Marion & Polk Community Provider Outreach January 2018

Marion/Polk Counties
Gold Rx Plan Changes

Description	2017 In-network/Out-of-network	2018 In-network/Out-of-network
Gold Rx – Premium	**$185**	**$209**
• Ambulance	$100	$175
• Emergency	$65	$100
• Dialysis	20% /20%	20% / 30%
• Outpatient Surgery – Hospital	$150/$225	$175/$325
• Outpatient Surgery – ASC	$150/$225	$150/$225
• Annual Out of Pocket Maximum	$2,500 / $5,100	$3,000 / $5,100
Gold Rx Prescription Drug Benefits		
• Stage 2 Limit (Initial Coverage Period)	$3700	$3750
• Stage 3 Discounts (Coverage Gap)	Generics 49% / Brands 60% True Out of Pocket - $4,950	Generics-56% / Brands 65% True Out of Pocket - $5,000
• Stage 4 Copays (Catastrophic Coverage)	Generics $3.30 / Brands $8.25	Generics $3.35 / Brands $8.35

Marion/Polk Counties
Silver Rx Medical Plan Changes

Description	2017 In-network/Out-of-network	2018 In-network/Out-of-network
Silver Rx – Premium	**$67**	**$88**
• Ambulance	$100	$175
• Emergency	$65	$100
• Dialysis	20% / 20%	20% / 30%
• Outpatient Surgery – Hospital	$175/$225	$225/$325
• Outpatient Surgery – ASC	$175/$225	$175/$225
• Inpatient Hospital Maximum	$1,000	$1,200

Marion/Polk Counties
Silver Rx Prescription Plan Changes

Description	2017 In-network/Out-of-network	2018 In-network/Out-of-network
• Rx Deductible (Tiers 3, 4, 5 only)	$0	$100
• Specialty Medications (Tier 5)	33%	31%
• Stage 2 Limit (Initial Coverage Period)	$3,700	$3,750
• Stage 3 Discounts (Coverage Gap)	Generics 49% / Brands 60% True Out of Pocket - $4,950	Generics-56% / Brands 65% True Out of Pocket - $5,000
• Stage 4 Copays (Catastrophic Coverage)	Generics $3.30 / Brands $8.25	Generics $3.35 / Brands $8.35

Marion/Polk Counties
2018 Plans - Extra Covered Services

(In-network/Out-of-network)

Benefit	Silver Rx	Gold Rx
Routine Eye Exam (one every calendar year)	n/a *	$15 / $30
Vision Hardware Allowance (every two years)	n/a *	$150
Preventive Dental (every calendar year)	n/a *	$0 $500 maximum
Routine Podiatry	n/a	$15 / $25 $500 maximum
Health Club Reimbursement	$500	$500

* - Available to Silver Rx members as an optional buy-up benefit. See next slide.

Silver Rx Members
2018 Optional Buy-up Benefit Package

(In-network/Out-of-network)

Benefit	Silver Rx
Routine Eye Exam (one every calendar year)	$35 / $35
Vision Hardware Allowance (every two years)	$100
Preventive Dental (every calendar year)	$35 $500 maximum
Monthly Premium	$27

Marion/Polk Counties SNP Plan Changes

Description	2017	2018
• Medical Deductible	$150	$100
• Inpatient	$0 or $99 Copay days 1-10 $0 Copay days 11-90	5% of Cost
• Cardiac & Pulmonary Rehab Services	5% of Cost	15% of Cost
• Professional services (PCP, specialist), PT, OT, speech, cardiac and pulmonary rehab, podiatry, ER, urgent care, o/p diagnostic, o/p hospital, ASC, blood, ambulance, DME, prosthetics, diabetic supplies and dialysis	5% of Cost	10% of Cost

Commercial Plan Changes

ATRIO Health Plans is leaving the commercial (individual and small group) market at the end of the 2017. Those plans will remain active through December 31, 2017. **In 2018, ATRIO will no longer offer commercial plans.** Current ATRIO commercial members have been notified of this change.

- Discontinuing all **Standard Plans (PPO)** (3)
- Discontinuing all **Pioneer Plans (EPO)** (non-standard) (3)
- Discontinuing all **Enhanced Plans (PPO)** (non-standard) (5)

Provider Networks

Our Medicare Advantage plans utilize the following provider network for accessing In-Network benefits:

- ATRIO Provider Network (direct contracts and WVP network)

With Commercial Plans no longer being available, the following networks **will not** be utilized in 2018:

- First Choice Health Network (AK, ID, MT, OR, WA, WY, ND and SD)
- First Health Network- Nationwide (excluding States listed above)

Provider Directories

All payers are under Medicare mandates for directory accuracy. This includes:

- Quarterly outreach and verification
- Data elements:
  - Phone, Address, Name, Specialty, open/closed status, Medicaid acceptance, etc.
- Penalties for inaccuracies
- Contact Preferences

Please contact the provider directory team at Providerdirectory@atriohp.com with any changes to directory information.

