

DRAFT UMP Operations Manual

06-01-20XX

1 Introduction

1.1 Purpose

The purpose of this UMP Operations Manual is to document procedures and processes for the management of Contract XXX. This manual may change due to personnel and other changes within the Health Care Authority (HCA) or ASB either annually or, more often, as necessary. Procedures will be reviewed at least annually and agreed to in writing by the HCA and ASB.

Format and content of all materials, logs, reports, screen shots to be approved by HCA.

1.2 HCA/ASB Core Team

The HCA/ASB Core Team consists of Account and Clinical Program Managers and Senior Account Sponsors from the Washington State Health Care Authority and ASB.

Role	Name	Email	Telephone
Senior Account Sponsor			
Senior Account Sponsor			
Senior Account Sponsor			
Senior Account Sponsor			
Senior Account Sponsor			
Account Manager			
Account Manager			
Clinical Specialist			
Director, Clinical Services			

1.3 HCA Operations Team

The HCA Operations Team consists of Senior Account Sponsors, Clinical Specialists, Data Managers, Communications Consultants, and Accountants from the Washington State Health Care Authority.

Role	Name	Email	Telephone
Senior Account Sponsor			
Senior Account			

Sponsor

Senior Account

Sponsor

Senior Account

Sponsor

Clinical Specialist

Data Analyst

Data Architect

Communications

Consultant

Accounting

Accounting

Accounting

1.4 Contractors

Contractors of HCA:

Alere Tobacco Cessation Program (Alere)

Brought to you by the American Cancer Society® and Alere Wellbeing, the Quit For Life® Program is offered by more U.S. states and employers than any other tobacco cessation counseling program.

999 3rd Ave, Suite 2000, Seattle, WA 98104

General: 866-434-9750

wellbeinginfo@alere.com

<http://www.alerewellbeing.com/quit-for-life/>

Melanie Davis, (206) 876-2160, Melanie.davis@alere.com

Kara Able, (206) 876-2285, kara.abel@alere.com

Health Informatics (HI)

The Health Informatics group within ASB provides data and reports to the PEB Division. The reports the HI team creates are monthly reports, quarterly reports, bi-annual reports, and other ad-hoc reports.

Limeade (SmartHealth)

Limeade administers the online wellness program, SmartHealth, for subscribers and their dependents enrolled in a PEBB medical plan.

General: No number provided

<https://smarthealth.hca.wa.gov>

Limeade, Inc. 10777 Main Street, Suite 100, Bellevue, WA 98004

Nancy Board, (425) 324-5504, nancy.board@limeade.com

Logan Van Meter, (425) 229-2911, logan.vanmeter@limeade.com

Lynn Argento, (206) 465-3027, lynn.argento@limeade.com

Moda Health (Pharmacy Benefit Manager)

Moda Health provides pharmacy benefit management services to HCA for the Uniform Medical Plan.

General: 888-361-1611

<https://www.modahealth.com/mymoda/logon.do?dispType=UMP> (Washington RX site)

<https://www.modahealth.com/>

Moda Health, 601 SW 2nd, Portland, OR 97204

Kristin Sisourath, (503) 265-5609, kristin.sisourath@modahealth.com

Nisa Toum, (503) 412-4167, nisa.toum@modahealth.com

More to be added by HCA

Contractors of ASB:

Health Savings Account Trustee

Diabetes Prevention Program

CAHPS Survey vendor

More to be added by ASB and HCA

2 Overview

2.1 HCA/ASB Core Team Operations

The HCA/ASB Core Team will meet weekly to discuss account issues, programs, updates, work orders, and up-coming changes. The ASB account team will maintain an action log, which will be updated weekly during the Core Team meeting. HCA will send weekly action log updates to ASB. ASB will send the action log to HCA members of the Core Team at least 24 hours before any Core Team meeting.

Action log example screen shot to be added by ASB

2.2 Health Technology Clinical Committee Coverage Determinations

Under Washington State law, the HCA's Uniform Medical Plan (UMP) must implement the terms and conditions of coverage determinations made by the Health Technology Clinical Committee (HTCC). Under RCW 70.14.110, the HTCC is charged with determining the conditions, if any, under which a health technology will be included as a covered benefit for UMP plans. RCW 70.14.120(1) requires HCA to implement HTCC coverage determinations in the UMP; the agency (and its health plan and any third party administrator (ASB)) do not have any discretion to deviate from the HTCC coverage determinations unless an HTCC coverage determination conflicts with another federal or state legal requirement. Because there is no discretion on the part of HCA or UMP, ASB(as the administrator for the UMP) cannot implement a medical policy that results in either more permissive or less restrictive coverage than an HTCC coverage determination.

