

Preferred Administrators OB Specialty Provider Training

Presenter:
Veronica Maldonado
TPA Supervisor



Preferred
ADMINISTRATORS

ID Card Samples by Plan

- Sample of UMC ID Card



- Sample of UMC Retiree ID Card



- Sample of EPCH ID Card



OB/GYN Benefits

Benefit Description	UMC/EPCH Provider	Texas Tech Provider	PPO Provider
OB/GYN Sick Visits (All Preventive Visits are covered at 100%)	\$15 co-pay	\$30 co-pay	\$40 co-pay
Diagnostic Services for example labs, x-rays, sonograms, and office surgeries.	Covered at 100% after \$150 deductible has been met (\$150 for UMC) (\$125 for EPCH)	Covered at 100% after \$150 deductible has been met (\$150 for UMC) (\$125 for EPCH)	Covered at 70% after deductible has been met (\$1,500 for UMC) (EPCH*)

***NOTE: For EPCH, diagnostic services do not apply towards deductible.**

Breast Pump Reimbursements for TPA Members

- Breast pump process
 - Obtain it through a DME or
 - Member Reimbursement up to \$200 for a non-hospital grade double electric breast pump purchased at retail or up to \$50 for supplies if the member has a device.
 - **Must complete *Member Reimbursement Form* and attach Physician RX and receipt.**

Preferred ADMINISTRATORS

Call us at: 915-532-3778 | Outside El Paso: 1-877-532-3778

urac ACCREDITED Health Plan Expires 6/30/2018

Home About Us Members Providers Find a Provider FSA Contact Us

Members

Welcome Members! Thank you for selecting Preferred Administrators as your health plan. We are committed to providing you with exceptional customer service by assisting you with eligibility questions; how to get an ID card; and, any billing questions you may have.

Click on your employer below to learn more about your benefits.

UNIVERSITY MEDICAL CENTER OF EL PASO

El Paso Children's HOSPITAL

You can contact us Monday thru Friday from 7:00 A.M. to 5:00 P.M. Mountain Time at 915-532-3778 or Toll-Free at 1-877-532-3778.

Our TTY Line for the Hearing Impaired is 915-532-3740 or Toll Free TTY 1-855-532-3740.

Interpreter services are available through our Member Services Department by calling 915-532-3778 or Toll Free at 1-877-532-3778.

MEMBER FORMS

The forms below are available for you to download, fill out, and print. Once you have them ready, please fax or mail to the fax number or mail address indicated on each form. If you have any questions, please contact us at 915-532-3778 or Toll-Free at 1-877-532-3778

- [Member Reimbursement](#) ←
- [Member Residing](#)
- [Member PHI Disclosure Form English](#)
- [Member PHI Disclosure Form Spanish](#)
- [Other Coverage Member Form](#)

MEMBER PORTAL
Sign-in to access your medical account to view explanation of benefits, claims, authorizations, and much more.

FIND A PROVIDER
Click here to view participating providers in our network.

PHARMACY BENEFITS
Learn about your prescription drug benefits and access the formulary.

FLEXIBLE SPENDING ACCOUNT (FSA)
Learn more about your FSA benefits and how to manage your account

COBRA
Click here to learn more about COBRA continuation coverage.

UMC Retiree Benefit Plan
Click here to learn more about

Contraceptives covered under Medical Plan

- List of contraceptives covered at 100% if not on the list, co-pay and co-insurance will apply.
- IUDs are a medical ***not*** a pharmacy benefit (insertion and removal do not need a prior authorization)
- For a complete listing of contraceptives, you can view listing at www.preferredadmin.net