Member ID Cards

Secure Member Portal

ATRIO members have access to a secure member portal through our website http://www.atriohp.com/Members.aspx. In addition to our mobile phone application available for all Androids and iPhones.

Portal and App features:

- Member can view eligibility, benefits, medical claims, deductible and out-of-pocket amounts.
- View or order a temporary membership card
- Contact our customer service team

Medicare Advantage Appeals, Grievances & Reconsiderations

- **Appeals:**
  - Submit within 60 calendar days.
  - 60 day turnaround for Part C Payment (Claim) Appeals.
  - 30 day turnaround for Part C standard Pre-Service Appeals or 72 hours for expedited
  - 7 day turnaround for Part D standard Appeals or 72 hours turnaround for expedited
  - Member, Authorized Rep. (AOR CMS 1696 required), or Physician may appeal Pre-Service.
  - Member, Authorized Rep. (AOR CMS 1696 required), or Provider with a signed Waiver of Liability (WOL) for Payment (claim) appeals.
- **Grievances:**
  - A grievance is any complaint, other than one that involves a request for a coverage determination or an appeal. Examples of a grievance include a complaint about quality of care, waiting times, or the customer service received.
  - Submit within 60 days of the event or incident.
  - 30 days turnaround from receipt.
  - Member, or Authorized Rep (AOR 1696 required).
- **Reconsiderations**:
  - When a Participating Provider wants a plan determination on adverse claim decision or payment.
  - Contracted providers can request a reconsideration within 60 days of post service denial notification date and we will respond within 60 days. Other timelines may be based on contract. This is not a CMS requirement.

Appeals, Grievance & Reconsiderations Contacts

- Appeals and Grievance Phone: 877-672-8620 opt 3
- Appeals and Grievance Fax: 866-339-8751
- Appeals and Grievance Email: Appeals@atriohp.com
- Appeals and Grievance Mailing:

  ATRIO Appeals
  2270 NW Aviation Dr. Suite 3
  Roseburg, OR 97470

- Reconsideration Email: ProviderRelations@atriohp.com
- Reconsideration Fax: 1-866-256-9002
- Reconsideration Mailing:

  ATRIO Provider Reconsiderations
  2965 Ryan Drive SE
  Salem, OR 97301

Medicare Star Ratings Program

CMS established the Star Ratings Program to measure and help improve the quality of care provided to Medicare Advantage beneficiaries. Plans receive a Star score based on plan performance across dozens of measures. Star Measures are the same across all Medicare Advantage health plans.

(30%) **HEDIS – Clinical Prevention and Disease Management**

- Percentage of patients receiving colorectal cancer screening
- Percentage of diabetic patients keeping their blood sugar controlled
- Percentage of all-cause hospital readmission within 30 days of discharge

(30%) **CAHPS/HOS – Patient Perception of Health Care Received**

- Patient perception of access to care, office wait times, care coordination
- Patient perception of physical and mental health
- Patient perception of quality of life

(20%) **Pharmacy – Medication Adherence and Safety**

- Percentage of patients taking High Risk Medications
- Adherence rates for hypertensive medication, diabetic medication or cholesterol

(20%) **Administration of Health Plan Services**

- Appeal timeliness
- Call Center and Customer Service Experience

CAHPS

Consumer Assessment of Healthcare Providers and Systems

Types of questions asked on surveys

- How often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

Ways to improve

- Make a positive patient experience part of your culture
- Educate patients in terms they can easily understand
- Use tools or props to improve communication
- Make each patient feel like the only patient
- Remind patients that if they receive a survey to please fill them out and return!

Combining Risk and Quality

- In 2017 ATRIO combined Risk and Quality
  - Take advantage of a single visit with the provider
  - Making visit more patient centric

- Medicare is moving to Quality over Quantity

New P4P-Selective Program Comprehensive Annual Visits (CAV)

- Identifying members and using the correct intervention
- List of qualifying members will come from our SAC partners (verified for correct PCP attribution)
- Accommodating established workflows
- 2 different forms, Q&A and coding documentation provided for training and education purposes (99381-99387, 99391-99397)
- Receive within 10 business days of DOS
- 60 day look back to make CAV payment (in addition to the billed claim)

Workflow of CAV Process

ATRIO HEALTH PLANS

1 Who?

Call each patient on the "hotlist" provided to your office

2 What?

Schedule a wellness or preventative visit with PCP

3 When?

Visit type should not cause the patient to incur a co-pay and must be completed prior to the end of the current year

4 Why?

Patients identified have not met the ATRIO clinical documentation requirements needed to maximize risk scores and close care gaps.

