

Aetna – Preferred One 

All Other PMAP

America's PPO 
connecting providers, patients, employers and payers

Behavioral Health Insurance

Blue Cross Blue Shield 

Cigna – HealthPartners 

Commercial Insurance

Community Partnerships

CompCare Blue

Financial Assistance

First Health 

Great West 

Guarantor Orgs

HealthNet Military

HealthPartners 

Tips and Tricks:

Birthday Rule

Coordination of Benefits

Important Insurance Info

Effective/Expiration Dates

Itasca Medical Care



Labor Care 

Medica 

Medicaid

Medicaid Wisconsin

Medicare 

PHCS 

Preferred One 

PrimeWest Health 

Second Instance Plans

Select Care 

Self Pay

Ucare 

United Healthcare 

Aetna Preferred One – D07



Aetna Preferred One – D07



aetna **QHP**
 DC Gold HMO 2000 70% **HMO**
ID W1234 56789
 NAME
 01 JOSEPH Q SAMPLE RX BIN# 610502
 Health Plan (80840) 9140860054
 GRP# 111111-014-00001
 PCP: ABC Family Practice
 PCP \$ 25.00
 SPC \$ 40.00
 02 JANE Q SAMPLE PCP: ABC Family Practice
 03 JACKSON Q SAMPLE PCP: ABC Family Practice
 04 JESSE Q SAMPLE PCP: ABC Family Practice
 05 JEFFERY Q SAMPLE PCP: ABC Family Practice

www.aetna.com PAYER# 60054 0000

You have to choose a primary care doctor. Referrals are required for most services (except direct access benefits). Without a referral or preauthorization, you may pay more or even full price. See your plan documents for information about your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage. XXX00000-05/13

Legal Entity Prints Here
 P.O. BOX 981106
 EL PASO TX 79998-1106

MEMBER SERVICES 1-888-888-8888
 PROVIDERS CALL 1-888-632-3862
 RX MEMBER SERVICES 1-888-792-3862

Subject	Description	Example
ID	Starts with a W+ 9 numbers	W1234 56789
Group	All numbers, no letters 14 numbers	111111-014-00001
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as Aetna- D07 in the Insurance Company field in GE. •Enter customer service number •Verify eligibility in GE •During downtime, verify in Healthia. 	See above- back of card.



Aetna Preferred One – D07



Mike Jones
 EMPLOYER: TEST GROUP
 GROUP: 0000014389 CERT: 1
 PPO HOSPITAL / MD PLAN

For network provider information visit www.mediview.net or call 888-498-2323

This card does not guarantee coverage or benefits. To receive maximum medical benefits, authorization is required. Failure to call may result in reduced benefits. For authorization, call 1-800-451-0100. For verification of patient coverage, call **Customer Service at 1-800-743-8463.**

TO PROVIDERS: Use Subscriber SSN when billing.
 Providers: Send your electronic claims to Time Insurance Company via WebMD, payor #39065, or mail a standard form to Time Insurance Company, P.O. Box 981602, El Paso, TX, 79998-0000.

Assurant Health markets products underwritten by Time Insurance Company.

Visit us at www.assuranthealth.com.



Subject	Description	Example
ID	ID will vary but will be located next to "member ID"	
Group	Group will vary but will be located next to "group ID"	
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as Aetna- D07 in the Insurance Company field in GE •Enter customer service number •Call to verify eligibility and ask for ID/Group number if it is not on the card. 	See above- back of card.



Aetna Preferred One – D07



Subject	Description	Example
ID	All numbers, 12 numbers	123456789123
Group	All numbers, 5 numbers	54321
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as Aetna- D07 in the Insurance Company field in GE •Enter customer service number •Call to verify eligibility or check website 	See above



All Other PMAP – G05

All Other PMAP



All Other PMAP – G05

Manage Insurance Information

#	FSC	Ins Company	Eff Date	Exp Dt

Select FSC by Ins. Company

Insurance Company:

Financial Class: **ALL OTHER PMAP**

Add All Other PMAP - G05 in the Financial Class field.

Insurance Company :

Plan Name-Free Text:

Insurance Company Address Line 1:

Insurance Company Address Line 2:

Insurance Company City,State:

Insurance Company Zip Code:

Insurance Company Country:

Insurance Company Contact Name:

Insurance Company Contact Number:

Enter PMAP information in the Plan Name Free Text field and populate address/phone number for plan.

Subject	Description	Example
Subscriber	Self is the subscriber	
GE	<ul style="list-style-type: none"> • Code as All Other PMAP – G05 in the Financial Class field in GE • Add PMAP info in the Plan Name Free Text field in the follow-up questions • Populate claim address and phone number info for the PMAP 	



America's PPO– V01

HEALTHEZ

 MERITAIN
HEALTH

MMSI



HealthEZ– V02

ADMINISTERED BY

EMPLOYER

THE HEALTHY WAY OF LIFE COMPANY™

PRIMARY NETWORK

Group ID: LTF
Member ID: LTF

Medical: Employee + dependent(s) No Payment Due
Dental: Employee + dependent (s) At Time of Service

If you're a PROVIDER:
 Eligibility: healthez.com/provider
 Emdeon Eligibility Payer ID: XXXXX
 Benefits/precert: 952-896-9102

If you're a MEMBER:
 Benefit questions/nurseline:
 1-800-XXX-XXXX
 Or visit LTFbenefits.com

Submit EDI Claims to Emdeon Payer #41178
Travel network: PHCS- to find a provider
 Visit multiplan.com or call 800-XXX-XXXX

Submit all Paper & Dental Claims to:
 HealthEZ, P.O. Box 398220, Minneapolis, MN 55439-8220

Pharmacy Rx Bin: XXXXX
 RxPCN: XXX RxGRP: LIFETIME

Rx Customer Care 866-818-6911
 Help Desk: 800364-6331

Subject	Description	Example
ID	ID will vary but will be located next to “member ID”	
Group	Group will vary but will be located next to “group ID”	
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as America’s PPO in the Financial Class field in GE and manually enter the name of the insurance in the plan free text field in the follow-up questions in GE (HealthEZ, Meritain, MMSI). •Enter claims address that is on the card in the Insurance Company Address fields in the follow-up questions in GE. •Can verify eligibility on the website or call 	



America's PPO – V01

Name: John Q. Sample
 ID#: _____
 Eff Date: XX-XX-XXXX
 Group #: _____ Div: XXX
 Coverage: Medical

SCRIP WORLD
 RX Bin: XXXXXX RxPCN: ADV
 RX Grp: _____
 Customer Care: 855-XXX-XXXX
 Pharmacy Help Desk: 800-XXX-XXXX

COPAY: _____
 Office Visit: \$10
 Emergency Room: \$ 50
 Urgent Care Facility: \$ 10

Generic Copay: \$10
 Brand Copay: \$ 15

For precertification call:
 Failure to comply with your plan's pre-certification Requirements may result in a reduction of benefits

SUBMIT ALL PPO CLAIMS TO: America's PPO 7201 W 78 th St #100 Bloomington MN 55439	SUBMIT ALL OTHER CLAIMS TO: Meritain Health P.O. Box 27267 Minneapolis MN 55427-0267
---	---

24/7 Nurseline: XXX-XXX-XXX Benefit/Claim Customer Service: 800-XXX-XXXX

Aetna network applies to all claims outside of MN, South Dakota and North Dakota Printed XX-XX-XXXX

Subject	Description	Example
ID	All numbers, 12 numbers	123456789123
Group	All numbers, 5 numbers	54321
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as America's PPO – V01 in the Financial Class field in GE and manually enter the name of the insurance in the plan free text field in the follow-up questions in GE (HealthEZ, Meritain, MMSI) •Enter claims address that is on the card in the Insurance Company Address fields in the follow-up questions in GE. •Can verify eligibility on the website or call 	



America's PPO – V01

Mayo Medical Plan

MCL2	1	MMSI Grou #: MRCHA
MCL2	2	Group Name:
MCL2	3C	MAYO CHOICE ROCHESTER
		Plan Type: Medical/Pharmacy
		RX Group: MC1
		PCN:
		RX Bin:XXXXXX
		PIN:

Administered by

Ask Mayo Clinic 24-hour nurse line 1-888-XXX-XXXX
 Contact local operator for int'l calls 1-507-XXX-XXXX

Prior Authorization is required for out-of-network inpatient hospital services. For additional information related to prior authorization requirements, pre-admission certification, air ambulance inquiry, and other benefit information, contact MMSI customer service. Medical Claims administered by MMSI. This card does not prove membership or guarantee coverage.

Submit Medical Claims to:
 MMSI
 4001 41st Street NW
 Rochester, MN 55901-8901
 EDI Payer ID # 41154

MMSI Customer Service:
 1-800-635-6671 or TDD 1-800-407-2442
 Local 507-266-5580
www.MMSIservices.com

To locate an America's PPO network provider in Minnesota:
 Call 1-800-XXX-XXXX or visit WWW.MMSIservices.com. Provider participation must be verified before rendering services.

Services outside of Minnesota:
 Present NHBC National Access Program ID and primary ID card.

