western sky community care™

Welcome to Western Sky Community Care

Presentation Outline

- Company Overview
- Member Eligibility and Benefits
- Service Coordinator and Physician Role
- Behavioral Health
- Prior Authorizations
- Grievances and Appeals
- Provider Relations
- Website and Secure Portal Tools
- Claims
- Access Standards
- Reporting of Abuse and Neglect
- Cultural Competency
- Fraud, Waste and Abuse
- Medical Record Review
- Questions

Overview of Western Sky Community Care

Overview of Western Sky Community Care

- Western Sky Community Care is a Managed Care Organization (MCO) that provides health insurance to New Mexico residents enrolled in Centennial Care 2.0. Populations will include TANF, CHIP, ABD (duals & non-duals). Populations will also cover acute care for persons receiving IDD & Medically Fragile Waiver services
- We will also be creating a network for and administering the LTSS benefits
- Local presence is backed by a nationally recognized MCO: Centene Corporation
- Expertise in serving low-income and LTSS populations
- Providing benefit coverage in all New Mexico counties
- Over 300 employees located across the State

Overview of Western Sky Community Care

WHO WE ARE

Our local approach provides accessible, high quality and culturally sensitive healthcare services to our members. Our integrated Care Coordination model can only be delivered effectively by local staff, resulting in meaningful job creation in New Mexico.

January 2019 Statewide for Centennial Care

Western Sky Community Care
Westernskycommunitycare.com

OUR PURPOSE

Transforming the health of the community, one individual at a time.

OUR MISSION

Better health outcomes at lower costs.

OUR BRAND PILLARS

Focus on individuals.
Active Local Involvement.
Whole health.

Centene Overview

CENTENE® Corporation

WHO WE ARE

St. Louis
based company founded in Milwaukee in 1984

34,800 employees

#61 Fortune 500

#36 on Forbes' **Global 2000: Growth Champions List**

#244 Fortune Global 500

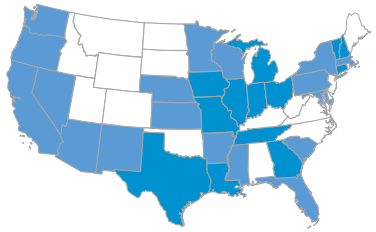
#19 on Fortune's **Change the World List**

$48.4B revenue for 2017

$58.2 - 59.0B expected revenue for 2018

$11.9 billion in cash and investments

WHAT WE DO



31 states
with government sponsored healthcare programs

Medicaid (24 states)

Marketplace (17 States)

Medicare (20 States)

Correctional (14 States)

2 international markets

12.8 million members
includes 2.9 million TRICARE eligibles

~300 Product / Market Solutions

Overview of Western Sky Community Care

- Western Sky Community Care (Western Sky) covers, at a minimum, those core benefits and services specified in our Agreement with the New Mexico Human Services Department (HSD) and defined in the, administrative rules, and HSD policies and procedure handbook.

- All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

- All Out of Network (Non-Par) services require prior authorization, excluding family planning, emergency room, and table top x-ray.

Our Approach and Goals

Our overarching goal is to help each and every Western Sky member achieve the highest possible levels of wellness, functioning, and quality of life, while demonstrating positive clinical results.

Integrated care

- Strong support for the integration of both physical, behavioral, and LTSS and HCBS services
- Assisting members in achieving optimum health, functional capability, and quality of life

Coordination of Care

- Assist members with locating a Provider
- Coordinate requests for out-of-network providers by determining need/access issues involved

Continuity of Care

- Continuity of personal relationships, recognizing that an ongoing relationship between members and health providers and community providers is the foundation that connects care over time and bridges discontinuous events
- Continuity of clinical management

Member Eligibility and Benefits

Centennial Care 2.0—Who is Eligible

- The following populations are served:
  - TANF, CHIP, Adoption Assistance for Foster Care Children
  - SSI/ABD, including Duals
  - IDD and Medically Fragile (for Acute Care Services only)

- The following are exempt from mandatory enrollment:
  - Individuals who are Native American and not in need of LTSS
  - Individuals residing in ICF/IDD facility
  - Qualified Medicare Beneficiary (QMB) and Specified Low Income Medicare Beneficiary (SLIMB)
  - Program for All Inclusive Care for the Elderly (PACE)
  - Individuals covered only under Medicaid Family Planning
  - Individuals under Emergency Medical Services for Aliens (EMSA) program

Western Sky Member ID Card

Whenever possible, member should present both their Western Sky Community Care Member ID card and a photo ID each time services are rendered by a provider. If you are not familiar with the person seeking care as a provider of our health plan, please ask to see photo identification.

western sky community care
A Centennial Care 2.0 Program

NAME: JANE C. DOE
MEMBER ID#: XXXXXXXXXXX
ASPEN ID#: XXXXXXXXXXX
DATE OF BIRTH: mm/dd/yyyy
HIPPA ID#: [XXXXXX-XX]

PCP NAME: DR. NAME
PCP NUMBER: XXXXXXXXXX

ISSUER ID#: XXXXXXXXXXX

COPAYS: Office Visit [$$] ER [$$]
Urgent Care [$$] Hospital [$$]
EFFECTIVE: mm/dd/yyyy
RENEWAL: mm/dd/yyyy
PLAN TYPE: [ABP/State Plan]
RX: ENVOLVE PHARMACY SOLUTIONS
RXBIN: XXXXXX
RXPCN: MCAIDADV
RXGRP: XXXXXX

If you have an emergency, call 911 or visit the nearest emergency room (ER).
For non-emergencies, call your PCP or the 24/7 Nurse Advice Line.

Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Si no está seguro de si necesita ir a la sala de emergencia, llame a su PCP o la línea de consejo de enfermería de atiende 24/7.

IMPORTANT CONTACT INFORMATION/INFORMACIÓN IMPORTANTE DE CONTACTO

MEMBERS/MIEMBROS:

Member Services/Servicios para los miembros: X-XXX-XXX-XXXX
TTY/TDD/Personas con problemas de audición: X-XXX-XXX-XXXX
24/7 Nurse Advice Line/Línea de consejo de enfermería 24/7: X-XXX-XXX-XXXX

Pharmacy Help Desk/[SPN]: X-XXX-XXX-XXXX
Physical/Behavioral Health/[SPN]: X-XXX-XXX-XXXX
LTC Services/[SPN]: X-XXX-XXX-XXXX
Prescription Drugs/[SPN]: X-XXX-XXX-XXXX

PROVIDERS/PROVEEDORES:

Eligibility: X-XXX-XXX-XXXX
Medical Claims: Western Sky Community Care [Address];
Provider/claims information via the web: **WesternSkyCommunityCare.com**
EDI/EFT/ERA please visit Provider Resources at **WesternSkyCommunityCare.com**

Note: Some services may require prior authorization from your physician.
Nota: algunos servicios pueden requerir la autorización previa de su médico.

Checking Eligibility for Western Sky Community Care

Providers should always verify member eligibility:

- Every time a member schedules an appointment
- When the member arrives for the appointment
- Verifying eligibility can be done via:
  - Secure Provider Portal at www.westernskycommunitycare.com
  - Automated member eligibility IVR system at 844-543-8996
  - Calling Provider Services 844-738-5019
  - PCPs should check that a member is assigned to their patient panel – this can be done via our Secure Provider Portal. PCPs can still administer service if the member is not and may wish to have member assigned to them for future care.

Benefits

Western Sky Community Care covers, at a minimum, those core benefits and services specified in our Agreement with HSD Medicaid Managed Care Services. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines. Example (not all inclusive) listing of benefits:

- Non-Community Benefit Services included under Centennial Care
  - In and Outpatient and Emergency Health Services
  - Applied Behavior Analysis
  - Ambulatory Surgical Centers
  - Bariatric Surgery
  - Behavior Management Skills Development
  - Community Interveners for Deaf and Blind
  - Comprehensive Community Support Services
  - Day treatment services
  - Dental Services
  - DME
  - Family Planning
  - Family Support (Behavioral Health)
  - Medication Assisted Treatment for Opioid Dependence
  - Non-accredited Residential Treatment Centers and Group Homes
  - Occupations Services
  - FQHC's and Rural Health Centers
  - Respite (Behavioral Health)
  - Telemedicine
  - Tot-to-Teen Health Checks
- Agency-Based Community Benefit Services
  - Adult Day Health
  - Assisted Living
  - Community Transition Services
  - Employment Supports
  - Private Duty Nursing for Adults
- Self-Directed Community Benefit Services
  - Behavioral Support consultation
  - Environmental Modifications (subject to limit)
  - Home Health Aide
- Adult Benefit Plan (ABP) Services included under Centennial Care
- LTSS Services
  - Adult Daily Living
  - Assistive Technology
  - Benefits Counseling
  - Career Assessment
  - Community Integration
  - Community Transition Services
  - Home Delivered Meals
  - Job Coaching and Finding
  - Member-Directed Community Supports and Goods and Services
  - Personal Assistance Services
  - TeleCare

Alternative Benefit Plan (ABP) Services

Example of Alternative Benefit Plan Services included under Centennial Care 2.0 are listed below. For a complete listing please refer to your WSCC Provider Manual. ABP will remain limited to the Other Adult Group (COE 100)

- Allergy testing and injection
- Annual physical exam and consultation
- Applied Behavioral Analysis for Autism spectrum disorder (through age 22)
  - Must be enrolled in School
- Bariatric surgery
- Behavioral Health professional and substance abuse services, evaluations, testing, assessments, therapies and medication management
- Cancer clinical trials
- Cardiovascular rehabilitation
- Chemotherapy
- Dental services
- Diabetes treatment, including diabetic shoes, medical supplies, equipment and education Dialysis
- Dialysis
- Disease management
- Drug/alcohol dependency treatment services, including outpatient detoxification, therapy, partial hospitalization and intensive outpatient program (IOP) services
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, including routine oral care, for individuals age 19-20
- Emergency services, including emergency room visits, emergency transportation, psychiatric emergencies and emergency dental care
- Family planning and reproductive health services and devices, sterilization, pregnancy termination and contraceptives
- Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) services
- Genetic evaluation and testing
- Habilitative and rehabilitative services, including physical, speech and occupational therapy
- Inpatient physical and Behavioral Health hospital/medical services and surgical care
- Inpatient rehabilitative services/facilities
- Medication assisted therapy for opioid addiction
- Non-emergency transportation when necessary to secure covered medical services and/or
- Periodic age-appropriate testing and examinations – glaucoma, colorectal, mammography, pap tests, stool, blood, cholesterol and other preventive/diagnostic care and screenings
- Physician visits
- Podiatry and routine foot care
- Primary Care to treat illness/injury
- Periodic age-appropriate testing and examinations – glaucoma, colorectal, mammography, pap tests, stool, blood, cholesterol and other preventive/diagnostic care and screenings
- Skilled nursing
- Specialized Behavioral Health services for adults: Intensive Outpatient Programs (IOP), Assertive Community Treatment (ACT) and Psychosocial Rehabilitation (PSR)

ABP Exempt

The following individuals are ABP Exempt and may voluntarily opt-out of the ABP:

- Individuals who qualify for medical assistance on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individuals are eligible for Supplemental Security Income benefits
- Individuals who are terminally ill and are receiving benefits for hospice care
- Pregnant women
- Individuals who are Medically Frail

Adult Members are determined to be ABP Exempt Members by either:

- Self-identifying to the Western Sky Community Care that they are exempt from mandatory enrollment into the ABP because they are an individual listed above. Adult Members may self-declare ABP Exempt status to Western Sky Community Care at any time. Upon the Member's self-identification, Western Sky Community Care, based on criteria established by HSD, will evaluate and confirm whether the Member qualifies as ABP Exempt.
- Western Sky Community Care will confirm ABP Exempt status within 10 Business Days of the Member's self-identification. The Member will remain enrolled in the ABP until Western Sky Community Care has confirmed ABP Exempt status and the Member has chosen to receive the ABP Exempt benefit package; or
- If an Adult Member does not self-identify as being ABP Exempt but Western Sky Community Care determines that the Member meets the ABP Exempt criteria listed above through the Care Coordination processes, Western Sky Community Care will notify the Member that he/she may be ABP Exempt, explain the benefit differences for ABP Exempt individuals and facilitate his/her movement into the ABP Exempt benefit package at the Member's choice.
- If the Member disagrees with Western Sky Community Care's ABP Exempt status determination, the Member may use Western Sky Community Care's grievance and appeals process as described in the Member Grievances section of this manual.

