Ambetter Value: Go-live 1/1/2023



Objectives

By the end of this training, you will

- 1. Understand the Ambetter Value network unique to SilverSummit Healthplan
- 2. Know how to navigate the provider portal features including submission of referrals



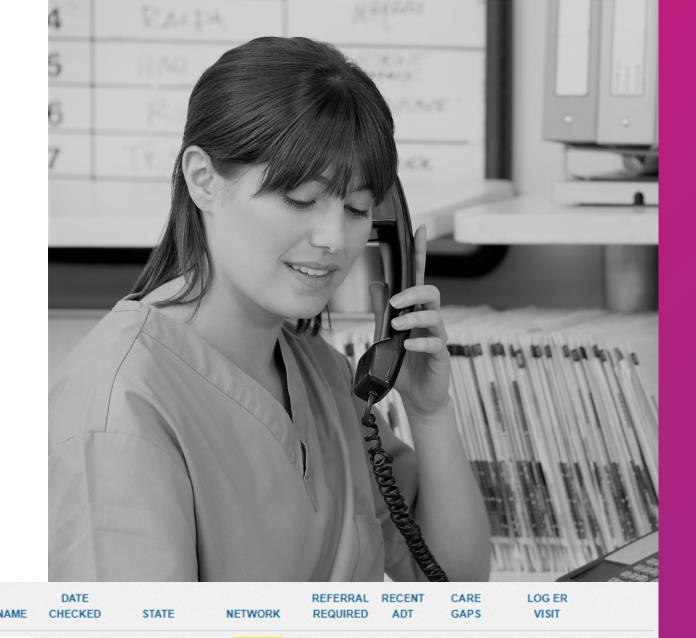
Ambetter value

- Ambetter Value uses a tailored network approach to offer Ambetter's robust benefits at budgetfriendly premiums to members.
- The network is built around selective health systems and provider groups, which streamlines the member healthcare journey.
- The Ambetter Value network features a PCP-centric approach to care delivery and requires referrals for specialist care.
- PCPs coordinate our members' medical care, as appropriate, either by providing treatment or by issuing referrals to other in-network providers.



How to identify a member's network

- All members will receive an Ambetter member identification card. The ID card includes new information including:
 - The Ambetter Plan the member has selected;
 - The Provider Network the member belongs to; and
 - Referral requirements based on the member's plan selection.
- NOTE: Presentation of a member ID card is not a guarantee of eligibility. Providers must always verify eligibility on the same day services are rendered.



YES

NO

No PAP in past

months

02/22/2022

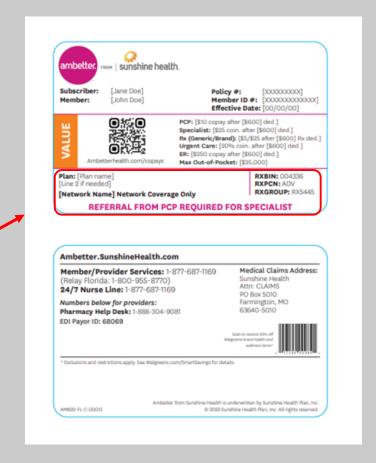
NV



Ambetter Value: Sample ID Cards 2023: Value

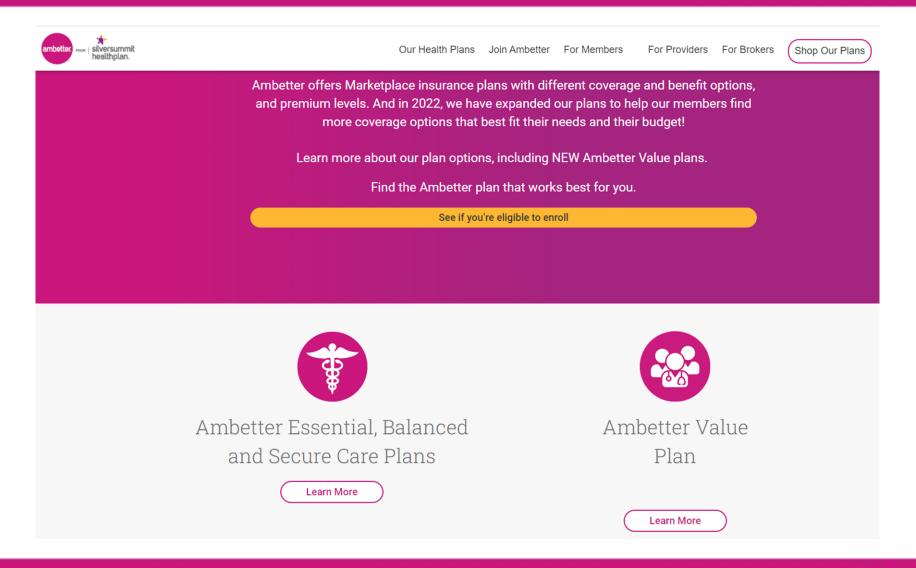
Ambetter Value (Gatekeeper)

Referral from PCP is required to see a specialist. Auth may be required.





Public Website: New "About Our Plans"



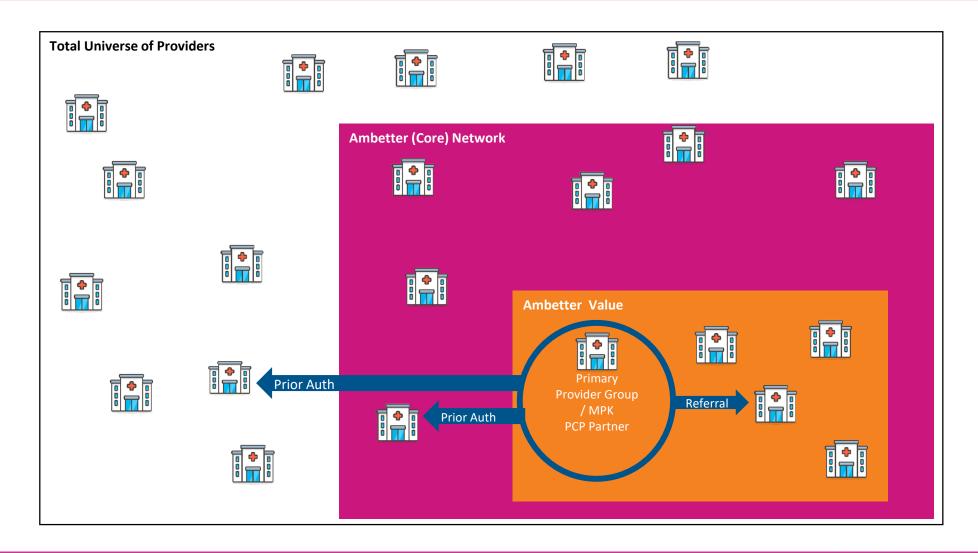


Ambetter Value: Network Key Points

- 1.In network for Value means in network for all Value networks, but OON for everything else, including providers in the Core Ambetter network.
 - a) Members cannot self-direct care outside of PCP care
 - b) Non-emergent, non-authorized, out-of-network is not covered, and claims are denied
 - c) Emergent & Authorized Services OON are covered and should price at Core rate, if applicable
- 2.Members can only go to their assigned provider group, or need referrals otherwise (other than ER/exceptions)
- 3.Core Providers are OON, Value members see Value providers



Ambetter Value: Network Visualization





Ambetter Referral Requirements

- Some Ambetter plans have referral requirements.
- For services to be covered under these plans, they must be provided by or referred by a PCP.
- If a referral is not initiated, services performed outside of the member's assigned provider or primary care group will be denied.
- Prior authorization requirements will also apply, as necessary.
- Referral requirements are reiterated throughout the Ambetter Guide and member access experiences to ensure members understand the rules associated with their plan.
- Referring providers can use our Secure Provider Portal to initiate referrals on behalf of members.



Exemptions to Referral Requirements

The following services are **exempt** from referral requirements:

- Emergency or urgent care services
- In-network mental, behavioral health and substance abuse disorder services
- Obstetrical or gynecological services
- Labs, X-Ray/Imaging, Anesthesiology

Prior authorization requirements will also apply, as necessary.



