INTotal Health Provider Orientation 2016
INTotal Health Overview

INTotal Health is part of the Inova Health System. Inova and INTotal Health’s mission and values are aligned.

Mission
To improve the health of the diverse community we serve through excellence in patient care, education and research.

Vision
To optimize the health and well-being of each individual we serve.

The Inova Promise
We seek every opportunity to meet the unique needs of each person we are privileged to serve – every time, every touch.
## Executive Team

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
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# Your Team

<table>
<thead>
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<th>Provider Relations</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
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<td>Manager, Provider Relations Southwest/Far Southwest</td>
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<tr>
<td>Provider Relations Representative Far Southwest</td>
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Who do we serve?

- Managed Care Medicaid Members
- FAMIS (Family Access to Medical Insurance Security programs)
- FAMIS MOMs
- Foster Care Children
- HAP (Health and Acute Care Program)
INTotal Health Member Benefits

Regular Medicaid Benefits

- Physician care services from a primary care doctor
- Well-child visits and immunizations
- Prescription drug coverage (OTC meds with Rx)
- Hospitalization and outpatient coverage
- Laboratory and X-Ray Services
- Transportation to and from medical appointments
- Eyeglasses and contact lenses (when medically necessary)
- Translation/Interpretation services at medical appointments
Value-added Benefits

- Free annual sports physical for children between the ages of 10 and 18
- Interpreter Services
- Free registration in Boys & Girls Clubs for children ages 5-18
- Transportation to medical appointments
- *Starring: Baby and Me®* program
- Health Promotion programs that include: Smoking Cessation, Women’s Wellness, Healthy Lifestyle Choices and Nutrition.
- 24-hour Nurse HelpLine
- Case management to help manage your health
- Disease management programs for asthma, diabetes, and more
- Dedicated member outreach specialists
- Dedicated case managers and member outreach specialists to assist and educate members
- 100 free minutes and free healthy text messages
- No referrals needed for in-network specialist care
Participating Vendors

- **Caremark** - Pharmacy Prior Authorizations: 1.855.323.5588, Opt 3
- **EviCore (Formerly MedSolutions)** - CAT, CT, MRA, MRI and PET scans: 1.888.693.3211
- **Superior Vision** - Vision Services: 1.800.428.8789
- **DentaQuest** - Dental Services (Smiles for Children): 1.888.912.3456
- **Logisticare** - Transportation Services: 1.855.323.5588, Opt 6
- **TTY/TTD** - Deaf or Hearing Impaired: 711
Language Line

• For members who do not speak English, they can call member services to get interpreter services over the phone or to attend visits to PCP at no extra cost. Call 1.855.323.5588, Opt 2, Select 3.

• Interpreter services need to be requested at least 24 hours prior to the member’s appointment.
Community Outreach/Health Promotions

- INTotal Health partners with schools, providers, faith and community-based organizations to reach members and potential members.

- INTotal Health organizes and participates in events and health fairs throughout the state.

- INTotal Health offers education, community outreach, and information sessions on benefits and services.

Ensuring our members have adequate access to quality care and health education through ongoing community relations and outreach.
Role of Your Provider Relations Representative:

- Educate providers on administrative policies and procedures
- Communicate changes and updates that assist providers in the efficient administration of the plan
- Advocate on behalf of our providers when working to resolve an issue
- Initiate the credentialing process for new providers
- Assess the changing needs of a particular service area
- Manage changes to the demographic information of participating providers
- Educate physicians and staff as to their contractual responsibilities for program participation
- Interact as needed with providers regarding new/updated information on program operations, Quality Assurance programs, administrative procedures, and other policies
Member ID Cards
Provider Relations Resources

• Provider Manual
  Online
  Printed

• Provider Directory
  Online provider search tool

• Provider Quick Reference (PQR)

• Online Tools
  Provider Access
  Check Eligibility
  Pre-Authorization Request Forms
  Pre-Authorization Look Up Tool
  Claims Submission/Status
  Formulary
  Forms

• Provider Relations Representatives
  1.800.231.8076
Member Rights and Responsibilities

Members have rights and responsibilities when participation with a Managed Care Organization (MCO). Member service representatives serve as advocates for our members. To see a list of rights and responsibilities of our members please refer to the Member Rights section of the INTotal provider manual for a complete list. It can be found on the provider portal on the INTotal website www.intotalhealth.org.
• Health Insurance Portability and Accountability Act (HIPAA)
• The HIPAA privacy rules protect member and patient information.
• The privacy rules allow sharing of member information to carry out treatment, payment, and health care operations. Such purposes include:
  Conducting business;
  Making decisions about care;
  Making an authorization determination; and
  Resolving a payment appeal.
• Providers should only request the minimum necessary member information needed to accomplish the intended purpose when contacting INTotal.
• Restrict access to fax machines used to transfer member information to those who need member information to perform their jobs. When faxing member information, verify that the receiving fax number is correct, notify the appropriate staff at INTotal Health, and verify that the fax was received.
• Do not email member information unless encrypted. Instead, fax or mail the information.
• Please leave the minimum amount of member information in voicemail messages to accomplish the intended purpose.
Claims and Billing
Important Provider Update
Changes to Claims Submission Starting **July 1, 2016**

**Summary of Change:** For dates of service on or after July 1, 2016, you will need to make some changes to the way you submit claims for services you provide to INTotal Health members.