As of January 1 of the plan year, ASB will have implemented the determinations made by the HTCC as requested through work orders provided by the PEB Division. The HCA Medical Director may direct ASB to implement an HTCC coverage determination to a date other than January 1 of a plan year if the HCA Medical Director determines that delaying implementation may have substantially adverse health or safety consequences for UMP members.

A Senior Account Sponsor from HCA will send an ASB Account Manager a work order detailing the HTCC coverage determinations, coverage limitations, etc., along with the subcommittee implementation plan that has been approved by HCA and ASB. An effective date for implementation will be included on the work order.

ASB will maintain an HTCC coverage determination documentation spreadsheet and will update it as new information is received. ASB will share this worksheet with HCA on a monthly basis to

be received by the last day of the month for HCA approval. Some examples of what this spreadsheet will include are:

- Topic Name
- Implementation Date
- Affected Codes
- Non-Covered Codes
- Covered Codes
- Codes Requiring Prior Authorization
- Target Date

The Master Grid with final approved HTCC decisions must be updated and sent no later than October 31 of each year and sent over in a no charge work order to HCA. Format and content to be approved by HCA. All HTCC determinations will be updated for coding at least annually and documented changes will be provided by Oct. 31st each year.

Newly added or changed HTCC coverage determination procedures will be documented and incorporated in this manual by an HCA Senior Account Sponsor no later than September 30th each year. The procedures include, but are not limited to updated timelines, work-flow, and documentation.

2.3 Account Management

The HCA/ASB Core Team will meet weekly, either in person or via conference call, to review the ongoing action log and work order status log. At least one meeting per month will be in person at either HCA's Olympia office at Cherry Street Plaza, or ASB's office. The party hosting an in-person meeting will provide call-in numbers on the invite for those who cannot attend in person.

The HCA and ASB Core Team will meet quarterly to review ASB operations report and bi-annually at the Health Care Authority in Olympia, to review trends and performance (reports will still be given quarterly).

Requests made through e-mail will be added to the action log with target completion dates.

2.4 Member Services

ASB Customer Service will coordinate with PEBB Eligibility and Enrollment through the use of the e-mail address: Planinfo@hca.wa.gov. When there are issues involving the UMP Pharmacy Benefits Manager, or other HCA vendors, a Senior Account Sponsor will coordinate with ASB to resolve the issue.

When there are issues involving a UWP member, a Senior Account Sponsor will send the member/the issue over to ASB through the UWP escalation e-mail address. ASB and the Senior Account Sponsor will decide what party is to contact the member and update them on the status/outcome of the issue.

3 Work Orders

3.1 Work Orders

HCA will put all requests for work outside of the current Contract #, including but not limited to, reporting, requested coordination and/or support, program requests, answer to questions, and implementation, into a work order. The work order must thoroughly outline all of HCA's expectations and requirements. The work order will be submitted to ASB via e-mail and tracked on the work order tab of the action log workbook.

ASB must respond to HCA within fourteen (14) business days of receiving the work order and inform HCA of whether ASB has accepted the work order's terms. If HCA receives no response from ASB within fourteen (14) business day of receipt of the work order, then ASB is deemed to have accepted the terms of the work order. Whenever ASB accepts the terms of a work order, it must provide a cost estimate to HCA.

If ASB has questions, comments, or additional input for the terms of a work order, ASB will send the work order back to HCA for review and response within fourteen (14) business days of receiving the order. HCA will review the response from ASB, determine whether the terms are acceptable, and modify them if necessary. HCA will respond to ASB's modifications and questions by reissuing the work order to ASB for another review. HCA will submit its response to ASB within fourteen (14) business days of the date HCA received the work order from ASB.

The parties will continue to modify and exchange a work order until both parties accept its terms. Once the parties agree on the terms of the work order and the budget is approved, HCA will sign the work order and return the imaged document via e-mail to ASB within five (5) business days of receiving budget approval.

Within five (5) business days of ASB's receipt of the signed work order, ASB will sign and image the same work order document and send the work order back to HCA via e-mail. ASB will not begin work until a fully signed work order is sent to HCA.

