Today's Options® PFFS

A WellCare Company

CONTRACT YEAR 2018 MEDICARE ADVANTAGE PRIVATE FEE-FOR-SERVICE PLAN MODEL TERMS AND CONDITIONS OF PAYMENT

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1. Introduction

Today's Options PFFS is a Medicare Advantage Private Fee-for-Service (PFFS) plan offered by American Progressive Life & Health Insurance Company of New York ("American Progressive"), a WellCare Company. Today's Options PFFS allows members to use any provider, such as a physician, health professional, hospital, or other Medicare provider in the United States that agrees to treat the member after having the opportunity to review these terms and conditions of payment, as long as the provider is eligible to provide health care services under Medicare Part A and Part B (also known as 'Original Medicare') or eligible to be paid by Today's Options PFFS for benefits that are not covered under Original Medicare.

The law provides that if you have an opportunity to review these terms and conditions of payment and you treat a Today's Options PFFS member, you will be "deemed" to have a contract with us. Section 2 explains how the deeming process works. The rest of this document contains the contract that the law allows us to deem to hold between you, the provider, and Today's Options PFFS. Any provider in the United States that meets the deeming criteria in Section 2 becomes deemed to have a contract with Today's Options PFFS for the services furnished to the member when the deeming conditions are met. **No prior authorization, prior notification, or referral is required as a condition of coverage when medically necessary, plan-covered services are furnished to a member.** However, a member or provider may request an advance organization determination before a service is provided in order to confirm that the service is medically necessary and will be covered by the plan. Section 7 describes how a provider can request an advance organization determination from the plan.

Today's Options PFFS has signed contracts with some providers. These providers are our network providers.

Today's Options PFFS has network providers for all Medicare Part A and Part B services.

Our members can still receive services from non-network providers who do not have a signed contract with us, as long as the provider meets the deeming criteria described in Section 2. These deemed contracting providers are subject to all of the terms and conditions of payment described in this document. Contracted providers can be accessed through the "Find a Provider" tool found at www.TodaysOptions.com. Customer service can also provide that information and can be contacted at 1-866-568-8921.

2. When a Provider is Deemed to Accept Today's Options PFFS terms and conditions of Payment

A provider is deemed by law to have a contract with Today's Options PFFS when all of the following three criteria are met:

1) The provider is aware, in advance of furnishing healthcare services, that the patient is a member of Today's Options PFFS. All of our members receive a member ID card that

includes the Today's Options PFFS logo that clearly identifies them as PFFS members. The provider may validate eligibility by calling our Provider Service Center at 1-866-568-8921. The provider may also validate eligibility on the provider portal located at www.TodaysOptions.com.

2) The provider either has a copy of, or has reasonable access to, our terms and conditions of payment (this document). The terms and conditions are available on our website at www.TodaysOptions.com. The terms and conditions may also be obtained by calling our Provider Service Center at 1-866-568-8921.

3) The provider furnishes covered services to a Today's Options PFFS member.

If all of these conditions are met, the provider is deemed to have agreed to Today's Options' PFFS terms and conditions of payment for that member specific to that visit. For example: If a Today's Options PFFS member shows you an enrollment card identifying him/her as a member of Today's Options PFFS and you provide services to that member, you will be considered a deemed provider. Therefore, it is your responsibility to obtain and review the terms and conditions of payment prior to providing services, except in the case of emergency services (see below).

Note: You, the provider, can decide whether or not to accept Today's Options PFFS terms and conditions of payment each time you see a Today's Options PFFS member. A decision to treat one plan member does not obligate you to treat other Today's Options PFFS members, nor does it obligate you to accept the same member for treatment at a subsequent visit.

If you DO NOT wish to accept Today's Options PFFS terms and conditions of payment, then you should not furnish services to a Today's Options PFFS member, EXCEPT for emergency services. If you nonetheless do furnish non-emergency services, you will be subject to these terms and conditions whether you wish to agree to them or not. Providers furnishing emergency services will be treated as non-contract providers and paid at the payment amounts they would have received under Original Medicare.

3. Provider qualifications and requirements

In order to be paid by Today's Options PFFS for services provided to one of our members, you must:

- Have a National Provider Identifier in order to submit electronic transactions to Today's Options PFFS, in accordance with HIPAA requirements.

