

# P R O V I D E R M A N U A L

2013



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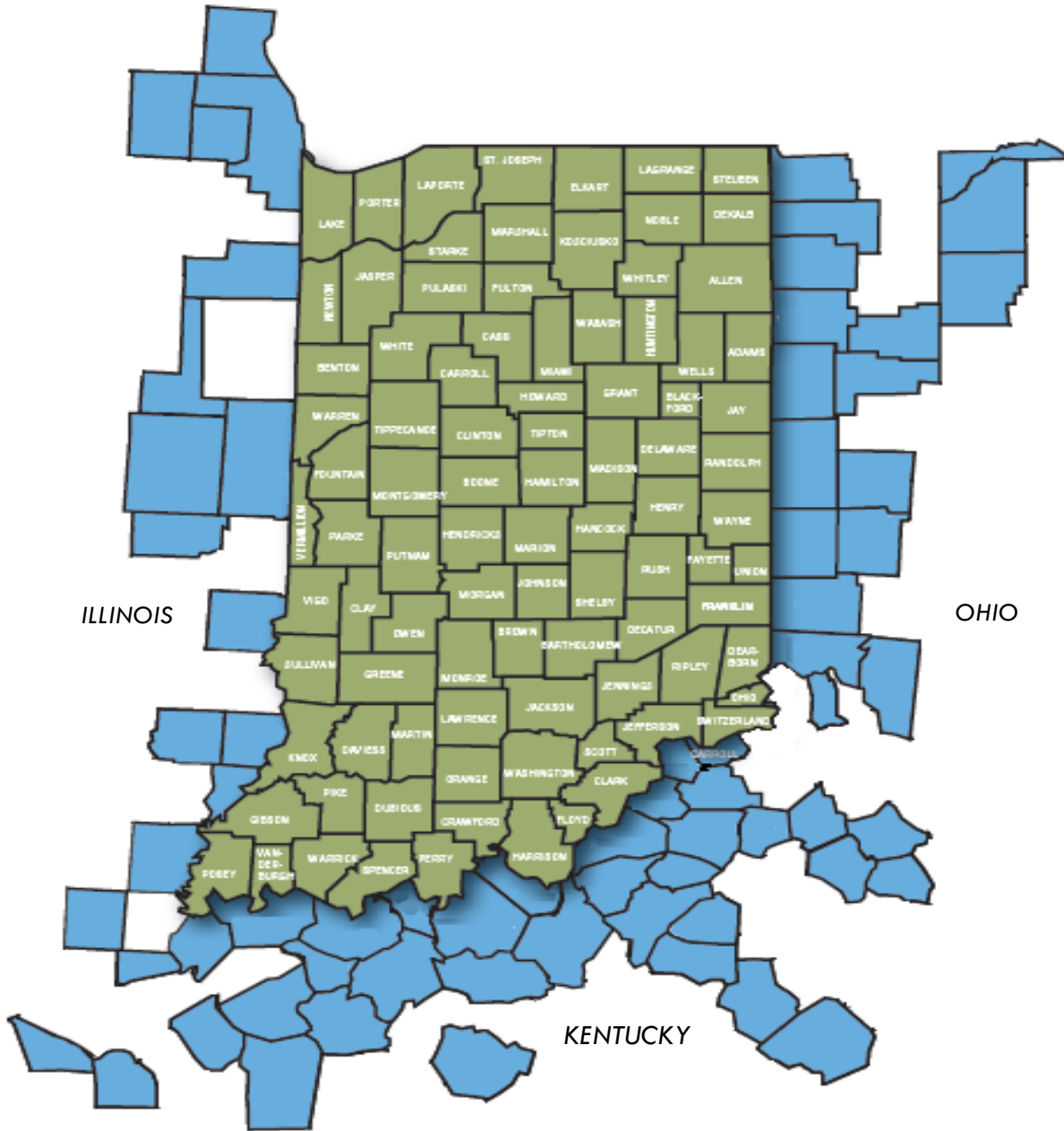


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## ENCORE HEALTH NETWORK



Encore Health Network is the largest provider-owned, Preferred Provider Organization (PPO) in Indiana currently providing network access to more than 486,965 members in Indiana.

