

Provider Orientation For The Focus Plan, Administered by Centivo

November 2018

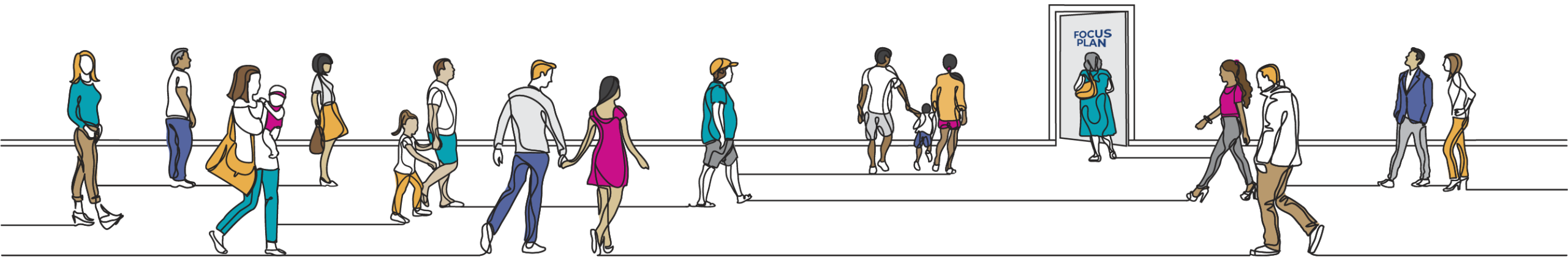


AGENDA

- Focus Plan Overview & Plan Design
- Primary Care, Specialists, & Referral Management
- Members & Eligibility
- Centivo Support
- Provider Portal
- Utilization Management
- Care Management
- Claims
- Payments & EFT
- Analytics & Reporting
- Fraud, Waste, & Abuse
- Post-Orientation Checklist

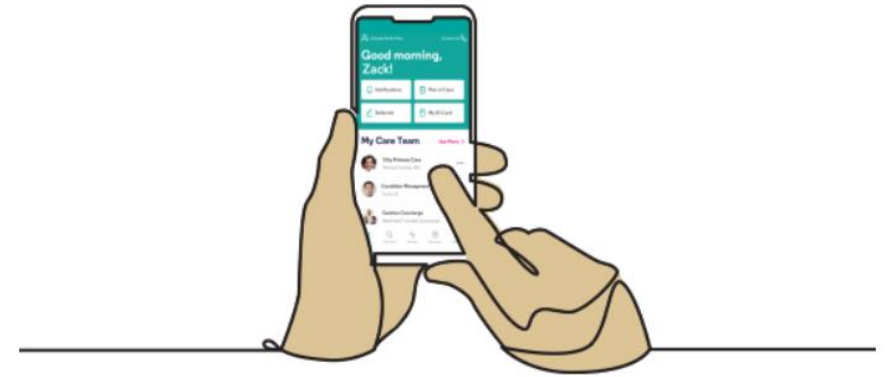
ABOUT THE FOCUS PLAN

- **The Focus Plan, administered by Centivo**, is a new type of health plan serving Cone Health employees and their families
- We are entering the service area in 2019, and anticipate **rapid growth** in 2020 and beyond
- Current membership: **2,500+ total members**



KEY DIFFERENTIATORS

- Emphasis on the partnership between an individual and their **primary care provider** to coordinate each patient's needs
- **Affordable care** - free care or low/moderate co-pays for “Coordinated” health services
- **Easy-to-use technology** and **personalized support** over the phone for members and providers
- Transparent **data analytics and reporting** to all stakeholders



