



Centurion of Idaho, LLC

Provider Manual

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CENTURION OF IDAHO Overview

Welcome to the CENTURION OF IDAHO, LLC Provider Manual.

CENTURION OF IDAHO has entered into an agreement with Idaho Department of Correction (“IDOC”) to provide comprehensive healthcare services to residents throughout the state’s correctional system. CENTURION OF IDAHO is committed to building collaborative partnerships with Providers.

CENTURION OF IDAHO serves the IDOC consistent with our core philosophy that quality correctional healthcare requires coordination of care provided within the correctional facility and the services provided “outside the walls.” Headquartered in Boise, all CENTURION OF IDAHO employees that work within IDOC and Providers are based in Idaho.

CENTURION OF IDAHO Guiding Principles

In your dealings with CENTURION OF IDAHO you will find that we apply the following guidelines to all of our interactions. We...

- Provide access to high quality, accessible, cost-effective healthcare
- Perform our functions with integrity, operating at the highest ethical standards
- Build mutual respect and trust in our working relationships
- Create communication that is open, consistent and two-way
- Embrace diversity of people, cultures, and ideas
- Encourage innovation to challenge the status quo
- Stress teamwork and meeting our commitments to one another

Also, please note that CENTURION OF IDAHO welcomes open Provider communication regarding appropriate treatment alternatives. CENTURION OF IDAHO does not penalize Providers for discussing medically necessary, appropriate care or treatment options with our on-site primary care physicians.

CENTURION OF IDAHO Approach

Recognizing that a strong healthcare program is predicated on building mutually satisfactory associations with Providers, CENTURION OF IDAHO is committed to:

- Working as partners with participating Providers
- Performing our administrative and clinical responsibilities in a superior fashion

As much as possible, CENTURION OF IDAHO programs, policies and procedures are designed to minimize the administrative responsibilities in the management of care, enabling the Provider to focus on the healthcare needs of their patients.

CENTURION OF IDAHO Summary

CENTURION OF IDAHO's philosophy is to provide access to high quality healthcare services by combining the expertise of on-site primary care practitioners and specialty providers/specialty services with a highly successful, experienced managed care administrator. CENTURION OF IDAHO believes that successful patient outcomes are the result of providing care that is medically necessary, rendered in the appropriate setting and at the appropriate interval.

It is the policy of CENTURION OF IDAHO to conduct its business affairs in accordance with the standards and rules of ethical business conduct and to abide by all applicable federal and Idaho laws.

CENTURION OF IDAHO takes the privacy and confidentiality of health information seriously. We have processes, policies and procedures to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Idaho Privacy Law requirements.

Working with CENTURION OF IDAHO

For your convenience, we have included a quick reference guide to provide an overview of your role in providing care and recommendations for care as part of your CENTURION OF IDAHO contract. The information below and throughout this manual will include information that should assist you and your day-to-day operations staff. The information includes:

- Contact information for CENTURION OF IDAHO Utilization Management Department
- Name and contact number for Department of Correction sites
- Claims submission and contact information
- Role of the CENTURION OF IDAHO on-site practitioner
- The referral process and your role
- Information required by CENTURION OF IDAHO on-site healthcare team for continuity and provision of care

CENTURION OF IDAHO Regional Office Key Utilization Management Staff

CENTURION OF IDAHO Utilization Management Department	(855) 202-1808, option 1
CENTURION OF IDAHO Statewide Medical Director	(855) 202-1808
CENTURION OF IDAHO Statewide Director of Nursing	(855) 202-1808

IDOC Facility Names and Contact Numbers

Site Name	City	Phone #
Idaho Correctional Institution-Orofino (ICIO)	Orofino	(208) 476-3655
North Idaho Correctional Institution-Cottonwood (NICI)	Cottonwood	(208) 962-3276
Idaho Maximum Security Institution (IMSI)	Kuna	(208) 338-1635
Idaho State Correctional Institution (ISCI)	Kuna	(208) 336-0740
South Idaho Correctional Institution (SICI)	Kuna	(208) 336-1260
South Boise Women’s Correctional Center (SBWCC)	Kuna	(208) 334-2731
Pocatello Women’s Correctional Center (PWCC)	Pocatello	(208) 236-6360
Idaho State Correctional Center (ISCC)	Kuna	(208) 331-2760
Saint Anthony Work Camp (SAWC)	Saint Anthony	(208) 624-3775
Nampa Community Reentry Center (NCRC)	Nampa	(208) 465-8490
Treasure Valley Community Reentry Center (TVCRC)	Boise	(208) 334-2241
Idaho Falls Community Reentry Center (IFCR)	Idaho Falls	(208) 525-7143
East Boise Community Reentry Center (EBCRC)	Boise	(208) 334-3448
Twin Falls Community Reentry Center (TFCRC)	Twin Falls	(208) 644-7900
Mountain View Transformation Center (MVTC)	Kuna	(208) 336-9959

CENTURION OF IDAHO On-Site Services

Most on-site Healthcare Services Units operate 24 hours a day, 7 days a week. The type of staff used to provide services besides practitioner staff include registered nurses, licensed practical nurses, certified nurse assistants, medical assistants, medical records clerks, and secretarial/administrative assistant staff.

