



Quarter 3 Provider Training

July-Sept 2023

Confidential – Not Intended for Distribution

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Provider Relations Team



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STAR RATINGS PURPOSE & INTENT



CMS publishes Star Ratings each year to:

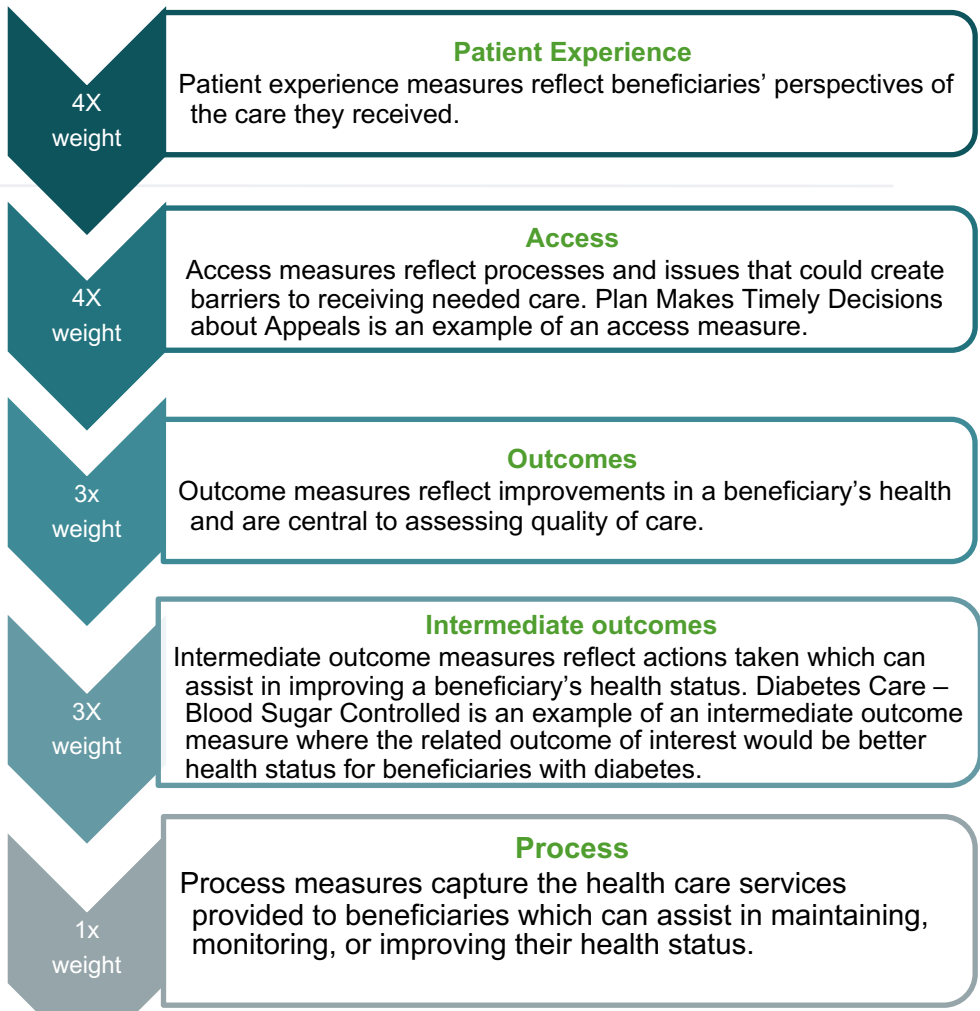
- ✓ Measure quality in MA and Part D plans,
- ✓ Assist beneficiaries in finding the best plan for them, and
- ✓ Determine MA Quality Bonus Payments (QBP).

CMS uses Star Ratings to support public reporting and transparency by posting Star Ratings on Medicare Plan Finder (MPF).