To meet requirements, follow the documentation descriptions included in the accompanying guidelines.

5 How?

Complete the visit and bill for it using the diagnostic guidelines found in the Documentation and Coding Guide found in the packet.

The Documentation Tips sheet included in the packet offers helpful guidance for this specific visit type.

6 Final Steps

Provider completes "CAV EMR Form" or "CAV Form" depending on whether or not your office uses an EMR.

Once the form is completed and signed, follow the submission instructions at the bottom and send to ATRIO.

ATRIO QA will review the CAV Form and provide feedback. After feedback issues are addressed, your office will qualify for the Incentive Payment.

After claim is billed and provider has submitted the appropriate CAV Form, the Incentive Payment will be processed

Please email questions to:
QI@atriohp.com

Comprehensive Annual Visit links

- http://www.atriohp.com/documents/Providers/ATRIO-CAV-Documentation-Coding-Guide.pdf
- http://www.atriohp.com/documents/Providers/ATRIO-CAV-EMR-Checklist.pdf
- http://www.atriohp.com/documents/Providers/ATRIO-CAV-Form.pdf
- http://www.atriohp.com/documents/Providers/ATRIO-CAV-Incentive-Program-Q-A.pdf
- http://www.atriohp.com/documents/Providers/CAV-Process-Flowchart.pdf

Provider Resources

ATRIO Health Plans' website (www.atriohp.com) contains helpful information for both providers and members. We will often outreach to providers via phone, email, mail, and will post helpful plan information in the Provider Information center found at http://www.atriohp.com/Providers.aspx.

- Provider Login (link to CIM)
- Provider Manual
- Provider Support Help Desk (provider customer service)
- Resources and Support (plan forms)
- Prior Authorizations (plan grids/forms/notifications)
- Provider Education (plan notifications/documents)
- Compliance (reporting compliance concerns)
- Quality of Care Concerns (reporting quality of care concerns)

Provider Service Contacts

ATRIO Health Plans' purpose is to deliver improved health outcomes to the communities we serve. ATRIO teams are located in Oregon and offer individualized support to providers and members.

- **Provider Customer Service**
  - Phone: 1-877-672-8620
- **Provider Relations Department**
  - Email: ProviderRelations@atriohp.com
  - Fax: 1-866-256-9002
- **Provider Directory Department**
  - Email: Providerdirectory@atriohp.com

ATRIO Health Plans Local Office

Marion & Polk Counties

Address:	ATRIO Health Plans 3025 Ryan Drive SE Salem, OR 97301
Office Hours:	8 a.m. to 5 p.m. (M-F) (Pacific)
Customer Service Hours:	8 a.m. to 8 p.m. Daily (Pacific) Toll Free: (877) 672-8620 TTY/TDD: (800) 735-2900

Medical Management

There are no changes to any Prior Authorization requirements for 2018.
Links to ATRIO Prior Authorization list and Medical Management Contact information:

2018 Medicare Prior Authorization Grid:
http://www.atriohp.com/documents/Prior-Authorization/2018-Medicare-Prior-Authorization-Grid.pdf

2018 Medicare Part D Coverage Determination Request Form:
http://www.atriohp.com/documents/Prior-Authorization/Medicare-Part-D-Coverage-Determination-Request-Form.pdf

Marion & Polk Counties

- Medical Prior Authorization Electronic : CIM portal
- Medical Prior Authorization Fax: 503-581-7422, 503-485-3220 (SNF, IP)
- Medical Prior Authorization Email: PartCreview@mvipa.org
- Pharmacy Prior Authorization Requests Fax (MedImpact): 858-790-7100
- Pharmacy Prior Authorization Request Online (MedImpact): https://mp.medimpact.com/partdcoveragedetermination

Drug Formulary

ATRIO Health Plans drug formulary links:

Medicare Advantage
http://www.atriohp.com/Medicare/Member-Tools-Resources.aspx

The ATRIO list of covered drugs may change periodically. Changes are posted to our website.

