



Immunization Billing Project Webinar Session III

Insurance Carrier Basics

October 10, 2013

PRESENTED BY

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SHR Associates, Inc.

IN ASSOCIATION WITH

Maryland Partnership for Prevention

AND THE

**Maryland Department of Health
and Mental Hygiene**

Course Objectives

- Understand the basic differences between Medicaid, Medicaid Managed Care Organizations (MCOs), Medicare and the commercial payers.
- Learn how to recognize the different payers and the different types of insurance plans.
- Understand the basic credentialing process.
- Introduction to the payer contracting process.

Section 1

- The Payers
- Medicaid and Medicaid MCOs
- Medicare
- Commercial Payers

Section 2

- Credentialing Process
- Payer Contracting

Section 1

- The Payers
- Medicaid and Medicaid MCOs
- Medicare
- Commercial Payers

Payer – is a common industry reference for health insurance carriers.

Participating (In-Network) Provider

- a medical provider that has an agreement with a health plan to accept their members at an agreed upon contracted rate

Non-participating Provider

- a provider that has not contracted with a health plan and does not agree to accept the network contracted rate

How does the patient benefit if the Provider is In-Network?

- Under the ACA all marketplace plans and many other plans must cover certain **preventive services** without charging a copay, coinsurance or annual deductible.
- **This applies only when these services are delivered by a in-network provider.**
- Exception: Health plans created or bought before March 23, 2010, which are known as grandfathered plans
- Medicaid Expansion January 1, 2014

<https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=8>



Income Eligibility for Adults

Maryland Health Connection is our state’s new health insurance marketplace that will make it easier for Marylanders to shop, compare and enroll in quality health coverage that best fits your needs. There you can determine your eligibility for Medicaid coverage, or for financial assistance to reduce the cost of your health insurance, based on household income. In addition to reviewing the guidelines below, you can use the cost calculator at MarylandHealthConnection.gov to determine your eligibility.

If your household size is this:	You may be eligible for Medicaid if your income* is this:	You may be eligible for reduced premiums and/or lower insurance costs if your income is this:
1	Less than \$15,856	\$15,857 - \$45,960
2	Less than \$21,404	\$21,405 - \$62,040
3	Less than \$26,951	\$26,952 - \$78,120

Medicaid Expansion and Eligibility Requirements Change on 1/1/14

4	Less than \$32,499	\$32,500 - \$94,200
5	Less than \$38,047	\$38,048 - \$110,280
6	Less than \$43,595	\$43,596 - \$126,360
7	Less than \$49,143	\$49,144 - \$142,400
8	Less than \$54,691	\$54,692 - \$158,520

Source: Maryland State Dept. of Health and Mental Hygiene, Medicaid Planning Administration

*Income eligibility levels for children and pregnant women are higher

MarylandHealthConnection.gov



Voice 410-897-9888 / www.shrassociatesinc.com / info@shrassociatesinc.com

Reimbursement is Contingent Upon

- Contracting and credentialing with the payers
- Payor fee schedule
- Knowledge of revenue cycle billing processes and requirements
- Member eligibility and benefit verification
- Technical billing capability

Medicaid and Medicaid MCOs

- Maryland Medicaid
- Health Choice
 - Managed Care Organizations (MCOs)
 - Maryland MCOs
 - MCO Contact Information
 - Sample MCO Insurance Cards

Medicaid

Medicaid (also called Medical Assistance) is a program that pays the medical bills of people who have low income and cannot afford medical care.

HealthChoice

- **HealthChoice is the name of the Maryland's statewide mandatory managed care program which began in 1997.**
- **The HealthChoice Program provides health care to most Medicaid recipients.**
- **Eligible Medicaid recipients enroll in a Managed Care Organization (MCO) of their choice and select a Primary Care Provider (PCP) to oversee their medical care. The MCO enrollee selects a PCP who is part of their selected MCO's provider panel either at the time of enrollment with the enrollment broker or once enrolled in their MCO.**

- **AMERIGROUP Community Care** - www.amerigroupcorp.com
- **Jai Medical Systems** - <http://www.jaimedicalsystems.com/>
- **Maryland Physicians Care** - www.marylandphysicianscare.com/
- **MedStar Family Choice** - www.medstarfamilychoice.net
- **Priority Partners** - www.ppmco.org/
- **Riverside Health** - <http://www.myriversidehealth.com/ForProviders.aspx>
- **UnitedHealthcare** - www.uhccommunityplan.com

https://mmcp.dhmf.maryland.gov/healthchoice/Documents/120306_HC_cc_Mar012012_v1-PREP.pdf

HealthChoice

MARYLAND'S MANAGED HEALTH CARE PROGRAM

Services covered by each MCO

The following is a list of health care services that you get when you are enrolled in HealthChoice. Each MCO must cover these services, but there may be limits on how much you can use some of these services.

- Visits to the doctor, including regular check-ups
- Care while pregnant
- Family planning and birth control
- Prescription drugs
- X-ray and lab services
- Hospital services
- Home health services
- Hospice services
- Emergency services
- OB/GYN care for women
- Eye exams for adults and children
- Primary mental health services through your doctor (other mental health services through Specialty Mental Health System 800-886-1965)
- Substance abuse treatment
- Transportation services

For pregnant adults and children under age 21

- Immunizations (shots)
- Vision care, including exams and glasses each year
- Dental care, including exams, cleanings, fillings, and braces if medically necessary (through Healthy Smiles Dental Program 888-696-9596)

Every HealthChoice MCO also offers some additional services. See the chart inside for more information.

Call HealthChoice
800-977-7388
for more information

01/01/2013 2012.000073.01 HC

MCO Comparison Chart

In Maryland's HealthChoice program health care services are provided through managed health care organizations, called MCOs. You need to choose an MCO now.

Use this chart to help pick your MCO. If you do not decide in time, the state will choose one for you. Don't lose your chance to pick your MCO.

Here are some questions to ask before you pick an MCO.

- Which MCOs provide services in my area?
- Which MCOs include my doctor and the hospital, specialists, and pharmacies I want to use?
- Which MCOs have providers and services close to my home?
- What additional services does each MCO offer?

