Embright

Provider Manual

Table of Contents

What Is Embright **4**

1. Provider Network **6**

Provider Profile 6

Network Adequacy Standards 7

Network Access Standards 8

Participation Criteria 11

Service Area 11

Credentialing 12

Recredentialing 12

Provider Rights in Credentialing 13

Demographic Provider Changes 14

2. Member Eligibility **14**

3. Claims Submission **15**

4. Care Management **15**

Care Management Event 15

Continuity of Care 15

Care Manager Responsibilities 16

Benefits of Care Management 16

How to Access 16

5. Member Experience **17**

Member and Balance Billing Protection Act 17

6. Quality and Performance Improvement **17**

Quality Improvement 17

Performance Improvement Program 18

Core Measures 18

Reporting and Analytics 19

7. Compliance Review Section 21

Non-Discrimination.....21

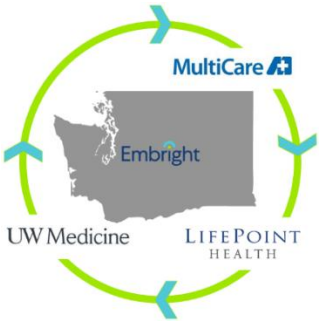
Medical Records Standards 21

Complaints and Appeals.....22

8. Delegation 22

WHAT IS EMBRIGHT?

Embright is a Clinically Integrated Network (CIN) in Washington founded by UW Medicine, MultiCare Health System, and LifePoint Health. Embright's goal is to support our members and providers by grounding ourselves in our Mission, Vision and Values.



MISSION

Enabling collaboration to improve the health of the members we serve.

VISION

To be the highest performing provider network and the network of choice for the communities we serve with:

VALUES

- **Integrity** ***do the right thing***
- **Innovation** ***think outside of the box & dare to be unconventional***
- **Collaboration** ***team up & create mutual understanding & clarity***
- **Agility** ***lean into reality & adapt quickly***
- **Respect** ***seek first to understand & embrace culturally competent inclusivity***
- **Excellence** ***be your best & inspire the best in others***

OVERVIEW

This manual provides information and guidance to Embright's contracted professional and facility healthcare providers and their staff. It is intended to serve as a resource to our participating groups and staff on administrative, network, measurement and clinical information. Embright works with payors and TPA's in our region who have their own similar reference resources. Please continue to consult these external resources for additional relevant information.

Embright communicates with providers and provides support and information using a variety of approaches including, but not limited to:

- Provider newsletter – You may contact providersupport@embright.com for any questions about the newsletter or to be included in the email distribution.

- Provider orientations – Embright provides orientation sessions for new providers or office staff that include an overview of Embright's role and a review of key processes and requirements involved in working with Embright and its clients.

- Provider portal – Embright's provider portal is designed to provide real-time access to relevant documents such as network policies for provider's participation in Embright's network.

This provider manual is reviewed and updated routinely, and the current version can be found on Embright's provider portal page, www.provider.Embright.com. Providers and their office staff can access the portal by registering at the portal landing page.

Thank you for being a member of Embright's organization of providers and we look forward to supporting your needs in delivering high quality healthcare and services to our members.

1. PROVIDER NETWORK

PROVIDER PROFILE

Embright is a community-based Clinically Integrated Network (CIN) designed to deliver healthcare as it should be:

- High-quality care delivered in a way that meets members where they are
- Improved partnership and communication between doctors across different healthcare systems
- Unconventional ideas that create not only a better experience for members, but lower costs all around

The organization was founded by Pacific Northwest clinical leaders with a focus on bringing together the region's top providers for better collaboration, better member experiences and better outcomes.

Embright is composed of like-minded providers who support value-based payment approaches, share a common information platform, actively participate in quality improvement processes and are supported by care coordination services.

Embright looks to contract with providers who share this philosophy and exhibit the following characteristics:

- Meet credentialing and quality standards
- Are committed to serving the entire community
- Have local experience and the infrastructure to execute on clinically integrated population health activities
- Approach healthcare solutions and services in an open and flexible manner
- Exhibit a strong track record of collaboration
- Reside in the Pacific Northwest
- Share a commitment to sharing data and knowledge to improve health outcomes

Embright reserves the right to exercise discretion in applying any criteria and to exclude providers who do not meet the criteria. Embright may waive any of the requirements for network participation for good cause if it is determined that such waiver is necessary to meet the needs of Embright and

the community it serves. The refusal of Embright to waive any requirement shall not entitle any provider to a hearing or any other rights to review.