Our network comprises of currently over 184 hospitals and more than 58,362 provider and 2,448 ancillary locations in Indiana and the contiguous states of Illinois, Kentucky, Ohio and Michigan.

# NETWORK PRODUCTS

Encore offers payors, employers and members three network products that maximize provider choice and plan savings. These products are:

## ***Encore PPO (Preferred Provider Organization) Network***



The Encore PPO Network is one of Indiana's largest leased PPO networks with access primarily in Indiana and the contiguous states. Understanding the importance of provider choice to our Indiana market, the Encore PPO Network provides the most expansive access.

## ***Encircle EPO (Exclusive Provider Organization) Network***



Understanding the importance of controlling medical costs, Encore has designed the Encircle EPO Network to address those costs. With 49 hospitals and over 21,000 provider locations, Encircle is designed specifically to deliver **maximum savings** for our payors, employers and members in exchange for a smaller quality-based network.

## ***Encircle/Encore Combined Network***



The Encircle/Encore Combined Network offers the best of both worlds: **deep savings** through Encircle and **comprehensive network access** through Encore. The benefit plan uses three tiers. Tier 1 encourages members to use Encircle providers and receive excellent and quality care at the deepest discounts. Members can also get comprehensive access to all Encore providers and savings at Tier 2 benefit levels. Tier 3 is out of network.

## *Encore Workers' Compensation PPO*



As a Preferred Provider Organization (PPO) work comp network, Encore's focus is to give our members access to the finest healthcare providers, facilities, and services available.

No one chooses to be injured on the job. When unforeseen accidents happen, Encore is there, every day, to meet the healthcare needs of Hoosiers throughout the state ensuring members have access to an extensive network of high quality, cost-effective health-care providers. We understand the importance of offering a full spectrum of providers to our members, employers,

and payers. Encore's workers compensation PPO offers employees injured on the job, comfort knowing there is a team of dedicated healthcare professionals taking care of them. Employers have the peace of mind knowing that returning their greatest asset, their employees, back to health and work is the goal through high quality, cost-effective care.

As workers' compensation is medical liability plan governed by Indiana statutes, Encore does not require members to have a member identification card with the Encore logo. Encore requires payers to clearly identify Encore to providers on the Explanation of Benefit (EOB) sent to providers with payment.

Indiana statute allows payers to limit their maximum medical liability on workers' compensation claims to the 80th percentile of usual and customary charges as defined by state statutes. Encore requires payers to clearly identify the Encore PPO discount on the EOB sent to providers with Payment.

Encore is excited to include our Workers' Compensation PPO to our full suite of network offerings. Giving members, employers and payers the option to choose the product that best meets their needs for high quality, cost-effective healthcare.

# NETWORK PRODUCTS

## OneCare™ Network

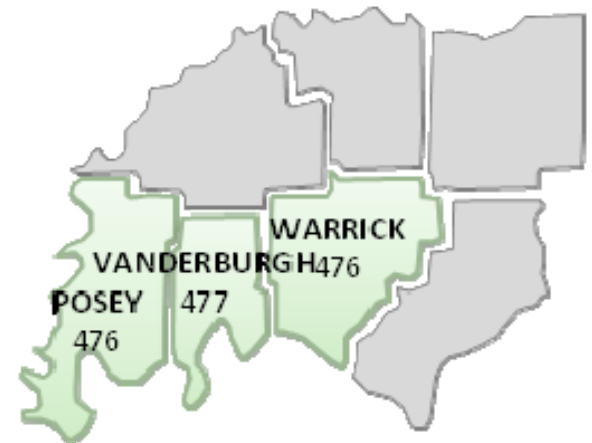


OneCare™ is an Accountable Care Organization (ACO) partnership between Encore Health Network and Deaconess Health System to address the changing needs of the Evansville market and as well as nationally moving to a value based product vs. fee-for-service. The OneCare™ Network is an clinically integrated accountable care based health benefits product that improves patient experience, community health and affordability. This closed panel product network

provides members with exclusive access to the best commercial pricing available within the market in conjunction with high quality care from providers.