Subject	Description	Example
ID	All numbers, 12 numbers	123456789123
Group	All numbers, 5 numbers	54321
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as America's PPO in the Financial Class field in GE and manually enter the name of the insurance in the plan free text field in the follow-up questions in GE (HealthEZ, Meritain, MMSI) •Enter claims address that is on the card in the Insurance Company Address fields in the follow-up questions in GE. •Can verify eligibility on the website or call 	



Blue Cross Blue Shield



Non-MN plans B03



B04



B09



Blue Plus MN Healthcare Programs G04



Blue Plus K01



K03



BCBS Non MN – B03

BlueCross BlueShield of Geography Blue Product ALPHA Employer Group

Member Name: _____
 Member ID: XYZ123456789
 Group No. 023457
 Benefit Plan HIOPT
 Effective Date 00/00/00
 Plan Code 123

Dependents:
 Dependent One: _____
 Dependent Two: _____
 Dependent Three: _____

Plan PPO
 Office Visit \$15
 Specialist Copay \$15
 Emergency \$75
 Deductible \$50

PPO R

www.BluePlan.com

BlueCross BlueShield of Geography

Customer Service: 1-800-234-5678 x1234
 Behavioral Health: 1-800-887-6543 x1234
 Outside of Area: 1-800-810-2583 x1234
 Eligibility: 1-800-676-2583 x1234
 Pharmacy Benefits*: 1-800-888-1234

Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

Hospitals or physicians: file claims with your local BlueCross and/or BlueShield Plan.

BlueCross and BlueShield of Geography provides administrative services and does not assume any financial risk for claims.

BlueCross and BlueShield of Geography
 P.O. Box 01234
 City, State 01234-1234
 An independent licensee of the BlueCross and BlueShield Association.

BETA Pharmacy Management
 Pharmacy benefits administrator—
 not a BlueCross BlueShield product.

Subject	Description	Example
ID	3 letters +9 numbers	XZY123456789
Group	All numbers, no letters	023457
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as BCBS non MN- B03 in the Insurance Company field in GE. •Enter state initials in the “Plan Free - Text field in the follow-up questions. •Enter customer service phone number in GE from the back of the card •Verify in GE. ID number is required. •During downtime, verify in Healthia. 	Insurance Company: BCBS non MN Plan Name Free-Text: IA



BCBS of MN– B04

Group Number ID

Subscriber ID

Subject	Description	Example
ID	Begins with 3 letters followed by 12 numbers	JZP123456789123
Group	•8 Numbers (will NOT contain letters)	12345678
Subscriber	<ul style="list-style-type: none"> •This plan does not have a two digit person code, parent is the subscriber . •Note- the 01 at the end of the ID number is NOT a person code 	JZK506181796001
GE	<ul style="list-style-type: none"> •Code as BCBS of MN- B04 in the Insurance Company field in GE. •Enter ID and Group number in appropriate fields •Verify in GE. ID number is required. •During downtime, verify in Healthia. 	



Blue Plus MN Healthcare Programs – G04

Minnesota care


Name	GRP	PP1XX-XX	
Subscriber's Name	PCP - Clinic's Name		
ID	Member #		
XZG 809999999	00		

Svc Types		Dental Network	CIVICSMILES
Office Visit Copay	3.00	Dental Copay	NONE
Er Copay	NONE		
Non-ER Copay	3.50	Care Type	MN HLTH CARE PROG
Eyeglass Copay	25.00	RxBIN	610455
Brand name Copay	3.00	RxPCN	PGIGN
Generic Copay	3.00		
RxNetwork	SE:ECT		

Subject	Description	Example
ID	Starts with "XZG8" followed by the PMI	XZG80XXXXXXXX
Group	Begins with the letters PP	PP1XX-XX PP0XX-XX
Subscriber	Self	
GE	<ul style="list-style-type: none"> •Enter as Blue Plus- MN Healthcare Programs-G04 (PMAP) in the Insurance Company field in GE. •Verify in GE. ID number is required. •During downtime, verify in Healthia. 	



Blue Plus – K01



**BlueCross BlueShield
of Minnesota**

Name
00 ELIZABETH SAMPLENAME

Grp XXXXX-XX

ID
XZAXZ1234567

Svc Type
Office Copay \$
ER Copay \$
Retail Health Copay NONE
RxNetwork SELECT

Care Type
RxBIN 610455
RxPCN PGIGN

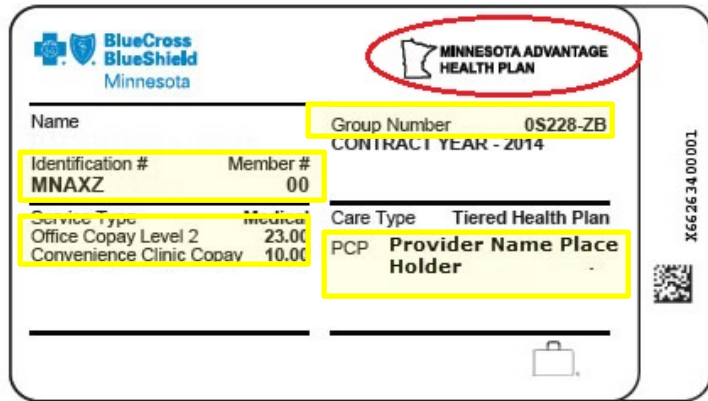
XXX

SYMBOLS PRINT HERE

Subject	Description	Example
ID	Begins with 5 letter “_ _ _ XZ” followed by 7 numbers	XZAXZ1234567
Group	Has a ‘Z’ in the 2 nd to last spot, usually starts with ‘PP’	PPXXX-ZX PPXXX-ZX
Subscriber	Self	
GE	<ul style="list-style-type: none"> •Enter as Blue Plus-K01 in the Insurance Company field in GE. •Verify in GE. ID number is required. •During downtime, verify in Healthia. 	



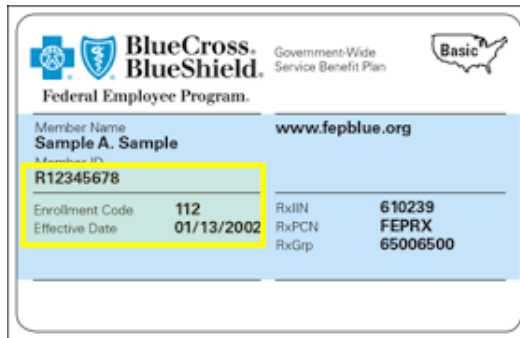
BCBS Advantage Plan – B09



Subject	Description	Example
ID	<ul style="list-style-type: none"> • Begins with 3 letters followed by 11 numbers • No person code on the end 	JZP90125349501
Group	<ul style="list-style-type: none"> • Contains only 8 Digits, no letters. • State of MN Employees the group number is 10277887 	12345678
Subscriber	<ul style="list-style-type: none"> • This plan does not have a two digit person code, parent is the subscriber . • Note- the 01 at the end of the ID number is NOT a person code 	JZK506181796001
GE	<ul style="list-style-type: none"> • Code as BCBS of MN- B09 in the Insurance Company field in GE. • Enter ID and Group number in appropriate fields • Verify in GE. ID number is required. • During downtime, verify in Healthia. 	



BCBS Federal– K03



Subject	Description	Example
ID	Begins with an “R” + 8 numbers	R12345678
Group	<ul style="list-style-type: none"> •There are three plan options: •Standard option (group # 0S500-03) •Basic Option (group # 0S500-02) •Basic Consumer Option (0S500-04) 	0S500-03 0S500-02 0S500-04
Subscriber	Parent is the subscriber	
GE	<ul style="list-style-type: none"> •Code as BCBS-Federal- K03 in the Insurance Company field in GE. •Always enter customer service phone number in the insurance company contact number field •Add ID and Group in appropriate fields •Verify insurance in GE •During downtime, verify in Healthia. 	



Birthday Rule

What is the birthday rule?

- ***Birthday rule: the health plan of the parent whose birthday comes first in the calendar year will be considered the primary plan.***
 - Example: Mom's birthday is in January. Dad's birthday is in February. Mom's insurance plan would be primary because her birthday is first in the calendar year.
- Used by insurance companies if a member has two insurance policies to determine which policy is primary

Exception	Primary Plan Determinant
Parents with the same Birthday	Primary plan is parent who has had their plan longer
Divorced or separated	Parent who has legal custody. If the parent with custody is re-married, the new spouse's plan would be secondary. The plan of the parent without custody would pay any additional expenses not covered
One parent has insurance through an employer. Other parent has Cobra.	Plan of the currently employed parent would be primary.
Group plans	Group plans are considered primary over individual plans.



Behavioral Health Insurance

- Behavioral Health insurance plans:
 - Beacon Health Options - H50
 - Commercial Insurance - C01
 - Magellan Health – B50
 - Medica Choice UBH – J04
 - Optum Behavioral Health – UBH – U50
- Always add the behavioral Health insurance plan secondary to the primary plan it belongs with.
 - Example: If the patient has UHC primary and Medica Secondary, you would add UHC primary, Optum Behavioral Health – UBH secondary and Medica tertiary.

Process Type	Process Description
Inpatient	First Visit: <ul style="list-style-type: none"> •Use action code ZI to add insurance at the registration level and the visit level. •Based on the charge, the system will bill the correct insurance All other visits: <ul style="list-style-type: none"> • When the visit comes from Cerner, the system will automatically pull all insurances to the visit. •Based on the charge, the system will bill the correct insurance.
Outpatient	First Visit: <ul style="list-style-type: none"> •Use action code ZI to add insurance at the registration level and the visit level. •At the visit level, delete the primary insurance All other visits: <ul style="list-style-type: none"> •When the visit comes from Cerner, the system will automatically pull the behavioral health insurance only to the visit based on the visit type.