The sites also provide on-site mental health and dental staff to allow a full complement of on-site care capabilities. Sites are managed by a clinical and administrative team that may include a Medical

Director, Director of Nursing, and/or Health Services Administrator.

Medication services include provision of all practitioner ordered medications. These are managed on-site and generally provided by single dose administration. There are medical infirmaries which are staffed with nursing staff 24 hours a day, 7 days a week to allow provision of higher level of medical care such as IV management, wound care, and pre/post op care.

The goal of health services within a correctional services contract is to perform as much care/service on-site to minimize the need to transport residents outside of the facility. We strive to provide appropriate level of care and services while minimizing the risk to public safety by transporting residents to outside service providers.

Healthcare services that are routinely provided by on-site services and/or mobile service providers include:

- CLIA waived tests such as blood glucose monitoring, urine pregnancy tests, blood guaiac tests, etc. Sites also draw all routine labs. These labs are drawn, prepared, picked-up, and results completed/returned by a contracted lab vendor.
- Radiology services include routine chest, and extremity radiographs. Some sites may also have availability of services provided by a mobile vendor for ultrasound, mammography, etc.
- Dialysis services

On-Site Practitioners

Practitioners providing care can include a combination of physicians, nurse practitioners and physician assistants. On-site practitioners are CENTURION OF IDAHO employees and serve as the primary care providers and medical home for the management of resident patient care.

Site practitioners are responsible for providing/performing care and management of urgent and routine medical care. They are also responsible for care and management of resident patients with chronic disease. Site practitioners are also responsible for requesting and managing resident patient specialty care. Resident patients are not allowed to 'self-refer' for a specialty provider/service as allowed in the community.

The on-site practitioners submit requests for specialty service based on the CENTURION OF IDAHO prior authorization list (PAL) for services identified as requiring medical necessity determination. CENTURION OF IDAHO uses InterQual and other evidence-based criteria to assess medical necessity of the request. Our program uses a two level review system where trained utilization management nurses perform Level 1 review. Any request not meeting criteria for Level 1 approval is deferred to our CENTURION OF IDAHO Statewide Regional Medical Director for final determination.

On-Site Practitioner Availability

Availability is defined as the extent to which CENTURION OF IDAHO employs the appropriate type and number of practitioners necessary to meet the needs of the resident patient population housed in the institution. As part of our contract with IDOC, CENTURION OF IDAHO provides all the on-site practitioner staff. Most on-site practitioner staff is provided Monday through Friday during the day; however, larger sites with more complex resident patients may include evening and/or weekend coverage. Hours of practitioner time on-site can range from 4 hours/week for a very small site to 80 hours+/week for larger sites.

24-Hour Access

Regardless of the assigned staffing at the site, CENTURION OF IDAHO provides access to on-call practitioner(s) 24 hours a day, 7 days a week. Access to a provider can include a practitioner returning to the facility for such things as suturing.

Monitoring Healthcare Services

CENTURION OF IDAHO monitors the quality of our healthcare services in numerous ways to include the following:

<i>Department</i>	<i>Data Available</i>	<i>Description</i>	<i>Frequency of Monitoring</i>
Network & Contract Management	On-site Practitioner Availability Specialty Provider and Specialty Service Availability	Ensures that CENTURION OF IDAHO employs the appropriate type and number of on-site practitioners and specialty care providers/services necessary for appropriate and timely access to care. Analyzes a variety of reports to determine if additional Providers may be required	Ongoing
Utilization Management	Prior Auth & Concurrent Review	Ensures prior authorization and management of care based on evidence based practice guidelines	Daily
On-site Quality Improvement Monitoring	Complaints	Monitors provision of on-site and off-site access to care; tracks and trends resident complaints and grievances.	Ongoing Analyzed Quarterly

Quality Improvement Committee (QIC)	Audits Process and Outcome Studies	Summary information is reported for review and recommendation at the QIC and is incorporated into CENTURION OF IDAHO's annual assessment of quality improvement	Meetings at least Quarterly
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Specialty Care, Emergency Department and Hospitalization Accessibility/Coordination

As part of our health services contract, CENTURION OF IDAHO has a Utilization Management Department. The department includes utilization management staff performing prior authorization, concurrent review, retrospective reviews, appeals management, and other utilization review activities.

Specialty Care Prior Authorization

On-site practitioners are responsible for requesting any services requiring prior authorization. Therefore, prior to the resident being scheduled for an appointment, the service requested, such as 'initial evaluation and treatment recommendations' will have been authorized. Upon return from a specialist visit, the on-site practitioner will review the evaluation and recommendations from the specialist. Based on the recommendations, the on-site practitioner may submit a new request for additional services that were recommended as part of the initial specialty consultation. You, as the specialist, are not responsible for requesting the prior authorization.

