



GlobalHealth

OK Provider Orientation Presentation

1/1/2023

The GlobalHealth Difference

We are unique by providing **high touch**, **high value**, and a **partnership** to our providers. We go above and beyond to provide personalized, engaging, and responsive services to our partners.

We work hard to offer affordable health insurance coverage with the benefits people truly want and need. We strive to be more than just a health insurance company – we want to be in long-term relationships with you!

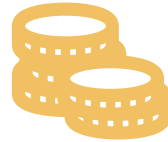


Three Uniques



High-Touch

We go above and beyond to provide personalized, engaging, and responsive services to our members.



High Value

We work hard to offer affordable health insurance coverage with the benefits people truly want and need.



Partnership

We strive to be more than just a health insurance company – we want to be long term partners with our members.

Our approachable, local customer care team is ready to help our members by being responsive and going above and beyond.

New Plans for 2023

D-SNP, C-SNP and HMO Plans – available in all 26 counties

- H3706-028 Generations Dual Support (HMO D-SNP)
- H3706-029 Generations Dual Premier (HMO D-SNP)
- H3706-024 Generations Chronic Care (HMO C-SNP)
- H3706-025 Generations Chronic Care Savings (HMO C-SNP)
- H3706-001 Generations Classic Rewards (HMO)
- H3706-023 Generations Classic Plus (HMO)
- H3706-009 Generations Valor (HMO-POS)



GlobalHealth C-SNP

What is a Chronic Special Needs Plan (C-SNP)?

GlobalHealth is offering a C-SNP for patients with chronic and disabling disorders.

To qualify a member must have:

- Medicare Part A and Part B
- Live in our service area
- One or more of the follow chronic conditions:
 - Diabetes
 - Chronic Heart Failure
 - Cardiovascular Disorders such as Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, and Chronic Venous Thromboembolic Disorder

NOTE: The enrollee's ability to enroll will be based on verification that they have a qualifying specific severe or disabling chronic condition.



GlobalHealth C-SNP Provider Network Access

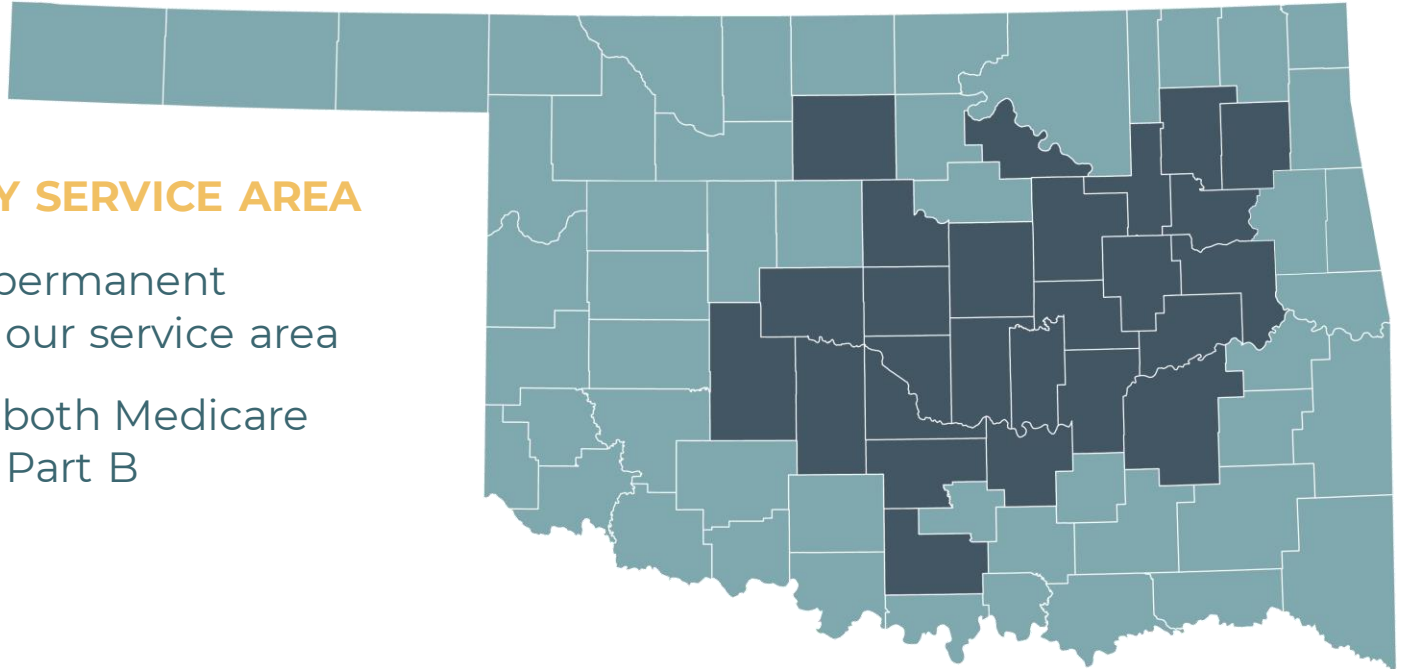
GlobalHealth is responsible for maintaining a specialized provider network that corresponds to the needs of our members.

