WellPoint Military Care

Provider Manual

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www.wellpointmilitarycare.com

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WellPoint Military Care OVERVIEW

WellPoint Military Care (WMC), a division of Anthem, Inc., was founded in 2014 and is focused on providing high quality health care to our nation's Veterans, our military personnel, and their families. We bring private sector best practices and innovation to the federal healthcare market. We are passionate and committed to delivering high quality health care to those who serve; it is our sole purpose.

1.0 Mission, Vision and Values

Mission

Improving lives and communities. Simplifying healthcare. Expecting more.

Vision

Be the most innovative, valuable, and inclusive partner.

Values

- Leadership – redefining what is possible
- Community – committed, connected, and invested in those we serve
- Integrity – doing the right thing in the spirit of excellence
- Agility – delivering today and transforming tomorrow
- Diversity – opening our hearts and minds

2.0 RESERVE HEALTH READINESS PROGRAM (RHRP-3) OVERVIEW

The Defense Health Agency's (DHA's) Reserve Health Readiness Program (RHRP) provides health readiness services to military Service Components (SCs) of the Reserve Components (RCs) (i.e., Army Reserve and Army National Guard, Air Force Reserve and Air National Guard, Navy Reserve, Marine Forces Reserve, Coast Guard Reserve), Active Components and Department of Defense (DoD) Service Civilians. RHRP-3 is the third generation of the RHRP contracts. The desired outcome and sole focus of the RHRP-3 contract is to support the DHA as a Combat Support Agency by responding quickly and effectively to SCs' requirements for medical and dental readiness support, whether that be in a peacetime or wartime operations tempo.

This requirement provides medical readiness services to meet the medical and dental standards and requirements essential in maintaining a deployable force.

Services are provided in every state, within United States and its. Territories, the District of Columbia, and Germany, in group events (gatherings of Service Members [SMs] for provision of services face-to-face) at SC-designated, government sites (e.g., Armories, drill halls), through the Contractor's Call Center, and within the Contractor's network of private sector providers (physician and dentist offices and clinics and individual Health Care Professionals [HCPs]).

3.0 WMC PROVIDER RESPONSIBILITIES

3.1 Notification of Change

Network Providers are responsible for notifying WMC when changes occur within the Provider practice. All changes must be approved by WMC. Providers should reference their Agreement for specific

timeframes associated with change notifications. Examples of these changes include, but are not limited to:

- adding new or removing practitioners to the group
- change in ownership
- change in Tax Identification Number
- making changes to demographic information or adding new locations
- selling or transferring control to any third party
- acquiring other medical practice or entity
- change in accreditation
- change in affiliation
- change in licensure or eligibility status, or
- change in operations, business, or corporation

3.2 Prior Authorization & Dental Treatment Approval

The Prime Contractor, QTC, shall provide written authorization for service to the dental provider. The provider will not perform any dental services that have not been coordinated or approved through Prime Contractor.

Any services performed under this program require Authorization or an Approved Referral. Providers must receive such Authorization or Approved Referral in advance of any services being performed. The Government may provide the prime contractor guidance or direction on the provision of services for their SMs. The provider must adhere to government guidance on the provision of services for their SMs.

The provider shall provide only the treatment required to elevate the SM from DRC3 dental status to DRC2.

Prime contractor will receive and provide SC guidance regarding DRC 4 SMs.

IV sedation will be approved for a non-surgical procedure on a case-by-case basis.

3.3 Incorrect and Non-performed Service.

Services that are billed in error and/or are not performed without the approval of QTC will not be reimbursed by WMC.

3.4 Records Disposition.

The provider will enter all dental record updates into the RHRP IT system.

Providers shall maintain their medical and dental records according to State and Federal laws and regulations.

3.5 Dental examinations.

The provider shall provide a dental examination that will assess the current state of oral health, risk for future dental disease, and general health factors that relate to treatment. Dental providers and key ancillary dental staff shall understand DoD/HA policy letter 02-011, the US Navy Dental Health and

Readiness Classification system (Bureau of Medicine and Surgery Instruction [BUMEDINST] 6600.18, 23 Aug 2010), and other specific SC guidance for dental classification.

Examinations shall include and be properly documented on the SF603/SF603A with date; location; medical and dental history reviewed; blood pressure recording; tobacco risk assessment classifying SMs as a smoker, user of smokeless tobacco or both; oral examination; type and date of radiographs taken; type and date of radiographs consulted in the SC medical/dental readiness database; caries risk assessment classifying SMs as low, moderate, or high risk according to the American Dental Association (ADA) 1995 Special Supplement; Periodontal Screening and Reporting (PSR) as endorsed by the ADA; hard tissue evaluation; soft tissue evaluation which includes oral cancer screening; oral health education; a comprehensive dental treatment plan detailing all deficiencies; charting of current oral condition with Dental Readiness Classification (DRC) 2 and DRC3 pathology documented separately; printed name of examining dentist and dentist's signature; and written remarks on conditions discerned during the exam which may be pertinent to subsequent reviewers, e.g., radiolucent restorations and the presence of removable prostheses.