### SERVICE AREA

The OneCare™ Network is available in the following Indiana counties: Posey, Warrick and Vanderburgh.



### PLAN DESIGN

As a true EPO, members must utilize providers within the OneCare™ Service area. However, this product can be used as a choice plan with Encore PPO network or wrapped with a national network.

At this time, OneCare™ can only be used with a self-funded plan.

Providers incorporate savings and/or expense share arrangement as defined in the OneCare™ Provider Agreement.

### NETWORK PROVIDERS

The OneCare™ Network is comprised of the Deaconess Health System, employed providers, affiliated providers, and select independent providers.

### MEMBER BENEFITS

Members must choose a primary care physician; however, they can also use specialists without a referral. This is not a gatekeeper product.

### CLAIMS BILLING

Providers should look for the OneCare™ Network logo on the insured's health insurance card. Claims should be filed as directed on the health insurance card.

### CLAIMS REPRICING

Encore reprices all claims for the OneCare™ Network.



# PROVIDER RELATIONS



Our Provider Relations team pledges to be available to serve your needs. Please feel free to contact the Encore Health Network Provider Relations Department if you have additional questions, comments or concerns.

## **Encore Health Network**

8520 Allison Pointe Boulevard, Suite 200  
Indianapolis, IN 46250-4299

Main Number: (888) 574-8180

Customer Service: (888) 446-5844

## **PROVIDER RELATIONS TEAM**

### **Randy Shideler**

*Provider Relations Specialist*

Phone: (317) 621-4271

Fax: (317) 355-6232

rshidele@encoreppo.com

### **Tina Bilodeau**

*Provider Contracting Coordinator*

Phone: (317) 621-4269

Fax: (317) 957-2921

tbilodeau@encoreppo.com

### **Shanika Shorey**

*Provider Rate Analyst*

Phone: (317) 621-4259

Fax: (317) 355-7489

sshorey@encoreppo.com



