Provider Summit

Transforming the Health of Our Community One Person at a Time
Today’s Agenda

Introductions
Overview and Goals
PHW Difference
Networking Information
Claims Processing
Service Coordination
Lessons Learned from the Southwest
Q & As
PHW Overview

WHO WE ARE

Pennsylvania
based company and subsidiary
of Centene Corporation

Projected 1,600 employees

#66
on the
Fortune 500 list

#4
Fortune’s Fastest
Growing Companies (2015)

Largest LTSS provider
in the country

WHAT WE DO

28 states
with government sponsored
healthcare programs &
implementations

Medicaid
(24 states)

MLTSS & MMP
(9 States)

SNP
(6 States)

ABD Non-Dual
(17 States)

2 international markets

11.5 million members
includes 2.8 million TRICARE eligibles
Who is PHW?

LOCAL
- Headquartered in Camp Hill, PA
- Offices in SW PA, SE PA

STRONG
- Backed by over 30,000 employees

EXPERIENCED
- Serving over 11 million members in 28 states and 2 international markets

LOCAL APPROACH
- Go live 2018

SERVICE COORDINATION AND DELIVERY
- 7 States
- Over 200,000 LTSS Members
- Largest MLTSS plan in country

CONTINUOUS QUALITY IMPROVEMENT
Our Goals

Participants get appropriate and timely services

Providers get accurate and timely payments

Phase 1: Continuity
Our Goals

Right **Setting**, Right **Services**, Right **Time**

One Call **Resolution** and **Integration**

Phase 2: **Quality**
What Has Been Done

READINESS
Successfully completed readiness review with the state.

NETWORK
Network build always a work in progress but we have met our adequacy requirements and have outreached to all providers provided to us by the state. No network gaps.

TRAINING AND TECHNICAL ASSISTANCE
PHW is embarking upon a robust training and technical assistance program to ensure seamless transition.
How We Support You

- **BEFORE GO-LIVE**
  - NEGOTIATORS - CONTRACTING SUPPORT

- **PRE AND POST GO LIVE**
  - PROVIDER REPS - BILLING/CLAIMS SUPPORT

- **ONGOING SUPPORT**
  - SERVICE COORDINATION – ONSITE VISITS

**PROGRAM COORDINATION TEAM (PCs)**

Confidential and Proprietary Information
Claims Processing Standards

State Guidelines

Timely Filing

– First Time Claims- 180 days
– Corrected Claims- 365 Days from Date of Payment/Denial

Our Numbers at a Glance

– Average Auto-Adjudication Rate All LTSS Markets 87.3%
– Average Claims Payment Turn Around Time (TAT)* All LTSS Markets 8.81 days

*TAT Calculated from Claim Received date to Claim Paid Date (Claims Received April 2016-June 2017)
HHA eXchange CLAIMS PROCESSED $ VOLUME

- 201801: $14,000,000.00
- 201802: $12,000,000.00
- 201803: $10,000,000.00
- 201804: $8,000,000.00
Claims Processing

ALL CLAIMS PROCESSED $ VOLUME

- 201801: $30,000,000.00
- 201802: $25,000,000.00
- 201803: $30,000,000.00
- 201804: $20,000,000.00

Confidential and Proprietary Information
Claims Processing

CLAIMS PROCESSED SINCE JANUARY 1, 2018*

- Nearly 303,000 claims processed
  - $76.5 million paid to providers
  - $5.9 million paid to PPL for direct care workers

AVERAGE TURN AROUND TIME (TAT)

- 9.93 days

REJECTS/DENIALS

- 78,733 Denials
- 69,670 Rejects
  - 61,940 successful resubmissions (89%)
  - Provider billing with inconsistent or incomplete information per State’s Provider File; Provider Billing Errors (i.e., incorrect Type of Bill)
  - Corrective actions include provider outreach & education; configuration of systems in order to prevent rejections.

*As of 5.2.18
Key Partnerships

- Pennsylvania Area Agencies on Aging
- Pennsylvania Health Care Association
- LeadingAge
- Rehabilitation Community Providers Association
- Pennsylvania Centers for Independent Living
- Pennsylvania Homecare Association
- Hospital & Healthsystem Association of Pennsylvania
- Pennsylvania Association of Community Health Centers
- Inglis House
- P4A/C3
Service Coordination

• Continuous Participant engagement
• Develop service and care plan to address participant needs.
• Leverage MDS Data and NF assessment to build and implement holistic Person-Centered Service Plan (PCSP).
• Incorporates full range of physical health, behavioral health, and support services that address functional, social, and other needs.
Service Coordination Team (SC)

• PHW will employ a hybrid model working with SCEs currently supporting participants and internal SCs

• Continuity of Care participants will maintain their SCs unless they request otherwise

**SC Responsibilities:**

– Help Participants obtain required services
– Complete Participant Assessments
  • Determine need for services and other supports
  • Refer Participants to the appropriate service setting
– Review participants goals including community integration goals
– Support safe discharge to member preferred-setting
– Provide referrals to community resources, where appropriate
Provider & Participant Support

• **Who are they?** - They are here to support participant and providers

• **What do they do?** – Support the Service Coordination team and assist with participant and provider related activities, such as:
  – Providers are the **eyes and ears in the community** and contact this team with participant needs or concerns
  – Report a critical **incident, admits/discharges, changes in conditions, deceased**
  – Authorization **corrections, update and changes, claim-auth related**
  – Provider **related challenges pertaining participants**
  – Contacting the SC assigned

• **Why are they here?**
  • LTSS participants are mostly elderly, frail and acute population, this team is here to provider the **hands on, real-time, dedicated support** the **participants** and the **providers** that makes this program a success

844-626-6813 OPTION 2 or 3
Lessons Learned

- **Opportunity to Enhance Provider Training**
  - Claims submission, especially through PHW portal
  - Transportation
  - Service Coordination

- **Claims Processing Improvement**
  - Internal Systems enhancement

- **Communication with Providers**
  - Communicate Earlier
  - Policy Dissemination
  - Service Coordination Messaging

- **Transportation Learning Curve and Issue Resolution**
  - Who to Call
  - Missed Transportation Resolution