Provider Credentialing

- ✓ Western Sky will maintain a high quality healthcare delivery system with adequate access to credentialed providers for all Members meeting all HSD criteria for specialties, drive times, availability, and timely access standards
- ✓ We will verify to source documents through applicable state and federal agencies and the National Practitioner Data Base:
  - ✓ Licensure
  - ✓ Adverse actions
  - ✓ DEA numbers
  - ✓ CLIA waiver
  - ✓ Accreditation
  - ✓ Signed Participation Agreement
  - ✓ HSD identification number – must be obtained prior to contracting
  - Board certification
  - Malpractice history
  - Disclosure of Ownership
  - All locations and hours
  - CMS site visit
  - Education
  - Negligence Claims
  - Malpractice coverage
  - TINs
  - Affiliations
- ✓ Re-Credential minimally every 3 years
- ✓ Notify Network Specialist of any relevant changes to any of the above
- ✓ Providers can also submit requests for change of address, phone number, fax number, office hours, location accessibility through the Portal. If a change requires a new W-9 they must submit through a network specialist.

Provider Responsibilities

- The Provider is responsible for supervising, coordinating, and providing all authorized care to each assigned member. Western Sky is committed to providing a Medical Home model by using patient-centered and thorough Care Coordination.
- PCPs are encouraged to refer to another participating Provider when care is needed beyond the scope of what PCP can provide.
- PCPs will work with WSCC Care Coordination to ensure appropriate level of care is rendered and or Members of special populations are referred to appropriate providers to obtain Medically Necessary Care
- PCPs are required to maintain sufficient access to facilities and personnel to provide services 24 hours a day, 365 days a year (covering physician, answering service, triage service, etc.)
- Treat members with fairness, dignity, and respect in a culturally competent manner
- Identify additional member needs while scheduling an appointment (wheelchair and interpretive linguistic needs, non-compliant individuals or those with cognitive impairments)
- Not discriminate against members on the basis of race, color, national origin, disability, age, sex, religion, mental or physical disability, or limited English proficiency
- Maintain the confidentiality of members' personal health information, including medical records and histories, and adhere to state and federal laws and regulations regarding confidentiality

Provider Responsibilities

- All Providers and their employees and administrators of a facility are mandatory reporters of suspected physical and/or sexual abuse and neglect of Western Sky Members and should be reported to Western Sky
- Providers are encourage to ensure Members execute an Advance Directive and put into Member's medical record. Providers must comply with federal and state laws regarding Advance Directives
- PCPs reserve the right to determine the number of Members they can accept in their panel of Members
- All Providers shall maintain accurate and complete medical records documenting all services provided and allow Western Sky and regulatory bodies access to such records.
- Specialists will maintain communication with PCP and coordinate care plan
- Communicate with Western Sky regarding closing of panel, change of address, voluntary termination, addition of practitioners, and other important practice matters

Provider Responsibilities

- Providers can check the secure portal to determine whether patient has any other insurance that may be primary so that the Provider may bill the correct insurance company. Any information gathered by the physician office regarding other insurance can be relayed to your network specialist so that it may be updated in our systems.
- Providers should disclose to Western Sky Community Care, on an annual basis, any physician incentive plan (PIP) the provider or provider group may have with physicians either within the group practice or other physicians not associated with the group practice even if there is no substantial financial risk between Western Sky and the physician or physician group.

ADA Compliant Access

Western Sky Community Care will ensure compliance with ADA accessibility guidelines. Where applicable, this will include:

- Parking
- Pathway(s) to entry
- Entrance to the building and/or office

What are Critical Incidents

Events that compromise the member's health or welfare, including:

- Death (other than by natural causes)
- Serious injury that results in emergency room visits, hospitalizations, or death
- Hospitalization except in certain cases, such as hospital stays that were planned in advance
- Provider or staff misconduct

What are Critical Incidents? (Continued)

—Abuse, which includes the infliction of injury, unreasonable confinement, exploitation, intimidation, punishment, mental anguish, environmental hazard, or sexual abuse of a member. Types of abuse include, but are not necessarily limited to:

- —Physical abuse
- —Psychological abuse
- —Sexual abuse
- —Verbal abuse
- —Neglect
- – Seclusion
- – Exploitation
- – Restraint
- – Service interruption
- – Medication errors

Reporting Critical Incidents

- Incidents must be reported by Providers or their via the critical incident reporting protocol found on the HSD site: http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx
  - Critical Incidents are only entered for specific Categories of Eligibility, found on the Critical Incident Reporting Protocol on this site.
- If assistance is needed regarding submission requirements, providers can contact HSD at bh.qualityteam@state.nm.us.
- Providers will participate in Critical Incident management process, including full cooperation with State investigations.
- All critical incidents will be tracked from the initial report in the HSD Critical Incident portal and through all follow-up actions. The portal will inform WSCC.
- All WSCC Provider Relations team reps will assist their providers with the technical aspects of the HSD portal and other reporting requirements
- For recipients of adult BH services who are non-Medicaid recipients, all CIRs should be sent to State of New Mexico Interagency Behavioral Health Purchasing Collaborative at Fax # 1-505-476-9272.
- In addition to notifying Western Sky, providers must report Abuse, Neglect and Exploitation to:
  - Children, Youth and Families Department (CYFD) or Child Protective Services (CPS): 1-855-333-SAFE (1-855-333-7233) or fax to 1-505-841-6691.
  - Adult Protective Services (APS): 1-866-654-3219 or fax to 1-505-476-4913.

Non-Emergency Care (continued)

- Prior to performing Non-emergency Services hospital providing care must:
  - Conduct appropriate medical screening to determine non-emergency service
  - Inform member of amount of copay obligation if provided in ED
  - Provide member name of alternative non-emergency services provider
  - Determine that alternative provider can provide the services needed in a timely manner

- If member has been advised of the alternative provider and the amount of the copay, and chooses to continue to receive treatment for a non-emergency condition at the hospital ED, the hospital shall assess the copay.

- Providers may attempt to collect any unpaid charges at the time of service, at a later appointment, or by billing the member. Providers must report copay on the claim form.

- If copay is applied, Provider shall accept the negotiated amount with the MCO less the deduction for copay, as payment in full. MCO may not compensate Provider for copays not collected.

Medically Necessary

- As found in your Product Attachment to your Agreement:
- **Medically Necessary Services (also referred to as Medical Necessity)** — Means clinical and rehabilitative physical, mental or Behavioral Health service that:
  - Are essential to prevent, diagnose or treat medical conditions or are essential to enable the Covered Person to attain, maintain or regain the Covered Person's optimal functional capacity;
  - Are delivered in a the amount, duration , scope and setting that are both sufficient and effective to reasonably achieve their purposes and clinically appropriate to the specific physical, and Behavioral Health care needs of the Covered Person;
  - Are provided within professionally accepted standards of practice and national guidelines;
  - Are required to meet the physical, and Behavioral Health needs of the Covered Person and are not primarily for the convenience of the Covered Person, the Provider or the Company; and
  - Are reasonably expected to achieve appropriate growth and development as directed by HSD
- Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing. The determination is based on medical information provided by the member, the member's family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the member. All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

Care Coordination

Western Sky Community Care Coordination model is designed to help Members obtain needed services from our array of covered services or from the community services. It is a multi-disciplinary care management team that:

- Utilizes a holistic approach yield better outcomes
- Promotes continuity of care
- Increases positive medical outcomes—promoting the highest levels of wellness, functioning, and quality of life
- Ensures that each member receives quality, comprehensive care services within the community
- Provides early identification, needs assessment, person-centered care plans that includes member/family education, evidence-based practices, trauma-informed care, and actively links the member to providers and support services
- Allows for rapid and thorough identification and assessment of program participants, especially members with special health care needs
- Assists with discharge planning and personalized treatment plans
- Contributes to the reduction in costs to the Long Term Services and Supports Program

Care Coordination-Juvenile Justice

- WSCC will work with the state in the early identification of children who are engaging in delinquent or high-risk factors including exhibiting signs of SED
- WSCC will coordinate services with Protective Services, BH Services, and Juvenile Justice Services including discharge planning. WSCC shall work with providers on discharge planning within 24 hours of admission and that Member receives BH screening within 24 hours
- WSCC will work with agencies and providers to ensure communication with all agencies and the varied providers to create an integrated care plan.

Care Coordination-Children in Tribal Custoc

- WSCC shall ensure the children in Tribal custody or under Tribal supervision pursuant to Tribal court order, receive a BH screening within 24 hours of a referral to a BH Provider and receive a BH assessment, Medically Necessary Covered Services and Care Coordination as appropriate
- If requested by an Indian Tribe, Nation or Pueblo located partially or wholly in New Mexico, WSCC shall negotiate in good faith to enter into agreements to develop assessment and treatment protocols and procedures to endure that services are provided to children in Tribal custody or under Tribal supervision who are in need of such services.
- If a Tribe, Nation or Pueblo choose not to enter into such agreements, WSCC shall not be liable for providing Covered Services to those children

Role of Care Coordinator in LTSS

- Care Coordinator leads Comprehensive Care Plan (CCP) and oversees implementation of CCP
- CC coordinates and assists member in gaining access to needed services—covered, non-covered, medical, social, housing, educational, and other services and supports
- Work with Member to identify strengths, goals, development of CCP, evaluations, reassessments, and leveling of care. Service Plans are reviewed with Members during regularly scheduled face-to-face meetings
- Community Integration goals must be reviewed and/or updated at least quarterly by the CD
- Provider Engagement and Care Coordinators shall provide all training on Care Coordination for Centennial Care to Community Health Workers on an ongoing basis (including integration of physical and behavioral health, LTSS, and limitations of the ABP.
- The Care Coordinator is also responsible for providing referrals to community resources if the Member is no longer Medicaid eligible or a Wester Sky member.
- Should a member's enrollment change to another Managed Care Plan, the Care Coordinator must coordinate a transfer between the managed care plans. This includes transferring care coordination records from the prior twelve (12) months to the new managed care plan.
- Coordinate care of all Dual Eligible members as well as coordination of benefits with Medicare and Medicaid products in effort to enhance experience of dually eligible members.

Role of Care Coordination / Behavioral Health Coordination

- Our approach includes immediate member (or parent/guardian, for minors) engagement, from initial assessment through planning and implementation of an individualized, holistic care plan.
- Care plans will incorporate both covered and non-covered services to reflect the full range of health, behavioral health (BH), functional, social, and other needs.
- Provider Engagement and Care Coordinators shall provide all training on Care Coordination for Centennial Care to Community Health Workers on an ongoing basis (including integration of physical and behavioral health, LTSS, and limitations of the ABP.
- Pay careful attention both to compliance with prescribed medications as well as potential impact of each medication on all PH and BH conditions.
- Rapid and thorough identification and assessment of program participants, especially members with special health care needs

Care Coordination withMembers with Substance Disorders (SUD)

Western Sky Community Care uses an Intensive Care Management Program to address the unique needs of members with Substance Use Disorders (SUD), including frequent co-morbid and co-occurring conditions which require an integrated approach to all aspects of care management and treatment. The program incorporates interventions such as structured post-discharge telephone or in-person contact; assessing satisfaction with outpatient providers; careful attention both to compliance with prescribed medications as well as potential impact of each medication on all PH and BH conditions.

The following programs will be initiated for members with SUD as indicated:

- Health Homes
- Intensive Care Management with Special Needs Unit
- Utilize Community Health Workers to engage members
- Transition of Care from different care settings/levels

The program will promote recovery through a care plan, developed in coordination with the Member, that includes treatment referrals, self-management tools, and use of local support groups and resources. Care plans will include coordination with the Health Home provider, other involved providers (including OB/GYNs, BH providers, PCPs and specialists, as well as family and community supports as desired by the Member or parent/guardian

Referrals for Care Coordination of member with SUD can be made via the Web Portal or by calling WSCC at 844-738-5019 and completing a referral telephonically.