Once the work is complete, ASB will notify HCA in writing. HCA will review the outcome/product and approve of the work. If the work is not up to HCA's standards, or if ASB did not complete a task(s), ASB will need to fix those things and re-send to HCA upon completion for HCA approval. Within ten (10) business days after HCA approval, ASB will send the completed work order along with an invoice to HCA for payment.

If deadlines in this section are not met, both parties have to mutually agree upon the deadlines to be set.

3.2 Tracking and Monitoring of Work Orders

ASB will maintain a work order tab that will be included in the action log workbook. The work order log will be reviewed each week at the Core Team Meeting.

Note: The finalized work order tracking processes will be incorporated into this document upon completion.

4 Accounting Procedures

ASB will use the following guidelines to invoice HCA for miscellaneous expenses not included in the Administrative Fee and Claims Invoicing.

Process:

1. **Independent Review Organization (IRO):** ASB will send the IRO invoice identifying either the UMP Classic or CDHP plan to Acctspay@hca.wa.gov and Fiscal Analyst 3 Kathy Plaquet (Katherine.Plaquet@hca.wa.gov). Any corresponding case file(s) will be sent via secure e-mail to Senior Account Sponsors Shawna Lang (Shawna.Lang@hca.wa.gov) and Leanna Olive (leanna.olive@hca.wa.gov) as they are received by the IRO. Either Kathy Plaquet or Rita Homan will send an e-mail with the invoice to Shawna Lang and Leanna Olive, one of whom will approve the invoice for payment to ASB.
2. **Stale-Dated Checks:** ASB policy for stale-dated checks is to contact the member when a check has gone uncashed for six (6) months. The member receives a letter that references the uncashed check and provides steps for the member to take to initiate a reissue. If the claimant does not respond by the date on the letter, ASB will turn the check over to the State. Stale-dated check information appears on a quarterly report generated by Facets system.
3. **Erroneous, Cancelled and Voided Payments:** ASB receives requests to cancel/void a member or provider check either through Customer Service or Refunds. The cancel/void request is forwarded to Refunds for review by an analyst. If the check can be cancelled/voided, Refunds will adjust all claims as necessary and forward the cancel/void request to Disbursement to have the check cancelled/voided.
4. **Performance Standards and Guarantee Payments:** ASB will track performance standards on a monthly basis. ASB will submit a Performance Standards report to the HCA contract manager quarterly. In the event that ASB should miss reaching Performance Standard(s), the ASB Account Manager will contact an HCA Senior Account Sponsor directly. Penalties for ASB not reaching Performance Standard(s) will be determined per the standards in contract #. ASB will remit the full sum owed in Performance Guarantee penalties to the HCA annually. Penalties may be reduced per the terms of contract #.
5. **Alere Tobacco Cessation Program “Quit for Life”:** Alere will send ASB a monthly invoice. ASB will remit payment to Alere and send an invoice, including contract number to the HCA, for reimbursement.
 - a. ASB will receive an invoice from Alere every month.