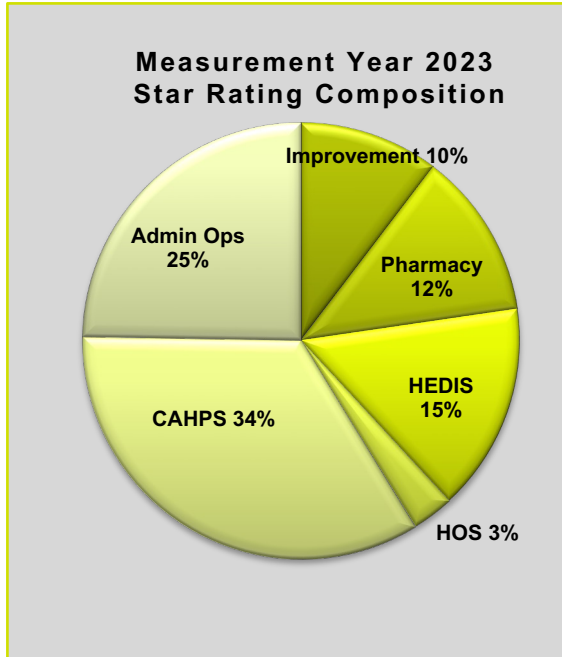
CMS evaluates progress toward the Triple Aim through Star Ratings:

- ✓ Improving the patient experience of care (quality, access, reliability),
- ✓ Improving the health of populations, and
- ✓ Reducing or controlling the cost of healthcare.

CMS also uses Star Ratings as a basis for compliance and enforcement actions, to identify audit candidates, and to support decisions for application approvals and denials.



STAR RATINGS DATA SOURCES AND MEASURE COMPOSITION



HEDIS®	CAHPS	HOS
<ul style="list-style-type: none"> Developed and maintained by the National Committee for Quality Assurance (NCQA) Designed to allow consumers to compare performance to other plans and/or benchmarks Comes from surveys, insurance claims, medical charts The industry's most used source of clinical quality measures 	<ul style="list-style-type: none"> Data comes from a series of patient surveys rating healthcare experiences Focus on healthcare quality aspects that patients find important and are well equipped to assess CAHPS surveys are funded and overseen by the Agency for Healthcare Research and Quality (AHRQ) but must be administered by a qualified vendor 	<ul style="list-style-type: none"> First patient-reported outcomes measures used in Medicare A random sample of Medicare beneficiaries is drawn and surveyed from each participating Medicare Advantage Organization. The same group of members is resurveyed after 2 years to evaluate how effectively the MA plan has maintained or improved the health of those surveyed

Pharmacy - PDEs	ADMINISTRATIVE DATA
<ul style="list-style-type: none"> Every time a beneficiary fills a Part D prescription, the plan sponsor must submit a summary record to CMS called the prescription drug event (PDE) data 	<ul style="list-style-type: none"> CMS collects Medicare enrollment, spending, and claims data to monitor and evaluate access to care and quality of care, trends in utilization, changes in payment policy, and other program-related issues

What ATRIO Health Plans is doing to improve Star Ratings



ATRIO's Top Priorities Include:

- Ensuring our members have access to **high-quality** plans with an overall Star rating of **four stars** or higher.
- Helping our members maintain or **improve their overall health and wellbeing.**

Examples of ways we are working to achieve our mission include:

- ✓ Arming providers with **timely, actionable patient health information.** This includes the latest care gaps report.
- ✓ **Rewarding members** for completing Annual Wellness Visits or Annual Check Ups.
- ✓ Providing a **dedicated team focused on improving our Star Ratings** for the quality care measures with room for Star score improvement.
- ✓ Working with Care Management, Health Care Quality, and our network providers to **help our members stay healthy** by evaluating how often members receive **screenings, vaccines, checkups,** and other **preventive services** and helping them to close their care gaps.





What ATRIO Health Plans is doing to improve Star Ratings

One of ATRIO's main missions is to ensure our members continue to have access to high-quality plans with an overall Star rating of four stars or higher. Through our Medicare Advantage plans we aim to help our members maintain or improve their overall health and wellbeing.

Examples of ways ATRIO is working to achieve this mission include:

Arming providers with timely, actionable patient health information and helpful resources that improve quality of care.

Rewarding members for completing Annual Wellness Visits or Annual Check Ups.

Providing a dedicated team focused on improving our Star Ratings for the quality care measures with room for Star score improvement.

Working with our network providers to help our members stay healthy by evaluating how often members receive screenings, vaccines, checkups, and other preventive services and helping them to close their care gaps.