Role of Provider in Service Planning

- Provider is responsible supervising, coordinating and providing authorized services, working with Care Coordinator(s) which address services and support needs, acknowledgement of CCP around continuity of the members needs.
- May participate in Health Education Advisory Committee within the community to advise on the health and education needs of members.
- The provider will comply with member Grievance, Appeal, and HSD Fair Hearing Process, reporting requirements.
- Work in coordination with the care coordinator, MCO and other pertinent providers regarding the Member Lock-In Program
- Provider will acknowledge services and supports, which are authorized, to fulfill members' CCP

Prior Authorizations

- Failure to obtain required approval or pre-certification may result in denial of claims.
- All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines—Limited items need prior authorization
- Western Sky providers are contractually prohibited from holding any Western Sky Member financially liable for any service administratively denied by Western Sky for the failure of the Provider to obtain time authorization.
- If you are an out-of-network (non-par) Provider then all services require prior authorization except for;
  - Family planning
  - Emergency Room
  - Post-stabilization services
  - Table-top x-rays.
- Western Sky has adopted utilization review criteria developed by McKesson InterQual, the American Society of Addiction Medicine (ASAM) and the State of New Mexico Human Services Department (i.e. the Behavioral Health Collaborative), as indicated.
- *Disclaimer: An authorization is not a guarantee of payment. members must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with PA as per Plan policy and procedures.*

Prior Authorizations

Providers can quickly check if a procedure requires a Prior Authorization by using the *Pre-Auth Required?* tool at westernskycommunitycare.com (Secure Portal)

Prior Authorizations can be submitted by:

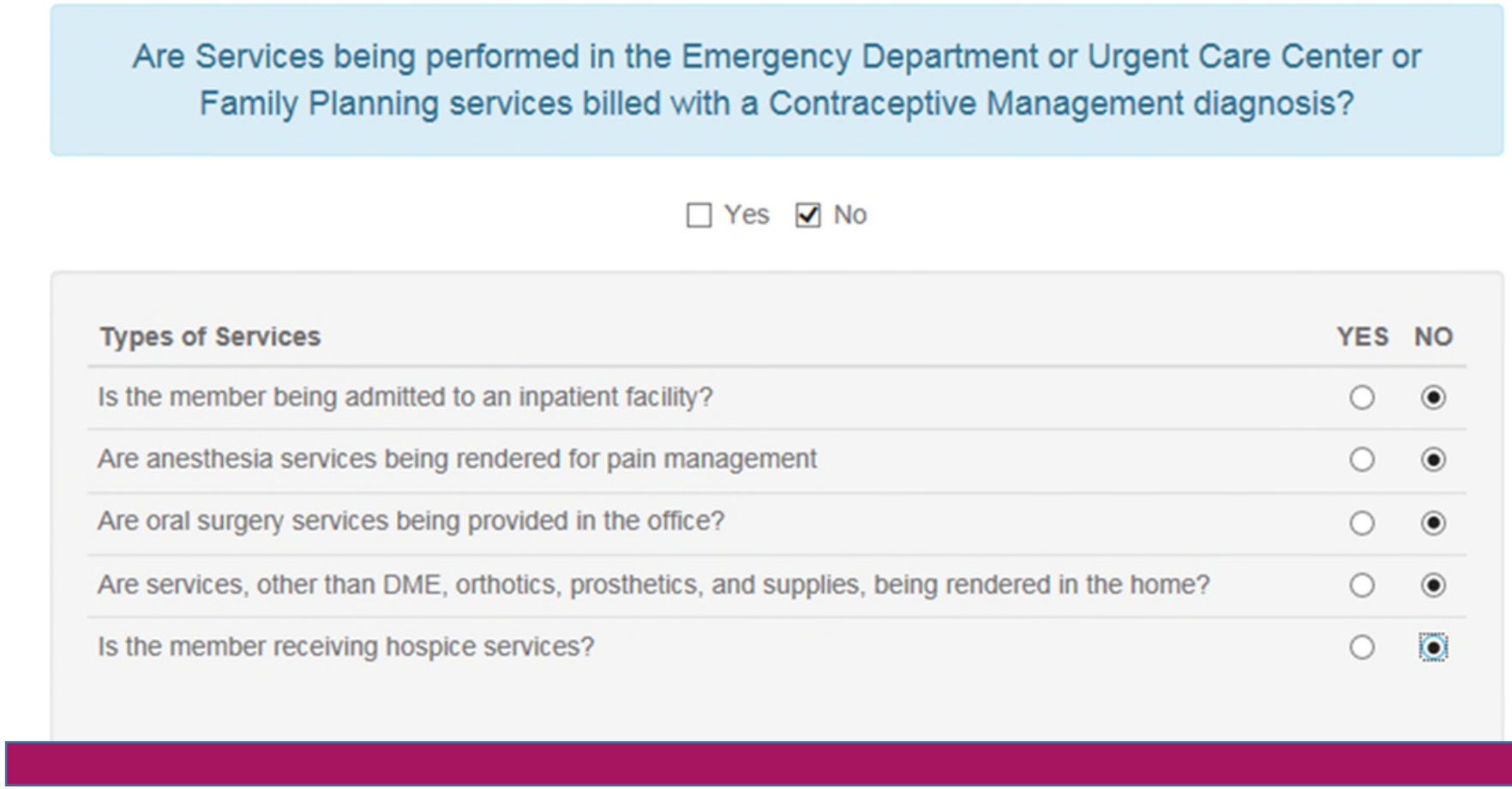
- Electronically through the Secure provider Portal
- Fax Prior Authorization fax forms posted on www.westernskycommunitycare.com (in development)
- Call 844-831-7024 (or the Provider Services line at 844-738-5019)

Prior Authorization/Utilization Management

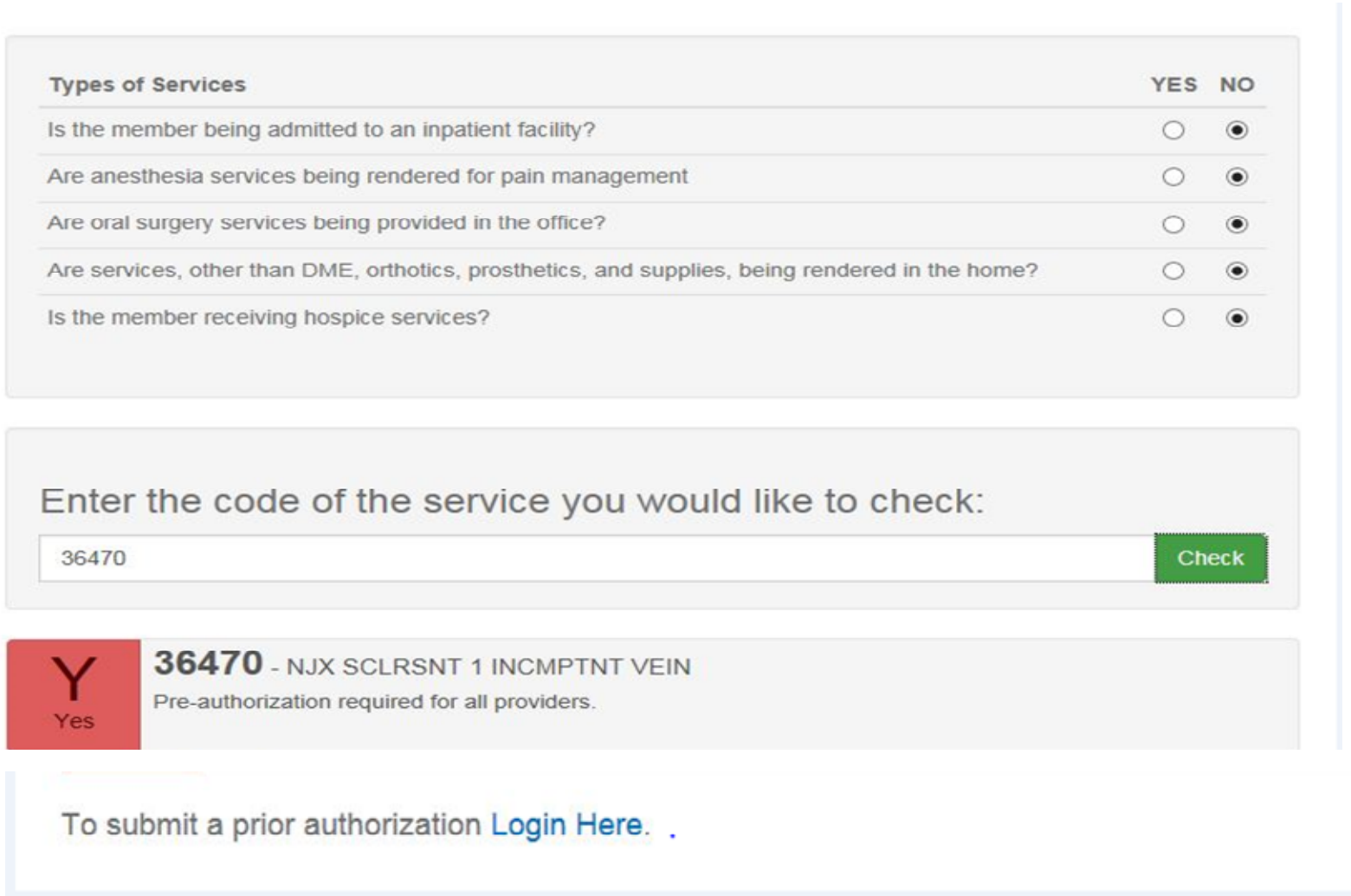
- Prior authorization requires the provider or practitioner to make a formal request to the Plan prior to the service being rendered.

- **Our PA look up tool,** which is available to all providers, allows the provider to verify whether a particular service requires an authorization. The tool also gives the providers the capability to submit an online request using a HIPAA 278 transaction, with a unique tracking number for each request so that they can view the status of their requests at any time.

PA Look up Tool



PA Look up Tool



Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	○	◉
Are anesthesia services being rendered for pain management	○	◉
Are oral surgery services being provided in the office?	○	◉
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	○	◉
Is the member receiving hospice services?	○	◉

Enter the code of the service you would like to check:

36470 Check

Y
Yes

36470 - NJX SCLRSNT 1 INCMPTNT VEIN

Pre-authorization required for all providers.

To submit a prior authorization Login Here. .

Second Opinion

Members or a Healthcare Professional, with the Member's consent, may request and receive a second opinion from a qualified professional with the WSCC network.

If there is not an appropriate Provider to render the second opinion with the network, the member may obtain the second opinion from an out-of-network provider at no cost to the Member.

Out-of-network and in-network Providers require prior authorization by WSCC when performing second opinions.

Service Request Grievance Process

- A Member, Member's authorized representative, or Member's Provider (with written consent from the Member) may file an Appeal or Grievance.
- A grievance is a spoken or written expression of dissatisfaction sent to Western Sky about any action of Western Sky or a provider in the network.
- Grievances include, but not limited to: Quality of Care; Personal behavior of provider or employee; failure to respect a Member's rights; harmful administrative process or operation
- Western Sky will acknowledge receipt of either a verbal or written grievance via letter within 5 days and a letter informing Member of our decision within 30 days
- In addition to the grievance process, a member can access the State Fair Hearing process. Members do not have to exhaust the complaint or grievance process prior to filing a request for a State Fair Hearing. External review of second level grievances may also occur.

Provider Disputes

- Western Sky Community Care has established written policies and procedures for the filing of provider Grievances and Appeals.
- A provider has the right to file a Grievance or an Appeal with Wester Sky.
- Provider Grievances or Appeals will be resolved within thirty (30) Calendar Days. If the Grievance or Appeal is not resolved within thirty (30) Calendar Days, we may request a fourteen (14) Calendar Day extension from the provider. If the provider requests the extension, the extension shall be approved by us. Providers can file an Appeal with us regarding payment issues and/or Utilization Management decisions.
- Please call Provider Services or Medical Management with your appeal and/or grievance.

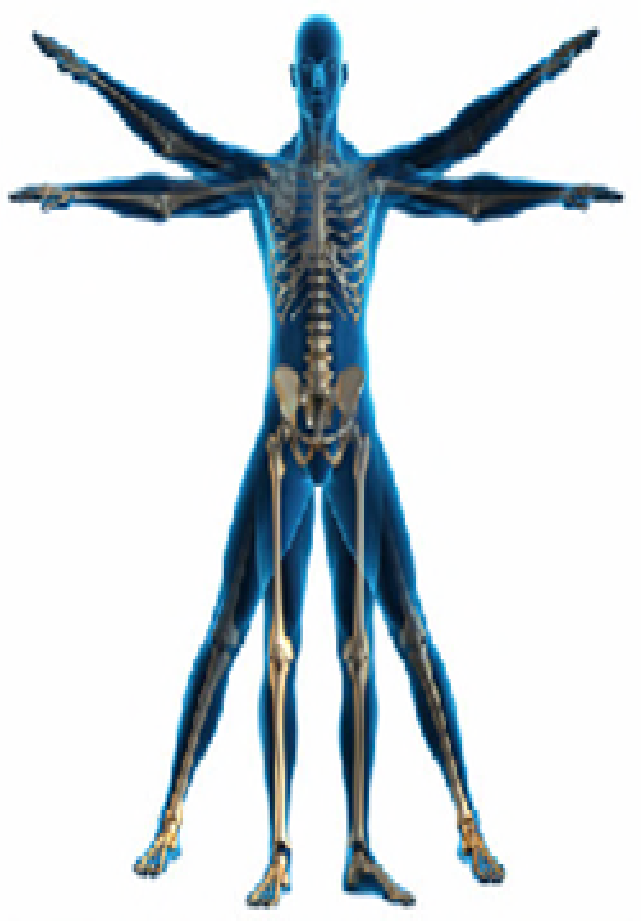
Medical Management

MemberConnections®

- Liaisons between health plan and our member communities.
- Coordinate home visits for high risk members including ConnectionsPlus® phones delivery.
- Conduct member orientations and advisory committees.
- Represent Western Sky Community Care in community with key stakeholder groups.
- Participate in local boards, task forces, and advisory committees.

