Provider Education

MARTIN’S POINT HEALTH CARE

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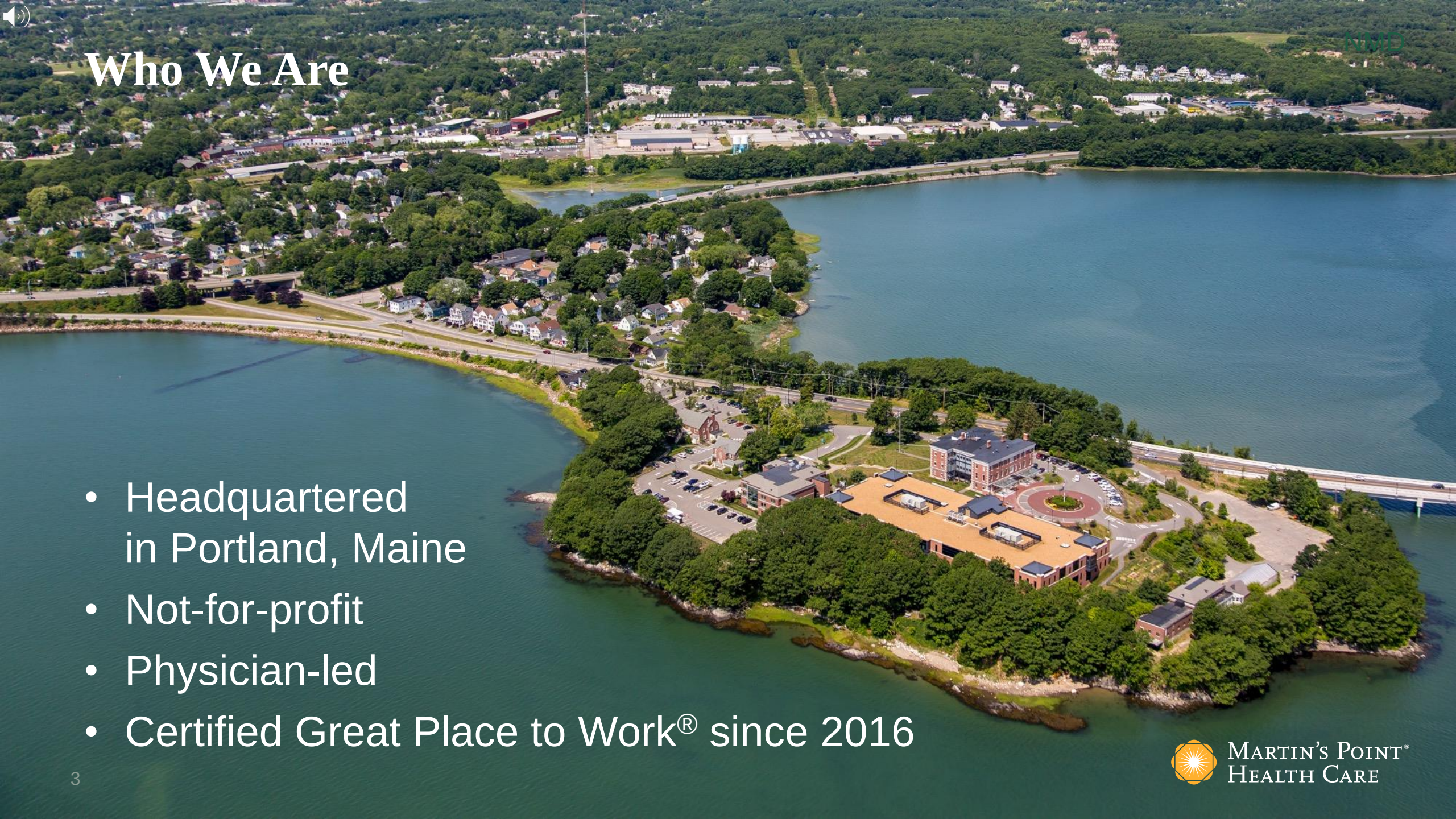
Overview