Manage chronic conditions

- ✓ Track hemoglobin A1c (HbA1c) tests for diabetic members & adjust therapy as needed to achieve a HbA1c of less than 9.
- ✓ Ensure patients with diabetes receive kidney health evaluation (estimated glomerular filtration rate (eGFR) & urine albumin-creatinine ratio (uACR) & retail eye exams and that results are documented in your records annually.
- ✓ Optimize anti-hypertensive medications in your patients with hypertension. If their BP is elevated, continue to treat and monitor until it comes down to the normal range

Make the primary care physician the orchestrator of care to ensure positive patient outcomes

- ✓ Ensure patients discharged from the hospital or ED are scheduled to see a PCP within 7-10 days of discharge to prevent possible readmissions.
- ✓ Transitions from care settings should be closely monitored & coordinated through the PCP practices to ensure the best health outcomes.
- ✓ Ensure patients know what to do when in need of urgent care during & after-hours, and that patients receive care coordination services from their PCP (i.e., follow-up appointments, tests, referrals to specialists)

Safeguard patient satisfaction levels

- ✓ Refer all patient complaints about ATRIO directly to the health plan for timely resolution.
- ✓ Address members' mental and physical health during the office visit.
- ✓ Make customer service the highest priority within your practice setting.

Ensure patients know the importance of taking their medications to maximize the benefits of their treatment

- ✓ Assist patients with medication adherence goals to support the treatment of diabetes, hypertension, & cholesterol control.
- ✓ Help identify barriers to adherence.
- ✓ Encourage patients with multiple conditions & medications to participate in ATRIO's program for Medication Therapy Management (MTM). If a pharmacist contacts you about recommendations as a result of a MTM review, review the suggested recommendations.
- ✓ Ensure patients discharged from hospitals or skilled facilities have their current medications reconciled against their discharge medications within 30 days of discharge

Payer-Provider Collaboration is Key



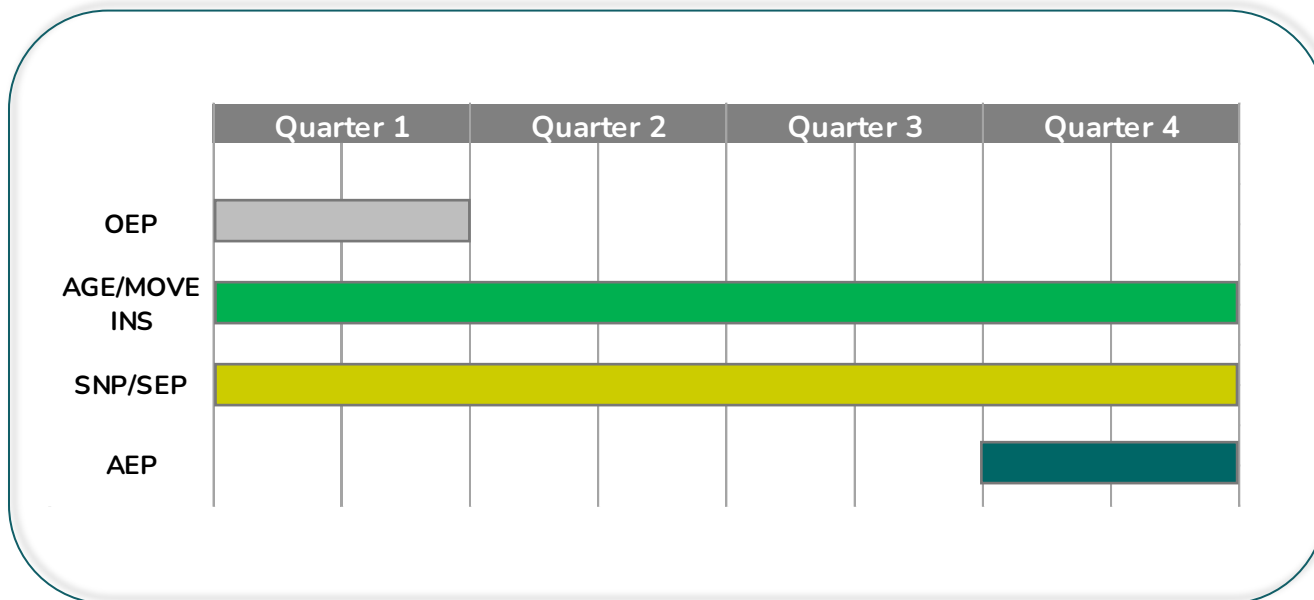
Payer-provider collaboration to achieve high Star Ratings results in **positive health outcomes**, **reduced costs**, and **enhanced benefits for the patients** we jointly serve.

Success requires our focused attention on key **HEDIS®**, **pharmacy**, and **CAHPS®** experience measures.

We count on you and appreciate your willingness to collaborate with us to **share information**, **collect medical records**, and engage your patients in obtaining **preventive screenings** and **managing their chronic conditions**.