If the provider finds significant oral pathology during the diagnostic review, the information will be entered into the RHRP IT system so that a letter can be generated to the SM informing him or her of the condition.

The provider shall take radiographs as necessary and per SC guidance to develop a comprehensive diagnosis.

The provider shall provide, per SC guidance, two or four Bitewing x-rays, panoramic x-ray, and periapical x-ray services.

The provider shall take periapical radiographs only for diagnostic reasons.

Provider panos placed in the dental electronic repository shall be of diagnostic quality and represent the current oral condition of the SM or the provider shall take a new pano per SC guidance.

The provider shall perform a digitization of analog radiographs and enter them as well as digital radiographs into DENCLASS (the electronic repository for ARNG/USAR) and other SC system per SC guidance.

The provider shall supply bitewing copies and access to those x-rays in digital format upon the request of the Prime Contractor.

4.0 APPOINTMENT SCHEDULING

4.1 Scheduling of dental services coordinated through the RHRP-3 Program Office.

RHRP PMO will contact the service member (SM) to obtain scheduling preference and WMC provider preference, and to schedule the needed appointment.

4.2 In-clinic No-show Policy.

If service member fails to show for an appointment, annotate status as 'no show' in the RHRP-3 IT system and a no-show fee shall be assessed. SMs with two unexcused no-shows will have their in-clinic authorization/order expired and an in-clinic cancellation fee will be assessed.

4.3 (PWS 2.10.1.1) Exceptions to no-show.

1) The SM never received appointment confirmation (text, email, or call) from the Prime Contractor after the appointment was scheduled. 2) The appropriate paperwork and supplies were not delivered to the SM

or provider prior to the scheduled appointment. 3) SM is late for the appointment, but the HCP is available to perform services. 4) An emergency situation beyond the SM's control (e.g., accident, illness, family emergency, bad weather) occurred.

4.4 (PWS 2.10.2) In-clinic rescheduling/cancellation.

SM has until 24 hours prior to the appointment to reschedule services and no fees will be assessed. Appointments that are scheduled on a Monday or following a holiday must be cancelled by the previous business day. A SM who refuses services with an approved voucher/order will have an in-clinic cancellation fee assessed for the service refused.

4.5 (PWS 2.10.2.1) Exceptions for reschedule/cancellation.

An emergency situation beyond the SM's control (e.g., accident, illness, family emergency, bad weather).

5.0 CONFIDENTIALITY STATEMENT

Service Members have the right to privacy and confidentiality regarding their health care records and information in accordance with the RHRP program and provisions of HIPAA concerning patient rights with respect to their protected health information and obligations of covered entities.

Utilization management, case management, disease management, discharge planning, quality management and claims payment activities are designed to ensure patient-specific information, particularly protected health information obtained during review, is kept confidential in accordance with applicable laws, including HIPAA. Information is used for the purposes defined above and shared only with entities who have the authority to receive such information and only with those individuals who need access to such information in order to conduct utilization management and related processes.

Providers must comply with all state and federal laws concerning privacy, confidentiality, accuracy and timely maintenance of health and other service member information. Providers must have policies and procedures regarding use and disclosure of health information and comply with applicable laws.

6.0 PROTECTED HEALTH INFORMATION (PHI)

Providers and facilities are required to review all service member information received from WMC to ensure no misrouted PHI is included. Misrouted PHI includes information about service member whom a provider or facility is not currently treating. PHI can be misrouted to providers and facilities by mail, fax, or email. Providers and facilities are required to immediately destroy any misrouted PHI or safeguard the PHI for as long as it is retained. In no event are providers or facilities permitted to misuse or re-disclose misrouted PHI. If providers or facilities cannot destroy or safeguard misrouted PHI, providers and facilities must contact Provider Services to report receipt of misrouted PHI.

7.0 DENTAL NETWORK COMPLIANCE

WMC RHRP providers are required to comply with the most current version of the Code on Dental Procedures and Nomenclature published in the ADA's Current Dental Terminology (CDT) manual.

8.0 DENTAL RECORDS REQUIREMENTS

Providers are required to supply dental records of completed care, including supplemental images/radiographs, to RHRP-3 IT System in near real time upon completion of the dental treatment plan.