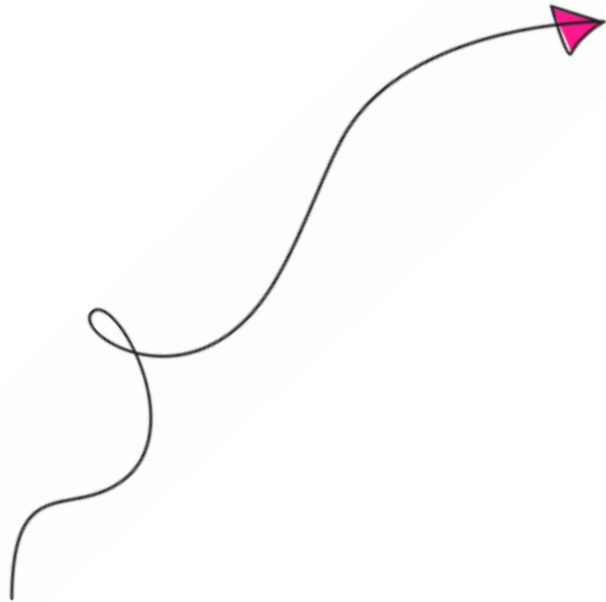
BENEFIT TO PROVIDERS

All Focus Plan network provider benefit from:

- **Reduced collections burden** due to FREE primary care for members and a simple copay structure for “Coordinated” specialty and ancillary care for Cone Health employees and their dependents
- **Informed and motivated patients** who are getting the appropriate care from the right providers
- The opportunity to be **part of an innovative new healthcare solution**

FOCUS PLAN DESIGN

Members have multiple coverage levels, and out-of-pocket costs are determined by their actions:



1. **“Coordinated”** Members who designate a primary care provider and receive referrals for specialty and ancillary care receive the highest level of benefits
2. **“Uncoordinated”** members who do not designate a primary care provider or who do not get referrals before seeing a specialist are covered at the reduced level and their care is subject to a deductible and co-insurance
3. **Out-of-Network** There is no out-of-network coverage (except emergencies)

FOCUS PLAN SPECIFICS

Check SBC and SPD for additional plan details

	COORDINATED CARE: 1. Activate plan online or by phone, 2. Receive referrals for specialty care from your Primary Care Team, and 3. Notify Centivo of referrals online or by phone.	UNCOORDINATED CARE: 1. No Activation, and/or 2. No referrals for specialty care, and/or 3. Do not notify Centivo of referrals.
Calendar Year Deductible – CYD (Individual/Family): All services subject to deductible except where noted.	None	\$500 / \$1,000
Out-of-pocket Maximum – OOP (Individual/Family)*	\$2,500 / \$5,000	\$7,900 / \$15,800
Preventive Care – Annual Wellness Exams, Pap Test, First Colonoscopy in the calendar year, Sigmoidoscopy, Bone Density, Vision Care (Eye Exam), Breast Screening (Mammograms, Ultrasound and/or MRI)	Free	Free
Hospital Admission	\$750	40%
Outpatient Ambulatory Surgery	\$500	40%
Radiology Services (except CT, MRI, & PET scans) – regardless of where they are done, including physician offices	\$30	40%
Select Radiology Services – CT, MRI & PET scans – regardless of where they are done, including physician offices	\$150	40%
Primary Care Office Visit (includes Family Practice and Internal Medicine Physicians and Pediatricians)	Free	20%
Visit with other (not your designated) Primary Care Offices	\$30	40%
Specialist Office Visit (includes all Specialty Physicians such as Surgeons, Cardiologists, Radiologists, OB/GYNs)	\$30	40%
E-visits through MyChart	Free	\$30, not subject to deductible
MD Live Video Visits	Free	\$40, not subject to deductible
InstaCare	Free	\$40, not subject to deductible
Chiropractic Office Visit	\$30	40%
Physician Services for Hospital Inpatient or Outpatient Surgery	Free	40%
Emergency Room Visit	\$300 plus 40% if non-emergency	\$300 plus 40% if non-emergency
Urgent Care	\$50	20%
Laboratory Services	\$30	40%
Therapeutic Services (Physical, Occupational, Speech Therapy Office Visits)	\$30	40%
Mental Health / Substance Abuse Inpatient	\$750	40%
Individual or Group Therapy – can be self-referred	\$30	40%

* Note: The out-of-pocket maximums for Coordinated care and Uncoordinated care are additive.

