patient has Security Health Plan coverage so I can refer them to a care manager.”

Marshfield Clinic Assistant Medical Director of Adult Primary Care – Central Region Marian Greenburg recognizes the value of collaborating with a care team to provide additional support to patients who have complex cases. “Care managers are that extra layer of care for patients who need it. I’ve referred patients who need extra help navigating numerous health issues. When you have heart disease, low blood pressure, diabetes, lung disease and an increased risk of fainting all in one patient, that patient is going to benefit from extra support.”

Care managers can help with social issues, too. “I had a patient once who lived alone (unsafely) and struggled not only to care for her non-healing diabetic wounds, but also to receive her health care because of practical obstacles like transportation and planning issues. The patient’s care manager was able to help the patient remember and plan for appointments, access the clean dressings she needed for her wounds, and keep her out-of-state family updated on her health status.” For other patients, Greenburg said, care managers have helped direct them to the most appropriate source of care: “They’ve kept patients out of the office when they could be advised over the phone, and in the office when they should be there rather than the emergency room,” said Greenburg.

(Continued on next page)

Congratulations to Care Manager Cindy Mueller, RN, who recently received the Sunshine Award from WEAU 13 News in public thanks for her acts of kindness and good deeds as a care manager.
Greenburg appreciates care managers’ skillsets for their role. Care managers are registered nurses who have a good understanding of patients’ problems and medications, and understand the details of working in an outpatient world, according to Greenburg. “In an outpatient world, you’re dealing with chronic diseases, rather than acute illnesses. You have to be okay with making decisions over the phone and then waiting for longer periods before following up or seeing change. We’re not trying to fix these chronic issues overnight; we’re trying to keep patients safe and healthy,” said Greenburg.

Security Health Plan uses claims data to identify members who might benefit from the assistance of a care manager and then reaches out to them, but physicians can also refer patients. “We do what we can with claims data, but providers know their patients and what they need best,” said Security Health Plan Health Services Nurse Manager Tracy Lapointe, R.N. “We want providers to know we’re here as an added support,” said Lapointe.

“There are a million benefits to involving a care manager in my patients’ care plan,” said Greenburg. “It’s a partnership, a collaborative care team. I value care managers’ feedback and direct assessment of a patient,” Greenburg said. In some cases, Greenburg has met with a care manager and patient onsite, together. “Then the patient sees we’re working together, provider and care manager.”

Care managers are valuable particularly because they don’t blindly implement a care plan. “They’re always in touch – with you and the patient – making sure the care plan is still making sense,” Greenburg explained. “They’re a useful go-between.”

At no cost to members, care managers can:
- assist in providing additional patient education about conditions and medications
- help members recognize warning signs/symptoms that should be reported to a provider and help them know which provider to contact
- help members schedule follow-up appointments with providers, especially after discharge from the hospital
- connect members with community resources
- empower patients to explore their health care choices and make their health care decisions

To learn more about Security Health Plan care managers, visit [www.securityhealth.org/providers](http://www.securityhealth.org/providers) and click on the Care Management icon.

Hear what our members have to say about Security Health Plan care managers:
- “The team of care managers plays a very important part with the care of many patients. My care manager shows great compassion. Productive solutions to non-productive habits/anxieties. Profound intelligence and professionalism. Always available when needed. Awesome mentor. Dedicated/honorable. I am very grateful and humbled to know Cindy and all the help she has given me. Cindy is a gift, a very special gift.”
- “The system is another voice of support for both the patient and family.”
- “My medication was very confusing to me, a lot of changes. But Cindy stuck with me and things are better. I could call her and she always had time for me. I appreciate that. Thank you for having this program.”
Tips and tools

Important information is a click away

You can find important information on services, standards and processes when you visit our Provider and Facility Manuals at www.securityhealth.org/providermanual. Learn about:

- clinic practice guidelines for chronic conditions (diabetes, asthma, depression, ADHD, cardiovascular conditions, COPD, nicotine dependence)
- preventive service guidelines for patient care
- descriptions of disease and care management programs and how to refer patients
- completing advance directives
- obtaining information about our Quality Improvement program, including a copy of our QI Program Description and Evaluation
- site visit standards
- appointment access standards and availability of providers
- medical record documentation standards
- utilization management (UM):
  - how to obtain a copy of the criteria used in making decisions
  - UM staff availability and how to contact the medical director/a pharmacist
  - how to contact the UM department
  - noncompensation statement
  - timeliness of decisions
  - UM hours of operation
- new technology, the evaluation process and coverage decisions
- pharmacy management procedures, formulary, exception process, prior authorization
- statement of member rights and responsibilities; member complaints and appeals procedures

Provider phone line available 8 a.m. to 6 p.m.

If you can’t find your answer on the provider portal, Security Health Plan has staff available to take your calls during business hours, 8 a.m. to 6 p.m. Please call our provider assistance line at 1-800-548-1224 (TTY 711).