GlobalHealth coordinates care and ensures that providers:

- Are accessible to members 24/7
- Collaborate with the ICT and contribute to a beneficiary's ICP.
- Provide clinical consultation.
- Assist with developing and updating care plans.
- Provide pharmacotherapy consultation and medication reconciliation.

Eligibility & Service Area Map

- **26 COUNTY SERVICE AREA**
- Must be a permanent resident in our service area
- Must have both Medicare Part A and Part B



Benefit	Generations Classic Rewards (HMO)	Generations Classic Plus (HMO)	Generations Valor (HMO-POS)
Premium	\$0		
Part B Giveback	\$75/month	\$0	\$75/month
PCP Visits	\$0		
Specialist	\$40	\$30	\$35 in-network \$55 out-of-network
Inpatient Hospital	\$295/day (Days 1-7)	\$245/day (Days 1-7)	\$295/day (Days 1-7) in-network \$345/day (Days 1-7) out-of-network
Maximum Out-of-Pocket	\$3,900	\$3,900	\$3,900 in-network \$4,900 combined
RX Preferred Pharmacy (30-day)	\$0/\$10/\$42/40%/33% - Additional Gap Coverage Insulin copays are \$35		No Part D Coverage
RX Preferred Pharmacy (100-day)	\$0/\$0/\$84/\$40% - Additional Gap Coverage Insulin copays are \$84 or \$105		No Part D Coverage
Smart Wallet	\$500/year (D/V/H) \$100/quarter (OTC)	\$500/year (D/V/H) \$100/quarter (OTC)	\$500/year (D/V/H) \$100/quarter (OTC)
Dental Allowance	\$1,500	\$2,000	\$1,500
Additional Supplemental Benefits	Vision, Hearing, Fitness, Non-emergency Transportation, Post-Discharge Meals, and more!		

Benefit	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)
Premium	\$0	
Part B Giveback	\$0	\$100/month
PCP Visits	\$0	
Specialist	\$20	\$35
Inpatient Hospital	\$195/day (Days 1-7)	\$275/day (Days 1-7)
Maximum Out-of-Pocket	\$3,450	\$3,900
RX Preferred Pharmacy (30-day)	0/\$5/\$42/\$90/33% - Additional Gap Coverage Insulin copays are \$35	
RX Preferred Pharmacy (100-day)	\$0/\$0/\$84/\$270 - Additional Gap Coverage Insulin copays are \$84 or \$105	
Smart Wallet	\$1,000/year (D/V/H) \$150/quarter (OTC and/or Groceries)	\$1,000/year (D/V/H) \$150/quarter (OTC and/or Groceries)
Dental Allowance	\$2,000	\$2,000
Additional Supplemental Benefits	Vision, Hearing, Fitness, In-home support services, Non-emergency transportation, post discharge meals and more	

Benefit	Generations Dual Support (HMO D-SNP) For: QMB+, QMB, SLMB+, and FDBE	Generations Dual Premier (HMO D-SNP) For: QMB+, SLMB+ and FDBE
Premium	\$0	
Part B Giveback	\$0	\$0
PCP Visits	\$0	
Specialist	\$0	
Inpatient Hospital	\$0	
Maximum Out-of-Pocket	\$3,650	\$3,650
RX Preferred Pharmacy (30-day)	\$0	
RX Preferred Pharmacy (100-day)	\$0	
Smart Wallet	\$1,000/year (D/V/H) \$150/month (OTC, Utilities and/or Groceries)	\$1,250/year (D/V/H) \$150/month (OTC, Utilities and/or Groceries)
Dental Allowance	\$3,000	\$4,000
Additional Supplemental Benefits	Vision, Hearing, Fitness, In-Home Support Services, Non-Emergency Transportation, Post Discharge Meals, Meal Assistance, and more!	

