

Provider Guide for Prime Healthcare EPO

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INTRODUCTION

Prime Healthcare Services is proud to present this Provider Guide, specifically for Prime Healthcare EPO physicians.

As part of our continuing commitment to our provider network, this guide is designed to make participation in our network easier for practitioners. You will find valuable information regarding referrals, authorizations, claims, and denials and appeals processes.

If you have questions or concerns about the information in this guide, you are to contact Member Services at **877.234.5227** or the Roxborough Memorial Hospital Human Resources Department at 215.487.4440.

Thank you for your continuing participation in the Prime Healthcare EPO.

OVERVIEW

The Prime Healthcare EPO is a self-insured medical plan for Prime Healthcare employees and their eligible dependents. The Prime Healthcare Provider Network is a directory of those primary and specialty care physicians centered near a Prime Healthcare hospital and those who have admitting privileges at a Prime Healthcare hospital.

Members are to be directed to a Prime Healthcare hospital for admissions and services that can be provided by an area Prime Healthcare hospital. If Prime Healthcare does not provide a certain service needed by a member, then the Blue Cross network will be utilized after review and authorization by the Prime Healthcare Corporate Utilization Management Department (UMD). If a member is hospitalized at a Prime Healthcare hospital and the member's treating provider does not have privileges at the Prime Healthcare hospital, the member will be followed by a Hospitalist during their hospital stay. All outpatient services including, but not limited to, surgery, therapies, diagnostic imaging and laboratory studies, are to be directed to a Prime Healthcare hospital provided the hospital has the capability to deliver the service.

Information in this EPO Provider Guide, including the guide, referral forms, claim forms, Prime Formulary and list of all in-network primary care and specialist physicians is also available on the hospital's website:

www.roxboroughmemorial.com


Select the "For Physicians" link located at the bottom of the website's home page to navigate to the EPO site.

BENEFIT AND REIMBURSEMENT

The Prime Healthcare EPO does not include a member deductible. Covered services are reimbursed after co-pays and any coinsurances are paid. The member's coinsurance is based on the maximum allowable fee, not total charges. EPO providers and facilities will be reimbursed on a fee-for-service basis at one hundred percent (100%) of the current Medicare Allowable, minus applicable co-payments, for authorized covered services rendered to EPO members.

PLAN PARTICIPATION

Prime Healthcare EPO members can be identified by their EPO member cards. Members will possess two cards – an EPO member card and a Blue Cross member card.


Anthem  **PRIME HEALTHCARE**

John Q. Member
Identification Number
MEMBER ID

Rx Group: JYEA
Rx Bin: 003858
PCN: A4
Plan Code: 040
Group No: 275443M001
Coverage(s): Medical – Pharmacy*
WGS Data: PLAN DESCRIPTION 2

EPO PLAN

	PRIME / ANTHEM
Office Visit	\$10 / \$30
Specialist	\$10 / \$45
ER	\$25 / \$100+10%
Rx Generic	\$15
Formulary	\$30
Non-Formulary	Not Available

Anthem  **Blue Cross**

anthem.com/ca
www.keenan.com/benefits/phs
Keenan Customer Service* 1-888-773-7218
Express Scripts Cust. Svc* 1-866-718-7955
Express Scripts Pharmacist Only* 1-800-824-0898
TDD* 1-800-899-2114
Prime Pre-Authorization Review* 1-877-234-5227
Coverage While Traveling 1-800-810-2583

MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

ANTHEM BLUE CROSS PROVIDERS:
Send claims to: Anthem Blue Cross
P.O. Box 60007 Los Angeles, CA 90060-007
Prime Providers: send all claims to: Office Ally or Keenan*, PO Box 2744 Torrance, CA 90509
EPO California
PPO Out of State

***Not a Blue Cross Blue Shield Product**
Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.

EXPRESS SCRIPTS
Pharmacy Benefits Administrator*

The EPO member card is to be used for all in-network physician visits and in-network healthcare services. The Blue Cross card is used for all authorized out-of-network physician visits and services that cannot be provided within the EPO network.

Participant eligibility and benefit verification information is also available from our Third Party Administrator (TPA) Keenan. EPO providers and facilities have the option to receive **fax-back** verification by calling **888.773.7218**, select Option 3 or by utilizing Keenan's website, www.keenan.com/provider.