Look inside to get answers to these questions →



You can also call
HealthChoice
800-977-7388

TDD line for hearing
impaired people only
800-977-7389

Sponsored by the Maryland Department of Health and Mental Hygiene

2012 Health Choice Comparison Chart of Services

Name of MCO	AMERIGROUP Community Care	Diamond Plan	Jal Medical Systems	Maryland Physicians Care	MedStar Family Choice	Priority Partners	UnitedHealthcare
Areas Accepting New Enrollments	Baltimore City, Annapolis, Baltimore, Calvert, Carroll, Cecil, Charles, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, and St. Mary's Counties	Baltimore City, Annapolis, Baltimore, Carroll, Cecil, Harford, Howard, Montgomery, and Prince George's Counties	Baltimore City and Baltimore County	Baltimore City, Allegany, Annapolis, Baltimore, Carroll, Charles, Dorchester, Garrett, Harford, Howard, Montgomery, Prince George's, Somerset, St. Mary's, Washington, Worcester, and Worcester Counties	Baltimore City, Annapolis North, Baltimore, Harford West, Montgomery Silver Spring, Prince George's North West and South West, and St. Mary's Counties	Baltimore City, Annapolis, Baltimore, Carroll, Dorchester, Harford, Howard, Montgomery, Prince George's, Talbot, Worcester, and Worcester Counties	STATEWIDE
Doctors/Hospitals You Can Use In the MCO	You can call your doctor's office or the Enrollment Help Line at 800-977-7388 to find out with which MCOs your doctor works. HealthChoice can also tell you which MCOs work with the hospitals or clinics you want to use.						
Languages (in addition to English)	American Sign, Amharic, Arabic, Bengali, Chinese (Mandarin), French, German, Greek, Gujarati, Hebrew, Hindi, Italian, Korean, Punjabi, Persian, Polish, Punjabi, Russian, Spanish, Tagalog, Tamil, Telugu, Urdu, Vietnamese, Yoruba	American Sign, Arabic, Bengali, Burmese, Cambodian, Chinese, Croatian, Dutch, Farsi, French, German, Greek, Gujarati, Hebrew, Hindi, Hungarian, Italian, Japanese, Korean, Mandarin, Persian, Polish, Portuguese, Russian, Spanish, Swahili, Thai, Turkish, Vietnamese	Arabic, Burmese, Chinese, Farsi, Filipino, French, German, Gujarati, Greek, Hebrew, Hindi, Hungarian, Italian, Japanese, Korean, Mandarin, Persian, Polish, Portuguese, Russian, Spanish, Swahili, Thai, Turkish, Vietnamese	American Sign, Arabic, Cambodian, Farsi, Filipino, French, German, Greek, Hindi, Italian, Japanese, Korean, Mandarin, Pakistani, Pashtu, Persian, Polish, Portuguese, Punjabi, Russian, Spanish, Taiwanese, Turkish, Ukrainian, Vietnamese	American Sign, Arabic, Bengali, Chinese, French, German, Greek, Japanese, Korean, Mandarin, Portuguese, Punjabi, Romanian, Russian, Spanish, Tagalog, Taiwanese, Thai, Turkish, Vietnamese	Arabic, Bengali, Burmese, Chinese, Farsi, French, German, Greek, Hebrew, Hindi, Italian, Japanese, Korean, Malaysian, Polish, Portuguese, Romanian, Russian, Spanish, Tagalog, Tamil, Thai, Turkish, Ukrainian, Vietnamese	American Sign, Chinese, Croatian, Farsi, Filipino, French, Haitian-Creole, Hausa, Ibo, Indonesian, Korean, Kurdish, Lebanese, Mandarin, Portuguese, Russian, Serbo-Croatian, Spanish, Swahili, Thai, Ukrainian, Urdu, Vietnamese, Yiddish, Yoruban
Pharmacies You Can Use in the MCO	Costco, CVS, Kaiser Permanente, K-Mart, NeighborCare, Rite Aid, Safeway, Target, The Medicine Shoppe, Wal-Mart, Wells, and most independent pharmacies	CVS, Drug Emporium, Eckerd, Giant, Happy Harry's Discount, K-Mart, Kiehl's, NeighborCare, Rite Aid, Safeway, Sun, Target, The Medicine Shoppe, Walgreens, Wal-Mart, Wells, and most independent pharmacies	Central Avenue, CVS, Eckerd, Epic, Food Lion, Giant, Gowns, K-Mart, KeyStone, NeighborCare, Park Lane, Rite Aid, Safeway, Sam's Club, Shoppers, Super Fresh, Target, The Medicine Shoppe, Wal-Mart, Wegmans, Wells, and most independent pharmacies	Costco, CVS, Eckerd, Food Lion, Giant, Home Care, Kiehl's, K-Mart, Medicine Plus, NeighborCare, Rite Aid, Safeway, Sam's Club, Shoppers, Super Fresh, Target, The Medicine Shoppe, Wal-Mart, Walgreens, Wells, and most independent pharmacies	CVS, Drug Emporium, Eckerd, Epic, Giant, K-Mart, MedStar, NeighborCare, Revco, Rite Aid, Safeway, The Medicine Shoppe, Thrift, Wal-Mart, Wells, and some independent pharmacies	CVS, Eckerd, Food Lion, Giant, Happy Harry's Discount, K-Mart, Kiehl's, NeighborCare, Rite Aid, Safeway, Sam's Club, Shoppers, Super Fresh, Target, The Medicine Shoppe, Walgreens, Wal-Mart, Wells, and most independent pharmacies	CVS, Eckerd, Edgehill, Epic, Giant, K-Mart, Kiehl's, Martin's, MedPlus, NeighborCare, PharmaCare Specialty, Pharmacia, Pharmhouse, Rite Aid, Safeway, Shoppers, Target, The Medicine Shoppe, Value Food, Wal-Mart, Wells, and some independent pharmacies
Pharmacy Copy No copy for children, pregnant women, or for contraceptive medications related to family planning services							
Brand Name	\$3	\$3	None	\$3	None	\$3	\$3
Generic	\$1	\$1	None	\$1	None	\$1	\$1
ADDITIONAL SERVICES							
These benefits are optional and can be changed or discontinued at any time.							
Transportation	Bus token, Metro, van services, or taxi when medically necessary	MTA Charm Card or transportation when medically necessary	Private van service, bus token, or taxi when medically necessary	Bus token, taxi, or van when medically necessary	Bus token or taxi when medically necessary	Bus token, Metro, van service, or taxi when medically necessary	Bus token, taxi, or van service when medically necessary
Adult Dental	Exam and cleaning 2 times a year (every 6 months), limited x-rays and 20% discount on non-covered dental services	Exam and cleaning 2 times a year (every 6 months), x-rays and extractions	Exam and cleaning 2 times a year (every 6 months), unlimited x-rays, fillings, and extractions	Exam and cleaning 2 times a year (every 6 months), \$5 copay per visit, limited x-rays, limited fillings for cavities, simple extractions and medically necessary emergent extractions (50% co-insurance applies)	Exam and cleaning every 6 months, x-rays and fillings		
Adult Vision	1 eye exam every year, contact lenses or 1 pair of glasses every 2 years	Eye exams every year; contact lenses or eyeglasses	1 eye exam every year and 1 pair of glasses every year, if needed	1 eye exam every year; 1 pair of glasses every 2 years; 1 pair of frames every 2 years	1 pair of glasses every 2 years; 1 replacement pair, if needed, within 2 year period		Contact lenses or 1 pair of glasses every 2 years, eye exams, and 1 replacement pair of glasses, if lost, stolen, or broken
OTHER	Qualified members with cell phones receive 100 free minutes through SafeLink, wellness and renewal text messages; Stop Smoking Program with aides	24/7 Nurse Line at 877-837-2092; smoking cessation aides and classes	Same day appointments; open 7 days a week - no appointment necessary; smoking cessation aides, classes, and routine foot care for adults	Smoking cessation aides and classes	Smoking cessation aides and classes	24/7 Nurse Line at 877-839-5414; smoking cessation aides and classes	24/7 Nurse Line at 877-440-0251; smoking cessation aides and classes
Hours of Operation for MCO Member Services	8 am - 6 pm, Mon-Fri, 24/7 Nurse Helpline-Health Advice 800-600-4441	8 am - 5 pm, Mon-Fri, after hours answering machine.	9 a.m. - 6 p.m., Monday - Friday, after hours live answering service. Customer Service 888-JAI-1999	8:30 a.m. - 5 p.m. Monday-Friday, after hours answering machine. Customer Service 800-953-8854	8:30 a.m. - 5 p.m., Monday-Friday, after hours answering machine	8 a.m. - 5 p.m., Monday - Friday, after hours answering machine. Member Services 800-654-9728	24 hours a day; 7 days a week. Member Services Helpline 800-318-8821





Samples of MCO Insurance Cards

Amerigroup member identification card sample:



Effective Date: **MDYEFF**
Date of Birth: **MDYDOB**
Subscriber #: **MEMBERID**

AMERIGROUP MARYLAND, INC.

Member Name: **MBRNAME**
Medicaid #: **MBRALTKEY**
Primary Care Provider (PCP): **PCPNAME**
PCP Telephone #: **PCPPHONE**
Clinic Name: **CLININNAME**
Vision: **1-800-428-8789**
Dental: **1-800-720-5949 (adults age 21 or older, except pregnant women)**
Mental Health Services: **1-800-888-1965**
Pharmacy: **\$1 FOR GENERIC / \$3 FOR BRAND NAME DRUGS**
Copays do not apply to members under 21 or pregnant women.
Member Services/Nurse HelpLine and Substance Abuse Services: **1-800-600-4441**

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-655-2880.
HealthChoice Enrollee Action Line is 1-800-284-4610.

MIEMBROS: Favor de llevar esta tarjeta con usted en todo momento. Presente esta tarjeta antes de recibir atención médica. No tiene que presentarla para recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Llame siempre a su PCP de Amerigroup para atención que no sea de emergencia. Si tiene preguntas, llame a Servicios para Miembros al 1-800-600-4441. Si usted es sordo o si tiene problemas auditivos, llame al 1-800-655-2880.

HOSPITALS: Pre-admission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

PHARMACIES: Submit claims using Caremark ProDur RXBIN: 004336; RXPCN: ADV and RXGRP: RX4296. For technical help, call Caremark at 1-800-345-5413.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010

SUBMIT SUBSTANCE ABUSE CLAIMS TO:
AMERIGROUP • P.O. BOX 61737 • VIRGINIA BEACH, VA 23466-1737

USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.