NEW! Smart Wallet

Please note that all plans do not offer all categories.

GlobalHealth has partnered with NationsBenefits to give members the Smart Wallet, a Benefits Mastercard® Prepaid Card. This card will hold monthly/quarterly/annual allowances for:

- Dental
- Vision
- Hearing
- Over-the-Counter
- Groceries
- Utilities

Plan Name	Benefit Allowance	Frequency	Benefits and Programs
Generations Classic Rewards (HMO)	\$100	Quarterly	OTC
Generations Classic Plus (HMO)	\$100	Quarterly	OTC
Generations Chronic Care (HMO C-SNP)	\$150	Quarterly	OTC, Groceries
Generations Chronic Care Savings (HMO C-SNP)	\$150	Quarterly	OTC, Groceries
Generations Dual Support (HMO D-SNP)	\$150	Monthly	OTC, Groceries and/or Utilities
Generations Dual Premier (HMO D-SNP)	\$150	Monthly	OTC, Groceries and/or Utilities
Generations Valor (HMO)	\$100	Quarterly	OTC

Plan Name	Benefit Allowance	Frequency	Benefits and Programs
Generations Classic Rewards (HMO)	\$500	Annual	Dental, Vision and/or Hearing
Generations Classic Plus (HMO)	\$500	Annual	Dental, Vision and/or Hearing
Generations Chronic Care (HMO C-SNP)	\$1000	Annual	Dental, Vision and/or Hearing
Generations Chronic Care Savings (HMO C-SNP)	\$1000	Annual	Dental, Vision and/or Hearing
Generations Dual Support (HMO D-SNP)	\$1000	Annual	Dental, Vision and/or Hearing
Generations Dual Premier (HMO D-SNP)	\$1250	Annual	Dental, Vision and/or Hearing
Generations Valor (HMO)	\$500	Annual	Dental, Vision and/or Hearing

MAPD Supplemental Benefits for 2023

H3706-001 Generations Rewards (HMO), H3706-023 Generations Classic Plus (HMO), H3706-009 Generations Valor (HMO-POS)



Hearing Benefit – Routine exam limited to 1 per year. Members receive up to a total of \$1,000 for hearing aids per year.



Dental Allowance – Our plans pay for preventive and comprehensive dental services, including dentures.

- H3706-001 and H3706-009 pay \$1,500 per year
- H3706-023 pays \$2,000 per year



Routine Eyewear Benefit – Members pay nothing for 1 routine visit per year. Plans pay up to \$200 for 1 pair of supplemental eyeglasses or contacts per year. H3706-009 pays \$300 per year.



Transportation Benefit – Members pay nothing for 12 plan-approved trips. Trips are limited to 50 miles per one-way trip. H3706-009 covers 24 plan-approved trips.



Fitness Benefit – On all plans, member pay nothing at an in-network facility and can receive 1 home fitness kit per year.



Up to \$75 Monthly Credit on Part B Premium – Members will receive a monthly credit to their Part B Premium. Available on H3706-001 and H3706-009.

MAPD Supplemental Benefits for 2023

H3706-024 Generations Chronic Care (HMO C-SNP) and
H3706-025 Generations Chronic Care Savings (HMO C-SNP)



Hearing Benefit – Routine exam limited to 1 per year. Members receive up to a total of \$1,000 for hearing aids per year.



Dental Allowance – Our plans pay for preventive dental services at no cost. Our plans pay a total of \$2,000 for comprehensive dental services per year.



Routine Eyewear Benefit – Members pay nothing for 1 routine visit per year. Plans pay up to \$200 for 1 pair of supplemental eyeglasses or contacts per year.