**What this means to you:** Claims with dates of service on or after July 1, 2016 must be submitted as follows:
- By Mail: Use new address below
- By Electronic Submission: Use new Payer IDs below

### Filing claims with dates of service on or after July 1, 2016
We want you to get paid on time, so when filing claims with dates of service on or after July 1, 2016:
- Mail Paper Claims to:
  - Claims
  - INTotal Health
  - PO Box 830614
  - Birmingham, AL 35283-0614
- Submit Claims Electronically Using These Payer IDs:
  - Change Healthcare (formerly Emdeon): 35115
  - Emdeon One (formerly Capario): 35115
  - Gateway (TriZetto): INT01
  - Availity: 35115

**NOTE:** Claims with dates of service on or after **July 1, 2016** mailed to the Richmond address or using old Payer IDs will be denied and will need to be resubmitted per the instructions above.

### Filing claims with dates of service on or before June 30, 2016
- Mail Paper Claims to:
  - Claims
  - INTotal Health
  - PO Box 5446
  - Richmond, VA 23220-0446
- Submit Claims Electronically Using These Payer IDs:
  - Change Healthcare (formerly Emdeon): 10262
  - Emdeon One (formerly Capario): IHP02
  - Gateway (TriZetto): IHP01
  - Availity: IHP001 (Prof) IHP002 (Institutional)

**Important Phone Numbers will REMAIN THE SAME:** Call 1.855.323.5588 for Medical Pre-Authorizations, Pharmacy Authorizations, and General Inquiries.

**What if I need assistance?** If you have any questions about this communication, please call our Provider Relations Department at 1.800.231.8076.
## Contact Information for Clearinghouses

<table>
<thead>
<tr>
<th>Clearinghouse</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Change Healthcare (formerly Emdeon)</td>
<td>1.800.792.5256, Opt 1</td>
</tr>
<tr>
<td>Emdeon One (formerly Capario)</td>
<td>1.800.792.5256, Opt 1</td>
</tr>
<tr>
<td>Gateway (Trizetto)</td>
<td>1.800.969.3666</td>
</tr>
<tr>
<td>Availity</td>
<td>1.800.282.4548</td>
</tr>
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Additional Information Related to Claims

• To verify member eligibility, call 1.855.323.5588 or online at www.intotalhealth.org
• Claims must be submitted on an original, red and white claim form or electronically via Electronic Data Interchange (EDI)
• Altered claims cannot be accepted
Additional Information Related to Claims

• Alpha-Numeric Temporary Newborn IDs
  • Effective July 1, 2016, you will be required to submit claims with the new alpha-numeric temporary newborn Medicaid ID. Please note, this ID will be required for any newborn claim submission on or after July 1, regardless of date of service.

• Provider Portal
  • To check eligibility, please visit our enhanced Navinet Provider Portal
  • Claims status can be checked via the Navimet Provider Portal

• Electronic Remittance Advice (ERA) via Payspan
  • Please contact Payspan Provider Services at 1-877-331-7154, option 1.

• Electronic Funds Transfer (EFT)
  • If you would like to enroll, please visit our website for enrollment forms and information.
Additional Information Related to Claims

• When submitting claims for lab services performed on or after July 1, 2016, please include **CLIA number** in Box 23 or EDI 2300 Ref Loop

• Corrected Claims/Claims Reconsiderations – Continue to use appropriate cover sheets (and coding for corrected claims) and submit to:
  
  INTotal Health  
  Attn: Provider Claims  
  P.O. Box 830614  
  Birmingham, AL 35283-0614
Payment Appeals

- Claims payment appeals must be submitted within 90 calendar days of the date on the Explanation of Payment. INTotal will send a determination letter within 30 calendar days of receiving all necessary information.

- **File a payment appeal at:**
  INTotal Health
  Attn: Appeals Dept.
  PO Box 830614
  Birmingham, AL 35283-0614

Grievances

- **Grievances (for reasons other than medical necessity or payment appeals) should be submitted to:**

  INTotal Health Grievances
  3190 Fairview Park Drive,
  Suite 900
  Falls Church, VA 22042
Medical Management
# Clinical Leadership Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
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<td>CMO, Dr. Mohamed Ally</td>
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</tbody>
</table>
Case Management

The Case Management team is comprised of clinical professionals skilled in managing complex care needs and are based locally throughout our service areas.

<table>
<thead>
<tr>
<th>Clinical Areas</th>
<th>Territories</th>
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<tbody>
<tr>
<td>Obstetrics</td>
<td>Northern Virginia</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Culpeper</td>
</tr>
<tr>
<td>Pediatric/NICU</td>
<td>Charlottesville</td>
</tr>
<tr>
<td>Complex Medical Care</td>
<td>Roanoke/Alleghany</td>
</tr>
<tr>
<td></td>
<td>Far Southwest</td>
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Case Management (CM)

Program Highlights

- **Referral Sources**
  - Utilization/ concurrent review
  - Provider
  - Member (Self Referral)
  - Facility
  - Disease management
  - Identified high risk populations (ABD, OB, etc.)