Cigna HealthPartners – T02



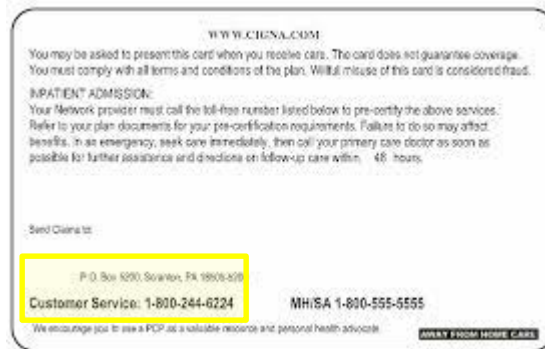
Cigna – T02



Subject	Description	Example
ID	9 numbers	188888814
Group	8 numbers	1234567
Subscriber	Subscriber is self	
GE	<ul style="list-style-type: none"> •Code as Cigna- T02 in the Insurance Company field in GE. •Enter Cigna in plan name free text field in the follow-up questions. •Enter address from the back of the card •Call to verify eligibility 	



Cigna HealthPartners – T02



Subject	Description	Example
ID	Starts with a U + 8 numbers Person code at the end of the ID (01)	U12345678 01 01
Group	7 numbers	1234567
Subscriber	Has a person code at the end of the ID- subscriber is self	John Public
GE	<ul style="list-style-type: none"> •Code as "Cigna-HP-T02 in the Insurance Company field in GE. •Verify insurance in GE •During downtime, verify in Healthia. 	(APWU,SAMBA,MVP)



Commercial Insurance C01, C02, C03

How to add C01, C02, C03 in GE

Examples include but are not limited to:



Commercial Insurance – C01,C02,C03

- C01 – Primary insurance
- C02 – Secondary insurance
- C03 – Tertiary insurance

Manage Insurance Information

FSC	Ins Company	Eff Date	Exp Dt	Rel to Subcr	Subs
-----	-------------	----------	--------	--------------	------

Select FSC by Ins. Company

Insurance Company: [Search]

Financial Class: **C01** [Search]

Payer ID: [Search]

Using the Z1 action code, enter C01, C02 or C03 in the Financial Class field.

Insurance Company :

Plan Name-Free Text: Coventry Health Care

Insurance Company Address Line 1: 123 TEST ADDRESS N

Insurance Company Address Line 2:

Insurance Company City,State: MINNEAPOLIS,MN

Insurance Company Zip Code: 55111

Insurance Company Country: US

Insurance Company Contact Name:

Insurance Company Contact Number: 1-800-123-4567

Eligibility Last Received:

Eligibility Status:

Eligibility Reviewed By:

Eligibility Reviewed Date:

In this follow-up questions, enter insurance company name in the Plan Name Free Text field as well as the address and phone number.



Commercial Insurance – Assurant Health



Assurant Health Access

Policy: XXXXXXXXXXXX

For network provider information visit www.Assuranthealth.com/finn or call 1-888-367-3102

This card does not guarantee benefits.

TO PROVIDERS: Use Subscriber Policy number when billing.

Providers: send your electronic claims to Assurant Health via WebMD, Payor #39065 or mail a standard form to Assurant Health, P.O. Box 2806, Clinton, IA 52733-2806.

Customer Service: 1-800-392-0240

Assurant Health is the brand name for products underwritten and Issued by Time Insurance Company.

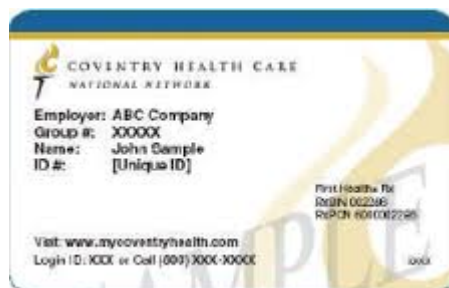
Visit us at www.assuranthealth.com



Subject	Description	Example
ID	10 numbers	9999999999
Group	Call for group number	
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none"> •Code as Commercial in the Financial Class field in GE. •If insurance is not listed in the insurance company field, enter plan name in the Plan Name Free Text follow-up question. •Enter address and phone number from the card •Call to verify eligibility and group number 	Commercial- Assurant Health



Commercial Insurance – Coventry Health Care



Subject	Description	Example
ID	ID will vary but will be located next to “member ID”	
Group	Group will vary but will be located next to “group ID	
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none"> •Code as Commercial in the Financial Class field in GE. •If insurance is not listed in the insurance company field, enter plan name in the Plan Name Free Text follow-up question. •Enter address and phone number from the card •Can sometimes be verified online through Emdeon under Coventry 	



Commercial Insurance – Humana

HUMANA. PPO

MEMBER ID 9999999999 GROUP NUMBER 77777777

MEMBER NAME Last Name First Name EFFECTIVE DATE MM/DD/YY

MEDICAL COVERAGE PPO NETWORK OFFICE COPAYMENT \$xx.xx

 EMERGENCY ROOM \$xx.xx

COPAYMENT

Present this card to your provider at the time services are rendered. Precertification is required, please call 1-xxx-xxx-xxxx. For more information, refer to your Certificate of Coverage Benefit and Claims Information: 1-xxx-xxx-xxxx. Enrollment Changes: Contact your local HR representative. Provider Verification: to verify if your doctor, hospital, or facility is in the ChoiceCare Network: Call 1-xxx-xxx-xxxx.

This plan provides automatic assignment of benefits to the provider. Mail itemized bills, including diagnosis to the Plan Supervisor at:

Attn: Claims Department
 Payor's Name
 Payor's Claims Department Address
 Payor's Claims Department City, State, Zip Code
 Payor's Offering Statement

Subject	Description	Example
ID	10 numbers	9999999999
Group	8 numbers	77777777
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none"> •Code as Commercial in the Financial Class field in GE. •If insurance is not listed in the insurance company field, enter plan name in the Plan Name Free Text follow-up question. •Enter address and phone number from the card •Call to verify eligibility 	



Commercial Insurance – Portico

Fairview Egan Clinic
(651) 406- 8860



ID #: XXXXXXXXXXXX
Group #: XXXXXX-XXXX XXXXX
RX Group#: XXXXX-XX **RX ID#:** XXXXXXXXXXXX
 Co-payments:
 RGS/PROPAR PGIGN NonRoutineOffice: \$10 UrgentCare: \$20.00
 Rx Coverage: GODNET Specialty: \$20.00 PT/OT/BH: \$10.00
 (follow BCBS formulary) (No ER or IP Coverage)

Portico Healthnet is not an insurance plan or an HMO

Go to your Portico primary clinic listed on the front of this card for care. If you need services not provided at this clinic, you will need a referral from your primary care doctor. Portico Healthnet does not pay for hospital care, emergency room, or dental care. If hospitalized, call Portico at (651)603-5100 within 48 hours for help applying for Medical Assistance.

Emergency Care: Call your primary care clinic for direction on how to care for illness, injury or mental health crisis. If the emergency is life- threatening call 911
Urgent Care: Fairview Egan Clinic
 1440 Duckwood Dr. Eagan MN 55122
 Phone: (651) 406-8877
Pharmacy Info: To locate a Goldnet Participating pharmacy call 1-(800)-509-0545
General Info: Call Portico Healthnet at (651) 603-5100
Claims Submitted: Submit claims electronically to Ucare.
 For questions call (651) 603-5100

Subject	Description	Example
ID	10 numbers	9999999999
Group	8 numbers	77777777
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none"> •Code as Commercial and enter plan name in the Financial Class field in GE. •Enter plan name in the Plan Name Free Text follow-up question. •Enter address and phone number from the card •Call to verify eligibility 	



Community Partnerships – Z12

The community Partnership plan will be used for patients who have elected not to apply or utilize traditional or state sponsored insurance. These families have instead elected to be self pay using a cost-sharing organization or who are part of a community which pools its money to cover the medical costs of the community members.

- Examples: Amish families, Christian Ministries, etc.



CompCare Blue

CompCare Blue – B01 CompCare PMAP – G07



CompCare Blue - B01

Subject	Description	Example
ID	10 numbers	9999999999
Group	Call for group number	
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none">•Code as CompCare Blue – B01 in the Insurance Company field in GE.•Call to verify eligibility and group number	Commercial- Assurant Health



CompCare PMAP- G07

Subject	Description	Example
ID	10 numbers	9999999999
Group	Call for group number	
Subscriber	Subscriber is the patient	
GE	<ul style="list-style-type: none">•This is a WI PMAP (MA)•Code as CompCare Blue MA-G07 in the Insurance Company field in GE.•Call to verify eligibility	

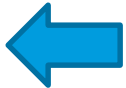


Coordination of Benefits

What is coordination of benefits?

Coordination of benefits is when the patient's insurance company is wondering if the patient has other insurance coverage.

- Insurance companies will send out a form to the family asking if they have other insurance coverage
- Some insurance companies ask the family yearly to complete the form or contact the insurance company
- Claims are denied for coordination of benefits (COB) until the family returns the form or contacts their insurance company



Effective/Expiration Dates

It is important to add effective dates and expiration dates to insurance plans in GE.

- Effective/Expiration dates are found in the follow-up questions for a plan
- Only delete a plan in GE if it is the wrong insurance for a patient.
- Effective/Expiration dates will help us drive billing to ensure we are billing the correct plan for a visit.

Process Type	Process Description
Effective Dates	<ul style="list-style-type: none"> • Use action code ZI to add insurance at the registration level and the visit level. • In the follow-up questions, add the effective date. • If you know the exact start date of the insurance you can add that as the effective date. • If you do not know the exact start date of the insurance, enter T-1. This will ensure that the plan will be effective in GE for the visit.
Expiration Dates	<p>Expire old insurance:</p> <ul style="list-style-type: none"> • Use action code ZI to add expiration date at the registration level and the visit level. • Add an expiration date of T-1 <p>Add new insurance:</p> <ul style="list-style-type: none"> • After you expire the insurance, add the new insurance with an effective date of T(today). • If the patient is self pay, select a self pay plan with the effective date of T (today).



