Section 1
Introduction

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6 Wellness Way
Latham, NY 12110
www.cdphp.com

Dear Practitioner/Provider:

We would like to thank you for your participation in Capital District Physicians' Health Plan, Inc. and its affiliated companies, CDPHP Universal Benefits,® Inc. (CDPHP UBI) and Capital District Physicians' Healthcare Network, Inc. (CDPHN), collectively known as CDPHP®.

We offer flexible, cost-effective products so employers throughout our service area have a variety of affordable health care solutions to offer their employees. As we address the health care challenges of the future, however, we remain committed to honoring and maintaining our roots as a physician-founded and physician-directed plan.

Volume I of this manual is designed to give you and your staff a comprehensive overview of CDPHP and its current administrative practices. Please use it as a helpful reference guide to assist you with the day-to-day delivery of CDPHP medical benefits. Volume II is a compendium of our policies and procedures.

These materials are subject to change, and since it is our mission to help you provide quality care to our members, we will always strive to give you at least 90 days' notification of changes before they become effective. The most updated versions of this manual and all policies and guidelines can be found online at www.cdphp.com/providers.

We look forward to working with you and appreciate your commitment to providing quality health care to our members. If you have questions or concerns, please contact our provider services department at (518) 641-3500 or 1-800-926-7526.

Again, thank you for helping CDPHP serve our communities, our members, and your patients.

Sincerely,

Chief Executive Officer
Capital District Physicians' Health Plan, Inc.

Section 1

CDPHP Mission Statement

We provide quality health care at a reasonable cost for our subscribers and operate CDPHP as a model for the delivery, financing, and administration of health care services.

Plan Overview

Capital District Physicians' Health Plan, Inc. (CDPHP®) has been serving New York state residents since 1984, when it was founded by local physicians in Albany, NY, as an independent, not-for-profit health maintenance organization. CDPHP continues to be a physician-governed plan, with medical policy decisions made by community practicing physicians. CDPHP and its affiliates provide or administer health coverage to more than 450,000 enrolled members and our network includes more than 13,000 participating providers and practitioners.

The CDPHP family of products includes:

- Capital District Physicians' Health Plan, Inc. (CDPHP)—Health maintenance organization (HMO); Healthy New York; Medicare Advantage; Medicaid Select Plan; Medicaid Health and Recovery Plan (HARP); Child Health Plus; and Essential Plans 1, 2, 3, and 4.
- CDPHP Universal Benefits,® Inc. (CDPHP UBI)—Preferred provider organization (PPO); Medicare Group PPO; High Deductible PPO (HDPPO); exclusive provider organization (EPO); and High Deductible EPO (HDEPO).
- Capital District Physicians' Healthcare Network, Inc. (CDPHN)—Administrative service only (ASO), self-insured plans.

Introduction to CDPHP

The *Provider Office Administrative Manual* (POAM) is updated annually at a minimum. For the most current version of the manual, please go to www.cdphp.com/provider/get-your-job-done. Printed copies of the POAM can be ordered directly from CDPHP, at no cost to your office, by calling (518) 641-3500.

Volume I of the POAM offers an overview of CDPHP administrative practices. Our policies and procedures are compiled in Volume II.

It is our intent to help you maintain a high level of health and satisfaction for your patients and our members by coordinating and streamlining the processes of health care such as claim submissions, resource coordination, and provider reimbursement.

We invite you to visit www.cdphp.com to learn more about CDPHP.

Important Telephone Numbers

The information on pages 1-6 provides a quick reference guide to the administrative departments of CDPHP for participating practitioners/providers. Details are subject to change. We encourage you to contact CDPHP any time you have a question regarding the administration of our products.

