Community Health Network

Community ProHealth Provider Presentation 2016

A COPY OF THIS PRESENTATION, ALONG WITH FORMS AND DIRECTORIES CAN BE FOUND ON OUR WEBSITE:

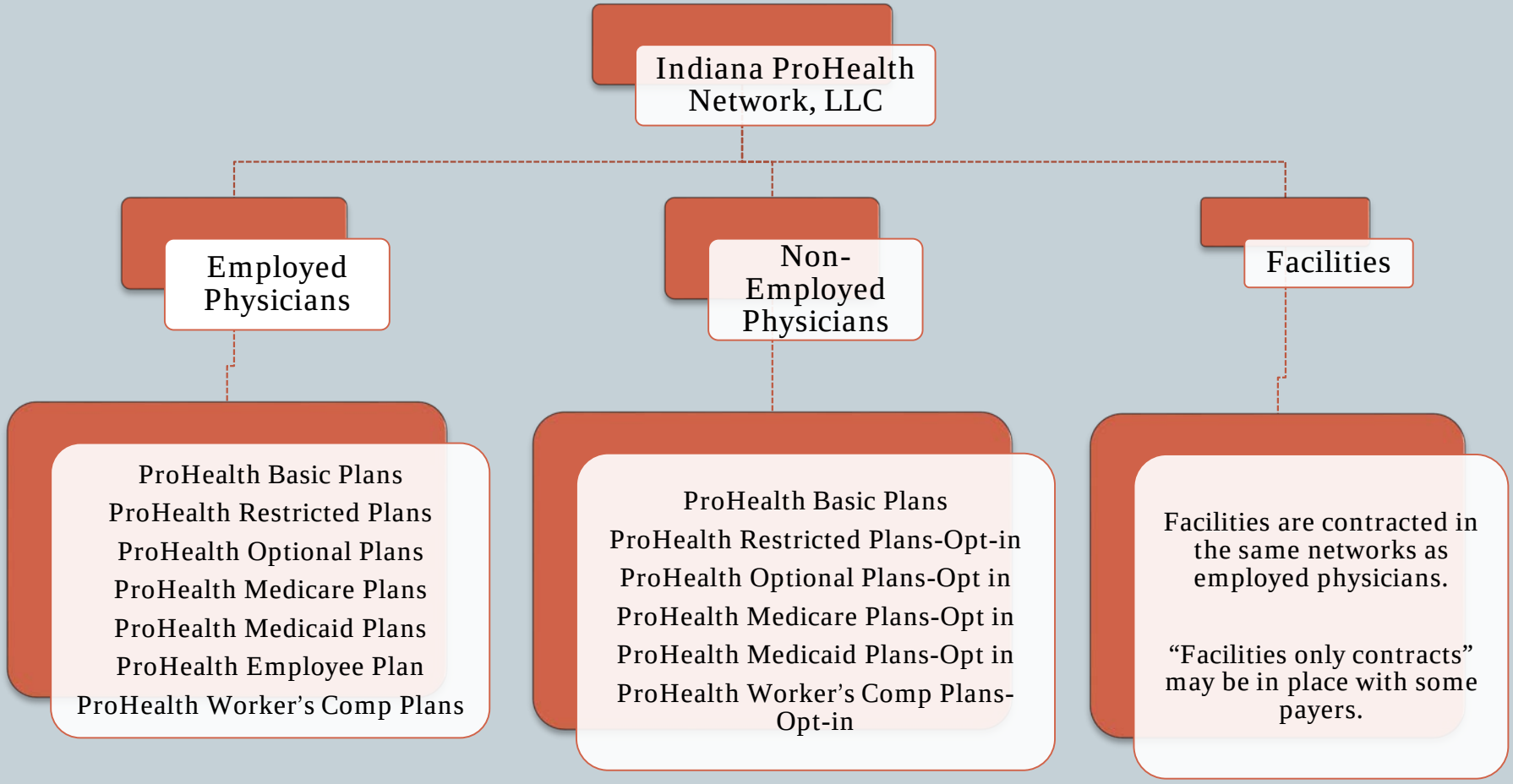
www.eCommunity.com/ProHealth

What is ProHealth?