Financial Assistance

What is Financial Assistance?

Financial Assistance is a program offered by Children's where families can apply to receive a discount on their balance.

- These plans codes are entered in GE by the Financial Resources staff if a family qualifies for CFA
- Patient is qualified for 1 year and can reapply every year
- Entered in GE under Z05, Z07, Z08 or Z09.
- Do NOT add, remove, or change these plans if you see them on a patients account or visit.
- If you have questions on an account or visit, please contact the Patient Registration supervisors, trainers or FACES staff.



First Health – H02



First Health – H02

First Health Network

Employer's Name

MEMBER NUMBER: 123456789
 EFFECTIVE DATE: 01/01/2011
 GROUP NUMBER: 99999

INSURED NAME: John Doe
 PPO OFFICE CO-PAYMENT: \$10.00

MEDICAL COVERAGE
 Emergency Room: \$50.00
 Family:

Contact Information
 Benefits/Eligibility: 800-434-7644
 Provider Locator Assistance: 800-336-8334
 Provider Locator Website: www.childrensfirst.com

This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.

Electronic (EDS) Claims should be sent to:
 Client/Payer ID: 99999

All claims with approved bills, including diagnosis, should be mailed to:
 Client/Insurer, P.O. Box 1000, Anytown, USA.

Subject	Description	Example
ID	9 numbers	
Group		
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none"> •Code as First Health-H02 in the Insurance Company field in GE. •Enter address on the card into insurance address 	



Great West – H16

Great-West[®]
HEALTHCARE



Great West – H16

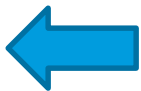
Great-West®
HEALTHCARE

Company Name
RxBIN XXXXXX
RxPCN XX
RxGRP XXXX
Issuer
Grou Plan 050934

ID Employee SSN
Copay:
Primary Care \$20 Specialty: \$20

Submit All Claims To
Great West Healthcare
1000 Grant West Drive
Kennett, MO 63857
Payor ID# 6005
Members & Providers call
1-800-663-6081

Subject	Description	Example
ID	Subscriber's SSN	XXX-XX-XXXX
Group		050934
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none"> •Code as Great West-H16 in the Insurance Company field in GE •Type in customer service/eligibility phone number •Relationship to patient: select correct relationship from the drop down box •Person code: 00= cardholder, 01=spouse, 02,03,04=dependent (in birth order) 	



Guarantor Orgs

Adding Guarantor Orgs to a visit:

Select FSC by Ins. Company

Insurance Company:

Abbott Northwestern Shared Patient Acct/19500372

Financial Class:

CONTRACT

Process Type	Process Description
Guarantor Org	<ul style="list-style-type: none"> In Cerner, check the check box that asks if someone else is responsible for the visit. This check box will interface to GE. <p>First visit for the patient:</p> <ul style="list-style-type: none"> Use action code ZI to add insurance at the registration level and the visit level. Add patient's insurance first. In the Insurance Company field, select specific guarantor org from the list. The financial class field will populate based on the GORG that was selected All insurances will pull to the first visit. You will need to delete the patients insurance so the only insurance on the visit is the guarantor org. <p>All other visits:</p> <ul style="list-style-type: none"> When the visit comes from Cerner, the system will automatically pull the guarantor org plan and FCS to the visit based on the check box being checked.



HealthNet Military

HealthNet Military
P02



HealthNet Military – P02

Subject	Description	Example
ID	SSN of the member of the military, 9 numbers	123456789
Subscriber	Parent is the subscriber	
Tricare Consent (Inpatient)	<ul style="list-style-type: none"> •Tricare consent form must be completed and signed •After consent is scanned into the encounter, give consent to the person that signed the form 	
GE	<ul style="list-style-type: none"> •Code as HealthNet Military – P02 in the insurance company field in GE. •Code as Managed Health Network – P50 for the Behavioral Health component of HealthNet Military •Scan Tricare consent into visit in GE •Enter “yes” in the special message given follow-up question. •Fill in military rank, status, services, base, etc. in the follow-up questions. •Birthday rule does not apply •Secondary to other health insurances •Primary to MA 	See above- back of card.



HealthPartners



HealthPartners Care MN Healthcare Programs – G01



HealthPartners – T01

HealthPartners
 ID: 55555555 Group: 0001 January
 Name: JANE K. DOE
 Care Type: CARETYPE
 Office: \$Office1
 ER: SER1
 Urgent: \$UC1
 Deductible: \$Ded1

Emergency & Urgently Needed Care 10/12
 For emergency situations, call 911 and/or get medical attention immediately.
 For medical advice call the CareLineSM nurse service any time at 612-339-3663 or 800-551-0659 or call your clinic.
Pre-certification
 Contact CareCheckSM at 952-883-6400 or 800-316-9807 for any admission at an out-of-network hospital or facility.
Claims Submission: Provider: healthpartners.com/electronicconnectivity
 Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN, 55440-1289.
Pharmacy: Provider: healthpartners.com/formulary
Member Services:
 HealthPartners Member Services, P.O. Box 1309, Minneapolis, MN, 55440-1309.
 Phone 652-463-5000 or 800-463-2177.
 Minnesota Commissioner of Health Appeals: phone 651-201-5100 or 800-657-3916.
 Coverage includes optometry care through the PHCS network.
AWAY FROM HOME CARE Offered by HealthPartners Insurance Co

Subject	Description	Example
ID	8 numbers	55555555
Group	4 numbers	0001
Subscriber	Subscriber is self	
GE	<ul style="list-style-type: none"> •Code as Health Partners- T01 in the Insurance Company field in GE. •Code through an employer •Verify eligibility in GE •During downtime, verify in Healthia. 	



HealthPartners MN Healthcare Programs – G08

HealthPartners

ID: 12345678 Group: 4183 Renewal Mo: January
 Name: JANE A DOE
 Care Type: HealthPartners Care PMI####

Office: \$0.00
 Rx BIN 817142/RxPCH MNPRO01 See Contract
 RxGep HMM87
 ER: \$0.00
 Urgent: \$0.00
 Deductible: \$0.00

PCP Code FCP or Network: PCP Phone: 888-888-8888
 Medical: ABC ABC CLINIC

Emergency & Urgently Needed Care
 For emergency situations, call 911 and/or get medical attention immediately.
 For medical advice call the CareLineSM nurse service any time at 912-229-2682 or 800-551-0858 or call your clinic at 888-888-8888.

Hospital Admissions: Contact CareCheckSM at 888-278-8000 for any admission at an out-of-network hospital or facility.

Claims Submission
 Medical: HealthPartners Claims, P.O. Box 1288, Minneapolis, MN 55402-1288
 Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172

Member Services: Call HealthPartners Member Services at 952-847-7996; 888-485-8880; or TTY/TDD (for hearing impaired only): 800-822-6000; 800-443-0158. Or write to P.O. Box 1943.

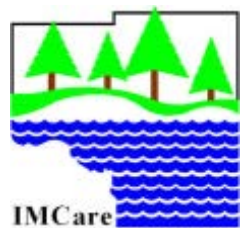
StateCare: 800-882-7228 or 844-298-1139.
 To file a State Fair Hearing, please send your request to: Appeals Division/Department of Human Services, PO Box 64661, St. Paul, MN 55164-0661. Or, for your request to: 651-434-7523. A State Ombudsman searchable file to help you with your problem. This can also help you request a State Fair Hearing. You may call them at 651-431-2600 or toll free at 1-800-657-0229.

healthpartners.com Offered by HealthPartners

Subject	Description	Example
ID	8 numbers	12345678
Group	4 numbers- will be 4183 or 4190	4183 or 4190
Subscriber	Subscriber is self	
GE	<ul style="list-style-type: none"> •Code as Health Partners Care Minnesota Healthcare Programs- G08 in the Insurance Company field in GE. •Health partners ID number is the policy number •PMI number is listed on the card •Verify eligibility in GE •During downtime, verify in Healthia. 	



Itasca Medical Care – G11



Itasca Medical Care – G11

Itasca Medical Care (IMCare) Personal Identification Card

RxBIN: XXXXXX RxPCN: XXX

RxGRP:XXXX XXXX

Issuer: XXXXX

ID#

Name

Care Type ITAK

SVC Type: Minnesota Healthcare Program

Chiropractor NO PROVIDER ASSIGNED

Pharmacy OTT DRUG

Physician/Clinic EH- DEER RIVER
(218) XXX-XXXX



Send claims to:

Itasca Medical Care, PO Box 830912, Birmingham, AL 35283

Pharmacy Help Desk: 1-800-XXX-XXXX

Member Services: 1-218-XXX-XXXX

Appeals/Grievances: 218-XXX-XXXX

IMCare Toll Free: 1-800-XXX-XXXX

TDD/TTY: 1-800-XXX-XXXX

Emergency Care: Contact the PCP on the front of this card as soon as possible. In emergencies that need treatment right away, either call 911 or go to the nearest emergency room.

