



## Kansas Medical Association/Health Net Federal Services, LLC July 18, 2018 State Association Engagement Meeting – Follow-up FAQs

| Question   | Response  |
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| With the provider directory inaccuracies, what is the best way for physicians to confirm whether they are in-network with HNFS and if so, what the effective date is?  | <i>Providers can log in at <a href="http://www.tricare-west.com">www.tricare-west.com</a> to access the Check Credentialing Status tool.</i>  |
| Can you share a pdf of the Provider Demographic Update Tool Guide so we can link to it in our article? It appears that a provider login is required to access the guide. We'd like to link to it in an article for physicians to encourage them to check their information and submit electronic updates, if necessary.  | <i>The Provider Demographic Update Tool guide is available to view/download at <a href="http://www.tricare-west.com">www.tricare-west.com</a> &gt; <b>Provider &gt; Quick Reference Charts</b> in in the "General" category. This is a public page that does not require log in. (direct link: <a href="https://www.tricare-west.com/content/hnfs/home/tw/prov/res/prov_manuals/2018-qrc.html">https://www.tricare-west.com/content/hnfs/home/tw/prov/res/prov_manuals/2018-qrc.html</a>). You do need to log in to the secure provider portal to use the tool itself.</i>  |
| Can you help us better understand how physicians will be paid if they are not HNFS contracted providers, but patients continue to see them post 6/30/18? On the call, HNFS staff indicated that "non-network" provider claims shouldn't be denied, rather they would still be paid as long as it's for a covered service and the provider is a "certified" provider, but the patient would have higher cost sharing. | <i>Claims for covered services will be paid according to the provider's status (network or non-network). Providers not in the HNFS network must meet the requirements as a TRICARE-authorized (TRICARE certified) provider to receive reimbursement. Depending on the beneficiary's TRICARE plan type (such as Prime, Select) and status (such as active duty, retired), the patient may have a higher out-of-pocket expense if the provider's status is non-network. We offer cost charts at <a href="http://www.tricare-west.com">www.tricare-west.com</a> &gt; <b>Provider &gt; Benefits and Copays</b> for providers to see cost comparisons.</i>   |
| Can you clarify what a non-network provider that is "certified" is? If the physicians was a UMVS contracted provider, can he/she assume they qualify as "non-network?"   | <i>TRICARE-authorized providers must meet specific licensing and certification requirements as per the TRICARE Operations Manual, and be certified by TRICARE to provide care under the TRICARE program. We cannot confirm status as determined by UnitedHealthcare. HNFS is obligated to attest providers meet the requirements at the time of their credentialing with HNFS and process subsequent claims from those providers according to TRICARE guidelines.</i>   |
| How would a physician know up-front (before the service is provided) that he/she is a non-network physician and will be paid by HNFS, but with higher patient cost-sharing so they can communicate the out of pocket costs to the patient ahead of time?   | <i>The physician would need to know the status of his or her contract. Providers can validate whether they are in network by 1) reviewing the provider directory, 2) checking their credentialing status and/or 3) contacting the Health Net Federal Services' Provider Network Management director assigned to the state.</i>  |
| Can you share how non-network physicians be paid? Is it similar to non-participating physicians under Medicare where Medicare pays 95% of the fee schedule and the doc is allowed to collect up to the limiting charge (thus the higher patient cost-sharing)?   | <i>If you are a non-network TRICARE-authorized provider and have agreed to participate on a claim, this means you have agreed to accept the TRICARE-allowable charge as payment in full for this claim and you may not bill patients for any amount in excess of the TRICARE-allowable charge. Non-network providers who do not accept assignment are limited by federal balance billing laws on how much they can bill TRICARE beneficiaries. You may visit the Defense Health Agency's website for current TRICARE allowable charges, also referred to as CHAMPUS Maximum Allowable Charges (CMAC). Non-participating TRICARE non-network providers can bill up to 115 percent of the CMAC.</i> |
| It is our understanding that you [John Butler] will be out of the office within the next few weeks for a few weeks. Who will be our point of contact at HNFS while you are out?  | <i>Please contact Daria Eppley (<a href="mailto:daria.a.eppley@healthnet.com">daria.a.eppley@healthnet.com</a>) and Molly Tuttle (<a href="mailto:molly.m.tuttle@healthnet.com">molly.m.tuttle@healthnet.com</a>) in my absence. I will return Aug. 3, 2018.</i>  |

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| <p>You mentioned that [HNFS plans] to host a state consortium call, which we appreciate. When can we expect those calls to begin and at what frequency (e.g., weekly, biweekly, etc.)?</p>   | <p><i>We are currently in the development phase of the engagement strategy, and once final, will communicate cadence of these calls directly to our association contacts to share with members.</i></p>  |
