

2015

Encore Health Network

PAYOR MANUAL

A row of approximately 15 light green silhouettes of people of various ages and genders, standing in a line. They are positioned behind the text and have faint reflections below them.

DELIVERING UNIQUE VALUE
TO YOUR BOTTOM LINE

www.encoreconnect.com

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ENCORE CONTACT INFORMATION

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Account Executive

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Cell: (317) 726-6218

Jenny Kress

Sales Account Executive

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Office: (317) 621-4262

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Claims Analysis & GEO report requests may be sent to encoremarketing@encoreppo.com

Web site: www.encoreconnect.com

NETWORK PRODUCTS

Encore Health Network is a comprehensive statewide Preferred Provider Organization in Indiana. Encore offers its Payors, Employers and Members three Product options to maximize provider choice and plan savings.



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. **Plan design requirements include a 20% benefit plan differential between in-network and out-of-network.**



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 over 80 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. **Plan design requirements include a 40%-50% benefit plan differential between in-network and out-of-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. **Please contact our Sales Executives for more**

information on this product.



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 a 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.

NETWORK PRODUCTS

WORKERS COMPENSATION REIMBURSEMENT FOR PAYORS

(these guidelines are in accordance with Indiana Statute)

- *All providers must bill claims on UB's and HCFA's per Medicare guidelines.*
- *Physician claims are reimbursed at the lesser of PPO rate or the 80th percentile of U&C.*
- *All work comp payers must pay hospital charges at PPO contracted rate. If there is no PPO contract then at 200% of Medicare.*
- *Steerage to in-network provider is allowed. Please note that Encore's payer contracts require payers to steer to in-network providers.*
- *The work comp network is identified on the Explanation of 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.

VALUE ADDED PRODUCTS

Each of the network options give members access to our growing list of complimentary preferred pricing and discount programs:

COMPLIMENTARY HEARING SERVICE PLAN: Through a partnership with EPIC, Encore Health Network offers access to a national alliance of qualified audiologists and otologists providing discounts as great as 50% on hearing aids and other treatment protocols.

VISION EYECARE DISCOUNTS: For no additional charge, Encore Health Network offers members access to VSP, the nation's largest provider of eye care coverage, allowing them to receive discounts —of up to 20% on eye exams, glasses, contacts and more.

PREFERRED LASIK PRICING: With Quallsight's network and preferred LASIK pricing, Encore Health Network is able to offer access to the nation's largest network of independent, credentialed Ophthalmologists saving members 40% to 50% off the overall national average price for LASIK.

ORGAN TRANSPLANT ACCESS: Encore Health Network provides access to the IU Health Transplant Center—the largest, most comprehensive center of its kind in Indiana and waives costly transplant access fees typically charges by many national transplant networks.

ID CARD REQUIREMENTS

We require at a minimum:

- Identifying logo or the name of the TPA.
- Identifying logo for Encore, Encircle or both logos for Encircle/Encore Combined together with www.encoreconnect.com
- Member Name and Member Number.
- Employer Group Name, Employer Group Number.
- Claim submission address(es) and telephone number(s) for benefits, eligibility, customer service, and Utilization Review and pre-certification information.
- Approval of ID card template prior to effective date by Encore Health Network representative.
- Web MD identification number is **35206** if claims will be submitted electronically.
- Claim address is

8520 Allison Pointe Boulevard, Suite 200
 Indianapolis, IN 46250-4299
- Customer Service number is 888-446-5844




Encore Health Network does not produce ID cards. It is the responsibility of the payor to provide ID cards to the participants.

SAMPLE IDENTIFICATION CARD

SAMPLE ENCORE HEALTH NETWORK PPO MEMBER ID CARD

Name: John Doe
Member #: 00000012
Group #: 012345
Group: ABC Company
Effective Date: 1/1/2012
Coverage: Employee & Dependent
Health Care Plan Identification Card



Client's Company
Logo here

PPO Office visit Copay \$25.00 **SUBMIT ALL MEDICAL CLAIMS TO:**
 Encore Health Network
 8520 Allison Pointe Blvd, Ste 200 Indianapolis, IN 462
 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 Administrators at (800) 123-4567.

SAMPLE ENCIRCLE EPO NETWORK MEMBER ID CARD


Name: John Doe
Member #: 00000012
Group #: 012345
Group: ABC Company
Effective Date: 1/1/2012
Coverage: Employee & Dependent
Health Care Plan Identification Card



Client's Company
Logo here

PPO Office visit Copay \$25.00 **SUBMIT ALL MEDICAL CLAIMS TO:**
 Encore Health Network
 8520 Allison Pointe Blvd, Ste 200 Indianapolis, IN 462
 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 Administrators at (800) 123-4567.