- Submit claims using the standard UB-04 (form CMS-1450) or form CMS-1500 to the Today's Options PFFS claims address below. Providers may also use the appropriate electronic filing formats, as noted in Section 5.

Today's Options PFFS
P.O. Box 18500
Austin, TX 78760-8500

- Furnish services to a Today's Options PFFS member within the scope of your licensure or certification.
- Provide only services that are covered by our plan and that are medically necessary by Medicare definitions.
- Meet applicable Medicare certification requirements (e.g., if you are an institutional provider such as a hospital or skilled nursing facility).
- Not have opted out of participation in the Medicare program under §1802(b) of the Social Security Act, unless providing emergency or urgently needed services.
- Not be on the HHS Office of Inspectors General excluded and sanctioned provider lists.
- Not be a Federal healthcare provider, such as a Veterans' Administration provider, except when providing emergency care.
- Comply with all applicable Medicare and other applicable Federal healthcare program laws, regulations, and program instructions, including laws protecting patient privacy rights and HIPAA that apply to covered services furnished to members.
- Agree to cooperate with Today's Options PFFS to resolve any member grievance involving the provider within the time frame required under Federal law.
- For providers who are hospitals, home health agencies, skilled nursing facilities, or comprehensive outpatient rehabilitation facilities, provide applicable beneficiary appeals notices (See Section 10 for specific requirements).
- Not charge the member in excess of cost-sharing, nor balance bill the member, under any condition, including in the event of plan bankruptcy.

4. Payment to Providers

Plan Payment

Today's Options PFFS reimburses deemed providers at 100% of the then current year Medicare Allowable Charge, including billing up to the limiting charge for non-participating physicians, minus any member required cost-sharing, for all medically necessary services covered by Medicare. Today's Options PFFS will pay Physician Quality Reporting Initiative (PQRI) bonus and e-prescribing incentive payment amounts to deemed physicians who would receive them in connection with treating Medicare beneficiaries who are not enrolled in a Medicare Advantage plan.

We will process and pay clean claims within 30 days of receipt. If a clean claim is not paid within the 30-day time frame, then we will pay interest on the claim according to Medicare guidelines. Section 5 has more information on prompt payment rules. Payment to providers for which Medicare does not have a publicly published rate will be based on the estimated Medicare amount. For more detailed information about our payment methodology for all provider types, go to www.TodaysOptions.com and look for the Proxy Payment Grid in the Providers link under Provider Resources.

Services covered under Today's Options PFFS that are not covered under Original Medicare are reimbursed using Today's Options' PFFS fee schedule. Please call us at 1-866-568-8921 to receive information on our fee schedule.

Deemed providers furnishing such services must accept the fee schedule amount, minus applicable member cost-sharing, as payment in full.

Member benefits and cost-sharing

Payment of cost-sharing amounts is the responsibility of the member. Providers should collect the applicable cost-sharing from the member at the time of the service when possible. **You can only collect from the member the appropriate Today's Options PFFS co-payments or coinsurance amounts described in these terms and conditions.** After collecting cost-sharing from the member, the provider should bill Today's Options PFFS for covered services. Section 5 provides instructions on how to submit claims to us. Please note, however, that (Plan Name) may not hold members accountable for any cost-sharing (deductibles, copayments, coinsurance) for Medicare-covered preventive services that are subject to zero cost sharing.

If a member is a dual-eligible Medicare beneficiary (that is, the member is enrolled in our PFFS plan and a State Medicaid program), then the provider cannot collect any cost-sharing for Medicare Part A and Part B services from the member at the time of service when the State is responsible for paying such amounts (nominal copayments authorized under the Medicaid State plan may be collected). Instead, the provider may only accept the MA plan payment (plus any Medicaid copayment amounts) as payment in full or bill the appropriate State source.*

To view a complete list of covered services and member cost-sharing amounts under Today's Options PFFS, go to the plan's Summary of Benefits located at www.TodaysOptions.com. You may call us at 1-866-568-8921 to obtain more information about covered benefits, plan payment rates, and member cost-sharing amounts under Today's Options PFFS. Be sure to have the member's ID number when you call.

