WELCOME PROVIDERS

Provider Quarterly Training May 11, 2017





Preferred Administrators Provider Training

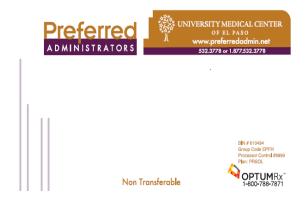
Veronica Maldonado TPA Supervisor





ID Card Samples by Plan

Sample of UMC ID Card



Sample of EPCH ID Card











Non Transferable



UMC and EPCH Schedule of Benefits



All Schedule of Benefits are listed in our Plan Documents and they are specific by Plan at

www.preferredadmin.net

Always verify eligibility participation by calling our Customer Service at 915-532-3778, press 4 and then extension 1529, available Monday thru Friday from 7 am to 5 pm.

PLAN DOCUMENT 2016-2017

Get detailed information about your benefits and your covered services here

3.04 <u>Benefit Percentage, Deductibles and Limitations</u>

BENEFIT PERCENTAGE, DEDUCTIBLES AND LIMITATIONS



Maximum Benefits

Benefit Description

Chiropractic Office Visit - (10 maximum visits per Fiscal Year)

Behavioral Office Visits

(UMC associate have a maximum of 30 visits per Fiscal Year)

EPCH associates have no maximum

Hospice Care - (180 maximum visits per Fiscal Year)

Home Health - (60 maximum visits per Fiscal Year, which includes Skilled Nursing)

Skilled Nursing – (120 maximum visits per Fiscal Year)

NOTE: The above services require a prior authorization.



Preventive Services

- Preferred Administrators will cover the recommended preventive services under the Preventive Care Services benefit as mandated by Patient Protection and Affordable Car Act (PPACA,) with no cost sharing when provided by a Network provider
- Preventive Listing can be found under <u>www.preferredadmin.net</u> Provider Fax Blast and Communications
- October.2016 Preventive Service Listing Fiscal Year 2017 effective October 1 2016





- List of contraceptives covered at 100% if not on the list, co-pay and coinsurance will apply.
- IUDs are a medical <u>not</u> a pharmacy benefit (insertion and removal do not need a prior authorization)
- For a complete listing of contraceptives, you can view listing at
- October.2016 Preventive
 Service Listing Fiscal Year
 2017 effective October 1 2016

	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
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. All IUDs are covered by the Medical Plan to include its insertion and removal. Please refer to the list of female generic medications posted online. These medications are reimbursed by our RX Pharmacy Vendor (OptumRx).	Visits 99401 - 99404, 99354 - 99355, 99201 - 99205, 99211 - 99215, Sterilizations 58565 58600 - 58615, 58670 - 58871, 58300 - 58301, 58340, 74740, Q9967 A4264 Anesthesia for Sterilization 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966,	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

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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

Preventive Listing can be found under www.preferredadmin.net Provider Fax Blast and Communications

June.2016.OptumRx Preventive Care Medications \$0 Cost Share

Important Notes to Remember!

- Preferred Administrators Network physicians, who provide services at UMC or EPCH, will have professional services paid at the contracted rate. Member's responsibilities will be UMC/EPCH/Texas Tech benefit coverage level.
- Tenet and its affiliates continues to be an out of network Provider.



Questions





Contact Information

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Claim Reminders

Adriana Villagrana Claims Manager





Claims Processing

- Timely filing deadline
 - -365 days from date of service
- Corrected claim deadline
 - I 20 days from date of EOB
 - —Use the comments section of the corrected claim form and be specific



Common Denials

- No Enrollment Exists
- Timely Filing
- Invalid Diagnosis Code
- Duplicate Claim



Thank You for Attending Providers!