FOCUS PLAN NETWORK

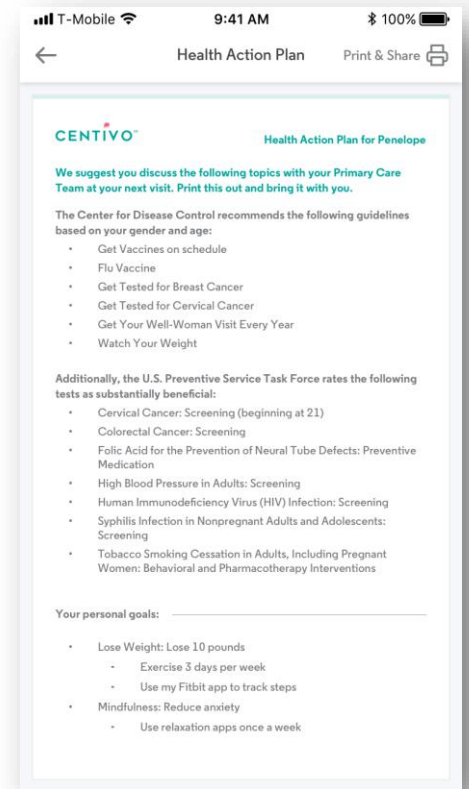
- The Focus Plan network is built **exclusively around Triad HealthCare Network (THN)** which includes **Cone Health facilities and physician practices** as well as a large number of **independent and community physicians**
- THN is currently finalizing contracting with the initial target practices

It is critical to note that members will not receive coverage for visits outside of the network. Please keep this in mind when recommending/referring other services.

PLAN START FOR MEMBERS

The Focus Plan engages members even before the start of the plan year in an **activation process**, where they:

- Download the **Centivo app** on their phone
- Learn about the **benefits and requirements** of the Focus Plan
- **Designate a PCP** to lead their Primacy Care Team (if the patient sees an NP or PA, he/she needs to designate a supervising MD or DO)
- Create a personal **Health Action Plan** that he/she is encouraged to bring to the new patient visit



PRIMARY CARE TEAM

- We encourage members and PCPs to form a relationship, starting with a **new patient visit**
- Centivo will provide each practice with a **list of the individuals** that have designated the practice to lead their care, as well as templated communications that can be utilized for this outreach
- **Initiate the relationship** in early January with a welcome email, letter, or phone call to invite individuals in for a new patient visit
- Facilitate **greater access** for Focus plan members and spend extra time during the new patient visit to set the tone for the relationship and – for Primary Care practices – to earn additional incentives
- Ensure that you are referring patients to **in-network** providers by searching the provider directory via the Provider Portal or by calling Centivo Support



REFERRAL PROCESS



MEMBER

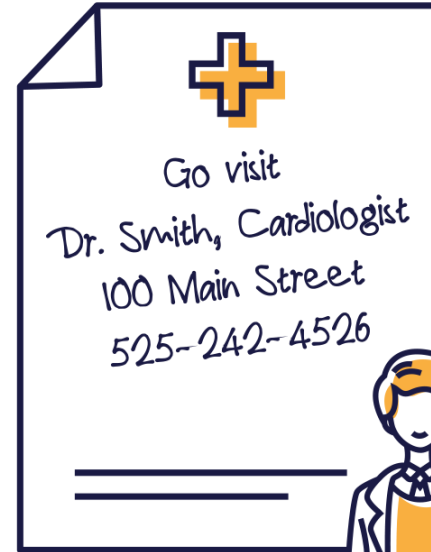
1) During Activation, the member designates a PCP to lead their Primary Care Team.