| <p>You mentioned on the call that there have been extensive efforts to notify out-of-network (prior UMVS) physicians of what would happen if they did not contract with HNFS. Can you share copies of the notices that were sent out to the PCMs? We'd be happy to link to the notice in our article.</p>                      | <p><i>We have various versions of provider outreach letters, as our message changed as we neared and moved past the start of health care delivery. Please see our Nov. 1, 2017, web article as a reference to which you can link: <a href="https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_news/upcoming-changes-to-tricare.html">https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_news/upcoming-changes-to-tricare.html</a>.</i></p>   |
| <p>In an effort to maintain continuity of care and protect the physician-patient relationship, are there any plans to make a final attempt to reach out to the 3,800 PCMs that had patients reassigned to approach them about becoming network providers so they can have those patients reassigned back?</p>                  | <p><i>HNFS continues to reach out to UnitedHealthcare's network providers who have not yet joined the HNFS network to encourage them to start the contract and credentialing process with HNFS.</i></p>  |
| <p>On the webinar, you mentioned that HNFS has partnered with Centene and LexisNexis to increase the accuracy of the directory. However, my understanding is that LexisNexis does not have information on participation status. If that is accurate, how is HNFS addressing that piece of the provider directory accuracy?</p> | <p><i>The provider participation status (participating or non-participating) is a separate issue from the provider directory accuracy for network or TRICARE-authorized providers. Providers can validate whether they are in network by 1) reviewing the provider directory, 2) checking their credentialing status and/or 3) contacting the Health Net Federal Services' Provider Network Management director assigned to the state.</i></p>   |
| <p>What is the best way for a physician to report a participation status error on the directory?</p>   | <p><i>Please contact the Provider Network Management director for your area (see also the slide deck for this information):</i><br/> <i>Katie Loranger – (985) 201-5659 or <a href="mailto:kathleen.loranger@hnfs.com">kathleen.loranger@hnfs.com</a>(HI, AK, ID, WA, OR, MT, UT)</i><br/> <i>Megan Herrera – (619) 285-3607 or <a href="mailto:megan.herrera@hnfs.com">megan.herrera@hnfs.com</a>(CA, NV)</i><br/> <i>James Townsend – (719) 272-2121 or <a href="mailto:james.h.townsend@hnfs.com">james.h.townsend@hnfs.com</a>(AZ, CO, IA, KS, MN, MO, ND, NE, NM, SD, TX, WY)</i></p>   |
| <p>The HNFS contact list on the webinar referenced a Provider Relations Representative for Kansas. Is there a CA counterpart in which you can share contact info so we can direct physicians to that individual?</p>   | <p><i>For general inquiries and provider education:</i><br/> <i>Stephani Phipps: <a href="mailto:Stephani.M.Phipps@hnfs.com">Stephani.M.Phipps@hnfs.com</a>, 760-421-6144, San Diego, CA</i><br/> <i>Dalis Marten: <a href="mailto:dalis.marten@hnfs.com">dalis.marten@hnfs.com</a>, 415-999-0416, Fairfield, CA</i><br/> <i>Mary Brown: <a href="mailto:mary.g.brown@hnfs.com">mary.g.brown@hnfs.com</a>, 707-319-9413, Fairfield, CA</i><br/> <i>Sonya Berry: <a href="mailto:sonya.l.berry@hnfs.com">sonya.l.berry@hnfs.com</a>, 760-718-0401, Edwards AFB, CA</i><br/> <i>Wednesday (Wendy) Pritt: <a href="mailto:wednesday.n.pritt@hnfs.com">wednesday.n.pritt@hnfs.com</a>, 951-326-0418, Tamecula, CA</i><br/> <i>Ann (Lyn) Henderson-Padilla: <a href="mailto:Ann.L.HendersonPadilla@hnfs.com">Ann.L.HendersonPadilla@hnfs.com</a>, 805-219-9236, Palm Springs/LA, CA</i></p> |
| <p>If there are claims issues in CA, is the contact info the same as in the presentation (1-844-866-WEST, option 1, 1)?</p>  | <p><i>The HNFS customer service number (1-844-866-WEST) is for all West Region states.</i></p>   |
| <p><b>Questions from webinar chat box</b></p>  |  |
| <p>I have submitted multiple directory changes to correct demographic errors. None of my requested changes have been made. What expectation does HNFS to correct the directory timely, or at all?</p>  | <p><i>HNFS works all inventory received directly from providers within 48 hours of submission. Third party requests require validation of the updated demographic information. If there are specific examples, please forward directly to Kristine Drummonds at <a href="mailto:kristine.d.drummonds@hnfs.com">kristine.d.drummonds@hnfs.com</a>.</i></p>  |

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| So if we have seen patients from Jan 2018-June 2018 their claims will be paid but as of July 1, 2018 they will not be paid until we are credentialed and contracted?  | <i>Claims for covered services will be paid according to the provider's status (network or non-network). Providers not in the HNFS network must meet the requirements as a TRICARE-authorized (TRICARE certified) provider to receive reimbursement. Depending on the beneficiary's TRICARE plan type (such as Prime, Select) and status (such as active duty, retired), the patient may have a higher out-of-pocket expense if the provider's status is non-network. We offer cost charts at <a href="http://www.tricare-west.com">www.tricare-west.com</a> &gt; <b>Provider &gt; Benefits and Copays</b> for providers to see cost comparisons.</i> |