# PROVIDER RELATIONS SERVICE AREA MAP

## Randy Shideler

*Provider Relations Specialist*

8520 Allison Pointe Blvd, Ste 200

Indianapolis, IN 46250-4299

(888) 574-8180

DIRECT (317) 621-4271

### NETWORKS

American Health Network

Community Hospital/ProHealth

Hammond Clinic

HSM

Indiana Lakes

IU Health Arnett

Northside Anesthesia

OrthoIndy

Select Health

St. Vincent

St. Vincent Medical Group

University of Chicago

## Shanika Shorey

*Provider Relations Rate Analyst*

8520 Allison Pointe Blvd, Ste 200

Indianapolis, IN 46250-4299

(888) 574-8180

DIRECT (317) 621-4259

### NETWORKS

CorVasc

Deaconess

Indiana University Health

IUMG/MMG

Multi/Jackson County PHO

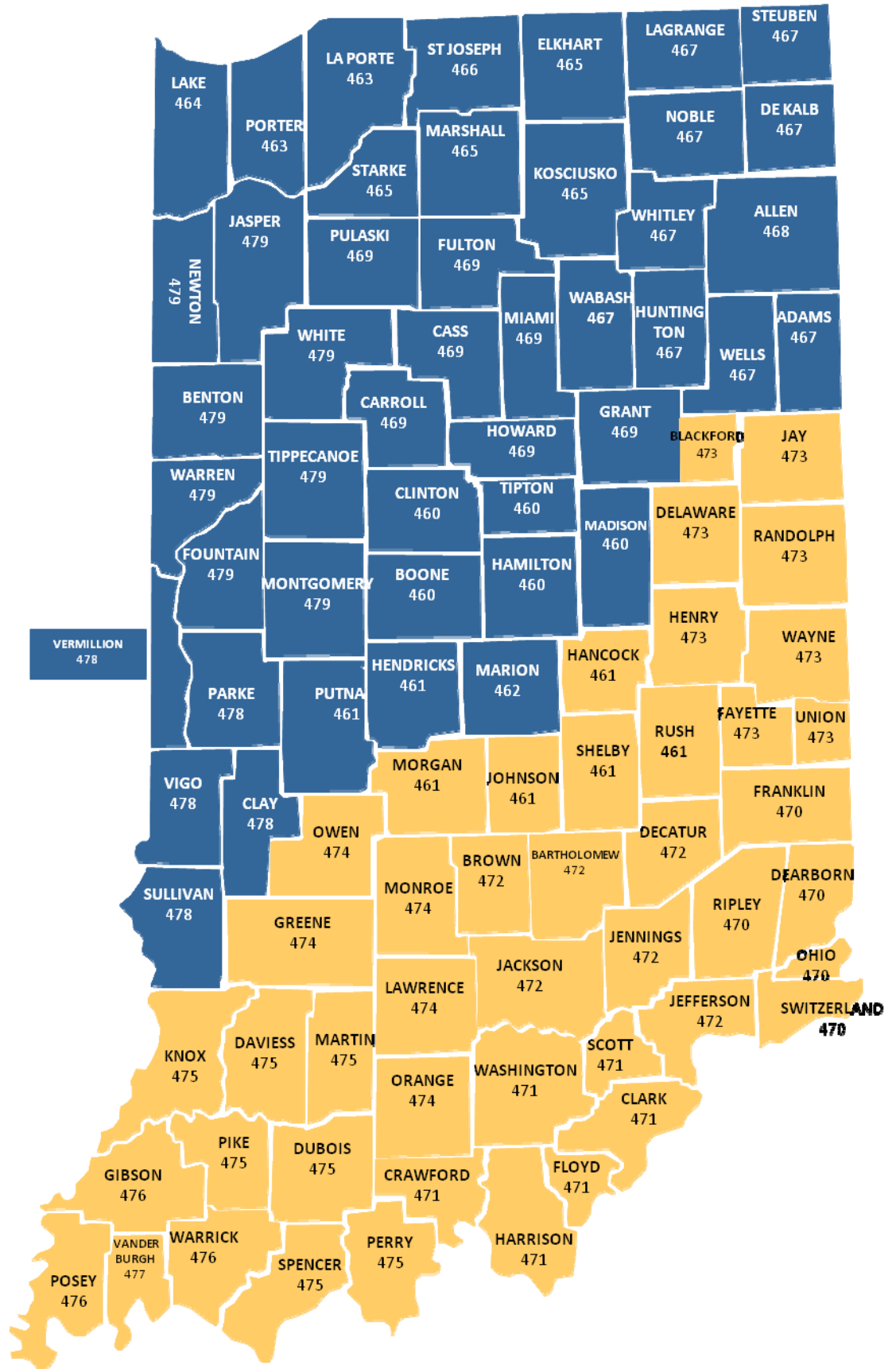
OCHN

Reid PHO

Select Circle

St. Francis

Suburban Health Organization





# PROVIDER UPDATE AND CONTRACTING QUESTIONS

## ENCORE CONTRACTED PROVIDERS

As a contracted provider with Encore, you need to contact your Provider Relations Specialist with any contracting questions and updates including: tax identification number, National Provider Identifier number (NPI), corporation name, practice location, billing address and email addresses.

## NETWORK CONTRACTED PROVIDERS

If you participate as part of an affiliate network you will need to contact your network prior to talking with your Encore Provider Relations Specialist.

Please forward any updates or contracting questions to the attention of your provider relations staff member or at our address below or fax number:

### Encore Health Network

Attn: Provider Relations

8520 Allison Pointe Boulevard, Suite 200

Indianapolis, IN 46250-4299

or

Fax: (317) 621-2388



## UPDATES AND CHANGES TO PROVIDER INFORMATION

Please notify Encore or you network of any changes or updates 60 to 90 days in advance, whenever possible, by mailing or emailing change notifications to a provider relations staff member.