SAMPLE IDENTIFICATION CARD

SAMPLE ENCIRCLE/ENCORE COMBINED MEMBER ID CARD

Name: John Doe
Member #: 00000012
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, MRIs, second surgical opinions, and durable medical equipment. Failure to certify will reduce your benefits. For pre-certification call (800) 123-4567 and for enrollment 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 46256
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 Administrators at (800) 123-4567.

PAYOR REQUIREMENTS

PAYOR REQUIREMENTS FOR ALL ENCORE PRODUCTS

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

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

If a payor fails to meet these requirements, they forfeit the negotiated discount.

Repricing for Encircle and Encircle/Encore Combined must be repriced by Encore Health Network and cannot be delegated.

ENCORE PAYOR COMPLIANCE PROGRAM

Encore monitors payors to ensure contract compliance. In the event of non-compliance with the contract and based on the nature of the issues, Encore will:

- Contact the Payor and then notify the payor in writing of the issue(s) that are not in compliance.
- Encore will request the payor to provide a written corrective action plan to address the issue(s) that are not in compliance. Encore and payor will work together to address the issue(s).
- In the event the issue(s) cannot be satisfactorily resolved, Encore may exercise the contractual provisions contained in its agreement.

Payor will notify Encore Health Network in advance of all new clients via Encore’s New Group Notification (NGN) at least 30 days in advance. This form is included in this section of your manual.

ELECTRONIC DATA INTERCHANGE (EDI)

Encore takes the security of its member data very seriously. In order to ensure this security, Encore Health Network requires all files be transferred via a secured FTP site (SFTP). While it is Encore’s preference to use your SFTP site, if you are unable to host the SFTP contact Encore to explore other options. Please note, if Encore sets up the SFTP, this will take at least 90 business days

BENEFIT PLAN DIFFERENTIAL REQUIREMENTS

Encore Health Network Requires benefit plan differentials between network and non-network providers to incent members to utilize Encore Health Network providers. Benefit plan requirements by network products are:

ENCORE	• 20%
ENCIRCLE	• 40%
ENCIRCLE/ENCORE COMBINED	• 40% (TIER 1 TO TIER 3) • 20% (TIER 2 TO TIER 3)

10% Benefit Plan Differential is equal to any one of the following:

- 10% coinsurance
- \$600.00 deductible
- \$1,000.00 member out of pocket



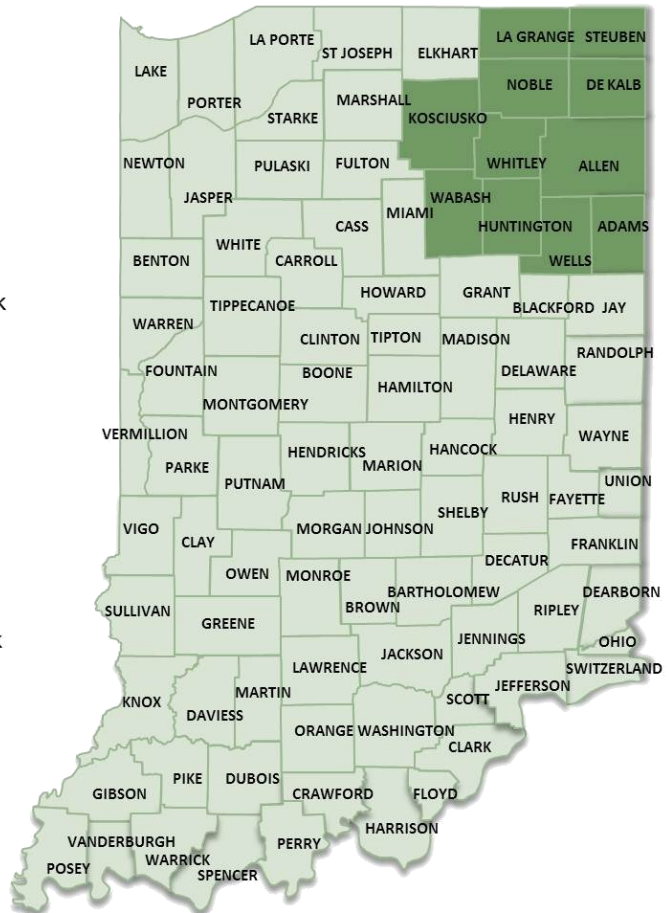
40% BENEFIT DIFFERENTIAL

- Employers domiciled in these shaded counties.
- **ENCIRCLE EPO** - Must have a 40% benefit differential between in and out of network
- **ENCORE/ENCIRCLE COMBINED** - Must have a 20% benefit differential between Encircle and Encore in a tiered network



50% BENEFIT DIFFERENTIAL

- Employers domiciled in these shaded counties
- **ENCIRCLE EPO** - Must have a 50% benefit differential between in and out of network
- **ENCORE/ENCIRCLE COMBINED** - Must have a 40% benefit differential between Encircle and Encore in a tiered network



10% benefit differential is equal to any of the following:
10% co-insurance, \$600.00 deductible, or \$1000.00 member out of pocket.