- b. ASB will generate and send corresponding member Explanation of Benefits (EOB) showing allowed and paid amounts so the member knows what was paid on his or her behalf.
 - c. ASB will generate a payment to Alere each month.
 - d. ASB will submit a monthly remittance backup to Alere detailing any payment discrepancies via the Alere secure website.
 - e. Alere charges will show up in the “Claims Experience” which is generated weekly and included in the weekly report. This report is used to invoice the HCA. ASB will submit weekly invoices to the HCA every Tuesday for payment by no later than Friday of the same week.
6. **Amazon Gift Cards for Customized ASB Rewards Program:** Amazon invoices will be received by ASB and paid upon receipt. ASB will invoice the HCA monthly for Amazon Gift card costs.
 7. **The Myers Group (TMG):** TMG will send ASB invoices for the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey via secured e-mail to the Membership Administrator III (Angela.Reyes-Navarro@ASB.com). ASB will remit payment to TMG and submit a copy of the invoice to the HCA through Acctspay@hca.wa.gov.
 8. **Intensive Outpatient Care Program (IOCP):** ASB will send the monthly IOCP invoice and report via secured e-mail to Acctspay@hca.wa.gov, Fiscal Analyst 3 Kathy Plaquet (Katherine.Plaquet@hca.wa.gov), and Senior Account Sponsors Shawna Lang (Shawna.Lang@hca.wa.gov) and Leanna Olive (leanna.olive@hca.wa.gov). Either Kathy Plaquet or Rita Homan will send an e-mail with the invoice to Shawna Lang and Leanna Olive, one of whom will approve payment to ASB.
 9. **Patient Centered Medical Home Pilot (PCMHP):** ASB receives rosters from clinics participating in the PCMHP. ASB pays each clinic a per-member-per-month (PMPM) payment for care management on a quarterly basis. This fee includes expanded access and hours, registry maintenance, and team management. ASB submits an invoice, including clinic headcount, to the HCA quarterly through Acctspay@hca.wa.gov. The PCMHP is a separate contract and ASB will include contract number K558 on each PCMHP invoice.
 10. **Work Orders:** Costs relating to Work Orders will be charged to the UMP at ASB’s actual cost unless otherwise agreed in writing by the parties. ASB will bill the HCA for applicable costs once the work has been completed. The invoice will include the work order number, cost, and the HCA contract number (#). This invoice will be sent to Acctspay@hca.wa.gov and Fiscal Analyst 3, Kathy Plaquet (Katherine.Plaquet@hca.wa.gov), with a copy sent via secure e-mail to Account Sponsors Leanna Olive and Shawna Lang (Leanna.olive@hca.wa.gov and Shawna.Lang@hca.wa.gov). Invoices will be submitted upon completion of work unless otherwise specified.
 11. **Disabled Dependent Determinations:** Once the monthly disabled dependent determinations are completed for a month, ASB will send an invoice via secure e-mail to Acctspay@hca.wa.gov, and Fiscal Analyst 3, Kathy Plaquet, with a copy to Account Sponsor Leanna Olive (Leanna.olive@hca.wa.gov).

4.1 Invoicing Schedule

ASB will securely e-mail and provide contract number # with every invoice sent to the HCA at Acctspay@hca.wa.gov with the exception of (PCMHP) Medical Home Pilot. ASB will separate the UMP Classic and CDHP plans where appropriate.

Due date	Deliverable	Owners/recipients
Intermittent	IRO IRO invoice will be sent to Acctspay@hca.wa.gov and Fiscal Analyst 3, Kathy Plaquet (Katherine.Plaquet@hca.wa.gov), and corresponding case file(s) will be sent via secure e-mail to Account Sponsors Shawna Lang (Shawna.Lang@hca.wa.gov) and Leanna Olive (leanna.olive@hca.wa.gov).	
Quarterly	Stale Dated Checks Stale-Dated Checks reports are generated from the Facets system quarterly.	
Quarterly, Annual	Performance Standards and Guarantee Payments ASB will track performance standards on a monthly basis and submit a Performance Standards report to the HCA quarterly via secured e-mail. Penalties will be paid annually since they are based on percent of annual admin fee.	
Monthly for previous month	Alere Alere will send ASB a monthly invoice. ASB will remit payment to Alere and invoice the HCA for reimbursement.	
Quarterly	The Myers Group The Myers Group will send ASB a quarterly invoice. ASB will remit payment to TMG and invoice the HCA for reimbursement.	

Quarterly

Patient Centered Medical Home Pilot

ASB will receive rosters from clinics. ASB will pay each clinic a PMPM fee and invoice the HCA for reimbursement.

Intermittent

Work Orders (Ad Hoc Reporting)

ASB will invoice the HCA for Work Orders upon completion of work unless otherwise specified.

Monthly Intermittent

Disabled Dependents Determinations

ASB will invoice the HCA for Disabled Dependent Determinations upon completion of the work.

5 Administration

5.1 Administrative Changes Schedule

ASB will provide written advanced notice to the HCA contract manager prior to making any changes to the following areas:

Administrative Change Type	No. of Days Advance Notice Required Prior to Implementing Change
Prior Authorization updates for FUZE content	30 days
Book of Business (BoB) Updates (e.g., United States Preventive Services Task Force (USPSTF) Implementation)	60 days
Affordable Care Act (ACA) Changes	60 days
Other items that have a cost share	60 days

ASB will notify the HCA immediately if ASB learns of any potential changes/updates that would impact the HCA financially.

5.2 Administration of Applied Behavioral Analysis (ABA) Therapy

ASB will collaborate with the HCA to administer the ABA Therapy benefit.

The Clinical Programs Manager at ASB will work closely with the Clinical Manager at the HCA to ensure families receiving ABA Therapy benefits are supported.