Emergency Department Services

Emergency department visits do not require prior authorization. If a resident patient is sent to your emergency department for services, the on-site nursing staff will notify you that the resident is in route to your facility and provide a report regarding the patient's current care/status. Residents presenting to the emergency room will be transported by one or two correctional officers who will stay with the resident throughout the course of the emergency department visit.

Our on-site nursing supervisor will routinely make contact with the emergency department requesting updates for prolonged visits. If it is determined the resident will require hospitalization, it is important to contact the referring site's healthcare nursing supervisor. If the resident requires transfer to another institution, you will need to work in conjunction with the correctional officers and site healthcare staff regarding the transfer. Residents requiring transfer to an inpatient bed or inpatient facility will be followed by CENTURION OF IDAHO utilization management staff.

Hospitalization

Pre-planned hospitalizations require prior authorization. The prior authorization process is initially managed by the on-site practitioner. Upon admission to the hospital, CENTURION OF IDAHO utilization management staff should be notified. While the on-site nursing staff provides notification to the CENTURION OF IDAHO utilization management staff, we also request that the utilization review staff at the inpatient facility provide notification regarding the resident patient admission to the facility.

Management of concurrent review of hospitalized resident patients is coordinated by the CENTURION OF IDAHO utilization management staff. Our staff coordinates review with hospital utilization staff and provides necessary updates for the on-site practitioner and nursing staff. CENTURION OF IDAHO utilization management staff also assists with coordinating discussions related to discharge planning. The goal of discharge planning is to discharge the resident back to the facility as soon as medically indicated; remembering that discharge planning may include release back to one of the correctional facilities that has infirmary capabilities.

Specialty Provider Responsibilities

Specialty services are obtained within the CENTURION OF IDAHO network upon approval of the prior authorization request initiated by the on-site practitioner. Specialists may complete diagnostic tests if part of the authorized service. It is important to remember that when coordinating scheduling, the on-site staff should be informed of results of testing and patient history that may be required as part of the specialty visit. These documents, test results, radiology exams, etc. will be sent with the resident for your review.

If an immediate need arises during the visit to your office and you feel additional services, evaluation or testing may be required immediately; you will be required to contact the CENTURION OF IDAHO Utilization Management Department to request prior authorization for those services. This would include such requests as, referral to another specialist or admission to the hospital. Prior authorization is not required in a true emergency situation. However, all non-emergency inpatient admissions require prior authorization from CENTURION OF IDAHO.

Please call the Utilization Management team at (855) 202-1808, option 1 for prior authorization before performing any tests or procedures that are not part of the original authorization for this visit.

Working with the Residents

The resident patient will be accompanied by one or two correctional officers whenever he/she comes for an appointment. The officers transporting will work closely with you and your office staff to provide privacy for your other patients. CENTURION OF IDAHO and IDOC will work with you to minimize any disruption to your other patients.

The transporting correctional officer will provide you and your staff with a sealed envelope that includes the resident patient's confidential medical record. The packet may also include a document on which you can briefly document the synopsis of the encounter/visit. If a document is not included, simply document the note on a standard progress note from your office and include a copy with the returning records. All medical record information should be placed back in the envelope, re-sealed and provided to the transporting correctional officers prior to leaving your office.

When working with the resident patient, it is important that you do not share any information with him/her specific to follow-up recommendations and particularly follow-up appointment dates, if already and/or previously scheduled. If at any point you realize that you have informed the resident patient of an upcoming appointment date and/or time, it is important that you notify the healthcare unit immediately to permit the appointment to be rescheduled.

Continuity of Care

Since CENTURION OF IDAHO on-site practitioners are responsible for continuity of care, it is extremely important that they obtain timely and thorough documentation from you, as the specialist, related to your evaluation and treatment recommendations for the resident patient. Therefore, important responsibilities of you as the specialist include:

- Coordinate the resident patient's care with the on-site practitioner
- Complete written evaluation/report and return as part of the resident patient's visit
- Provide the on-site practitioner with complete consult report and other appropriate records within 5 business days of seeing the resident patient

Specialist Appointment Access Standards

Timely access to appointments for resident patients requiring evaluation and/or follow-up care is important to providing acceptable access to services as well as to maintaining positive outcomes. CENTURION OF IDAHO staff responsible for coordinating scheduling will work with your office scheduler or designee to identify a routine process for scheduling, including routine times/days of the weeks that may be coordinated or set aside for easier access to appointments.

Our contracts routinely require that specialty appointments be completed within a designated timeframe from the time of their prior approval by our utilization management staff. Our Utilization Management staff will work closely with you to access services within our specified time frames.

CENTURION OF IDAHO will monitor appointment timeliness and access to specialty services as part of our ongoing Quality Improvement Program. Issues specific to access and timeliness will be discussed with individual providers and/or services if required.