To file a complaint with the State Managed Health Care Ombudsman, call toll free 1-800-XXX-XXXX (greater Minnesota) or 651-XXX-XXXX (metro)

For appeals, write to the MN Department of Human Services, Appeals Office, PO Box 64941, St. Paul, MN 55164-0941

Subject	Description	Example
ID		
Group		
Subscriber	Subscriber is self/patient	
GE	<ul style="list-style-type: none"> •Code as Itasca Medical Care- G11 in the Insurance Company field in GE. •Verify under Medicaid as a PMAP •Enter claim address and phone number 	



Important Insurance Information

Group Number	<ul style="list-style-type: none"> • Can also be called the account, account number, plan number, or company number • Some have both letters and numbers; some only have numbers • Some plans do not have a group number
Policy number (ID number)	<ul style="list-style-type: none"> • Can also be called member number, subscriber number, or ID number • If there is no identifiable ID number, you may enter the SSN of the policyholder as the ID number
Person Code and an identifier	<ul style="list-style-type: none"> • Many insurance companies use a 2 digit person code to identify which member of the family is receiving services • The person code for the policy holder is always 00 • For other members covered under the plan it would be listed sequentially by age of the member (01,02,03) • Depending on the type of insurance, you may or may not be required to enter the person code
Telephone numbers	<ul style="list-style-type: none"> • Phone numbers are used for to verify eligibility, benefits, or to contact customer service • Please enter telephone numbers into GE from the card in the Insurance Company Contact Number field.
Claims address	<ul style="list-style-type: none"> • When choosing the code for “commercial insurance” you will need to type in the claims address on the card • For coded plans listed in Cerner, the address may be hard coded
Copay	<ul style="list-style-type: none"> • Copays for office visits, emergency room visits, or urgent care visits may be listed on the card. • You can also find this information on the Patient Responsibility (IR) screen in GE.



Labor Care – U04



Labor Care – U04





John Doe
Member ID # 405076

2014 Indiv Deductible \$ 750
2014 Family Deductible \$ 2,250

LaborCare Group# LC46502	RxBIN 610020
OV Copay \$25	RXPCN PDMI
Providers submit medical claims to: Electronic ID# 00014 Selectcare P.O. Box 830489 Birmingham, AL 35203-0489	RxGRP 99992354

Present this card to almost any retail pharmacy to fill your prescription. For Pharmacy questions contact PDMI at 1-855-296-5902 or visit www.PTSMN.org/Pharmacy.html

For Eligibility or Benefit Questions:
Pipe Trades Services MN
700 Transfer Road
Saint Paul, MN 55114-1420
Phone: 651.645.4540

Network Chiropractic claims to **HSM**
PTSMN Website: www.PTSMN.org

Subject	Description	Example
ID	6 numbers	405076
Group	7 Letters and numbers	LC46502 or TC46502
Subscriber	Subscriber is self/patient	
GE	<ul style="list-style-type: none"> •Code as “Labor Care- U04” in the Insurance Company field in GE •Labor Care-U04 looks like select care card but may have labor care symbol or the group number may start with LC 	



Medica

**Medica Choice
J02**

**Medica Elect
J08**

**Medica Choice
IFB Product
J12**

**Medica Narrow
Network
J13**



Medica Choice – J02

			Members – www.mymedica.com Claims: Medica PO Box 39990, Salt Lake City, UT 84130 Customer Service: 952-445-8000 or 800-952-3455 Hearing Impaired: 800-855-2880 Pharmacists: 800-788-2945 Medica Providers: 800-458-5512 or www.medica.com Notification Services: 888-745-9022 UnitedHealthcare Providers: 877-842-3210 or www.unityhealthcareminn.com Medica Behavioral Health: 800-948-3127 Medica CallLink Nurse Line: 800-952-9457
Payer ID: 94265 ID: 999999999 Group: 99999 Name: JOHN Q DOE Dependents: JANE R DOE DAUGHTER R DOE SON T DOE BABY1 U DOE BABY2 V DOE Care Type: MEDICA CHOICE PASSPORT SVC Type: MEDICAL OV/CONV/US/MS SXX / SXX / SXX / SXX Medica Choice with UnitedHealthcare Choice Plus			

Subject	Description	Example
ID	10 numbers	1234567891
Group	Usually has 5 or 6 numbers	53858
Subscriber	Subscriber is the parent	Parent
GE	<ul style="list-style-type: none"> •Code as Medica Choice- J02 in the Insurance Company field in GE •Verify eligibility in GE •During downtime, verify in Healthia. 	



Medica Elect – J08

MEDICA
 Power ID: 94265
 ID: 999999901 Group: DFLT
 JOHN Q 00180/0088XXXXXX
 CareType: MEDICA ELECT
 PCC Name: PCP CLINIC ON THE LAKE DOWNTOWN
 MyImpact
 Rx BIN: 003585
 Rx PCN: 96590
 OVC0MWURQWER[CDS]
 \$XX / \$XX / \$XX | \$XK | \$XK

Members – www.mymedica.com
 Claims: Medica PO Box 30990, Salt Lake City, UT 84130
 Customer Service: 800-645-8800 or 800-662-3455
 Hearing Impaired: 800-655-2838
 Pharmacists: 800-788-2949
 Providers: 800-450-5512 or www.medica.com
 Medica Behavioral Health: 800-848-8327
 Medica CallLink Nurse Line: 800-662-6467
 Call your Primary Care Clinic to access your health care services.

UnitedHealthcare
 UnitedHealthcare
 Minnesota Department of Commerce Appeals: 651-529-1000 or 800-657-3602

Subject	Description	Example
ID	10 numbers	1234567891
Group	Usually has 5 or 6 numbers	53858
Subscriber	Subscriber is the parent	Parent
GE	<ul style="list-style-type: none"> •Code as Medica Elect- J08 in the Insurance Company field in GE •Verify eligibility in GE •During downtime, verify in Healthia. 	



Medica Choice IFB Product – J12

MEDICA.
Individual & Family Plans

Member ID: 1234567891

ID: 1234567891 Group: **IFB**

Name: John Doe 00

Dependents:
Jane Doe 01 Rt GROUP: MHP16
Joe Doe 02 Rt BIN: 003585
Rt PCN: ASPRODI

Care Type: Applause Silver H MN
SVC Type: Medical

For your best benefits, use the Applause Network

Members- www.medica.com Benefits Effective: 00/00/0000

Claims: Address Line 1
City, State, Zip
Medica Customer Service: 888-592-8211

Pharmacists: 800-788-2949
Providers: 800-458-5512 or www.medica.com
Health Advocate Nurseline: 866-668-6548

Outside your service area, contact
800-678-7427 or multiplan.com

Minnesota Department of Commerce Appeals: 651-539-1600 or 800-657-3602

Subject	Description	Example
ID	10 numbers	1234567891
Group	3 letters- IFB	IFB
Subscriber	Subscriber is the parent	Parent
GE	<ul style="list-style-type: none"> •Code as Medica Choice IFB Product- J12 in the Insurance Company field in GE. •Need to call for eligibility 	

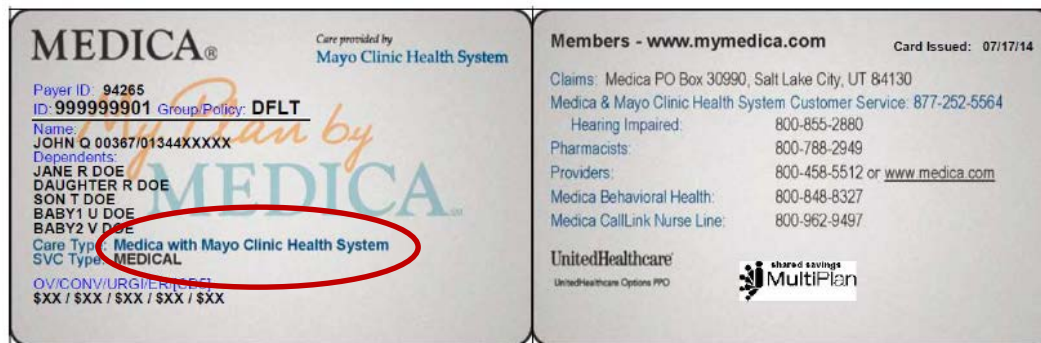


Medica Narrow Network – J13

When the patient's insurance card indicates a Medica insurance plan that is in partnership with the below health systems, code insurance as Medica Narrow Network.

The names of the plans are:

- Fairview and North Memorial Vantage with Medica
- Fairview and North Memorial Vantage with Medica (University of Minnesota employees)
- Fairview and North Memorial Vantage with Medica (University of Minnesota Physicians employees)
- Harmony with Medica and Fairview
- Medica with Mayo Clinic (Individual plan)
- Medica with Mayo Clinic Health System (Group plan)
- North Memorial Acclaim by Park Nicollet First with Medica
- Inspiration Health by HealthEast and MedicaSM (Individual plan)
- Inspiration Health by HealthEast with Medica (Group plan)
- Inspiration Health by HealthEast with Medica (HealthEast employees)
- North Memorial Acclaim by Medica
- Park Nicollet First with Medica
- Ridgeview Connect with Medica
- Ridgeview Community Network



Medicaid

**Medicaid Out of
Region
Q02**

**Medicaid ND
Q10**

**Medicaid SD
Q011**

**Medicaid IA
Q12**

**Medicaid MA
X05**

**Medicaid Family Planning
Program
X21**



Medicaid – Out of Region Q02

Subject	Description	Example
Subscriber	Subscriber is self/patient	Self/Patient
GE	<ul style="list-style-type: none"> • Code as Medicaid – Out of Region (Q02) in the Financial Class field in GE. • If insurance is not listed in the insurance company field, enter plan name in the Plan Name Free Text follow-up question. • Enter address and phone number from the card 	

Manage Insurance Information

#	FSC	Ins Company	Eff Date	Exp Dt

Select FSC by Ins. Company

Insurance Company:

Financial Class:

Plan Name-Free Text:

Insurance Company Address Line 1:

Insurance Company Address Line 2:

Insurance Company City,State:

Insurance Company Zip Code:

Insurance Company Country:

Insurance Company Contact Name:

Insurance Company Contact Number:



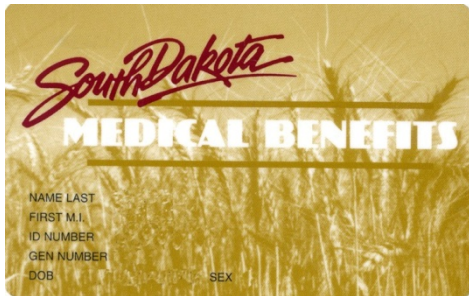
Medicaid ND – Q10



Subject	Description	Example
Subscriber	Subscriber is self/patient	Self/Patient
GE	• Code as Medicaid ND – Q10 in the Insurance Company field in GE	
Other Information	For North Dakota Medicaid, any pre-scheduled, pre-planned test, appointment, or surgery needs authorization. ALWAYS re-direct to the Access team.	