- ProHealth is a Physician Hospital Organization for Community Health Network
- ProHealth is ***not*** an insurance company
- ProHealth is a network that consists of and contracts on behalf of physicians, hospitals and ancillaries serving greater Indianapolis, Anderson and Kokomo.

Our goal is to maintain and enhance quality of care and reduce costs; remove roadblocks in the system that result in delay, eliminating unnecessary over-utilization and inappropriate under-utilization of healthcare Resources.

ProHealth Contract Algorithm



Community ProHealth PPO Plans

- ProHealth PPO
- **<u>Basic Plans-All ProHealth Providers participate.</u>**
  - Pays according to the ProHealth PPO Fee Schedule
  - One agreement includes all plans.
    - First Health/Coventry National
    - Beech Street/Multiplan/PHCS
    - Stratose Network
    - Central IN Health Network
    - SIHO
    - St. V-CHN EPO
    - USA/MCO

Note: Stratose does not enroll Mid-Level Providers except for L's.

Community ProHealth Restricted Plans

- ProHealth Restricted Network
  - **Restricted Plans-Employed and LLC Providers participate**.
  - Pays according to negotiated rates
    - The Gold Plan and The Silver Plan
      - Both pay on the ProHealth Risk Fee Schedule
      - Both are Community Employee Health Plans
    - Lutheran Preferred
      - pays on the ProHealth PPO Fee Schedule
    - Advantage Health Solutions HMO
      - Pays on the ProHealth Risk Fee Schedule

Community ProHealth Optional Plans

- ProHealth Optional
- **All Employed and LLC participate. Non-Employed can accept/reject.**
  - Individual Agreements
  - Pays according to negotiated rates
    - ADVANTAGE 360 Self Funded
    - Cofinity
    - Encircle EPO/Encore PPO
    - Fortified Provider Network
    - Galaxy Health Network
    - Sagamore Plus PPO/Ambassadore POS

Community ProHealth Medicare Plans

- ProHealth Medicare Advantage Network
  - **Mandatory for Employed.**
  - Pays according to the Medicare Fee Schedule
    - Humana Gold Choice, Medicare Advantage PPO/PFFS
    - Humana Gold Plus, Medicare Advantage HMO

Lori White, Manager of Medicare Services 317-621-7461 lwhite4@ecommunity.com

Community ProHealth Medicaid Plans

- ProHealth Medicaid
  - ***Employed Providers Only.***
  - ***Not all providers will have the same plans.***
  - Pays according to the Medicaid Fee Schedule
    - Anthem Medicaid
    - Anthem HIP
    - Anthem Hoosier Care Connect
    - MDwise Excel Medicaid
    - MDwise Excel HIP
    - MHS Medicaid-No Mid Levels
    - MHS HIP-No Mid Levels
    - MHS Hoosier Care Connect

Community ProHealth Workers Comp Plans

- Workers' Compensation Network
  - ***Optional for Employed and Non-Employed.***
  - Pay according to the ProHealth Workers' Comp Fee Schedule
  - All included in one agreement
    - Corvel Workers Compensation
    - First Health/Focus Workers' Compensation
    - USA/MCO Workers' Compensation
    - Encore Workers' Compensation

ProHealth Community Providers

- Employed Provider Plans-
  - Pay according to negotiated rates

- **Aetna/US Healthcare POS/PPO/EPO**
- **Aetna Medicare Advantage PPO**
- **Anthem Traditional**
- **Anthem Preferred Medicare**
- **Anthem Medicare HMO 1/1/2016**
- **CareSource Medicare 1/1/2016**
- **CIGNA**
- **Community Health Alliance**
- **HealthNet (TriCare)**
- **Humana ChoiceCare PPO**
- **IHN PPO**
- **IU Medicare Plan 1/1/2016**
- **Parkview Signature Care (Commerical Plan) 1/1/2016 Based in Fort Wayne. Will mostly impact our Community Howard Providers.**
- **Secure Horizons/EverCare Medicare**
- **United Healthcare**

Note: Cigna, UHC and Secure Horizons do not enroll Mid-Levels.