ENCORE HEALTH NETWORK PPO

CONTRACT PARAMETERS

Contracts with payors will incorporate incentives, which direct payor's members to participating Providers. The financial incentive shall have a 20% benefit plan differential between in and out of network unless prior approval by Encore. Failure to meet these minimum benefit plan differentials may affect network discount.

Payors will minimally incorporate the following information for Participating Providers to identify participants in the network program.

THE IDENTIFICATION CARD WILL CONTAIN:

- Identifying logo or name of Payor
- Identifying logo or name of Encore PPO network
- Claims address and telephone numbers for claims information
- Benefit, Customer Service and Utilization Management telephone(s), if applicable



THE EXPLANATION OF BENEFIT (EOB) WILL CONTAIN:

- Identifying logo or name of Encore PPO network
- Will identify in description network applicable discount or amount allowed

The Encore PPO program may be offered to an employer group on an exclusive or non-exclusive network-offering basis.

The Encore PPO program may not be offered with any other non-THCG sponsored carve-out program (i.e. a non-THCG sponsored cardiac care or laboratory service carve-out program will not be permitted with the Encore PPO program).

Payors will reimburse Participating Providers within thirty (30) calendar days for clean claims submitted electronically and forty-five (45) calendar days for clean claims submitted on paper; failure to pay within the time period shall result in forfeiture of agreed upon reimbursement and the Participating Provider shall be entitled to billed charges.

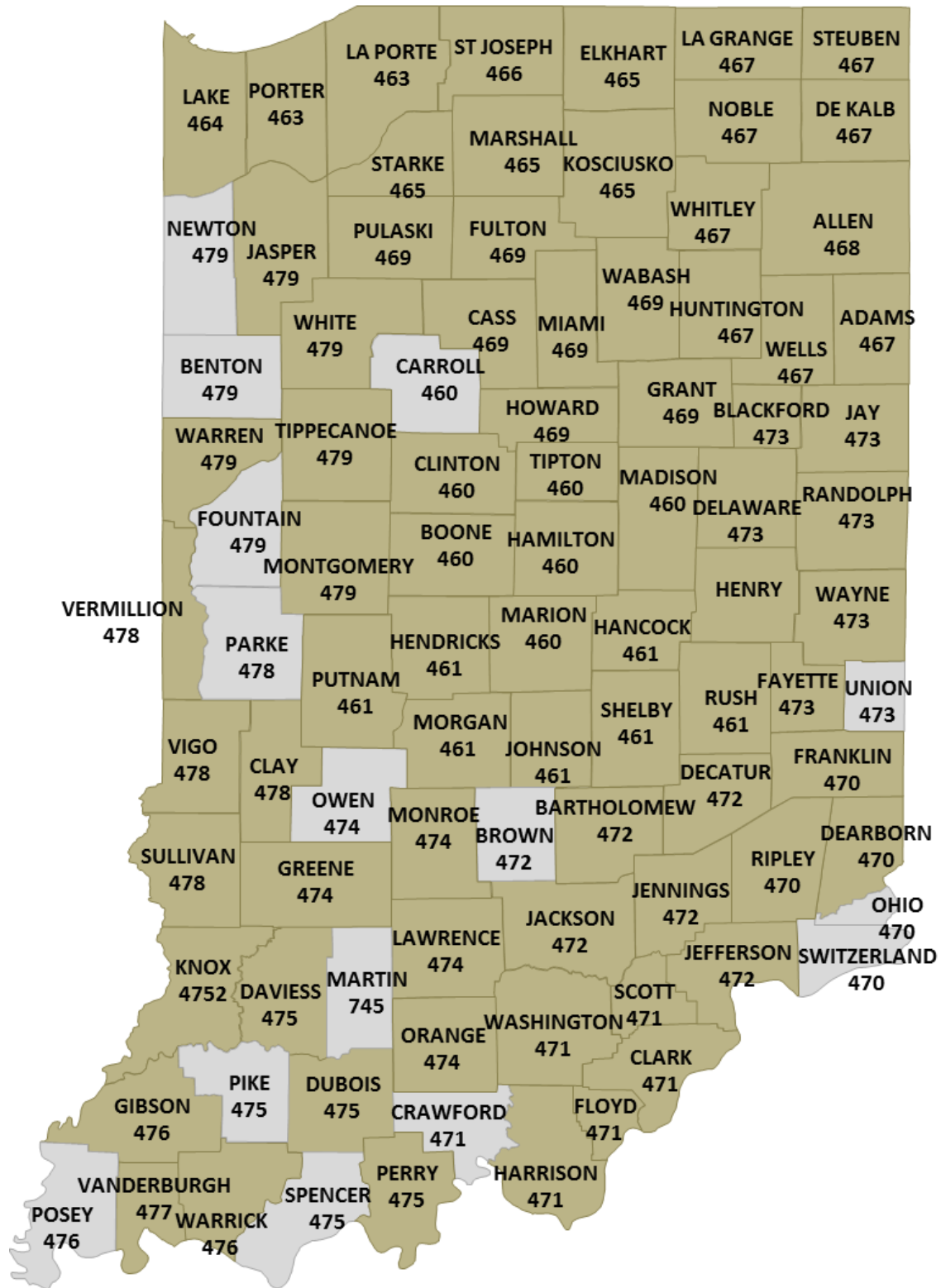
FORENSIC (BILL) AUDITS BY PAYERS:

Encore Participating providers are bound by contract to accept, as payment in full, the Encore Fee Schedule (or reimbursement) amounts stated in their Encore Participating Provider Agreement less any applicable member liability such as deductible, coinsurance, or co-payments.

Participating Providers have not agreed in their arrangement with Encore to accept pricing based on usual and customary, invoice based pricing, or other methods outside the Encore Provider Agreement.

If a Payer or Payer representative chooses to negotiate rates or reimburse services based on methodologies not outlined in the Encore Provider Agreement, then the Payer has chosen to reimburse the claim outside the terms of the Encore Access Agreement. Therefore, the Participating Providers are not bound to accept outside payment terms as payment in full and are not prohibited from billing members.

ENCORE PPO SERVICE AREA



ENCORE FACILITIES



NON-FACILITY COUNTIES

PPO CLAIMS TRANSMITTAL

PPO
Services

PPO Claims Transmittal : HCFA
14836241

17336

Mail To :
CROOK, ANDREW J
PO BOX 1567
INDIANAPOLIS, IN 462061567

Patient Name :		Process Date :	08/18/2010
Insured Name :		Claim ID :	14836241
Insured ID :		Processor :	ENCSXC
Provider Name :	CROOK, ANDREW J	Printed By :	ENCSXC
Provider Specialty :	ANESTHESIOLOGY	Claim Form :	HCFA
Client Name :	XYZ COMPANY	Print Type :	NEW
Parent Company :	ABC PAYOR	Service Start Date :	07/02/2010
		Service End Date :	07/02/2010

CPT Code	Modifier(s)	Description	Days or Units	Billed Charges	PPO Discount	Adjusted Charges
01474	AA	ANESTH, LOWER LEG SURGERY	95	1,020.00		
64445	59	INJECTION FOR NERVE BLOCK	1	595.00		
Total :				\$1,615.00	\$0.00	\$0.00

Discount from : ENCORE HEALTH NETWORK

Message(s) :
Missing Days/Units information. Please complete missing information and resubmit claim.
Please resubmit claim with units; claim was submitted with minutes. Encore re-prices per unit. Thank you

For questions regarding repricing information contact : Encore Health Network Customer Service at (888) 446-5844.

PAYMENT MUST BE MADE WITHIN 30 DAYS TO GUARANTEE DISCOUNT.

ENCIRCLE EPO NETWORK

CONTRACT PARAMETER

Contracts with payors will incorporate incentives, which direct payor's members to participating Providers. The financial incentive shall have the following:

- 40% benefit plan differential between in and out of network or
- 50% benefit plan differential for groups located in Northwest IN counties (Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Whitley, Wells)

Failure to meet these minimum benefit plan differentials may affect network discount. Lower Benefit Plan Differentials may be required in some geographic markets. Contact your Encore Health Network representative for specifics.

Payors will minimally incorporate the following information for Participating Providers to identify participants in the network program.

THE IDENTIFICATION CARD WILL CONTAIN:

- Identifying logo or name of Payor
- Identifying logo or name of Encircle EPO network
- Claims address and telephone numbers for claims information
- Benefit, Customer Service and Utilization Management telephone(s), if applicable



THE EXPLANATION OF BENEFIT (EOB) WILL CONTAIN:

- Identifying logo or name of Encircle EPO network
- Will identify in description network applicable discount or amount allowed

Eligibility is required for all groups accessing the Encircle EPO network.

The Encircle EPO program may be offered to an employer group on an exclusive or non-exclusive network-offering basis.

The Encircle EPO program may not be offered with any other non-THCG sponsored carve-out program (i.e. a non-THCG sponsored cardiac care or laboratory service carve-out program will not be permitted with the Encore PPO program).