NETWORK ADEQUACY STANDARDS

Embright evaluates, and improves on, the adequacy of the network and availability for members by routinely measuring network adequacy against both as ratios of providers to members and driving distances for member. These ratios and measures may be revised by Embright as needed.

A. Primary Care Availability Standards

1. Primary Care Ratios

a. The ratios below are expressed in a provider to health plan members rate in a geographic area.

Provider Type	Urban/Suburban Goal	Rural Goal
Family/General Medicine	1:1000	1:1500
Internal Medicine	1:1000	1:1500
Pediatrics	1:1000	1:1500

2. Primary Care Distance

a. The goals below are expressed in a health plan member driving distance to provider offices measure

Provider Type	Urban/Suburban Goal	Rural Goal	Performance Goal
Family/General Medicine	2:8 miles	2:60 miles	95%
Internal Medicine	2:8 miles	2:60 miles	95%
Pediatrics	2:8 miles	2:60 miles	95%

3. Specialty Care Ratios

a. The ratios below are expressed in a provider to health plan members rate in a geographic area.

High-Volume Specialty	Urban/Suburban Goal	Rural Goal
Dermatology	1:2500	1:3000
Gastroenterology	1:2500	1:3000
Obstetrics/Gynecology	1:1000	1:1500
Ophthalmology	1:2500	1:3000
Orthopedic Surgery	1:2500	**1:3000**

High-Impact Specialty	Urban/Suburban Goal	Rural Goal
Cardiology	1:2500	1:3000
Oncology	1:2500	1:3000

4. **Specialty Care Distance**
    a. The goals below are expressed in a health plan member driving distance to provider offices measure.

High-Volume Specialty	Urban/Suburban Goal	Rural Goal	Performance Goal
Dermatology	1:10 miles	1:60 miles	95%
Gastroenterology	1:10 miles	1:60 miles	95%
Obstetrics/Gynecology	1:10 miles	1:60 miles	95%
Ophthalmology	1:10 miles	1:60 miles	95%
Orthopedic Surgery	1:10 miles	1:60 miles	95%
High-Impact Specialty	Urban/Suburban Goal	Rural Goal	Performance Goal
Cardiology	1:10 miles	1:60 miles	95%
Oncology	1:10 miles	1:60 miles	95

5. **Behavioral Health Ratios**
    a. The ratios below are expressed in a provider to health plan members rate in a geographic area.

Provider Type	Urban/Suburban Goal	Rural Goal
Outpatient Behavioral Health	1:1000	1:3000
Psychiatry	1:2500	1:3000
Psychology	1:1000	1:1500

6. **Behavioral Health Distance**
    a. The goals below are expressed in a health plan member driving distance to provider offices measure.

Provider Type	Urban/Suburban Goal	Rural Goal	Performance Goal
Outpatient Behavioral Health	2:15 miles	2:60 miles	95%
Psychiatry	2:15 miles	2:60 miles	95%
Psychology	2:15 miles	2:60 miles	95%

NETWORK ACCESS STANDARDS

Embright recognizes the importance of providing timely access to appointments and care as a key aspect of delivering high quality member services and ensure access to needed care. Providers and their office teams are key partners in ensuring that members have access to appointments and

services in a timely manner. The following are the Embright access standards for the listed types of providers – primary care, specialty care and behavioral health. Embright analyzes and evaluates compliance with these standards on an annual basis and provides feedback to providers when opportunities for improvement are identified.

A. Primary Care Appointment Access Standards

The following are the Embright access to appointment standards for primary care providers.

Type of Care	Appointment Wait Time
Emergency care	Immediately
Urgent care appointments	Within 24 hours
Preventative care appointments	Within 42 calendar days
Non-urgent, routine appointments for symptomatic conditions	Within 7 calendar days
Non-urgent, routine appointments for asymptomatic conditions	Within 30 calendar days
Office wait time	1-30 minutes

B. After Hours Care and Support

All providers must have back-up (on call) coverage after hours or during the provider's absence or unavailability.