MEMBER

PRIMARY CARE TEAM

2) The PC Team is the member's first stop when they need care.

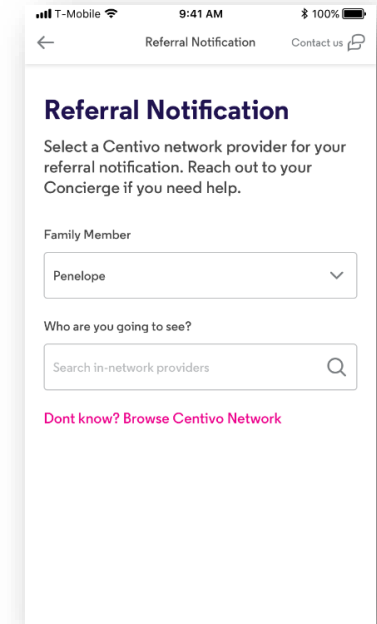


DR. SMITH

3) If the PCP determines additional care is necessary, they provide a referral to a specialist. The referral must be communicated to the member. The PCP does NOT need to submit the referral to Centivo.

4) The member submits a Referral Notification to Centivo, either through the app or via phone call, prior to their appointment.

*The Referral Notification functionality in the app / member portal will not be available until Q1 2019.



5) Centivo will periodically audit specialist utilization with each Primary Care Team.

REFERRAL RULES

Role of the Primary Care Provider:

- Ensure that you are referring patients to an in-network provider
- Communicate that provider's information to the patient, including provider or practice name and specialty
- Keep a record of any referrals

Role of the Member:

- Members must notify Centivo (via phone, app, or web) of any referral 24 hours prior to receiving care
- In case of emergencies, member must contact the PCP afterward (ER / Urgent Care)

Other Referral Guidelines:

- Each referral will be valid for 120 days
- There is no referral requirement for obstetrics/gynecology and behavioral health providers
- In the event of emergency or urgent care, members have 72 hours after they receive care to contact their Primary Care Team and submit the referral notification

SPECIALISTS & ANCILLARY SERVICES

- The Focus Plan emphasizes coordination of care through referrals, and member who go directly to an in-network specialist without a referral will have to pay more out-of-pocket
- Focus Plan members should present their ID Cards, which outline “Coordinated” benefits for referred care
- Check eligibility via your clearinghouse, or Call Centivo Support at 833-576-6491 to confirm eligibility and benefits



IDENTIFYING A FOCUS PLAN MEMBER

- Members should present their **ID card** with the Cone Health and Centivo logos
- Find **patient information** and **support contacts** on the ID

CONE HEALTH.
Focus Plan sponsored by Cone Health

Penelope Jacobs
Employee + Family

MEMBER INFO

Member ID	363876896700	Rx PCN	ASPROD1
Group ID	CONE1	Rx BIN	003585
Payer ID	45564	Rx GRP	PHI26

COPAYS PER VISIT *

Primary Care	FREE	Urgent Care	\$50
Specialist	\$30	ER	\$300

* Referrals are required for specialists, urgent care, or other facilities. Care not referred through the member's designated Primary Care Team will be subject to a deductible and coinsurance.

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CONE HEALTH.
Focus Plan sponsored by Cone Health

MEDICAL BENEFITS
Centivo Support **833-576-6491**

RX BENEFITS
MedImpact **844-401-2055**

Referral notifications must be provided to Centivo at least 24 hours prior to an appointment. In the event of emergency or urgent care, members have 72 hours after they receive care to contact their Primary Care Team and submit the referral notification.

Pre-certification is required for all hospital admissions and specified out-patient procedures. In the event of an emergency, notify Centivo within 72 hours of admission. Failure to obtain pre-admission/admission certification may result in a reduction of benefits.