Additional Offered Programs

- Centennial Rewards
- NurseWise
- Health Management Programs including:
  - Asthma
  - Diabetes
  - Congestive Heart Failure
  - Hypertension
  - HIV/AIDS
  - Depression



Provider Relations

Provider Services

Western Sky Community Care's Member/Provider Services department includes trained Provider Engagement staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:

- Credentialing/Network Status
- Claims
- Request for adding/deleting physicians to an existing group
- Provider analytics and care gap closure for HEDIS performance
- Review physician/practice experience for quality and financial risk arrangements under the Value Based Contracting (VBC) model of contracting

By calling Western Sky Community Care Provider Services number at 844-738-5019, providers will be able to access real time assistance for all their service needs.

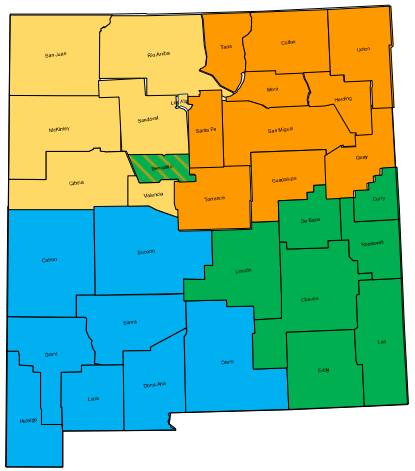
Provider Relations/Engagement

Each provider will have a Western Sky Community Care Provider Relations Specialist assigned to them. This team serves as the primary liaison between the Plan and our providers and offer our network:

- Provider Education
- HEDIS/Care Gap Reviews
- Financial Analysis on P4P or risk arrangement in VBC
- Assisting Providers with EHR Utilization
- Demographic Information Update
- Initiate credentialing of a new practitioner
- Facilitate to inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns
- Contract clarification
- Member/Provider roster questions
- Assist in Provider Portal registration and Payspan

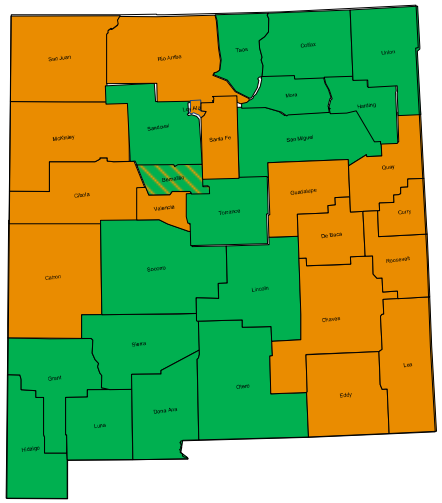
Provider Relations Territory Assignments*

Provider Relations Territory Assignments – Physical Health



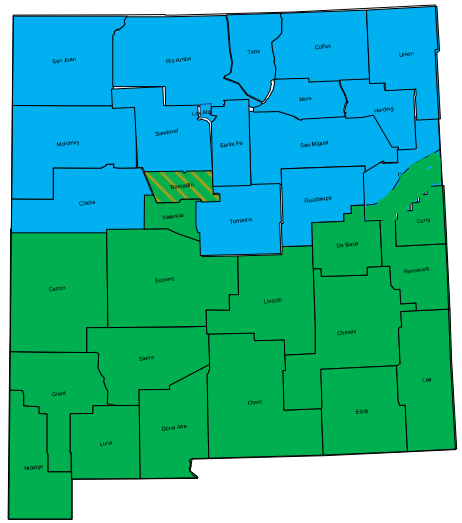
- Lilly Pottmeyer
- LaDawna King
- Bridgette Benavidez
- Christine Gomez

Arlene Angel-Armijo
Michele Armijo

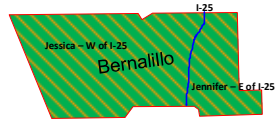


LTSS

- Leeann Kaminski
- Jennifer Aquilar



- Jessica Urioste
- Jennifer Gunderson



Jennifer Gunderson:
YDI, Inc
Allfaiths
PMS: Santa Fe Wellness
Espanola Fam Wellness
Carelink/Hildago
The Life Link
NM BHI Las Vegas

Jessica Urioste:
St. Martins
Lafamilia Namaste
Valle del Sol
MHR, Inc
Guidance Center of Lea Co.

*Territory Assignments are preliminary, WSCC will have formal assignments by territory and specialty as the team is developed.

IVR Features

Member Functionality

- Check PCP demographic information
- Obtain benefit information such as office, emergency, inpatient and outpatient co-payments
- Check claims status

Provider Functionality

- Verify member demographic information
- Check claim status
- Obtain benefit information such as office, emergency room, inpatient and outpatient coverage, long-term care, and community services
- Obtain co-payment information when checking member eligibility
- Connect to care coordinators and referral specialist
- Connect with our vendors who supply medically necessary covered services

Non-Secure Provider Portal

Western Sky Community Care's website is located at www.westernskycommunitycare.com

Providers can find the following information on the Non-secure website:

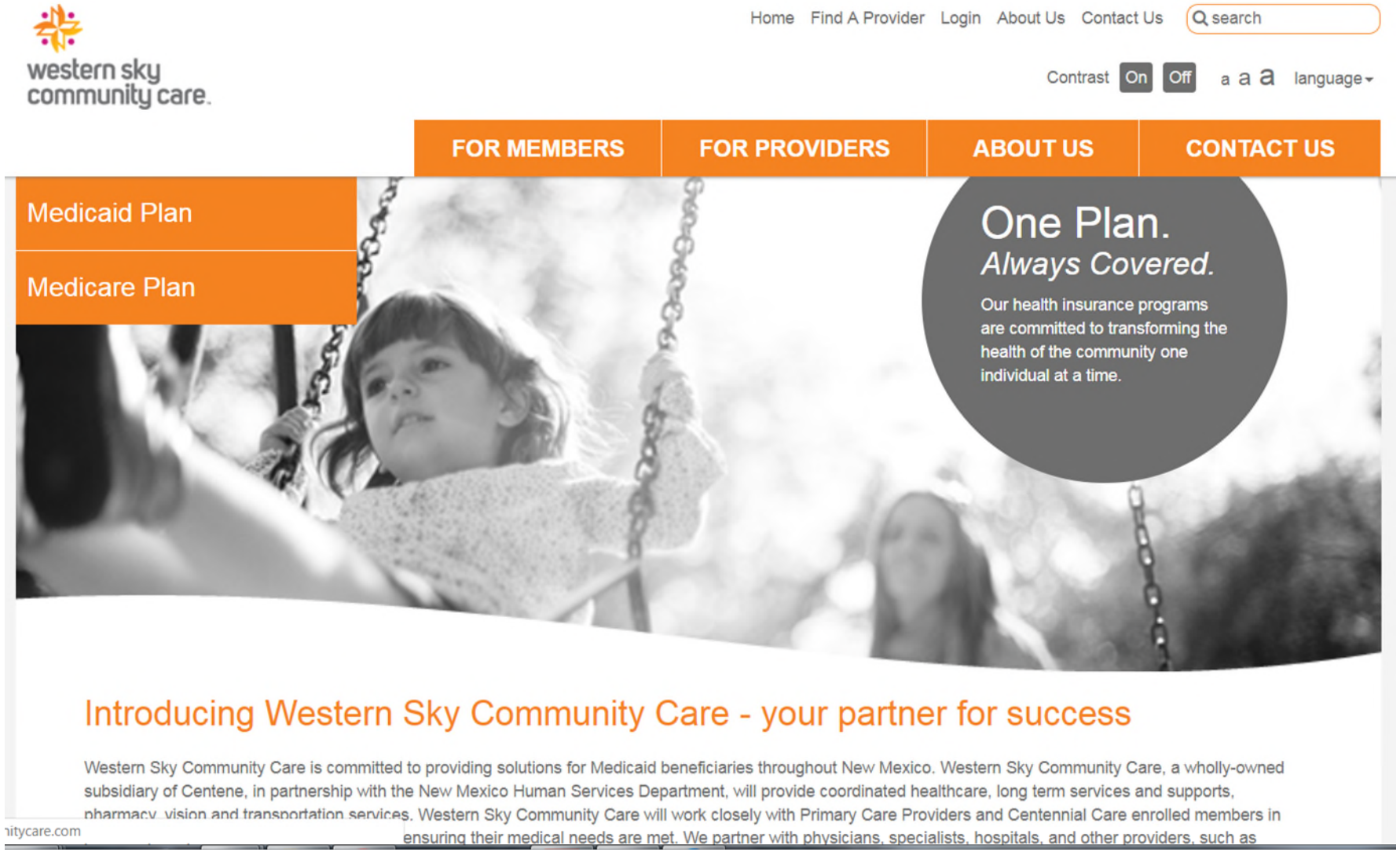
- Prior Authorization List
- Forms
- Western Sky Community Care Plan News
- Clinical Guidelines
- Provider Bulletins
- Contract Request Forms
- Provider Consultant Contact Information

Secure Portal

On the homepage, select the Login link on the top right to start the registration process. Through the site you can

- Check member eligibility
- View members' health record
- View the PCP panel (patient list)
- View and submit claims and adjustments
- Verify claim status
- Verify proper coding guidelines.
- View payment history
- View and submit authorizations
- Verify authorization status
- View member gaps in care
- Contact us securely and confidentially
- Add/Remove account users
- Determine payment/check clear dates
- Add/Remove TINs from a user account
- View PCP Quality Incentive Report
- View and print Explanation of Payment
- View Patient Analytics

Website and Secure Portal Tools



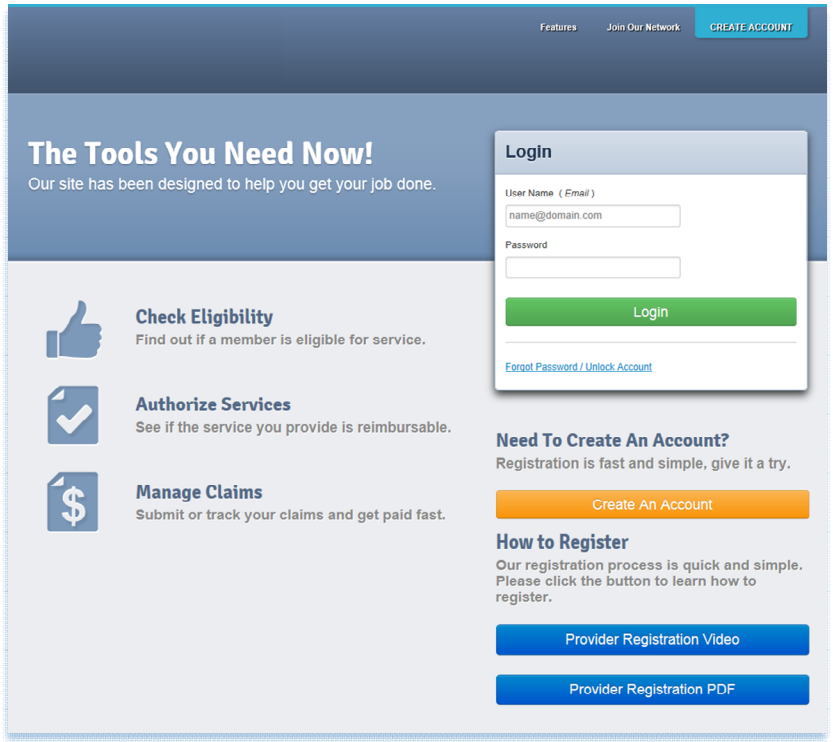
Web-Based Tools

Web-Based Tools

- Public site at www.westernskycommunitycare.com
- Provider Information for Medical Services
  - Provider Manual and Billing Manual
  - Prior Authorization Code Checker
  - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms etc…
  - Clinical Practice Guidelines
  - Provider Newsletters and Announcements
  - Plan News
  - Find a Provider
- Western Sky Community Care is committed to enhancing our web based tools and technology, provider suggestions are welcome
- Contact Provider Services at 844-738-5019

Secure Provider Portal

- **<u>Secure Provider Portal</u>:**
  - Member Eligibility & Patient Listings
  - Health Records & Care Gaps
  - Authorizations
  - Claims Submissions & Status
  - Corrected Claims & Adjustments
  - Payments History
  - Monthly PCP Cost Reports



Registration is free and easy, contact your Provider Network Specialist to get started!!!

Secure Provider Portal

- PCP reports available on Western Sky Community Care's secure provider web portal are generated on a monthly basis and can be exported into a PDF or Excel format.