Providers are required to maintain a 24-hour phone service, 7 days a week. This access may be through an answering service or a recorded message after office hours. The service or recorded message should instruct members with a life-threatening emergency to hang up and call 911 or go to the nearest emergency room.

C. Specialty Care

The following access to appointment standards are for specialists in the Embright network.

Type of Care	Appointment Wait Time
Urgent, symptomatic appointments	Within 24 hours
Non-urgent, specialty referral appointments	Within 30 calendar days

D. Behavioral Healthcare Access Standards

The following access to appointment standards apply to behavioral health providers in the Embright network. Behavioral health providers include:

- Psychiatry (MD/DO)
  - Psychiatry
  - Pediatric psychiatry
- Psychology (non-MD/DO)
  - Psychology
  - Pediatric behavioral medicine
- Other mental health (non-MD/DO)
  - Counseling
  - Social work services
  - Mental health services

Type of Care	Appointment Wait Time
Non-Life threatening emergency care	Within 6 hours of request or directed to the nearest emergency room
Urgent care appointments	Within 48 hours of request
Routine initial and follow-up office visits	Within 10 business days of request

Routine follow-up visits are a type of routine office visit. Our appointment access standards for behavioral health providers specify that routine office visits will be scheduled within 10 business days. Therefore, members should be able to schedule an appointment for a BH routine follow-up visit within 10 business days.

While a follow-up appointment should be available to a member within 10 business days, it is important to note that follow-up visits are for established patients currently receiving care or treatment from a provider. It is expected that BH providers recommend a therapeutic cadence of follow-up visits based on the patient's condition and response to treatment. Flexibility in the frequency of visits for routine follow-up care is expected. Visits may be scheduled at greater than 10 business day intervals or less than 10 business day intervals as appropriate for individual patients, based on the providers' assessment.

PARTICIPATION CRITERIA

Embright has a number of requirements for network participation that support quality of care and service as well as a supportive working relationship with our network partners. These requirements include the following:

- Meet all credentialing and recredentialing requirements.
- Maintain capacity and an open panel to accept new Embright patients.
- Demonstrate the ability and willingness to deliver quality and efficient medical care.
- Participate in all Embright contracts, except as agreed to and approved by Embright.
- Agree to participate in quality assurance activities and the exchange of data related to quality and service measurement.
- Notify Embright of demographic changes, as needed.
- Maintain the ability to report performance on applicable quality metrics in an agreed-upon format.
- Have prior participation in risk agreements.
- Establish a strong track record of collaboration.
- Show experience in developing and complying with condition-specific care paths, and demonstrated experience in participating in the analysis and use of data in addressing utilization and cost of care (e.g.. utilization per 1000, cost per unit and cost per episode analysis).
- Possess the ability to exchange clinical information electronically.

SERVICE AREA

Embright has an expansive provider network coverage in the Pacific Northwest that currently includes the following geographic areas.

- King county
- Pierce county
- Spokane county
- Thurston county
- Tri-Cities

CREDENTIALING

Credentialing is the process of collection and verification of information by which Embright decides whether an applicant is qualified to render acceptable quality of care to Embright members. You must be credentialed in order to join the Embright network and be recredentialed every three years.

Embright credentials the following provider types:

- Physicians
- Optometrists
- Podiatrists
- Oral Surgeons
- Clinical Social Workers
- Physical Therapists
- Nurse Practitioners
- Physician Assistants
- Chiropractors
- Pharmacists
- Acupuncturists
- Other independent licensed provider authorized and approved to provide medical care to Embright members

Providers who are interested in joining the Embright network can get information on the application and credentialing process by contacting providersupport@embright.com.

Embright also assesses facility and organizational providers through processes that verify relevant licensing and accreditation of those providers.

RECREDENTIALING

Recredentialing is the process of reviewing and verifying a provider's credentials every three (3) years in conjunction with Embright's credentialing criteria.

Embright will send the recredentialing application, including the Attestation and Release, thirty-two (32) months after the provider's last credentialing approval or request the application be provided through One Health Port/Provider Source or CAQH.

As part of the recredentialing process, Providers must complete, sign and return the recredentialing application, including copies of license, DEA, and malpractice insurance certificate, to Embright within thirty (30) days of receipt.