There are times when leaving a voicemail may be necessary. We will return your call within 24 business hours; please allow 24 hours before calling Security Health Plan again. Please avoid making multiple phone calls regarding the same issue. This practice may delay our response time for all.

To help us provide you with efficient service, please provide the following information:

- Your name
- The name of your office or clinic (including location, if more than one exists)
- Reason for your call: member benefits, member eligibility, claim status, etc.
- Member name or ID number, if in regard to benefits or eligibility
- Claim number, if in regard to a claim

Quality matters to us

Thank you for working with us to keep improving our programs and services for our members, your patients. To find out more about our quality improvement efforts, visit www.securityhealth.org/quality.
Submission of corrected claims

Effective January 1, 2018, any claims that are not clearly marked as corrected may be denied as duplicate.

The Security Health Plan Provider Manual can help you identify when a corrected claim should be submitted and how to initiate the corrected claim process. Please visit www.securityhealth.org/correctedclaims.

Corrected claims are required when facilities have found a charge that needs to be added or corrected. Adjustment Request Forms are required when facilities need to delete a charge, report duplicate payment or provide a refund. You can find the Adjustment Request Form by searching “corrected adjustment” at www.securityhealth.org. Please specify date(s) of service involved when submitting an adjustment. A corrected claim is also required with the Adjustment Request Form.

Submit a corrected claim when the initial submission requires changes to:

- patient listed
- date of service listed
- provider listed
- billed amount listed
- CPT/modifier listed
- other insurance payments/corrections (include a copy of the primary EOB)
CMS 1500: Corrections need to be submitted electronically with a frequency code of “7” or on a paper CMS 1500 claim form with “correction/resubmission” identified in box 19.

UB-04: Corrections need to be submitted electronically with a frequency code of “7” or on a paper UB-04 claim form with the appropriate type of bill in box 4. All late charges for UB claims must be consolidated into one claim for submission. If the late charges are received separately, they will be denied as a billing error.

Timely filing: Corrected claims or adjustment requests must be received within normal timely filing limits or 60 days from the date of payment/denial/rejection.

Electronic claims submission:
Electronic Payer ID: 39045

Paper claims submission:
Security Health Plan
Attn: Claims Department
P.O. Box 8000
Marshfield, WI 54449-8000
Fax: 715-221-9767

Dry-needling services
Dry needling services are non-covered for all Security Health Plan products. When provided, dry needling services should not be included within the billing of other timed codes. Use the following code for dry needling services: 97799 unlisted physical medicine/rehabilitation service or procedure. Dry needling must be clearly documented as a separate therapy service in order to avoid denial of coverage and/or an audit of your facility. (Incomplete documentation may trigger an audit of your facility.)

Security Health Plan Commercial Products follow Medicare guidelines for time-based physical therapy Current Procedural Terminology codes. Our providers are expected to clearly document all therapy services provided to our members.

Want to learn more about dry needling billing and reimbursement? Check out these resources:

- [https://www.ndbpt.org/pdf/dryneedling.pdf](https://www.ndbpt.org/pdf/dryneedling.pdf)
- [https://wpta.org/members/reimbursement/pdfs/WPTA-FAQs-2013-3-4-Qtrs.pdf](https://wpta.org/members/reimbursement/pdfs/WPTA-FAQs-2013-3-4-Qtrs.pdf)

Note: While certain sections of the WPTA article have been updated or changed since 2013, the dry needling section accurately portrays the most updated information on dry needling coding requirements.

Provider offices and practices
Please distribute the link to our latest issue of Provider News to any staff who may benefit from our publication: [www.securityhealth.org/providernews](http://www.securityhealth.org/providernews). Providers can request to be added to our mailing list by contacting the Provider Relations Account Manager at 715-221-9629.

Carl Anderson, Special Investigations Unit Manager
**Reminders**

**Applying patient coverage**

When you and your patients ask Security Health Plan to cover certain medical services, we go through a rigorous review process to ensure our members’ coverage is applied correctly.

Security Health Plan does not reward providers or other individuals for denying coverage. Security Health Plan also does not make decisions regarding hiring, promoting or terminating individuals based upon the likelihood, or perceived likelihood, that the individual will support, or tend to support, the denial of benefits.

Providers are not encouraged to or financially rewarded for making decisions that result in providing members with fewer medical services. If you have questions about our decision-making policies or would like to receive a copy of the criteria used to make coverage decisions, please call Customer Service at 1-800-472-2363 (TTY 711).

**Get monthly formulary updates**

Security Health Plan updates its interactive formulary to reflect changes prior to the fifth business day of each month. The Security Health Plan website also contains important information regarding covered medications, tier levels, prior authorization, quantity limits, generic substitution and step therapy. Providers are encouraged to review the Security Health Plan website on a regular basis for the most recent updates. To learn more, visit [www.securityhealth.org/prescriptiontools](http://www.securityhealth.org/prescriptiontools).