ABA program administration will include:

1. At least monthly meetings (either by phone or in person) between the HCA and ASB regarding ABA.
2. Implementing and following all the HCA Clinical Criteria documentation.
3. Desktop procedures that ASB will refer to and follow.
4. HCA's right to audit, per the terms of contract ____.
5. Assurances from ASB that it will comply with the HCA legal settlements, such as provider credentialing, utilization management standards and processes, or others as outlined by HCA.
6. Reporting schedules and templates.

5.3 HTCC Coverage Determination Implementation Process

The HTCC Coverage Determination Implementation Process will include the following:

1. The UMP's HTCC coverage determination Implementation Plan Charter (to include project team members, goals, roles and responsibilities, etc.)
2. The UMP's annual HTCC Coverage Determination Implementation work plan (as maintained by the ASB and to approved by HCA)

The HTCC Coverage Determination Implementation Matrix (as maintained by ASB).
(Format to be approved by HCA)

3. Approval of HTCC Implementation for upcoming benefit year, signed by the Medical Directors for the HCA and ASB.

5.4 Disaster Recovery Plan

ASB to provide Disaster Recovery Plan specific to UMP and will be imbedded here.

5.5 Disabled Dependents Procedures

ASB will conduct the all initial certification and re-certifications for UMP disabled dependents who have aged out of standard dependent coverage. Once ASB receives the subscriber's form 50-142, ASB will review the form to ensure all required information is included. If the form is incomplete, ASB will send the member written notification requesting the missing information. ASB will determine the disability status of the subscriber's adult dependent, update the member's file within ASB's internal system, send a notification letter to the subscriber, and e-mail the HCA with the certification determination. All certification determinations must include the duration of the dependent's certification and the certification status (permanent/temporary).

When the HCA receives the notification from ASB, the HCA will copy the notification into a Microsoft Word document for record keeping. The HCA will also update the dependent's information based on the certification in the A.43 screen in Pay1. The HCA will also input a note in the A58 screen that documents the disabled dependent's certification status, with the dates in which coverage is effective and will end.

5.6 Ad Hoc Report Tracking

ASB will provide the HCA with a monthly report tracking the balance remaining for the 200 hours of ad hoc reporting as stated in subsection 7.3.2, Work with No Extra Charge, of Contract #, Amendment 14. The report will contain the hours used and a brief description of what the hours were used for.

5.7 ASB Collection Process

- 1st letter sent requesting member/subscriber/payee to refund ASB money is generated upon the adjustment of a claim.
- 2nd letter requesting member/subscriber/payee to refund ASB money is generated 30 days after the 1st letter requesting refund is generated. This letter is different from the 1st letter as the 1st letter provides the claim number and the reason for the refund. The 2nd letter is a balance forward.
- If money is not received within 90 days of the adjustment, a phone call is made by a member of the Refund and Recovery team to the member in an attempt to recover the outstanding balance.
- If money is not received within 180 days of the adjustment, the balance due to ASB is referred to collections.

5.8 ASB Vision Services Claims Processing

ASB will insert claims process here.

5.9 ASB Case-Management Process

ASB Desk Procedures and definitions of programs will be inserted here.

5.10 Exceptions Process

ASB Exception form and process to be inserted here, format to be approved by HCA.

ASB will exhaust all internal measures prior to submitting an exception to HCA. ASB will include the following information in the Exception Form:

- Date
- How much of the member deductible has been met as of the day the exception is submitted?
- How much of the member out of pocket maximum has been met as of the day the exception is submitted?
- Who requested the exception?
- CPT and ICD9/10 codes
- Duration of approval request
- What actions has ASB taken for this exception?
- ASB recommendation if applicable
- ASB BoB policy
- Financial breakdown of request:

Example:

Billed Charge: \$100

Allowed amount: \$50

Pay 85% of allowed amount: \$42.50

Member balance: \$7.50

5.11 Mail Return

PEBB and ASB occasionally receive member mail that has been returned from the US Post Office as undeliverable due to an invalid address and unable to forward. It is the responsibility of PEBB members to report and request updates on changes to their address. To do so, they can contact the following respective departments:

- Retiree, COBRA or LWOP should call PEBB customer service at 1-800-200-1004 to report a change of address. PEBB will request the information in writing
- Employees must contact their employing agency directly to update their address. PEBB Customer Service does not verify or update addresses for employees.

