

# **WE TAKE HEALTHCARE PERSONALLY**



## **The Fusion Network Policy Manual**

September 2024

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# INTRODUCTION



Fusion Strategic Alliance, hereafter referred to as "Fusion," partners with a network of physicians, hospitals, and surgery centers to deliver high-quality, cost-effective healthcare services. This manual provides guidance and sets expectations for all providers within the Fusion network.

As a Group, Physician or Facility in our network, you will be referred to as "You" throughout this manual.

Fusion aims to ensure patients receive the right treatment, from the right specialist, at the right time, reducing unnecessary healthcare costs, including avoidable visits to Emergency Departments and Urgent Care centers. Our medical management arm, PatientPal, assists patients and facilities in coordinating necessary appointments and follow-ups, improving outcomes and streamlining care.

# PROVIDER ENROLLMENT AND CREDENTIALING

## Eligibility Criteria

- You must meet all state licensure and certification requirements.
- You must maintain professional liability insurance with coverage limits as required by state law or as specified in the provider agreement.

## Credentialing Process

- You must submit all necessary documentation, including licensure, DEA certification, CAQHID, and malpractice insurance.
- Your credentialing will be reviewed every 3 years, and updates or additional documentation may be required.



# PROVIDER RESPONSIBILITIES

## Care Delivery Standards

- You are expected to deliver medically necessary care in accordance with accepted medical guidelines and Fusion's policies. Fusion emphasizes cost-effective treatment strategies, ensuring patients receive appropriate care in the most suitable setting, thereby reducing unnecessary visits to Emergency Departments and Urgent Care centers.

## Communication with Patients

- You must ensure effective communication with patients regarding diagnosis, treatment options, and costs. Educating patients helps guide them to the right treatment and reduces reliance on urgent care settings, improving long-term health outcomes

## Coordination of Care

- Fusion's PatientPal service is available to assist you in coordinating follow-up appointments and necessary referrals, 417-348-0777. This service is key to our mission of reducing healthcare costs through streamlined care coordination and preventing unnecessary healthcare expenditures.

# PROVIDER RESPONSIBILITIES - CONTINUED

## Priority Services

- You shall use your best efforts to work with Fusion and its Affiliated Third Parties to ensure that Members receive the highest level of responsiveness, professionalism, and overall personal service when receiving covered services. You shall use your best efforts to accommodate the individual needs of the Members, including prioritizing scheduling needs within 72 hours of a request, the resolution of any billing or payment issues with a Third-Party Administrator, or the resolution of other Member concerns relating to the provision of covered services. You shall ensure the provision of all covered services is conducted on an expedited basis to shorten the episode of care for each Member, and to streamline, facilitate and prioritize referrals to other service providers within the Fusion Network as necessary.

# PROVIDER RESPONSIBILITIES - CONTINUED

## Refusal to Treat Members

- Participating Providers shall have the right to refuse to accept a Member as a patient or to terminate a Member as a patient for reasonable cause including but not limited to :  
(a) display of hostility or improper behavior towards Participating Provider, Participating Provider' s staff, or Participating Provider ' s other patients ; (b) refusal to cooperate with Participating Provider in their diagnosis or treatment of the Member or refusal to follow Participating Provider ' s instructions ; (c) failure to pay applicable copayments, coinsurance , or deductibles or charges for non-covered services ; or (d) making unreasonable or unnecessary demands on Participating Provider or Participating Provider' s staff.

# REFERRAL, POLICY, AND AUTHORIZATION PROCESS

## Compliance with Policies

- You must adhere to Fusion's policies, including referral, pre-authorization, and claims submission guidelines.

## Referrals

- Referrals to specialists or facilities must be coordinated through Fusion's referral system. This ensures patients are directed to the right specialist for their condition, reducing unnecessary costs and preventing delays in care

## Prior Authorizations

- Certain procedures, services, and medications may require prior authorization. You are responsible for ensuring pre-authorization is obtained before providing services. PatientPal is available to assist in this process, ensuring timely approvals and coordination of care. See Prior Authorizations on Page 10 for more details.