Ambetter Value: PCP Referral Flow - Walkthrough

- 1. Provider identifies member requires specialty care (care outside of PCP services) and a referral is required
- 2. Only providers within member's primary provider group can submit referrals
- 3. Referrals are not required for:
 - 1. Urgent/Emergent services
 - 2. BH/SUD
 - 3. OB/GYN
 - 4. Labs, X-ray/Imaging, Anesthesiology
- 4. Users logs into to Provider Portal
- 5. Click on the 'PCP Referrals' Tab at the Top
 - 1. Or can search for the member's eligibility first, go to the member details then navigate PCP Referral tab
- 6. Search for Member (Required: Member ID/Last Name and DOB)
- 7. Click Create a Referral
 - 1. REF# unique identifier to be created at the time of submission
- 8. Confirm referring provider identity (NPI, TIN, MPK, Name, Phone #, location)

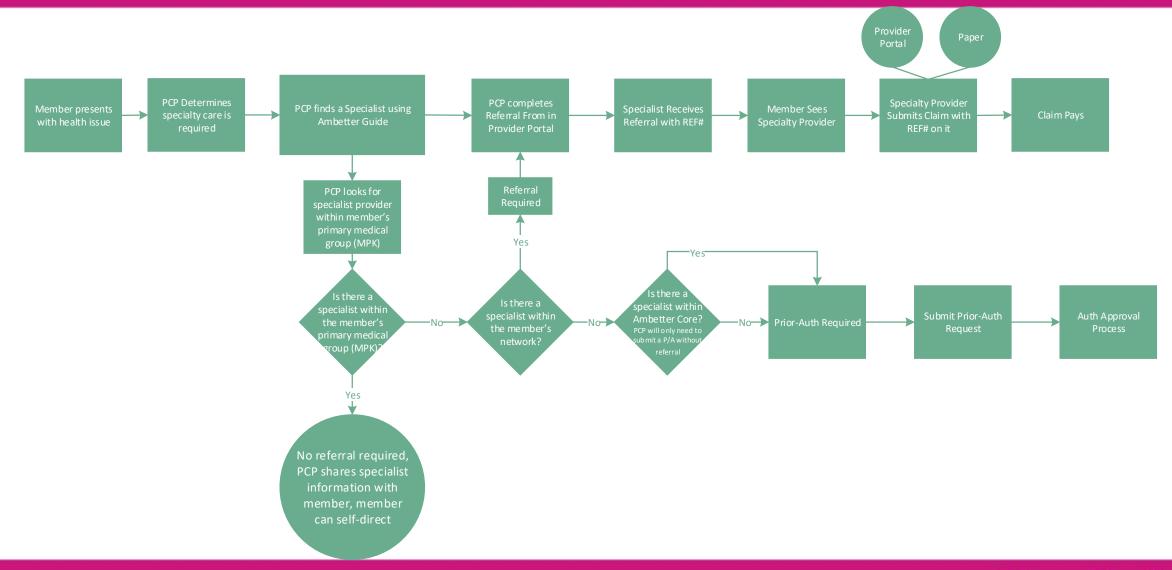


Ambetter Value: PCP Referral Flow - Walkthrough

- Using Ambetter Guide, search by Specialty type
 - If there is a specialty in the Primary Provider Group (MPK), PCP will direct the member to seek the specialty care with that provider, no referral required. If there is no specialty within the member's Primary Provider Group (MPK), look for specialties within the Value network, referral is required.
- 10. Input Specialty Provider information found on Ambetter Guide (NPI, TIN, MPK, Name, Phone #, location) into the Referral Intake Form
- 11. Enter Date Span (not required field, default to 90 days)
 - No start date default since PCP can backdate
- 12. Consult or Treatment check box/radio button (Referral Type)
- 13. Enter # of Visits
- 14. Additional Notes Free text field
- 15. Review/Confirm referral information
 - Disclaimers before being allowed to submit referral:
 - Provider cannot change anything on the referral after submission
 - Review servicing provider information and confirm, the referral will go to the servicing provider immediately
- 16. Submit Referral, go back to Referral Landing Page to see REF#
- 17. Once the referral is submitted by the Referring provider, the member will set up an appointment with the referred to provider.
- 18. Provider submits claim, including REF# in box 23 on HCFA 1500



Primary Care Provider (PCP) Referral Flow – High Level

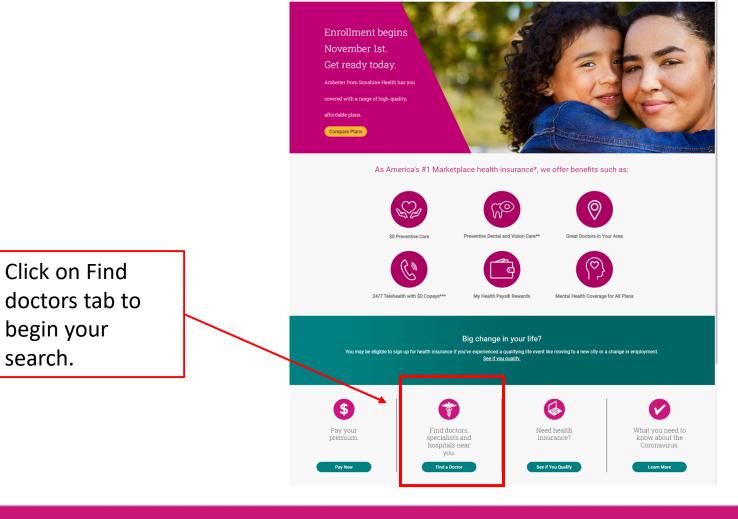




Public Website: Find a doctor Begins

search.

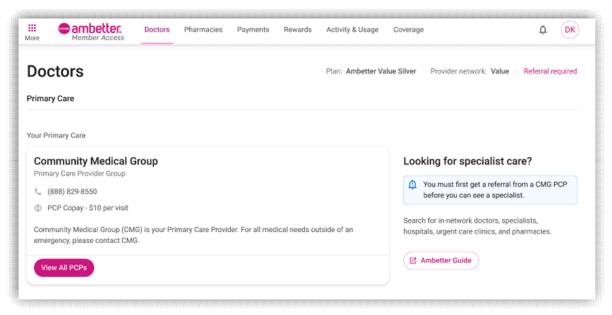
ambetter | sunshine health.



Our Health Plans Join Ambetter For Members For Providers For Brokers Shop Our Plans

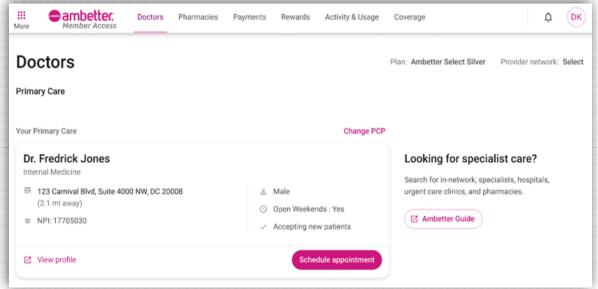


Ambetter Guide – Doctor Page



Ambetter Value Provider Example

Ambetter Value Doctor Example

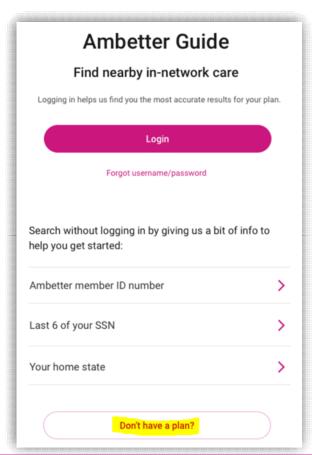




Ambetter Guide – Network Identification

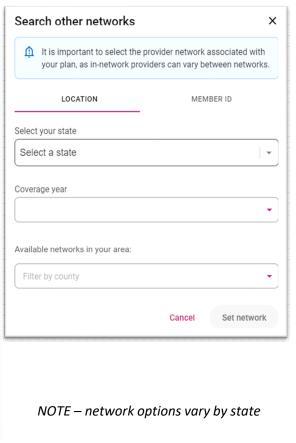
Step 1: Identify Provider Network

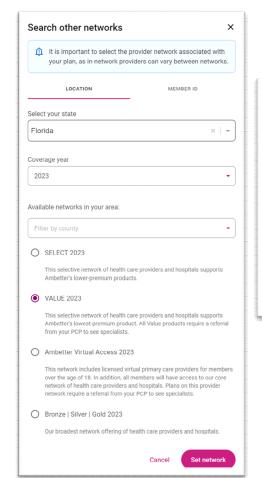
Identification options support both members (network lookup by authentication, member ID or SSN) and shoppers (network selection by state)



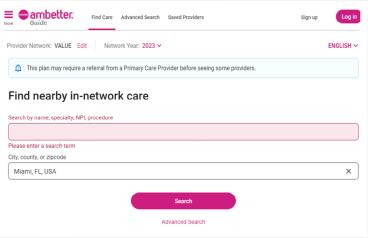
Step 2*: Choose network by state and year

*this step is skipped if user enables Ambetter to lookup network (Authenticate, Member ID, or SSN)





Step 3: Search

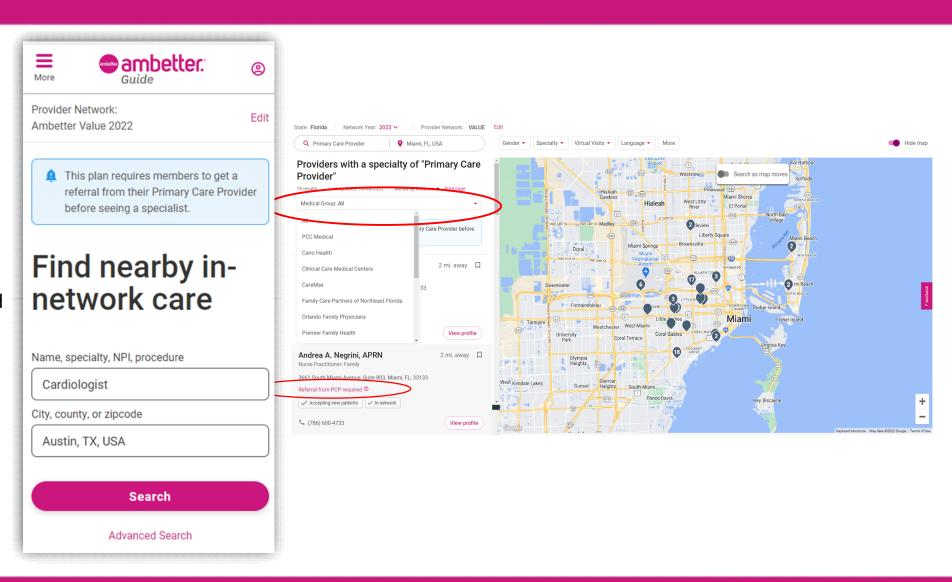




Ambetter Guide – Referral Disclaimers

Referrals

- Referral requirements are reiterated throughout the Guide and Member Access experiences to ensure members understand the rules associated with their plan
- In the Guide, referral disclaimers are visible prior to the search and on each relevant practitioner record for gatekeeper provider networks