PCP Reports include:

- Patient List with HEDIS Care Gaps
- Emergency Room Utilization
- Rx Claims Report
- High Cost Claims

Provider Payments

Unless specifically contracted otherwise, Western Sky Community Care's policy is to pay clean claims for eligible members at the lesser of billed charges (unless specifically prohibited by Statutory/Regulatory language) or the provider's individually negotiated rate as memorialized in the Provider's Participating Provider Agreement with Western Sky Community Care in accordance with the Members benefits of their respective benefit plan.

Value-Based Purchasing (2019)

- In Compliance with Centennial Care 2.0
  - At least 5% of the overall total contract year percentages in Levels 2 and/or Level 3 VBP contracting must be with High Volume Hospitals and require avoidable readmission reduction targets of 5% of the hospital's CY2017 baseline
  - All Providers in VBP shall have access to data that provides information about Members' utilization of services, including cost of care on a quarterly basis
  - High Volume Hospital is defined as hospitals contracted with WSCC whose readmission rates are in the top 10 to 20 highest of contracted hospitals and serve at least 100 Members annually

Claims

Four clearinghouses for Electronic Data Interchange (EDI) submission
Western Sky Community Care Medical Payer ID [**68069**]

- Emdeon
- Gateway EDI
- Envoy
- WebMD

- Additional information can be found on Western Sky's website: www.westernskycommunitycare.com

[For more information please contact:

Centene EDI Department

1-800-225-2573, extension 25525

e-mail: EDIBA@centene.com]

Claims

- Clean Claim
  - A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment
- Exceptions
  - If a claim meets the definition above, but either of the following circumstances apply, it will not be considered a clean claim
    - A claim for which fraud is suspected
    - A claim for which a third party resource should be responsible

Claims

Claim Payment

- Clean claims will be adjudicated (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim
- Nursing Facility and Hospice clean claims will be adjudicated (finalized paid or denied) within 30 days, following receipt of the claim

Timely Filing Guidelines

- Initial Filing – 90 calendar days from the date of service (Professional)
- Initial Filing – 90 calendar days from the date of discharge (Hospital)
- Coordination of Benefits (Western Sky Community Care as secondary payer)
  - 90 calendar days from the primary payer's determination
- Corrected/Reconsideration/Disputes – 90 calendar days from the receipt of payment/denial notification
  - Request for reconsideration, claim disputes or corrected claims must be submitted within 180 calendar days from original notification or payment or denial
  - Request for denial reconsideration, claim disputes or corrected claims ***cannot exceed 15 months*** from original date of service

Claims - Disputes

A claim dispute should only be made when a provider has received an unsatisfactory response to their request for reconsideration.

- The claim dispute form can be located on Western Sky Community Care web portal at www.westernskycommunitycare.com
- A response to an approved adjustment will be provided by way of check with an accompanying Explanation of Payment (EOP)
- Submit disputes to:

Western Sky Community Care
Attn: Disputes
P. O. Box 8010
Farmington, MO 63640-3823

Claims and Correspondence

Paper Claims, Corrected Claims, Claims Disputes, Request for Reconsideration mailing address:

Western Sky Community Care

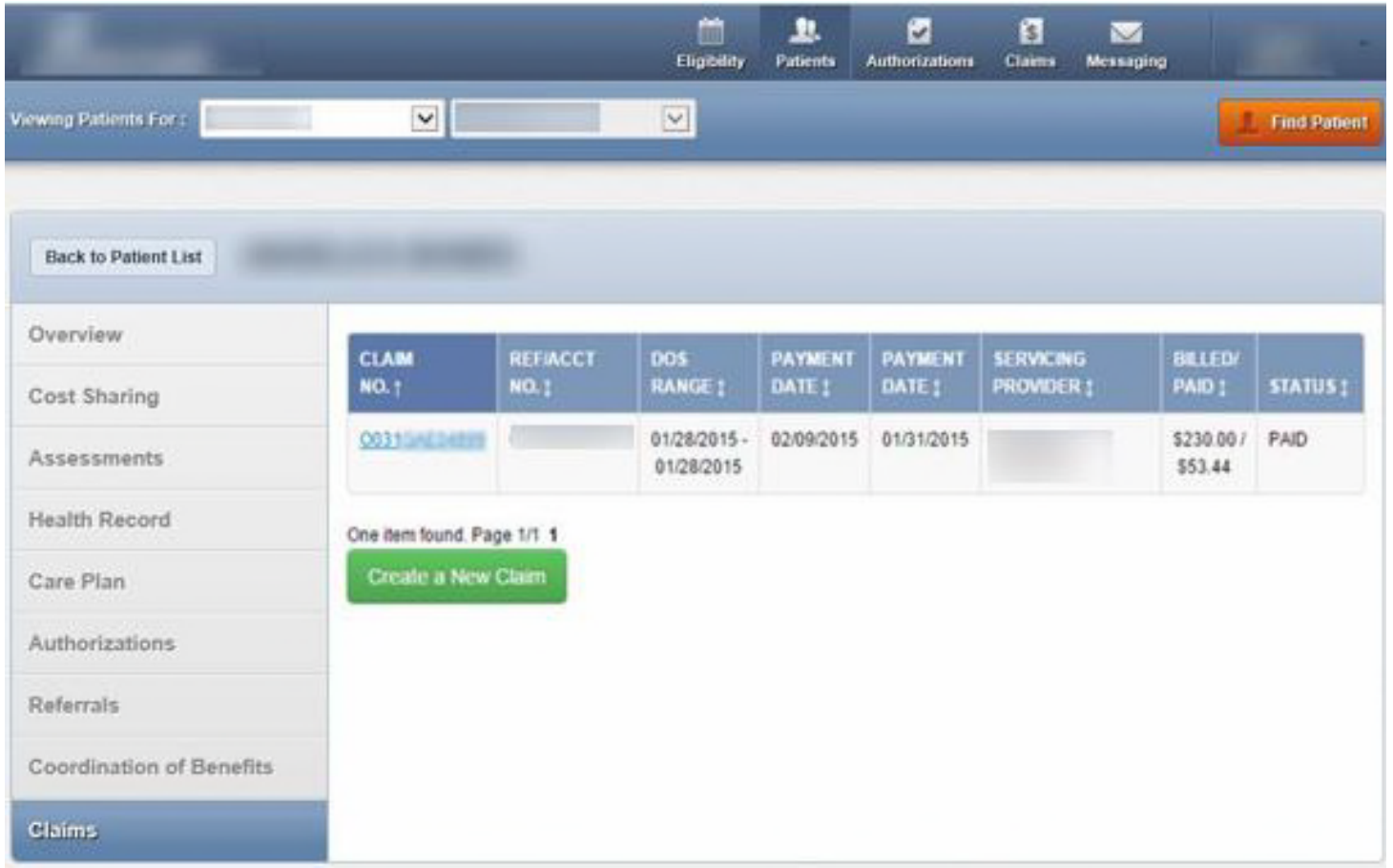
Attn: Claims Department (*or Corrected Claims or Claims Disputes, respectively*)

P. O. Box 8010

Farmington, MO 63640

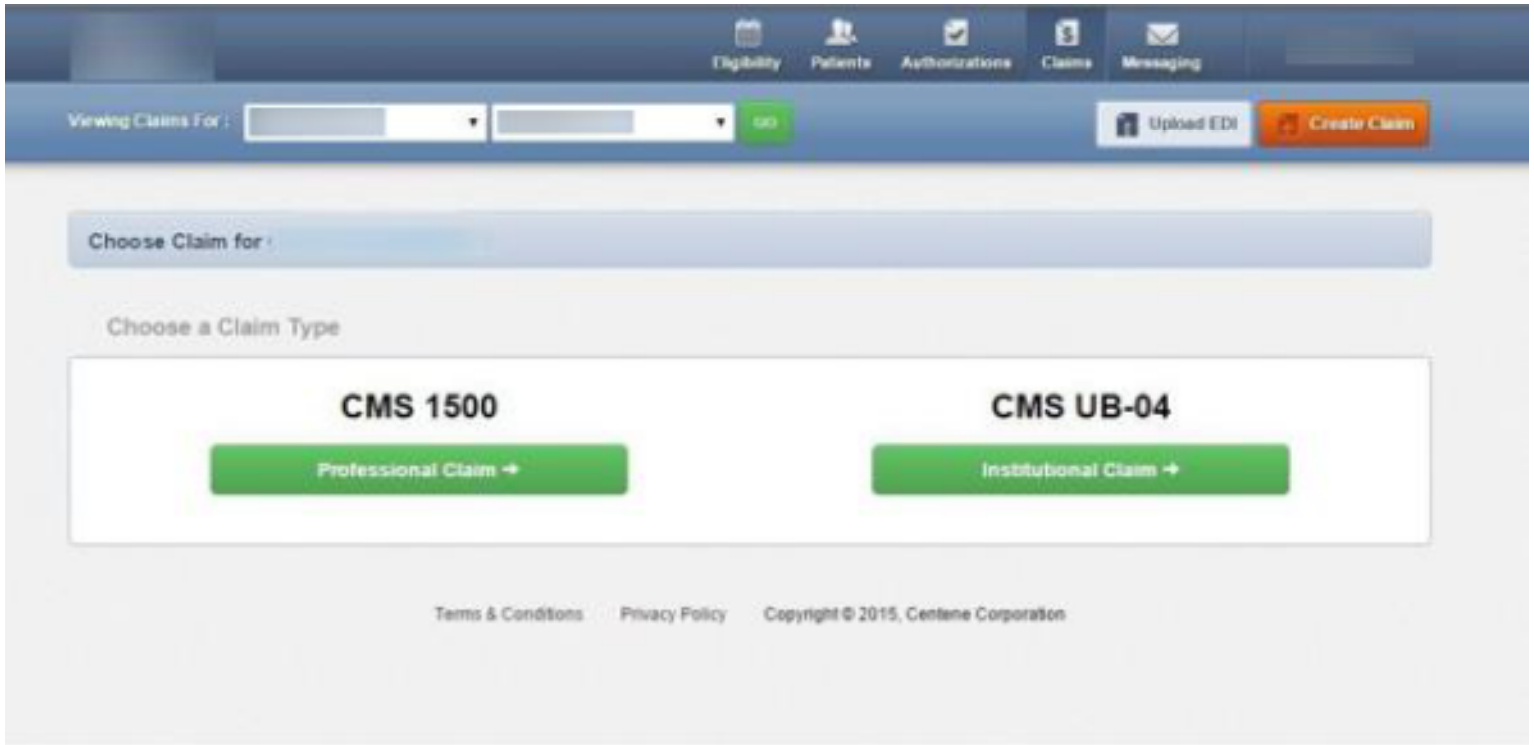
Claims Submissions - Professional

To submit a new professional claim, select the green “Create a New Claim” button within the patient record.



Claims Submissions - Professional

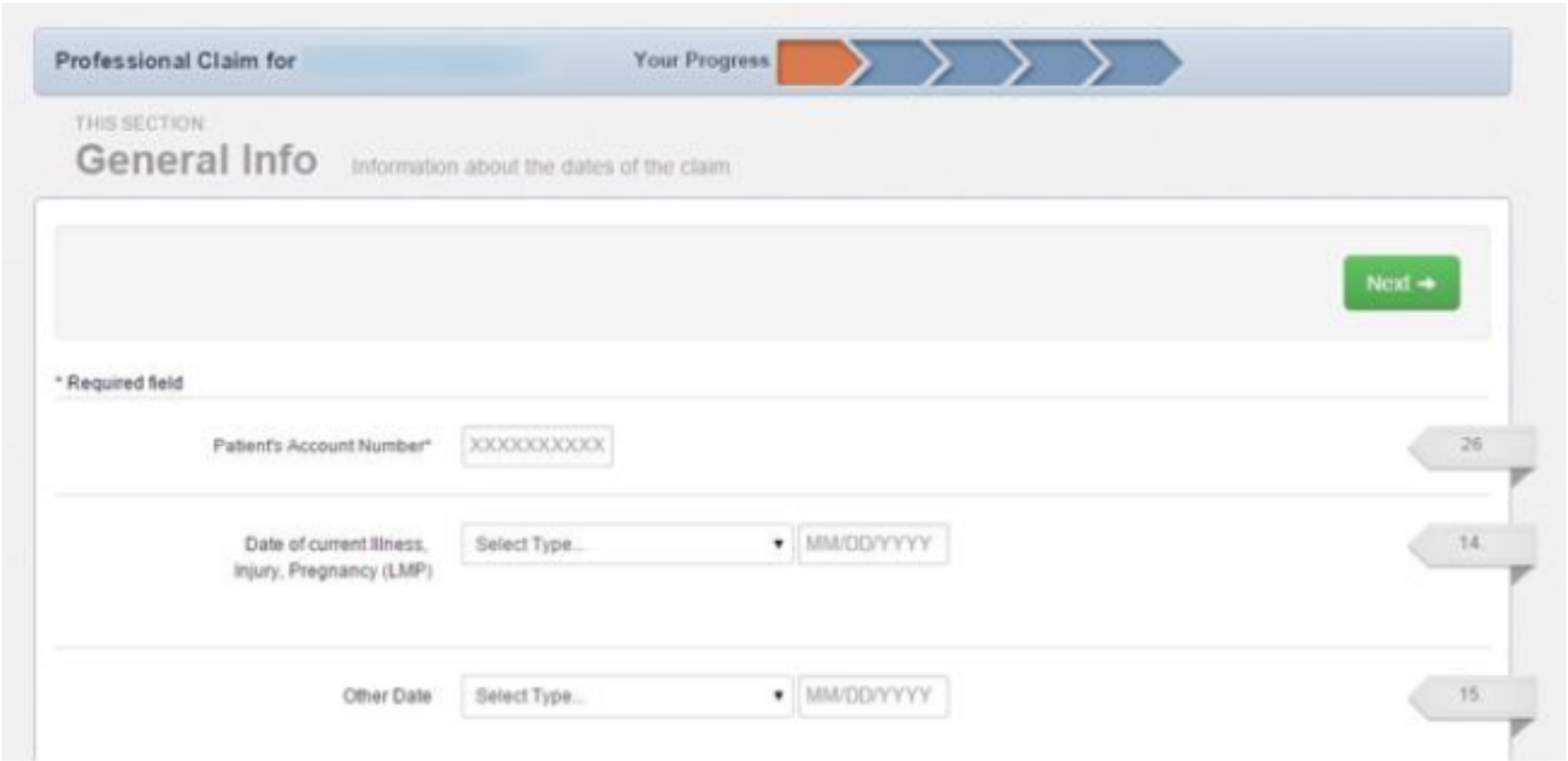
When prompted, click on the Professional Claim button.