Today's Options PFFS follows Medicare coverage decisions for Medicare-covered services. Services not covered by Medicare are not covered by Today's Options PFFS, unless specified by the plan. Information on obtaining an advance coverage determination can be found in Section 7. Today's Options PFFS does not require members or providers to obtain prior

authorization, prior notification, or referrals from the plan as a condition of coverage. There are no prior authorization and prior notification rules for Today's Options PFFS members.

Note: Medicare supplemental policies, commonly referred to as Medigap plans, cannot cover cost-sharing amounts for Medicare Advantage plans, including PFFS plans. All cost-sharing is the member's responsibility.

For Today's Options Private Fee-For-Service (PFFS) Members in Texas who are dual-eligible Medicare beneficiaries, Today's Options PFFS will be responsible for paying the Medicaid portion of the member's allowable cost share.* ***Do not bill the State Medicaid Agency.*

Balance Billing of Members

A provider may collect only applicable plan cost-sharing amounts from Today's Options PFFS members and may not otherwise charge or bill members. Balance billing is prohibited by providers who furnish plan-covered services to Today's Options PFFS members.

Hold Harmless Requirements

In no event, including, but not limited to, nonpayment by Today's Options PFFS, insolvency of Today's Options PFFS, and/or breach of these terms and conditions, shall a deemed provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a member or persons acting on their behalf for plan-covered services provided under these terms and conditions. This provision shall not prohibit the collection of any applicable coinsurance, co-payments, or deductibles billed in accordance with the terms of the member's benefit plan.

If any payment amount is mistakenly or erroneously collected from a member, you must make a refund of that amount to the member.

5. Filing a Claim for Payment

- You must submit a claim to Today's Options PFFS for an Original Medicare covered service within the same time frame you would have to submit under Original Medicare, which is within 1 calendar year after the date of service. Failure to be timely with claim submissions may result in non-payment. The rules for submitting timely claims under Original Medicare can be found at https://www.cms.gov/MLNMattersArticles/downloads/MM6960.pdf.

- **Prompt Payment.** Today's Options PFFS will process and pay clean claims within 30 days of receipt. If a clean claim is not paid within the 30-day time frame, Today's Options PFFS will pay interest on the claim according to Medicare guidelines. A clean claim includes the minimum information necessary to adjudicate a claim, not to exceed the information

required by Original Medicare. Today's Options PFFS will process all non-clean claims and notify providers of the determination within 60 days of receiving such claims.

- You must submit claims using the standard CMS-1500, CMS-1450 (UB-04), or such successor forms or other subsequently adopted forms by CMS. Claims may also be received by Today's Options PFFS using the appropriate electronic filing format. Providers who wish to submit claims to Today's Options PFFS electronically may do so through Change Healthcare. For questions regarding electronic billing, contact the EDI Services Department at 713-843-6780 or by email at edi@TodaysOptions.com.

- You must bill Today's Options PFFS using the same coding rules and billing guidelines as Original Medicare, including Medicare CPT Codes, HCPCS codes and defined modifiers. Bill diagnosis codes to the highest level of specificity.

- Include the following on your claims:

    - National Provider Identifier
    - The member's ID number
    - Date(s) of service
    - Required CMS Modifiers
    - Diagnosis
    - All other required CMS fields (e.g. number of service units, service location etc.)

- For providers that are paid based upon interim rates, include with your claim a copy of your current interim rate letter if the interim rate has changed since your previous claim submission.

- Coordination of Benefits: All Medicare secondary payer rules apply. These rules can be found in Medicare Secondary Payer Manual located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/msp105c02.pdf. Providers should identify primary coverage and provide information to Today's Options PFFS at the time of billing.

- Where to submit a claim:

    - For electronic claim submission, submit claims using the payer identification below:

Clearinghouse	Payer ID	Clearinghouse Support	Web Address
Change Healthcare	48055	1-800-845-6592	www.ChangeHealthcare.com

- For paper claim submission, submit claims to the following address:

  Today's Options PFFS
  P.O. Box 18500
  Austin, TX 78760-8500

- If you have problems submitting claims to us or have any billing questions, contact our technical billing resource at 1-866-568-8921. For questions regarding EDI billing, contact the EDI Service Department at 713-843-6780 or by email at edi@todaysoptions.com.

6. Maintaining Medical Records and Allowing Audits

Deemed providers shall maintain timely and accurate medical, financial and administrative records related to services they render to Today's Options PFFS members. Unless a longer time period is required by applicable statutes or regulations, the provider shall maintain such records for at least 10 years from the date of service.