Medicaid SD– Q11



Subject	Description	Example
Subscriber	Subscriber is self/patient	Self/Patient
GE	<ul style="list-style-type: none">• Code as Medicaid SD – Q11 in the Insurance Company field in GE	
Other Information	For South Dakota Medicaid, any pre-scheduled, pre-planned test, appointment, or surgery needs authorization. ALWAYS re-direct to the Access team.	



Medicaid IA– Q12

IOWA DEPARTMENT OF HUMAN SERVICES
 MEDICAL ASSISTANCE ELIGIBILITY CARD

Month Valid Year
 Aid-Type County

PERSON ID: **RESTRICTED COVERAGE**
PROVIDER TYPE NUMBER

BIRTHDATE:

OTHER INS: **VALID FOR**
SERVICES NOT LISTED UNDER
 RESTRICTED COVERAGE

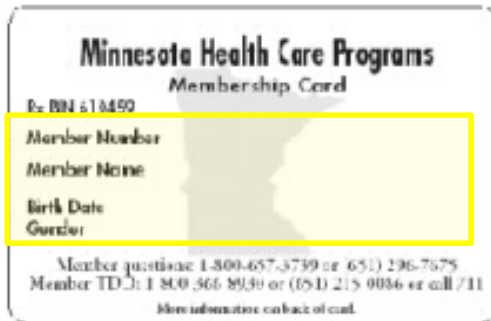
NAME:

Member Services Call Center: 1-800-338-8366
 In the Des Moines area, call 725-1003

Subject	Description	Example
Subscriber	Subscriber is self/patient	Self/Patient
GE	<ul style="list-style-type: none"> • Code as Medicaid IA – Q12 in the Insurance Company field in GE • Verify eligibility in GE 	



Medicaid – MA – X05



Subject	Description	Example
ID	<ul style="list-style-type: none"> •PMI is a life time number •8 digits and often a part of a PMAP ID (but not always) •Check for additional coverage (MA can be secondary) 	0XXXXXXXX
Group	No Group number	
Subscriber	Subscriber is self/patient	Self/Patient
GE	<ul style="list-style-type: none"> •Code as Medicaid MA – X05 in the Insurance Company field in GE •Verify eligibility in GE •During downtime, verify in Healthia. 	



Medicaid Family Planning Program – X21

Subject	Description
GE	<ul style="list-style-type: none">•Confidential program through Medicaid. It is essential that you do NOT discuss this coverage with anyone other than the patient.•Family planning is coverage that allows adolescents to obtain MA insurance coverage for family planning services•It does not cover any other services.•If patient verification shows this as the type of coverage do not enter this plan code. Code as self-pay and give them CFA



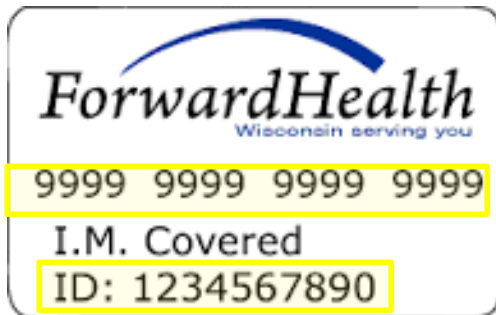
Medicaid – Wisconsin – Q03



WI Medicaid HMO



Medicaid – Wisconsin – Q03



Subject	Description	Example
ID	10 numbers	1234567890
Case #	9999 9999 9999 9999	
Subscriber	Subscriber is self	
GE	<ul style="list-style-type: none"> •Straight WI Medicaid <ul style="list-style-type: none"> •Code Medicaid-Wisconsin-Q03 •Enter ID number in policy number field •Do not enter PMI number •HMO <ul style="list-style-type: none"> •Ask if pt has the card •If no card, enter ID number in the policy number field •Other non-MA coverage <ul style="list-style-type: none"> •Ask for card and verify coverage in GE 	



Medicaid – Wisconsin – Q03

WI Medicaid HMO's
Coded in GE:

Comp Care PMAP – G07

Group Health of Eau Claire
– MA – G14

Unity Health Plan (MA –
Wisconsin) – G03

Security Health Plan – G09

United Healthcare
Community Plan –G22

For others choose the **All
other PMAP – G05** code

<p>Gunderson Lutheran Health 1836 South Avenue La Crosse, WI 54601</p>	<p>Health Tradition HealthPlan Attn:Ucare PO Box 70 Minneapolis, MN 55440 Ph: 608-781-2721 - Group: No group # Policy: WI ID #</p>
<p>United Healthcare Community Plan PO Box 5280 Kingstong, NT 12402-5280 - Patient policy number is the WI ID #</p>	<p>Children's Community Health Plan PO Box 56099 Madison, WI 56705 Ph: 800-482-8010 - Ask pt for the card</p>
<p>Managed Health Services PO Box 3001 Farmington, MO 63640 Ph: 888-713-6180 - Policy #: WI ID # Group: No group #</p>	<p>Abri Health Plan PO Box 270208 West Allis, WI 53227 Ph: 888-999-2404 -Policy #: WI ID #</p>
<p>Security Health Plan of WI PO Box 8000 Marshfield, WI 54449 Ph: 800-791-3044 -OIS will call to get group # -Policy number: NOT WI ID</p>	<p>Network Health Plan PO Box 3001 Farmington, MO 63640 Ph: 888-713-6180 - Policy: Member ID</p>
<p>Dean Health Plan Southeast PO Box 56099 Madison, WI 53705 Ph: 800-482-8010 -Group: M40HCS Policy #: WI ID #</p>	



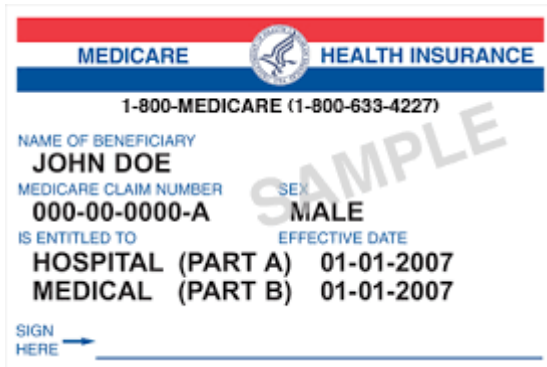
Medicare

Medicare Part A – M01

Medicare Part B – M02



Medicare Part A – M01



MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **01-01-2007**
MEDICAL (PART B) **01-01-2007**

SIGN HERE → _____

Subject	Description	Example
ID	SSN of person whom benefits are through and letter at the end	000-00-0000-A
Subscriber	Subscriber is the patient	Patient
GE	<ul style="list-style-type: none"> •Almost always billed as the primary insurance •Medicare- Part A-M01 <ul style="list-style-type: none"> •Type Medicare Consent Signed in Comments on insurance tab and check Medicare box on General Consent form •Verify eligibility in GE 	



Medicare Part B – M02

MEDICARE HEALTH INSURANCE
 1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **01-01-2007**
MEDICAL (PART B) **01-01-2007**

SIGN HERE → _____

Subject	Description	Example
ID	SSN of person whom benefits are through and letter at the end	000-00-0000-A
Subscriber	Subscriber is the patient	Patient
GE	<ul style="list-style-type: none"> •Almost always billed as the primary insurance •Medicare- Part B- M02 <ul style="list-style-type: none"> •Outpatient- must sign Medicare Consent in Emergency Dept or surgery •Type consent signed in comments on insurance tab and check Medicare box on get consent form •Verify eligibility in GE 	



PHCS – H08



Cherokee Insurance Company



PHCS – H08

PPO
Your Network
PHCS

Subscriber Name
XXXXXX XXXXXX

IN NETWORK \$10 OVC 250/750 DED
OUT OF NETWORK: \$250/750 DED/30% COINS
\$100 ER
UNITY DRUG BENEFIT

ID #
XXXXXXXXXX-01

MEMBER NAME
XXXXXX XXXXXX

Members: You must notify Unity's Medical Management (XXX-XXX-XXXX0 within 48 hours of inpatient hospitalization that were emergent.

Benefit information is available within MyChart at unityhealth.com. Simply request an account at unitymychart.com. An authorization code will be mailed to your home within 30 days. Once you receive your activation code, follow the instructions to activate your account.