- Pharmacy Authorization Requests Fax (MedImpact): 858-790-7100
- Pharmacy Customer Service: 541-492-5131
- Pharmacy Benefit Manager (PBM): **www.medimpactdirect.com**

Claims Billing & Contact Information

- **Paper Claims Submission Address**
  - ATRIO Health Plans
    Claims Administration
    PO Box 5490
    Salem, OR 97304
- **Electronic Claim Payor ID's**

EDI Payer ID List

Clearinghouse	Payor Name	Payor ID	ENR	ERA/835 Notification	Administered By/Notes
AVAILITY					
	Atrio Health Plans	ATRIO	N	Y - PaySpan	PH Tech
CORTEX EDI					
	ATRIO	CX031	N	Y - PaySpan	PH Tech
GATEWAY EDI					
	Atrio	ATRIO	N	Y - PaySpan	PH Tech
OFFICE ALLY					
	ATRIO Health Plans	ATRIO	N	Y - PaySpan	PH Tech
RELAYHEALTH PCS					
	ATRIO (Professional)	CPID 4799	N	Y - PaySpan	PH Tech
	ATRIO (Institutional)	CPID 5934	N	Y - PaySpan	PH Tech

Legend

- ENR = Pre Enrollment Required
- Payor Name = The name of the payor
- Payor ID = Payor ID associated with the payor
- ERA/ Notification = Identifies if programmed to process Electronic Remittance Advice (ERA)(835)for this payor.

***Your specific clearinghouse may already be forwarding claims to one of these known entities. If you do not see that entity as an option, please contact your clearinghouse to have the claims forwarded. Please contact EDI Support at 503.584.2169 Opt. 1 and speak to an EDI specialist about testing for this payer.**

Claims Billing & Contact Information

- **Electronic Claim Support** (EDI Support: Transmission and Clearing house questions)
  - Email: EDI.Support@phtech.com
  - Phone: 503-584-2169 Opt. 1

- **CIM Access and Support** (Claims System)
  - Email: Support@phtech.com
  - Phone: 503-584-2169 Opt. 2

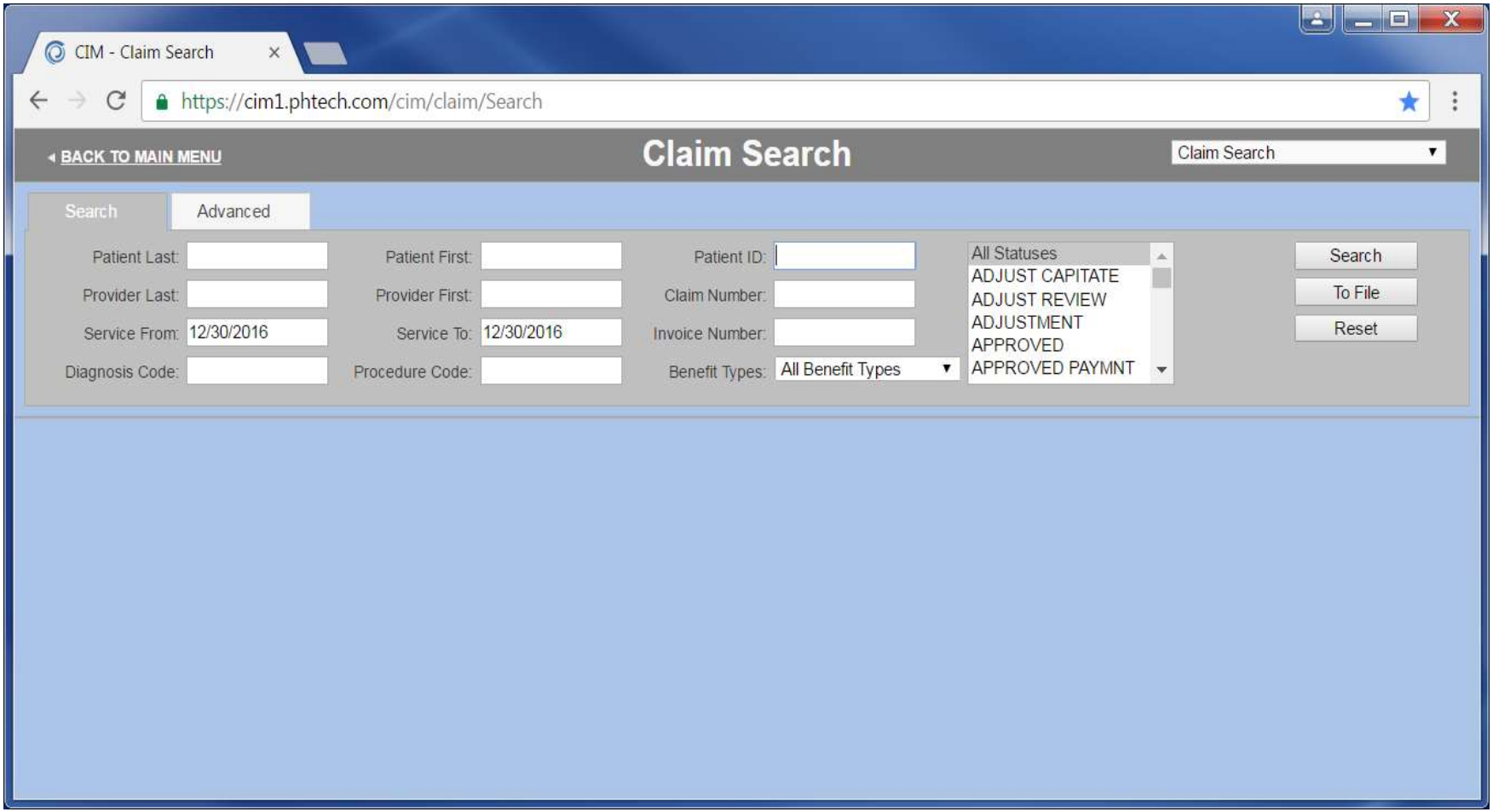
- **Electronic Fund Transfer** (EFT)
  - Payspan Provider Payment Services is available Monday through Friday 6:00AM to 3:00PM Pacific (9:00AM to 6:00PM Eastern)
  - Email: ProviderSupport@payspanhealth.com
  - Phone: 1-877-331-7154 Opt. 1