M101 01/11

Maryland Physicians Care

Provider's information at a glance

Eligibility

- **Before rendering services, always verify Medicaid/HealthChoice eligibility. Call EVS: 866-710-1447.** To verify the PCP on file, registered network practices should verify eligibility through the employment of MPC's HIPAA-compliant My MPC Source web portal, accessible via our website at www.marylandphysicianscare.com.



Member ID# 0000000000 **Date of Birth** 00-00-0000
Member Name Last Name, First Name MI **Sex** X
PCP Last Name, First Name
PCP Phone 000-000-0000 **Effective Date** 00-00-0000

Member Services 1-800-953-8854
HealthChoice Enrollee Help Line 1-800-284-4510

RxBIN 610084 **RxPCN** ADV **RxGRP** RX8809
Pharmacist Use Only 1-855-548-5560



www.MarylandPhysiciansCare.com

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

MEMBERS: If you have a medical emergency, go to the nearest hospital. Call your PCP within 48 hours. Outside of Maryland, only medical emergencies are covered.

To verify member eligibility or request an outpatient prior authorization, call 1-800-953-8854 or go to our secure online web portal at www.MarylandPhysiciansCare.com.

Prior authorization is required for selected outpatient services and all inpatient admissions within 24 business hours of admit. To notify of an admission, fax to 1-800-385-4169. To request an outpatient service, fax to 1-800-953-8856.

Adult Dental Services 1-800-685-1150
Vision Services 1-800-428-8789

Send medical claims to:
Maryland Physicians Care • PO 61778 • Phoenix, AZ 85082-1778

**Maryland Physicians Care
Attention: Appeals Department
509 Progress Drive, Suite 117
Linthicum, Maryland 21090**

UnitedHealthcare
A UnitedHealth Group Company

Health Plan (80840) 911-87726-04

Member ID: 50100-999999999-00

Member:
MAKYE E BROWN
Medical Assistance ID: 49103963100
PCP Name:
KHAN, MOHAMMAD A
PCP Phone: (410)398-4000

Payer ID: 87726

Prescription Solutions

Rx Bin: 610084
Rx Grp: ACUMD
Rx PCN: RXSOLPRD
COPAY: TIER 1 / 2
\$1/\$3

Pregnant or Under 21, No Rx Copays Apply. Maryland HealthChoice Program
0501 Administered by UnitedHealthcare of the Mid-Atlantic, Inc.

In an emergency go to nearest emergency room or call 911. Phone: 1005710

This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website www.uhcmedicaid.com or call.

For Members: 800-318-8821 TTY 800-735-2258
Enrollee Helpline: 800-284-4510
Substance Abuse: 888-291-2507

For Providers www.uhcmedicaid.com 877-842-3210
Medical Claims: PO Box 31365, Salt Lake City, UT 84131

Pharmacy Claims: Prescription Solutions, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 888-306-3243

**Priority Partners
Claims and Appeals Submission
Billing Address
Johns Hopkins HealthCare LLC
6704 Curtis Court
Glen Burnie, MD 21060
Attn: Priority Partners Claims**



Participant in
Maryland HealthChoice
Customer Service: 1-800-654-9728
TTY LINE: 410-424-4643

Name:
PRIORITY PARTNERS SAMPLE CARD
ID #: 001118596*01 Recipient#: 12345678900
Case #: 123456789 Eff. Date: 12/12/2012
Doctor:
BMS AT ANNAPOLIS RD
Doctor Phone: (410)789-8399
Prescription Drug Co-pay:
Generic: \$1.00 Brand: \$3.00
Prescription Drug co-pays apply to members age 21 and
older.
Bin #610084 W7579999 CAREMARK
It all starts with care.

PRIORITY PARTNERS BENEFITS & CUSTOMER SERVICE
Call 1-800-654-9728 for information and assistance.
Call 1-800-654-9728 prior to any inpatient admission or within 24
hours of urgent/emergency inpatient admission.

24 HOUR NURSE EDUCATION LINE 1-877-839-5414
Audio Health Information Pin #457

VISION Benefits
Block Vision, Inc. 1-800-428-8789

SUBSTANCE ABUSE CARE
For coordination and pre-authorization of coverage for outpatient and
inpatient care, call 1-800-261-2429

HEALTHCHOICE ENROLLEE HELP LINE 1-800-284-4510
SUBMIT CLAIMS TO: Priority Partners, MCO
6704 Curtis Court, Glen Burnie, MD 21060
www.ppmco.org

JAI MEDICAL SYSTEMS

Reference Guide

Provider Quick Reference Guide

MCO Member Card

JAI MEDICAL SYSTEMS
MANAGED CARE ORGANIZATION

A Maryland HealthChoice MCO Member Services Hotline 1-888-JAI-1999

Name:

Effective Date: **DOB:**

Member ID#:

PCP:

Office Phone: **Group #: Q9016**

PRESENT THIS CARD FOR ALL SERVICES

IMPORTANT INFORMATION

Members

- All covered health care services must be coordinated by your Primary Care Provider (PCP).
- To reach your PCP after hours or on weekends, call the office number on the front of the card.
- Always contact your PCP for approval before receiving care outside of the service area.

Providers

- Please call the EVS hotline at 866-710-1447 to verify eligibility prior to rendering services.
- Call Jai Medical Systems at 410-433-5600 prior to any inpatient admission or within 48 hours of any urgent/emergency inpatient admission.
- For coordination and pre-authorization of coverage for outpatient and inpatient care, call (410) 433-5600.

Phone Numbers

- Jai Medical Systems Member Services: 1-888-JAI-1999
- Jai Medical Systems Utilization Review: 410-433-5600
- Pharmacist Help Line: 1-800-213-5640
- HealthChoice Enrollee Action Line: 1-800-284-4510

Eligibility

Call the State's Eligibility Verification System (EVS) at 866.710.1447 on the date of service to verify member eligibility.

If you have any questions about a member's eligibility after using EVS, call the Jai Medical Systems Customer Services Department at 410.433.2200.

Participating Hospitals

Johns Hopkins Hospital
 Johns Hopkins Bayview Medical Center
 Sinai Hospital of Baltimore
 St. Joseph Medical Center
 Maryland General Hospital
 Good Samaritan Hospital
 Franklin Square Hospital
 Harbor Hospital Center
 Mt. Washington Pediatric Hospital
 Union Memorial Hospital
 Northwest Hospital Center

Important Phone & Fax Numbers

Phone Numbers

Main Number	888.JAI.1999
Provider Relations	410.433.2200
Utilization Management/Pre-Certification	410.433.5600
Customer Services	410.433.2200
Eligibility Verification System (EVS)	866.710.1447
Claims Information	888.JAI.1999
Pharmacist Help Line	800.213.5640
Prescription Help Line for Providers	800.555.8513
Mental Health System/MAPS MD	800.888.1965
HealthChoice General Questions	410.767.5800

Fax Numbers

Main Number	410.433.4615
Referral Fax Line	717.703.6826
Provider Relations	410.433.4615
Utilization Management	410.433.8500

Main Phone Number - 1.888.JAI.1999

JAI MEDICAL SYSTEMS



Provider Quick Reference Guide

Claims Information

Please attach a copy of the referral to each claim if applicable.

Send Paper Claims to:

Jai Medical Systems
5010 York Road
Baltimore, MD 21212
Attn: Claims Department

For Electronic Claims Submissions,
please contact Stephanie Scharpf, HIPAA
EDI Coordinator @ 410.433.2200.

Referrals

PCP Responsibilities

Please use the Jai Medical Systems referral form.

Complete the referral form legibly.

Fax all referral forms to Jai Medical Systems at 717.703.6826.

Only refer members to participating providers listed in the Jai Medical Systems Provider Directory.

Call Jai Medical Systems at 410.433.2200 if you have any questions about the referral process.

Laboratory

Refer all lab work to LabCorp.

If you have any questions, please contact LabCorp at 1.800.859.0391.

Radiology

Please refer patients to Baltimore Imaging Centers or American Radiology for MRI and Diagnostic Radiology services.

If you have any questions, please contact Baltimore Imaging Centers at 410.764.0912 or American Radiology at 410.356.8186.

MedStar Family Choice Members are provided with an identification card indicating MedStar Family Choice as their chosen Managed Care Organization.