Prior Authorizations: You must contact Unity's Medical Management for prior authorization at least 48 hours before all elective (non emergent) hospital admissions, nursing facility admissions, and inpatient rehabilitation. Prior authorization is also required for transplants, genetic testing, home care services, home IV therapy, hospice care, and medical equipment in excess of \$500 total. Some specialty injectable medications administered by professionals require prior authorization. If prior authorization is required, you are responsible for this notification when visiting your provider.

Subject	Description
ID	9 numbers + person code (01)
Subscriber	Subscriber is Parent
GE	<ul style="list-style-type: none"> •Code as PHCS •Enter claims address and name in plan field •Call to verify eligibility

For Provider Network Information:
 For care outside of Wisconsin, call PHCS at (XXX) XXX-XXXX
 For care in Wisconsin, call MultiPlan at (XXX) XXX-XXXX
 You may also use Find a Doctor at unityhealth.com

<p>Customer Service: (XXX) XXX-XXXX (XXX) XXX- XXXX Fax: (XXX) XXX-XXXX Unityhealth.com</p>	<p>Send Claims to: HealthEOS by MultiPlan PO BOX 6000 De Pero, WI 011115-6000 EDI Payor # (Emdeon) 96326</p>
--	---

For members with Unity drug coverage. Pharmacies may use:
 UIN# XXXXXX PCN/RX Group# XXXXX
 24 hour pharmacy: (800) XXX-XXXX

This card is for identification purposes only and does not constitute proof of eligibility .
Unity Health Plan Corporation.



PHCS – H08



Effective Date 01/01/2013
 Household ID # ID# Program 1250
 ID# Member Since: 2007

Copay \$XX Contact Local participating
 Hospital \$XX Information: PHCS providers:
 ER Visit \$XX (800)XXX-XXXX (800)XXX-XXXX
WWW.MyChristianCare.org www.MyChristianCare.org/PHCS

Pre-Notifications 321-308-7777
www.MyChristianCare.org/providers


Bill Processing: PO BOX 674 Sterling IL, 61081

Providers pre-notify by calling Christian Care Ministry at (321) 308-7777. Some services require a pre-eligibility review And providers will be informed if that is the case during the Pre-notification call. If pre-eligibility is not obtained when require, Bills may be denied. Notification or eligibility review or medical bills is Not a guarantee of payment.

Subject	Description
ID	
Subscriber	Subscriber is Parent
GE	<ul style="list-style-type: none"> •Code as PHCS •Enter claims address and name in plan field •Call to verify eligibility




PHCS – H08



Cherokee Insurance Company
PO Box 629, Warren MI 49890

Plan Name: Universal Am Can Ltd.
Group #: 140
Member Name:
Member #:



PLAN REQUIREMENTS
A professional Authorization Must be obtained for all Hospital admissions and Outpatient surgeries. Call Cherokee Insurance at (800) XXX-XXXX

CLAIM FILING
Medical and Dental Providers Cherokee Insurance Company PO Box 629 Warren MI 49890



ELIGIBILITY AND BENEFITS
Verify benefits and eligibility With Cherokee Insurance at (800) XXX-XXXX

For providers not in your primary network. WWW.multiplan.com (800) XXX-XXXX

Card possession does not guarantee eligibility, coverage, or payment

Subject	Description
ID	
Subscriber	Subscriber is Parent
GE	<ul style="list-style-type: none"> •Code as PHCS •Enter claims address and name in plan field •Call to verify eligibility



Preferred One

PreferredOne[®]
Administrative Services
D03

PreferredOne[®]
Community Health
D01



Preferred One – D03



Hennepin County

PreferredHealth Advan+age

Account: PKA20350

NAME: ID:
 FIRST A LAST 80112345600
 FIRST LAST 80112345601
 FIRST LAST 80112345602
 FIRST LAST 80112345603

With Health Incentive
 Deductible \$0
 Office/Chiro \$15
 Urgent Care \$15
 Convenience Care \$15
 ER \$100
 RX \$15/\$40

FIRST 3 VISITS PER MEMBER PER YEAR – NO COPAY
 PCHP/PreOne PPO HR



Present this card when obtaining health care services.

Submit all claims to:
 PreferredOne Administrative Services
 PO Box 50212 Minneapolis, MN 55409-0212

Customer Service: (763) 847-4477 or 1-800-997-1750
 www.preferredone.com/SECIP

Employee Assistance Counseling Program 1-800-657-3719

- Refer to your plan document (Summary Plan Description or Summary of Benefits) or contact Customer Service for information regarding providers, plan benefits, referral procedures and services requiring precertification.
- Notify Customer Service as soon as is reasonably possible when emergencies require hospitalization.
- If you receive a bill, please call Customer Service for assistance or submit the itemized bill by mail.
- Benefits are paid through a self-funded plan sponsored by your employer. PreferredOne Administrative Services provides administrative services only.

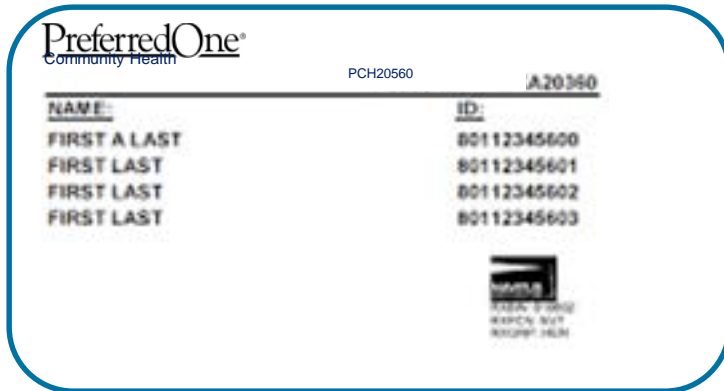
* This card does not guarantee coverage
 Members needing care out of the PreferredOne Networks call PHCS Healthy Directions at 1-800-678-7427 for a PHCS provider.



Subject	Description	Example
ID	9 numbers + person code (01)	12345678901
Group	PKA+5 numbers OR begins with number 5	PKA12345 OR 5XXXX
Subscriber	Subscriber is self	
GE	<ul style="list-style-type: none"> •Code as PKA-Preferred One Administrative-D03 in the Insurance Company field in GE •Verify eligibility in GE •During downtime, verify in Healthia. 	



Preferred One – D01



Subject	Description	Example
ID	9 numbers + person code (01)	12345678901
Group	PCH+5 numbers	PCH12345
Subscriber	Subscriber is self	
GE	<ul style="list-style-type: none"> •Code as PreferredOne Community Health- D01 in the Insurance Company field in GE •Verify eligibility in GE •During downtime, verify in Healthia. 	



PrimeWest Health System – G06



PrimeWest Health System – G06



RXBIN: 610455 PCN: PWEST
 Issuer: PrimeWest Health System
 ID: XXXXXXXX Group: 1003
 Name:
 Care Type: Medical Assistance
 SVC Type: OV \$0
 ER \$0
 RX \$0
 Eyeware \$0
 IP 0%

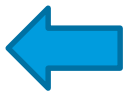
Primary Care Clinic: Hutchinson Medical CTR, PA

Subject	Description	Example
ID	8 numbers, Same as PMI number	12345678
Group	Possible Group Numbers: MA0001 GAMC01 MNCARE SNBC01	MA0001 GAMC01 MNCARE SNBC01
Subscriber	Subscriber is self	
GE	<ul style="list-style-type: none"> •Code as PrimeWest Health System- G06 in the insurance company field in GE •Enter PMI number in the PMI field 	



Second Instance Plans

- Second instance plans are used when the patient has two insurance that are the same plan.
 - Example: HealthPartners primary and HealthPartners secondary.
- Second instance plans include:
 - BCBS Second Instance – B10
 - Health Partners Second Instance – T11
 - Medica Second Instance – J22
 - Preferred One – Managed Care Second Instance – D13
 - Preferred One – PPO Second Instance – D15
- Second instance plans will be added at the registration and visit level in GE.
- You can run eligibility on the second instance plans in GE.



Select Care – U01



Select Care – U01

SOMI

Member
 Employer: Robinson Rubber
 Group#: 492
 Member:
 Member ID:
 Dependents/Coverage
 Name Med Dental
 Name Med Dental
 Name Med Dental

Medical Plan
 Coverage: Family
 SelectCare™ Medical Network
 SOMI MHP SELECT

Dental Plan
 Coverage:
 Family
 PREMIER DENTAL GROUP

Pharmacy Plan
 RxBIN: 004245
www.caremark.com
 Member: 800-XXX-XXXX
 Pharmacy: 800-XXX-XXXX
 TDO: 800-XXX-XXXX

Medical Claims Submission
 Medical Providers (Except for MCR, OMC, & MHS)
 EDI: 00001
 Mail: SelectCare, PO BOX 830489
 Birmingham AL 35283-0489
 800.858.9060
 SOMI-MHP Select network Providers
 (MCR, OMC, & MHS)
 Mail: SOMI
 2145 Ford Parkway, Suite 300
 St. Paul, MN 55116 800.486.7664

Eligibility & Benefits
 To confirm eligibility and/or obtain benefit determinations, please call 651.695.2500 or toll-free 800.486.7664, or visit our website at www.somi.com
 This card is for identification and is not a guarantee of coverage

Dental Claim Submission
 EDI: CX029
 Mail: Premier Dental Group
 PO Box 47126, Plymouth, MN 55447-0126
 800.392.3112 www.premier-dental.com


Dental Plan
 MAIL: SOMI
 2145 Ford Parkway, Suite 300
 St. Paul, MN 55118

Hospital Admission Notification
 Notification of Hospital Admission
 Notification is required on all in-patient hospital admissions. Please call American Health Data Institute (AHD) at 317.284.7140 or toll-free 800.831.1854. Notification of emergency admission must be made on the next business day.
 Failure to provide notification of admission may result in reduction of benefits.