CIM Applications

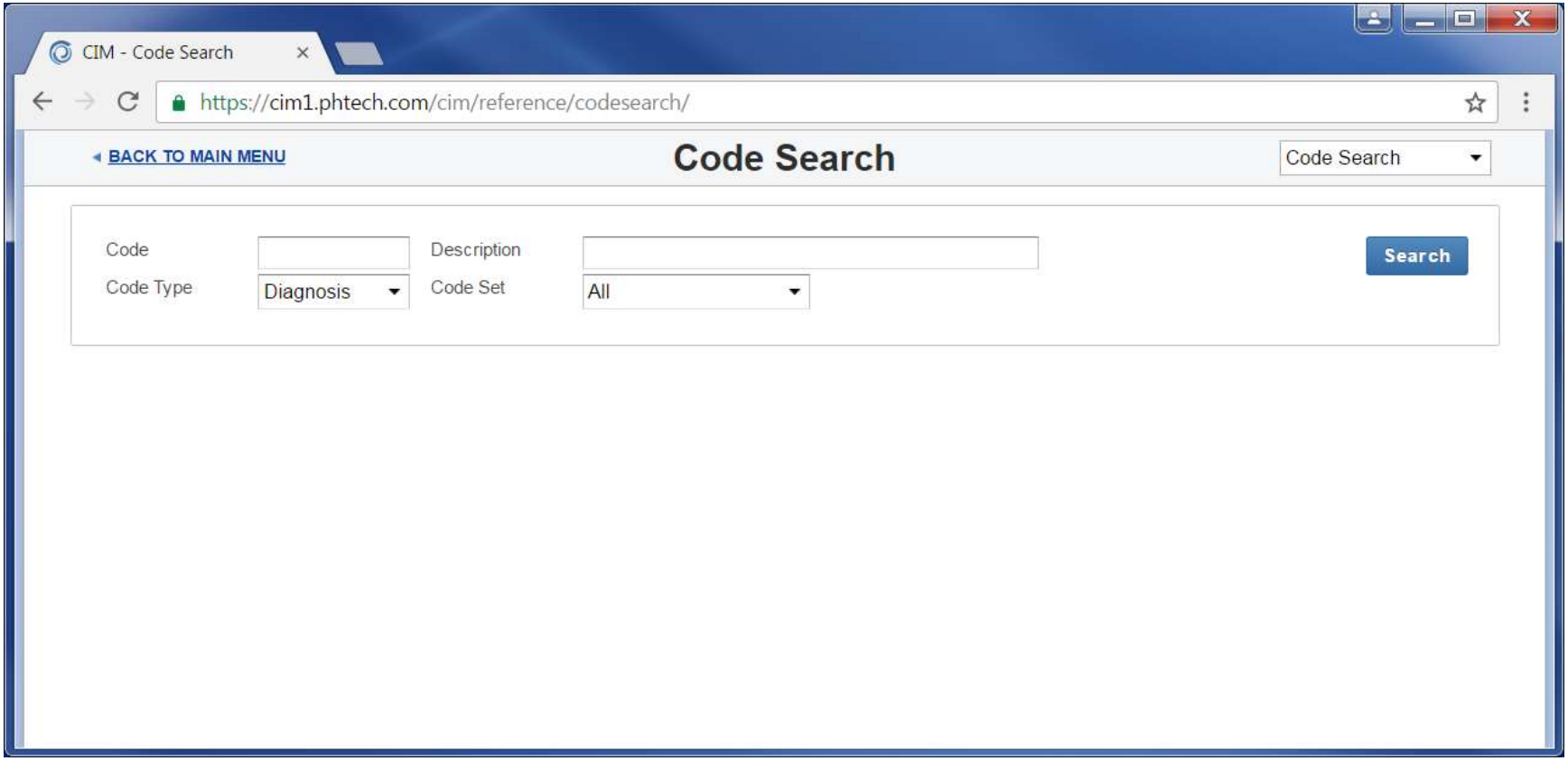
Once you have access to CIM, you will be able to check member eligibility, claims status, see plan message board, run claim history reports, enter Prior Authorization request, etc.