Office	Local Number	Toll-Free Number
Main Number	(518) 641-3000	1-888-258-0477
Provider Services	(518) 641-3500	1-800-926-7526
Resource Coordination	(518) 641-4100	1-800-274-2332
Pharmacy Department	(518) 641-3784 (518) 641-DRUG	
CDPHP Fraud Hotline	(518) 641-3228 (518) 641-FACT	1-800-280-6885
Individual Enrollment Unit	(518) 641-3050	1-855-236-7113
Marketing HMO/CDPHN/CDPHP UBI	(518) 641-5000	1-800-993-7299
Child Health Plus	(518) 641-3300	1-800-454-3840
CDPHP Medicare Advantage	(518) 641-3400	1-888-519-4455
Member Services HMO	(518) 641-3700	1-800-777-2273
CDPHP Medicare Advantage	(518) 641-3950	1-888-248-6522
CDPHP Medicare Advantage SNP	(518) 641-5400	1-800-364-6680
Medicaid–Select Plan/Medicaid–HARP/ Child Health Plus	(518) 641-3800	1-800-388-2994
CDPHN/ASO	(518) 641-3100	1-877-724-2579
GE Preferred Health	(518) 641-3110	1-877-600-2943
CDPHP UBI	(518) 641-3140	1-877-269-2134
Essential Plan	(518) 641-3700	1-800-777-2273
Health Care Network Strategy	(518) 641-4290	1-888-258-0477
Wellness Line	(518) 641-4800	1-877-986-2373
Behavioral Health Access Center	(518) 641-3600	1-888-320-9584
CDPHP Website	www.cdphp.com	
CDPHP EDI (For assistance, and information regarding electronic claims submission, and the secure area of www.cdphp.com.)	(518) 641-4334 (518) 641-4EDI	email: E_Transaction_Help@cdphp.com
Delta Dental		1-800-932-0783
To order claim forms, directories, etc.		(518) 641-3500

Provider Responsibilities

CDPHP participating practitioners/providers accept the following responsibilities:

- Comply with the Certificate of Incorporation and By-Laws of CDPHP.
- Comply with health care policies and procedures established by CDPHP and approved by the board of directors.
- Accept and treat CDPHP members as practice capacity permits, and notify CDPHP of practice changes.
- Maintain records for at least a six-year period to document all service provided to members (10 years for Medicare members), or until a period of six years after the member attains majority, or for such other periods as may be required by law.
- Collect only applicable CDPHP copayments/coinsurance/deductibles.
- Submit claims for treatment rendered to CDPHP members on appropriate forms and within established filing limits, and submit adjustment requests/claim appeals within six months of the adjudication date of claim.
- Maintain sufficient policies of professional liability coverage acceptable to CDPHP.
- Cooperate with CDPHP utilization review, peer review, and quality improvement programs to promote the standards of medical care and permit access, in the manner requested, to records for utilization management/ quality management activities.
- Agree to hold members harmless for the cost of any covered health services and accept CDPHP payment as payment in full.
- Provide appropriate safeguards to protect the confidentiality of members' protected health information against inappropriate disclosures.
- Agree to keep this manual and your agreement with CDPHP confidential, and do not disclose this information except as required by law or with CDPHP's permission.
- Keep member information, including information related to HIV, mental health, or substance abuse, confidential in accordance with CDPHP policies and procedures as required by law.
- Comply with the New York State Department of Health (NYS DOH) regulation requiring providers and laboratories that conduct blood lead testing to report all results to NYS DOH. See https://www.health.ny.gov/environmental/lead/ for more information.
- Report sexually transmitted diseases (STDs) to their local health department, as required by law.

- For more information, and a list of communicable diseases and NYS reporting form, go to: http://www.health.state.ny.us/professionals/diseases/reporting/communicable
- Report suspected or confirmed communicable diseases to the NYS DOH. For more information, see https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf.
- Agree not to employ or contract with any employee, subcontractor or agent who has been debarred or suspended by the federal or state government, or otherwise excluded from participation in the Medicare or Medicaid program.
- When rendering behavioral health and substance use services, create policies and procedures in order to assure confidentiality of the patient information. Specifically, the policies and procedures must include:
  (a) Initial and annual in-service education of staff and contractors.
  (b) Identification of staff allowed access to the patient information and limitations of this access.
  (c) Procedures to limit access of the information to trained staff (including contractors).
  (d) Protocols for secure storage (including electronic storage).
  (e) Procedures for handling requests for behavioral health and substance use information.
  (f) Protocols to protect persons with behavioral health and/or substance use disorder from discrimination.