Martin's Point® Health Care

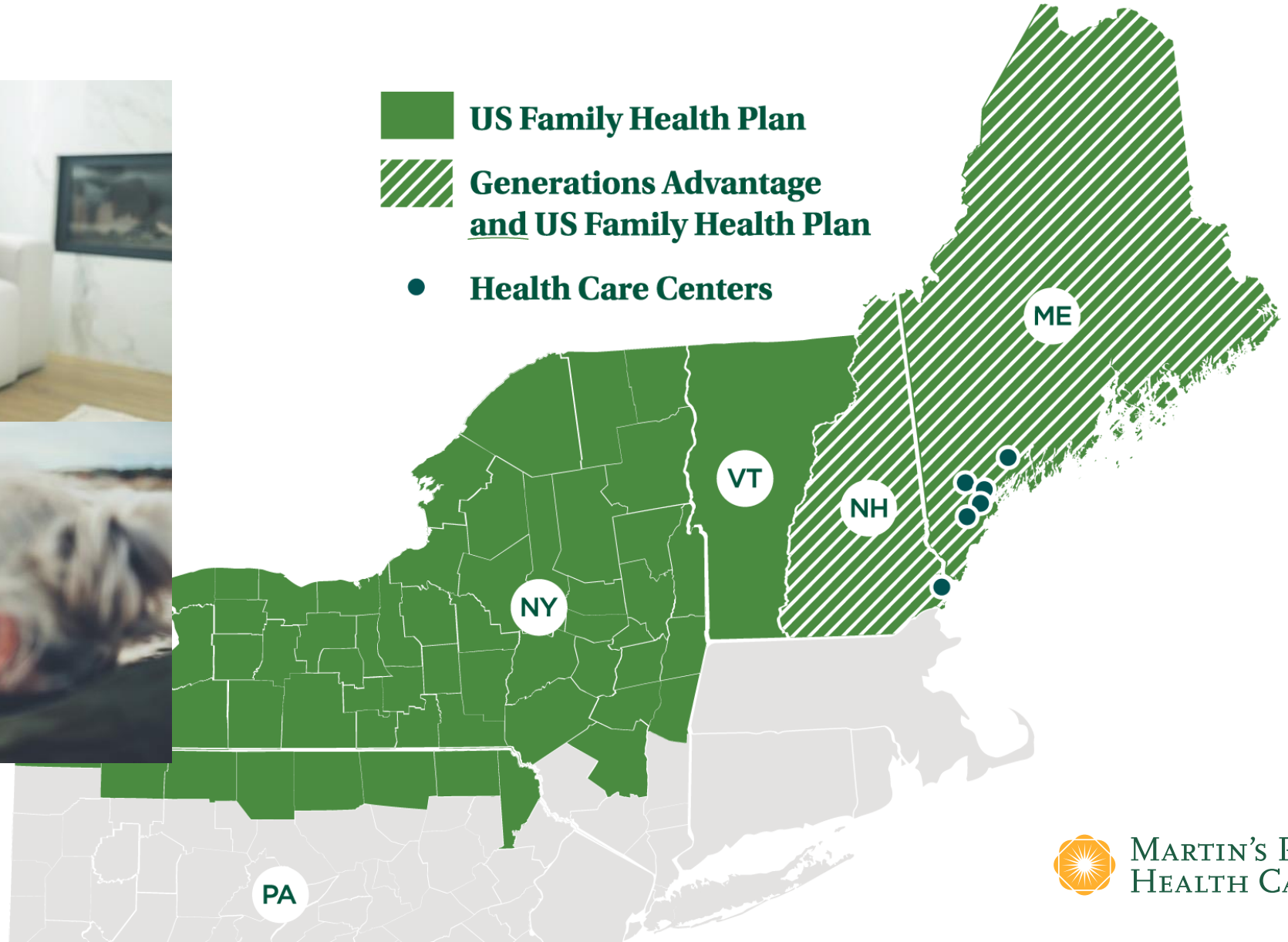
Who We Are



- Headquartered in Portland, Maine
- Not-for-profit
- Physician-led
- Certified Great Place to Work® since 2016