Market Place Exchange Plans

- If you are a Hospital Employed Practice you are enrolled in the new Anthem Markletplace Exchange Plans.
- Anthem has developed two exchange networks for individual policies, On Exchange-Pathway X HMO/ POS and Off Exchange-Pathway HMO/POS. Both networks include the same providers. Many of the Anthem Pathway X and Pathway plans have HMO benefits ONLY. For HMO plans, out of network services are not covered with the exception of emergent or urgent services. **Community employed providers will be participating in both of the Anthem exchange networks.**
- In addition, Community Health Network Hospitals, Wishard /Eskenazi, St. Vincent and Ortho Indy are the only acute care hospitals participating in the Pathway X and Pathway HMO/POS networks in **Marion**, **Howard** and **Madison Counties**.
- Providers wishing to join the Exchange Networks must have privileges at a participating hospital. Anthem Provider Engagement and Contracting may be reached at 800-455-6805. A list of contracted network providers can be obtained at www.anthem.com.

Market Place Exchange Plans

- **Participating Plans**
  - Ambetter from MHS
  - Anthem Pathway
  - Anthem Pathway X
  - Assurant Health (using **Aetna** Network)
  - PHP Marquee (using **Encore/Encircle** Network) - Anderson and Howard
  - United HealthCare
- **Non-Participating Plans**
  - CareSource Just4Me
  - MDwise Marketplace Exchange Plan

Payer Websites

- *ADVANTAGE Health Solutions℠*
  - www.advantageplan.com
- Aetna
  - www.aetna.com
- Anthem
  - www.anthem.com
- Caresource
  - www.caresource.com
- CIGNA Healthcare
  - www.cigna.com
- Cofinity
  - www.cofinity.net
- Encore/encircle Health Network
  - www.encoreconnect.com
- First Health
  - www.firsthealth.com
- Fortified Provider Network
  - www.fortifiedprovider.com
- Galaxy Health Network
  - www.ghn-mci.com
- Healthnet Federal Services (Tricare)
  - www.hnfs.net
- Humana
  - www.humana.com
- IU Medicare Advantage
  - www.iuhealthplansmedicare.org
- MHS Hoosier Alliance
  - www.mhsindiana.com
- Multiplan/Beech Street/PHCS
  - www.multiplan.com
- Parkview Signature Care
  - www.parkviewsignaturecare.ikaenterprise.com
- Sagamore Health Network
  - www.sagamorehn.com
- SIHO
  - www.siho.org
- Stratose Network
  - www.stratose.com
- Suburban Health Plan
  - www.suburbanhealth.com
- United HealthCare
  - www.uhc.com
- USA MCO
  - www.usamco.com

ProHealth Gold/Silver Plans

Gold or Silver Plan	Tier 1	Tier 2	Tier 3
Providers	All ProHealth Providers, Contracted Ancillaries, HSM Chiropractic Network	St. Vincent and SHO providers	OON providers
Fee Schedule	80% of allowable on ProHealth PPO Fee Schedule-no balance billing	60% of allowable on the ProHealth Risk Fee Schedule-no balance billing	40% of allowable on ProHealth PPO Fee Schedule-may balance bill member
Claims	Paid by ProHealth	Paid by ProHealth	Paid by ProHealth
Medical Management	MM done by ProHealth	MM done by ProHealth	MM done by ProHealth

A provider of Tier 1 and Tier 2 providers, Authorization Quick Reference Guide and Authorization Forms are available on the ProHealth Website at www.ecommunity.com/prohealth