Claims Submissions - Professional

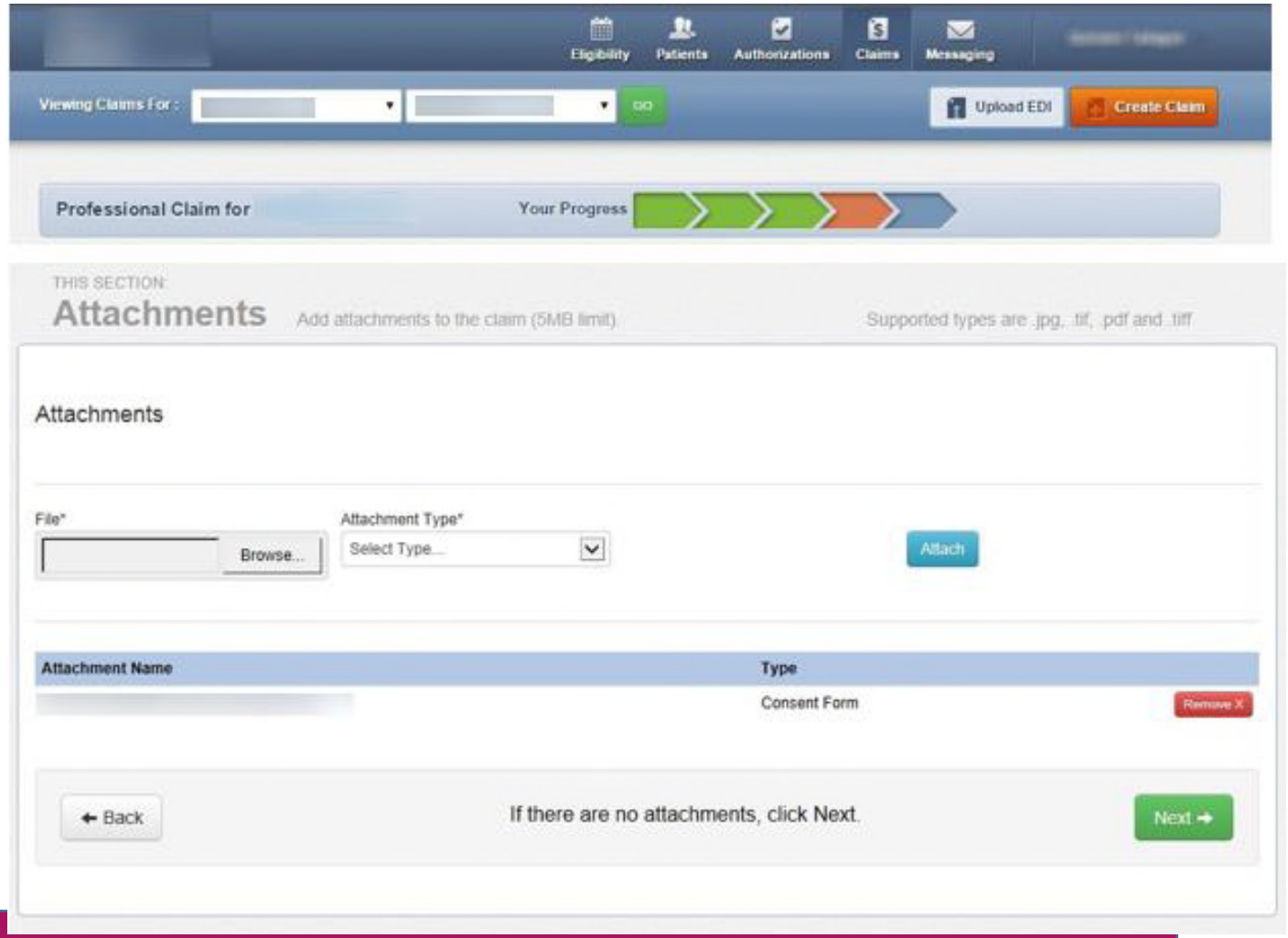
In the General Info section, populate the Patient's Account Number, and other information related to the patient's condition by typing into the appropriate fields.

Then click Next, and follow the prompts to add diagnosis codes, coordination of benefits information, and other required information.



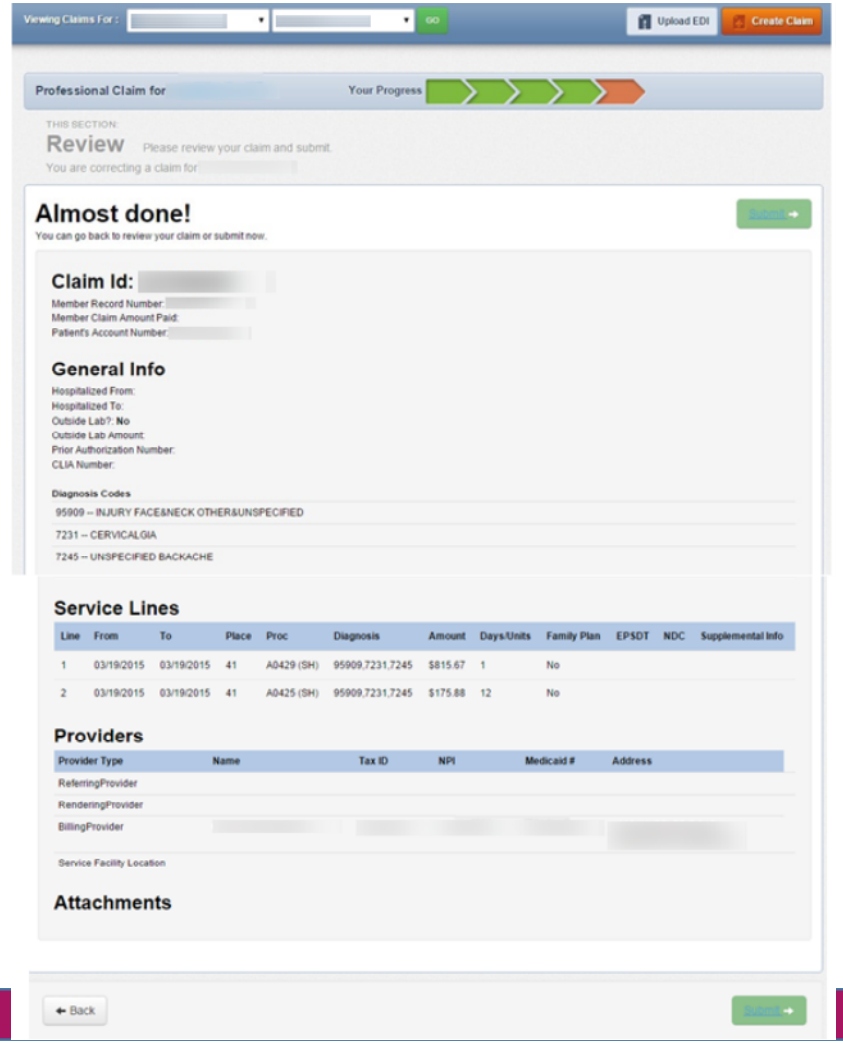
Claims Submissions - Professional

If you have medical records or other documentation that needs to be attached to the claim, submit it using the Attachments screen. You may use the Browse button to attached any documents pertinent to the claim. If you have no attachments, you may skip this section.



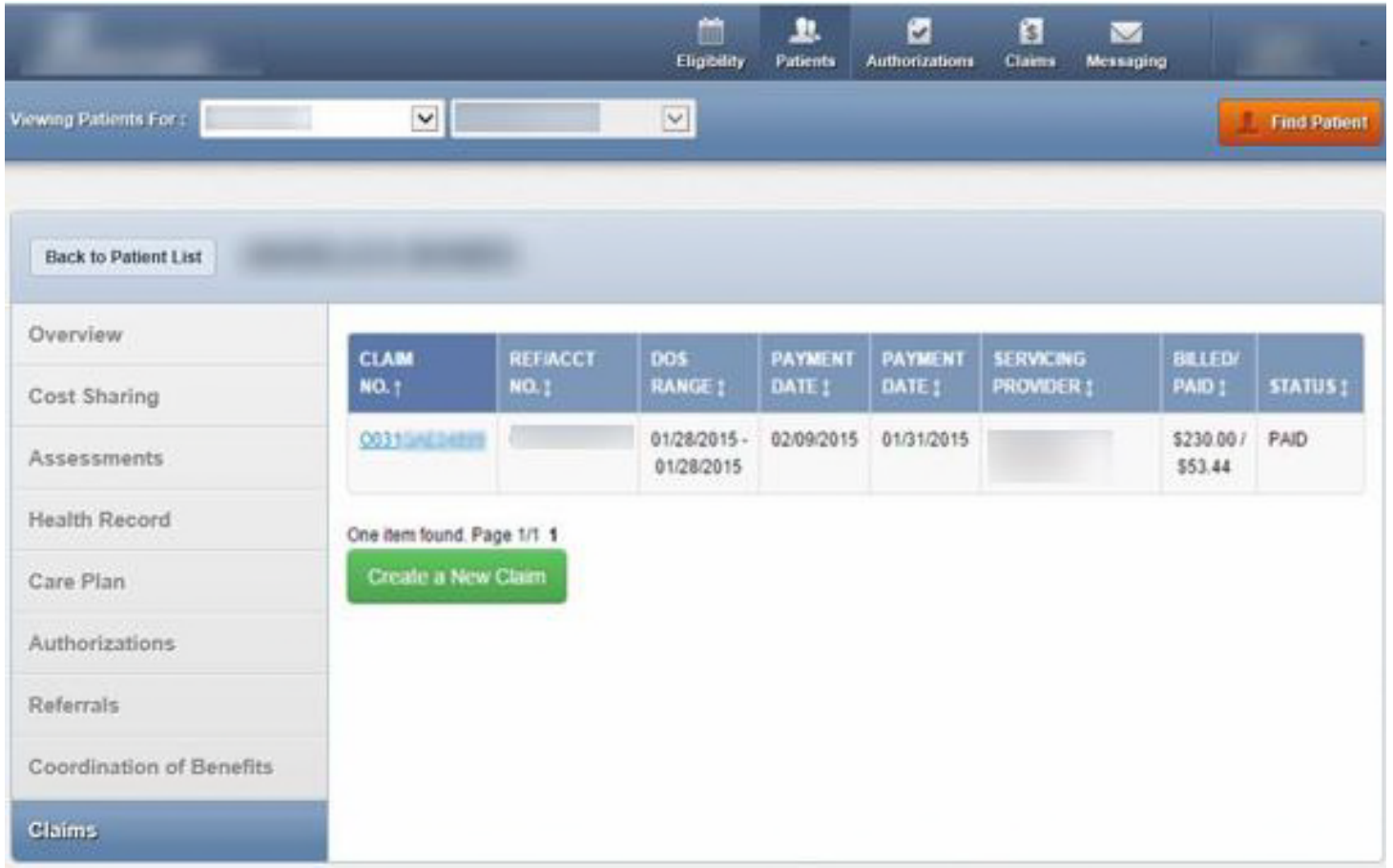
Claims Submissions - Professional

Your final step is to review the entire claim. Once you have confirmed that everything is correct, click the green Submit button in the bottom, right-hand corner.