Providers file medical claims to Centivo:
P.O. Box 211681, Eagan, MN 55121

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VERIFY ELIGIBILITY AND BENEFITS

Verify eligibility and benefits using the methods below:

1. Electronic Eligibility: Use Clearinghouse Payer ID*: 45564
2. Provider Portal: <https://centivo-mesa.javelinaweb.com/>
3. Phone: 833-576-6491

** Contact your Practice Management (PM)/Electronic Medical Record (EMR) System for your system requirements*

PATIENT FINANCIAL RESPONSIBILITY & COLLECTIONS

Because the Focus Plan has two different coverage levels, the patient's out-of-pocket responsibility cannot be confirmed until the claim has been adjudicated. We recommend that you either:

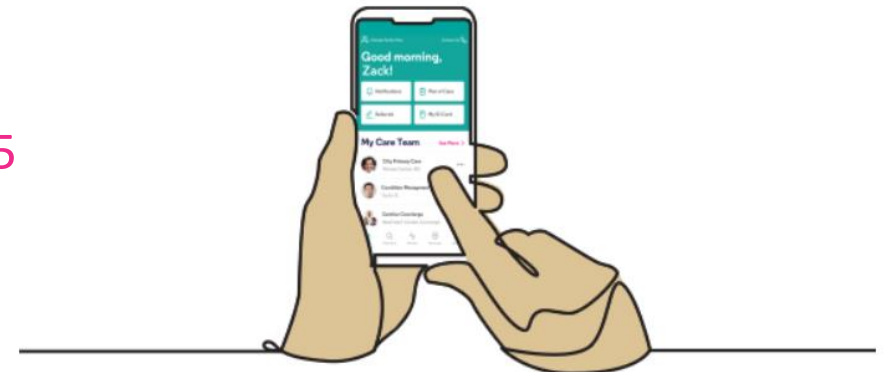
1. **Collect the appropriate copay** as outlined on the member ID card, assuming that the patient is covered at the "Coordinated" level for that visit, and bill for the remaining balance at a later time if applicable;
2. **Wait to collect payment** from the patient until the claim has been adjudicated.

Contact Centivo Support
to confirm benefits or address any questions
833-576-6491

CENTIVO SUPPORT FOR MEMBERS

- The Focus plan offers members **easy-to-use technology** and **support over the phone** whenever they need hands-on, personalized guidance
- **Centivo Support** works with the member each time they need assistance on a variety of topics, such as:
 - Understanding their health plan benefits and coverage
 - Finding in-network healthcare providers and facilities
 - Claims and billing processes

- Phone: **833-576-6491**
- Website: **<https://my.centivo.com>**
- Mail: **Centivo Support, 307 Cayuga Road, Suite 170, Buffalo, NY 14225**



CENTIVO SUPPORT FOR PROVIDERS

- The Focus plan offers providers support over the **phone, email**, or through our **web portal**
- Providers have a dedicated **Centivo Support** as a partner to assist with:
 - Health plan inquiries
 - Plan materials and resources
 - Eligibility and benefits questions
 - Referrals and pre-auth support
 - Claim status and appeals
- Phone: **833-576-6491**
- Email: **Providers@centivo.com**
- Provider Portal: **<https://centivo-mesa.javelinaweb.com/>**
- Mail: **Centivo Provider Support, 307 Cayuga Road, Suite 170, Buffalo, NY 14225**

CENTIVO PROVIDER PORTAL

- Provider Portal:
<https://centivo-mesa.javelinaweb.com/>
- Request access on the login screen, or contact Centivo Support

Provider Portal Features:

- View claim and payment status
- Benefits and Eligibility Information
- Search in-network providers
- Access plan resources, including:
 - Applicable Forms
 - Rx Formulary
 - Provider Directory
 - Provider Manual
 - Other Plan Documents