Martin's Point® Health Care

What We Do



Martin's Point® Health Care

Our Health Plans

Martin's Point® Health Care

Our Health Plans

We offer two federally administered health plans:

Martin's Point US Family Health Plan

- Our TRICARE Prime® plan covers over 46,500 active-duty and retired military family members in Maine, New Hampshire, Vermont, upstate New York, and northern Pennsylvania.

Martin's Point Generations Advantage

- Our Medicare Advantage plans cover seniors in Maine and New Hampshire.
- These are Maine's most popular Medicare Advantage plans with over 58,000 current members.

Quality Ratings

- Both of our health plans are among the highest rated in the country for quality and customer service.

US Family Health Plan: Details & Benefits

Active-duty family members

Retirees, survivors, and family members

- Complete medical, hospital, and prescription drug coverage.
- Low or no copayments in-network.
- Low prescription drug copays.
- Out-of-network flexibility for certain services with Point of Service (POS) benefit.

The US Family Health Plan goes beyond traditional TRICARE® Prime benefits to offer excellent customer service and value-added benefits, including discounts on:

- **Eyewear**
- **Hearing aids**
- **Fitness memberships**
- **More**

Martin's Point® Health Care

US Family Health Plan: Voluntary Submission to NCQA

Health Plan Rating

- NCQA is a national agency that accredits health plans. To ensure we continually provide our members the highest quality in health care, we voluntarily submit our US Family Health Plan for a rigorous annual review.
- Compares quality and service of over 1,000 health plans
  - Consumer satisfaction
  - Prevention/treatment
- Health plan rating scale 0-5
  - 0 lowest, 5 highest
  - Updated annually
- US Family Health Plan Current Ratings
  - 4.5 out of 5

Health plan report card

- Assessment of insurer
  - Structure
  - Process
  - Performance
  - Customer satisfaction

Martin's Point® Health Care

TRICARE® Prime Plan Reminders

- If a Medicare or a “Medicare-type” waiver is used, Defense Health Agency (DHA) will not honor it. The best recommendation is to use the approved Martin’s Point Agreement to Financial Responsibility form.
- No deductibles or cost shares for preventive services in network
- Annual physicals each year at no additional cost for the member

Important: Many genetic lab tests requires prior authorization. Submit authorization in advance and, when possible, please direct member to providers in the Martin’s Point US Family Health Plan network.

Generations Advantage: Details & Benefits

Medicare Advantage plan types

- HMO-POS, HMO, RPPO, LPPO, and HMO SNP
- Market locations: Maine and New Hampshire

All Martin's Point Generations Advantage plans go beyond Original Medicare to include value-added benefits including:

- $0 in-network preventive screenings/care
- No medical/hospital deductibles
- $0 annual in-network physical exam and wellness visit
- Annual out-of-pocket maximum
- Worldwide urgent & emergency care
- Hearing aids and batteries
- Over-the-counter items
- Fitness/wellness reimbursements

Generations Advantage: CMS Medicare Star Rating System

- Quality and Performance Rating
  - Staying healthy: screenings, tests, and vaccines
  - Managing chronic conditions
  - Plan responsiveness and care
  - Member complaints, problems getting services, and choosing to leave the plan
  - Health plan customer service
- Star ratings: 1 (poor) to 5 (excellent)
- Martin's Point Generations Advantage 2022 Star Ratings
  - 5-Star HMO Plans (Prime, Alliance, Value Plus and Focus DC)
  - 5-Star LPPO Plan (Select)
  - 4-Star RPPO Plan (Flex)

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Generation Advantage Plans Reminders

- If an ABN or an “ABN-type” waiver is used, the Centers for Medicare & Medicaid Services (CMS) prohibits Medicare Advantage plans from honoring it. Providers must follow Martin’s Point Agreement to Financial Responsibility policy.