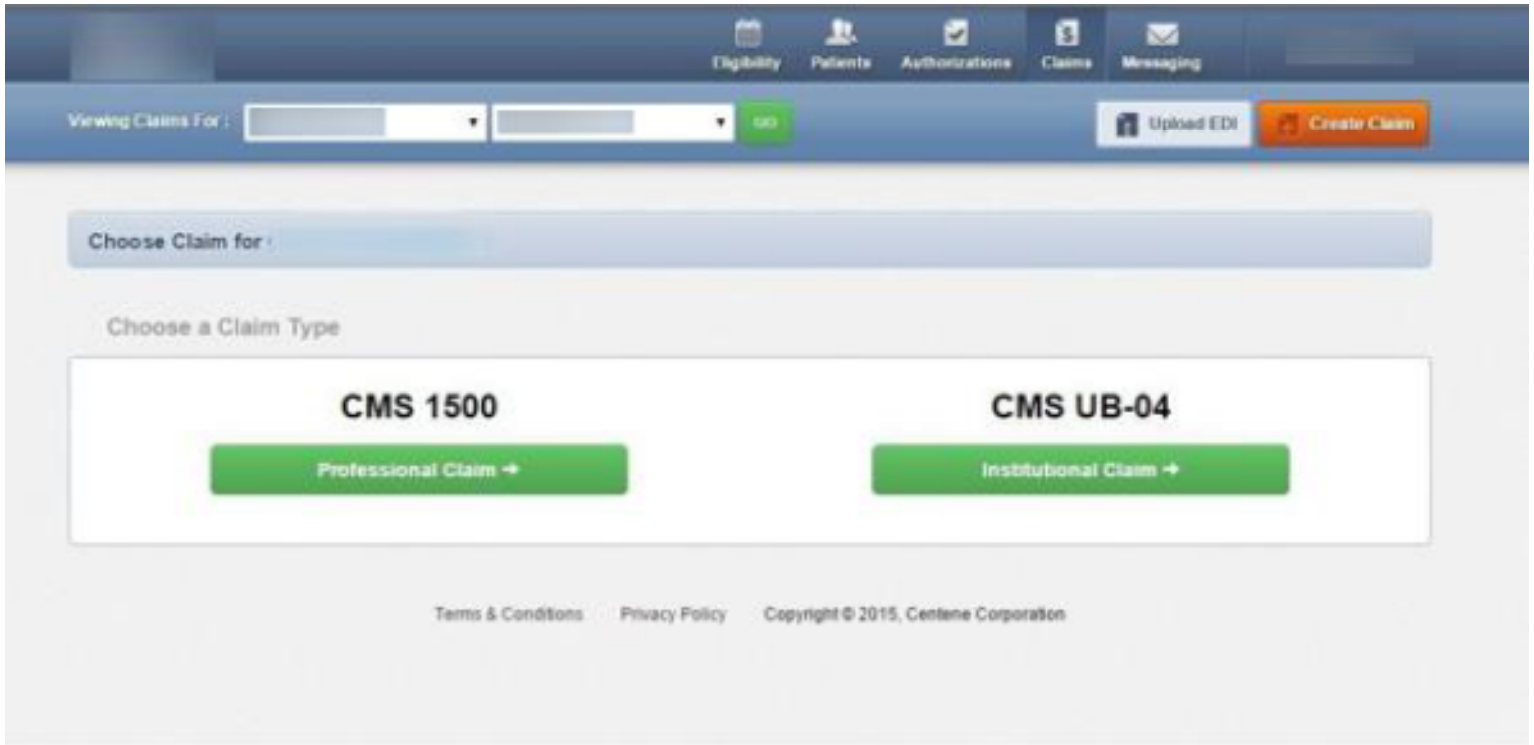
Claims Submissions - Institutional

To submit a new Institutional claim, select the green “Create a New Claim” button within the patient record.



Claims Submissions - Institutional

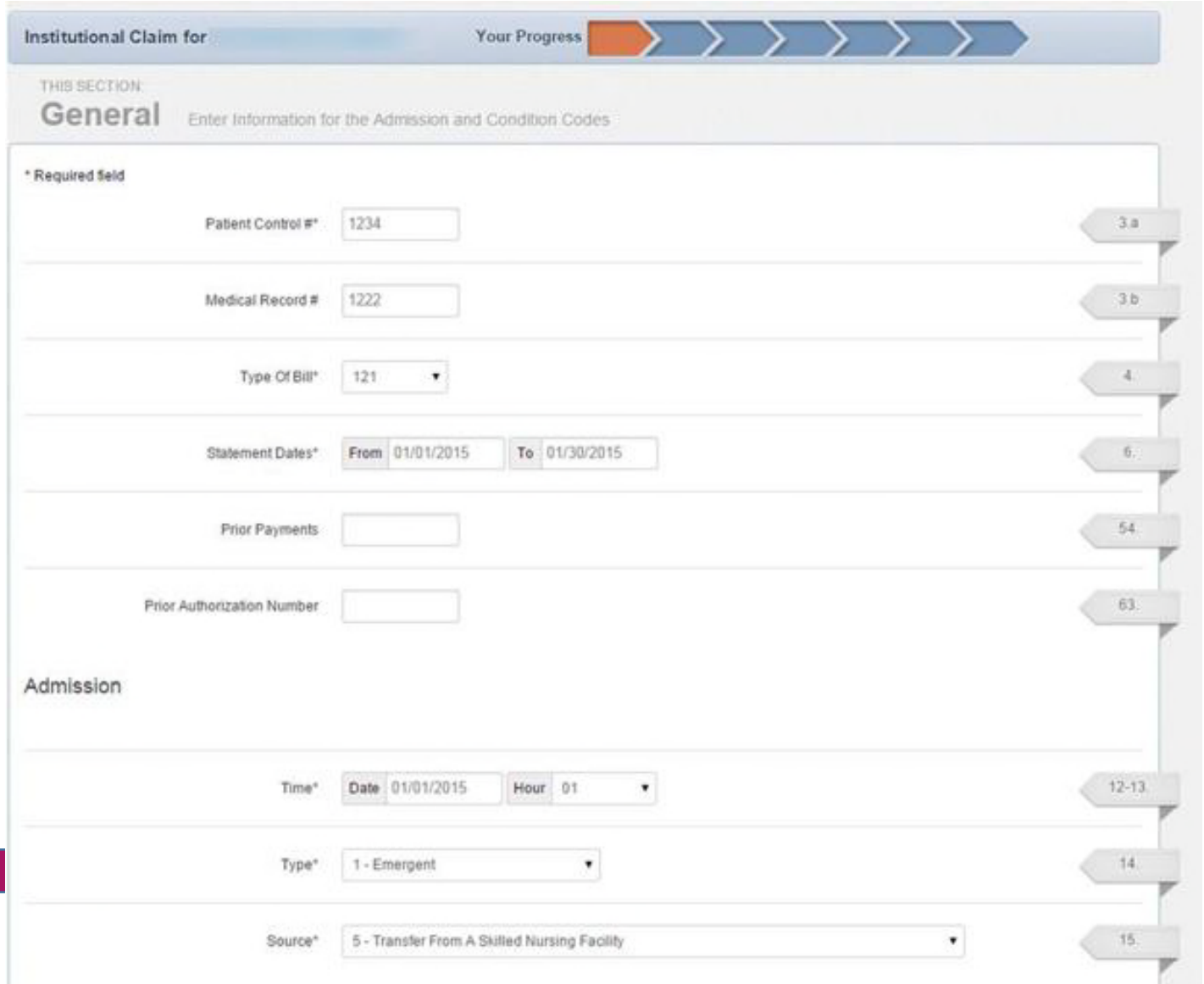
When prompted, click on the Institutional Claim button.



Claims Submissions - Institutional

In the General section, populate the admission and condition code information. The fields displayed here reflect those on a UB-04 form.

Then click Next, and follow the prompts to reflect the Billing Provider, Pay-to Provider, and Attending Provider, etc, and then click Next.



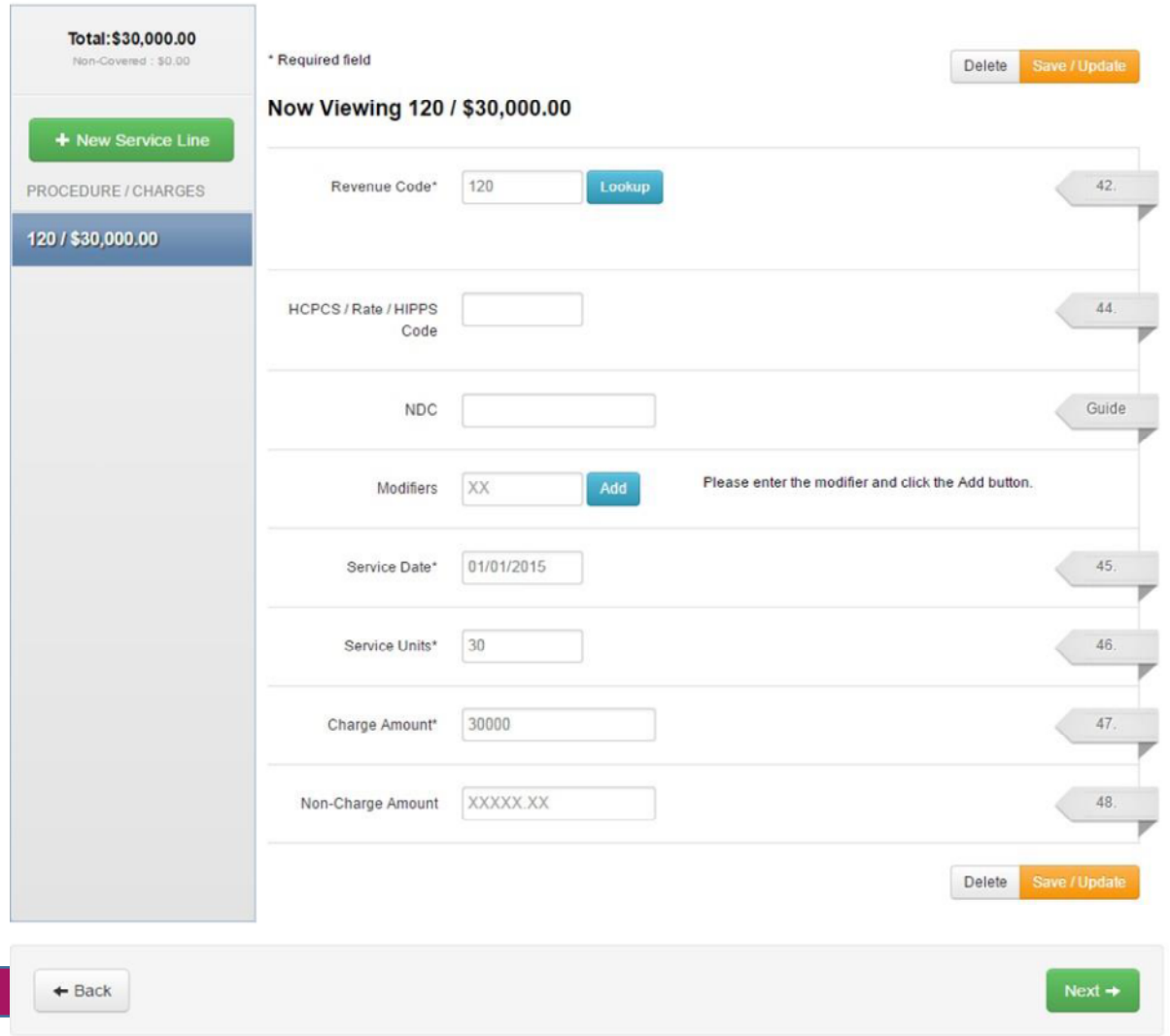
Claims Submissions - Institutional

In the Service Lines section, enter the information about the services provided.

Click **Save/Update**, and to add a new service line

Click the **+ New Service Line** button on the left to add additional service lines.

Click the **Next** button.