**It takes approximately 60 days for any changes to be updated by our payors.** Provider updates are sent to our contracted payors once a month and contractually, the payors have 30 days to load this information.

Encore Health Network may use discretion in adjusting provider reimbursement for codes typically not reimbursed by Medicare without provider notification. Reimbursement may take into consideration market prices. This applies to direct contracts between Encore and providers.

# IDENTIFYING ENCORE HEALTH NETWORK MEMBERS

All insurance companies and payors are required by their contracts with Encore Health Network to identify Encore on their members' identification cards. The identification of our network will be represented on the identification card by the following

- either the Encore Health Network logos (please see pages 4-5)

*or*

- the name— **Encore Health Network**.

The insurance identification card may include the following:

- Member Name
- Member Identification Number
- Member Employer Name
- Group or Policy Number
- Encore Health Network Identifier
- Address for Claim Submission
- Phone numbers for Precertification, Benefit/Eligibility, Customer Service
- Specific Requirements for Precertification
- Effective Date of Subscriber's Policy
- Payors may also contract for Carved Out Networks for health services. *Example: Pharmacy, Vision*

It is recommended that you copy the front and back of the ID card at each visit.

Payors will identify Encore on their Explanation of Benefits (EOB), which helps you identify which managed care discount applies when posting payments.

Encore Health Network does not determine benefits, eligibility, or benefit availability for persons covered by a payor benefit plan. Providers should make best efforts to contact the contracted payor for this type of information. Please reference the member's identification card for the appropriate telephone numbers.

## ***If Encore Health Network is not on the card, we ask that you do the following:***

- **Notify Encore Provider Relations.** You may fax a copy of the front and back of the ID card to Encore at (317) 621-2388. We will verify if the employer and vendor are Encore participants or if the member is carrying an old card. If the payor has omitted identifying Encore, we will request that new cards be printed or an Encore sticker may be applied to all insurance ID cards.
- If the member states they are participating with the Encore Health Networks, advise them their insurance card is not labeled appropriately. The member should contact their human resources department of their insurance company for a new card.

# SAMPLE ENCORE IDENTIFICATION CARDS

Payors are required to use the Encore Health Network logo on all ID Cards. Encore Health Network requires both Encircle and Encore logos on a participating member's ID card that utilize the Encircle/Encore Combined Network.

## Sample Encore Member ID Card

Encore Health Network requires the Encore logo on participating member's ID card. Cards must be approved by an Encore representative prior to print. For approval, please contact Holly Joyce at (317) 621-4263 or hjoyce@encoreppo.com or Kevin McShay at (317) 621-4264 or kmcsbay@encoreppo.com.

Effective 1/1/2012—The claims mailing address is 8520 Allison Pointe Blvd., Ste 200 Indianapolis, IN 46250

### SAMPLE ENCORE MEMBER ID CARD

Name: John Doe  
Member #: 00000022  
Group #: 012345  
Group: ABC Company  
Effective Date: 1/1/2012  
Coverage: Employee & Dependent

 Client's Company Logo here

**Health Care Plan Identification Card**

Pre-certification is required for any inpatient hospitalization, outpatient surgery done outside the physician's office, home health care, hospice, convalescent care, physical therapy, MRI, second surgical opinions, and durable medical equipment. Failure to pre-certify will reduce your benefits. For pre-certification call (800) 123-4567 and for eligibility benefits call (800) 123-4567.

PPO Office-visit Copay: \$25.00      **SUBMIT ALL MEDICAL CLAIMS TO:**  
Encore Health Network  
8520 Allison Pointe Blvd., Ste 200 Indianapolis, IN 46250-4209  
For electronic claims use Payor ID, Web ID: 35206

ABC COMPANY  
Sample TPA

 Encore Health Network  
(888) 446-5844  
www.encoreconnect.com

Pharmacy/Customer Service/Help Desk: (800) 123-4567  
Bin #: 002233    PCN: CPPBA    RxGroup: 065478

Prescription Copays:  
Generic \$15 or 20%, whichever is greater  
Brand Formulary: \$30, 20%, or whichever is greater  
Brand Non-Formulary: \$45, 25%, or whichever is greater

For service information, including the patient's current eligibility, and coverage level, call the Benefit Plan Administrator at (317) 123-4567.