Hospital Responsibilities

CENTURION OF IDAHO utilizes a network of hospitals to provide services to residents. Hospitals providing services as part of the CENTURION OF IDAHO network will work with Utilization Management staff for the following:

- Obtain authorization for inpatient services and non-emergent outpatient services except for emergency stabilization services
- Notify CENTURION OF IDAHO Utilization Management Department of all maternity admissions upon admission and all other admissions by close of the following business day
- Notify CENTURION OF IDAHO Utilization Management Department of all newborn deliveries on the same day as the delivery. Also, notify Idaho Medicaid when applicable. Note: CENTURION OF IDAHO is not responsible for the payment of newborn services.
- Perform concurrent review and discharge planning in conjunction with CENTURION OF IDAHO utilization management staff
- Assist in determining most appropriate and lowest level of care to provide medically necessary care
- Assist in providing continuity of care from hospital facility back to the correctional institution.

CENTURION OF IDAHO network hospitals should refer to their contract for complete information regarding the hospital's obligations and reimbursement.

Provider Assistance with Public Health Services

CENTURION OF IDAHO is required to coordinate with public health entities regarding the provision of public health services. Providers must assist CENTURION OF IDAHO in these efforts by working with the CENTURION OF IDAHO Chief Nursing Officer or designee in:

- Complying with public health reporting requirements regarding communicable diseases and/or diseases which are preventable by immunization as defined by Idaho law
- Assisting in the notification or referral of any communicable disease outbreaks involving resident patients to the local public health entity as defined by Idaho law
- Assisting in the notification or referral to the local public health entity for tuberculosis contact investigation, evaluation, and the preventive treatment of persons with whom the resident patient has come into contact.
- Assisting in referring resident patients to the local public health entity for STD/HIV contact investigation, evaluation, and preventive treatment of persons whom the resident patient has come into contact.

Credentialing Requirements

Physicians and applicable ancillary providers must complete the credentialing process to be a

participating provider with CENTURION OF IDAHO. CENTURION OF IDAHO recognizes the credentialing information supplied by CAQH if the provider is already registered. A single-page demographic form is the only requirement for CAQH participating providers.

Credentialing materials can be found in the Provider section of the Centurion website at:

www.teamcenturion.com

Provider/Facility Site Review

Site visits are performed on a case-by-case basis in cooperation with the provider, provider practice or inpatient facility. Site visits will be performed by CENTURION OF IDAHO Utilization Management Department staff. Site visits will be coordinated, as indicated, with the provider office management staff and/or inpatient utilization management staff prior to the visit. CENTURION OF IDAHO Medical Management Department staff will work with designated provider/facility staff to define reason/purpose of the visit to allow for proper coordination and provision of information required, if indicated.

Eligibility

Eligibility has a slightly different meaning in a correctional system. Eligibility is tied directly to the resident being housed and/or 'on count' at an IDOC facility. Therefore, residents are considered 'eligible' for authorized services from the date of incarceration to the date of release from the IDOC. It is important to understand that there may be times when residents are released from facilities and then, may be re-arrested and returned to the IDOC system. If this occurs, the resident is not eligible for CENTURION OF IDAHO payment of services during the time they are released from the facility until re-arrested.

It is important to ensure that your staff that manages scheduling understands that a resident will never contact them directly to schedule an appointment. Appointment scheduling will always be completed for services being authorized/paid for by CENTURION OF IDAHO through a CENTURION OF IDAHO healthcare staff member. Residents will be escorted by IDOC correctional officers for all appointments. If a person presents without an IDOC escort, the Provider must call the CENTURION OF IDAHO Medical Management Department to determine whether the person is still incarcerated.

CENTURION OF IDAHO is not financially responsible for services the person receives prior to or upon

discharge from the IDOC. If you have questions, it is best to contact Medical Management regarding the resident's eligibility for services. CENTURION OF IDAHO is not responsible for the services provided to a newborn of an IDOC resident.

Billing and Claims

General Billing Guidelines

CENTURION OF IDAHO processes claims in accordance with applicable State prompt pay requirements. Physicians, other licensed health professionals, facilities, and ancillary Provider's contract directly with CENTURION OF IDAHO for payment of covered services.

It is important that Providers ensure CENTURION OF IDAHO has accurate billing information on file. Please confirm with your Provider Relations Department that the following information is current in our files:

- **Practitioner or Provider Name** (as noted on current W-9 form)
- **National Provider Identifier (NPI)**
- **Tax Identification Number (TIN)**
- **Taxonomy Code**
- **Physical location address** (as noted on current W-9 form)
- **Billing name and address** (if different)

Providers must bill with their NPI number in box 24Jb on the CMS1500 (HCFA) or box 56 on the CMS1450 (UB04). We encourage Providers to also bill their taxonomy code in box 24Ja and appropriate ID qualifier in 24I to avoid possible delays in processing. Claims missing the requirements will be returned and a notice sent to the Provider, creating payment delays. Such claims are not considered "clean," and therefore cannot be accepted into our system.

We recommend that Providers notify CENTURION OF IDAHO in advance, but no later than 30 days, of changes pertaining to billing information. Please submit this information on a W-9 form. Changes to a Provider's Tax Identification Number (TIN) and/or address cannot be processed when conveyed via a claim form. Such changes must be communicated as noted in the Provider Update section of this manual.