Last Name, First Name

DOB: 01/01/2013
ID#: 123456789*01
PCP Name
CareMark

Vision/Rx/Adult Dental

Member Services:
888-404-3549 PHONE

Eff: 01/01/2013
MA#: 12345678912
(999) 999-1212
RxGroup: T2400001
RxBin: 610084
\$0 copay

A Managed Care Organization
MedStarFamilyChoice.com

13-MFC-0706.032013

http://www.medstarfamilychoice.com/hc_body.cfm?id=14

Claims/Encounter Data Submission
MedStar Family Choice Claims Processing Center
10201 N. Port Washington Rd
Mequon, WI 53092
800-261-3371

riversidehealth

QUICK REFERENCE GUIDE

www.myriversidehealth.com

MEMBER ID CARD

riversidehealth

Maryland HealthChoice

Name: Test Member - Riverside Member
ID #: 123456789 **Effective Date:** 02/01/2013
PCP: John Smith
PCP Phone #: 443-555-5555
CO-PAYS
PCP \$0 SPEC \$0 ER \$0
Prescription Drugs
RXBIN: 610084 **RXPCN:** ADV **RXGRP:** RX4209



Member Services

410-779-9369
800-730-8530

Prior Authorization

410-779-9359
800-730-8543

HealthChoice Enrollee Action Line

800-284-4510

HealthChoice EVS

866-710-1447

Please Submit Claims to:

Riverside Health of Maryland, Inc.
P.O. Box 1572
Bowie, MD 20717-1572

Please call Riverside Health prior to all non-emergency inpatient admissions.

IMPORTANT PHONE NUMBERS

Member Services

410-779-9369
800-730-8530

Provider Services

410-779-9359
800-730-8543

Health Services

Utilization Management
Case Management
Disease Management
410-779-9359
800-730-8543

State of Maryland EVS
866-710-1447

Pharmacy

410-779-9359
800-730-8543

Newborn Coordinator
410-779-9371

Routine Vision Services

Block Vision
800-879-6901

Dental Services

Adult - DentaQuest
800-341-8478

Children - DentaQuest
888-696-9596

Substance Abuse Services

Value Options
877-813-5706

riversidehealth

QUICK REFERENCE GUIDE

800-730-8543 or 410-779-9359
www.myriversidehealth.com

CLAIMS SUBMISSION

BILLING ADDRESS

Riverside Health of Maryland, Inc.
 P.O. Box 1572
 Bowie, MD 20717-1572

- Claims must be submitted on CMS-1500 or UB-04 forms
- Claims must be filed within 180 days of the date of service

ELECTRONIC DATA INTERCHANGE (EDI)

- Claims may be submitted to Riverside through the following clearinghouse

EMDEON: PAYOR ID 45281

AUTHORIZATION GUIDELINES

REFERRAL FORMS ARE NOT REQUIRED

OUT OF NETWORK SERVICES

- All services provided by non-participating providers require prior authorization, except for ER services and state mandated self-referral services

HOSPITAL ADMISSIONS

- All elective hospital admissions require prior authorization
- Riverside must be notified within 24 hours or the next business day of emergency admissions

OUTPATIENT SERVICES

- For a complete summary of authorization guidelines please visit our website at www.myriversidehealth.com

CLAIM ADJUSTMENTS

Riverside Health of Maryland, Inc.
 ATTN: CLAIM ADJUSTMENTS
 7001 Johnnycake Road, Suite 203
 Baltimore, MD 21244

- Reconsideration of claims must be submitted within 180 days of the date of remittance, and must include a written description of the issue and a reference to the initial claim

MEDICAL APPEALS

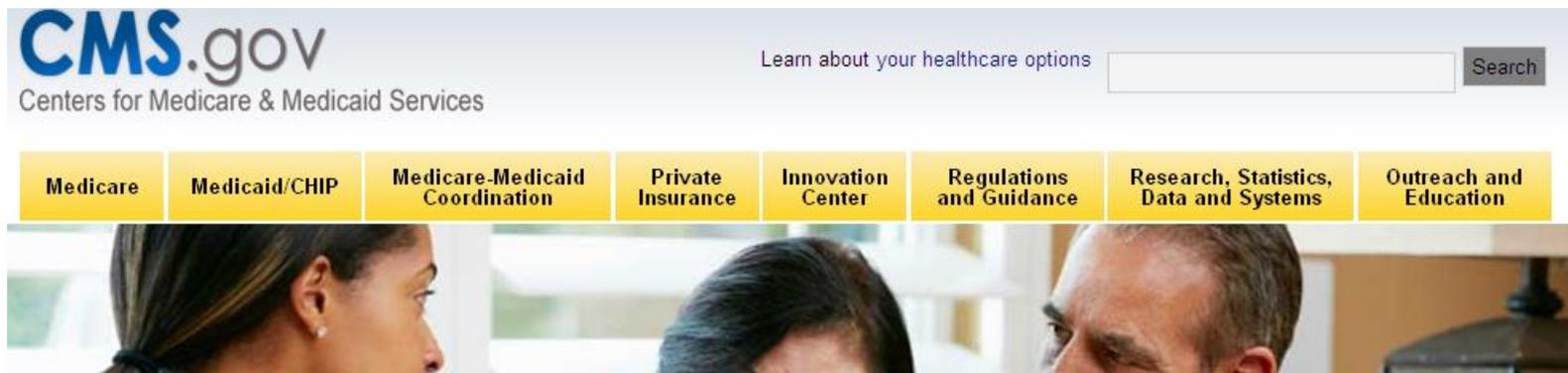
Riverside members and their representative(s), including a member's provider with written authorization, may submit a medical appeal relating to an adverse action within 90 calendar days of the decision. Medical appeals can be filed to the following address:

Riverside Health of Maryland, Inc.
 ATTN: APPEALS & GRIEVANCES DEPARTMENT
 7001 Johnnycake Road, Suite 203
 Baltimore, MD 21244

LAB SERVICES

QUEST DIAGNOSTICS and LABCORP

Medicare



<http://www.cms.gov/>

Medicare Part B covers 2 types of services:

Medically necessary services: Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.

Preventive services: Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

The patient pays nothing for most preventive services if are provided from a health care provider who accepts assignment.

Immunizations covered by Medicare Part B

- All influenza vaccines
- Pneumococcal vaccine
- Medically necessary vaccines (Td for wound management or Hepatitis B for high risk people)

Medicare Part D offers prescription drug coverage to everyone with Medicare.

- **The patient must join a plan run by an insurance company or other private company approved by Medicare.**
- **Each plan can vary in cost and drugs covered.**



MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JOHN DOE			
MEDICARE CLAIM NUMBER		SEX	
000-00-0000-A		MALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL (PART A)		04-01-2011	
MEDICAL (PART B)		04-01-2011	
SIGN HERE → _____			

Immunizations covered by Medicare Part D

- Medicare Part D covers all immunizations not covered by part B, including:
 - Tdap (tetanus, diphtheria, pertussis)*
 - Zoster (shingles)*
 - Varicella (chickenpox)*
 - Hepatitis B *
- * Medically necessary vaccines (Td for wound management or Hepatitis B for high risk people)

Commercial Insurance Plans

- Indemnity Plans
- Preferred Provider Organizations (PPOs)
- Managed Care Organizations (HMOs)
- ERISA Plans
- Health Savings Account (HSA)

Benefits Can Vary With-in Commercial Plan

- In-network
- Out-of-network
- Designated Primary Care Provider (PCP)
- Referrals
- Co-pay
- Co-insurance
- Deductible

Indemnity Plan – Fee-for-Service Plan

A traditional indemnity plan allows the patient freedom in choosing their providers, usually with no (or minimal) restrictions.

High-Deductible Health Plans

These plans have high deductibles, (\$1,000 to more than \$10,000) but have much lower premiums than traditional insurance.

Health Maintenance Organizations (HMOs)

HMO plans typically requires the patient select an in-network primary care provider. May require the patient to obtain a referral to see a in-network specialist. These plans cost less, but limits the patients choice.

HMOs with Out-of-Network benefits

These plans allow the patient to see out-of-network providers but the patient will have higher a out-of-pocket expense, such as a higher copay and deductible. Patients will pay a higher premium for the out-of-network option.

Preferred Provider Organizations (PPOs)

The PPO plan uses a network of preferred providers for access to a range of health services at reduced prices. The patient can see an out-of-network provider but will have a higher out-of-pocket expense.

ERISA Health Plans and Benefits:

Is a group health plan established/maintained by an employer or employee organization (such as a union - is an employee welfare benefit plan), that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise.

ERISA plans follow Federal law and which may override state law.

