ProviderAlert

Select Health of South Carolina

Healthy Connections

To: **Select Health of South Carolina Participating Providers**

From: **Select Health Provider Network Management**

Date: **December 10, 2024**

Subject: **National Committee for Quality Assurance (NCQA) Required Important Reminders**

Summary: This alert is being sent in accordance with NCQA requirement that health plans provide valuable information to their provider network regarding:

- Care Management Services
- Utilization Management Criteria
- Pharmaceutical Management
- Health care Professional/Provider Bill of Rights and Member Rights and Responsibilities
- Provider Credentialing Rights
- Medical Record Review Standards
- Cultural Competency Trainings
- Language Services

Please take note of the information provided herein. For more details visit the Select Health - Health Care Professional and Provider Manual located on our website.

➢ Care Management Services

The overall goal of the Select Health Integrated Health Care Management Program is to improve the health and welfare of our members. We have specialized programs, which allows us to meet the specific needs of our member population. Each program's focus is to maintain and/or improve the targeted population's health status through assessment, coordination of resources, and promotion of self-management through education. We welcome referrals from our health care professionals and providers. If you think any of your First Choice patients would benefit from our programs, please call us at **1-888-559-1010, ext. 55251.**

➢ Utilization Management Criteria

The primary goal of all utilization management functions is to collaborate with health care professionals/providers, members, and others involved in health care delivery to provide quality, cost-effective health care in the most appropriate setting for the intensity of services required.

All adverse benefit determinations are communicated in writing to the member and requesting health care professional/provider. This communication provides reasons for denial and appeal process information. The criteria used is available to healthcare professionals/providers upon request. Additionally, plan medical directors are available to discuss medical necessity determinations with the requesting health care professional/provider. Health care

professionals/providers may contact Population Health to request review criteria or a peer-to-peer discussion at 1-800-559-1010.

- **Pharmaceutical Management**

Pharmaceutical services provide First Choice members with needed pharmaceuticals as ordered through valid prescriptions from licensed prescribers for the purpose of saving lives in emergency situations or during short-term illness, sustaining life in chronic or long-term illness, or limiting the need for hospitalization. Members have access to most national chains and independent pharmacies, and all members are eligible for unlimited prescriptions or refills.

Select Health does not cover brand name products for which there are "A" rated, therapeutically equivalent, less costly generics available unless prior authorization is secured. Prescribers who wish to prescribe brand name products must furnish documentation of generic treatment failure prior to dispensing. The treatment failure must be directly attributed to the patient's use of a generic of the brand name product. Exceptions to the generic requirement include brand name products of digoxin, warfarin, theophylline (controlled release), levothyroxine, pancrelipase, phenytoin, carbamazepine and continued treatment utilizing clozapine.

Pharmacy updates are published in Provider Newsletters and sent out by our Pharmacy Benefits Manager (PBM), PerformRX. The prior authorization process for medications not on the preferred drug list (PDL) is explained in our provider manual. An on-line pharmacy prior authorization tool and the PDL are also available on the **Pharmacy Services** page at www.selecthealthofsc.com/provider/member-care/member-pharmacy-services.aspx.

Prior authorization and other pharmacy services-related questions should be directed to Select Health Pharmacy Services at **1-866-610-2773** or faxed to **1-866-610-2775**.

- **Health care Professional/Provider Bill of Rights**

- A health care professional acting within the lawful scope of practice shall not be prohibited from advising or advocating on behalf of a member who is their patient, for the following:
- The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
- Any information the member needs in order to decide among all relevant treatment options.
- The risks, benefits, and consequences of treatment or non-treatment.
- The member's right to participate in decisions regarding their health care, including the right to refuse treatment and to express preferences about future treatment decisions.
- To receive information on the grievance, appeal, and fair hearing procedures.
- To have access to Select Health's policies and procedures covering the authorization of services.
- To be notified of any decision by Select Health to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested.
- To challenge, on behalf of the First Choice members, the denial of coverage of or payment for medical assistance.
- Select Health's health care professional/provider selection policies and procedures do not discriminate against particular health care professionals/providers that serve high-risk populations or specialize in conditions that require costly treatment.
- To be free from discrimination for the participation, reimbursement, or indemnification of any health care professional/provider who is acting within the scope of their license or certification under applicable state law solely on the basis of that license or certification.