ProHealth Gold/Silver Plans

- Rosters of Tier 1 and Tier 2 providers, Ancillary Providers and Chiropractors can be accessed by visiting the Community ProHealth website at www.ecommunity.com/prohealth/providerrelations

- Authorizations for the Gold/Silver and Advantage Plan are listed on the 2016 Authorization Quick Reference Guide on the next slide along with the Authorization Form. These can be accessed by visiting the Community ProHealth website at :
- www.ecommunity.com/prohealth/medicalmanagement

2016 Gold/Silver Authorization Guide

Indiana ProHealth Network, LLC
HRA Gold, HSA Silver Health Plans
2016 Authorization Quick Reference Guide

Indiana ProHealth Network, LLC supports the concept of the PCP as the "medical home" for its members. Services from Tier II and Tier III providers will only be considered for coverage at the Tier I level if those services are unavailable with a Tier I provider.

Please submit requests as soon as possible to allow time for review.Routine requests for authorizations are processed within 2 business days after receipt of all needed clinical information.

Contact information

Medical Management: 317-621-7575
Provider Relations: 317-621-7581
Medical Management Fax: 317-621-7984
Benefits/ Eligibility: 317-621-7565

Authorizations Required	No Authorization Required
Standard Authorization Requests • Fax your request; include CPT and ICD-10 codes and clinical documentation with authorization request. **Requests for Tier II and Tier III services at Tier I coverage:** • Any requests for services not provided by the Community Health Network or Tier I providers as listed in directory **Home Health Care** • Home Health Services • Hospice care • TPN **Durable Medical Equipment** • Durable medical purchases over $200 – includes wheelchairs, CPAP (initial purchase), hospital beds insulin pump (initial purchase) • Prosthetics **Inpatient Notification** All inpatient admissions, including clinical updates for continued stay • Rehabilitation facility admissions • Skilled nursing home facilities **Outpatient** • Cosmetic/Aesthetic Procedures • Dialysis and Epogen administration with dialysis • Transplant Requests • ***Genetic testing (Excludes pre-natal testing for Cystic Fibrosis CPT Code 81220)*** • Routine labs/genetics tests performed by non-Tier I laboratories • Endoscopy services • ***Colonoscopies for patients under the age of 50 (NEW 2016)*** • Investigational and experimental procedures • Pain management programs • Infertility • Surgeries of the neck and back • ***Rhinoplasties and Septoplasties (NEW for 2016)*** **Radiology** • MRI- Spine (includes cervical) • MRI -Knee • Non-oncology related PET Scans **Behavioral Health** • All inpatient admissions for behavioral health treatment –this includes inpatient hospital and partial hospitalizations (PHP) for mental health and substance abuse • Intensive outpatient (IOP) for mental health and substance abuse require • Members are eligible to receive 20 mental health and substance abuse visits per year without a referral – the • 20 visits are cumulative regardless of provider	**Urgent Care at Urgent Care Centers, such as Med Check** **Primary Care** • PCP office visits and treatment. • Diagnostic tests and procedures covered by the plan as part of an office visit **Laboratory** • Laboratory tests consistent with CLIA guidelines • Laboratory tests performed by Tier I providers (MACL) • ***Genetic testing for Cystic Fibrosis (CPT Code 81220)*** **Durable Medical Equipment** • Medical Purchases less than $200 • Bilirubin blankets for newborns • Nebulizers • CPAP supplies • Insulin pump supplies • Ostomy supplies • Catheters • Other disposable supplies after initial certification **Outpatient** • Colonoscopies for patients aged 50 or older **Radiology** • All radiology services ***except*** **MRI**(s) Spine (includes cervical) and Knee • All cardiac studies (stress test, cardiac SPECT, thallium, all diagnostic cardiac services.) • Nuclear medicine • Mammograms • X-rays **Ultrasonography** • Diagnostic ultrasounds **Miscellaneous Services** • Audiograms • Sleep studies performed at in network sleep labs • Sleep studies performed in home under the direction of an in network sleep lab **Behavioral Health** • The first 20 mental health and substance abuse visits • Neuropsych testing