## Sample Encircle Member ID Card

Encore Health Network requires the Encore logo on participating member's ID card. Cards must be approved by an Encore representative prior to print. For approval, please contact Holly Joyce at (317) 621-4263 or hjoyce@encoreppo.com or Kevin McShay at (317) 621-4264 or kmcsbay@encoreppo.com.

Effective 1/1/2012—The claims mailing address is 8520 Allison Pointe Blvd., Ste 200 Indianapolis, IN 46250

### SAMPLE ENCIRCLE MEMBER ID CARD

Name: John Doe  
Member #: 00000022  
Group #: 012345  
Group: ABC Company  
Effective Date: 1/1/2012  
Coverage: Employee & Dependent

 Client's Company Logo here

**Health Care Plan Identification Card**

Pre-certification is required for any inpatient hospitalization, outpatient surgery done outside the physician's office, home health care, hospice, convalescent care, physical therapy, MRI, second surgical opinions, and durable medical equipment. Failure to pre-certify will reduce your benefits. For pre-certification call (800) 123-4567 and for eligibility benefits call (800) 123-4567.

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Prescription Copays:  
Generic \$15 or 20%, whichever is greater  
Brand Formulary: \$30, 20%, or whichever is greater  
Brand Non-Formulary: \$45, 25%, or whichever is greater

For service information, including the patient's current eligibility, and coverage level, call the Benefit Plan Administrator at (317) 123-4567.

## Sample Encircle/Encore Combined Member ID Card

Encore Health Network requires the Encore logo on participating member's ID card. Cards must be approved by an Encore representative prior to print. For approval, please contact Holly Joyce at (317) 621-4263 or hjoyce@encoreppo.com or Kevin McShay at (317) 621-4264 or kmcsbay@encoreppo.com.

Effective 1/1/2012—The claims mailing address is 8520 Allison Pointe Blvd., Ste 200 Indianapolis, IN 46250

### SAMPLE ENCIRCLE/ENCORE COMBINED MEMBER ID CARD

Name: John Doe  
Member #: 00000022  
Group #: 012345  
Group: ABC Company  
Effective Date: 1/1/2012  
Coverage: Employee & Dependent


 Client's Company Logo here

**Health Care Plan Identification Card**

Pre-certification is required for any inpatient hospitalization, outpatient surgery done outside the physician's office, home health care, hospice, convalescent care, physical therapy, MRI, second surgical opinions, and durable medical equipment. Failure to pre-certify will reduce your benefits. For pre-certification call (800) 123-4567 and for eligibility benefits call (800) 123-4567.

PPO Office-visit Copay: \$25.00      **SUBMIT ALL MEDICAL CLAIMS TO:**  
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For electronic claims use Payor ID, Web ID: 35206

ABC COMPANY  
Sample TPA

 Encore Health Network  
(888) 446-5844  
www.encoreconnect.com

 Encircle Health Network

Pharmacy/Customer Service/Help Desk: (800) 123-4567  
Bin #: 002233    PCN: CPPBA    RxGroup: 065478

Prescription Copays:  
Generic \$15 or 20%, whichever is greater  
Brand Formulary: \$30, 20%, or whichever is greater  
Brand Non-Formulary: \$45, 25%, or whichever is greater

For service information, including the patient's current eligibility, and coverage level, call the Benefit Plan Administrator at (317) 123-4567.



# P R O V I D E R   R E F F E R A L S

In order to minimize the out-of-pocket expense to your Encore Health Network members, you should make best efforts to refer to other Encore Health Network participating providers.

Provider participation can be confirmed by contacting our customer service department at (888) 446-5844 or logging onto our website at [www.encoreconnect.com](http://www.encoreconnect.com).

If there is a healthcare provider whom you want to nominate for Encore Health Network members, please contact us at (888) 446-5844 or complete a provider nomination request form located on our website at [www.encoreconnect.com](http://www.encoreconnect.com).