CDPHP Responsibilities

As "…a model for the delivery, financing, and administration of health care services," CDPHP recognizes its responsibilities to its participating providers and is committed to:

- Preparing and distributing informational materials regarding new policies and procedures.
- Assisting in the resolution of general issues and concerns.
- Ensuring that services provided are appropriate and constitute quality care.
- Providing appropriate and reasonable reimbursement as determined by the board of directors.
- Ensuring that the risk withholding is appropriate and adequate to comply with New York state regulations.
- Aligning health plan services, information, and interactions with our provider network to achieve shared goals of quality health outcomes, ease of operations, and administrative efficiencies.

Active Products by Affiliate

Company: **Capital District Physicians' Health Plan, Inc.**
Network: **CDPHP network unless otherwise specified**
Products:

- **HMO contract with variable copayment options**
  Comprehensive, community-rated health plans.
- **Various Riders**
  Used to directly modify the terms of the HMO contract to meet marketplace needs and/or statutory requirements.
- **Individual Plans**
  Offered to individuals and families on a direct-pay basis, both directly through CDPHP and the NY State of Health™ marketplace.
- **Medicaid Select Plan (Select Plan network, a subset of the HMO network, is used)**
  Medicaid managed care program.
- **Medicaid–HARP (HARP network, a subset of the HMO network, is used)**
  Also includes home and community based services (HCBS) providers.
- **CDPHP Medicare Advantage (Medicare Advantage network)**
  Centers for Medicare and Medicaid Services (CMS) approved Medicare HMO program. Offered as a direct pay individual plan or an employer group retiree product.
  Also includes CDPHP Special Needs Plans (SNP).
- **Child Health Plus (Child Health Plus network)**
  Subsidized health plan for children who are under 19 and residents of New York state. Offered on a direct-pay basis; premiums based on income of parent or guardian.
- **Healthy New York contracts**
  A health plan created and mandated by New York state. It is available to small employer groups to offer to their lower wage employees. It includes very specific enrollment guidelines regarding household income levels and/or salary ranges.
- **Essential Plan Tiers**
  Individuals may qualify for Essential Plan if they are 19 to 64 years of age, a New York state resident, do not already have health insurance, and are not eligible for Medicaid. The Essential Plan is available in 16 counties within the CDPHP service area: Albany, Broome, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren, and Washington.

  The Essential Plan covers all of the essential health benefits covered under the Qualified Health Plans offered on the Marketplace, including inpatient and outpatient care, physician services, diagnostic services, and prescription drugs, among others, with no annual deductible and low out-of-pocket costs.

Company: **CDPHP UBI (CDPHP Universal Benefits,® Inc.)** ***An Article 43 Company***
Network: **UBI Network unless otherwise specified**
Products:

- **Preferred Provider Organization (PPO) Plan**
  Provides comprehensive benefits both in- and out-of-network. Member out-of-pocket costs are reduced when participating providers are utilized for health care services. The member is not required to name a primary care physician or obtain referrals for specialty care, but is responsible for obtaining prior authorization for selected services as outlined in their plan materials. Out-of-network is defined as any service rendered by non-participating providers. If the network lacks a participating provider to perform a covered service, prior authorization may be granted, and the covered service will be considered in-network.
- **High Deductible PPO (HDPPO) Plan**
  A PPO plan with higher in-network and out-of-network deductibles. Some HDPPO plans may be coupled with a tax-advantaged health savings account (HSA). The plan provides comprehensive benefits both in- and out-of-network. Member out-of-pocket costs are reduced when participating providers are utilized for health care services. The plan does not require member to name a PCP or to obtain referrals for specialty care, but the member is responsible for obtaining prior authorization for selected services as outlined in their plan materials. Out-of-network is defined as any service rendered by non-participating providers. If the network lacks a participating provider to perform a covered service, prior authorization may be granted, and the covered service will be considered in-network.
- **Exclusive Provider Organization (EPO) Plan**
  Provides comprehensive benefits in-network only. The member is not required to name a primary care physician or obtain referrals for specialty care from a participating provider, but is responsible for obtaining prior authorization from CDPHP UBI for any out-of-network services as outlined in their plan materials.
- **High Deductible EPO (HDEPO) Plan**
  An EPO with a high deductible. Some HDEPO plans may be coupled with a tax-advantaged HSA. Provides comprehensive benefits in-network only. The member is not required to name a primary care physician or obtain referrals for specialty care from a participating provider, but is responsible for obtaining prior authorization from CDPHP UBI for any out-of-network services as outlined in their plan materials.

Company: **CDPHN (Capital District Physicians' Healthcare Network, Inc.)** ***An Administrative Services Organization (ASO)***
Network: **CDPHN network**
Products: **Self-Insured Plans (aka "Self-Insureds," "ASO," or "PHN" groups)**
The employer designs the benefit plan and claims are paid with the employer's funds. Self-insured plans are not typically subject to state-mandated benefits and insurance laws, but are subject to federal law, most specifically, ERISA. The employer may choose to closely mirror a CDPHP product; however, most often the employer group customizes the plan design based on their specific needs. The employer may utilize any benefit design as allowable under law. The employer pays CDPHN an administrative fee for claims processing and administrative services.

Corporate Compliance Program and Policy

CDPHP strives to maintain a reputation for lawful and ethical behavior, a reputation to which you and your colleagues have contributed since our beginning. Our company's reputation for high standards of business conduct and integrity is one of our greatest assets and one that we need to continually emphasize as a priority.

To this end, CDPHP has implemented a corporate compliance and integrity program (compliance program). The general policies of the compliance program are summarized in the corporate compliance policy reprinted below. As part of our compliance program, we ask that all CDPHP participating practitioners/providers agree to comply with all federal and state laws and to report to CDPHP any suspected violation of federal or state laws by CDPHP or any of its employees, agents, independent contractors, or business associates.

CDPHP Corporate Compliance Policy

1. It is the policy of Capital District Physicians' Health Plan Inc. and its subsidiary corporations, Capital District Physicians' Healthcare Network, Inc. and CDPHP Universal Benefits, Inc. (hereinafter referred collectively as "CDPHP") to comply with all applicable federal, state and local laws and regulations, both civil and criminal.
2. In addition to complying with the law, it is also the policy of CDPHP to comply with the Standards of Conduct.
3. No employee, agent, independent contractor or business associate of CDPHP has any authority to act contrary to the provisions of these laws or Standards of Conduct or to authorize, direct or condone violations by any other employee, agent independent contractor, or business associate.
4. Any employee, agent, independent contractor or business associate of CDPHP who has knowledge of activities that he or she believes may violate corporate policy or the law, including the submission of false claims, has an obligation, promptly after learning of such activities, to report the matter. The method used to report the matter is up to the reporting party. The reporting party may report it to a supervisor (if applicable), directly to the Compliance/Privacy Officer, the Vice President, Human Resources or the Chief Executive Officer. Security concerns may be reported to

CDPHP's Security Officer. Additionally, reports may also be filed by calling CDPHP's Fraud, Abuse and Compliance hotline at 1-800-280-6885. All compliance reporting paths/communication lines, used for good faith reports of potential compliance issues, are confidential. Use of the Fraud and Compliance Hotline is the method to submit an allegation anonymously. CDPHP will not tolerate any form of retaliation against a person for reporting an issue in good faith. Failure to report known violations, failure to detect violations due to negligence or reckless conduct or making false (or bad faith) reports shall be grounds for disciplinary action, up to and including termination. Any reports of harassment or other workplace-related problems shall be referred directly to Human Resources.