Transportation Benefit – Members pay nothing for plan-approved visits, up to 24 one-way trips. Trips are limited to 50 miles per one-way trip. Please visit www.GlobalHealth.com to review the Evidence of Coverage for more details.



Fitness Benefit – On all plans, member pay nothing at an in-network facility and can receive 1 home fitness kit per year.



\$100 Monthly Credit on Part B Premium – Members will receive a monthly credit on their Part B Premium. Only applicable to H3706-025 Generations Chronic Care Savings (HMO C-SNP).

MAPD Supplemental Benefits for 2023

H3706-028 Generations Dual Support (HMO D-SNP) and
H3706-029 Generations Dual Premier (HMO D-SNP)



Hearing Benefit – Routine exam limited to 1 per year. Members receive up to a total of \$2,000 for hearing aids per year.



Dental Allowance – Our plans pay for preventive dental services at no cost. H3706-028 pays a total of \$3,000 and H3706-029 pays a total of \$4,000 for comprehensive dental services per year.



Routine Eyewear Benefit – Members pay nothing for 1 routine visit per year. H3706-028 pays up to \$300 and H3706-029 pays up to \$400 for 1 pair of supplemental eyeglasses or contacts per year.



Transportation Benefit – Members pay nothing for plan-approved visits, up to 36 one-way trips. Trips are limited to 50 miles per one-way trip. Please visit www.GlobalHealth.com to review the Evidence of Coverage for more details.



Fitness Benefit – On all plans, member pay nothing at an in-network facility and can receive 1 home fitness kit per year.



In-Home Support Services – Members pay nothing for up to 60 hours of In-Home Support Services in partnership with Papa Pals.

No Referrals to See a SCP

- **Members do not need a referral** from their PCP to visit a SCP in our provider network
- Members can simply schedule an appointment and go
- Available on all plans
- Certain services performed by a SCP may require prior authorization; always check the EOC



Pharmacy

Pharmacy Benefit Manager (PMB):

CVS Caremark for GlobalHealth MA Members

There are several ways you can help your patients save money:

- Many drug tiers have cost-sharing breaks for the Member in 100-day supplies versus 30-day supplies
- Prescribe a generic whenever appropriate
- MA Members may save money by filling prescriptions at a preferred cost-sharing pharmacy rather than a standard cost-sharing pharmacy

Mail Order Pharmacy Service

CVS Caremark offers the convenience of mail order at the same cost-sharing as preferred pharmacies.





COVID-19 Vaccination Reminder

GlobalHealth is required to pay for the COVID-19 vaccine and its administration (including approved booster doses), without cost sharing beginning January 1, 2022.



Sample Member ID Card



MedicareRx
Prescription Drug Coverage 

<Plan Name>

Member ID: <XXXXXXXXXX>
<First Name> <MI> <Last Name>

PCP Name: <PCP Name>
PCP Phone: <XXX-XX-XXXX>

Copayments

PCP	SPEC	ER	H3706-<PBP #>
<XX>	<XX>	<XX>	Effective: [cvg_eff_dt]

Front

BARCODE HERE

Customer Care: <X-XXX-XXX-XXXX> (TTY: 711)
www.GlobalHealth.com

24/7 Nurse Line: <X-XXX-XXX-XXXX>	Submit Claims to:
Behavioral Health: <X-XXX-XXX-XXXX>	GlobalHealth
Dental: <X-XXX-XXX-XXXX>	Claims Department
Vision: <X-XXX-XXX-XXXX>	P. O. Box 2718
Hearing: <X-XXX-XXX-XXXX>	Oklahoma City, OK 73101
Pharmacy Member Services: <X-XXX-XXX-XXXX>	EDI Payor ID: GHOKC0001
Pharmacy Technical Support: <X-XXX-XXX-XXXX>	

Pharmacy Claims: CVS Caremark, P.O. Box 52066, Phoenix, AZ 85072-2066

Back

Provider Portal

Provider Portal is an online tool available to all Contracted Providers which allows you to:

- Verify eligibility
- Review Member demographics
- View benefit information
- Create referrals
- Check prior authorization/referral review status
- Check claim status

The Provider Portal will be available 24/7.