Rev. 11/2015

2016 PH Prior Authoirzation Form

Community ProHealth

PRIOR AUTHORIZATION REQUEST

Medical Management: T: 317.621.7575 / 800.344.8672 F: 317.621.7984
Benefits and Eligibility: T 317.621.7565 Provider Relations: T: 317.621.7581

Patient Name: _____ DOB: _____

ID#: _____ Insurance Plan: _____

PCP Name: _____ PCP Phone #_____ PCP Fax #_____

Diagnosis: _____ ICD 9/10 Code(s): _____

Procedure: _____ CPT-4 Code(s): _____

Vendor/Facility: _____ Requested Service_____

Date of requested service_____ Days/ Visits Requested_____

Referred by: _____ Phone #_____ Fax# _____

Person submitting request: _____ Phone#: _____ Fax #: _____

SPECIALTY REFERRAL

Specialist Name (MD Name): _____ Specialty: _____

Requested Service_____ Service Type/ Vendor _____

Date(s) of Service/ Procedure: _____

Consult Only: ☐ Consult & Treat: ☐ OON ☐ Documentation Attached ☐

Additional Medical Information: _____

_____

Resubmission Date: _____ Date Request Received _____

Referral Type: Self Referred: _____ Referred by PCP: _____ OON_____

If requesting approval for non-participating provider, indicate why participating provider cannot provide service. If request is not completed in full, request will be returned.

PLEASE DO NOT WRITE BELOW THIS LINE FOR PROHEALTH USE ONLY

Authorization #: _____ # of Visits/ Days/Months Approved: _____

Time Frame: ___/___/___ to ___/___/___

___Urgent ___Pre-Service ___ Concurrent ___Non-Urgent ___ Post Service ___Retrospective

Authorizing Agent: _____ Phone #: _____ Date Submitted: _____

Reviewed 12/2015

2016 PH Gold/Silver Plan Authorization Process

Community ProHealth

2016 Prior Authorization Process
HRA Gold and HSA Silver Health Plans

HRA Gold and HSA Silver Health Plans

I. **Paperless referral process:**

Primary Care Physicians (PCP) will continue to direct patient care by referring plan members to in-network specialists as defined by the network's specialist's directories. A physician order may be used for this referral. PCP's should document the referral in the patient record.

Verification of member's insurance eligibility is recommended at every visit.

If the specialist finds an additional problem outside of the original diagnosis or cause, but within the scope of his/her specialty, the specialist may treat the problem and report findings back to the PCP. If an additional problem arises that is not within the scope of this specialty, the member's care should be coordinated by the member's PCP as part of their medical home, and therefore the member must be referred back to the PCP for additional referral to another specialist.

II. The following services **MUST BE CALLED AND/OR FAXED FOR PRIOR APPROVAL** by ProHealth Medical Management staff

1. **Any referral to non-Tier I providers when the request is for the service to be reimbursed at a Tier I level –** This includes services that are potentially not available from a facility or provider within the Tier I directory
2. All services which may be deemed cosmetic/aesthetic (i.e. moles, skin lesions, varicose veins)
3. All transplant services
4. All services where benefit coverage is questioned (i.e. breast reduction, bariatric surgery)
5. All referrals for infertility services
6. Genetic testing, excluding routine pre-natal testing
7. All referrals to for pain management programs
8. All outpatient back and neck surgeries
9. ***All rhinoplasties and septoplasties (NEW 2016)***
10. All inpatient admissions, including rehabilitation and LTAC facilities
11. Any surgery that will result in a scheduled inpatient admission
12. Endoscopic Procedures
13. ***Colonoscopies for patients under the age 50 (NEW 2016)***
14. Radiology:
    a. MRI of the spine (cervical, thoracic, lumbar, sacrum)
    b. MRI of the knees
    c. Non-oncology related PET scans
15. Home Care/ Hospice/TPN Administration in the home

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2016 PH Gold/Silver Plan Authorization Process