Payors will reimburse Participating Providers within thirty (30) calendar days for clean claims submitted electronically and forty-five (45) calendar days for clean claims submitted on paper; failure to pay within the time period shall result in forfeiture of agreed upon reimbursement and the Participating Provider shall be entitled to billed charges.

FORENSIC (BILL) AUDITS BY PAYERS:

Encircle Participating providers are bound by contract to accept, as payment in full, the Encircle Fee Schedule (or reimbursement) amounts stated in their Encircle Participating Provider Agreement less any applicable member liability such as deductible, coinsurance, or co-payments.

Participating Providers have not agreed in their arrangement with Encore to accept pricing based on usual and customary, invoice based pricing, or other methods outside the Encircle Provider Agreement.

If a Payer or Payer representative chooses to negotiate rates or reimburse services based on methodologies not outlined in the Encore Provider Agreement, then the Payer has chosen to reimburse the claim outside the terms of the Encore Access Agreement. Therefore, the Participating Providers are not bound to accept outside payment terms as

SAMPLE ENCIRCLE BENEFIT PLAN

The diagram shows a large green shape on the left that tapers into a horizontal bar. The bar is divided into two sections: a dark green top section and a lighter green bottom section. The top section contains the text 'TIER ONE ENCIRCLE FACILITIES' and a bullet point '• 90% COINSURANCE'. The bottom section contains the text 'OUT OF NETWORK' and a bullet point '• 40% COINSURANCE'.

TIER ONE ENCIRCLE FACILITIES	<ul style="list-style-type: none">• 90% COINSURANCE
OUT OF NETWORK	<ul style="list-style-type: none">• 40% COINSURANCE