NOTE: The provider shall not be prohibited or otherwise restricted from advising a Medicaid MCO member about the health status of the Medicaid MCO member or medical care or treatment for the

Medicaid MCO member's condition or disease, regardless of whether benefits for such care or treatment are provided under the MCO contract if provider is acting within the lawful scope of practice.

- **Provider Credentialing Rights**

During the review of the credentialing and recredentialing applications, applicants are entitled to certain rights, including but not limited to:

- Correction of erroneous information.
  - When information is obtained by the Credentialing department that varies from the information the provider provided, the Credentialing department will notify the health care professional/provider to correct the discrepancy.
  - The health care provider/professional must correct erroneous information within 10 calendar days of receipt of the notification of the erroneous information by:
    - Contacting their Provider Network Management account executive.
      OR
    - Submitting the information in writing to Select Health of South Carolina's Credentialing department at the following address:
      Select Health of South Carolina
      Attn: Provider Network Management
      P.O. Box 40849
      Charleston, SC 29423
- Upon request, to be informed of the status of their credentialing or recredentialing application.
  - The Credentialing department will share all information with the provider except for references, recommendations, or peer-review protected information (i.e., information received from the National Practitioner Data Bank).
  - Requests can be made via phone, email, or in writing. The Credentialing department will respond to all requests within 24 business hours of receipt. Responses will be via email or phone call to the provider.

For full details of provider credentialing rights and general Provider Bill of Rights, visit the Select Health - Health Care Professional and Provider Manual, located on our website.

- **Member Rights and Responsibilities**

Select Health provides members with both written and verbal information regarding their rights and responsibilities as members of First Choice. Providers must also be familiar with member's rights and responsibilities. Providers can review member's rights and responsibilities via:

- Plan website under the ***Member Care – Health resources for Members*** section, Member Rights and Responsibilities.
- Health Care Professional and Provider Manual.

- **Medical Record Review Standards**

It is the policy of Select Health to set standards for the maintenance and content of patient records to ensure complete and consistent documentation. Medical records are an important source of patient information vital to the assessment of quality medical care.

These standards are based on the requirements of NCQA and the SCDHHS and may be revised as needed to conform to new NCQA or SCDHHS requirements. Compliance with these standards will be audited by periodic review and chart samplings of the participating primary care offices. Health care professionals/providers must achieve an average score of 90% or higher on the medical records review. Select Health will assist health care professionals/providers scoring less than 90% through corrective action plans and re-evaluation.

For more details regarding medical record documentation and retention standards, consult the Select Health - Health Care Professional and Provider Manual.

- **Cultural Competency Trainings**

Select Health understands for members of the LGBTQ community, encountering discrimination and societal stigma increase the risk of poor physical and mental health outcomes.

Select Health offers **LGBTQ Sexual Orientation and Gender Identity (SOGI) training** through the National LGBTQIA+ Health Education Center, a program of the Fenway Institute, for no-cost continuing medical education (CME) credits for Select Health providers.

More details are available regarding this and other Cultural Competency topics on the Select Health website at: www.selecthealthofsc.com/provider/member-care/cultural-competency-training.

- **Language Services Available**

Select Health offers telephonic interpretation, 24 hours a day, seven days a week, in 200 languages, at no cost to First Choice plan members or providers.

- Contact: Member Services 1-888-276-2020 or 24-Hour Nurse Help Line 1-800-304-5436
- For face-to-face interpreters for deaf/hearing impaired plan members and written translation and sight interpretation.
  - Contact Member Services 5 business days before the scheduled appointment.

For questions about this communication, contact your Provider Network Account Executive.

As always, we thank you for your cooperation in adhering to these requirements and for the valuable services you provide our First Choice members.