Preferred Administrators Preventive Services FY 2016/2017		
Preventive Service:	CPT Code(s):	ICD10 Diagnosis Code(s) Note: ICD-10 codes are effective 10/1/15
<p>Contraceptive methods to include sterilization and Contraceptive Counseling. All Contraceptive methods, services, and supplies covered must be approved by the Food and Drug Administration (FDA). Coverage includes counseling services on contraceptive methods provided by a Physician, Obstetrician or Gynecologist. Covered Contraceptive to include Female Generic Prescription Drugs are covered.</p> <p>All IUDs are covered by the Medical Plan to include its insertion and removal.</p> <p>Please refer to the list of female generic medications posted online. These medications are reimbursed by our RX Pharmacy Vendor (OptumRx).</p>	<p><u>Visits</u> 99401 - 99404, 99354 - 99355, 99201 - 99205, 99211 - 99215,</p> <p><u>Sterilizations</u> 58565 58600 - 58615, 58670 - 58671, 58300 - 58301, 58340, 74740, Q9967 A4264</p> <p><u>Anesthesia for Sterilization</u> 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966,</p> <p><u>Labs</u> 81025</p>	<p>Z30.011, Z30.012, Z30.013, Z30.014, Z30.018, Z30.019, Z30.02, Z30.09, Z30.2, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9, Z98.51</p>

Preventive Care Medications at \$0 Cost-Share Medications & Products

TPA Members can receive several preventive medications at 100% coverage, to include the following:

- OTC Medications and Supplements
- Birth Controls
- Tobacco Cessation
- Breast Cancer Preventive Medications

Listing can be found at www.preferredadmin.net under Provider communications.

Resources

- For more information on UMC and EPCH benefits, you can log on to www.preferredadmin.net to view the Summary of Benefits and the Plan Documents.
- You can also contact our Customer Service Department at 915-532-3778, press 4 and then extension 1529, available Monday thru Friday from 7 am to 5 pm.

Contact Information

Veronica Maldonado

TPA Supervisor

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915-298-7198 Ext. 1073

Claims

Julie Zubia
Sr. Claims Analyst



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Reminders

- Timely filing deadline
 - **365** days from date of service
- Corrected claim deadline
 - **120** days from date of EOB
 - Use the comments section of the corrected claim form and be specific

OB Global Billing

- Offers a convenient way of billing to providers who render total obstetrical care to a woman during her pregnancy. (59400, 59510, 59610 & 59618)

OB Global Billing Includes:

- Hospital Admission
- Patient History
- Physical Examination
- Labor Management
- Vaginal or C-Section delivery
- Hospital Discharge
- Post-Partum Visit
- All applicable post-op care

Note: Ultrasounds and labs are not part of global billing. They are reimbursed at fee for service.

Services not reimbursed separately :

- Antepartum Consultations:
 - Paid to the same provider, for DOS within the from-to period of the global billing or within 270 days prior to the global OB delivery date
- Hospital visits related to OB delivery
- Postpartum consultations related to delivery & paid to same provider of the OB global delivery date

On Call Provider

- Claims should be split
- Provider who performs the antepartum care should submit a claim
- Provider performing the delivery will submit a second claim
- Provider performing postpartum care will submit a separate claim
 - Include modifier indicating provider did not perform delivery

OB Visits Minimum Requirement

- Providers billing for OB global service must render at least a minimum of four antepartum visits.
 - Initial pregnancy visit may be counted as one of the visits
 - If less than four visits are rendered, bill services on a per–visit basis.

Coordination of Benefits (COB)

- Primary Explanation of Benefits (EOB) is required.
- If EOB is not submitted claim will deny

Coordination of Benefits

CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	EP First Allowed Amt.	Primary Carrier Pt. Responsibility
59409	\$3500.00	\$2500.00	\$2000.00	\$3000.00	\$500.00
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	\$3500.00	\$2500.00	\$2000.00	\$3000.00	\$500.00

EPF Allowed

Primary Payment

\$1000.00

Subtract Primary Carrier from the EPF allowed amount.

\$3000.00

-\$2000.00

\$500.00

\$500.00

Pay the Lesser of the two amounts

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

- 1527 – Medicaid
- 1512 – CHIP
- 1509 – Preferred Administrators
- 1504 – HCO

**Thank You for
Attending
Providers!**