Co-pay information is noted on the front of the EPO member card. As a participating provider in the Prime Healthcare EPO, the co-pay amount is listed under the "Prime" column.

For care and services that cannot be provided within the EPO provider and facility network, EPO members will present to the provider/facility their Blue Cross member card. This card may only be used for pre-authorized services by the Prime Healthcare Corporate Utilization Management Department (UMD) and for urgent emergency care services provided by an out-of-network facility and provider. Co-pay amounts for services provided under Blue Cross are listed under the "Anthem" column on the Blue Cross member card.

The Blue Cross member card will identify Prime Healthcare EPO members who require services not provided by an EPO provider or facility network.

UTILIZATION MANAGEMENT AND REFERRAL PROCESS

Utilization Management is the process by which services are evaluated according to criteria for medical necessity and appropriateness – ordinarily before services are rendered, or within 48 hours of the request for an emergency admission. Utilization Management is administered through the Prime Healthcare Corporate Utilization Management Department (UMD). The purpose of authorization review is to determine whether the services being requested are medically necessary and appropriate and are being delivered in the most appropriate setting.

The Referral Process is **provider-driven** for all in-network care. The provider is responsible to obtain authorization for an inpatient admission, specialist visits, or any outpatient services requiring a referral. If authorization is required but not obtained, the corresponding claim will be rejected and the member must be held harmless. In order for the claim to be considered for payment, the provider will need to request a retrospective review and submit the applicable medical records.

Authorization is required under the Prime Healthcare EPO whenever a member is admitted as an inpatient to any of these types of facilities:

- Acute-care hospital
- Long-term acute-care hospital
- Rehabilitation hospital
- Mental health or substance abuse treatment facility
- Skilled nursing facility

Authorized referrals are valid for 45 days. If a physician needs an extension beyond the 45 day period, he/she may call the UMD at 877-234-5227 to request a revised authorization. Multiple visits during the 45 day period are permitted. The projected number of visits should be indicated on the referral by the referring physician. Ongoing visits (e.g., for long term treatment plans) will require a new referral after each 45 day authorized period has elapsed.

All referrals must be submitted by an in-network primary or specialist physician. Authorized out-of-network physicians must collaborate with the initial referring in-network primary or specialist physician for referrals required for ongoing treatment services and plans.

Provided all information is included on the referral to UMD, authorizations are returned within 5-7 business days. UMD will contact the referring physician's office if additional information is required. In these instances, the turnaround time for authorization is dependent on how quickly the referring physician submits a complete referral. For emergency or STAT referrals, UMD will review and provide authorization within 3 business days provided a complete referral has been submitted.

After review, UMD will send the referral authorizations to the referring physician (primary and specialist) via facsimile and mail. Authorized referrals will be assigned a tracking number.

The Prime Healthcare EPO Plan includes two types of referral forms.

Short Referral Form. The Short Referral Form is a brief utilization form for purposes of tracking services costing less than \$500. The form is used for in-network specialist referrals. Blood work or radiology studies that can be completed at a Prime facility do not require a referral. Once completed, the Short Referral Form can be faxed to the UMD at 909.235.4414.

Long Referral Form. The Long Referral Form is more detailed. This form is to be used for services that usually cost more than \$500. These services include outpatient surgeries and services, inpatient services and all out-of-Prime network services. The Long Referral Form can be initiated by the primary care physician or an in-network specialist

physician. If a specialist service or provider is not available within the Prime network, the PCP completes and submits a Long Referral Form requesting the service be provided by an Blue Cross contracted facility or provider.

The Long Referral Form is also used for submitting a treatment plan for a member. Once completed, the Long Referral Form can be faxed to the UMD at **909.235.4414**.

Long Referrals typically require review and approval from UMD prior to the service being delivered. The referring physician will receive the authorization and will be required to inform the member. I

n cases where the care and safety of the patient are critical, referred in-network services may be performed prior to receiving UMD authorization. Patient care and safety are not to be compromised awaiting referral authorization.

Emergent consults and treatment can be delivered without referral authorization. However, a long referral with the treatment plan must be submitted immediately after care is delivered.

EPO providers can receive a status of submitted member referrals by calling the UMD toll-free at **877.234.5227**. EPO providers are responsible for notifying members of referral authorizations.