Timeline



Growth Strategies



Keep Patients

Patients Stay and Tell
Others

Activity In-Clinic:

- Patient Appreciation events; patient orientations; referral programs; surveys
- Direct outreach to patients (email; text; social; phone; direct mail)

Main Message:

- We are honored to care for you; Stay with your Doc; Refer a friend

Outcome:

- Stickiness with Doctor and care team; Advocate; refers friends

The Right Plan
Medicare to MA Age Ins

Direct to Patient:

- Brokers assigned to clinic; patient education events; AEP clinic tool kit; training and scripting teams; direct outreach to patients (email; text; social; phone; direct mail)

Main Message:

- Does your plan provide you with the benefits you need; we can help; Are you getting the benefits you deserve?

Outcome:

- Patients with appropriate coverage/funding; educated about benefits of MA

New Patients

Move Ins, Organic Growth

Direct to Community:

- Broker programs/tools; community events, doctor talks; digital/social; paid media – print, outdoor, TV, direct mail; email campaign

Main Message:

- Trust us with your care; a better experience; strong network; more services

Outcome:

- New patients acquired from others or capture of new people to the market

Value. Expertise. Service.

Appointment Scheduling

Reminds patient that it's Medicare Annual Election Period. Encourages them to talk to their provider at their next visit about the benefits of a Medicare Advantage Plan and ask if they can assist them with any information. If "yes", forward patient to Practice Manager to follow up.

Reception

Greets patients. Hands survey to patients who may benefit from a Medicare Advantage plan.

PATIENT COMMUNICATIONS

In-Clinic Road Map



GOAL:

Better Care: Improving the patient experience. Informing the patient about their health plan options.

Better Health: Encourage patients to review their health plan's benefits annually to ensure it meets their current needs.

Lower Cost: Aligning patient's needs with available benefits to help them save money.

In-Room Signage

Patient see reminders about Medicare AEP.

Provider

Encourages patients to review his/her options during AEP. Answers patient's questions. Connects patient with broker (or someone in office who can connect with broker).

Checkout

Collect Permission to Contact Form if applicable & give to the PSS to assigned agent

Patient At Home

Receives reminders and invites via direct mail, phone calls, text messages, email, etc. encouraging them to consider their options, visit website.

Waiting Room

Patient sees collateral, brochures, ads, and signage, visits website.

Medical Assistant

Asks patients if they have questions about AEP; Review survey to identify areas where the patient may need additional services. Encourages patients to talk to provider/broker.

Broker

Answers patient's questions and presents options to meet their needs. If broker is in the clinic for office hours, clinical team should introduce patient to broker before they leave. If broker is NOT in clinic, team should give the patients the assigned brokers' cards.

Value. Expertise. Service.



Activities in a Healthcare Setting

Provider-Initiated

Activities conducted by a provider at patient's request **are not** considered marketing and may occur where care is delivered

Oversight required

Provider contracts should indicate the need for providers to remain neutral when assisting beneficiaries

VS.

Plan-Initiated

Activities conducted by a provider (or Organization) at the Organization's request are considered marketing and **are prohibited** from occurring where care is delivered.

Oversight required

Organizations should ensure all appropriate guidance is being followed in the healthcare setting