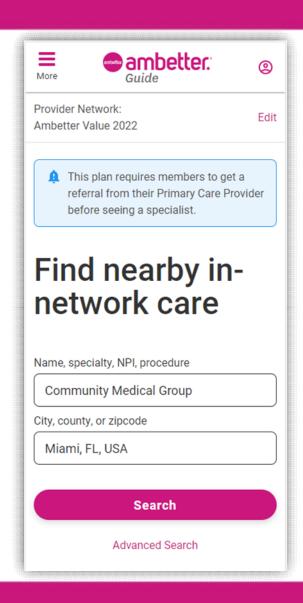


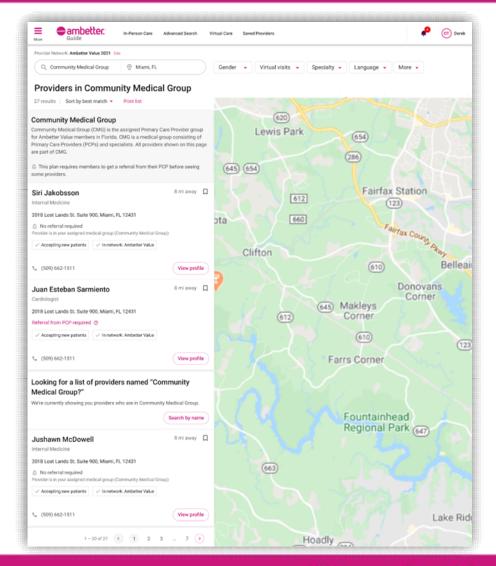


Ambetter Guide – Medical Groups

Medical Groups

- Concept Once the VALUE member selects a medical group as their PCP, members can see any PCP within their assigned medical group without a referral but must get a referral from their PCP to see a specialist.
- Guide Enhancement enable Medical Group searches (If a member searches for their medical group, Guide will return all providers associated with that medical group)

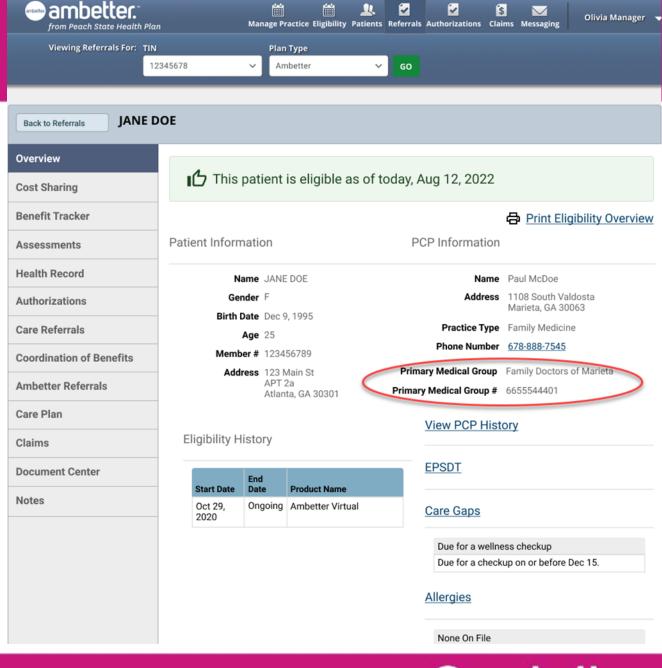






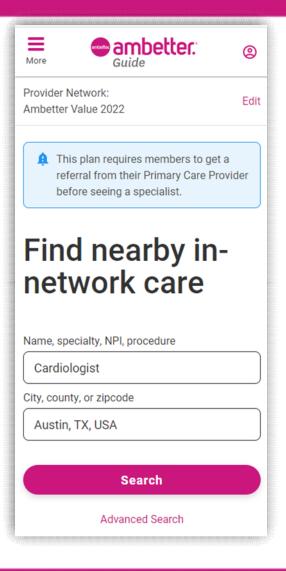
Primary Provider Group

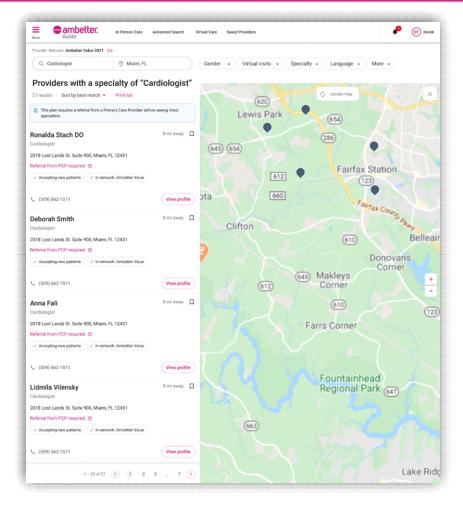
- Primary Provider Group will be added to the Member Details which is only available after Provider searches for Member Eligibility
- Fields included/mapping
 - Primary Provider Group Name
 - Primary Provider Group #

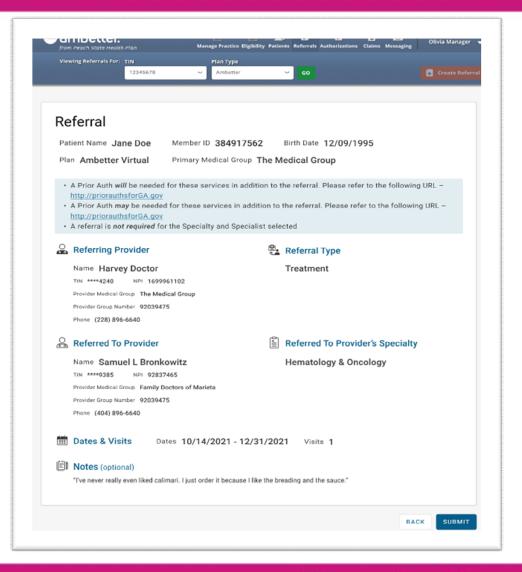




PCP Referral Flow – Design Experience









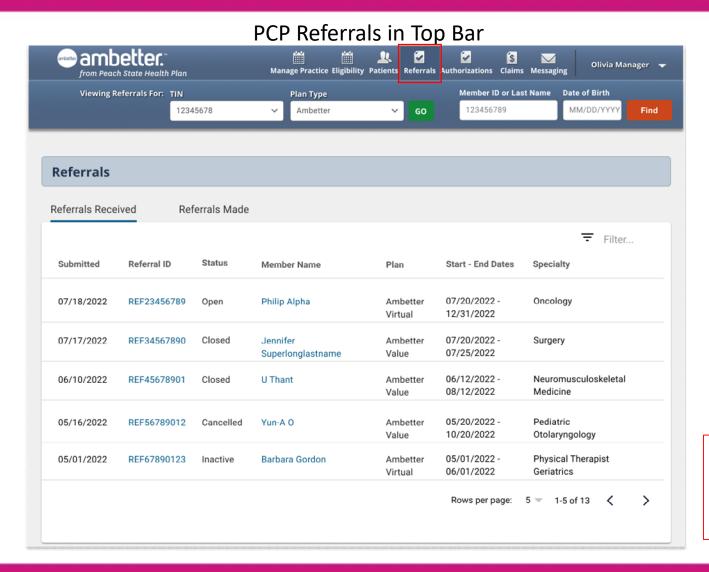
PCP Referral Flow – Ambetter Guide Instructions

As a Referring Provider in the Value network...

- 1. Go to Ambetter Guide: https://guide.ambetterhealth.com/
- 2. Click the option for "Your Home State"
- 3. On the next screen, set the state field to the member's home state. If a year field is present (e.g., during Open Enrollment), set it to the current year. Click the button to advance.
- 4. On the next screen, select the Ambetter Value option. Click the button to advance.
 - 1. If you do not see an Ambetter Value option, go back to the prior screen and make sure you have the state (and year, if present) set correctly.
- 5. The next screen includes fields for (1) a search term and (2) the search location.
 - 1. (1) The search term field has no default. Enter the member-facing name of the appropriate medical group (e.g., Community Medical Group in FL, Ambetter Value Medical Group in TX, USHS in NV).
 - 2. (2) The search location field defaults to the location set by your internet service provider. Set the search location to a ZIP or city appropriate for the member.
- 6. Submit the search.
- 7. On the results page, use the "Specialty" filter to narrow the results to the specific specialty you need.
- 8. Click through on any result to see full details about the provider, including their NPI.