Maternity admissions are an exception to the rule above and do not require authorization. Facilities do need to notify the UMD that the admission has occurred so that a case record can be established.

Prime Healthcare EPO members are not required to seek prior approval of emergency services. Emergency transportation and related medical emergency services provided by a licensed ambulance vendor in connection with an emergency condition are considered to be emergency services and therefore are covered without authorization.

For emergency situations, facilities are not required to contact UMD before rendering care. However, if the emergency visit results in an inpatient admission, the hospital is required to obtain authorization of the admission on the following business day.

DENIALS

Providers treating Prime Healthcare EPO members may experience two types of denials, Benefit Denials and Medical Necessity Denials.

- Benefit Denials - Issued when the member's benefit program does not provide the specific benefit needed for a particular admission or service.
- Medical Necessity Denials - Issued when the requested admission or service does not meet medical necessity criteria

Providers may receive verbal and/or written notification of all denial decisions. Written notifications are mailed to the provider within one business day of the decision. Information regarding a denial will include:

- The reason for the denial
- The clinical rationale supporting the decision

- Suggested alternative level of care, if appropriate
- Suggested alternatives for treatment if benefits are exhausted
- Member and provider appeal process

If the treating provider did not have an opportunity to discuss a case with the UMD before a utilization management decision was made, he or she may request a conversation after the decision has been rendered. To initiate the request, the provider should call the UMD, toll-free at **877.234.5227**. A Utilization Management Case Manager or physician will be available to discuss the case with the treating provider.

CLAIMS PROCESSING

Prime Healthcare has partnered with Keenan to provide third party administrative services for the Prime Healthcare EPO. All EPO claims and reimbursements are handled by Keenan. Form CMS-1500 is used to submit all EPO claims to Keenan. Claims can be forwarded in one of three ways, via the internet through your own e-billing process or Office Ally or faxing a claims form.

You can use your present e-billing process. When processing a claim, providers will utilize Keenan's address as found on the member's card: Keenan, PO Box 2744, Torrance, CA 90509

Office Ally provides to EPO providers a cost effective and efficient e-billing claims processing system. Office Ally's services are free to EPO providers. There is no contract to sign, no software to purchase, free setup and training and 24/7 support.

If you presently have an account with Office Ally, you need only add Keenan Healthcare claims to what you are already sending to Office Ally. Keenan's payer id is **KEE01**. You may also contact Office Ally at **866.575.4120**, select option 3 and they will assist you with the transition.

If you do not have a relationship with Office Ally, you can establish an account on-line by going to www.officeally.com. Click on "Register" and "Enroll Now" from their website. Alternately, you can call Office Ally at **866.575.4120** and a representative will assist you with you registration. After you have registered, you will receive an email within 24 hours with your user-id and password. Additionally, you can speak with a representative to receive instruction on navigating through the Office Ally website and for submitting a claim for processing.

You may also complete a paper-based claims form and fax to Keenan for processing. Form CMS-1500 is the standard paper claim form used by Prime Healthcare EPO providers to bill Prime Healthcare for covered services under the EPO plan. A sample claims forms is included in this Provider Guide. Claims forms can be faxed to **310.212.3381** for processing.

The timely filing period for both electronic and paper claims for services is one calendar year after the date of service. Claims will be denied if they arrive after the deadline date. When a claim is denied for having been filed after the timely filing period, such a denial is not subject to appeal.

CLAIMS FORM - CMS 1500

PLEASE
DO NOT
STAPLE
IN THIS
AREA



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(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6-88)

PLEASE PRINT OR TYPE

APPROVED OMB-0835-0005 FORM CMS-1500 (12-90), FORM RFB-1500, APPROVED OMB-1215-0051 FORM OWCP-1500, APPROVED OMB-0729-0001 (CHAMPUS)

SHORT REFERRAL FORM



SHORT REFERRAL FORM

Third-party Administrator: Keenan & Associates

(To be used only for referrals within Prime Provider Network, when the estimated cost is less than \$ 500, e.g., follow-up, consults, lab, radiology, CT, MRI, etc.; For all referrals to out-of Prime Provider Network AND all referrals, within or outside Prime Provider Network, when the estimated costs is more than \$ 500, use Long Referral Form)