Claims eligible for payment must meet the following requirements:

- The resident was incarcerated on the date of service
- Referral and Prior Authorization processes were followed, if applicable

Paper claims must be submitted on standard CMS1500 (HCFA) and CMS1450 (UB04) red claim forms. Claims must be printed in Flint OCR Red, J6983 (or exact match) ink, and paper claim forms submitted must be typed or printed with either 10 or 12 Times New Roman font. Photo copies and faxes of claim

forms that are handwritten will not be accepted for processing and will be returned and a notice sent to the Provider requesting submission.

Payment for service is contingent upon compliance with referral and prior authorization policies and procedures, as well as the billing guidelines outlined in this manual and the Provider Billing Guide.

Please note that inpatient services may be covered directly by Idaho Medicaid for those persons deemed eligible. Inpatient claims should be billed directly to Medicaid for reimbursement unless the Provider has been notified that the patient is ineligible.

Billing the Resident

Residents cannot be billed directly for any service or co-pay.

Clean Claim Definition

A clean claim is defined as a claim received by CENTURION OF IDAHO for adjudication, in a nationally accepted format in compliance with standard coding guidelines and which requires no further information, adjustment, or alteration by the provider of services in order to be processed by CENTURION OF IDAHO. The following exceptions apply to this definition: (a) a claim for which fraud is suspected; and (b) a claim for which a Third Party Resource should be responsible.

Non-Clean Claim Definition

A non-clean claim is defined as a submitted claim that requires further investigation or development beyond the information contained in the claim. The errors or omissions in the claim may result in: (a) a request for additional information from the Provider or other external sources to resolve or correct data omitted from the claim; (b) the need for review of additional medical records; or (c) the need for other information necessary to resolve discrepancies. In addition, non-clean claims may involve issues regarding Medical Necessity and include claims not submitted with the filing deadlines.

Timely Filing

Contracted Providers (in Network) must submit all original claims (first time claims) and encounters within 365 calendar days from the date of service.

Non-Contracted Providers (out of Network) must submit all original claims (first time claims) and encounters within 365 calendar days from the date of service.

All corrected claims, requests for reconsideration, or claim disputes must be received within two years from the date of service. Reference to the original claim number should be

included in field 22 of the CMS1500 and field 64 of the UB04 on the resubmitted claim form.

Electronic Claims Submission

Emdeon Payer ID - IHS11

Providers that bill electronically are responsible for filing claims within the same filing deadlines as Providers filing paper claims. Providers that bill electronically must monitor their error reports and evidence of payments to ensure all submitted claims and encounters appear on the reports. Providers are responsible for correcting any errors and resubmitting the affiliated claims.

Paper Claims Submission

All paper claims and encounters should be submitted as follows:

Mailing address for Paper Claims:

Centurion of Idaho, LLC
PO Box 9693
Arnold, MD 21012yu77

Timely Filing

Claims should be submitted within 365 days from date of service for consideration. Providers should expect payment within 30 days after receipt of a clean claim.

General Claim Inquiries

Please call (855) 202-1808, Option 2.

Provider Portal

CENTURION OF IDAHO has a Provider Portal available through Availity Essentials through with Providers can submit claims. Please go to <https://www.availity.com/Essentials-portal-registration> to request access.

To check claim status or verify eligibility, please go to <https://hpitpa.com/your-resources/for-providers/check-claims-eligibility/>.

Unsatisfactory or Claim Payment Concerns

If a Provider has a question or is not satisfied with the information they have received related to a claim, there are effective ways in which a Provider can contact CENTURION OF IDAHO program:

1. Submit a Corrected Claim.
2. Submit a “Request for Reconsideration”.
3. Contact a CENTURION OF IDAHO Provider Relations Representative at (855) 202-1808, option 2.
4. Submit a Claim Dispute.

All disputed claims will be processed in compliance with the claims payment resolution procedure as described in the Provider Complaints section of this manual.

Appeals must be received within 90 days of initial claim payment or denial. Centurion will respond to the appeal within 30 days of receipt. Provider will then have 90 days to submit a second level appeal. Centurion will respond to the second level appeal within 30 days of receipt.

Provider Relations Assistance

Providers may seek assistance through our regional office staff at (855) 202-1808, option 3.

Provider Updates

To ensure that we can communicate with you effectively, and to avoid any possible delay in claim payment, it is important that you notify us, **in writing**, as soon as you are aware of any of the following situations:

- Addition or termination of an office location.
- Addition, change, or termination of Tax Identification Number (W-9 required).
- Name change (W-9 may be required).
- Change in ownership.
- Change in a phone number, fax, or e-mail address.