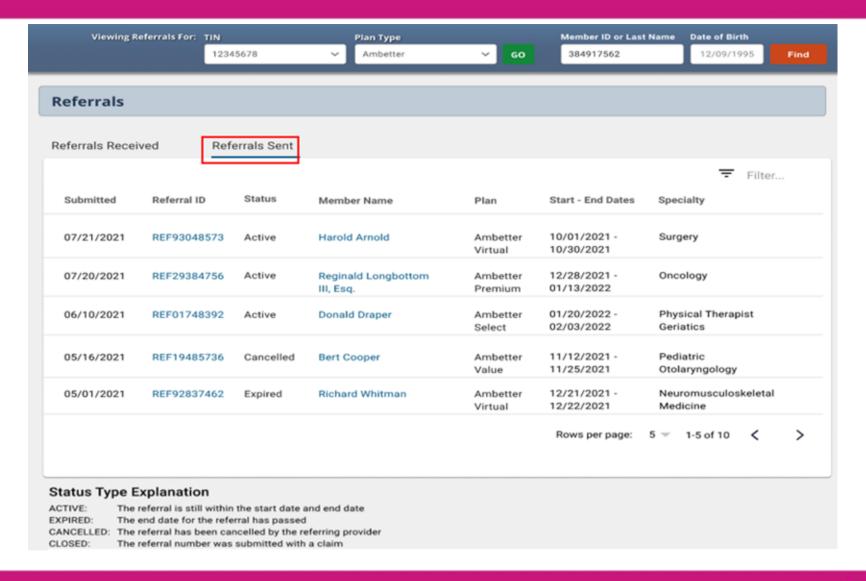
Referral Location – Top Bar



Please Note: A Referral cannot be started for a non-eligible Member

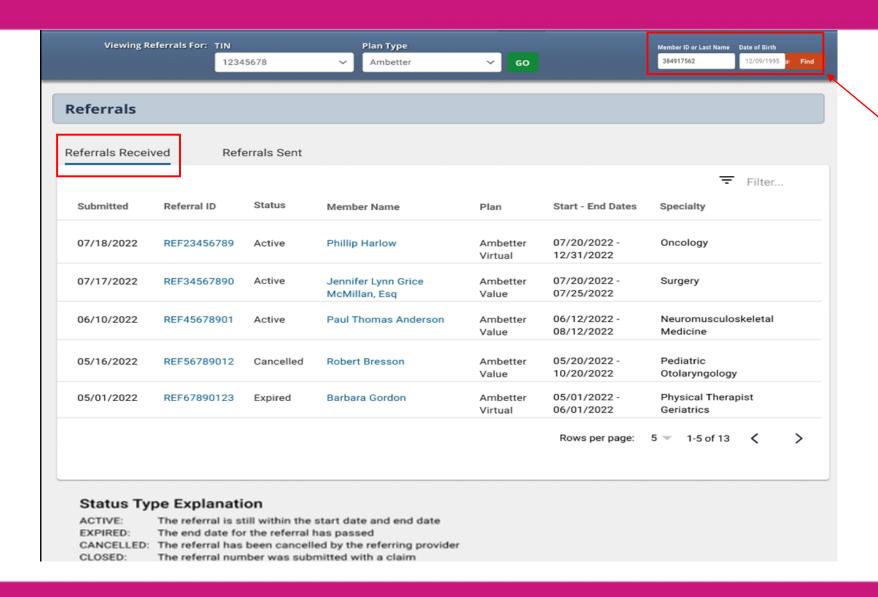


Provider Portal: Referrals Made





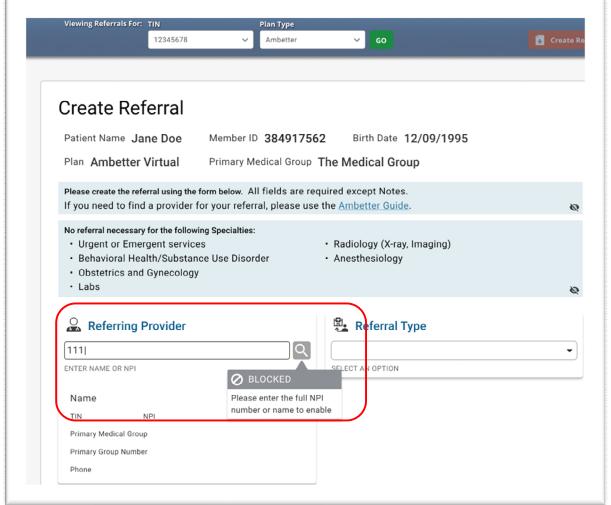
Provider Portal: Referrals Received



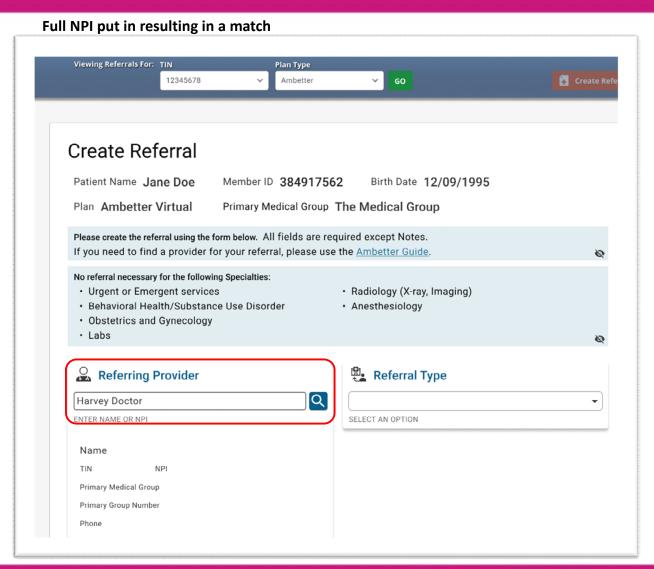
To begin a new referral, click on Create Referral in the upper right corner and enter the member's last name or ID Number and their date of birth.



Identifying "Referring Provider"

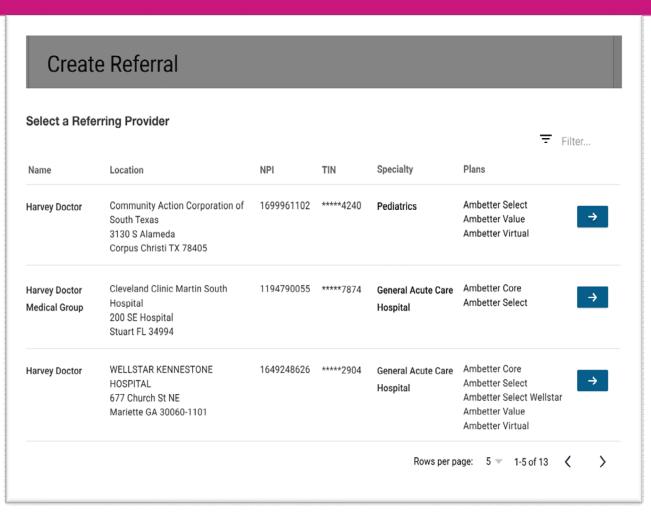


User must have access privileges for the Provider who is Referring Error displayed for not inputting enough information to find Referring Provider



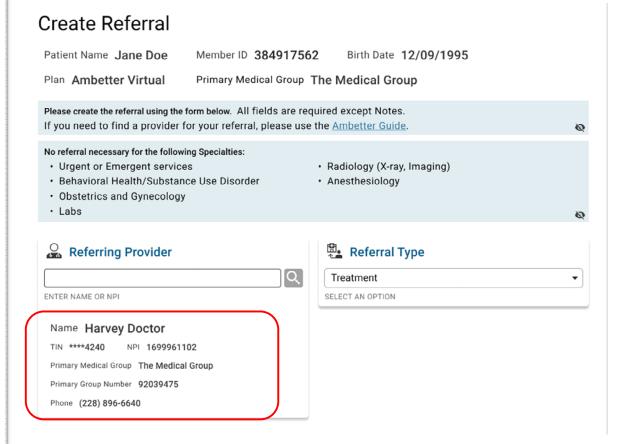


Selecting "Referring Provider"



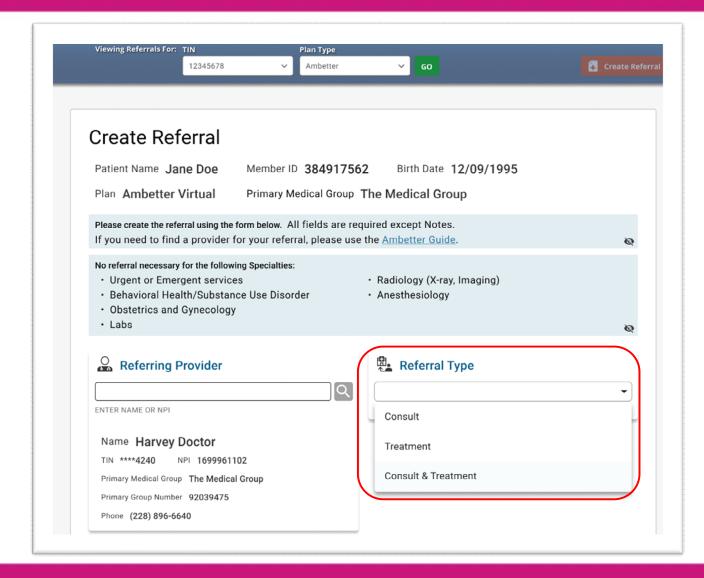
Referring Provider selection screen once narrowed down to NPI and/or Name

Referring Provider now populated in referral form:





Assigning the Referral Type



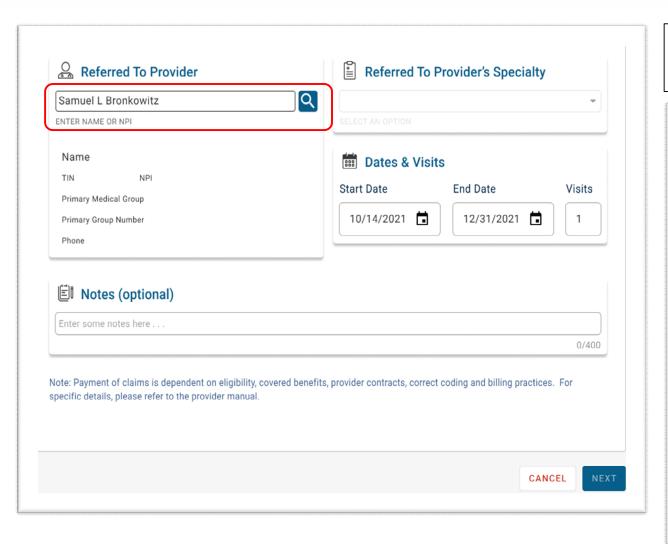
Consult: One visit only available for a consult with "referred to" specialist.