5. CDPHP will take steps to communicate its standards and policies to all employees by requiring participation in training programs and by disseminating information that explains in a practical manner what is required. This will include dissemination of the Standards of Conduct as well as an Acknowledgment signed by each employee to abide by the Standards of Conduct and the Corporate Compliance and Integrity Program.
6. CDPHP will take steps to achieve compliance with its standards by utilizing monitoring and auditing systems reasonably designed to detect misconduct by its employees, agents, independent contractors or business associates by having in place and publicizing a reporting system whereby employees, agents, independent contractors or business associates can report misconduct by others within the organization without fear of retribution.
7. This Corporate Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for the failure to detect violations. The appropriate form of discipline will be case–specific and consistent with existing Human Resource policy.
8. After a violation has been detected, CDPHP will take all reasonable steps to respond appropriately and to prevent further similar violations, including any necessary modifications to its compliance program to prevent and detect violations of law.
9. This Corporate Compliance policy is intended to communicate current general policies regarding compliance. The Chief Executive Officer or designee is charged with adopting such other policies, procedures and Standards of Conduct as may be necessary and desirable to implement and maintain the Compliance Program. If any employee, agent, independent contractor or business associate has a question concerning a particular provision contained herein or concerning any practice not addressed in this document, he or she should consult directly with the Compliance Officer.

CDPHP Billing and Reimbursement Corporate Standard

CDPHP is committed to ensuring that its billing and reimbursement practices comply with all federal and state laws, regulations, guidelines, and policies. CDPHP employees, agents, and contractors are prohibited from knowingly presenting or causing to be presented false or fraudulent claims for payment, as well as any other actions prohibited under the Federal and New York State False Claims Acts.

The Federal False Claims Act (FCA) establishes liability for any person or entity that knowingly presents or causes to be presented a false or fraudulent claim involving any federally funded program including the Medicare and Medicaid Programs. It also establishes liability for any person or entity that knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim. This includes a person who has knowledge of false information in a claim, acts in deliberate ignorance of the truth or falsity of the information in a claim, or acts with reckless disregard of the truth or falsity of the information.

A claim includes any request or demand for money that is presented directly to the government, or to a person or entity receiving federal funds, including any of our contractors.

Additionally, the FCA establishes liability for any person or entity that knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money to the government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money to the government.

Violators of the Federal False Claims Act can be subject to civil penalties for each false claim submitted in addition to related damages. Further, the Office of Inspector General (OIG) may seek to exclude a provider or supplier convicted of a violation from participation in federal health care programs.

Under the Federal False Claims Act, any person with direct and non-public knowledge that an alleged false claim has been submitted to the government for payment may file a lawsuit on behalf of the U.S. government in a federal district court. The False Claims Act also provides protections to a person who reports a false claim to the government and/or experiences retaliation for their action.

The New York State False Claims Act also imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is $6,000-$12,000 per claim and the recoverable damages are between two or three times the value of the amount falsely received.

The New York State False Claims Act also provides protections, comparable to the protections described under the Federal False Claims Act, to a person who experiences retaliation by their employer as a result of their furtherance of an action under the NYS False Claims Act.

The state statutes also provide for civil, criminal, and administrative remedies/recoveries as well.

To request a copy of the *CDPHP False Claims Act Corporate Policy*, please contact the CDPHP compliance officer.

If you suspect any of the CDPHP employees or anyone conducting business on behalf of CDPHP may be violating any law or regulations governing CDPHP business activities, including the submission of false claims, please call the CDPHP compliance officer at (518) 641-5260, or call the CDPHP Fraud/Compliance Hotline at 1-800-280-6885.

The material contained in this manual is subject to periodic re-evaluation and change by CDPHP.