- Not all vaccinations are eligible for coverage in the Part B setting. Providers should direct members to the pharmacy for Part D vaccinations.

- Please direct members to providers who are in the member’s plan network. If that’s not possible and you must refer a member out of network, you must submit an authorization request through ProAuth on our Provider Portal in advance. Our Health Management Department can answer any questions regarding an authorization request @ 1-888-339-7982

Network Management Department Overview

Martin's Point® Health Care

Network Management Department

Provider Relations

- Manages provider contracts
- Builds and maintains provider networks
- Provides education and orientation to support the delivery of high-quality care
- Collaborates with our health plan and community partners on monitoring performance to support quality initiatives and regulatory compliance

Provider Data Integrity

- Processes provider changes/updates
- Maintains provider data; including online provider directory

Provider Credentialing

- Assesses qualifications, relevant training, licensure, certification and/or registration to practice for each health care professional who participates in our health plan networks

Provider Inquiry

- Guides providers on claim payments, retractions, and denials
- Educates providers on submitting claims, authorizations issues, disputes status, and appeals process
- Assists providers with benefit & eligibility questions
- Ensures our network providers and facilities meet or exceed standards of care established by NCQA and CMS to maintain a high-quality network for patients and members

Health Management Department Overview

Martin's Point® Health Care

Health Management Department—Roles & Functions

	Functions	Roles
Utilization Management	• Authorizations • Medical necessity reviews	Authorization specialists, RNs & MDs • Data entry & clinical review to determine approvals/denials
Care Management	• Transitions of care • C-SNP • Chronic care • Behavioral health • Echo/ABA	RNs & LSCWs • Care coordination & management
Appeals	• Provider appeal rights	Appeal specialists & MDs • Processing of appeals
Quality & Analytics	• Reporting & clinical audits	Analyst & RN • Operational & regulatory reporting & auditing

TruCare ProAuth Electronic Authorization Tool

- Benefits for providers:
  - Reduces need to request additional information
  - Real-time authorization submission, status tracking, and auto-authorization responses
  - One-and-done authorization submissions
- Features of ProAuth:
  - Pre-screen
    - Advanced capabilities for immediate response on the following:
      - Participant eligibility
      - Authorization required
      - Duplicate authorization alert
  - Interactive guidance
    - Required information is identified for provider
    - Authorizations can be auto-approved
  - Authorization-specific structured notes and attachments
    - Attach appropriate notes and attachments

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Care Management Programs

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Care Management Programs—Both Health Plans

Transitions of Care

To decrease readmissions

Details:

- An unplanned admission for medical and psychiatric stays
- Post-discharge outreach
- Followed for short term—30 days

Chronic Care

To improve the health of the member by closing gaps in care, reduce exacerbation of their disease process and rehospitalization.

Details:

- Identified with chronic disease and are high risk
- Enrolled for up to 180 days

Behavioral Health

To prevent and reduce hospital admissions & maximize access to integrated behavioral and medical services

Details:

- Severe and persistent mental illness or substance abuse diagnoses
- Enrolled for up to 180 days

Maternity

To support perinatal health

Details:

- Support and guidance for expectant mothers
- Encourage enrollment of babies after birth
- Diaper incentive to participate

Care Management Programs—Plan Specific

Generations Advantage Members Only

Chronic Kidney Disease

To improve patient experience, clinical outcomes for members with CKD3

Details:

- Members not on an ACE/ARB & no PCP 12 months
- Excludes ESRD/Dialysis, cancer
- Enrolled for up to 180 days

Focus DC (C-SNP)

Improve patient experience, health outcomes, and cost of care for people living with diabetes

Details:

- Diabetics living in Cumberland county
- Continuous care management to all enrolled in Generations Advantage Focus Diabetes Special Needs Plan.
- Coordinate care utilizing health risk assessments, individualized care plans, interdisciplinary care teams and providing transitions of care.