Treatment: Consult already occurred and a specific # of visits and/or duration of time to receive treatment with specialist is available.

Consult & Treatment: Combination of the above with a preset # of visits and duration of time to obtain those visits is allocated.



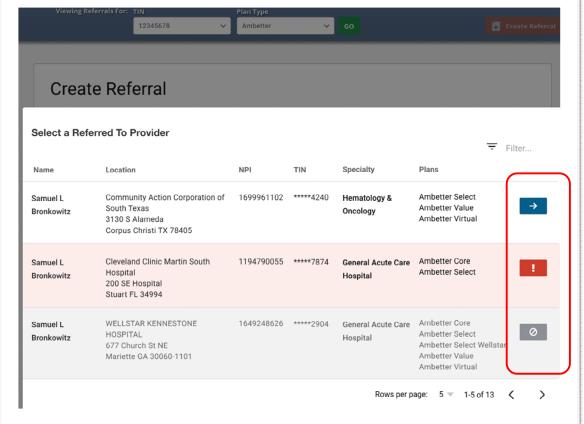
Identifying the "Referred To" Provider



Blue arrow: Good to go. Provider can be selected without deviation.

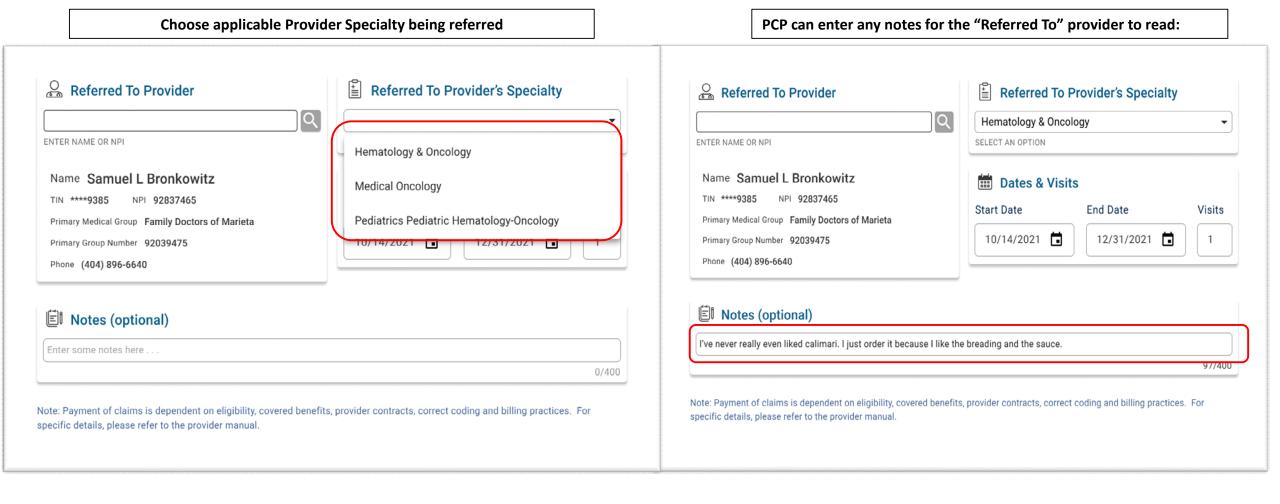
Red exclamation: Warning Message(s) applies

Grey circle w/line: Blocked provider



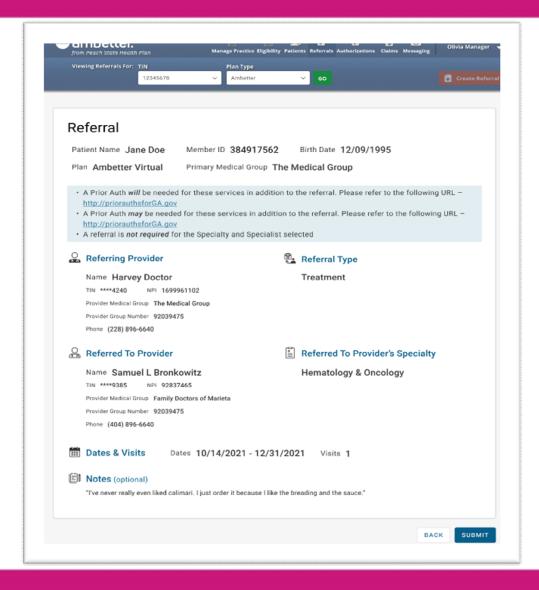


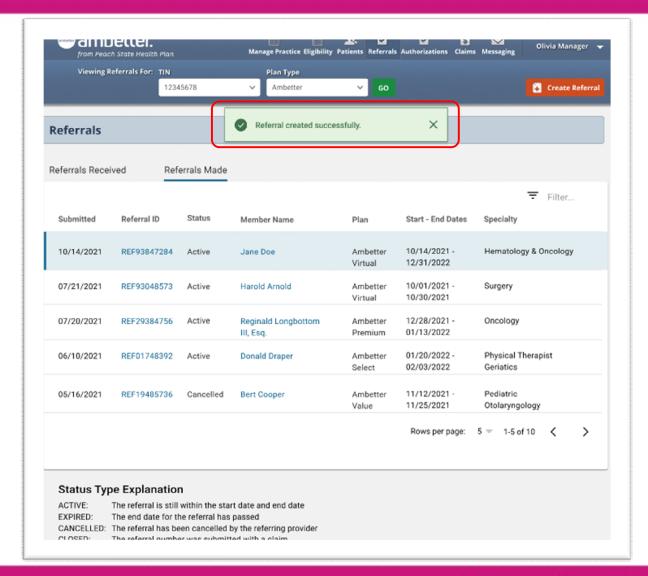
Selecting the "Referred To" Provider & Notes





Referral Form Review & Confirmation

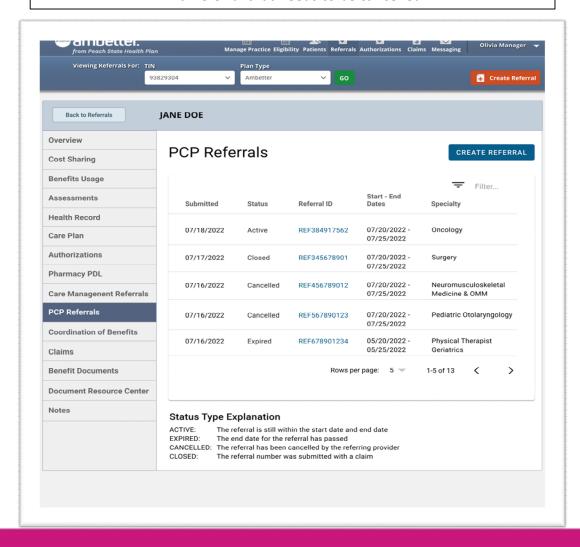




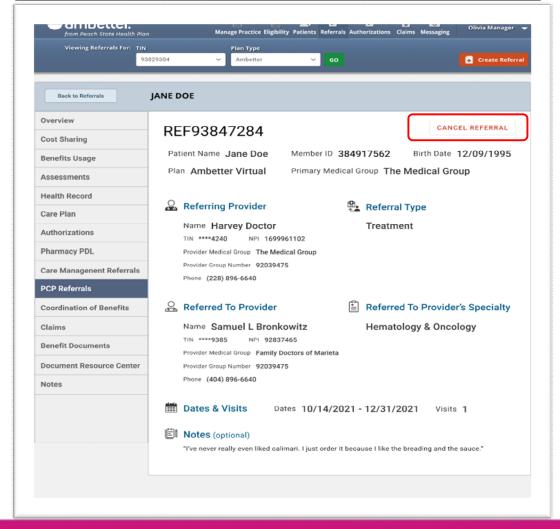


Referral Cancellation

Find Referral that needs to be cancelled:

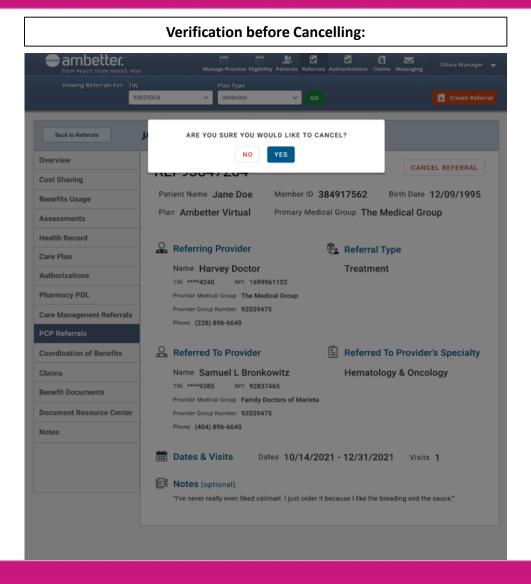


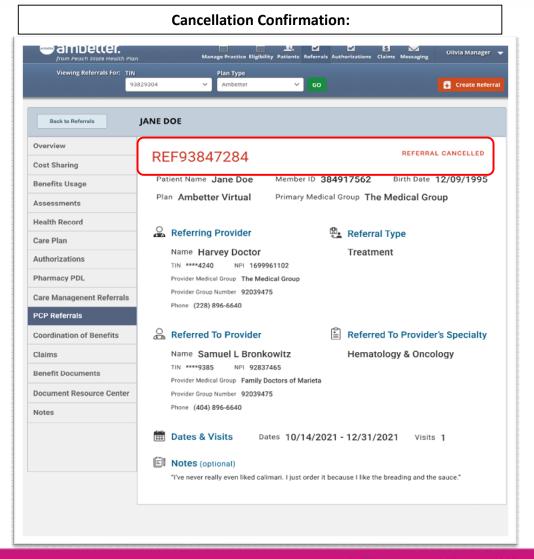
Cancel Referral option:





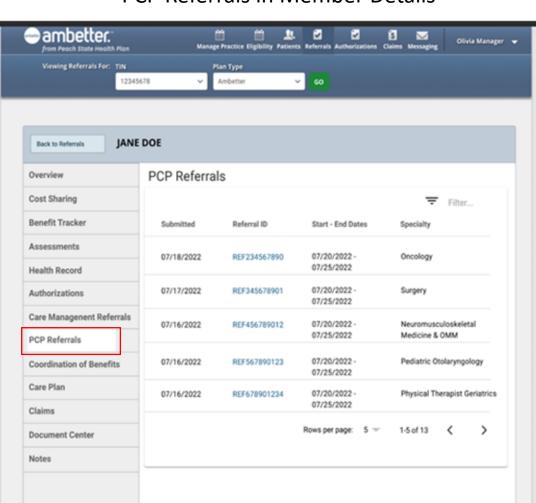
Referral Cancellation, continued







Referral Locations – Member Details



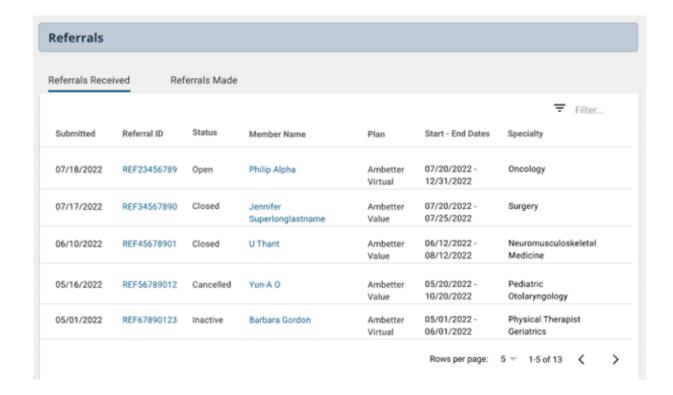
PCP Referrals in Member Details

Please Note: A Referral cannot be started for a non-eligible Member



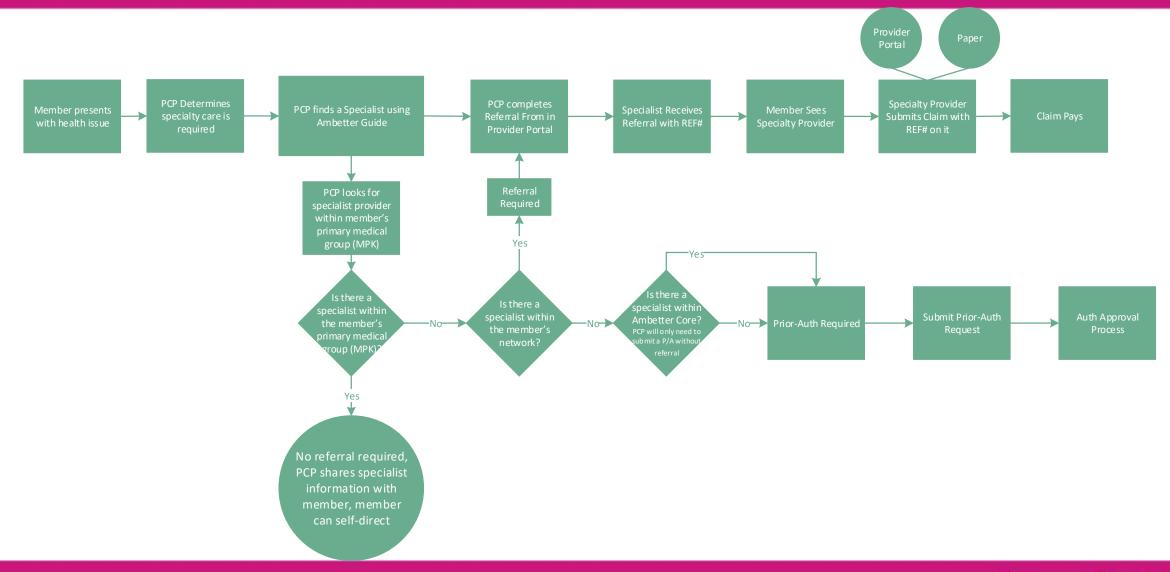
Referred To/Specialist Referral Process

- Once the referral is submitted by the Referring provider, the member will set up an appointment with the referred to provider.
- 2. Referred To Provider will log into provider portal
- 3. Navigate to Referrals tab at the top
- Referred To Provider will see the 'Received' referral tracking table
- 5. When Referred To Provider is ready to submit claim, they will reference this table for the REF#
- Referred To Provider will then submit Claims form with the REF#
- 7. If no REF# is submitting with a claim for a visit that needs a referral, claim will be denied

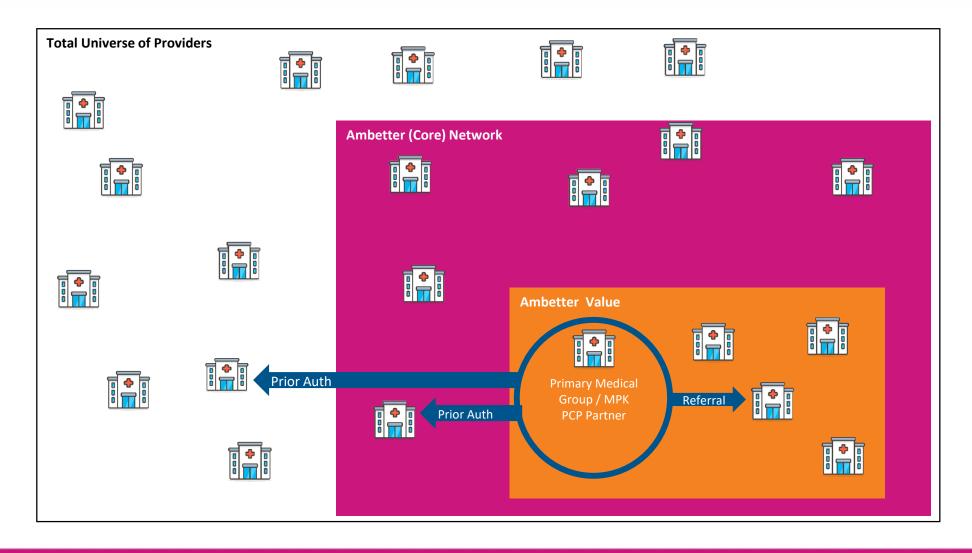




Primary Care Provider (PCP) Referral Flow – High Level



Network Visualization





- 1. Go to Ambetter Guide: https://guide.ambetterhealth.com/
- 2. Click the option for "Your Home State"
- 3. On the next screen, set the state field to the member's home state. If a year field is present (e.g., during Open Enrollment), set it to the current year. Click the button to advance
- 4. On the next screen, select the member's plan an click the button to advance
- 5. The next screen includes fields for (1) a search term and (2) the search location
 - Note: the search location field defaults to the location set by your internet service provider. Set the search location to a ZIP or city appropriate for the member
- 6. Submit the search. Results will load on the next screen
- 7. Click through on any result to see full details about the provider, including their NPI
- 8. Enter the NPI into the Provider Portal Prior Authorization Intake field to find the provider you chose
- 9. Complete the remaining fields in the Prior Authorization form

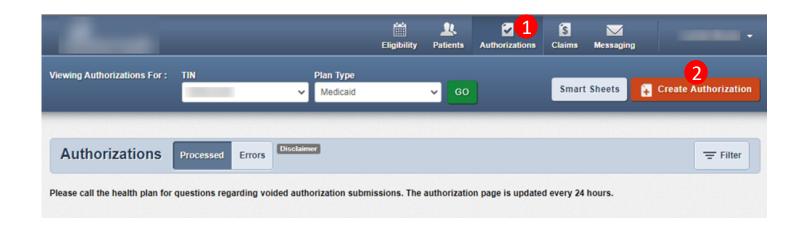


Ambetter Value: Create Authorization (Web Authorization Request)

To begin a web authorization request:

- Click Authorizations.
- 2. Click **Create Authorization**.
- Enter Member ID or Last Name.
- 4. Enter Member's **Birthdate**.