You may access information about Provider Portal on the Provider tab of our website: www.GlobalHealth.com.

Email provider.relations@globalhealth.com with questions

NOTE: GlobalLink® will continue to be available to access historical information from 2022 and earlier. The Provider Portal should be utilized for 2023 or later information.



Provider Responsibilities

- Complete the Provider Update Form found at www.GlobalHealth.com, Provider Tab within 30 days of when there are any changes to your tax ID number, NPI, address, telephone, fax number, name, location(s), and limitations/restrictions to practice.

- Comply with Access and Availability Timeliness Standards
- Notify GlobalHealth for Member reassignments when a primary care physician leaves the group.

Type	Access Standard	Examples
Emergency	Immediate appointment or Member is directed to nearest emergency room or call 911	Major trauma, laceration, eye injury, musculoskeletal injury, chest pain. Absence of medical attention to result in placing the health of the individual (or unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunction of any body organ or part.
Urgently Needed Services	Within 24 hours	Minor trauma, sprain, high temperature, persistent diarrhea, and vomiting. Unexpected illness or injury that is not an emergency, but severe enough or painful enough to require treatment within 24 hours.
Post-acute (inpatient or emergency room) Discharge	Within 14 calendar days of discharge	Update care plan, coordinate care with any Specialist Physician(s), obtain labs, and reconcile medications.
Symptomatic, Non-urgent	Within 7 calendar days of request	Flu, cold, headaches, rashes, sore throat.
Routine/Regular Care	Within 30 calendar days of request	Follow-up appointments for asthma, blood pressure checks, diabetes.
Annual Wellness/Preventive Care	Within 30 calendar days of request	Annual wellness examinations.

Authorizations

Prior authorization decisions are made in a timely manner to accommodate the clinical urgency of the patient's situation.

- 1. Urgent Concurrent:** Determination made within 24 hours of receipt of request
- 2. Urgent Preservice:** Determination made within 72 hours of receipt of request
- 3. Non-Urgent Preservice:** Determination made within 14 days of receipt of request

The PCP is responsible for submitting a Prior Authorization when necessary and for supplying complete clinical information concerning the Referral to the receiving Specialist Physician or facility. The Specialist Physician can request subsequent Prior Authorizations as needed. Prior Authorizations are required whether GlobalHealth is the primary or secondary payer.

Authorizations

Things to Note

- The office should verify eligibility and confirm authorization using the Provider Portal prior to the visit or service.
- The authorization will state the services that are approved.
- The approved services must occur within the approved time frame from the date of the authorization.
- If the authorization covers more than one visit or service, the provider must verify eligibility at the time of each visit. Payment will not be made for services rendered to an ineligible member.
- Notify GlobalHealth within 24 hours regarding any unexpected services that were medically necessary but were not included in the original prior authorization.

Hospital Admissions

In addition to the authorization, GlobalHealth must be notified by the hospital of all admissions within 24 hours of admission. Although prior authorization is not required for some services, notification is required.

The following reports are required to be provided daily to GlobalHealth's UM Department:

- Census report for all GlobalHealth Members
- Discharge Report
- Inpatient and outpatient surgeries, observation stays, and Skilled Nursing Facility (SNF) admissions, if applicable.

Hospital Admissions

Concurrent Review

GlobalHealth performs concurrent review from the day of admission through discharge to assure the medical necessity of each day, that services are provided at the appropriate level of care, and that necessary discharge arrangements are being/have been made.

Discharge Planning

Transition of care management/discharge planning starts at the time of hospital admission or when the admission is authorized and continues throughout the discharge process. It includes the coordinate of a patient's continued care needs both in and out of the inpatient setting.

Behavioral Health Benefits

Members can directly access mental health and/or substance use disorder services by calling the Carelon Behavioral Health Customer Care number listed on the back of their Member ID card. Assistance is available for those that need translation or are hearing impaired.



Claims

GlobalHealth will reimburse for Covered Health Care Services on timely filed claims in accordance with contractual agreements and applicable statutory requirements less any applicable copayments or coinsurance owed by the member.

GlobalHealth's electronic data interchange (EDI) number is **GHOKC0001**. The preferred EDI clearinghouse is Change Healthcare/Emdeon.