Each month, an eligibility file is sent from PEBB to ASB which include the members' addresses on file. The eligibility files contain the most current information PEBB has in its system of record. Therefore, ASB should not send any members' names or addresses to PEBB for verification or change. Instead, when ASB receives returned mail for a PEBB member, ASB should follow their own internal process to store, track and dispose of the returned member mail.

- If a member calls ASB to report they did not receive a mailing from ASB (and the address ASB has on record is different than what the member is reporting), ASB should direct employees to contact their agency, personnel, payroll or benefits to report a change of address.
- Retirees should be directed to contact PEBB Customer Service to report a change of address.

6 Reporting: **ASB chart below will match RFP/Contract Reports Chart.**

HCA Reports List							
Report Name	Report Frequency	Due Date to HCA	Method of Delivery	Included in Contract	Work Order	Current Contents of Report	Contract language/Work Order language
Description of Med Mgmt Program	Annually	1/1	Email	YES			Annually provide HCA with a written description of its medical management program, which has been approved by ASB's medical director.
Account Mgmt Team Notification	Annually	1/1	Memo	YES			Designate a Washington-based Account Management Team that is experienced, knowledgeable, and readily accessible to the HCA Senior Account Sponsor(s). The Account Management Team Members must have tenure and status in the organization to influence Washington innovation at the corporate executive level. At the beginning of each year, ASB will provide HCA with a memo providing the Account Management Team. If the Account Management Team changes, ASB will notify HCA within (thirty) 30 calendar days of the change.
Med Mgmt Program Statistics	By Request	By Request	Email	YES			As requested by HCA reporting of detailed program statistics to HCA, including disease type, what work the case managers are performing, what the outcomes are, and other information to be determined by HCA.

Eligibility and Claims Report	By Request	By Request		YES			ASB will provide, at HCA's request, standard eligibility and claims reports separately for Non-Medicare and Medicare risk groups, as well as combined. The Medicare risk group includes enrollees who have Medicare as their primary coverage. All other enrollees are included in the Non-Medicare risk group. The individuals must each be reported in the correct risk group.
Standard Key and Ad Hoc Reports	By Request	By Request		YES			ASB will provide standard key reports and ad hoc reports accurately and within mutually established dates and response times.
SOC1 Audit Results	By Request	By Request		YES			ASB will provide HCA with SOC1 audit results upon request.
WAHA Claims Data Report	By Request	By Request		YES			ASB will submit claims data to the Washington Health Alliance for UMP and for any fully insured business that ASB has in Washington State. ASB will submit the data in the format requested by the Alliance and by the time requested by the Alliance.
HEDIS	By Request	By Request		YES			ASB will provide Healthcare Effectiveness Data and Information Set (HEDIS) data specified by HCA to HCA or business associates.
Ad Hoc Reports	By Request	By Request		YES			At the request of HCA, ASB will submit additional ad hoc reports on information and data readily available to ASB. Compensation will be to ASB for this will be set through the work order process, as described in Section 7, Work

							Orders.
Data & Analytics Dashboard	Monthly			YES			In addition to satisfying ad hoc requests, the consulting team will provide monthly dashboard reports and in-depth analysis of cost and utilization patterns in an attempt to proactively identify cost drivers and trends, time permitting.
OPS Report	Monthly	30 days following the end of month	Email	NO		PowerPoint includes claims inventory, customer service call volumes and top 5 reasons for calling, escalations report, appeals/complaints reports, preauth reasons, ABA summary	
Disabled Dependent Determinations	Monthly	30 days following the end of month	email	NO	1021		ASB will develop a routine monitoring/reporting process to support UMP/HCA in maintaining accurate and timely eligibility files.
OB Payment Reform	Monthly	30 days following the end of month	Email	NO	1045		Monthly report of total number of cases reviewed and total number of facility claims denied for early elective induction will be presented at the monthly Clinical Strategy Leadership Meeting
Limeade/Data	Monthly	By the 22nd of the following month	SFTP Upload	NO	1050		ASB agrees to the file layout and will upload it to the Limeade SFTP site as outlined in the "Limeade Requirements" document by the 22nd of the month following the month being reported.
Transgender Surgery	Monthly	30 days following the end of quarter	Email	NO	1056		ASB will provide the number of TG intake cases each quarter to match the invoice.