Commercial Payers

- CareFirst
- Aetna
- Cigna
- United Health Care



Claims Addresses and Telephone Numbers

Provider Services	What Number to Call	Where to Send Claims or Correspondence	
BlueChoice – XIC Prefix BluePreferred – XIP Prefix BlueChoice Advantage – XIH Prefix Blue Precision Maryland Health Insurance Program (MHIP)	800-842-5975 or 202-479-6560	Claims: Mail Administrator P.O. Box 14116 Lexington, KY 40512-4116	Correspondence: Mail Administrator P.O. Box 14114 Lexington, KY 40512-4114
State of Maryland HMO	877-228-7268	Claims: Mail Administrator P.O. Box 14116 Lexington, KY 40512-4116 or CareFirst BlueChoice P.O. Box 804 Owings Mills, MD 21117-9998	Correspondence: CareFirst BlueChoice Mailstop RR230 Owings Mills, MD 21117-4208

FEP Provider Services	What Number to Call	Where to Send Claims or Correspondence	
Federal Employee Program – R Prefix Professional & Institutional Providers in Montgomery & Prince George’s counties, Washington, DC & Northern Virginia (east of Rt. 123*)	202-488-4900	Claims: Mail Administrator P.O. Box 14113 Lexington, KY 40512-4113	Correspondence: Mail Administrator P.O. Box 14112 Lexington, KY 40512-4112
All other FEP Providers	Professional Inquiries 410-581-3568 or 800-854-5256 Institutional Inquiries 410-581-3567 or 800-321-2580	Claims: Mail Administrator P.O. Box 14113 Lexington, KY 40512-4113	Correspondence: Mail Administrator P.O. Box 14111 Lexington, KY 40512-4111

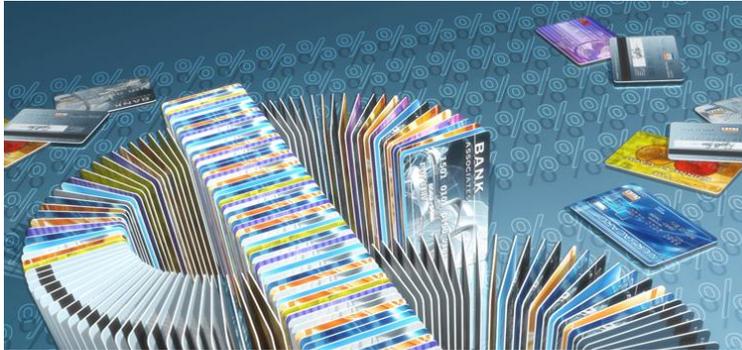
* For providers west of Rt. 123, send all claims and correspondences to local plan

Provider Contacts	What Number to Call	Where to Send Claims or Correspondence	
Provider Information & Credentialing	410-872-3500 or 877-269-9593 Fax 410-872-4107 or 866-452-2304	Correspondence: CareFirst BlueCross BlueShield 10455 Mill Run Circle P.O. Box 825 Mailstop CG-41 Owings Mills, MD 21117-0825	
Provider Relations & Professional Contracting	410-872-3500 or 877-269-9593 Fax: 410-505-6900 or 866-452-2306	Correspondence: CareFirst BlueCross BlueShield 10455 Mill Run Circle P.O. Box 825 Mailstop CG-52 Owings Mills, MD 21117-0825	

Membership & Product Information

BlueChoice HMO	
Eligibility	The name of the member's Primary Care Practitioner (PCP) appears on the member's identification card. Verify eligibility with FirstLine or CareFirst Direct .
Description	Members are required to seek care from their PCP. All other services (in an office setting) must be coordinated by their PCP via written referral. See page 51 for exceptions.
In-network	Covered services must be performed by a CareFirst BlueChoice participating provider and coordinated by the member's PCP. A written referral is required.
Out-of-network	No Benefit.

BlueChoice HMO <i>Open Access</i>	
Eligibility	The name of the member's Primary Care Practitioner (PCP) appears on the member's identification card. Verify eligibility with FirstLine or CareFirst Direct .
Description	Members are required to seek care from their PCP. A written referral from the PCP is not required for covered in-network services (in an office setting).
In-network	Covered services must be performed by a CareFirst BlueChoice participating provider and coordinated by the member's PCP. A written referral is not required.
Out-of-network	No Benefit.



Sample Insurance Cards for Commercial Payers



- CareFirst
- Aetna
- Cigna
- United Health Care

Health Care ID Cards

Standards include:

- **Consistency** – layout based on WEDI standards for data fields, placement and size; personalization and variable information with labels printed on front of card and instructions on back of card
- **Readability** – limited information on the card, machine readable formatting, and use of large font size
- **Copying/Scanning** – ability to clearly copy or scan for patient health records with white background
- **Inclusive** – meets national health care ID card guidelines set by the National Council for Prescription Drug Programs (NCPDP)

Identification Cards *(continued)*

BlueChoice HMO

	
Member Name JOHN DOE	PCP Name PETER Q. SMITH
Member ID XIK123456789	
Group AYJ0	Copay P30 S40 DO ER100
BCBS Plan 080/580	

BlueChoice Opt-Out Plus *Open Access*

	
Member Name JOHN DOE	OPEN ACCESS
Member ID XIC999999999	PCP Dr. Smith
Group AYJ0	Copay CD1200 P20 S30 ER100 RX DH
(Bin #011834 PCN #0300-0000) BCBS Plan 080/580	

BlueChoice HMO *Open Access*

	
Member Name JOHN DOE	OPEN ACCESS
Member ID XIC999999999	PCP Dr. Smith
Group AYJ0	Copay CD1200 P20 S30 ER100 RX DH
(Bin #011834 PCN #0300-0000) BCBS Plan 080/580	

BlueChoice Advantage

	
Member Name JOHN DOE	ADVANTAGE
Member ID XIH999999999	PCP NO PCP REQUIRED
Group AYJ0	Copay CD1200 P20 S30 ER100 RX DH
(Bin #011834 PCN #0300-0000) BCBS Plan 080/580	

BlueChoice Opt-Out *Open Access*

	
Member Name	OPEN ACCESS
JOHN DOE	
Member ID	PCP
XIC999999999	Dr. Smith
Group	
AYJ0	
(Bin #011834 PCN #0300-0000)	Copay
BCBS Plan 080/580	CD1200 P20 S30 ER100 RX DH
	

HealthyBlue (For complete details, please visit www.carefirst.com/providers/healthyblue.)

		
Member Name		
JOHN DOE		
Member ID	PCP	
XIM999999999	Dr. Smith	
Group		
XXXX		
(Bin #000000 PCN #0000-0000)	Copay	
BCBS Plan 080/580	CD0000 P00 S00 ER000 RX DH	
		

Remember to Verify Eligibility

It is important to remember that possession of a membership identification card does not guarantee that a member is currently eligible for BlueChoice benefits. Please verify eligibility before care is rendered by calling FirstLine, 202-479-6560 or 800-842-5975, our automated voice response system or log onto [CareFirst Direct](#) to obtain eligibility and benefit information.

www.aetna.com

		[HMO]	
[PLAN NAME]	[GROUP NUMBER]	[NAP]	
[PLAN NAME]	[VALID:10/01/2003]	[RX]	
[ID#]	[MEMBER NAME]		
[ABCDEFGA [JOHN DOE]]			
[DR NAME]:	[DR 123-456-7890]	[123456]	
[IPA NAME]			
[DDS NAME]:	[DR 123-456-7890]	[123456]	
		DR []	HO []
[MEMBER SERVICES	800-123-4567]	SP []	ER []
[PRECERTIFICATION	800-123-4567]	AS []	UC []
[BEHAVIORAL HLTH VENDOR	800-123-4567]	MH []	RX []
		YES	NO
PCP Selection Required		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCP Referral Required		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Services outside of Aetna's participating provider network are not covered, except emergency/ out-of-area urgent care, prior approval of a nonparticipating provider request, or prior approval of a Medical Excellence case. 			