US Family Health Plan Members Only

Extended Care Health Option (ECHO)

Details:

- Requires qualifying mental or physical disability
- Offers integrated services and supplies beyond those offered by the basic benefit.

Provider Inquiry

Martin's Point® Health Care

Claims Submission

- We offer three EDI options:
  - Change Healthcare Payor ID: 53275
  - Office Ally Payor ID: MPHC1
  - Relay Health Payor ID: MPHC2
- Claims submitted without a physical address of where services were rendered will be rejected.
- We are now paperless. As of May 1, 2020, we no longer mail paper remits.

Claims Review Process

- Claims Review Process
  - Phone call to Provider Inquiry (PI)
  - If PI rep is unable to answer your question, they may offer to research and call back within 30 calendar days
  - If provider disagrees with outcome, provider may follow claim dispute process
  - If provider disagrees with dispute determination, they may request a second level dispute review by the Provider Inquiry Research team.
- Providers can self-serve for remits/claims and benefits/eligibility
  - Provider Portal
  - External Benefit Repository

Retrospective Authorization Requests

U.S. Family Health Plan

- We will review retrospective authorization requests for all qualified care, before or after claim submission.
- Providers who submit after claim submission must do so within 120 days from date of denial.
- Providers may submit a retrospective authorization request on our provider website. Determinations are made within 30 calendar days of receipt of request.

Generations Advantage

- We will not accept any retrospective authorization requests. If the service meets one of the three exception criteria for retrospective review, then the provider must submit this request with an authorization dispute form.
- Participating providers must file a claim for the authorization denial and then will have 120 days from that remit date of denial to submit a request on our provider website with supporting documents that meet the exception criteria.

Member Liability: Non-Covered Services

U.S. Family Health Plan

- The beneficiary must have been informed in advance that the services are excluded/ excludable, and agree in advance in writing to pay for the services
- We recommend using the approved Martin's Point Agreement to Financial Responsibility form.

Generations Advantage

- The plan issued an Integrated Denial Notice (IDN) for services that ***may not be covered***.
- The beneficiary was informed services were excluded as indicated in the "exclusions" section of the EOC. If they agreed in advance to pay for the services, then this must be documented in the patient record and must be in compliance with the Martin's Point Generations Advantage Acknowledgement and Financial Responsibility Policy available on the provider website.