Permissible Provider Activities



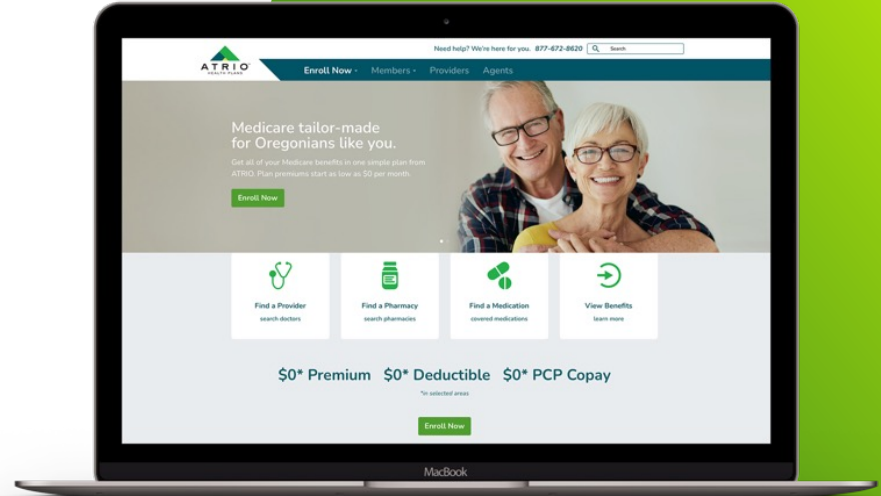
- ✓ Distributing unaltered, printed materials created by CMS, such as “Medicare & You” handbook.
- ✓ Providing the names of Plans/Part D sponsors with which they contract and/or participate.
- ✓ Answering questions or discussing the merits of a plan or plans, including cost sharing and benefit information.
- ✓ Referring patients to other sources of information such as State Health Insurance.
- ✓ Referring patients to Plan marketing materials available in common areas.
- ✓ Educational outreach to Medicare beneficiary to make aware of available plans and services.
- ✓ Mail affiliation letters to current patients.
- ✓ Refer patients to agents to learn more about their options.
- ✓ Providing information and assistance in applying for the Low-Income Subsidy.
- ✓ Make available, distribute, and display communication materials, including in areas where care is being delivered.
- ✓ Provide or make available plan marketing materials & enrollment forms outside of the areas where care is delivered (such as common entryways, vestibules, hospital or nursing home cafeterias, and community, recreational or conference rooms).

Provider Activities NOT Allowed

- 
- A large white 'X' mark is positioned on the left side of the slide, set against a red vertical bar that runs from the top to the bottom of the page.
- X Accept/collect scope of appointment forms.
 - X Accept Plan enrollment applications.
 - X Make phone calls or direct, urge or attempt to persuade their patients to enroll in a specific plan based on financial or any other interests of the provider.
 - X Offer inducements to persuade their patients to enroll in a particular plan or organization.
 - X Conduct health screenings as a marketing activity.
 - X Distribute marketing materials/applications in areas where care is being delivered.
 - X Offer anything of value to induce enrollees to select them as their provider.
 - X Accept compensation from the plan for any marketing or enrollment activities.

Provider Education

- ✔ ATRIO to facilitate training to physicians via webinar/In-person “lunch & learn”
- ✔ ATRIO will develop affiliation letters to be sent to provider client list
- ✔ Develop training materials to be utilized by office staff and physicians
- ✔ Website/Provider Portal
Provider section with information (Future)
- ✔ Table sit (booth) at provider offices
- ✔ Prospect educational and marketing seminars
- ✔ Provider spotlight
- ✔ Member retention meeting



Provider Affiliation Letter

Dear Valued Patient,

We are excited to announce our relationship with **ATRIO Health Plans**, a local [Oregon]-based **Medicare Advantage** plan. This relationship is focused on delivering greater value to you through partnering together to help achieve improved health outcomes for our patients.

Medicare Advantage plans may offer you several advantages over original Medicare coverage. Most importantly these plans are designed to embrace Care Coordination, which leads to better care, higher quality and improved health outcomes, giving you greater peace of mind.

Depending on the Medicare Advantage plan, other advantages may include:

- **Lower costs.** You may find plans with no premium and prescription coverage included!
- **Extra benefits.** Options may include routine vision or hearing, preventive dental, fitness and more. Annual maximum out of pocket protection is *included* so there is no need to pay an additional premium for a secondary Medicare Supplement product!
- **Simplicity.** Comprehensive plans integrating all of your Medicare benefits.
- **Better, local service.** Some plans have local representatives who live in our community.

MARK THE DATES

MARK THE DATES	
Begin shopping for 2021 Medicare Advantage Plans	October 1
Complete an Application during the Annual Election Period	Oct 15 – Dec 7
New coverage for 2021 becomes effective	January 1

As part of our commitment to you we are offering our new **Patient Concierge Service** to those who enroll in a plan with one of our aligned Medicare Advantage partners. This new service provides improved onboarding, assistance getting established with a Primary Care Physician and preferred appointment scheduling.

To learn more about ATRIO's Medicare Advantage plans please visit their website at www.atriohp.com, or call toll-free (855) 534-4696 to speak with an ATRIO representative. To learn more about Medicare Advantage in general, please call 1-800-MEDICARE or visit www.Medicare.gov.

On the reverse of this letter is a listing of free, no-obligation ATRIO-sponsored Medicare Annual Election Period educational opportunities. We've also listed several of our upcoming [Provider] Health & Wellness Seminars, which will include information from ATRIO on Medicare basics.