		[CUSTOMER LOGO]
[AETNA OPEN ACCESS]	[GROUP NUMBER]	[NAP]
[PLAN NAME]	[VALID:10/01/2003]	[RX]
[ID#]	[MEMBER NAME]	
[ABCDEFGA [JOHN DOE]]		
[DR NAME]:	[DR 123-456-7890]	[123456]
[IPA NAME]		
[DDS NAME]:	[DR 123-456-7890]	[123456]
[MEMBER SERVICES]	800-123-4567	DR [] HO []
[PRECERTIFICATION]	800-123-4567	SP [] ER []
[BEHAVIORAL HLTH VENDOR]	800-123-4567	AS [] UC []
		MH [] RX []

YES **NO**

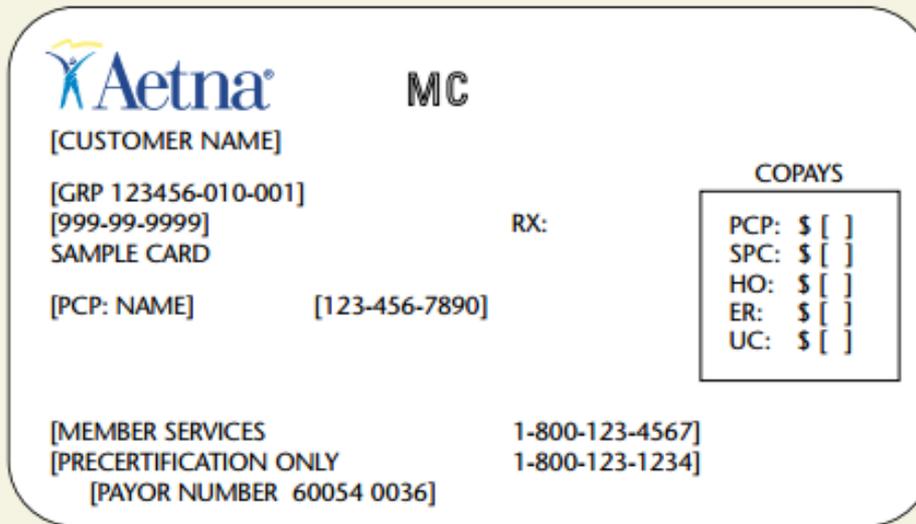
PCP Selection Required

NOTE: New York State **requires** a PCP selection.

- Specialist copay applies for covered services from all participating providers other than the selected PCP.

NOTE: In Texas, **PCP copay** applies when a patient visits any PCP.

PCP Referral Required



Aetna MC

[CUSTOMER NAME]

[GRP 123456-010-001]
[999-99-9999]
SAMPLE CARD

[PCP: NAME] [123-456-7890]

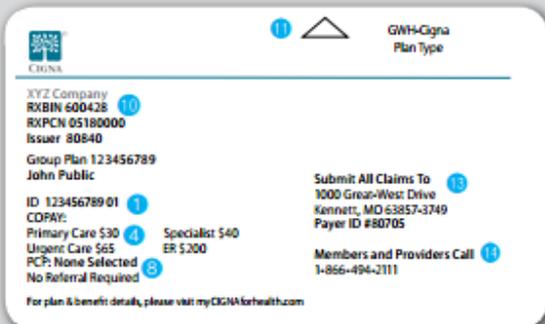
RX:

COPAYS	
PCP:	\$ []
SPC:	\$ []
HO:	\$ []
ER:	\$ []
UC:	\$ []

[MEMBER SERVICES 1-800-123-4567]
[PRECERTIFICATION ONLY 1-800-123-1234]
[PAYOR NUMBER 60054 0036]

	YES	NO
PCP Selection Required	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCP Referral Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Patients receive highest benefit level by selecting a PCP and receiving **PCP referred care** through participating providers.
- Patients receiving covered services from a participating provider **without a referral** are subject to out-of-network deductibles and coinsurance.



XYZ Company
 RXBIN 600428
 RXPCN 05180000
 Issuer 80840
 Group Plan 123456789
 John Public
 ID 123456789 01
 COPAY:
 Primary Care \$30
 Urgent Care \$65
 PCP: None Selected
 No Referral Required
 Specialist \$40
 ER \$200
 Members and Providers Call
 1-866-494-2111
 Submit All Claims To
 1000 Great-West Drive
 Kennett, MO 63857-3749
 Payer ID #80705
 For plan & benefit details, please visit myCIGNAforhealth.com

Members: Carry this card at all times. Pretreatment authorization must be obtained for hospital admissions, outpatient surgeries performed outside a physician's office and for the other service specified in the benefit plan. Member is responsible for obtaining authorization for non-network services. Failure to follow pretreatment authorization procedures may result in a reduction of benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance. We encourage you to use a primary care physician as a valuable resource and personal health advocate.

CIGNA has multiple networks. Your plan is paired with the GWH-CIGNA network. To find a GWH-CIGNA provider, please visit your member website at myCIGNAforhealth.com.

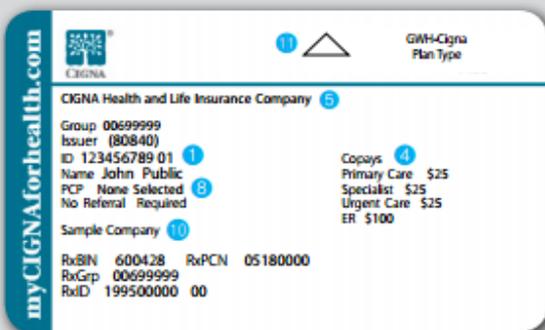
Providers: Pretreatment authorization must be received for all services listed above and as specified in the member's benefit plan by calling the number on the front of this card or online at gwhcignaforhcp.com. Emergency hospital admissions must be reported within 48 hours.

Notice: Possession of this card does not guarantee coverage or payment for the service or procedure reviewed. Please call the Member and Providers number on the front of this card for eligibility information.

MultiPlan
 For providers not in your primary network, visit multiplan.com
 For Pharmacists Only 1-800-XXX-XXXX
 R318 (S/12) Mask 401 Issue Date: 01/01/12

- PCP selection encouraged
- No referrals required
- GWH-Cigna ID cards represent all products

<http://www.cigna.com/assets/docs/health-care-professionals/2013-cigna-customer-id-cards.pdf>



CIGNA Health and Life Insurance Company
 Group 00699999
 Issuer (80840)
 ID 123456789 01
 Name John Public
 PCP None Selected
 No Referral Required
 Sample Company
 RxBIN 600428 RxPCN 05180000
 RxGrp 00699999
 RxID 199500000 00
 Copays:
 Primary Care \$25
 Specialist \$25
 Urgent Care \$25
 ER \$100

You may be asked to present this card when you receive care. This card does not guarantee coverage. You must meet all the plan's terms and conditions for services to be covered. It is considered fraud if you KNOWINGLY PURPOSELY misuse this card.

INPATIENT ADMISSION AND OUTPATIENT PROCEDURES: Your health care professional must contact CIGNA to pre-approve these services. They can call the toll-free number listed below or go to GWHCIGNAforHCP.com for pre-approval. See your plan documents for pre-approval requirements. If these services are not pre-approved, your plan may not pay for them. In an emergency, get care immediately, then call your PCP as soon as possible for further assistance and advice on follow-up care within 48 hours.

Send Claims to 1000 Great-West Drive Kennett, MO 63857-3749 Payer ID #80705
 Customers & Health Care Professionals call 1-866-494-2111
 Rx Claims Pharmacy Service Center, PO Box 3958, Scranton, PA 18505-0598
 For Pharmacists Only 800-351-9170

MultiPlan
 For providers not in your primary network, visit multiplan.com
 R3C7A Mask 601 Issue Date: 01/01/12

- PCP selection encouraged
- No referrals required
- GWH-Cigna ID cards represent all products

Managed Care Plans: Primary Care Physicians

HMO or POS

myCigna.com

Legal entity name
Coverage effective date: MM/DD/YYYY
Group: 1234567
Issuer (B0E40)
ID: U23456789-01
Name: John Public
PCP: John Smith
PCP phone: XXX-XXX-XXXX
ID card acct name
RxBEN Rx Bin RxPCN Rx Contr
DOI

HMO (or POS)
PCP visit: \$15
Specialist: \$15
Hospital ER: \$50
Urgent care: \$25
Vision: Yes
Rx: 41/520/540
Rx indiv deduct: \$50
Coinsurance applies

Client logo
NSP logo
Network Savings Program
COP

WWW.CIGNA.COM

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. N/A if issuer of this card is considered third.

INPATIENT ADMISSION:
Your network provider must call the toll-free number listed below to pre-verify the above services. Refer to your plan documents for your pre-verification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and direction on follow-up care within 99 hours.