Change in office hours, panel capacity, or age limitation

Provider Complaints

Providers have the right to initiate a formal complaint regarding dissatisfaction with CENTURION OF IDAHO administrative policy or process. Please contact our regional office at (855) 202-1808, option 3 and ask to speak with the Vice President of Operations who can help you process your concern. Adverse decisions for medical services and or procedures will be reviewed by the CENTURION OF IDAHO Statewide Medical Director or the appropriate qualified medical professional(s). Provider complaints related to a medical management decision, including expressing dissatisfaction with a decision, will be handled at time of receipt. Please call the statewide medical director at (855) 202-1808, option 3 to discuss your concern.

CENTURION OF IDAHO Pharmacy Program

CENTURION OF IDAHO will facilitate the administration of prescription drugs for IDOC residents that are ordered as part of their on-site treatment plan. IDOC utilizes a formulary for provision of IDOC healthcare services. Providers are encouraged to use the approved formulary. Please contact the CENTURION OF IDAHO Regional Office for a copy of the current formulary. When making recommendations for medications as part of the resident patient's treatment plan, we ask that providers be knowledgeable and understanding that medications that can be easily abused or offer 'benefits' from the resident standpoint, i.e., abusable narcotics, (resident can get a 'high' from them) can only be recommended when the provider feels that the medication is the most medically appropriate. If medications are recommended in your treatment plan that are not on the current CENTURION OF IDAHO/IDOC formulary, the on-site practitioner will review the request and obtaining the recommended medication will require the on-site practitioner to obtain non-formulary approval. So, again, it is important to familiarize yourself and any other treating staff with the formulary.

Our on-site healthcare staff is responsible for ordering, managing and administering all medications ordered for residents in the institution. Since on-site medications are obtained through the IDOC pharmacy, it is not necessary for off-site providers to send an extended supply of medication back to the correctional facility with a resident.

Pharmacy and Therapeutics (P&T) Committee

The CENTURION OF IDAHO P&T Committee continually evaluates the therapeutic classes included on the formulary. The committee is composed of the CENTURION OF IDAHO Statewide Medical Director, Pharmacy Program Director, IDOC Clinical Director and CENTURION OF IDAHO site Medical Director(s) and other appropriate medical professionals. The primary purpose of the committee is to assist in developing and monitoring the CENTURION OF IDAHO formulary and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee

schedules meetings at least quarterly.

Medical Records

Overview

CENTURION OF IDAHO Providers must keep accurate and complete medical records that comply with all statutory and regulatory requirements. CENTURION OF IDAHO primary care providers maintain medical records for all residents. Timely and complete provision of care information specific to resident patient services allows CENTURION OF IDAHO on-site medical practitioners to make informed care decisions and maintain continuity of care. Also, maintenance of records by you as the Provider will enable provision of quality healthcare service to IDOC resident patients. Specialty providers are expected to provide copies of records of services provided by the specialist for inclusion in the resident comprehensive medical record maintained at the prison site.

CENTURION OF IDAHO uses Provider medical record information as an avenue to review the quality and appropriateness of the services rendered. Provision of privacy and confidentiality of records for care provided to resident patients is no different than the requirements for any patient you provide services for in the community. Idaho administrative regulations require Providers to maintain all records for at least 10 years after the date of medical services for which claims are made, or the date services were prescribed. Specialty physician will not provide copies of medical records to residents. If a resident requests a copy of his medical record the specialists should refer the resident to the Health Services Administrator at the prison.

Release of Medical Records

All resident patient medical records shall be confidential, and shall not be released without written authorization. All requests for medical records should be referred the Health Service Administrator at the prison. Residents cannot be provided copies or originals of medical records information by any treating Provider or Facility. IDOC policy for acquiring medical records must be followed.

Medical Records Audits

CENTURION OF IDAHO routinely audits medical records maintained at the prisons including documentation provided by specialists and hospitals. CENTURION OF IDAHO may contact providers if the audit results raise questions about medical documentation provided by the specialist or hospital.

CENTURION OF IDAHO Utilization Management Department

Overview and Medical Necessity

The CENTURION OF IDAHO Utilization Management Department hours of operation are Monday through Friday (excluding holidays) from 8:00 a.m. to 5:00 p.m. Authorization may be requested via telephone or fax.

For telephone authorizations during business hours, the Provider should contact:

Prior Authorization

(855) 202-1808, option 1

Inpatient Concurrent Review (855) 202-1808, option 1

The CENTURION OF IDAHO Utilization Management (UM) Program is designed to ensure residents receive access to the right care, at the right place, and at the right time. Our program is comprehensive in scope to ensure services provided are medically necessary, appropriate to the resident's condition, rendered in the most appropriate setting, timely, and meet nationally recognized standards of care.