# CLAIM FILING AND BILLING INSTRUCTIONS

## Steps for Proper Claim Filing:

- Request to see the member's current insurance ID card each visit. Copy the front and back of the current card. The card will list the insurance plan and/or payor, claim address, benefit/eligibility and precertification phone numbers.
- Providers must submit claims directly to the payor or its designee for repricing.
- *Claim Filing Time Limits:* A 120 day claim filing time limit is in our current payor/provider agreements. Please feel free to contact your Provider Relations Specialist if you have any questions.
- Encore Health Network providers are required to submit claims for their Encore Network members, regardless of whether Encore is primary or secondary.
- Please list your service location in Box 32 to ensure proper claim processing.
- *Anesthesia Providers:* Please include the total amount of minutes in field G of the HCFA claim form.



Please send claims to the claim submission address on the back of the ID card.

# DEFINITION OF A CLEAN CLAIM

Without the following information on a claim, the repricing company or payor may not be able to identify the member. The claim would have to be returned which will cause delays in processing and reimbursement. In order for a claim to be considered clean and properly completed it must include, but is not limited to, the following information and any additional requested information necessary to adjudicate the claim:

- Enrollee's Name
- Enrollee's Identification Number
- Enrollee's Employer or Group Name. This is a required field for electronic claim submission. (If not on ID card, request this information from the member).
- Enrollee's Group Number. This is a required field for electronic claims submissions. If an identification card does not have a group identification number, please utilize a number such as 99999, XXXXX.
- Insurance Carrier Name. **Please note: Do not list Encore Health Network in Box 11C of the HCFA form or box 50 on the UB-04.**
- Member's full name, age and relationship to enrollee.
- Full name of attending physician, hospital or facility name if billing on a UB-04.
- Tax identification number of attending physician (depending on which is used for typical billing purposes) or tax identification number of hospital or other facility if billing on a UB-04.
- HIPAA Compliant code for each procedure
- ICD-9 diagnosis code
- NPI Number

When submitting claims to Encore Health Network, the Rendering TIN is required to reprice claims. This is not a legacy number and is still required by Encore as an identifier. Some providers have stopped sending the Rendering TIN which delays the processing and may cause your claim to be repriced as non-par.

**IF THE ABOVE INFORMATION IS NOT INCLUDED ON THE CLAIM, THE REPRICING/PAYOR COMPANY MAY NOT BE ABLE TO IDENTIFY THE MEMBER, AND WILL RETURN THE CLAIM, THEREFORE CAUSING DELAYS IN PROCESSING.**

# B I L L I N G   G U I D E L I N E S

## **PROVIDERS MAY BILL OR COLLECT PAYMENT FROM THE MEMBER FOR THE FOLLOWING, WHICH ARE THE MEMBER'S FINANCIAL RESPONSIBILITY:**

- All co-insurance amounts as reported on explanation of benefits;
- Co-payments;
- Deductibles, as reported on the explanation of benefits;
- Penalties imposed on member by payor for member's failure to comply with payor's precertification and/or authorization process, services that are not medically necessary, non-covered services, and services that the payor has failed to pay within the contracted time period.

## **PROVIDERS MAY NOT BILL OR COLLECT PAYMENT FROM THE MEMBER FOR THE FOLLOWING:**

- Medically necessary covered services;
- The difference between provider's billed charges and the negotiated reimbursement schedule, and amounts imposed on providers by payors for any reduction of fees when it is the provider's responsibility to comply with network's and/or payors procedure of utilization management.

In some instances, providers may be responsible for pre-certification and authorization of services for members. Information about this process will appear on the member's identification card. If the member has primary responsibility to pre-certify services according to their benefit plan, then any penalties or payment reduction resulting from a failure of the member to pre-certify or authorize services are the financial responsibility of the member.

Providers may bill for non-covered services to Encore members provided that they inform and obtain consent in writing that such services are not covered and all reimbursement for such services are the member's financial responsibility.

### **Limitation on Billing Covered Persons (applies to Fully Insured Plans)**

Provider agrees that reimbursement will come from Payor for Covered Services.