If the application is not received within thirty (30) days, a follow up phone call and second request will be sent out thirty (30) calendar days after the first request. The Chief Medical Officer will send out a third request if the application is not received within fifteen (15) calendar days of the second request. This letter will notify the provider that the Credentialing Committee will review his/her file at the next Credentialing Committee meeting and may recommend termination as non-responsive.

Exceptions to this include active military assignment, maternity/paternity leave or sabbatical.

PROVIDER RIGHTS IN CREDENTIALING

- **Right to Review Information**

  You have the right to review information obtained by Embright in support of their personal credentialing and recredentialing application. This information is limited to public information and does not include information protected by state or federal law.

- **Right to Notification and Correction of Information**

  You will be notified, in writing, via certified mail within 10 business days in the event that credentialing information obtained from other sources varies substantially from that provided by the provider. The mailing envelope will be stamped "Confidential." Physicians of Southwest Washington (PSW) has been delegated to conduct credentialing and recredentialing processes on behalf of Embright.

  You will be allowed up to 30 business days after the notice is sent to correct erroneous information. All responses must be mailed directed to:

  Physicians of Southwest Washington (PSW)
  Attn: Credentialing Department
  319 Seventh Ave SE, Suite 201
  Olympia, WA 98501

  The credentialing department will document and initial on the licensed provider profile, for each element impacted, that the provider corrected the information.

- **Right to Know Status of Application**

  You have the right, upon request, to be informed of the status of the credentialing or recredentialing application. You will be provided information on when the application was received, what step in the process the application is in and an estimated date for completion and submission for review by the Credentialing Committee. Questions can be directed in

writing to providersupport@embright.com or by calling (206) 677-8133. Embright will respond to all requests in writing. You are notified of this right in the cover letter contained in the provider credentialing and recredentialing packet.

DEMOGRAPHIC PROVIDER CHANGES

All providers must give notice to Embright of any provider changes including, but not limited to:

• Address change	• Changes to licensure resulting in loss, suspension, restriction, or material limitation
• Ownership change	• Changes to clinical privileges at any hospital
• Tax ID change	• Chiropractors
• Additions	• Change to any malpractice action filed against or decided adversely to provider
• Terminations	• Federal or state sanction
• Practice closed to new patients	• Other independent licensed provider approved to provide medical care to Embright members
• Medical group affiliation	• Language spoken

Provider and provider group changes should be reported to Embright by completing a Provider Change Form available at provider.Embright.com and then emailing it to providersupport@embright.com.

Providers agree to notify Embright at least 180 days in advance of termination from, or leaving a practice. This provides Embright adequate time to assist members in identifying a new provider or support transition of care.

2. MEMBER ELIGIBILITY

Payment for services rendered is based on the member's enrollment status and coverage selected. Provider has the responsibility to verify member eligibility each time the member presents to the office for services and prior to rendering care. Possession of an ID card does not mean a member is eligible for services.

Provider must contact the payer or TPA listed on the back of the member's ID card directly to obtain member eligibility.

Embright will provide monthly member eligibility listing to participating providers.

3. CLAIMS SUBMISSION

Embright works with a variety of payers and TPAs in the region and these payers process and manage claims on the behalf of their employer and government clients.

For information on claims submission, please contact the relevant payer provided on the back of the member's ID card.

4. CARE MANAGEMENT

CARE MANAGEMENT EVENT

Care management (CM) is available to members who are:

- Struggling to navigate the healthcare system
- Experiencing difficulties managing their complex health needs
- Have an excess or inappropriate use of healthcare services, e.g. high ER utilization
- In need of supportive follow-up from clinical event
- In need of resource identification

CONTINUITY OF CARE

- **Discharge planning** – is a process that begins with an early assessment of the member's potential discharge care needs in order to facilitate transition from the acute setting to the next level of care. Embright's care management team will collaborate with inpatient case managers to ensure smooth discharge transition.

- **Transition of care** –Care managers can provide transition of care outreach and assess for ongoing post-hospitalization needs.
- **Ongoing care management** – For individuals enrolled in care management, continuous member monitoring, outreach, and engagement is provided to support the plan of care and optimize clinical outcomes regardless of member disposition.