The screenshot shows the Centivo Provider Search page. At the top, there is a teal header with the Centivo logo on the left and user information on the right: "user: Feelgood | Logged in at : 9:51:21 PM EST" with "Print" and "Logout" links. Below the header is a navigation menu with "Home", "Claim", "Member", "Provider" (highlighted), and "Resources". The main content area is titled "Provider Search" and includes a breadcrumb "Home > Provider Search". There are two tabs: "Find a Provider" (active) and "Find a Facility". Below the tabs is a search bar with the text "Search" and a magnifying glass icon. The search criteria section is titled "Search for providers by Last Name or by Specialty" and includes the following fields: "First Name" (text input), "Last Name" (text input, marked with an asterisk), "-OF-", "NPI" (text input, marked with an asterisk), "-OF-", "Specialty" (dropdown menu, marked with an asterisk, showing "--Any--"), "City" (text input), "State" (dropdown menu, marked with an asterisk, showing "--Any--"), "County" (text input), and "Postal Code" (text input). At the bottom of the form are three buttons: "Search", "Clear", and "Cancel".

UTILIZATION MANAGEMENT

- Focus Plan utilization management (referrals and pre-certifications) are handled through Centivo Support
- Contact **Centivo Support** to submit or track referrals and pre-cert requests: **833-576-6491**
- All forms and 2018 Prior Authorization List can be found on the Provider Portal: <https://centivo-mesa.javelinaweb.com/> within the Resources tab
- Prior authorization forms can be submitted via fax: **716-219-1946**
- Most pre-certification requests are handled on the initial call, as long as all of the required information is provided.

PRE-CERTIFICATION REQUIREMENTS

- All inpatient stay for medical and/or psych and substance abuse
- All outpatient surgeries not done in a doctor's office
- All services list below regardless of place of service:
 1. 23 hour observation stays
 2. Any drug above \$1500 per dose
 3. Biologic drugs
 4. Chemotherapeutic drugs
 5. Deviated Septum/Nasal Surgery
 6. Dialysis
 7. DME over \$1,500 and Out of Network
 8. EBCT (Electron Beam Tomography)
 9. Endoscopic Procedures
 10. Extended Nursing Facility
 11. Home Health Care
 12. Hospice Care
 13. Infusions (Infusion Therapy) of any type over \$1,500
 14. Long Term Acute Care (LTAC)
 15. MRI/CT/Pet Scan- excludes bone density studies
 16. Physical/Occupational/Speech Therapy
 17. Psychiatric Treatment: Intensive Out Patient, Residential, Partial
 18. Radiation Treatments
 19. Rehabilitation for Substance Abuse: Out Patient, Residential, Partial
 20. Skilled Nursing Facility (SNF)
 21. Inpatient Rehabilitation