Contracted Providers must use the provider portal to obtain claim status.



Claims

Balance Billing

A contracted provider accepts the GlobalHealth reimbursement as payment in full and may NOT “balance bill” a GlobalHealth member.

In other words, the contracted provider may not look to a GlobalHealth member for payment for covered health care services beyond the member’s applicable deductible, copayment and/or coinsurance amounts.

Balance billing is a violation of the agreement and may result in termination of the contracted provider from the GlobalHealth network.

Claims

Qualified Medicare Beneficiary

Medicare providers and suppliers may not bill GlobalHealth members in the Qualified Medicare Beneficiary (QMB) Program for Medicare deductibles, coinsurance, or copays. State Medicaid programs may pay for those costs.

Under some circumstances, federal law lets states limit how much they pay providers for Medicare cost-sharing. Even when that's the case, people in the QMB program have no legal obligation to pay Medicare providers for Medicare Part A or Part B cost-sharing.

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/QMB>>

Claims

Provider Payment Disputes/Claim Reviews

A provider may request a claim review if any part of a claim submitted for payment is either fully or partially denied. The appropriate claim review form can be found at www.GlobalHealth.com, Provider tab.

Claim reviews may be resolved by attaching any pertinent documents to support the claim (e.g., sending proof of timeline filing, sending a copy of the authorizations for claims denied for no authorization).

Remittance Advice (RA)

The RA GlobalHealth issues summarizes the claim and explains how the benefits were applied. Use the RA to determine how a claim was paid including non-allowed amounts and adjustments. The RA will note any non-covered services and cost sharing amounts that are the responsibility of the member. The RA lists and explains all codes used in processing each claim. Claim details can also be obtained through the Provider Portal.

Electronic RA – Zelis

We are excited to announce a new electronic payment process which we are implementing with Zelis Payments. This alliance provides us with the latest in secure electronic payment technology by accelerating and adding efficiency to our claim's payment process.

EFT and ERA – Enrolling in Zelis

Enrolling is fast and easy! Visit zelispayments.com and click “Provider Login” to create an account. Follow the instructions below as a guide:

Step 1: Click “Sign Up Now!”

Step 2: “I don’t have a registration code” – First, request your registration code. If you are interested in enrolling with Zelis Payments but have not received a payment from us in the past, click “Next” and provide your practice detail. Be sure to populate all required fields and click “Submit Request.” A registration code will be sent via the delivery method selected.

Step 3: “I have a registration code” – If you have received a payment from Zelis Payments and have a registration code, click “Yes” when accessing the registration page. Provide your practice detail and registration code and click “Verify Registration Code and Continue.” To have your registration code reset, contact Zelis Payments Client Service at (877) 828-8770.

Other

Provider Manual and Other Forms and Resources

The provider manual includes valuable information about working with GlobalHealth and our policies. Please become familiar with it as it is an extension of your provider contract. It can be found in the Provider section on our website at www.GlobalHealth.com. All other forms and resources can be found on our website as well.

Provider Satisfaction

To continually improve upon health plan services, GlobalHealth may conduct Provider Experience Surveys. The survey identifies the providers' level of satisfaction.

Online Directory

www.GlobalHealth.com

Member Complaints and Grievances

If a member files a complaint against a provider, GlobalHealth will contact the provider for additional information, which may include a request for an explanation or medical records, to ensure all the facts are obtained before responding to the grievance.

Key Contacts

Provider Services:

1-844-200-8167

Enrollment & Eligibility:

PO Box 1678 Oklahoma City, OK 73101

Claims:

PO Box 2718 Oklahoma City, OK 73101

Health Services:

PO Box 2840 Oklahoma City, OK 73101

Appeals and Grievances:

PO Box 2658 Oklahoma City, OK 73101



Next Steps

- Cadence for Subsequence Meetings
- Required Model of Care Training for:
 - Primary Care Physicians
 - Cariologists
 - Cardiovascular Surgeons
 - Endocrinologists
 - Pulmonologists
 - Ophthalmologists
 - Podiatrists
 - Neurologists
 - Dermatologists
 - Behavioral Health Specialists





**THANK
YOU!**