CARE MANAGER RESPONSIBILITIES

Care managers engage appropriate internal, external stakeholders and community-based resources to support the member's needs. They wear multiple hats – from patient advocate to care team collaborator, care plan creator, and patient and family educator. Additionally, the care manager:

- Works with provider to support and optimize the plan of care
- Loops information back to provider through an electronic health record (EHR)
- Participates in case reviews
- Escalates urgent concerns for early intervention and follow-up

BENEFITS OF CARE MANAGEMENT

- Improved clinical outcomes
- Reduced use of high-cost acute care services
- Reduce duplicative tests and procedures
- Higher member and provider satisfaction

HOW TO ACCESS

The care management team can be contacted via email at ICM@Embright.com or by calling 206-822-6119.

5. MEMBER EXPERIENCE

Embright aims to offer members a differentiated experience that is accessible, anticipatory and intuitive. A key component of this will be engaging members to help them effectively navigate and better understand options available to them in today's complex and fragmented healthcare system. To accomplish this, Embright will be providing members with online resources and access to health guides to address their questions. The phone number members can call will be located on the back of the member ID card.

Member and Balance Billing Protection Act (BBPA)

Washington state law protects patients from balance billing or surprise billing. Please refer to the Washington State Office of the Insurance Commissioner webpage, Surprise billing and the Balance Billing Protection Act | Washington state Office of the Insurance Commissioner, for more information on "Surprise billing and the Balance billing Protection Act".

A provider must not bill a member for any services until the provider has completed all requirements, including the conditions of payment (i.e. prior authorization, payer authorized referral), and until the provider has fully informed the member of his or her covered options.

6. QUALITY AND PERFORMANCE IMPROVEMENT

Quality Improvement

Embright has a number of routine and targeted initiatives focused on improving healthcare cost, quality and the member experience. Providers are expected to participate in, and cooperate with, these programs and can provide valuable insight as partners and leaders in improving quality. Provider performance data such as measures from the Healthcare Effectiveness Data Information Set (HEDIS) is used in these programs and providers and providers agree to allow Embright to use this data for quality improvement programs.

Performance Improvement Program

Embright's performance improvement consists of the following standards:

- Physician-led multi-disciplinary teams
- Core measures to create focus on acceleration of the critical few
- Data-driven actionable insights
- Tactics cascade through network
- Ongoing measurement/iteration

Core Measures

Embright has developed a set of measures (see below) that will be prioritized in the setting of performance targets across Embright contracts. There will be some variation in the actual measures and performance targets in place across contracts, but Embright intends to prioritize the core measures to the extent possible to allow providers to focus on a consistent and manageable set of objectives.

NCQA		
Measure Name	**Eligible**	**Denominator**
Comprehensive Diabetes Care - HbA1c	Members 18-75 years of age with diabetes (Type 1 and Type 2) during the measurement year or prior year	Most recent A1c lab test in the measurement year
Statin Therapy for Patients with Cardiovascular Disease	Male 21-75 or female 40-75 years of age with clinical atherosclerotic cardiovascular disease (ASCVD)	1 moderate or high intensity statin medication fill within the measurement year
Colorectal Cancer Screening	Members 50-75 years of age who had appropriate screening of colorectal cancer	gFOBT or iFOBT - within measurement year FIT DNA - within the last 3 years Flexible Sigmoidoscopy - within the last 5 years CT Colonography - within the last 5 years Colonoscopy - within the last 10 years
Breast Cancer Screening	Women 50-74 years of age who had at least one mammogram in the past 2 years	Mammogram – within the last 2 years
Childhood Immunization (CIS10)	Children 0-2 years of age who had all the required immunizations	Required immunizations by the second birthday: 4 DTaP 1 MMR 3 Hepatitis B 3 IPV 3 HiB 1 VZV

		4 PCV 2 or 3 RV	1 Hepatitis A 2 Influenza

Other measures that may be included in value-based agreements include but are not limited to :