Red Group: Smart Red Group
Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-678
For pharmacy: Call ABC Company (LMBLXXX) (Not a Cigna Company)
For vision: Call ABC Company (LMBLXXX) (Not a Cigna Company)
Cigna PO Box XXXX, Anytown, USA 12345-678

Member service: 1.800.XXX.XXXX NWSA: 1.800.XXX.XXXX C

- PCP selection required
- Referrals required
- HMO: In-network coverage only, except emergency care
- POS: Offered as an HMO or Network plan; in-network and out-of-network coverage

Network

myCigna.com

TPV logo
CSN logo
Open Care Network
Client logo
NSP logo
Network Savings Program
BWP

Legal entity name
Coverage effective date: MM/DD/YYYY
Group: 1234567
Issuer (B0E40)
ID: U23456789-01
Name: John Public
PCP: James Smith
PCP Name Lin2
PCP Phone: XXX-XXX-XXXX
ID card acct name
RxBEN 600428 RxPCN 02150000
DOI

Network Open Access
PCP Visit: \$10/\$25
Specialist: \$10/\$25
Hospital ER: \$50
Urgent Care: \$25
Rx: \$10/20%/40%/100%
Rx indiv Deduct: \$50
Coinsurance applies

WWW.CIGNA.COM

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. N/A if issuer of this card is considered third.

INPATIENT ADMISSION:
Your provider must call the toll-free number listed below to pre-verify the above services. Refer to your plan documents for your pre-verification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and direction on follow-up care within 99 hours.

For information about mental health services and coverage, call NWSA Smart Tel

Red Group: Smart Red Group
Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-678
For Pharmacy, call ABC Company (LMBLXXX) (Not a Cigna Company)
For Vision, call ABC Company (LMBLXXX) (Not a Cigna Company)
Cigna PO Box XXXX, Anytown, USA 12345-678
TPV Name, PO Box XXXX, Anytown, USA 12345-678
CSN Name, PO Box XXXX, Anytown, USA 12345-678
Customer Service: 1.800.XXX.XXXX NWSA: 1.800.XXX.XXXX

- PCP selection required
- Referrals required
- In-network coverage only, except emergency care

Cigna – Additional Information

MORE WAYS TO ACCESS PATIENT INFORMATION WHEN YOU NEED IT

USE OUR ELECTRONIC TOOLS

- Log in to the Cigna Health Care Professionals website (CignaForHCP.com)
- Connect to us through electronic data interchange (EDI): Visit Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Doing Business with Cigna > How to Submit Claims to Cigna to learn more
- Call our automated phone system 1.800.88Cigna (882.4462)

CONDUCT ADMINISTRATIVE TRANSACTIONS ONLINE

Cigna's convenient eServices tools help you handle the administrative details of health care.

- Access patient eligibility and benefits
- Estimate patient liability
- View and submit precertification requests
- Check claim status
- Enroll online for electronic funds transfer (EFT), then view, print, and share online remittance reports the same day you receive electronic payments
- Receive electronic remittance advice and automatically load it to your accounts receivable system
- Submit questions about fee schedules and specific patient benefits

LEARN MORE

To access our educational resources, log in to the Cigna for Health Care Professionals website CignaforHCP.com > eCourses. We offer courses about EDI, electronic claim submission, claim status inquiry, appeals, and more.

Commercial Plans – Sample Cards

Former ID Card

UnitedHealthcare Customer Logo Here

Health Plan (80840) 911-87726-04
 Member ID: 999999999 Group Number: 123456

Member: SUBSCRIBER BROWN Company Name
 Dependents: SPOUSE BROWN Payer ID 87726
 Child 1 Brown
 Child 2 Brown
 Child 3 Brown

Copay: Office / Spec / ER / URG
 \$25 / \$35 / \$100 / \$50

medco
 Rx Bin: 610014
 Rx Grp: UHEALTH

Choice plus
 Underwritten by UnitedHealthcare Insurance Company

DOI-0501

Printed: 10/22/10

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites. Call for notification or preauthorization.

For Members: www.myuhc.com 111-111-1111
 Care24: 888-887-4114
 Mental Health: 222-222-2222

For Providers: www.unitedhealthcareonline.com 877-842-3210
 Medical Claims: PO BOX 740800, Atlanta, GA 30374-0800



Pharmacy Claims: PO BOX 14711, LEXINGTON KY 40512
 For Pharmacists: 800-922-1557 Members: 800-842-2042

Rebranded ID Card

UnitedHealthcare Customer Logo Here

Health Plan (80840) 911-87726-04
 Member ID: 999999999 Group Number: 123456

Member: SUBSCRIBER BROWN Customer
 Dependents: SPOUSE BROWN Payer ID 87726
 Child 1 Brown
 Child 2 Brown
 Child 3 Brown

Office: \$25 Spec: \$35
 UrgCare: \$50 ER: \$100

medco
 Rx Bin: 610014
 Rx Grp: UHEALTH

Choice plus
 Underwritten by UnitedHealthcare Insurance Company

DOI-0501

Printed: 07/27/10



This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites. Call for notification or preauthorization.

For Members: www.myuhc.com 111-111-1111
 Care24: 888-887-4114
 Mental Health: 222-222-2222

For Providers: www.unitedhealthcareonline.com 877-842-3210
 Medical Claims: PO BOX 740800, Atlanta, GA 30374-0800



Pharmacy Claims: PO BOX 14711, LEXINGTON KY 40512
 For Pharmacists: 800-922-1557 Members: 800-842-2042

Medicaid Plans – Sample Cards

Former ID Card

AmeriChoice
Health Plan (0044) 911-86047-XX
Member ID: 999999875
Member: SUBSCRIBER BROWN
Payer ID: 86047
PCP Name: DR PROVIDER BROWN
PCP Phone: (800) 123-4567
Clinic Name
NJ FamilyCare B
Underwritten by AmeriChoice of New Jersey, Inc.

In an emergency go to nearest emergency room or call 911. Printed 02/08/09

If you are not sure if your problem is an emergency, call your PCP first. No prior authorization is required for emergencies.
For Members: 800-941-4647 TDD/TTY 800-852-7897

For Providers: www.americhoice.com 888-362-3368
Medical Claims: PO Box 5250, Kingston, NY 12402-5250

Pharmacy Claims: Prescription Solutions, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 888-306-3243

Rebranded ID Card

UnitedHealthcare Community Plan
Health Plan (0044) 911-86047-08
Member ID: 999999875
Member: SUBSCRIBER BROWN
Payer ID: 86047
PCP Name: BROWN, PROVIDER
PCP Phone: (800)123-4567
CLINIC NAME
NJ FamilyCare B
Underwritten by AmeriChoice of New Jersey, Inc.

In an emergency go to nearest emergency room or call 911. Printed 10/08/09

If you are not sure if your problem is an emergency, call your PCP first. No prior authorization is required for emergencies.
For Members: 800-941-4647 TDD/TTY 711 877-208-4159
Logistics: 877-208-4159

For Providers: www.uhcommunityplan.com 888-362-3368
Medical Claims: PO Box 5250, Kingston, NY 12402-5250

Pharmacy Claims: Prescription Solutions, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 877-305-8852

Rebranded ID Card

UnitedHealthcare Community Plan
Health Plan (0044) 911-86047-08
Member ID: 999999875
Member: SUBSCRIBER BROWN
Payer ID: 86047
PCP Name: BROWN, PROVIDER
PCP Phone: (800)123-4567
NJ FamilyCare B
Underwritten by AmeriChoice of New Jersey, Inc.

In an emergency go to nearest emergency room or call 911. Printed 11/08/09

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.UHJDuaComplete.com or call Member Services.
For Members: 800-514-4911 TTY 711 877-208-4159
Logistics: 888-291-2506
Mental Health: 888-362-3368

For Providers: www.UHJDuaComplete.com 888-362-3368
Medical Claims: PO Box 5250, Kingston, NY 12402-5250

Pharmacy Claims: Prescription Solutions, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 877-889-6518

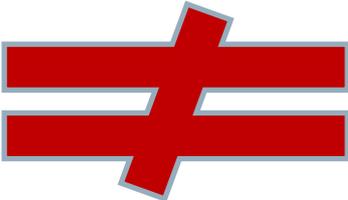
- 1 NEW Logo
- 2 NEW website address
- 3 Sample ID cards are examples from the New Jersey Health Plan

Section 2

- Credentialing Process
- Payer Contracting

Credentialing: is a systematic approach to the collection and verification of a provider's professional qualifications. The qualifications that are reviewed and verified include, but are not limited to, relevant training, licensure, certification and/or registration to practice in a health care field, and academic background.

Credentialing and contracting are separate processes.