Patient Name		DOB	
Patient Address			
City	State	Zip	Phone
		Hospital of Employment	
ID Number		Eligibility Verified by	
Primary Care Physician (PCP)		Referring Physician	
Referred to		Referral Place of Service and Address :	
Expected Date of Service (valid for 30 day from authorization)		Date: _____	
Diagnosis: _____			
ICD-9 Code: _____			
Services requested: _____			
CPT Code: _____			
Reasons/ Referring physician notes, if necessary: _____ _____			
X _____ (Referring Physician Signature)		_____ (Date)	
Medical Director's/ UR Department's notes, if necessary: _____ _____			
Forward to : Prime Healthcare Services Attn: Self-Funded Healthplan 3300 East Guasti Road, Ontario, CA 91761 Tel: 1-877-234-5227 Fax: 1-909-235-4414			

LONG REFERRAL FORM



LONG REFERRAL FORM

Third-party Administrator: Keenan & Associates

(For all referrals to out-of-Prime Provider Network AND all referrals, within or outside Prime Provider Network, when the estimated costs is more than \$ 500, please use this form)

Patient Name		This column is for U/R Department use only.	
Patient Address		Referral Tracking Number (valid as authorization number, if approved):	
City	State Zip Phone	<input type="checkbox"/>	
DOB		Notification to Referring Physician (requires immediate attention) <input type="checkbox"/> Courier <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Email Date: _____ Time: _____	
ID Number	Eligibility Verified by:	<input type="checkbox"/> Additional clinical info. needed (See UR's notes below) <input type="checkbox"/> Request is modified: _____	
Hospital of Employment			
Primary Care Physician (PCP)			
Referring Physician		<input type="checkbox"/> Request is denied (may appeal the decision) <input type="checkbox"/> Not a covered benefit <input type="checkbox"/> No medical necessity <input type="checkbox"/> Experimental	
Referred to			
Referral place of service and address if available:		<input type="checkbox"/> Retro auth. approved by: _____ Date: _____ Time : _____	
Expected Date of Service (valid for 30 days from authorization) Date: _____		UR Department's notes:	
ICD-9 Code	Diagnosis		
CPT Code	Description of Service		
Referring physician notes:			
X _____ (Referring Physician Signature) (Date)		Forward to: Prime Healthcare Services Attn: Self-Funded Health Plan 3300 East Guasti Road Ontario, CA 91761 Tel: 1-877-234-5227 Fax: (909) 235-4414	

COVERED SERVICES

The Prime Healthcare EPO Benefit Summary is provided below. All services are to be directed to an in-network physician or facility provided an in-network physician or facility is capable of delivering the services.

Prime Healthcare Services: Roxborough Medical EPO Plan

Effective Date: 1/1/2013

Benefit			
Submit claim to: Prime Providers-Office Ally or Keenan PO Box 2744, Torrance, CA 90509.	Prime IPPO	PPO	NO OUT OF NETWORK BENEFITS
All other providers send to: Anthem P O Box 60007, Los Angeles, CA 90060-0007	PCP ONLY- Referral Required for ALL OTHER PROVIDERS	(Blue Card / Anthem PPO)	

Referral by PCP is Required for all Non PCP services

Direct access to Prime Healthcare or PPO Pediatricians & well woman exams are allowed

Prime Utilization Management (877) 234-5227

Authorizations are also required for: All inpatient admissions, Home Health Care/ Home IV therapy, Transplants, SNF, Surgery in an ambulatory surgical center, Hospice & any possible cosmetic / investigational procedure.

Lifetime Maximum Benefit Unlimited

Deductibles APPLIES TO ALL SERVICES UNLESS OTHERWISE NOTED

Individual Annual Deductible None

Out-of-Pocket Max per Plan Year (does not include copayments)

Individual Out-of-Pocket Maximum Per Year \$1,500. \$2,500.

Family Out-of-Pocket Maximum Per Year \$3,000. \$5,000.