Provider cannot bill Covered Persons for any amounts not paid due to:

- Provider's failure to comply with the requirements of Utilization Management—payor
- Failure to file a timely claim or appeal
- Application of claims coding and bundling rules-payor.

This provision shall not prohibit collection of any applicable Copayments, Coinsurance and Deductibles, or non-Covered Services.

### **Limitation on Payment Disputes (applies to Fully Insured Plans)**

Payment by a payor of any claim shall be final twelve (12) months after payment and neither the payor nor the participating provider shall have any further recourse thereafter.

# ELECTRONIC FILING

Encore has EDI relationships with Relay Health (McKesson), Emdeon (WebMD) and TK Software, Inc. Your office may now submit HCFA and UB04 claims electronically to Encore via Emdeon or TK Software using Payor ID 35206 for only the employer groups that require Encore repricing. All employers utilizing Encore repricing will include the following addresses on their member's identification cards:

Encore Health Network  
8520 Allison Pointe Boulevard, Suite 200  
Indianapolis, IN 46250-4299

Only the above claim filing address should be sent electronically to ID 35206. All other claims should be mailed to the appropriate claim filing address as indicated on the identification card. Claims received for the above address will be repriced and forwarded to the contracted insurance company or third party administrator.

All electronically submitted claims must contain the information below. Claims without this information may possibly be returned electronically and will delay claim processing.

- Policy and/or Group Number
- Name of Employer
- Name of Insurer
- Insured's Name, Identification Number and Address
- Member's Name and Date of Birth

**Note:** Other payors also accept electronic claims; either the identification card will supply the Payor ID or you can contact your clearinghouse for the unique payor ID.

If you are not currently submitting claims electronically and are interested in learning how, please contact Emdeon (WebMD) Customer Support at (800) 845-6592 or TK Software at (888) 372-2808.



# CLAIM PROBLEM NOTIFICATION

If you experience claim issues, please follow the steps below:

- Begin by always contacting the payor regarding any claim issue. This information can be found on each EOB. Payors have sole responsibility and liability for payment of claims.

Payors are required by contract to make timely payments in accordance with appropriate state laws or where law does not apply as stated below:

- Within 30 days if submitted electronically
- Within 45 days from receipt from provider or reprinter, if submitted on paper. The expectation of the provider is that “receipt” of a paper claim, either from the provider or reprinter, shall be within three (3) days of mailing date.

If a payor fails to meet these requirements they forfeit the negotiated discount. Providers may contact payor or reprinter for an adjusted reimbursement that includes any penalty described in state law in addition to the provider’s billed charges for such untimely payment of claims.

## If the issue remains unresolved, contact Encore Health Network

Customer Service Phone Number: (888) 446-5844

Customer Service Fax Number: (317) 621-2388

**Please note: It is necessary to fax a copy of the claim and EOB to process a claim appeal.**

## Want a current list of Encore Providers?

Just log onto [www.encoreconnect.com](http://www.encoreconnect.com) and click on “I am a Provider” and then “Search for Providers”. You can search for a provider here. The website directory is updated automatically each night to provide you with the latest changes to our hospital and physician listings.

Provider Listings can also be created based on geographic area and downloaded to a printable document.

## Want to learn more about Encore?

Click on the “Encore Network” button on the horizontal green toolbar for details regarding our provider network and the products and services that are available to our members.

## Need to contact a staff person at Encore?

Visit <http://www.encoreconnect.com/Provider/> and click on Resources to view names and telephone numbers of key Encore Provider Relations’ staff members. For a quick question, use our “Ask an Expert” resources. Here you can email your questions directly to Encore.

## Want to access important resources at [Encoreconnect.com](http://Encoreconnect.com)?

Encore providers can now create an account at [Encoreconnect.com](http://Encoreconnect.com) to access important information such as our Provider Handbook.

You can access the following Provider Resources

- Provider Handbook—electronic version available on-line
- Provider Update Forms
- Locate Provider Relations Staff and contact information