9.0 CREDENTIALING AND RECREDENTIALING

9.1. Introduction

WMC is one of over 600 participating health plans, hospitals and health care organizations that currently use the Council for Affordable Quality Healthcare (CAQH) Universal Provider Data Source (UPD) for gathering credentialing data for physicians and other health care professionals. Under this program, practitioners use a standard application (state-mandated applications are included in the UPD) and a common database to submit an electronic application. For those practitioners who are not participating with CAQH, a paper credentialing application will be accepted.

9.2 Dental Network Credentialing Requirements

WMC Dental Network providers are credentialed in accordance with the requirements set forth the Provider Contract Agreement as noted in Section 3.0 Scope of Work.

If a network provider is or has been licensed in more than one state, WMC will confirm that the provider certifies that none of those states has terminated such license for cause, and that the provider has not involuntarily relinquished such license in any of those states after being notified in writing by that state of potential termination for cause.

9.3 WMC's Discretion

The credentialing summary, criteria, standards, and requirements set forth herein are not intended to limit WMC's discretion in any way to amend, change or suspend any aspect of its credentialing program nor is it intended to create rights on the part of practitioners who seek to provide healthcare services to our Veterans. WMC further retains the right to approve, suspend, or terminate individual physicians and health care professional, and sites in those instances where it has delegated credentialing decision making.

9.4 Initial Credentialing

Each practitioner must complete a standard application form deemed acceptable by WMC when applying for initial participation in one or more of WMC's Networks or Plan Programs. For practitioners, the Council for Affordable Quality Healthcare ("CAQH") ProView system is utilized. To learn more about CAQH, visit their web site at www.CAQH.org.

Any provider identified by DHA who has had a previous relationship with DHA and were determined to be unsuitable to treat service members will not be accepted into the WMC Provider Network.

9.5 Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the practitioner's licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital privilege or other actions) that may reflect on the practitioner's professional conduct and competence. This information is reviewed in order to assess whether practitioners continue to meet WMC credentialing standards.

All applicable practitioners in the Network within the scope of WMC Credentialing Program are required to be re-credentialed every three (3) years unless otherwise required by contract or state regulations.

9.6 Reporting Requirements

When WMC takes a professional review action with respect to a practitioner's participation in one or more of its Networks or Plan Programs, WMC may have an obligation to report such to the National Practitioner Database (NPDB), state licensing board and legally designated agencies. In the event that the procedures set forth for reporting reportable adverse actions conflict with the process set forth in the current NPDB Guidebook, the process set forth in the NPDB Guidebook will govern.

10.0 NONDISCRIMINATION POLICY

WMC will not discriminate against any applicant for participation in its programs or provider network(s) on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran, or marital status or any unlawful basis not specifically mentioned herein. Additionally, WMC will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions. Other than gender and language capabilities which are provided to the Veterans to meet their needs and preferences, this information is not required in the credentialing and re-credentialing process. Determinations as to which practitioners and providers require additional individual review by the Credentials Committee are made according to predetermined criteria related to professional conduct and competence. Credentials Committee decisions are based on issues of professional conduct and competence as reported and verified through the credentialing process. WMC will audit credentialing files annually to identify discriminatory practices, if any, in the selection of practitioners. Should discriminatory practices be identified through audit or through other means, WMC will take appropriate action(s) to track and eliminate those practices.

11.0 PROVIDER SERVICE

If you have questions regarding your approved rendered services, please contact QTC.

If you have questions regarding your network status, fee schedule or reimbursement, please contact WMC at 1-844-227-8356.

12.0 PROVIDER TRAINING AND SUPPORT

Personnel that have access to Protected Health Information (PHI) and Personally Identifiable Information (PII) shall complete Department of Defense online-administered HIPAA and Privacy Act Training (DHA-US001).

Additionally, providers will have to acknowledge familiarity with Department of the Navy Bureau of Medicine and Surgery Instruction 6600.18A, “Dental Readiness Classification Guidelines”, dated 28 Sep 2021.

The above must be completed before rendering services to a SM.

12.1 New Provider Orientation

New Provider Orientation is provided to WMC providers participating in the RHRP III program. During Orientation, information will be shared on QTC, DHA and other policy and procedures to ease the administrative burden on our provider partners in meeting their contractual obligations.

13.0 CLAIM SUBMISSION AND ADJUDICATION PROCEDURES

WellPoint Military Care will not be adjudicating provider claims. All QTC approved services will be processed and paid.

14.0 REIMBURSEMENT

QTC will share a file of approved services for rendered care. WellPoint Military Care Network Providers will be reimbursed in accordance with their established fee schedule for these services.

14.1 Timely Filing

SM Interactions not submitted within 90 days from the date of service will be denied for missing the timely filing deadline.

14.2 Remittance Advice

Once QTC shares the file of approved services, remittance advice will be shared along with provider payment.