CARE MANAGEMENT

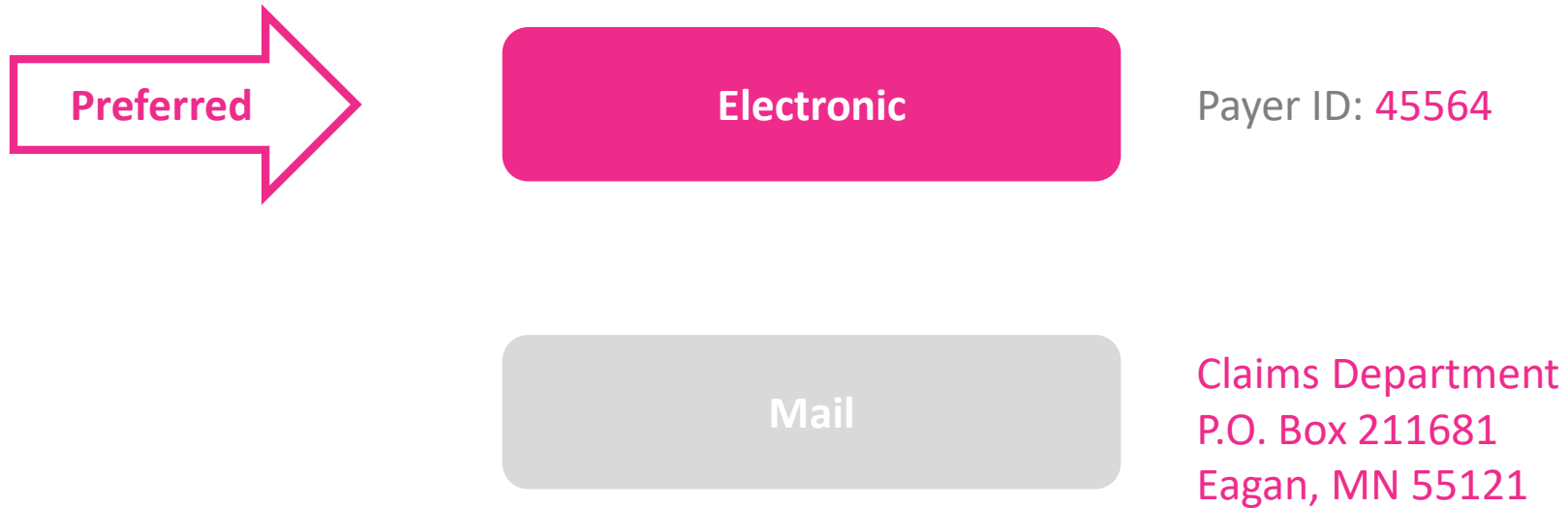
- Focus Plan care management is handled through Centivo Support and our partners
- Available Care Management Services Include:

Services	Focus Plan Partner	Contact
Well & Lifestyle Coaching	Active Health	coming soon
Disease Management	Active Health	coming soon
Case Management	MedWatch	833-576-6491
Pharmacy Assistance Services	MedImpact	844-401-2055
Community Resources Support	Centivo Support	833-576-6491

- Contact **Centivo Support** with any questions: **833-576-6491**
- Additional resources available in the provider portal:
<https://centivo-mesa.javelinaweb.com/>

CLAIM SUBMISSION

The Focus Plan is administered by Centivo for claims processing as of January 1, 2019



CLAIM STATUS & APPEALS PROCESS

Standard Claim Inquiry:

- View anytime via Provider Portal: <https://centivo-mesa.javelinaweb.com/>
- Contact Centivo Support: 833-576-6491
- Email Centivo Support: providers@centivo.com

Send Claim Appeals and Disputes:

- Claim Appeals Form can be found on the Provider Portal: <https://centivo.javelinaweb.com/> within the Resources tab
- Submit via:
 - Mail: [Centivo Claim Appeals, 307 Cayuga Road, Suite 170, Buffalo, NY 14225](#)
 - Fax: [716-219-1946](#)

PAYMENTS & EFT ENROLLMENT

- The Focus Plan is committed to paying providers promptly
- Providers can elect which of the two available methods they prefer to receive payment:



1. **Electronic payments** via Zelis Payments
2. **Paper Mail** check and explanation of payment

- Enroll in our EFT program for fast claims payments via Zelis:
 - <https://provider.zelispayments.com/Registration>
 - 877-828-8770

Centivo Benefits Company
335 Madison Avenue
New York NY 10017

CENTIVO®

Forwarding Service Requested

Customer Service
If you need help, please contact your Concierge team:
Using the Centivo app
At www.centivo.com
Call 1-800-423-4567

Group ID: PCP01
Member ID: BBBA0062

For the period: 08/23/2018 through 11/07/2018

The information below is a summary of your healthcare claims for the period referenced above. This information is commonly referred to as an "Explanation of Benefits" (EOB). This is a summary, followed by the claim details of how your recent claims were processed. It includes any copay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy and validity of any bill you may receive from the provider(s) listed below.