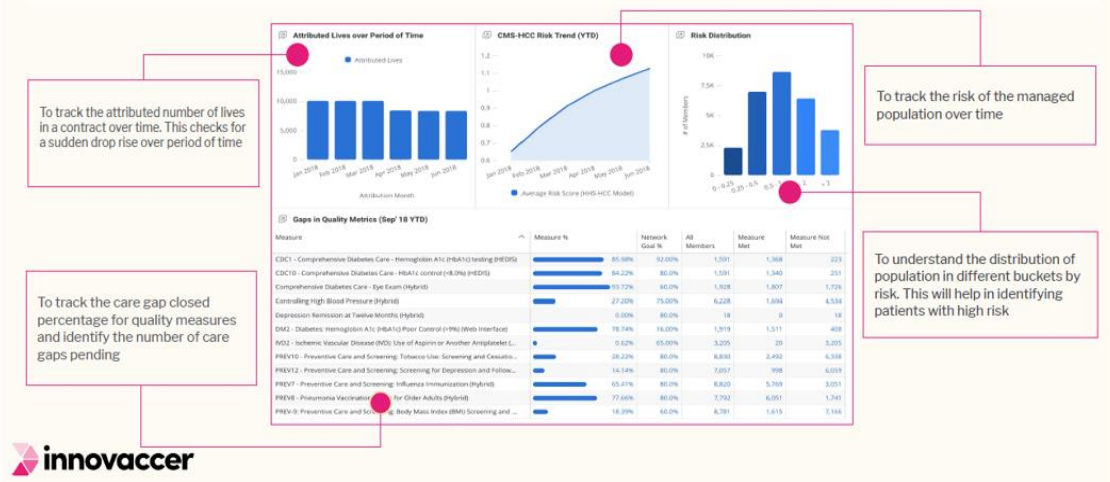
ACCESS	UTILIZATION	APPROPRIATENESS	EXPERIENCE
Access to Primary Care (TTA/3NA) Access to Specialty Care (TTA/3NA)	All-Case Readmission Rate ER Visits/1000 Members	Follow Bree Hip/Knee TJR	NPS Score by Org/Clinic/Doc

Reporting and Analytics

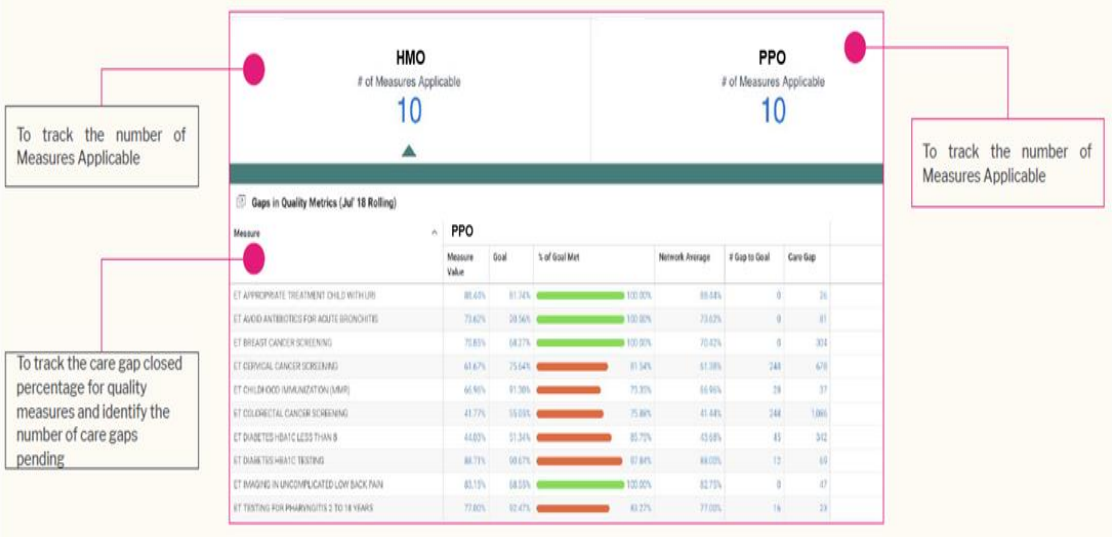
Embright will be developing and sharing various reports with provider organizations periodically to track performance against contractual targets and identify performance improvement opportunities relating to cost, quality, and the member experience.

Embright has partnered with a healthcare technology company called Innovaccer to aggregate, analyze and share healthcare data across the network. Sample dashboards from Innovaccer are displayed below.