| I have contacted James 3 times with no response.  | <i>We have notified Mr. Townsend of your comment.</i>   |
| How can one person handle 12 states?  | <i>The provider network manager identified in the PowerPoint presentation is the primary point of contact; however, this individual is supported by a team of others to include senior contract negotiators, provider relations representatives, and provider data management employees.</i>  |
| We have been working with many people but the turnover has affected us directly and now we can't see a patient until you have us contracted?  | <i>If you are a TRICARE-authorized provider you may see TRICARE beneficiaries; however, please be advised that point of services may apply and the beneficiary may have a higher cost share.</i>  |
| Will we be able to get a copy of the presentation for reference?  | <i>KMS posted a copy of the webinar presentation on its website, <a href="http://www.kmsonline.org">www.kmsonline.org</a>.</i>  |
| Is it correct that if they have a PCM assigned and they have Prime and are referred to a specialty clinic that specialty clinic can't do the referral? It needs to come from their PCM?   | <i>Once the PCM has referred to a specialist for eval and treat, the specialist may then submit requests for additional services.</i>   |
| You mentioned just now that non-network provider claims shouldn't be denied as long as it's a covered service and they are a provider type that is eligible to be a network provider. But, isn't that true only for services provided Jan-June of this year? Wouldn't they be denied as of 7/1/18 dates of service? | <i>Claims for covered services will be paid according to the provider's status (network or non-network). Providers not in the HNFS network must meet the requirements as a TRICARE-authorized (TRICARE certified) provider to receive reimbursement. Depending on the beneficiary's TRICARE plan type (such as Prime, Select) and status (such as active duty, retired), the patient may have a higher out-of-pocket expense if the provider's status is non-network. We offer cost charts at <a href="http://www.tricare-west.com">www.tricare-west.com</a> &gt; <b>Provider &gt; Benefits and Copays</b> for providers to see cost comparisons.</i> |
| The hospital and physician agreements have been negotiated and turned in to a variety of consultants, etc at least 5 times... never being signed and executed by HNFS.  | <i>If you provide the names of the hospitals in Kansas to James Townsend at <a href="mailto:james.h.townsend@hnfs.com">james.h.townsend@hnfs.com</a>, he should be able to locate the imaged contract and send to be executed, if not already.</i>  |
| What to do we our current pregnant patients who are worried they are going to be stuck with thousands of dollars of out of network?   | <i>Global maternity care that was initiated during the waiver period is covered through postpartum.</i>   |
| Can we get an answer to questions 2 on the slide?   | <i>We believe this is referring to slides 20 and 21 and the question, "Why is it taking so long for providers to be credentialed?" We recognize that due to vendor and staffing changes, there have been delays in contracting and credentialing providers. The credentialing process on average takes 60-90 days. HNFS is currently averaging a 20-day turnaround time on credentialing providers from the time of submission of a completed application.</i>  |
| Should these agreements waiting execution be sent to James Townsend for execution? (hospital in the state of Kansas)  | <i>If you provide the names of the hospitals in Kansas to James Townsend at <a href="mailto:james.h.townsend@hnfs.com">james.h.townsend@hnfs.com</a>, he should be able to locate the imaged contract and send to be executed, if not already.</i>  |
| We often receive referrals to our speciality medical practice w/inaccurate CPT codes for the service requested; how do we get the accurate information on the referral? This has been an ongoing issue creating significant delays in patient care.   | <i>We authorize evaluation and treat codes, as many diagnostic tests do not require an authorization. Similarly, we do not list all related service codes on an approval notice, as not all related services require HNFS review and approval. If additional services are needed that do require an authorization, the servicing provider should request approval for the needed codes. Providers can use the Prior Authorization and Benefit Tool and the Benefits A-Z pages at <a href="http://www.tricare-west.com">www.tricare-west.com</a> to determine prior authorization requirements.</i>  |
| What is the turnaround time when a physician updates his/her demographics info online until it is populated in the HNFS provider directory?   | <i>HNFS works all inventory received directly from providers within 48 hours of submission. Third party requests require validation of the updated demographic information.</i>   |