Community ProHealth

2016 Prior Authorization Process
HRA Gold and HSA Silver Health Plans

16. Skilled Nursing Facilities
17. Durable Medical Equipment> 200.00 dollars (per item). Includes initial referral for wheelchairs, CPAP and in-home use of hospital beds.(Once CPAP or an insulin pump is approved, additional requests for supplies are not required)
18. Emergency Room referrals.
19. Dialysis and Epogen administration with Dialysis

Behavioral Health

1. All inpatient admissions for behavioral health treatment – This includes inpatient hospital and Partial hospitalizations (PHP) for mental health and substance abuse
2. Intensive outpatient (IOP) for mental health and substance abuse require precertification
3. Members are eligible to receive 20 mental health and substance abuse visits per year without a referral – the 20 visits are cumulative regardless of provider
4. All outpatient behavioral services must be reviewed for ongoing medical necessity. Please contact the Behavioral Health case manager at 317-621-7597 for reviews.

Failure to do so may result in denial of the claim and the inability to bill the member.

Please submit requests as soon as possible to allow time for review.

Routine requests for authorizations are processed within 2 business days after receipt of all needed information.

A new referral for the services outlined above is required at a minimum annually.

A CPT list of procedures that require prior authorization is attached.

Please note that this list is not entirely inclusive; new procedures, experimental or investigation procedures, cosmetic procedures and limited benefits may not be listed. Authorization does not guarantee payment; payment is based on benefit structure and limitations

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Non-Specialty Medications

- If the medication is rejected by the pharmacy due to coverage or quantity limits, members or providers can appeal.
- Fill out Pharmacy Benefit Appeals Procedure form and submit medical records to support the medical necessity of the rejected Rx to the fax number provided on the form(Celebrex has an add'l form).
- Note: Under these plans, payment will be NOT be issued for prescriptions written by a family member.

Specialty Medications

- If a medication is on the Prescriptions Solutions Specialty Pharmacy Drug List then the authorization for the medication must be obtained through Optum Rx our pharmacy benefits manager (PBM). The medication is covered under the pharmacy benefit while the administration of the medication is covered under the medical plan.
- Prior Authorization : 800-711-4555
- Mail Order Pharmacy: 800-562-6223
- Customer Service: 866-218-5445

Specialty Medications

- If the injectable/infusion medication is not on this list, it is covered under the medical benefit. When these unlisted drugs are administered by an in-network provider, there is no need to contact Medical Management at ProHealth for an authorization. You may purchase the injectable and submit a medical claim.

Wellspring Pharmacy Contact Information

Phone Number	Fax Number
Wellspring North 317-621-5273	Wellspring North 317-621-5447
Wellspring East 317-355-3030	Wellspring East 317-355-3115
Wellspring South 317-887-7330	Wellspring South 317-887-4665
Wellspring Shadeland 317-355-9260	Wellspring Shadeland 317-355-9270

Pharmacy Formulary

- To find the Formulary:
  - Go to ecommunity.com/ProHealth/medicalmanagement. There you will find the Advantage Commercial Plan Specialty Pharmaceutical Products Listing.
  - LaFaya Smith, CPHT at 317-621-7519 or lcsmith@ecommunity.com
  - Anu Dhamecha , Clinical Director of Pharmacy Team at 317-621-9808 or Adhamecha@ecommunity.com

PH ADVANTAGE Health Solutions HMO

- Member is assigned to Primary Care Physician (PCP)
- PCP is gatekeeper and must direct all member care to in network specialists and facilities.