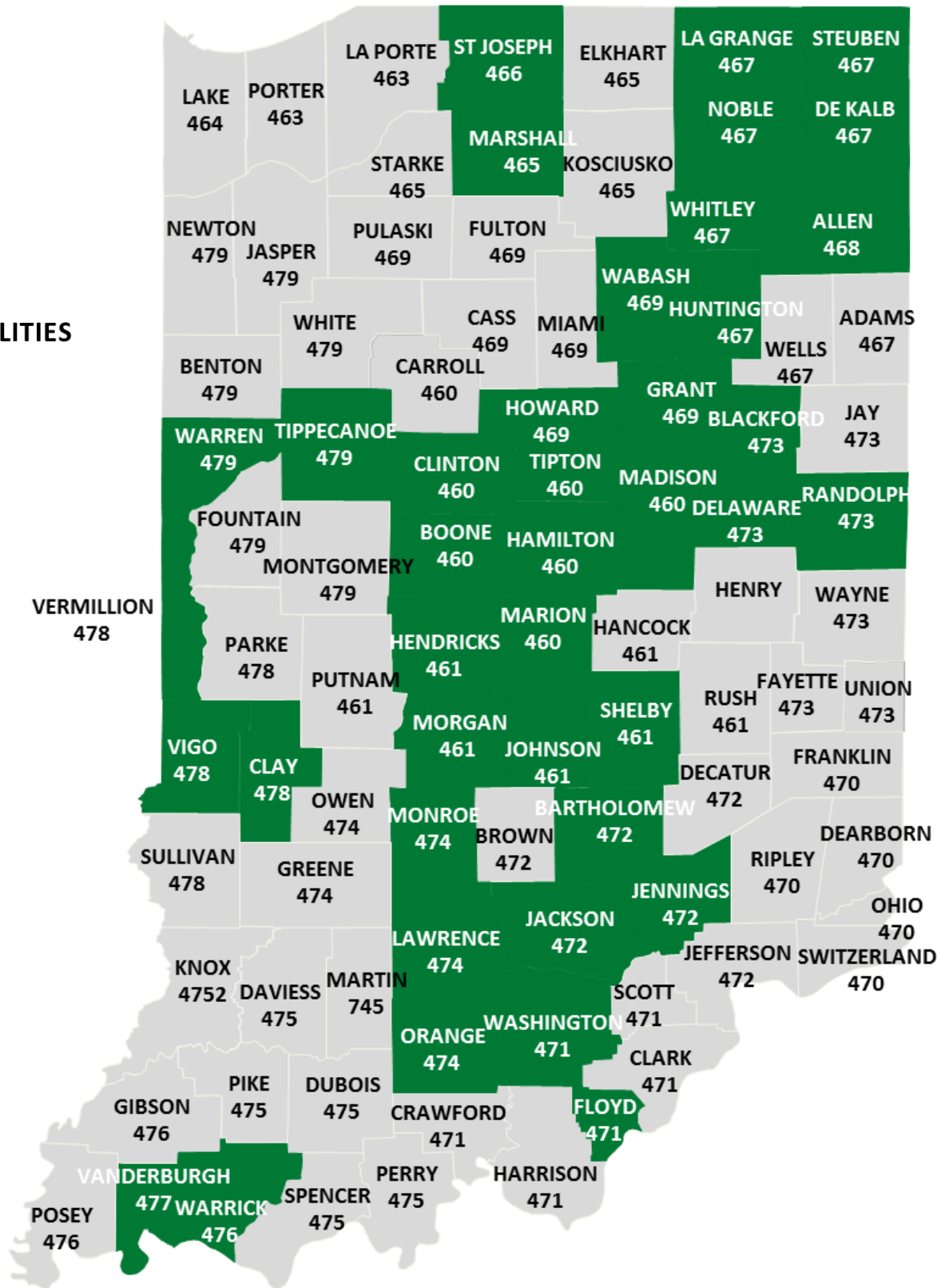
OR

The diagram shows a large green shape on the left that tapers into a horizontal bar. The bar is divided into two sections: a dark green top section and a lighter green bottom section. The top section contains the text 'TIER ONE ENCIRCLE FACILITIES' and a bullet point '• 90% COINSURANCE'. The bottom section contains the text 'OUT OF NETWORK' and a list of three bullet points: '• 60% COINSURANCE', '• \$600.00 DEDUCTIBLE', and '• \$1000.00 MEMBER OUT-OF-POCKET'.

TIER ONE ENCIRCLE FACILITIES	<ul style="list-style-type: none">• 90% COINSURANCE
OUT OF NETWORK	<ul style="list-style-type: none">• 60% COINSURANCE• \$600.00 DEDUCTIBLE• \$1000.00 MEMBER OUT-OF-POCKET

ENCIRCLE EPO SERVICE AREA MAP

 ENCIRCLE FACILITIES



PPO CLAIMS TRANSMITTAL

**PPO
Services**

19980
PPO Claims Transmittal : UB
11029628

Mail To :

ABC Payor
12345 Alpha Street
Anywhere, AZ 12345

Patient Name :	Process Date :	08/17/2010
Insured Name :	Claim ID :	11029628
Insured ID :	Processor :	NEIC
Provider Name : RIVERVIEW HOSPITAL	Printed By :	ENCSXC
Provider Specialty : HOSP	Claim Form :	UB
Client Name : XYZ Company	Print Type :	REP
Parent Company : ABC Payor	Service Start Date :	08/12/2010
	Service End Date :	08/12/2010

	Excluded Charges	Billed Charges	PPO Discount	Adjusted Charges
Total :	\$0.00	\$45.00	\$9.00	\$36.00

Discount from : ENCIRCLE EPO

Message(s) :
Repriced Claim.

For questions regarding repricing information contact : Encore Health Network Customer Service at (888) 446-5844.

PAYMENT MUST BE MADE WITHIN 30 DAYS TO GUARANTEE DISCOUNT.

ENCIRCLE/ENCORE COMBINED NETWORK

CONTRACT PARAMETERS

Contracts with payors will incorporate incentives, which direct payor's members to participating Providers. Encircle/Encore Combined requires a three tiered benefit plan. The financial incentives for each tier is listed below unless prior approval from Encore. Failure to meet these minimum benefit plan differentials may affect network discount. Lower Benefit Plan Differentials may be required in some geographic markets. Contact your Encore Health Network representative for specifics.

For groups domiciled in the following counties, the employers benefit plan must have the following:

Tier I: Shall have 40% benefit plan differential between in and out of network or 50% for groups located in Northeast IN—*please see Benefit Differential Map on page 19.*

Tier II: Shall have a 20% benefit plan differential between Tier II and out of network or 40% for groups located in Northeast IN—*please see Benefit Differential Map on page 19.*

Tier III: Out of network

Benefit differentials can be any combination of co-pays, deductibles, out of pocket and co-insurance. Please contact Encore Health Network to be sure your benefit plans meets the requirements.

Payors will minimally incorporate the following information for Participating Providers to identify participants in the network program.

THE IDENTIFICATION CARD WILL CONTAIN:

- Identifying logo or name of Payor
- Identifying logo or name of Encircle/Encore Combined network
- Claims address and telephone numbers for claims information
- Benefit, Customer Service and Utilization Management telephone(s), if applicable



THE EXPLANATION OF BENEFIT (EOB) WILL CONTAIN:

- Identifying logo or name of Encircle/Encore Combined network
- Will identify in description network applicable discount or amount allowed

Eligibility is required for all groups accessing the Encircle/Encore Combined network.

The Encircle/Encore Combined program may be offered to an employer group on an exclusive or non-exclusive network-offering basis.

The Encircle/Encore Combined program may not be offered with any other non-THCG sponsored carve-out program (i.e. a non-THCG sponsored cardiac care or laboratory service carve-out program will not be permitted with the Encore PPO program).