CENTURION OF IDAHO's UM Program includes:

- Prior Authorization
- Concurrent Review
- Retrospective Review
- Discharge Coordination
- Complex Case Management
- Assistance with Complex Medical Release Cases

Our utilization management program goals include:

- Healthcare based on evidence-based guidelines/practice
- Monitoring utilization patterns to guard against over or under utilization
- Development and distribution of clinical practice guidelines to Providers to promote improved clinical outcomes and satisfaction
- Identification and provision of intensive care and/or disease management for residents at risk or with complex care needs
- Education of Providers to promote improved clinical outcomes
- Coordination of care with sites to ensure implementation of programs that encourage preventive services and proactive management of chronic condition and focus on self-management
- Focus on early identification and management of residents with complex care needs

- Creation of partnerships with Providers to enhance cooperation and support for UM program goals.
- Coordinated discharge planning program to ensure appropriate utilization of on-site infirmary and specialized care units in order to minimize hospital length of stays

Prior Authorization Overview

For CENTURION OF IDAHO, the prior authorization process is driven by the on-site Medical Director or practitioner at the individual correctional facility. The on-site practitioners will initiate all requests for provision of specialty services to include any additional follow-up care or treatment recommended based on a specialty provider evaluation or follow-up visit. The on-site practitioner may request additional clinical input from the specialty provider to document medical need for requested service(s).

CENTURION OF IDAHO considers prior authorization as a request to CENTURION OF IDAHO's Utilization Management Department for determination of medical necessity for elective services on the Prior Authorization List. This process requires completion and approval prior to the service being scheduled/delivered.

Therefore, a resident should never automatically be scheduled by the specialty provider for a follow-up visit. Follow-up appointments and requests for additional services are managed by the on-site Medical Director and practitioners.

CENTURION OF IDAHO requires Prior Authorization for certain inpatient and outpatient services and treatments, as well as treatment at CENTURION OF IDAHO Designated Tertiary Facilities or when treated by Providers practicing in affiliation with those facilities.

Always contact the CENTURION OF IDAHO Utilization Management Department if there is any doubt about whether or not a service requires Prior Authorization or has been already been pre-authorized.

On-Site Practitioner Referral for Specialty Service

CENTURION OF IDAHO's expectation is that on-site practitioners coordinate all ongoing healthcare services. CENTURION OF IDAHO requires a referral and prior authorization for all specialty services prior to the service being scheduled and/or provided if the service is routine or urgent in nature. Prior Authorization number will be provided by the CENTURION OF IDAHO clinical scheduling staff at the time of appointment scheduling if prior authorization is required in order to provide coverage for referrals to all specialists

CENTURION OF IDAHO requires that all specialty providers submit feedback to the referring on-site CENTURION OF IDAHO practitioner, in writing, that provides the practitioner the outcome of the examination, tests performed or recommended, and/or any treatment recommendations. Written report should include any discussion, education provided directly to the resident patient regarding

recommendations

Specialist Referral to Specialist for Treatment or Second Opinion

When medically necessary services are beyond the scope of the Specialist's practice, or, when a second opinion is requested, the Specialist must collaborate with the CENTURION OF IDAHO on-site practitioner. The CENTURION OF IDAHO practitioner will be responsible for requesting authorization for the service.

Process to Request Follow-Up Specialty Services

Specialist should contact the CENTURION OF IDAHO referring on-site practitioner for discussion regarding additional service recommendations requested during an active appointment. Failure to contact the referring practitioner and/or CENTURION OF IDAHO utilization management staff for prior authorization of additional services may result in non-payment of those services.

Self-Directed Care

Residents are not allowed to self-direct care. All services provided must be approved by CENTURION OF IDAHO. If your office is contacted directly by a resident, please contact our Utilization Management Department immediately to request clarification of the patient's eligibility. Residents, upon release, are allowed to use any community provider; however, once released from the facility, CENTURION OF IDAHO will no longer be responsible for cost of services.

Prior Authorization Response Timeline

Routine Prior Authorization Requests:

- Decisions shall be made in an expedient manner after receipt of all information necessary to make a decision
- The requesting practitioner will be called within 24 hours of the decision
- Written notice of an approval is sent to the practitioner and site Healthcare Services Unit within two business days of the verbal notification

Expedited Prior Authorization Requests:

- Decisions will be made as soon as possible taking into account medical urgency and always within one business day
- The requesting practitioner will be called within one business day of the decision
- Written notice of an approval is sent to the practitioner and site Healthcare Services Unit within two business days of the verbal notification
- Notification of an adverse determination is sent to the practitioner and site Healthcare Unit

within 24 hours after the decision and no later than 72 hours after the receipt of the request

- The decision timeframe may be extended if necessary, once, up to 48 hours if CENTURION OF IDAHO utilization management staff is unable to render a determination based on lack of information required to complete the review.

Medical Necessity

CENTURION OF IDAHO defines Medical Necessity as healthcare services that are consistent with generally accepted principles of professional medical practice as determined by whether:

- a) The service or level of service is the most appropriate available considering potential benefits and harms to the resident patient
- b) Service is known to be effective, based on scientific evidence, professional standards and expert opinion in improving health outcomes
- c) For services and interventions not in widespread use, services are based on scientific evidence and are the least intensive and most cost-effective available.

Review Criteria

CENTURION OF IDAHO has adopted the utilization review criteria developed by Change Healthcare InterQual Products Specialists representing a national panel from community-based and academic practice, to determine Medical Necessity for non-emergency inpatient and outpatient services.