Deemed providers must provide Today's Options PFFS, the Department of Health and Human Services, the Comptroller General, or their designees access to any books, contracts, medical records, patient care documentation, and other records maintained by the provider pertaining to services rendered to Medicare beneficiaries enrolled in a Medicare Advantage plan, consistent with Federal and state privacy laws. Such records will primarily be used for Centers for Medicare & Medicaid Services (CMS) audits of risk adjustment data upon which CMS capitation payments to Today's Options PFFS are based. To encourage providers to submit member medical records to Today's Options PFFS in this case, Today's Options PFFS will reimburse the provider for the cost of copying and forwarding requested medical records and/or send plan staff on-site to obtain copies of the records it is requesting.

Today's Options PFFS may also request records for activities in the following situations: Today's Options PFFS audits of risk adjustment data, determinations of whether services are covered under the plan, are reasonable and medically necessary, and whether the plan was billed correctly for the service; to investigate fraud and abuse; and in order to make advance coverage determinations. Today's Options PFFS will not use these records for any purpose other than the intended use. To encourage providers to submit member medical records to Today's Options PFFS in this case, Today's Options PFFS will reimburse the provider for the cost of copying and forwarding requested medical records and/or send plan staff on-site to obtain copies of the records it is requesting.

Today's Options PFFS will not use medical record reviews to create artificial barriers that would delay payments to providers. Both voluntary and mandatory provision of medical records must be consistent with HIPAA privacy law requirements.

7. Getting an advance organization determination

Providers or plan enrollees may obtain a written advance coverage determination (also known as an organization determination) from us before a service is furnished to confirm

whether the service will be covered by Today's Options PFFS. To obtain an advance organization determination, you will need to fax your request with medical records; codes and physician prescription to 713-558-7128. Today's Options PFFS will make a decision and notify you within 14 days of receiving the request, with a possible (up to) 14-day extension either due to the member's request or Today's Options PFFS justification that the delay is in the member's best interest. In cases where you believe that waiting for a decision under this time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy, you can request an expedited determination. To obtain an expedited determination, you will need to fax your request with medical records, codes and physician prescription to 713-558-7128. We will notify you of our decision as expeditiously as the enrollee's health condition requires, but no later than 72 hours after receiving the request, unless we invoke a (up to) 14-day extension either due to the member's request or (Plan Name) justification (for example, the receipt of additional medical evidence may change (Plan Name) decision to deny) that the delay is in the member's best interest.

In the absence of an advance organization determination, Today's Options PFFS can retroactively deny payment for a service furnished to a member if we determine that the service was not covered by our plan (e.g., was not medically necessary). However, providers have the right to dispute our decision by submitting a waiver of liability (promising to hold the member harmless regardless of the outcome), and exercising member appeal rights (see the Federal regulations at 42 CFR Part 422, subpart M, or Chapter 13 of the Medicare Managed Care Manual).

8. Provider payment dispute resolution process

If you believe that the payment amount you received for a service is less than the amount indicated in our terms and conditions of payment, you have the right to dispute the payment amount by following our dispute resolution process.

To file a payment dispute with Today's Options PFFS, send a written dispute to P.O. Box 18500 Austin, TX 78760-8500 or fax to 877-656-1728 or call us at 1-866-568-8921.

A copy of our Provider Payment Dispute Resolution Form is available on our website at www.TodaysOptions.com. Additionally, please provide appropriate documentation to support your payment dispute e.g., a remittance advice from a Medicare carrier would be considered such documentation. Claims must be disputed within 120 days from the date payment is initially received by the provider. Note that in cases where we re-adjudicate a claim, for instance, when we discover that we processed it incorrectly the first time, you have an additional 120 days from the date you were notified of the re-adjudication in which to dispute the claim.

We will review your dispute and respond to you within 60 days from the time the provider payment dispute is first received by the plan. If we agree with the reason for your payment dispute, we will pay you the additional amount you are requesting, including any interest that is due. We will inform you in writing if our decision is unfavorable and no additional amount is owed.