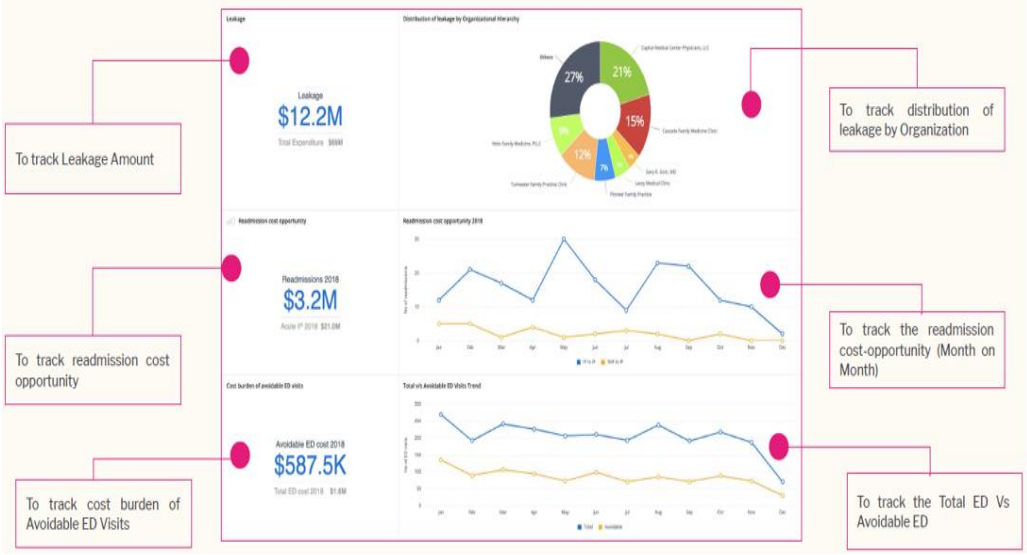
- **<u>Contract Performance</u>** – used by Embright to support population health management of enrolled members . This can also be shared with providers, purchasers or payers.



- **<u>Provider Snapshot</u>** – this view allows for data to be displayed from a macro level down to specific providers. The value is that specific opportunities can be identified across the entire network and communicated directly to the treating physician.



- **<u>Opportunity</u>** – provides additional drill down information on current performance metrics and helps identify potential opportunities for future areas of focus.



7. COMPLIANCE

Non-Discrimination

Federal and state laws prohibit unlawful discrimination in the treatment of patients on the basis of a number of factors. These include: Race, Ethnicity, Gender, Creed, Ancestry, Lawful occupation, Age, Religion, Marital status, Sex, Sexual orientation, Gender identity, Mental or physical disability, Medical history, Color, National origin, Place of residence, Health status, Claims experience, Evidence of insurability (including conditions arising out of acts of domestic violence), Genetic information, Source of payment for services, or cost or extent of Provider Services required.

All participating physicians should have a documented policy regarding nondiscrimination. All participating providers or health care professionals may also have accommodation obligations under the federal Americans with Disabilities Act. The Act requires that they provide physical access to their offices and reasonable accommodations for patients and employees with disabilities. There are additional requirements for physicians or health care professionals that are covered entities under the Section 1557 Nondiscrimination in Health Programs and Activities Final Rule. They are required to provide access to medical services, including diagnostic services, to an individual with a disability. Participating physicians or health care professionals may use different types of accessible medical diagnostic equipment. Or ensure they have enough staff to help transfer the patient, as may be needed, to comply.

Medical Records Standards

Participating providers are expected to keep medical records and related documentation in a manner that complies with federal, state and accreditor requirements. Embright may elect to audit participate provider records periodically for compliance.

Medical records need to be maintained in an organized and current manner that enables retrieval and use of the records by the provider or other authorized care providers. Medical record maintenance and release must also comply with privacy and security requirements of HIPAA.

Complaints and Appeals

Provider complaints and appeals related to reimbursement or coverage should be directed to the relevant health plan. Inquiries and concerns related to network status or participation can be sent to providersupport@embright.com.

8. DELEGATION

Embright may elect to delegate certain activities and responsibilities to providers or provider organizations. When services are delegated Embright requires a pre-delegation assessment, review of materials and ongoing monitoring as part the delegation arrangement. If interested in more information on delegation, please contact providersupport@embright.com.