Directory may be accessed via website:
www.eCommunity.com/ProHealth

2016 PH Advantage Authorization Guide

Indiana ProHealth Network, LLC
Advantage Health Solutionsssm
Community Health Network
2016 Authorization Quick Reference Guide
Referrals

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Vendor/Facility: _____ Requested Service_____

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Specialist Name (MD Name): _____ Specialty: _____

Requested Service_____ Service Type/ Vendor _____

Date(s) of Service/ Procedure: _____

Consult Only: ☐ Consult & Treat: ☐ OON ☐ Documentation Attached ☐

Additional Medical Information: _____

_____

Resubmission Date: _____ Date Request Received _____

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Reviewed 12/2015

2016 PH Advantage Authorization Process

Community ProHealth

ADVANTAGE HEALTH SOLUTIONS™
2016 Prior Authorization Process

ADVANTAGE HEALTH SOLUTIONS™

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Community ProHealth

ADVANTAGE HEALTH SOLUTIONS™
2016 Prior Authorization Process

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Network Labs
Mid America Clinical Labs

- All lab work **must** to be referred to Mid America Clinical Labs.
- If MACL cannot perform the lab work requested, they will send out to labs that they work with. There will be no extra cost to the member.
- Mid America will work with our providers if pick up and drop are needed and provide supplies.

- **Ancillary Providers**
  - Members are to be referred to Community for all services (or one of its contracted ancillaries)
  - Mid America Clinical Labs for lab services -Phone: (317) 803-1010 or (877) 803-1010

    Ancillary Provider listing is available on the ProHealth Website at www.ecommunity.com\prohealth

Provider Responsibilities

- PCP Termination of HMO Members-ProHealth must receive 30 days written notification for member termination.
  - PCP must continue to direct care for 30 days after notification.
- Panel Status Changes-Employed Providers Only Notify Laura Erhart
  - ProHealth must receive 90 days written notification prior to closing panel to new patients
  - ProHealth must receive written notification to reopen panel
- Demographic Changes-Employed Providers Only Notify Laura Erhart
  - ProHealth must receive 90 days written notification of provider office demographic/TIN changes
- Provider Terminations-Employed Providers Only Notify Laura Erhart
  - ProHealth must receive 90 days written notification when a provider is terminating ProHealth

Laura Erhart contact information is 317-621-9779 or at Lerhart@ecommunity.com

Enrollment Team

Services provided to all Employed Providers

- Enroll Providers in Traditional Medicaid
- Revalidation of Medicaid providers
- Enroll Providers in Traditional Medicare
- Revaluation of Medicare providers
- Maintain CAQH Application
- Maintain PECOS, NPPES
- Update all changes when notified by Laura Erhart

Please contact Jenna White, Lead Credentialing Coordinator
317-621-9312 or email at jwhite2@ecommunity.com

Fee Schedules

- **FEE SCHEDULES**
  - **To receive a PPO or Risk Fee Schedule**
    - **Go to your email and type one of the below addresses in the "To" section and hit enter. You will automatically receive the fee schedule in your InBox.**
      - **prohealthppofeeschdule@ecommunity.com**
      - **riskfeeschedule@ecommunity.com**
    - **For any other fee schedules, you can contact provider relations at 317-621-7851 with your top 25 codes and they be will sent to you.**

Medical Claims Submission

- **Claims Paid by ProHealth**
  - Community Gold Plan
  - Community Silver Plan
  - ADVANTAGE HMO

  - **Paper Claims:**
  - ProHealth
    P.O. Box 50407
    Indianapolis, IN 46250

Electronic Claims:
ID #35161 *(Web MD)*

- ProHealth does not require a provider ID for claims submission

- Filing Limit for ProHealth claims is 365 days

ProHealth Contacts

- **Customer Service/Claim Status**
  - (800)344-8672 Toll Free
  - (317)621-7565 Phone
  - (317)621-7886 Fax
- **Medical Management**
  - PreCertification Phone (317)621-7575
  - Toll Free PreCertification (800)344-8672, option 1
  - Behavioral Health Phone (317)621-7597
  - Fax (317)621-7984
- **Pharmacy Managed Care**
  - Patient Care Coordinator (317) 621-7563
- **Provider Relations**
  - (317)621-7581 Provider Relations Department Phone
  - (317)621-7470 Provider Relations Department Fax

Wrap-Up

Questions