Pre-Existing Does Not Apply

Claims Filing Deadline 12 months

Inpatient Hospital

Room and Board Semi-Private 100% 80%

Emergency Room Care-Medical Emergency (copay waived if Admitted)

Copayment \$25. copay \$100. copay

Emergency Facility Coinsurance 100% 90%

Urgent Care Facility \$10. copay \$30. Copay

Ambulance \$250 copay \$250 copay

Outpatient Services

Ambulatory Surgical Center 100% 80%

Outpatient Surgery Hospital Facility Charges (Non-Emergent) 100% 80%

Other Outpatient Facility Services 100% 80%

Preventive Care - Professional Services (Based on US Preventative Task Force Guidelines)

Well Child Care Office Visits, Immunizations 100% 100%

Limitation-8 Exams/immunizations from birth to 12 months; 4 exams/immun from 13 months to 30 months; 1 exam each Calendar Year to age 18 100% 100%

Adult Physical & Immunizations -1 each Calendar Year age 18 and over 100% 100%

Well Woman Exam - 1 per calendar year 100% 100%

Note: No PCP referral needed for Well-Woman Exam

Routine Mammogram	100%	100%
Prostate Screening (PSA)	100%	100%
Colon Cancer Screenings	100%	100%
NON FEDERALLY MANDATED PREVENTIVE SERVICES	\$10 copay	\$30 copay
Vision Supplies	Not a Covered Expense- except following cataract surgery	
Professional Services		
Physician Office Visits	\$10. copay	\$30. copay
Physician Inpatient Visits	100%	80%
Specialist Office Visit	\$10. copay	\$45. copay
Specialist Inpatient Visit	100%	80%
Surgery, Assistant Surgeon, Anesthesiology	100%	80%
Allergy Testing & Treatment	\$10. copay	\$45. copay
Injectables	100%	80%
Acupuncture		Not a Covered Expense
Biofeedback		Not a Covered Expense
Chiropractic Care- 20 visits per calendar year	\$10. copay	\$30. copay
Massage Therapy		Not a Covered Expense
Physical, Occupational, Speech Therapy- 30 visits per calendar year combined	\$10. copay	\$30. copay
Podiatry Services (office visit)	\$10. copay	\$45. copay
Exclusion	Routine foot care, except Medically Necessary treatment of the feet (e.g., the removal of nail roots, other podiatry surgeries, or foot care services necessary due to a metabolic or peripheral-vascular disease	
Radiation Therapy/Chemotherapy	100%	80%
Diagnostic X-ray /Lab (*see note below)	100%	80%
MRI/CAT/PET	100%	80%
Other Services		
Diabetes Education	\$10. copay	\$45. copay
Hearing Aids or Exams		Not a Covered Expense
Sleep Study-Testing or Treatment of Sleep Disorders		Not a Covered Expense
Smoking Cessation		Not a Covered Expense
TMJ, Dental, Mouth or Jaw Care		Not a Covered Expense
Durable Medical Equipment	80%	80%
Limitation	Months rental or purchase price, whichever is less. RX required.	
Prosthetic Appliances	80%	80%
Limitation	Initial purchase, Maintenance, repairs & replacement	
Orthotics	80%	80%
Limitation	Orthopedic (non-dental) braces, casts, splints, trusses and other orthotics that a prescribed by a Physician and that are required for support of a body part due to a congenital condition, an Accidental Injury or a Sickness.	
Special Footwear	80%	80%
Limitation	when needed due to foot disfigurements including disfigurement from cerebral palsy, arthritis, polio, spinabifida, diabetes and foot disfigurement caused by Accidental Injury or developmental disability.	
Home Health Care/Home Infusion	80%	80%
Limitation (combined, all illnesses/accidents)		100 Visits Maximum/Cal. Yr.
Skilled Nursing /Convalescent Care Facility	100%	80%
Hospice Care-Inpatient	100%	80%
Hospice Care-Outpatient	100%	100%
Dialysis - Limited to 20 visits per lifetime	100%	80%
Obesity or Morbid Obesity (including surgical treatment)		Not a Covered Expense
Family Planning		

Maternity-Covered Employee, Covered Dependent Spouse, Covered Dependent Daughter only

Covered at level of service rendered

Birth control-shots/Implants/IUD/Diaphragms

100%

80%

Limitation- Diaphragms 1 per 365 days

Elective Abortions (medically necessary only is covered)