Erroneous Payments	Quarterly	15 days following the end of quarter		YES			Any money recovered by ASB will be credited to the HCA at the time of such recovery. ASB will report overpayments that have not been recovered within fifteen (15) calendar days from the end of each quarter.
Performance Outcomes	Quarterly	30 days following end of quarter	Email	YES			Report quarterly on performance including key features of plan operations and presentation of analyses and recommendations in response to reported performance outcomes. ASB will provide quarterly reports detailing customer service telephone answer time and abandonment. ASB will deliver this report within thirty (30) calendar days of the end of the quarter reported.
Executive Report	Quarterly	30 days following end of quarter	Email	YES		Utilization and cost reports by overall payments, PMPM payments, discount rates, 2nd level appeals, credit balance recovery report.	ASB will compile an executive report each quarter that includes, but is not limited to, utilization and cost reports by overall payments, per member per month payments, discount rates, and by payments by type of service (inpatient, outpatient, ambulatory surgical center, or professional) and second level appeals summary information. This report will also include a credit balance recovery report which will include: the total dollars recovered that will be credited to the HCA at the time of the recovery. ASB will deliver this report within thirty (30) calendar days of the end of the quarter reported.
Programmer Time/Project Report	Quarterly	30 days following end of quarter	Email	YES			ASB will provide up to 200 hours of programmer time for ad-hoc report requests per contract year. ASB will provide a quarterly report listing the requested project and the

							number of hours used.
Quarterly Performance Guarantee Report	Quarterly	45 days following end of quarter	Email	YES			Except for the Implementation and Member Satisfaction standards above, ASB must measure and report performance with respect to the above standards at least quarterly. ASB must report results to HCA within 45 calendar days after the end of each calendar quarter, unless otherwise approved by HCA. DoHM and Unit Cost Trends are only measured on a yearly basis, and begun six (6) months after the end of the calendar year; the reports for these guarantees must be completed the end of the November following the year being measured. HCA may require additional documentation of performance.
Subrogation Report	Quarterly	45 days following end of quarter	Email	YES			ASB will provide the HCA a quarterly reporting of other party liability activities in ASB's standard format shown in paragraph 8 below. ASB and HCA may modify the standard reporting upon the parties' mutual agreement in writing. Report will be delivered to the HCA contract manager within forty-five (45) days after the end of the quarter.
Changes in Med Policy	Variable	30 days prior to change	Email	YES		Included in monthly OPS report	Notify HCA of changes in medical policy that materially affect plan payments, at least thirty (30) calendar days before making the change.

IRO Decisions	Variable	7 days after final decision	Email	YES			Independent review decisions are considered final and binding for that specific review only. ASB will give HCA copies of each IRO decision within seven (7) calendar days of the final IRO decision.
Network Discounts	Variable	Variable	Email	YES			Notify HCA when modifications to ASB's network contracted discount arrangements may result in an increase of two (2) percent or more in monthly claims costs.
Paid Claims	Weekly		Email	YES			ASB will report via e-mail to HCA claims paid on a weekly basis. Notify HCA via e-mail on a weekly basis of claims payments issued. HCA will authorize a transfer of funds to an account specified by ASB. Each transfer requires at least three (3) business days for HCA to complete.
Yearly Performance Guarantee Report	Yearly	By the end of the first quarter of the following year	Email	YES			ASB will calculate all performance guarantees and deliver the report to the HCA Senior Account Sponsor(s) by the end of the first quarter of the following year. This report will include any financial adjustments made due to failure to meet performance standards.
Unit Cost	Yearly	10/30		YES			ASB and HCA agree that the Unit Cost Guarantee will be measured annually for claims paid through June 30 of the current year (e.g., for 20xx claims, measure the claims incurred January 1, 20xx through December 31, 20xx and paid through June 30, 20xx). A draft report of the initial measurements should be reported no later than October 30. A final settlement report

							will be settled on a mutually agreeable date on or before October 30, upon which time the penalty withhold will either be released or retained by the HCA.
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7 UMP Plus Network Process Notification

Overview

The following process is used by the UMP ASB and ACP Networks to provide consent to an enrollee to rec are used by the ACP Networks, UMP ASB, and the HCA to manage the participation of providers in an ACP’s network.