 Click Find. If the Member is found, the web authorization request displays.







Tip: You cannot create a web authorization on an ineligible member.

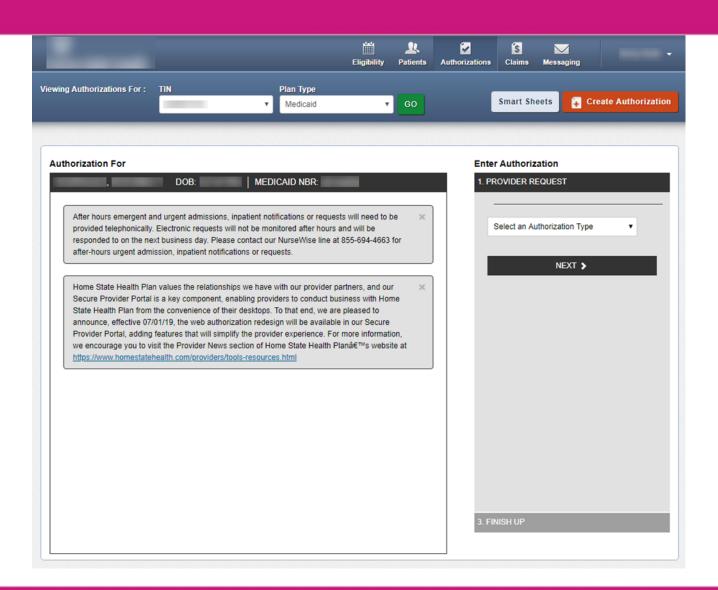


Ambetter Value: Web Authorization Request

The Web Authorization request has three sections:

- 1. Provider Request
- 2. Service Line
- 3. Finish Up

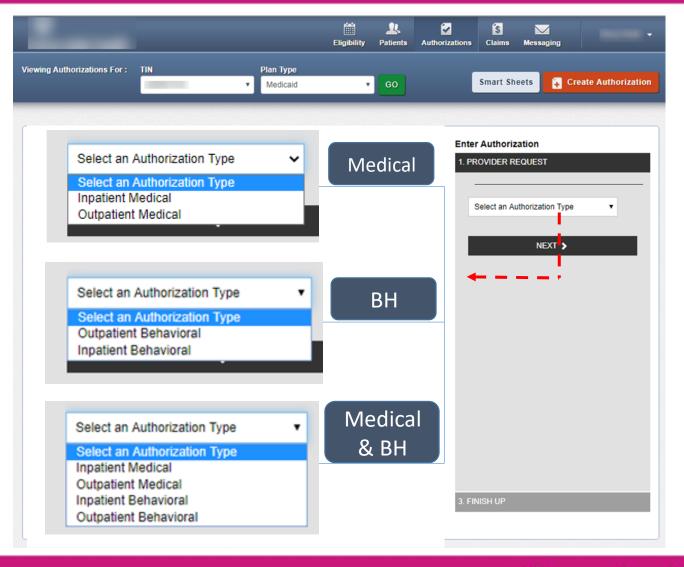
Tip: Use the **Tab** key (on your keyboard) to move to fields in a web authorization request.





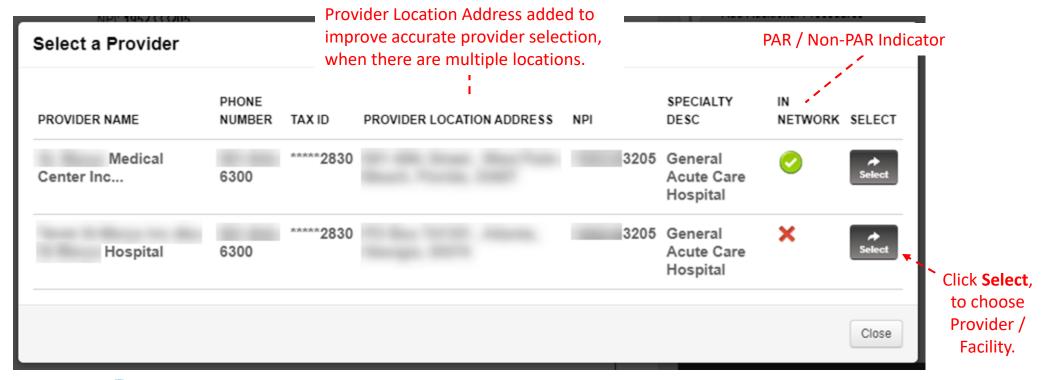
Prior Authorization Steps

- Authorization Type-driven
- Streamlined
- *All Plan Types
 - Medicaid
 - Behavioral Health (BH) Medicaid
 - Allwell
 - Ambetter





When Provider information is entered in a web authorization Provider / Facility field, the **Select a Provider** pop-up displays. **NOTE**: If the NPI or name is not loaded in our system, the **No providers found** pop-up displays.



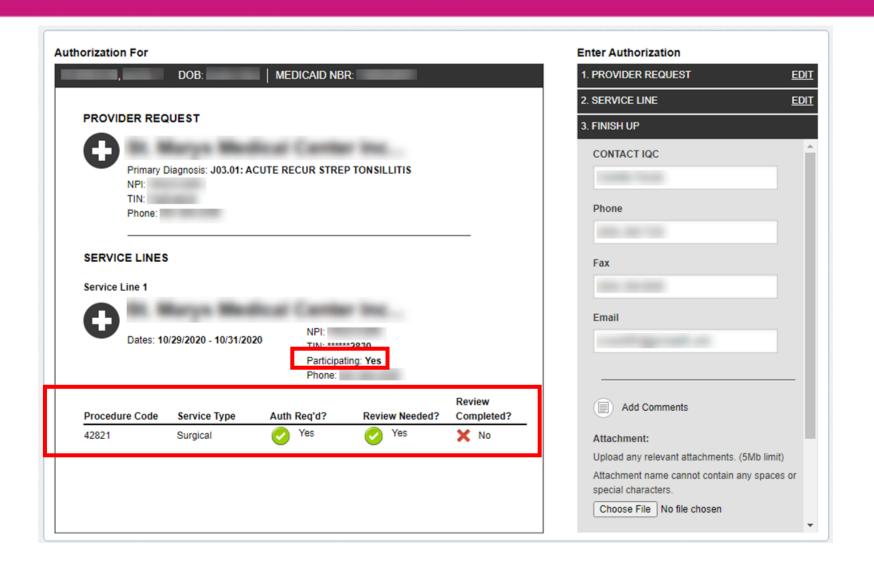


Tip: For best results, enter the Provider / Facility NPI, instead of name.



Completed Service Line(s), will also include:

- Selected Provider's network status
- Auth Req'd
- Review Needed
- Review Completed

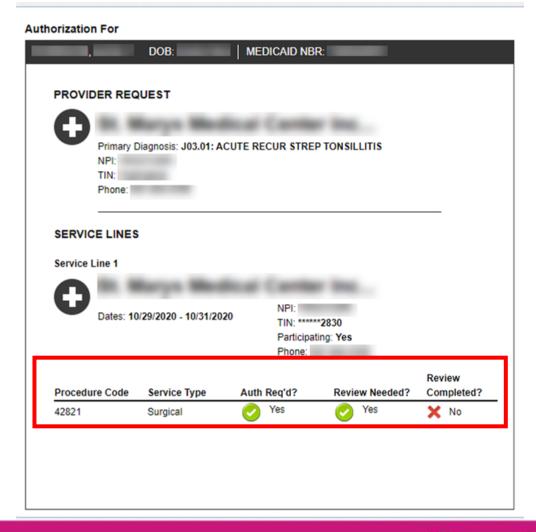




Currently, **Auth Req'd** and **Review Needed** are hardcoded to display **Yes**, and may not align with the **Pre-Auth Needed?** tool.



Tip: The **Pre-Auth Needed?** tool is the source of truth.



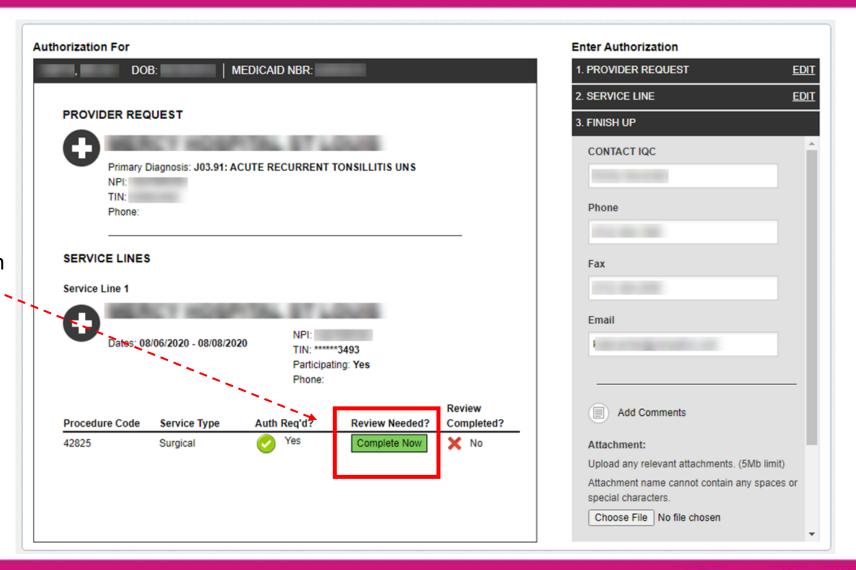


Complete a medical necessity review, via InterQual Connect™ (where available).