Claims Submissions - Institutional

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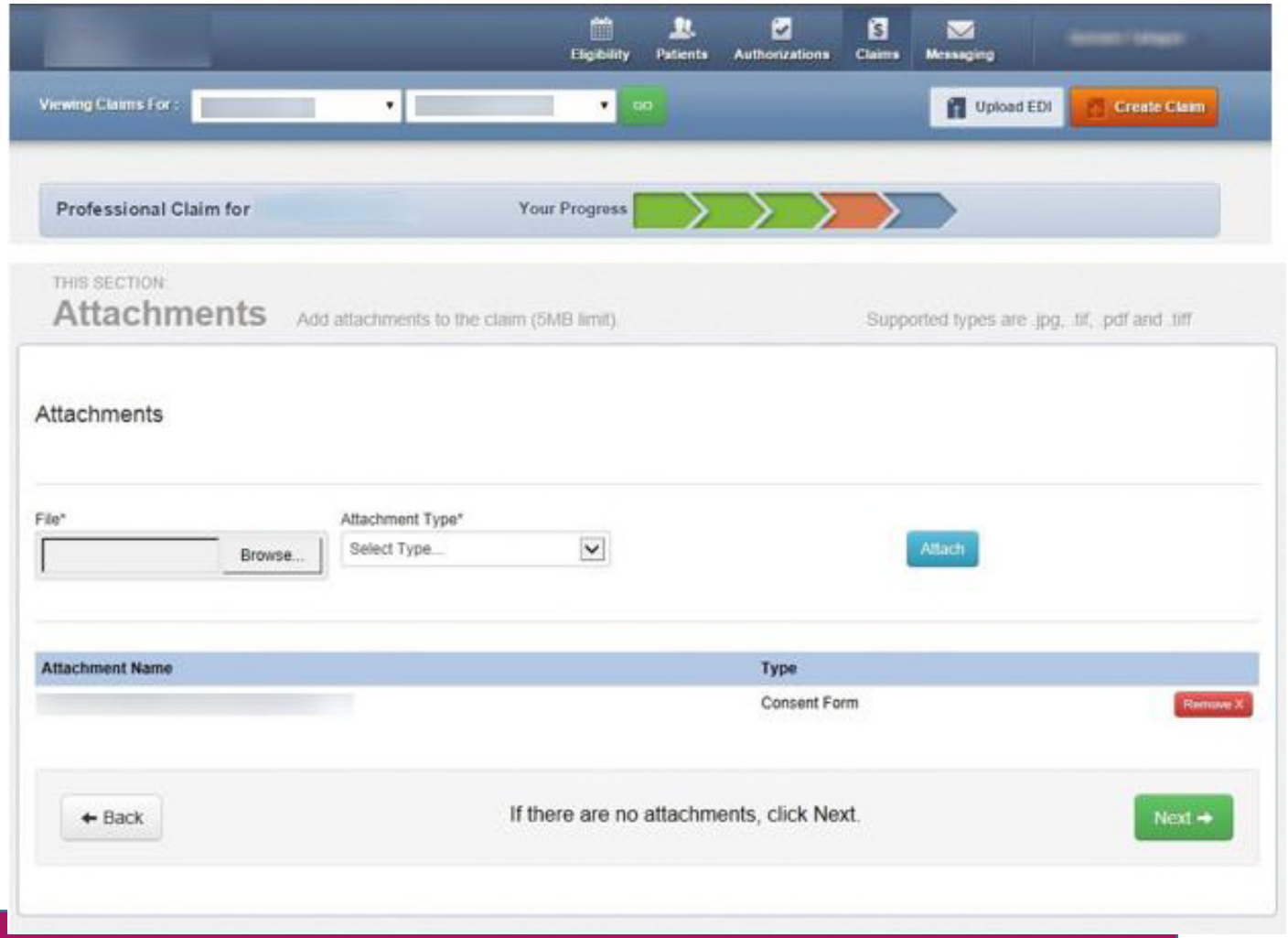

Claims Submissions - Institutional

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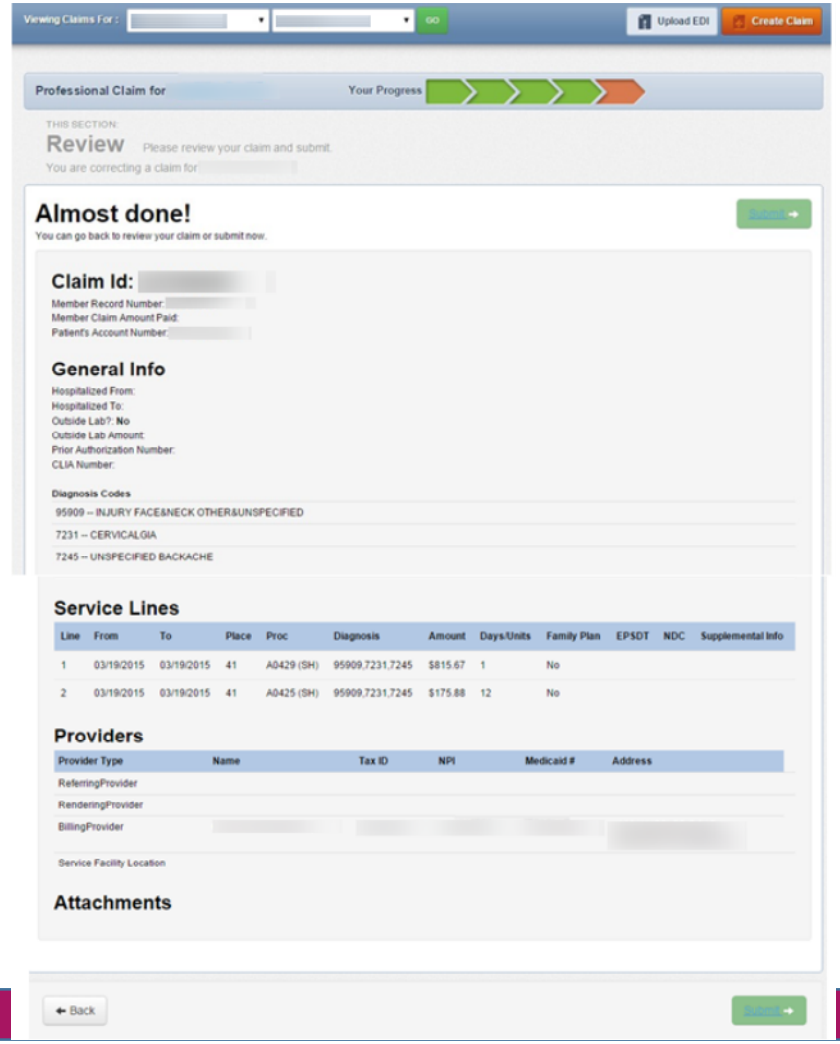

Provider Manual

The provider manual contains comprehensive information about Western Sky Community Care operations, benefits, billing, and policies and procedures. The most up-to-date version can always be viewed from our website westernskycommunitycare.com

You will be notified of updates via notices posted on our website and/or in Explanation of Payment (EOP) notices.

Access Standards

- Western Sky Community Care follows access requirements set forth by applicable regulatory and accrediting agencies. For complete Western Sky Community Care Provider Network Composition/Service Access standards, please refer to your provider manual.

Primary Care Provider, Maternity, and Specialist	Office wait times
Walk-in	Within two hours or schedule an appointment within the standards of appointment availability
Previously scheduled appointment	Within one hour of appointment
Life-threatening emergency	Immediate

Access Standards

- Identify special member needs while scheduling an appointment (e.g., wheelchair and interpretive linguistic needs, non-compliant individuals, or those people with cognitive impairments)
- Adhere to the following response time for telephone call-back waiting times:
  - After-hours telephone care for non-emergent, symptomatic issues within 30 minutes
  - Same day for non-symptomatic concerns
- Schedule continuous availability and accessibility of professional, allied, and supportive personnel to provide covered services within normal working hours. Protocols shall be in place to provide coverage in the event of a provider's absence

Cultural Competency

Cultural Competency is the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective which values differences and is responsive to diversity at all levels in an organization. Cultural Competency is developmental, community focused, and family oriented

Western Sky Community Care:

- Covers benefits for risk factors common among ethnic groups

- Will ensure compliance with the following statues and regulations to ensure eligible members have equal access to quality health care regardless of their race, color, creed, sex, national origin, religion, disability, or age : Title VI of the Civil Rights Act of 1964 (which prohibits discrimination on the basis of race, color and national origin); Section 504 of the Rehabilitation Act of 1973 (which prohibits discrimination on the basis of disability); and The Age discrimination of 1975 (which prohibits discrimination on the basis of age).
- Offers a choice of providers with cultural and linguistic expertise
- Expects the provider to be knowledgeable about member's cultural values and incorporate this information in their treatment plan
- Expects the provider to ask questions relevant to how the family cultural values might influence how the member handles their diagnosis

Cultural Competency

Western Sky uses the National Culturally and Linguistically Appropriate Services (CLAS) standards from the Office of Minority Health to guide our efforts to be more culturally competent. Below are a few standards to guide you.

Principal Standard:

- Provide effective, equitable , understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs

Communication and Language Assistance:

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost, to facilitate timely access to all health care and services

Engagement, Continuous Improvement and Accountabiltity

- Establish culturally and linguistically appropriate goals, policies and management accountabilities and infuse them throughout the organization’s planning and operations.

Cultural Competency Continued

- Complimentary Interpretation Services
  - As a Western Sky Community Care provider, you have access to interpretation services. To obtain access to a telephonic interpreter please call Provider Services at 1-844-738-5019 and have the Member's ID present.

- All customer service phone lines will be TDD/TYY capable for individuals who are hearing impaired.

- WSCC material is available in English and Spanish.

- For assistance with Cultural Competency issues and/or educational sessions, please contact Provider Services or discuss with you Provider Engagement Specialist.

Cultural Competency Continued

- Health Literacy—capacity to obtain, process and understand basic health information and services needed to make appropriate decisions. A patient's level of health literacy can impact how and when they take their medication, their understanding of their health conditions, attendance at their appointments and the choices they make regarding treatment. Low health literacy has been linked to poor health outcomes such as higher rates of hospitalization and less use of preventative services.

Cultural Competency Continued

- What can you do??
  - Slow down—sometimes all you need to do is take a little extra time so that patient can process the information better
  - Use Plain, Nonmedical language—use words like “high blood pressure” instead of “hypertension” or “skin doctor” instead of “dermatologist”
  - Show or Draw Pictures—Visual images can improve the patient’s recall of ideas
  - Limit the Amount of Information and Repeat It—Sometimes it can be overwhelming to receive too much information all at once
  - Use the “Teach-Back” method—Confirm that the patient understands by asking them to repeat back your instructions.
  - Create a Shame-free Environment that Encourages Questions—make patients feel comfortable asking questions. Use the patient’s family or friends in promoting understanding

Fraud, Waste and Abuse

Western Sky Community Care follows the four parallel strategies of the Medicare and Medicaid Programs to Prevent, Detect, Report and Correct *Fraud, Waste and Abuse:*

- Preventing **fraud** through effective enrollment and education of physicians, providers, suppliers and beneficiaries
- Detecting **waste** through data analytics and medical records review
- Reporting **abuse** to the appropriate partners, including contractors, the NBI-MEDIC and federal and state law enforcement agencies such as the Office of Inspector General (OIG), Federal Bureau of Investigation (FBI), Department of Justice (DOJ) and Medicaid Fraud Control Unit (MFCU)
- Correcting **fraud, waste and abuse** by applying fair and firm enforcement policies such as a pre-payment review and a retrospective review, as well as developing and implementing a corrective action plan

Fraud, Waste and Abuse

Western Sky Community Care performs front and back end audits to ensure compliance with billing regulations.

Most Common Issues:

- Use of incorrect billing code
- Not following the service authorization
- Inaccurate procedure codes for the provided service
- Excessive use of units not authorized by the care coordinator
- Lending of insurance card

Benefits of Eliminating Fraud, Waste and Abuse:

- Improves patient care
- Saves dollars and identifies recoupments
- Decreases wasteful medical expenses

Fraud, Waste and Abuse

Potential Fraud, Waste or Abuse may be reported by:

- Anonymous and Confidential Hotline at: 1-866-685-8664
- Contacting our Compliance Officer: at 1-844-543-8996
- Email: ReportFWA@WesternSkyCommunityCare.com

Fraud, Waste and Abuse

To report potential Fraud, Waste or Abuse directly to the New Mexico Human Services Department, please use one of the methods below:

- Phone: 1-800-228-4802
- Fax: 1-505-797-5127
- Email: HSDOIGFraud@state.nm.us
- Or write to:

  New Mexico Human Services Department
  Office of Inspector General
  Albuquerque, NM 87113

Medical Record Review

- Western Sky Community Care Auditors may request medical records to conduct an audit to
  - Review if both clinical documentation and claims submission are consistent with the services rendered
- The Provider Manual (Pg 96) provides guidance on compliance with a medical record review.
- It is incumbent on the provider to respond timely to any medical records request, or be subject to payment recovery for all services in question.

Evaluation of Course

- Please take the time to evaluate this course and add any comments you may have.
- We value your feedback. We will tabulate responses and comments. These summaries will be used in the formation of future courses on any specific topic that our participating providers find beneficial
- Future courses may be held regionally, face-to-face, or via webinars. Our intent is to keep all of you informed as much as possible

Contact Us

Phone Number:

844-738-5019

TDD/TTY: 711

Website:

www.westernskycommunitycare.com

western sky community care™

Questions