**Provider credentialing: Your right to review**

Any provider has the right to review his or her credentials record in person at the Credentialing Office during normal business hours. The Credentialing Office is located on the main Marshfield Clinic campus near Urgent Care at 1000 North Oak Avenue, Marshfield, WI 54449. Providers must notify the Credentialing Office of their desire to review their materials at least one business day in advance. Providers also have the right to request a copy of the materials regarding the provider contained in our electronic database.

The provider will not be allowed to review any information that is peer-review-protected – including, but not limited to: references, peer review, quality of care reports and National Provider Data Bank (NPDB) results. Although materials may not be removed or altered (except for factual errors and then only by the Credentialing Office), providers may, at their discretion, write statements of correction or clarification that will also be kept in their credentials record.

**Your patients’ rights**

Patient care involves patient rights and responsibilities. For example, did you know your Security Health Plan patients have the right to **know about all treatment choices that are recommended for their condition(s), including the right to request a second opinion, no matter what they cost or whether they are covered by Security Health Plan**? And the responsibility to **act in a way that supports the care given to other patients and helps the smooth running of their doctor’s office, hospitals and other offices**?

You can view a copy of Security Health Plan patients’ rights and responsibilities in the online Provider Manual ([www.securityhealth.org/provider-manual](http://www.securityhealth.org/provider-manual)) by product line, under “Member Information,” then “Member Rights and Responsibilities.”

**Hours of availability**

Remember, the hours of availability your practice offers to Medicaid patients must be no less than those offered to commercial patients.
Prior authorization helpful hints

When requesting a prior authorization (PA), it is important that providers submit all supporting clinical documentation to Security Health Plan. We need this information to determine the medical necessity of the requested service. Security Health Plan can review and respond to a request in a timelier manner if we are provided with all of the clinical documentation up front.

When a prior authorization request is submitted as an elective, pre-service, non-urgent procedure, Security Health Plan follows Centers for Medicare & Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA) 14-day processing requirements. We currently manage pre-service non-urgent requests within 5-7 days. All elective pre-service urgent requests are processed within 72-hours.

Help patients find you

• Has your practice moved?
• Have you changed the name or ownership of your practice?
• Do all of your providers accept new patients?
• Is anyone seeing patients in a new or different location?
• Has anyone left your practice or been replaced in the last year?

Help patients find you by keeping information about your practice current with Security Health Plan. Security Health Plan’s online provider directory is the primary provider search tool we offer our members. Members use the “Find a Doctor” directory to search for providers who can fill their specific care needs, whether they’re looking for a primary care provider who sees children, a specialist with privileges at a specific hospital, or an affiliated nursing home near their aging parents.

To help patients find you, visit www.securityhealth.org/directory. Whether you’re a provider, a practice or a facility, please review the directory information for accuracy.

Be sure to contact us right away with any needed updates: You can report a change to Provider Relations staff at 715-221-9640 (TTY: 711), fax changes to us at 715-221-9699 or email us at shpprd@securityhealth.org.

Thank you

for working with us!
In three minutes or less, here’s what you need to know:

**Proud of it:**
• Hear from Dr. Marian Greenburg about the benefits of our free-to-members Care Management Program (pages 1-2).

**Updates and requirements:**
• Effective January 1, 2018, any claims not clearly marked as corrected may be denied as duplicate. Our Provider Manual can help you identify when a corrected claim should be submitted and how to initiate the corrected claim process (page 4).
• Dry needling services are non-covered for all Security Health Plan products. We can help you bill them appropriately (page 5).
• Please be accurate in all supporting clinical documentation with your prior authorization requests so we can most effectively assist you submit information at www.securityhealth.org/providernews.

**Tips and tools:**
• Use our redesigned provider portal to make your work easier.
• Connect with all supporting clinical documentation with your prior authorization requests so we can most effectively assist you submit information at www.securityhealth.org/providernews.
• Watch your inbox for details on a required D-SNP training and attestation (page 4).
• Get monthly formulary updates and other primarly coverage decisions are based on rigorous review process. Our coverage decisions are based on rigorous review process and may be updated as needed. Our Provider Manual can help you identify when a corrected claim should be submitted and how to initiate the corrected claim process (page 4).
• Effective January 1, 2018, any claims not clearly marked as corrected may be denied as duplicate. Our Provider Manual can help you identify when a corrected claim should be submitted and how to initiate the corrected claim process (page 4).

**Need-to-know summary**
Provider News is intended to keep providers in our network current with the latest developments in employer group and process in our Provider and Facility Manuals (page 3).
Provider News is intended to keep providers in our network current with the latest developments in employer group
• Find important information on Security Health Plan services, standards, and processes in our Provider and Facility Manuals (page 3).
• Use our redesigned provider portal to make your work easier.