Thank you for choosing [Provider]. We look forward to continuing to provide you with outstanding health care services during the upcoming year.

Sincerely,

[Provider]

[Provider Name] may contract with other Medicare Advantage insurers.

Attend a Meeting

[Due to the COVID-19 pandemic all meetings will be virtual meetings conducted online]. You can register and attend via your computer, tablet or mobile device.

Simply go online to “atriohp.com” and select “Attend a Meeting”

[Provider] Health & Wellness and ATRIO Medicare 101	
Health & Wellness Topic + Medicare 101	Date and Time
>	•
>	•
>	•
>	•
>	•

ATRIO Medicare Meetings

ATRIO Medicare Meetings	
New to Medicare Understanding Medicare and the local ATRIO Plan Options	>
ATRIO Medicare Annual Election Period (AEP) Meetings ATRIO Sales and Enrollment Meetings open to all Medicare Beneficiaries	>

Schedule a Personal Appointment

For a personal one-on-one appointment with one of our expert ATRIO representatives, simply call us at **1-855-534-4696** to schedule a date and time that will work best for you.

Outreach Objective:

Enhance and strengthen our relationships with key hospitals, physicians and physician groups by using our ATRIO leadership team, agent and agency partners, and physician outreach team:

Facilitate monthly calls between ATRIO management and physician operations

- **Call Objective:**
 - Identify key partners
 - Utilize the Medical Group advocacy team to help introduce sales team to identified key partners
 - Create and maintain tracking sheet to identify PCP's with large practices – tracking will include:
 - Assign territories/agents
 - Identify gaps
 - Create best practices
- **Use tracking sheet to build a business plan with each partnership, which will include:**
 - Frequency of visit
 - Projected outcome
 - Planned Sales and Educational events
 - Lunch and learns for staff
 - Material needs - formularies, Medicare Guide, compliance guidelines



Balance Billing – In Network Providers



- Providers may collect co-payments, coinsurance, and deductibles as appropriate from members.
- Providers may not charge, or otherwise seek payment from ATRIO members for covered services, in the event of non-payment.
- Under no circumstances will providers bill or seek payments from an ATRIO member for a service for which payment is denied or reduced because failure of the provider to comply with utilization management requirements.
- Members may seek and accept financial responsibility for non-covered services
- Providers and hospitals that balance bill for non-covered services are obligated to provide prior written notice to ATRIO's members detailing their potential liability; this must include a good faith estimate of the costs. This cannot be in the form of an ABN (Advanced Beneficiary Notice of Non-coverage) or ABN like. CMS does not allow ABNs or ABN alike to be used for Medicare Advantage members.

Balance Billing- Out of Network Providers



- Providers may collect co-payments, coinsurance, and deductibles as appropriate from members
- Providers may charge or otherwise seek payment from ATRIO members for covered services in the event of non-payment by ATRIO, under one of the following circumstances:
 - EOC shows a clear exclusion from coverage, or
 - the provider clearly communicated to the member, that the service is not covered by ATRIO
*This cannot be in the form of an ABN (Advanced Beneficiary Notice of Non-coverage) or ABN-like notice
 - Self-pay agreements must be clearly documented in member's records
- Under no circumstances will providers bill or seek payments from an ATRIO member for a service for which payment is denied or reduced because failure of the provider to comply with utilization management requirements
- Only services that are reasonable and necessary under original Medicare program standards are covered, along with any applicable supplemental benefits covered under member's benefit plan
- Members may seek and accept financial responsibility for non-covered services
- Providers and hospitals that balance bill for services are obligated to provide prior written notice to ATRIO's members detailing their potential liability; this must include a good faith estimate of the costs. CMS does not allow ABNs or ABN alike to be used for Medicare Advantage members.

Medical Record Audits



Anytime ATRIO conducts a medical record audit report, there are two options in submitting the forms:

- Faxing over the form to fax: 503-376-6800
- Electronic submission (new)

Link: <https://www.atriohp.com/medical-record-audit-response-form/>

If you have any questions about the form, please reach out to compliance@atriohp.com

Additional Training Opportunities



The Provider Relations Team can accommodate if a provider is unable to attend a quarterly training:

- Drop Ins (Provider Outreach)
- Virtual Office Hours (Links on Provider Newsletter)
- In person at local office: ATRIO Health Plans
2965 Ryan Dr SE
Salem, OR 97301
- At Hosting Provider Office (Scheduled/In person)

Thank You