Provider Online Tools & Resources

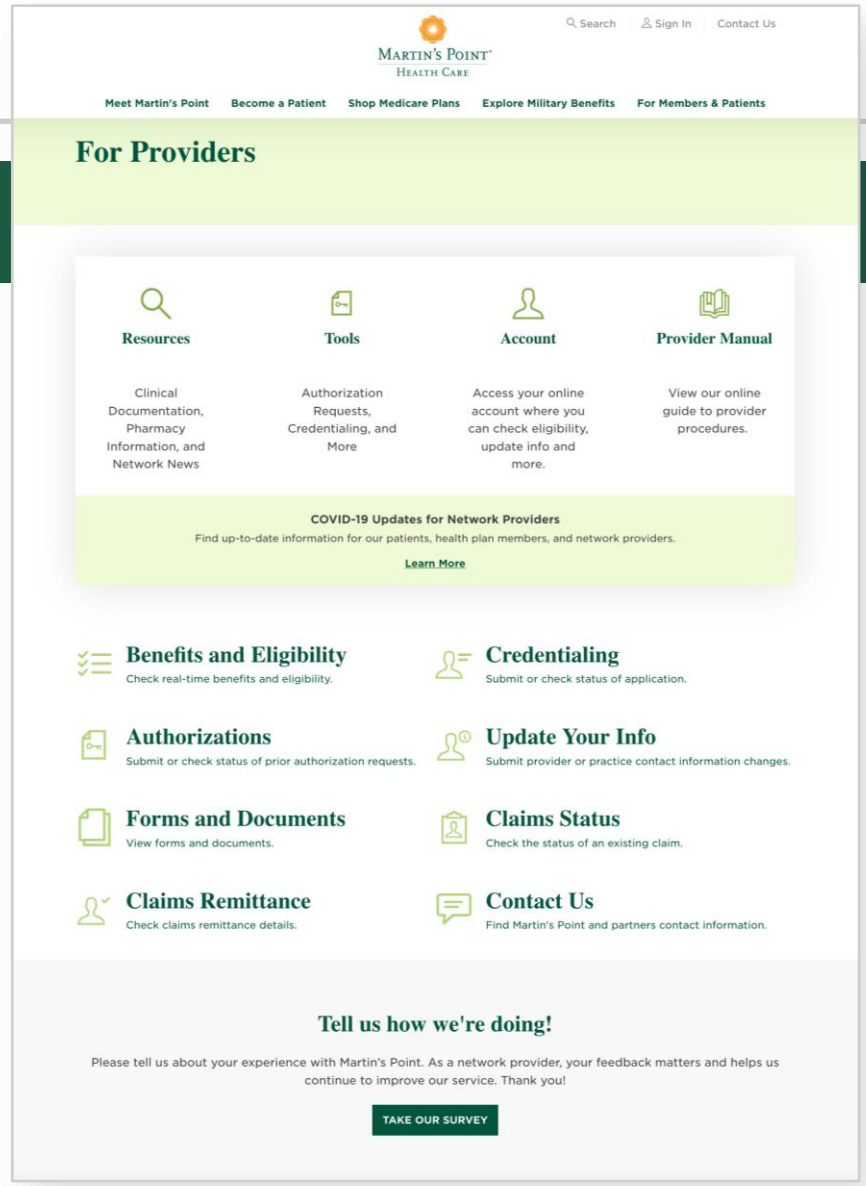
Martin's Point® Health Care

Online Tools & Resources

MartinsPoint.org/For-Providers

On our website you can:

- View our *provider manual*
- Get *clinical documentation* resources
- Get *pharmacy information*
- Submit/check status of *prior authorizations*
- Submit/check status of *credentialling applications*
- Check *claims* status and details
- Check real-time *benefits and eligibility*
- Change your provider/practice *contact information*
- Login to our *Provider Portal*



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Provider Portal Functions

- Eligibility tool and how to search
- Member management tool and how to search
- Claims tool and how to search
- Remittance advice tool and how to search
- Authorization status tool and how to search
- Updates
- Martin’s Point contact information

Onboarding & Additional Education, Contacting Us

Martin's Point® Health Care

Onboarding & Additional Education

- Participating providers are given initial onboarding and ongoing education to support delivery of high-quality care to Martin's Point members.
- We've created an extensive training for our participating providers that we can deliver in a variety of ways:
  - Email
  - Conference call
  - Zoom or Skype
  - Webinars
  - Seminars
  - In-person visit (coming soon)
- Additional education and training modules are available on our website
  - https://martinspoint.org/for-providers
- Our Provider Manual includes a guide to provider procedures

Contact Us

- Provider Relations: Education, Contracts
  - Phone: 1-800-348-9804
  - Fax: 207-828-7870
  - Email: Network.Management@MartinsPoint.org

- Comprehensive Visit Program
  - Check status information, please send email to: CDI@martinspoint.org
  - For general questions about the program, including a request for onsite education or Comprehensive Visit Form submission guideline clarification, send email to: Network.Management@MartinsPoint.org or call (207) 766-3185

- Provider Inquiry Department: Eligibility, Benefits, Claims, General Information
  - Phone: 1-888-732-7364

- Health Management Department: Preauthorization, Discharge Planning, Medical-Necessity Reviews, Subacute, Home Care, Transplant Services
  - Phone: 1-888-339-7982
  - Fax: 207-828-7865

- Provider Data Integrity: Provider Data Change Request
  - Email: Providerchanges@MartinsPoint.org

Please click the survey link to complete our provider survey. Thank you!

Survey Link

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