InterQual criteria are applied to:

- Medical and surgical admissions
- Select outpatient procedures
- Ancillary services

Criteria are established, periodically evaluated and updated with appropriate involvement from physicians of Centurion's Utilization Management Services and the Centurion Quality Improvement Committee. InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require deviation from the norm in the screening criteria. Criteria are used for the approval of Medical Necessity, but not for the denial of services. The CENTURION OF IDAHO Statewide Medical Director or designee is the only individual authorized to make adverse determinations.

Providers may request an appeal related to a Medical Necessity decision made during the authorization or concurrent review process. The appeal may be submitted at (855) 202-1808, option 1.

Requirements for Providers to Notify CENTURION OF IDAHO Utilization Management Department

Emergency Services

Prior authorization is not required; however, CENTURION OF IDAHO Utilization Management Department should be notified within one business day of admission to the Emergency Department and/or subsequent hospitalization secondary to the Emergency Department visit. Notification should include clinical information related to the emergency services and/or need for hospital admission.

Notification of Observation Stays

It is the responsibility of the receiving hospital and/or Emergency Department to notify CENTURION OF IDAHO Utilization Management Department of all Observation Stays.

Definition of Observation Stay

- If a resident patient's clinical symptoms do not meet criteria for an inpatient admission, but the treating Physician believes that allowing the resident patient to leave the facility would likely put the resident patient at serious risk, he/she may be admitted to the facility for an Observation Stay. Such stays should be reviewed with the CENTURION OF IDAHO on-site or on-call practitioner or CENTURION OF IDAHO Utilization Management Department (Monday through Friday during business hours) to obtain authorization for inpatient stay and initiate discharge planning discussions to ensure resident patient care cannot be managed by an on-site IDOC infirmary
- Observation Services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nurse or other staff
- These services are reasonable and necessary to:
 - Evaluate an acutely ill condition
 - Determine the need for a possible inpatient hospital admission
 - Provide aggressive treatment for an acute condition.
- Observation stays may last a maximum of **47** hours and **59** minutes
 - By the end of the 47 hour 59 minute observation stay, the resident patient should either be admitted as an inpatient or discharged back to the correctional facility as medically appropriate.
- If a resident patient begins treatment in observation status and then transitions to an inpatient stay, all incurred observation charges and services will be rolled into the acute inpatient reimbursement rate, or as designated by the contractual arrangement with CENTURION OF IDAHO. Observation is not separately reimbursed when the stay results in an inpatient admission.

Concurrent Review

CENTURION OF IDAHO utilization management (UM) staff performs ongoing concurrent review for all inpatient admissions. CENTURION OF IDAHO UM staff will review the treatment and status of all resident patients receiving inpatient services through contact with the hospital's Care Management Department and the attending Physician, when necessary. On-site and telephonic models are utilized to conduct utilization review in collaboration with the hospital Care Management Department.

An inpatient stay will be reviewed as indicated by the diagnosis and response to treatment. The review will include evaluation of the current status, proposed plan of care, discharge plan, and any subsequent diagnostic testing or procedures.

Inpatient concurrent review authorization decisions are made within one business day of receipt of all necessary information and Providers are verbally informed of the decision within one business day of the decision. Written or electronic notification includes the number of days of service approved, and the next review date.

In the case of a denial of service days:

- Written notices are sent within one business day of the verbal notification
- All existing approved services will be continued without liability to the Provider until the Provider has been notified of an adverse determination
- CENTURION OF IDAHO UM staff will work directly with the hospital's Care Management Department to facilitate discharge back to an appropriate IDOC level of care facility
- Notices will contain information on how to appeal

Discharge Planning

Discharge planning activities are expected to be initiated upon admission. The CENTURION OF IDAHO UM staff will coordinate the discharge planning efforts with the hospital's Care Management Department, and when necessary, the attending Physician in order to ensure that resident patient receives appropriate post-hospital discharge care. It should be noted that IDOC infirmaries can provide a skilled level of services to resident patients supporting earlier discharges from the hospital.

Hospital Care Management Departments are encouraged to develop understanding of level of care and services that can be provided by CENTURION OF IDAHO/IDOC on-site infirmaries. This level of understanding will assist in promoting coordination of discharge planning with CENTURION OF IDAHO UM staff.

Retrospective Review

Retrospective review occurs when an initial review of the services provided to a resident patient occurs after the date of service. This is sometimes necessary because authorization and/or timely notification were not obtained prior to the service delivery due to extenuating circumstances.

Routinely this process encompasses services performed by a Provider when there was no opportunity for concurrent review. However, retrospective review is also performed on active cases where an appropriate authorization decision cannot be made concurrently within the required timeframe due to lack of clinical information. For cases that qualify for a retrospective review, a decision is made within 30 calendar days of receipt of all necessary information.

Summary

The information presented in this Provider Manual is meant to present to Specialty providers and their staff an overview of coordinating services with CENTURION OF IDAHO. Specific questions should be directed to CENTURION OF IDAHO Utilization Management Department staff.