CREDENTIALING  **CONTRACTING**

CAQH/UPD

- **What is the CAQH Universal Provider Datasource (UPD)?**
UPD is an online provider data-collection service. It streamlines provider data collection by using a standard electronic form that meets the needs of nearly every health plan, hospital and other healthcare organization. UPD enables physicians and other healthcare professionals in all 50 states and the District of Columbia to enter information free-of-charge into a secure central database, then authorize healthcare organizations to access that information. UPD eliminates redundant paperwork and reduces administrative burden.
- **What healthcare organizations participate in the CAQH Universal Provider Datasource?**
The list of health plans and other healthcare organizations that participate in the UPD is continuously expanding
- **Are all physicians and other healthcare professionals required to use Universal Provider Datasource?**
No. Participation in UPD is voluntary. Some health plans and other healthcare organizations have requested that their network providers use UPD starting with their next re-credentialing event. CAQH Support Desk at 1-888-599-1771. Provider relations staff also can provide this information.

CAQH/UPD

- **Is there a cost for the service?**
There is no cost to physicians or other healthcare professionals to use UPD. UPD-organizations pay an annual participation fee and a fee to access the data.
- **What is required for physicians and other healthcare professionals to use the service?**
Physicians and other healthcare professionals must have a contractual arrangement with a UPD-participating plan, hospital, or other healthcare organization to use the service. Once rostered in UPD, physicians and other healthcare professionals will be invited to participate by CAQH via mail. They will be sent a Provider ID number needed to access UPD and submit their information online.
- **Why Did CAQH rename the Universal Credentialing Datasource the Universal Provider Datasource?**
The Universal Credentialing Datasource became the industry standard for collecting provider credentialing data. Many participating organizations also found the data useful for claims processing, quality assurance, emergency response, member services, such as directories and referrals, and more. Universal Provider Datasource better reflects the service's broader value.

Must the entire CAQH Provider Data Collection Form be completed?

Yes. Before UPD-participating organizations can access physician or other healthcare provider data, the entire form must be completed and they must be authorized. The form does not need to be completed all at once. Partially completed forms may be saved and finished at a later time.

How do physicians and other healthcare professionals control who can access their information?

In the third step to completing the UPD data-collection process, physicians and other healthcare professionals are required to indicate which participating health plans and healthcare organizations can access their data. Only organizations that they authorize can access their information.

How do you submit supporting documents?

Supporting documents should be faxed toll-free to 1-866-293-0414

Do physicians and other healthcare professionals need to notify UPD-participating organizations that they have completed their CAQH Provider Data Collection Form?

No. Organizations authorized to view completed data will automatically be notified.

<http://www.caqh.org/updFAQ.php>

**CAQH universal provider
database
<https://upd.caqh.org/oas/>**

Claire Pierson, Assistant Attorney General, Department of Health and Mental Hygiene is working with the payers to eliminate the legal barriers that have prevented the LHD from contracting with the payers in the past.

If you have questions regarding a proposed contract, please contact Claire Pierson of the AG's Office at 410-767-6526.



Contracting

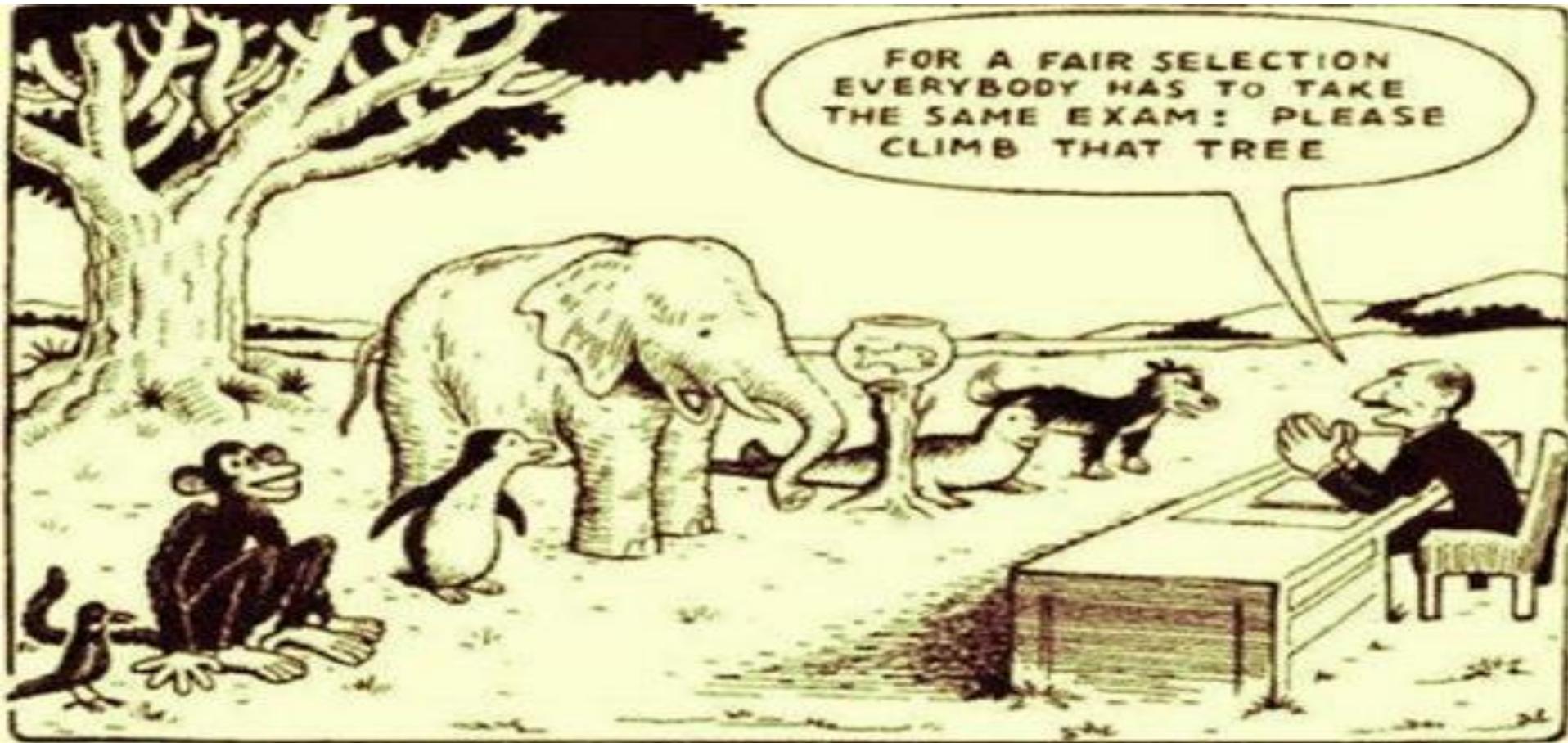
- All health plan contracts will need to be approved by the Office of the Attorney General, the Secretary of DHMH, and in most cases, your local government.
- MCO contracting requires additional steps and requires additional approvals.
- The AG's Office and DHMH are in the process of negotiating contracts with some health plans.

Contracting

- Depending on your health department, contracts with CareFirst and United could be in place within the next month or two.
- Once contracts are in place, the contractual requirements can be found both in the contract and in the provider and other manuals.

Providers are not in-network unless the provider is credentialed with the payer under the LHD contract.

Once the payer contract is signed the LHD will receive an effective date and is then considered in-network. Claims processed for services on or after the effective date will be processed as in-network.



Our Education System

"Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid."

- Albert Einstein

Questions and Answers



Question: On the non-chargeable list there is no mention of Rabies vaccine pre-exposure or post exposure. According to COMAR we are required to provide anti-rabies treatment to those who are unable to pay as well as pre-exposure immunizations for employees of local health departments or individuals who provide rabies control services such as Animal Control. Please clarify.

Answer: COMMUNICABLE DISEASES – RABIES **COMAR 10.06.02.03 (2013)**
(1) The Department shall provide rabies vaccine free of charge and the local health officer shall provide for the administration of pre-exposure immunization against rabies for any employee of the Department, a local health department, or another individual who provides rabies control services at the request of the Department.
(2) Based on the ability-to-pay schedule developed by the Department and circulated to all local health departments, the local health officer may provide rabies pre-exposure immunization to other individuals who are determined by the Public Health Veterinarian to have a high risk of exposure to rabies infection.

CODE OF MARYLAND REGULATIONS

TITLE 10. DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SUBTITLE 06. DISEASES CHAPTER 02. COMMUNICABLE DISEASES – RABIES COMAR 10.06.02.03 (2013)