Out-of-network Consent



The following process is used by the UMP ASB and the ACP Networks when an enrollee requests to receive services from an out-of-network provider at in-network benefits:

Version 1 Began using as of: January 1, 20xx	 Network Consent for Non-Network and Ou
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Processes for Adding and Removing Affiliate and Partner Providers

An ACP Networks uses the following process to add or remove a provider from its custom network.



Process for Adding an Affiliate or Partner Provider

Process: Version 1 Began using as of: December 1, 20xx	 Adding Affiliate or Partner Provider Nov
Form: Version 1 Began using as of: December 1, 20xx	 Form 012015ACP Adding Affiliate or Pa


Process for Adding a Provider to a Partner or Affiliate Provider that is a Clinically Integrated Network

Process: Version 1 Began using as of: December 1, 20xx	 Adding TIN Provider to Partner or Affiliate
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Process for Removing an Affiliate or Partner Provider

Process: Version 1 Began using as of: December 1, 20xx	 Removing Affiliate or Partner Provider Nov
Form: Version 1 Began using as of: December 1, 20xx	 Form 012015ACP Adding Affiliate or Pa

Process for Adding an Affiliate or Partner Provider


Process: Version 1 Began using as of: December 1, 20xx	 Adding Affiliate or Partner Provider Nov
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Process for reviewing

Process: Version 1 Began using as of: December 1, 20xx	 Adding Affiliate or Partner Provider Nov
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Change Roster

An ACP Networks communicates which providers to add or remove from a custom network through the Change Roster. The processes on adding and removing providers refer to using the Change Roster.

<p>Roster: Version 1</p> <p>Began using as of: December 1, 20xx</p>	 <p>Monthly Provider Change Roster Nov 2</p>
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Process for Reviewing the Change Roster for Adding and Removing Providers

The HCA and the UMP ASB use the following process to review the Change Roster submitted by the ACP Networks.

<p>HCA’s Review Process</p> <p>Version 1</p> <p>Began using as of: December 1, 20xx</p>	 <p>HCA Reviews Monthly Provider Cha</p>
<p>The UMP ASB’s End to End Review Process</p> <p>Version 1</p> <p>Began using as of: December 1, 20xx</p>	 <p>HCA ACP Provider Data End to End Proc</p>

Reporting Timeliness Notification

Insert Marcia’s table for tracking reports

Financial Reconciliation Process

Clinical Data Repository

8 Acronyms

ABA	Applied Behavioral Analysis
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CDHP	Consumer-Directed Health Plan
COB	Coordination of Benefits
DPCA	Diabetes Prevention and Control Alliance
EOB	Explanation of Benefits
GHA	General Health Assessment
HCA	Washington State Health Care Authority
HEDIS	Healthcare Effectiveness Data and Information Set

HI	Health Informatics
HTCC	Washington State Health Technology Clinical Committee
IOCP	Intensive Outpatient Care Program
IRO	Independent Review Organization
NCQA	National Committee for Quality Assurance
OIC	Office of the Insurance Commissioner
OPL	Other Party Liability
OPS	Operations
PCMHP	Patient Centered Medical Home Pilot
PG	Performance Guarantee
PMPM	Per-Member-Per-Month
PSHA	Puget Sound Health Alliance (this has been replaced by the WA Health Alliance)
SAS	Statement of Auditing Standards
TBD	To be determined
ASB	Third Party Administrator
UMP	Uniform Medical Plan
WHA	Washington Health Alliance
YTD	Year-to-Date

9 Glossary

Facets System: ASB’s operations system, which process claims, call tracking, etc.

Pay1: The data system currently hosted by Washington State Consolidated Technology Services that meets all Washington State data security requirements. Pay1 contains account information for active state employees, including employees of states agencies and higher education institutions; retirees; employer groups; self-pay continuance coverage options (such as COBRA accounts); and dependents. Pay 1 tracks and contains eligibility and other account information, such as contact information, enrollment dates, dependents’ information, and medical and dental insurance plans. Only PEBB-offered benefit products are tracked in Pay1.

PEB Division: the Public Employees Benefits Division of the Health Care Authority, which manages the operations that provide insurance coverage for Eligible Member employees of Washington State agencies, higher education institutions, certain employer groups, and their families.

PEBB: the Public Employees Benefits Board authorized to design benefits and determine the terms and conditions for participation in health insurance benefits for eligible public employees and retirees under RCW 41.05.065.

Erroneous, Cancelled and Voided Payments: ASB receives requests to cancel checks made out to members or providers that have been unclaimed.