Payors will reimburse Participating Providers within thirty (30) calendar days for clean claims submitted electronically and forty-five (45) calendar days for clean claims submitted on paper; failure to pay within the time period shall result in forfeiture of agreed upon reimbursement and the Participating Provider shall be entitled to billed charges.

ENCIRCLE/ENCORE COMBINED NETWORK

FORENSIC (BILL) AUDITS BY PAYERS:

Encore Participating providers are bound by contract to accept, as payment in full, the Encore Fee Schedule (or reimbursement) amounts stated in their Encore Participating Provider Agreement less any applicable member liability such as deductible, coinsurance, or co-payments.

Participating Providers have not agreed in their arrangement with Encore to accept pricing based on usual and customary, invoice based pricing, or other methods outside the Encore Provider Agreement.

If a Payer or Payer representative chooses to negotiate rates or reimburse services based on methodologies not outlined in the Encore Provider Agreement, then the Payer has chosen to reimburse the claim outside the terms of the Encore Access Agreement. Therefore, the Participating Providers are not bound to accept outside payment terms as payment in full and are not prohibited from billing members.



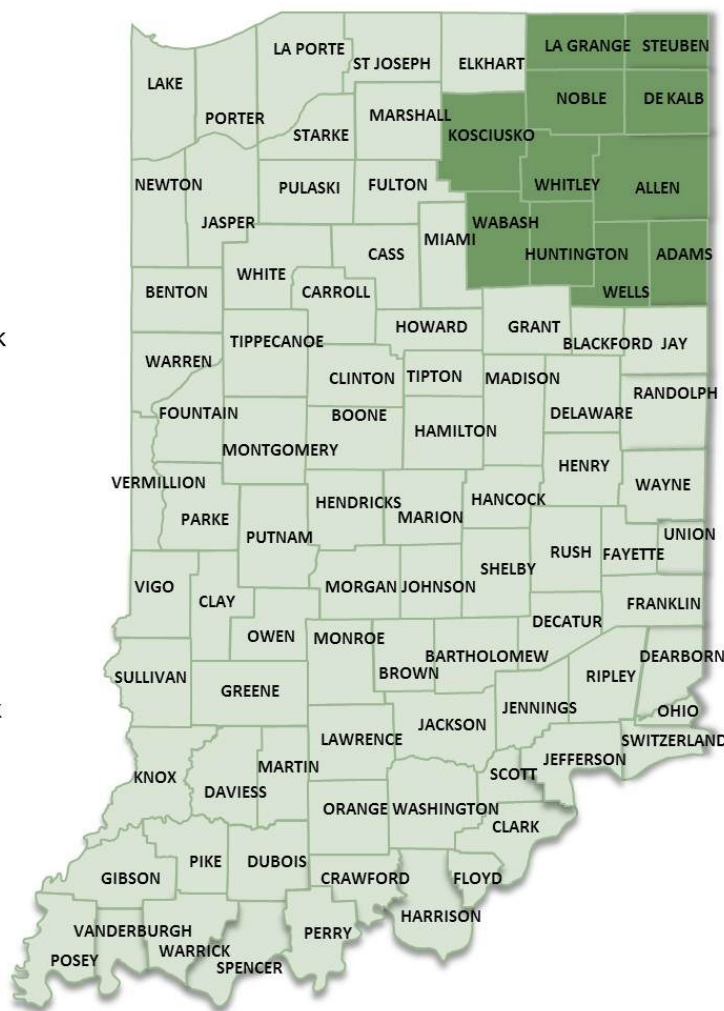
40% BENEFIT DIFFERENTIAL

- Employers domiciled in these shaded counties.
- **ENCIRCLE EPO** - Must have a 40% benefit differential between in and out of network
- **ENCORE/ENCIRCLE COMBINED** - Must have a 20% benefit differential between Encircle and Encore in a tiered network