Not a Covered Expense

Infertility

Not a Covered Expense

Genetic Counseling/Testing

Not a Covered Expense

Genetic Testing-Pregnancy Related ONLY

100%

80%

Sterilization-Vasectomy and Tubal ligation

100%

80%

Sterilization Reversal

Not a Covered Expense

Organ and Tissue Transplants

Organ Transplant -Inpatient

N/A

80%

Center of Excellence (COE) Required

Yes

Donor Coverage

Yes

Mental Health

Inpatient

100%

80%

Outpatient Visits

\$10. copay

\$30. copay

Substance Abuse-Detox & Rehab

Inpatient

100%

80%

Outpatient Visits

\$10 copay

\$30 copay

Residential Treatment

Not a Covered Expense

Dental

Delta Dental

Eye

Vision Service Plan

Rx

Express Scripts

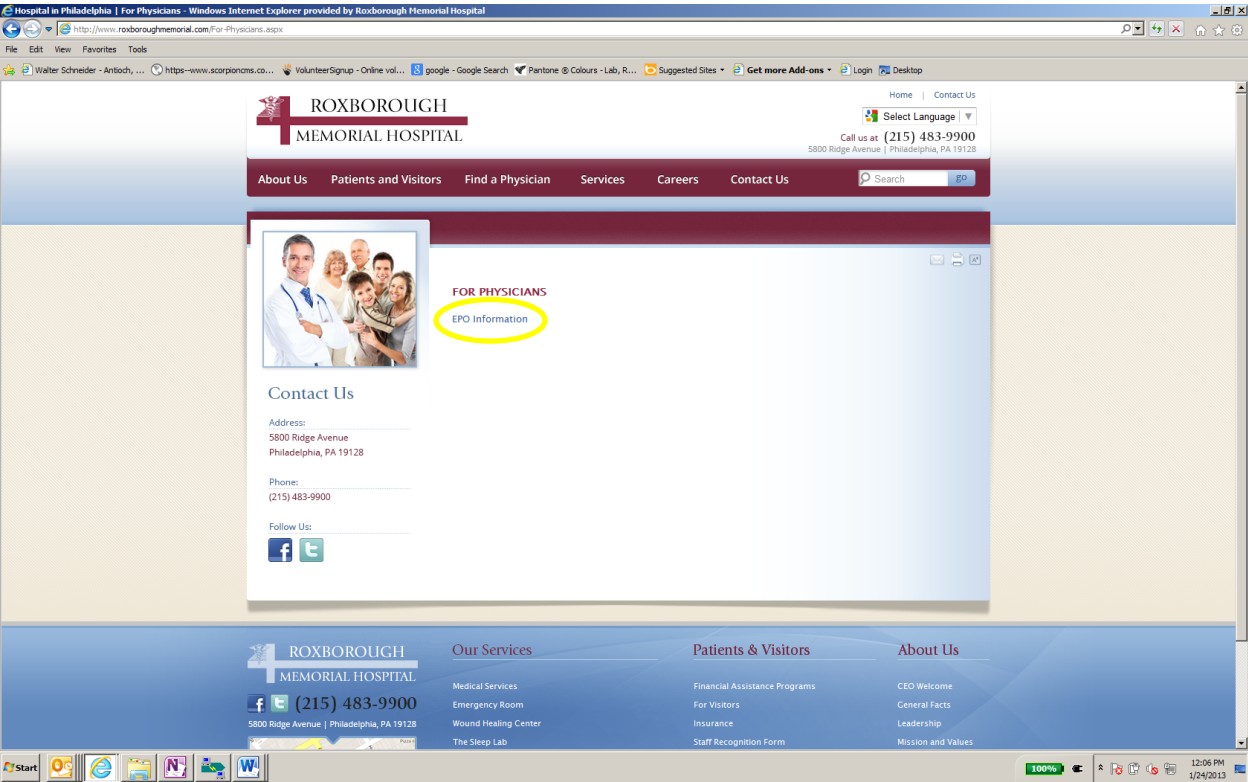
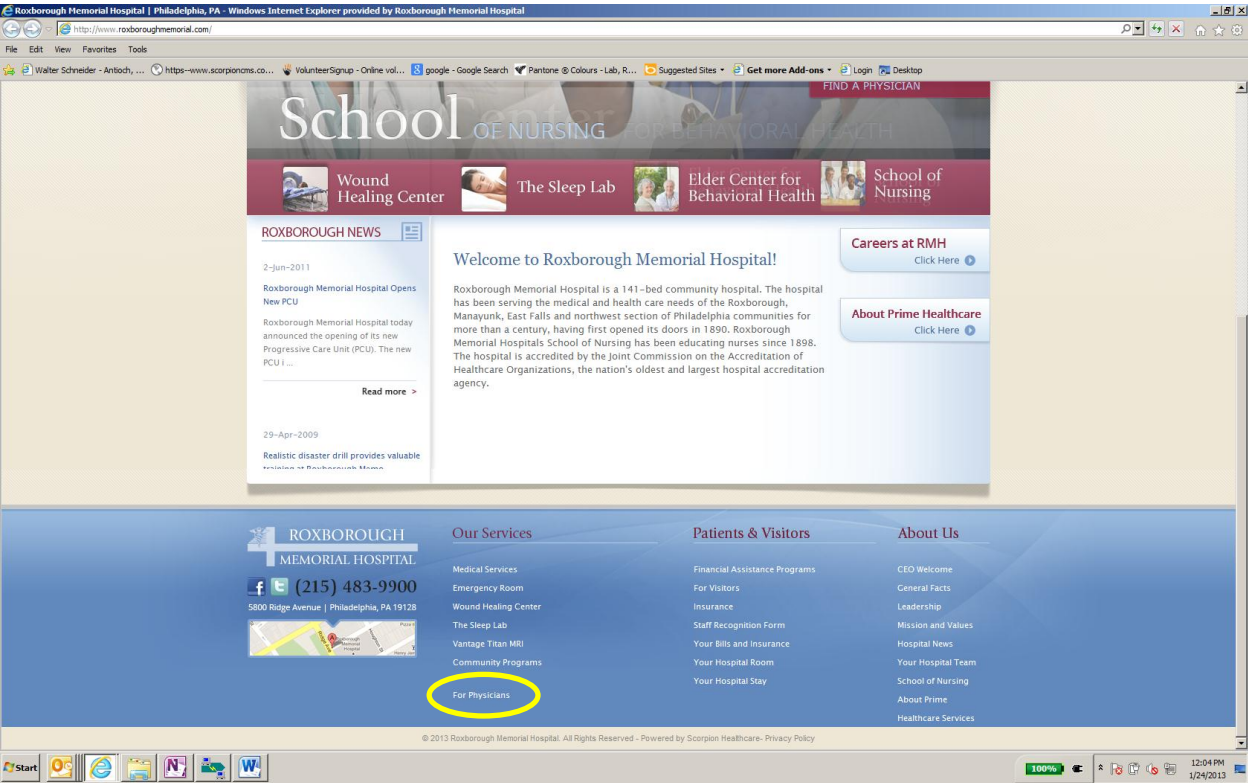
* Lab / X-ray Note:

Any Prime provider may perform lab cultures in office (i.e., gynecological, throat). The cultures must be sent to a Prime facility or contracted Network Provider. All other non-emergent lab / x-ray services must be done at a Prime facility or an authorization is required by Prime UR Department.

A Network provider may perform lab cultures in the office. An authorization is not required for gynecological or pediatric cultures that are sent to a Network Provider. All other lab /x-ray services through a Network provider requires an authorization by Prime UR Department.

The benefits outlined above are NOT a guarantee of coverage, and all claims are subject to the benefits of the Plan and eligibility of the Plan Participant at the time of the service. This information is a summary of benefits, and is NOT an authorization for treatment.

ROXBOROUGH MEMORIAL HOSPITAL WEBSITE - FOR PHYSICIANS



EPO Information | Roxborough Memorial Hospital - Windows Internet Explorer provided by Roxborough Memorial Hospital
https://www.roxboroughmemorial.com/For-Physicians/EPO-Information.aspx

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MEMORIAL HOSPITAL

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EPO Short Referral Form
EPO Long Referral Form
EPO PCP Network
EPO Specialist Network
Prime Formulary
Key Contacts

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Wound Healing Center
The Sleep Lab

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Staff Recognition Form

About Us
CEO Welcome
General Facts
Leadership
Mission and Values

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IMPORTANT TELEPHONE NUMBERS

Keenan Customer Service	888.773.7218
Pre-Authorization Review	800.274.7767
Referral Fax Submission	909.235.4414
Referral Status	877.234.5227
Claims Fax Submission	310.212.3381

Roxborough Memorial Hospital

Admissions	215.487.4505
Admissions Facsimile	215.487.4546
Human Resources Office	215.487.4440
Human Resources Facsimile	215.487.4221
Carmen Ferrer	215.487.4441
Michael Henrici	215.487.4442