Subject	Description	Example
ID		
Group		
Subscriber	Parent	
GE	•Code as Select Care- U01 in the Insurance Company field in GE	



Select Care – U01



MEMBER NAME:
 ID #: _____ GROUP#: _____
 SOUTHERN MN REGIONAL LEGAL SVC

MED EFF DATE: 03/01/203 COVERAGE TYPE: FAMILY

MAIL PPO CLAIMS TO:
 SELECTCARE
 PO BOX 830489
 BIRMINGHAM AL 35283-0489
 800-858-9060


MAIL ALL OTHER CLAIMS TO:
 BPA
 PO BOX 1128
 EAU CLAIRE WI 54702-1128
 800-236-7789

TO PRE-CERT CALL: AMERICAN HLTH @ 800-226-6334
 Caremark RXBIN: 004336 RXGRP: RX2134 PCN: ADV

Present this card to your doctor or hospital when receiving services

Hospital admission Certification is required by your Health Plan . Failure to do so may result in a benefit reduction.

For questions regarding eligibility, claims, or benefit information contact



715-832-5535 1-800-236-7789

Subject	Description	Example
ID		
Group		
Subscriber	Parent	
GE	•Code as Select Care- U01 in the insurance company field in GE.	



Select Care – U01

WISCONSIN PHYSICIANS SERVICE (wps)

NHIA

Customer Number:

SelectCareSM

Group-Division:

Benefit Information:

Office Visit Copay: \$10

Drug Co-pay: \$3/\$8/\$15

Emer. Room Co-Pay: \$50



PAID Prescriptions L.L.C
Group Number: WPS88
1-800-818-0107

WPS
HEALTH INSURANCE

EPIC
LIFE INSURANCE

Benefits are payable in accordance with the terms of the policy/plan

WPS CUSTOMER SERVICE: (800) 798-8914

PRECERTIFICATION Refer to health plan.

Failure to call my result in reduced benefits

Call (800) 977-7178

SelectCare providers send claims to: SelectCare
PO Box 830489 Birmingham AL 35283-0489

Subject	Description	Example
ID		
Group		
Subscriber	Parent	
GE	•Code as Select Care- U01 in the insurance company field in GE.	



South Country Health Alliance – G10



South Country Health Alliance – G10

SOUTH COUNTRY HEALTH ALLIANCE
Bringing Wellness Home

PMAP

Name: **SAMPLE, JOSEPH Q**
 ID: **XXXXX123401** DOB: **02/10/1961**
 PM#: **XXXX1234** Effective Date: **01/01/14**
 PCP: **MYCLINIC** Date Issued: **01/01/14**
 PCP Phone: **(555)555-5555** Issuer: **80840**

Medical Acct #: **MYACCOUNT**
 Service Type: **MEDICAL/RX**
 Care Type: **SCHA MA** Medicaid PCN **06180000**
 Medicaid Bin: **600428**

Office Visit Copy: Preventive \$0.00; Non-Preventive \$3.00
 Non-Emergency ER Copy: \$3.50; Eyeglasses: \$0.00

Subject	Description	Example
ID	G+PMI number +01	G1234567801
Group	SCHA	SCHA
Subscriber	Patient is the subscriber	
GE	<ul style="list-style-type: none"> •Code as South Country Health Alliance-G10 in the insurance company field in GE. •Enter the group •Enter the PMI number •Enter provider service number 800-995-4543 •Verify eligibility in GE •During downtime, verify in Healthia. 	



Self Pay

Self Pay - Z03, Z06, Z11, Z15, Z99



Self Pay - Z03, Z06, Z11, Z15, Z99

Self Pay Plan	Description
Self Pay – Z03	This plan is used when a patient is truly self pay. They do not have any insurance.
Self Pay By Request – Z06	<p>This plan is used when the patient has insurance but does not want us to bill that insurance for the services provided.</p> <ul style="list-style-type: none"> • This plan should be used at the visit level if it does not apply to all visits. Use action code IF to add at the visit level.
Self Pay Special Handling – Z11	
Self Pay Situational – Z15	<p>Self pay situational will be used in three different instances:</p> <ol style="list-style-type: none"> 1. Left before registration 2. John/Jane Doe 3. Homeless 4. Confidential <p>The plan will be added at the visit level using action code IF.</p>
Self Pay After Insurance – Z99	<ul style="list-style-type: none"> • This plan will always be the last plan on a visit. • It will automatically be added to all visits whether the patient has insurance or is self pay. • If the patient has self pay, they will have a self pay plan and Z99 on the visit.
Notes in GE	<ul style="list-style-type: none"> • Code using the appropriate code above in GE. Depending on the self pay plan, you could be adding at the reg level and the visit level (ZI) or just the Visit Level (IF). • It is mandatory to enter documentation in the notes section <ul style="list-style-type: none"> • Has applied for (name of insurance). Grp#XXXXX. Policy # XXXXXXXXX. • Patient will be added to (dad's, mom's, etc.) (name of insurance). Grp# XXXXX. Policy #XXXXXXXX • Not Eligible for (name of insurance). Grp#XXXXX. Policy#XXXXXXXXX. • If pt has a PMI number, enter it in the PMI field • CFA must be offered to all patients. Complete the required CFA field. Choose Accepted, Declined, or not offered. NOTE: not offered should only be entered when there is no one to offer the documents to (with the exception of NICU or SCN patients)



Ucare

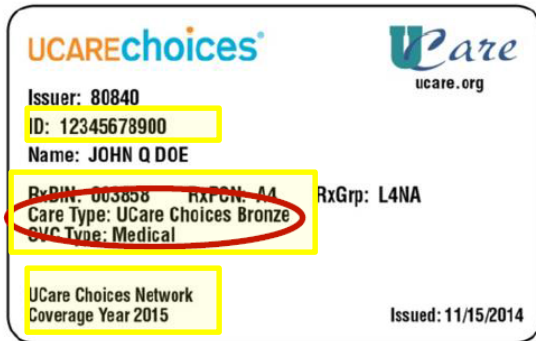
UCAREchoices[®]
H19

Ucare
MA – Y01

Ucare
Minnesota Care
Y02



Ucare Choices – H19



Subject	Description	Example
ID	11 numbers	12345678900
Group	Possible Group Numbers: CHMTZCN101, CHMTZCS101, CHMTZCN201,	
Subscriber		
GE	<ul style="list-style-type: none"> •Code as Ucare Choices- H19 in the insurance company field in GE. •This is a commercial, non-government, plan. Children's is part of the Ucare Choices network but not part of the Fairview Choices Network (located on the bottom left side of the card) 	



Ucare MA – Y01

Subject	Description	Example
ID	11 numbers	12345678900
Group	Possible Group Numbers: MENOMA, MEMTMA, ME62MA0, ME27MA0, MESOMA	
Subscriber	Self/Patient	
GE	<ul style="list-style-type: none">•Code as Ucare MA – Y01 in the insurance company field in GE.•This is a PMAP health care program that pays for medical services for low-income adults, children, and pregnant women in Minnesota.•Verify eligibility in GE•During downtime, verify in Healthia.	



Ucare Minnesota Care – Y02

ucare.org

Issuer: **80840**
 ID: **01234567899** PMI#: **123456**
 Name: **JOHN Q DOE**
 DOB: **dd/mm/yyyy**
 Rx BIN: **003858** Rx PCN: **MA** Rx Grp: **L58A**
 RxID: **01234567899**
 Svc Type: ~~Medical/Dental~~ Group Number: **xxxxxx**
 Care Type: **UCare MinnesotaCare**
Copays
 Non-Preventive Office Visit: **\$x** Glasses: **\$xx**
 Non-Emergency ER: **\$xx** RX Brand/Generic: **\$xx/\$xx**
Coverage Year xxxx

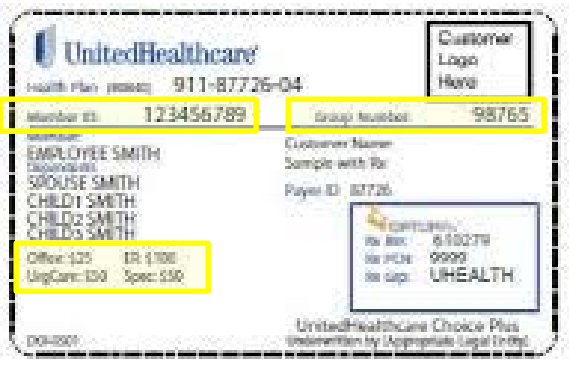
Subject	Description	Example
ID	11 numbers	12345678900
Group	Possible Group Numbers: MNNOMN, MNSOMN, MN62MN, MNMETR, MNHENN	
Subscriber	Self/Patient	
GE	<ul style="list-style-type: none"> •Code as Ucare Minnesota Care- Y02 in the insurance company field in GE. •This is a state medical assistance program for people who can't afford health insurance and pay a monthly premium for coverage. Depends on family's income •Verify eligibility in GE •During downtime, verify in Healthia. 	



United Healthcare



United Healthcare – U05



Subject	Description	Example
ID	9 numbers	123456789
Group	5 numbers	98765
Subscriber	Subscriber is the parent	
GE	<ul style="list-style-type: none"> •Code as United Healthcare- U05 in the Insurance Company field in GE •Verify eligibility in GE •During downtime, verify in Healthia. 	