# REFERRAL, POLICY, AND AUTHORIZATION PROCESS

## The Following Require Prior Authorizations

- All Inpatient Hospital Care and Observation Stays
- All outpatient surgical or medically invasive procedures done at hospital based or free standing ambulatory surgical centers.
- Inpatient or Outpatient Mental Health Care/Behavioral Health
- Skilled Nursing Facilities
- All Specialty Physician visits and procedures
- Acupuncture
- Allergy/Immunology Testing
- Air and Ground Ambulance Services
- Audiology services of any type
- Cardiac services and related procedures and supplies. Including but not limited to Catheterizations /Angioplasty with or without Stent Placement, invasive or noninvasive tests and/ or procedures performed in any outpatient setting
- Bariatric Surgery Consults, Referrals or Procedures
- Chiropractic Care, any care provided by a Chiropractor
- Chemotherapy
- Cochlear Implants
- Dialysis
- Durable Medical Equipment
- Genetic Testing
- Home Health Care
- Infusion Services
- Radiology Services (CT scans, PET Scans and MRIs)
- Rehabilitative services, to include Physical, Occupational and Speech Therapy
- Any other services requiring prior authorization in the plan document



# CLAIMS SUBMISSION AND REIMBURSEMENT

## Claims Submission

- You must submit claims within ninety (90) days from the date of service to the appropriate TPA.

## Reimbursement Guidelines

- Reimbursement rates are outlined in the provider agreement. You must accept these rates as full compensation for covered services

## Dispute Resolution

- If a clean claim is not paid within thirty (30) days of submission or the Third-Party Administrator otherwise determines that you have not submitted a clean claim, you will designate Fusion to act your representative to resolve such nonpayment or dispute with the Third-Party Administrator.

# QUALITY ASSURANCE AND COMPLIANCE

## Performance Monitoring

- Fusion monitors the quality of care through patient feedback, peer reviews, and performance metrics. Our cost-saving measures rely on ensuring that patients receive the right care at the right time, thereby reducing unnecessary expenses related to Emergency Department and Urgent Care center visits.

## Compliance with Legal and Ethical Standards

- You are expected to comply with all federal and state regulations, including HIPAA, and prevent fraud, waste, and abuse.



# PATIENT RIGHTS AND RESPONSIBILITIES

## Patient Rights

- You must respect patient rights, including the right to privacy, informed consent, and non-discriminatory care.

## Patient Responsibilities

- You should communicate patient responsibilities, including providing accurate information and adhering to treatment plans. Fusion's PatientPal service assists patients in scheduling necessary follow-ups and referrals, ensuring a seamless care experience.



# PROVIDER SUPPORT AND CONTACT INFORMATION

## Provider Relations Team

- Fusion's provider relations team is available for assistance with claims, policies, and general questions. Contact 417-348-0777 or email [jack@patientpal.org](mailto:jack@patientpal.org)

# AMENDMENTS & UPDATES

## Notices



Fusion reserves the right to amend or update this provider manual. The most current version will be available on our website. We will send you the most current version in January of each year.





# EXHIBIT A

## MEDICAL ID CARD

Billing/Eligibility Questions? 000-000-0000 www.myhnas.com		HealthNow Administrative Services									
<b>Member</b> <b>ABC COMPANY, INC.</b> Group #: XXX Member: JOHN SAMPLE Member ID: SMPL0001	<b>Medical Plan</b>  To locate a Participating Provider: call PatientPAL 417-348-0777	<b>Pharmacy Plan</b> RXBIN: XXXXXX RXPCN: XXX RXGRP: XXX  Customer Service: 000-000-0000 Pharmacists: 000-000-0000	<table><tr><td>In/Out Net Ind DED:</td><td>\$0/\$0</td></tr><tr><td>In/Out Net Fam DED:</td><td>\$0/\$0</td></tr><tr><td>In/Out Net Ind OOP:</td><td>\$0/\$0</td></tr><tr><td>In/Out Net Fam OOP:</td><td>\$0/\$0</td></tr></table>	In/Out Net Ind DED:	\$0/\$0	In/Out Net Fam DED:	\$0/\$0	In/Out Net Ind OOP:	\$0/\$0	In/Out Net Fam OOP:	\$0/\$0
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In/Out Net Fam OOP:	\$0/\$0										
<b>Medical Claims Submission</b> EDI: Payor ID: 51037  Mail: HealthNow Administrative Services P.O. Box 211034 Eagan, MN 55121	<b>Eligibility</b> For verification of benefits and eligibility call: 000-000-0000.  <b>THIS CARD DOES NOT REFLECT THE PLAN'S LIMITATIONS OR GUARANTEE COVERAGE.</b>	<b>Utilization</b>  Precertification is required no less than 5 business days prior to all scheduled hospital admissions, and within 48 hours or the next business day after an emergency admission. For precertification, call PatientPAL 877-587-2700.  