- Case managers meet with members and providers in the community
- Case managers are located in NOVA, Culpeper, Roanoke & Far Southwest

To make a referral to Case Management, please call Katina Waller at 703.286.3987
Disease Management (DM)

The Disease Management Programs include but are not limited to:

- Asthma/Pediatric Asthma
- Bipolar Disorder
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes/Pediatric Diabetes
- HIV/AIDS
- Major Depressive Disorder
- Schizophrenia

To make a referral to Disease Management, please call Katina Waller at 703.286.3987
Excluded Services for Managed Care Program

- Inpatient mental health services provided in a state psychiatric hospital
- Services provided through the Plan First family planning waiver program
- Services provided through the Technology Assisted home- and community-based waiver program
- Services for members 21 and under enrolled in Treatment Foster Care or Residential Treatment Facility programs, excluding those members who are enrolled for treatment for childhood obesity/weight loss
- Skilled nursing facility care

For information on how to access these services, please call the DMAS Managed Care Helpline toll free at 1.800.643.2273
What is *Starring: Baby & Me*®?

This program offers support for mothers who are going to have or just had a baby. With this program, you will get:

- Fast answers to your health questions when you call the 24-hour Nurse Help Line
- A special gift when you go to a prenatal checkup
- A pregnancy book that shows you easy ways to take care of yourself

Call Member Services and 24-Hour Nurse Helpline:

1.855.323.5588
Utilization Management
Utilization Management (UM)

Program Highlights

• Commitment to developing customized services to meet our members’ needs and improve health outcomes

• Active collaboration with facilities and providers to coordinate the needs of our members - we ensure service coordination for the member throughout the continuum of care

• UM Services managed at the plan
  - Inpatient/Outpatient Authorizations
  - Behavioral Health Services
  - Transplant Services

• We require employees who make Utilization Management (UM) decisions to adhere to the following principles:
  - UM decision-making is based only on the appropriateness of care and service, as well as existence of coverage
  - We do not reward practitioners or other individuals for issuing denials of coverage or service
  - Financial incentives for our UM decision-makers do not encourage decisions that result in underutilization
Utilization Management: In-patient

- **Elective Admissions**
  Require pre-authorization
- **Emergency Admission**
  Requires notification within 24 hours or next business day
- **Clinical Information for Concurrent Review Admission**
  - Diagnosis resulting in admission (specific)
  - Planned procedures
  - Complications/co-morbidities present on admission
  - Bed type
  - History, vital signs, exam, labs, imaging, treatments supporting need for in-patient level of care
  - Newborns: must include gestational age and birth weight
## Utilization Management: Prior Authorization

<table>
<thead>
<tr>
<th>Service Request</th>
<th>Definition</th>
<th>Timeline to review for decision</th>
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</thead>
<tbody>
<tr>
<td>Pre-service-urgent</td>
<td>Prior to service being provided, Urgent Care – any care that without could seriously jeopardize the life and health of the member or the member’s ability to regain maximum function, based on a prudent layperson’s judgment or it is the opinion of the practitioner with knowledge of member’s medical condition, would subject the member to severe pain that cannot be adequately managed without intervention</td>
<td>72 hours (contract language states 3 working days)</td>
</tr>
<tr>
<td>Pre-service-non urgent</td>
<td>Service that must be approved whole or in part, in advance of the member obtaining medical services.</td>
<td>14 calendar days</td>
</tr>
<tr>
<td>Concurrent urgent</td>
<td>An extension of previously approved services ongoing treatment usually associated with inpatient care or ongoing ambulatory care.</td>
<td>1 calendar day</td>
</tr>
<tr>
<td>Post service retro request for authorization of services (not billed)</td>
<td>A review of care services already received (e.g. retrospective review). A request for coverage of care that was provided by an out of network practitioner and for which the required prior authorization was not obtained.</td>
<td>30 calendar days</td>
</tr>
</tbody>
</table>
Fraud, Waste and Abuse

As an INTotal Health provider and a participant in government-sponsored healthcare, you and your staff are obligated to report suspected fraud, waste and abuse. These reports can be made anonymously by calling the external hotline at 1.888.800.4030. Members may report suspected fraud by calling Member Services at 1.855.323.5588. You may also reach out directly to our Compliance Officer via email at intotalhealthcompliance@inova.org.
Please take time to visit the INTotal Website. There are tools that will assist you with:

- Forms (i.e. PCP Change Form, Payment Appeals, EFT, Preauthorization Request, etc.)
- Check Eligibility
- Claims Submission/Status
- Authorization Request Forms
- PLUTO (Preauthorization Look Up Tool)
- Formulary
- Plan Updates
- Provider Quarterly Newsletters
- Provider Online Directory

www.intotalhealth.org
Questions? Please contact your regional Provider Services Representative.
Thank you for your partnership!