- Claims Search (check claims status, pull claims reports)
- Code Search (search CPT and ICD-9 or ICD-10 codes/descriptions)
- Member Search (check member eligibility/demographics/enter Prior Authorizations)
- Provider Services (Quick Links: CIM user manual/Pioneer Plan Preferred Prioritized List)
- Referral Manager (Review/email/update Prior Authorizations)

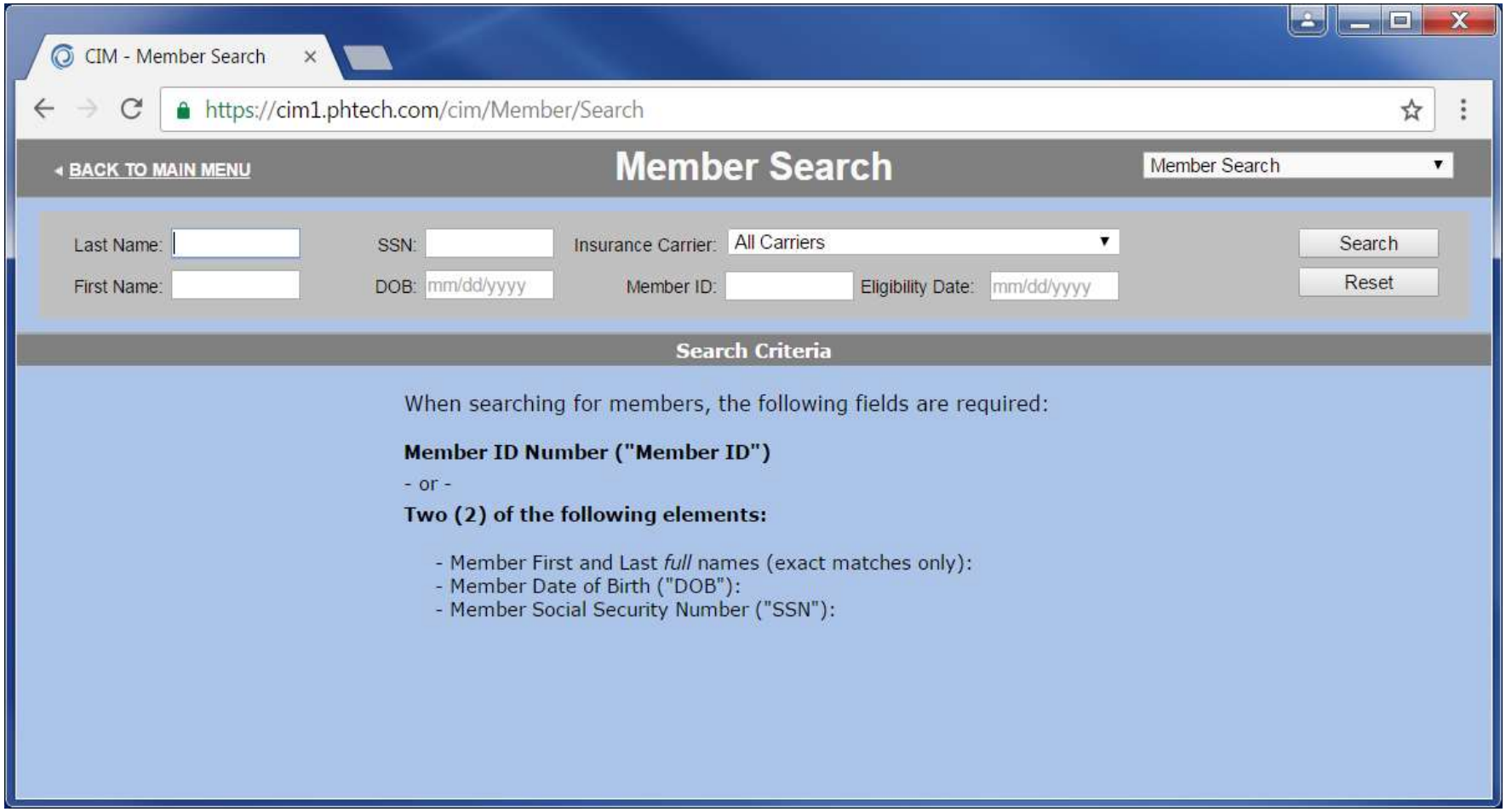
Claim Search



Code Search

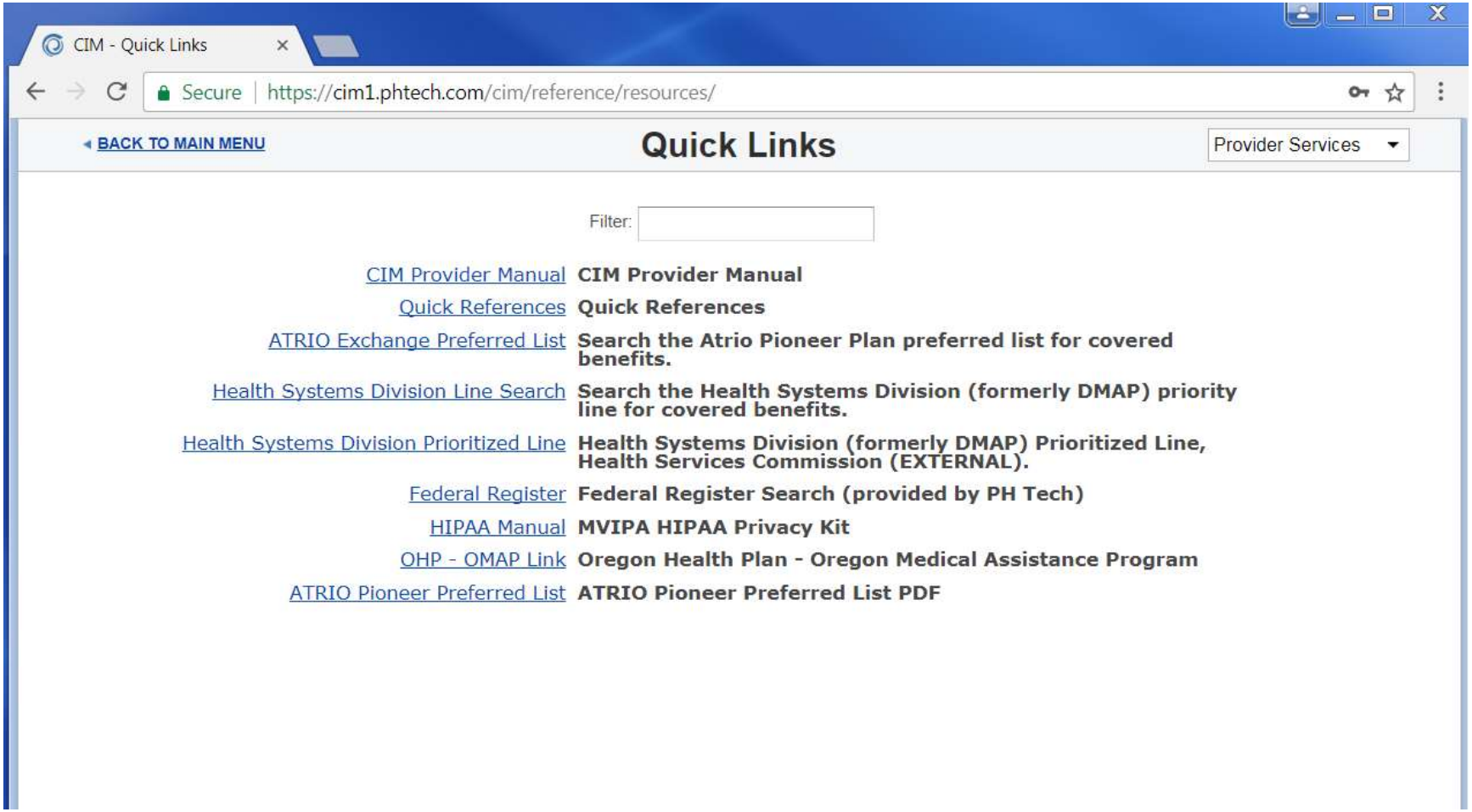

CIM - Code Search
https://cim1.phtech.com/cim/reference/codesearch/
BACK TO MAIN MENU
Code Search
Code Search
Code
Description
Search
Code Type
Diagnosis
Code Set
All