Click **Complete Now** to launch InterQual Connect (IQC).



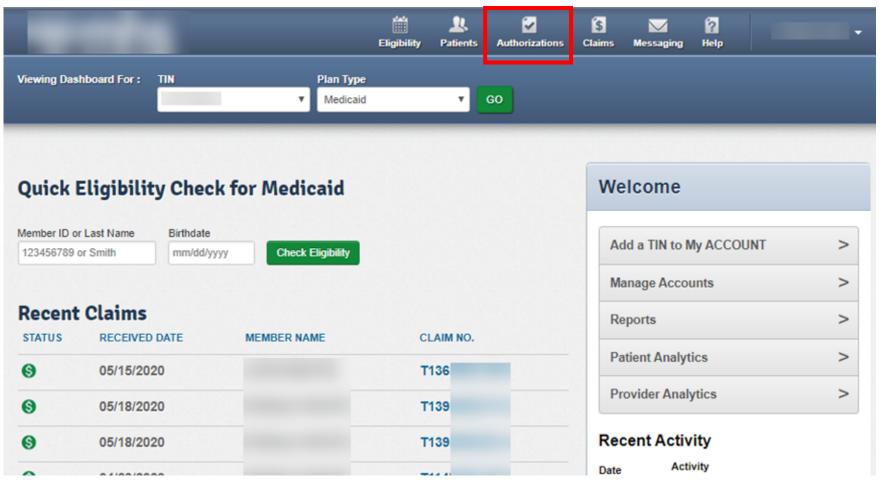
Tip: When you complete InterQual Connect (IQC), the Medical Review will be included with your web authorization submission.





Ambetter Value: Accessing Authorizations

To access authorization information or create and submit a web authorization request, click **Authorizations**. The Authorizations Summary displays.

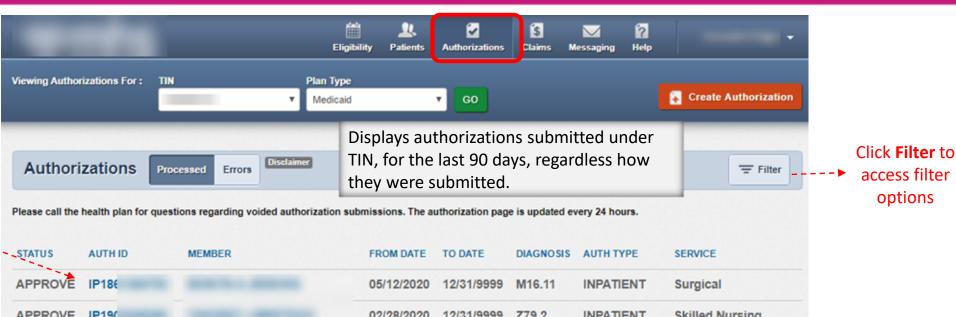




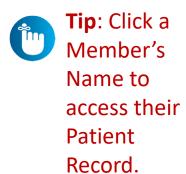
Tip: The member drives Plan Type selection. For example, an Ambetter member will not pull up under Medicaid. To find an Ambetter member, the Plan Type must be 'Ambetter'.



Ambetter Value: Authorizations Summary



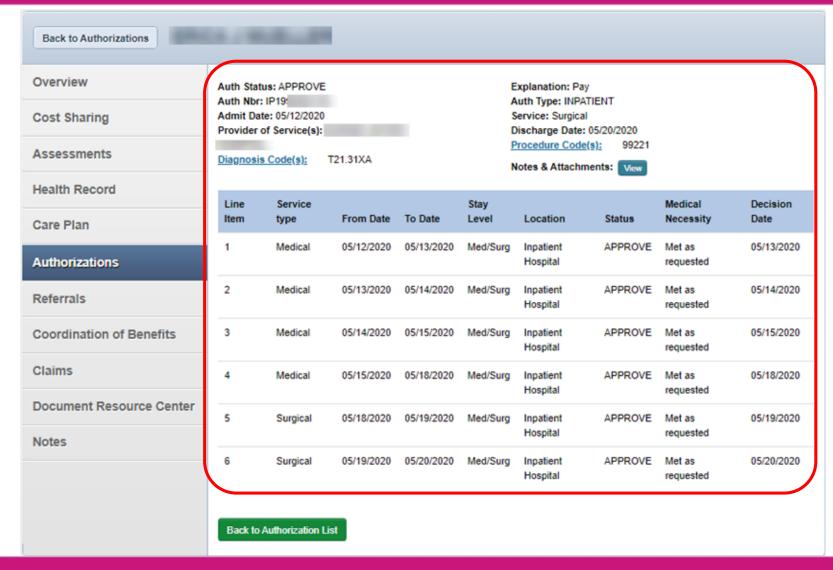
Click an **Auth ID** to view authorization details



APPROVE	IP18€	05/12/2020	12/31/9999	M16.11	INPATIENT	Surgical
APPROVE	IP190	02/28/2020	12/31/9999	Z79.2	INPATIENT	Skilled Nursing
APPROVE	OP18	02/27/2020	03/27/2020	M21.961	OUTPATIENT	Outpatient Surgery
APPROVE	OP18	02/19/2020	03/21/2020	S83.512A	OUTPATIENT	Outpatient Surgery
APPROVE	IP187	02/17/2020	12/31/9999	R10.2	INPATIENT	Surgical
PEND	IP190	02/11/2020	12/31/9999	D57.00	INPATIENT	Medical
APPROVE	IP190	02/08/2020	12/31/9999	J18.9	INPATIENT	Medical
APPROVE	OP19	02/07/2020	05/07/2020	E66.01	OUTPATIENT	Outpatient Services
APPROVE	IP190	02/07/2020	02/11/2020	J10.1	INPATIENT	Medical

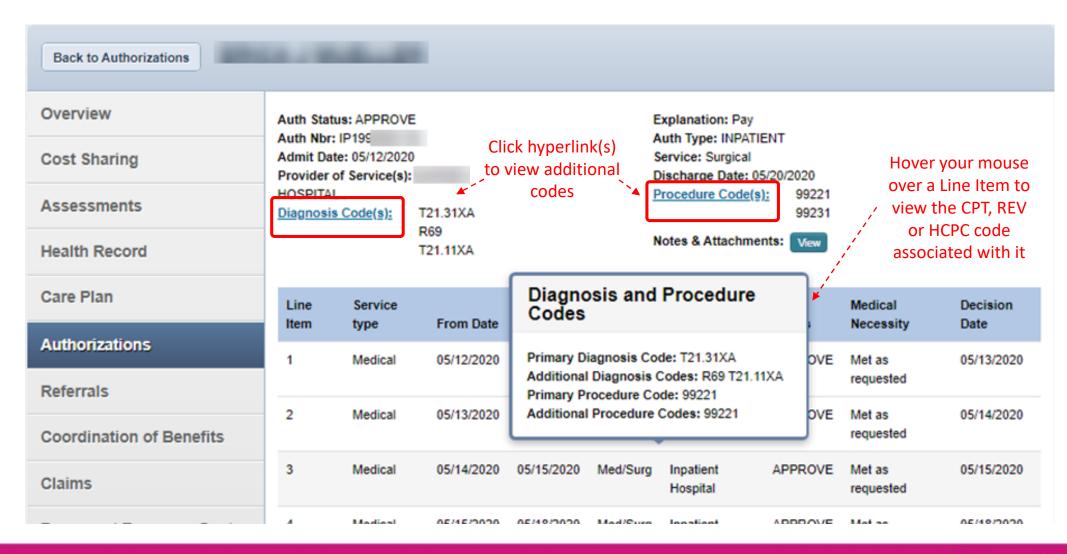


Ambetter Value: Authorization Details





Authorization Details Links and Pop-Up





- 1. Go to Ambetter Guide: https://guide.ambetterhealth.com/
- 2. Click the option for "Your Home State"
- 3. On the next screen, set the state field to the member's home state. If a year field is present (e.g., during Open Enrollment), set it to the current year. Click the button to advance
- 4. On the next screen, select the members plan. Click the button to advance
- 5. The next screen includes fields for (1) a search term and (2) the search location
 - Note: the search location field defaults to the location set by your internet service provider. Set the search location to a ZIP or city appropriate for the member
- 6. Submit the search. Results will load on the next screen
- 7. Click through on any result to see full details about the provider, including their NPI
- 8. Enter the NPI into the Provider Portal Prior Authorization Intake field to find the provider you chose
- 9. Complete the remaining fields in the Prior Authorization form



QUESTIONS