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| <p>We are still experiencing long hold times to customer service which is not consistent with stats on the slide you presented, do you have any suggestions?</p>  | <p><i>HNFS offers many self-service tools at <a href="http://www.tricare-west.com">www.tricare-west.com</a> that may save you a phone call. If you need to contact our customer service department, please keep in mind our highest call volume days are Mondays and Tuesdays, and our busiest times tend to be in the late morning to early afternoon. If possible, we recommend waiting until later in the day and later in the week to call.</i></p>  |
| <p>I would like the PSA area in Kansas addressed. I would like to see a better map showing ZIP codes. We were informed that ZIP code 67502 was moved out of a PSA per DoD. However, that ZIP code is far enough away from an MTF, I do not understand how it is NOT in a PSA. Previous changes to PSAs were sent out from the DoD to the services members. No such communication has been sent this time thus leading me to believe the change was made in error. Please explain.</p> | <p><i>ZIP code 67502 is not in a PSA. The plans available to a patient based on their ZIP code can be verified on the Government's web site at this link: <a href="https://tricare.mil/Plans/PlanFinder">https://tricare.mil/Plans/PlanFinder</a>.</i></p>   |
| <p>HNFS did go through a credentialing system conversion, correct? In January confirmed all providers were loaded; in June patients reassigned to other PCPs. We do not understand how you can be credentialed and then not.</p>  | <p><i>Providers continued to be contracted beyond January. To minimize both beneficiary and provider impact, HNFS delayed assigning patients to new PCMs as long as possible. With the expiration of the POS waiver occurring on June 30, HNFS had to reassign the remaining beneficiaries to ensure they had a network PCM prior to expiration of the waiver.</i></p>   |
| <p>Providers are being added to in-network directory but not listed as PCM, many calls have been made to upload these providers as PCM and completed online tool to list provider as PCM and after 24 days still not listed as PCM.</p>   | <p><i>HNFS experienced a delay in moving provider data from its provider data repository to the network directory due to a change in requirements of provider elements needed (such as Social Security number). This resulted in a workaround to what would normally be an automated process. HNFS is working daily to ensure providers get loaded properly and timely. We encourage beneficiaries and providers to check the directory often, as updates are made daily.</i></p>  |
| <p>With an inaccurate provider directory and providers still in the process of being loaded(various stages), what would you advise a physician do when referring a member for specialty care?</p>   | <p><i>If a provider has a specific provider in mind for specialty care, we encourage them to indicate that provider when submitting the referral. If the requesting provider would like us to find a provider, only the specialty needs to be indicated on the submission.</i></p>   |
| <p>I have 103 [patients] we are unable to obtain referrals on because our 11 providers apps for [HNFS] have not been processed. I am being told our apps (faxed, overnighted and emailed multiple times) are not showing as credentialed and I am not being told I have to rework the apps and will not allow credentialing for another 90 days! Starting over? Did show credentialed..now not.</p>   | <p><i>If you can please email the name, licenses and NPI numbers to Kelly Breslin (Directory, Provider Network Operations) at <a href="mailto:kelly.j.breslin@hnfs.com">kelly.j.breslin@hnfs.com</a>, she will research.</i></p>   |
| <p>We are having issues with claims processing that the claims and the medical records are not meeting up. Do you have suggestions on this?</p>   | <p><i>Thank you for bringing this to our attention. PGBA has identified that the claims receipt queue has been processing faster than the medical records receipt queue. This has caused some letters to be sent requesting medical documentation when they were already received by PGBA. It has also caused some claims to deny because the medical records pertaining to the claim were still in queue. When the medical records pertaining to a denied claim are worked, we automatically reprocess the claim. PGBA is working to synchronize these two queues so that medical records will be worked concurrently with the claims queue. Improvement should be noted over time.</i></p> |
| <p>My understanding is that HNFS hasn't yet sent notice to the physicians who had patients reassigned to other PCMs. Will HNFS be sending notice to those physicians with information on how to become a HNFS contracted physician?</p>   | <p><i>Through letters and provider relations outreach, HNFS is notifying those providers who had 30+ Prime beneficiaries reassigned back to them in July/August.</i></p>   |