After Today's Options' PFFS payment dispute resolution process is completed, if you still believe that we have reached an incorrect decision regarding payment on your claims, you may file an additional request for review. To file this additional request for review of a payment dispute with organization, you may mail your 2nd Level Dispute to:

2nd Level Dispute
Today's Options
P.O.Box 18688
Austin, TX 78760-8688

9. Member and provider appeals and grievances

Today's Options PFFS members have the right to file appeals and grievances with Today's Options PFFS when they have concerns or problems related to coverage or care. Members may appeal a decision made by Today's Options PFFS to deny coverage or payment for a service or benefit that they believe should be covered or paid for. Members should file a **grievance** for all other types of complaints not related to the provision or payment for health care.

A physician who is providing treatment may, upon notifying the member, appeal pre-service organization determination denials to the plan on behalf of the member. The physician may also appeal a post-service organization determination denial as a representative, or sign a waiver of liability (promising to hold the member harmless regardless of the outcome) and appeal using the member appeal process. There must be potential member liability (e.g., an actual claim for services already rendered, as opposed to an advance organization determination or a partially paid claim), in order for a provider to appeal a post-service organization determination utilizing the member appeal process.

A non-physician provider may appeal organization determinations on behalf of the member as a representative, or sign a waiver of liability (promising to hold the member harmless regardless of the outcome) and appeal post-service organization determination (e.g., claims) using the member appeal process. As noted above, there must be potential member liability in order for a provider to appeal a post-service organization determination utilizing the member appeal process.

If a provider appeals using the member appeal process, the provider agrees to abide by the statutes, regulations, standards, and guidelines applicable to the Medicare PFFS Member appeals and grievance processes.

The Today's Options PFFS Member Evidence of Coverage (EOC) provides more detailed information about the member appeal and grievance process. The member EOC is posted under the Plan Documents Page in the "For Members" section of our website located at www.TodaysOptions.com. You can call our Member Services Department at 1-866-568-8921 for more information on our member appeals and grievance policies and procedures.

10. Providing members with notice of their appeals rights – Requirements for Hospitals, SNFs, CORFs, and HHAs

Hospitals must notify Medicare beneficiaries, including Medicare Advantage beneficiaries enrolled in PFFS plans, who are hospital inpatients about their discharge appeal rights by complying with the requirements for providing *An Important Message from Medicare About Your Rights* (IM), including complying with the time frames for delivery. For copies of the notice and additional information regarding IM notice and delivery requirements, go to: http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp.

Skilled nursing facilities, home health agencies, and comprehensive outpatient rehabilitation facilities must notify Medicare beneficiaries, including Medicare Advantage beneficiaries enrolled in PFFS plans, about their right to appeal a termination of services decision by complying with the requirements for providing the Notice of Medicare Non-Coverage (NOMNC), including complying with the time frames for delivery. For copies of the notice and the notice instructions, go to: http://www.cms.gov/BNI/09_MAEDNotices.asp.

As directed in the instructions, the NOMNC should contain Today's Options PFFS contact information somewhere on the form (such as in the *additional information* section on page 2 of the NOMNC). In addition, the provider should send a copy of any NOMNC issued to:

Medical Management Department
Today's Options PFFS
P.O. Box 18149
Austin, TX 78760-8149
Fax: 713-558-7128

Today's Options PFFS will provide members with a detailed explanation if a member notifies the Quality Improvement Organization (QIO) that the member wishes to appeal a decision regarding a hospital discharge (Detailed Notice of Discharge) or termination of home health agency, comprehensive outpatient rehabilitation facility or skilled nursing facility services (Detailed Explanation of Non-coverage) within the time frames specified by law. For copies of the notices and the notice instructions, go to:
http://www.cms.gov/BNI/12_HospitalDischargeAppealNotices.asp and
http://www.cms.gov/BNI/09_MAEDNotices.asp.

11. If you need additional information or have questions

If you have general questions about Today's Options PFFS terms and conditions of payment, contact us at:

Call
1-866-568-8921 (toll free) from 8:00 a.m. to 8:00 p.m., 7 days a week

Fax
1-866-245-5194

Write
Provider Relations Department
Today's Options PFFS
4888 Loop Central Drive
Suite 300
Houston, Texas 77081

E-mail
providerrelations@TodaysOptions.com

Plan Website
www.TodaysOptions.com

- If you have questions about submitting claims, call us at 1-866-568-8921.
- If you have questions about plan payments, call us at 1-866-568-8921.