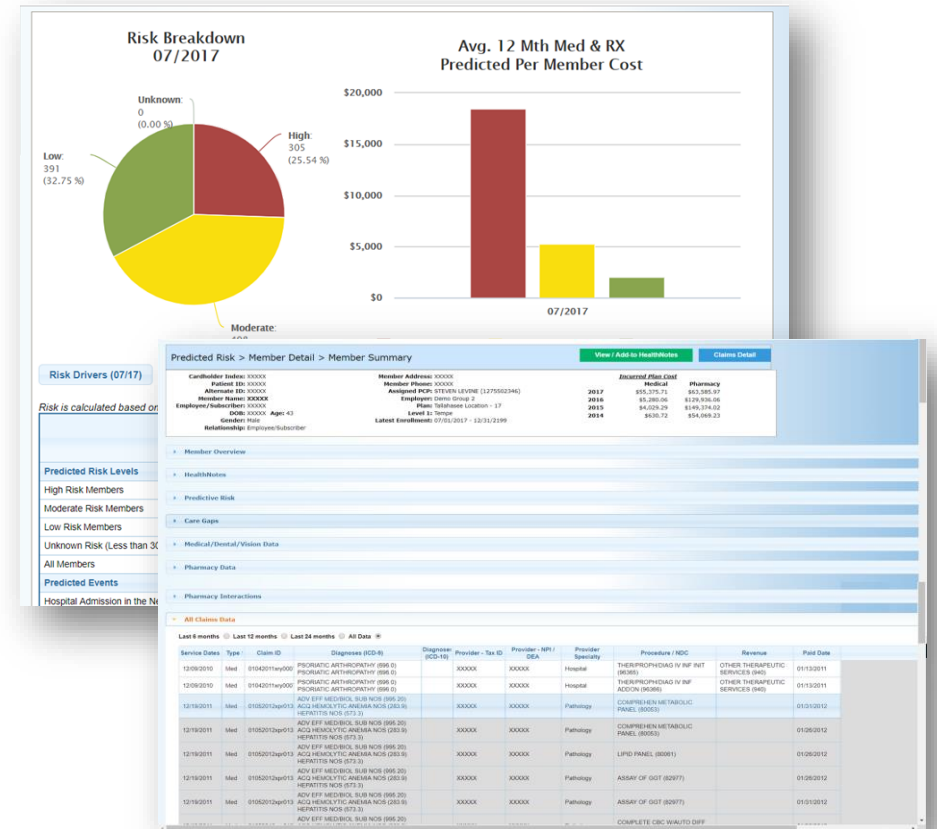
**Explanation of Benefits
Care with my team**

Total billed cost	\$2,790.01	This is the total amount billed for the period listed above
Plan paid	\$0.00	This is the portion of the billed cost paid by your plan
Your portion	\$2,790.01	This is the portion of the bill you owe to your provider(s); please pay them directly

VOID

ANALYTICS & REPORTING

- Centivo will track quality and performance metrics and provide details reporting to participating providers, including:
 - Financial trends
 - High-risk patients
 - Gaps in care
 - Inpatient/ER/urgent care utilization
 - Empaneled patient care details
 - Performance against benchmarks
- Over time, our goal is to allow access to structured (near) real-time data for use in your own tools and workflow
- Centivo is committed to continuing to build-out provider tools and integrations to improve care coordination and patient experience



POST-ORIENTATION CHECK LIST

- ✓ Provide complete contact information to your Practice Liaison
 - ✓ Name, title, phone, fax, and email
- ✓ Enroll in our EFT program for fast claims payments via Zelis
- ✓ Request access to the Centivo Provider Portal
- ✓ Familiarize yourself with Focus Plan Resources in the portal, including:
 - ✓ Review the Centivo Provider Manual
 - ✓ Review the Prior Authorization Guidelines & Summary
 - ✓ Review your practice/provider listing in the online directory
- ✓ Primary Care Practices – Get ready to welcome new members to your practice beginning in January
- ✓ Please contact us with any question large or small: **833-576-6491**