| <p>What will HNFS advise patients who continue to see their UMVS provider post 6/30 believing their PCM is in the network? Especially if the HNFS PCM is in limbo due to this snafu. Will you be addressing the patient's additional cost if they complain?</p>   | <p><i>HNFS sent written and email notification to beneficiaries whose UnitedHealthcare PCM was changed to an HNFS network provider. These notifications outlined Prime guidelines and reminded beneficiaries to verify their PCM prior to seeking services on our after July 1, 2018. Beneficiaries who wish to dispute claims may submit a claims review request in writing.</i></p>  |

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| I am with a Community Mental Health Center and, being behavioral health, we deal with MHN. Where can I get contact information for a TRICARE representative with MHN? I send credentialing information in, but I do not hear the results to know if my providers are approved and in network. I have lots of questions about processes. | Providers can look up their credentialing status on the MHN provider portal at <a href="http://www.providers.mhn.com">www.providers.mhn.com</a> and click on the "Credentialing Status" menu located on the Blue Navigation toolbar. (Network participants must log in to see their credentialing by clicking on the "My Profile menu.")<br><br>Providers can also send an email to MHN.Credentialing.Inquiry@Healthnet.com.   |
| Could we please have [Kristine's] contact information to escalate the directory issues?   | Kristine Drummonds, <a href="mailto:kristine.d.drummonds@hnfs.com">kristine.d.drummonds@hnfs.com</a>   |
| Are you going to publish something about these issues and FAQ in your western region network bulletin? Or are you going to just add the FAQ to the existing documents on your website with no reference to challenges and roadblocks?   | We posted the FAQ pdf attached in the meeting invite at <a href="http://www.tricare-west.com">www.tricare-west.com</a> for providers to access (at <a href="http://www.tricare-west.com">www.tricare-west.com</a> > Provider > Quick Reference Charts in in the "General" category and will reference this document in an upcoming provider newsletter. We continue to post information on current issues in our "Five Things to Know" section of the provider home page and encourage our providers to visit our website for the most up-to-date program information.               |
| But are you notifying those PCMs that lost patients as of 6/30/18?  | Through letters and provider relations outreach, HNFS is notifying those providers who had 30+ Prime beneficiaries reassigned back to them in July/August.   |
| Since the earliest days of the transition, we have heard staffing has been an issue for HNFS. At this moment, do you feel that you have been able to overcome that challenge and staffing is/is not still a concern as you try to address these challenges?   | Staffing issues in the referral and authorization processing area and call center have been resolved.  |
| Is there someone that can be contacted regarding referral/authorization questions. Since we are having multiple issues when it comes to referrals when signed on to [CareAffiliate].  | If you are having difficulty accessing our online authorization and referral tool, you may contact our Web Support Admin team at 1-800-440-3114. We encourage providers to view our CareAffiliate video tutorial and use the step-by-step guides. Find links to these on our How to Submit page (direct link: <a href="https://www.tricare-west.com/content/hnfs/home/tw/prov/auth/TRICAREServiceRequestForm.html">https://www.tricare-west.com/content/hnfs/home/tw/prov/auth/TRICAREServiceRequestForm.html</a> ). We also offer live provider webinars multiple times each month. |
| Will HNFS be sending notice to contracted physicians about the FAQs and who to call at HNFS if they are experiencing challenges noted in this presentation?   | We posted the FAQ pdf attached in the meeting invite at <a href="http://www.tricare-west.com">www.tricare-west.com</a> for providers to access (at <a href="http://www.tricare-west.com">www.tricare-west.com</a> > Provider > Quick Reference Charts in in the "General" category and will reference this document in an upcoming provider newsletter. We continue to post information on current issues in our "Five Things to Know" section of the provider home page and encourage our providers to visit our website for the most up-to-date program information.               |
| Are you notifying the patients in regards to this correction process, as they are becoming very upset with us in regards to our lack of communication with them. Unfortunately, we were unaware of these issues in advance.   | HNFS is notifying patients via letter as they are moved back to their original PCM. General information can also be found in our "Five Things to Know" section of the beneficiary home page. HNFS and DHA continue to work together to develop and coordinate beneficiary education, including newsletters, emails, web articles, and where appropriate, mailings. We encourage beneficiaries to visit <a href="http://www.tricare-west.com">www.tricare-west.com</a> and <a href="http://www.tricare.mil">www.tricare.mil</a> for the most up-to-date program information.          |
| How has the DHA responded to these HNFS challenges? Are you on a corrective action plan?  | As was discussed during the presentation, DHA did issue several requests for corrective action plans related to HNFS performance in the beginning months of the contract.  |

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