Member Search

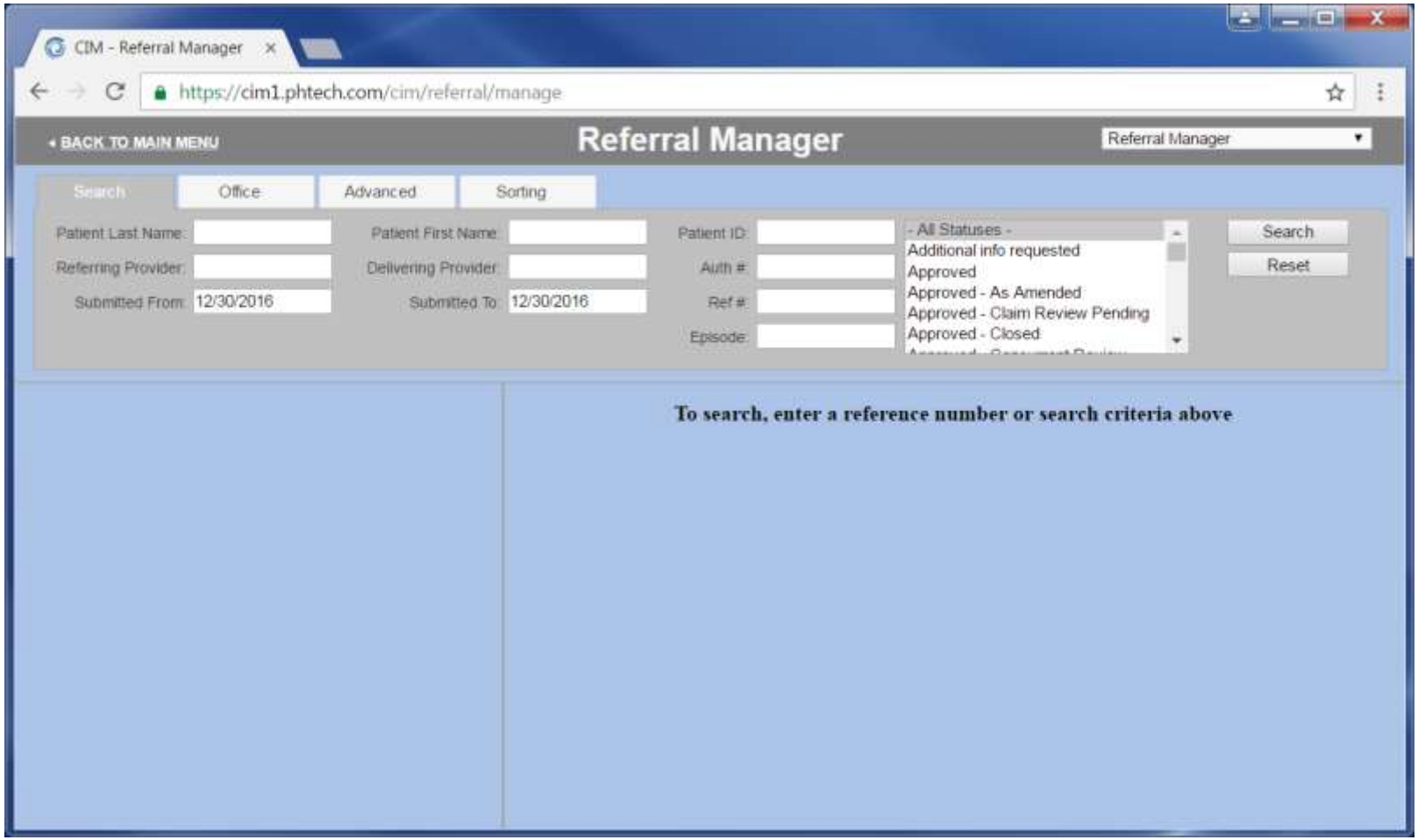


Member Search

Provider Services



Referral Manager



ATRIO HEALTH PLANS

Questions?


ATRIO™
HEALTH PLANS
Thank you!