50% BENEFIT DIFFERENTIAL

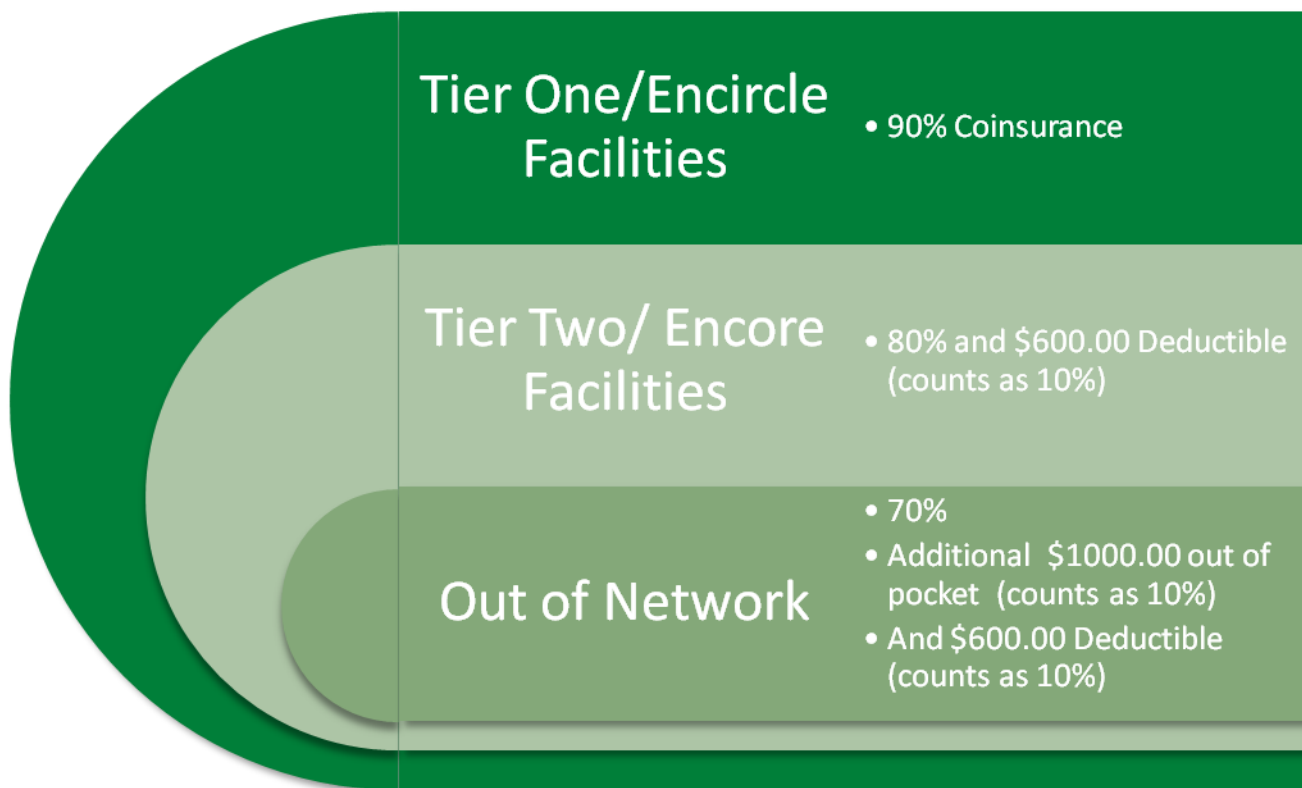
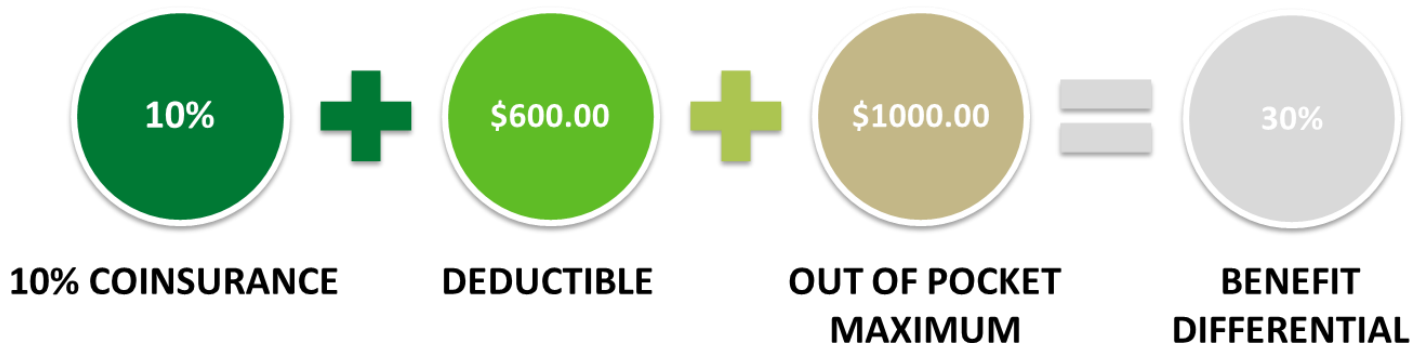
- Employers domiciled in these shaded counties
- **ENCIRCLE EPO** - Must have a 50% benefit differential between in and out of network
- **ENCORE/ENCIRCLE COMBINED** - Must have a 40% benefit differential between Encircle and Encore in a tiered network



10% benefit differential is equal to any of the following:
 10% co-insurance, \$600.00 deductible, or \$1000.00 member out of pocket.

ENCIRCLE/ENCORE COMBINED NETWORK

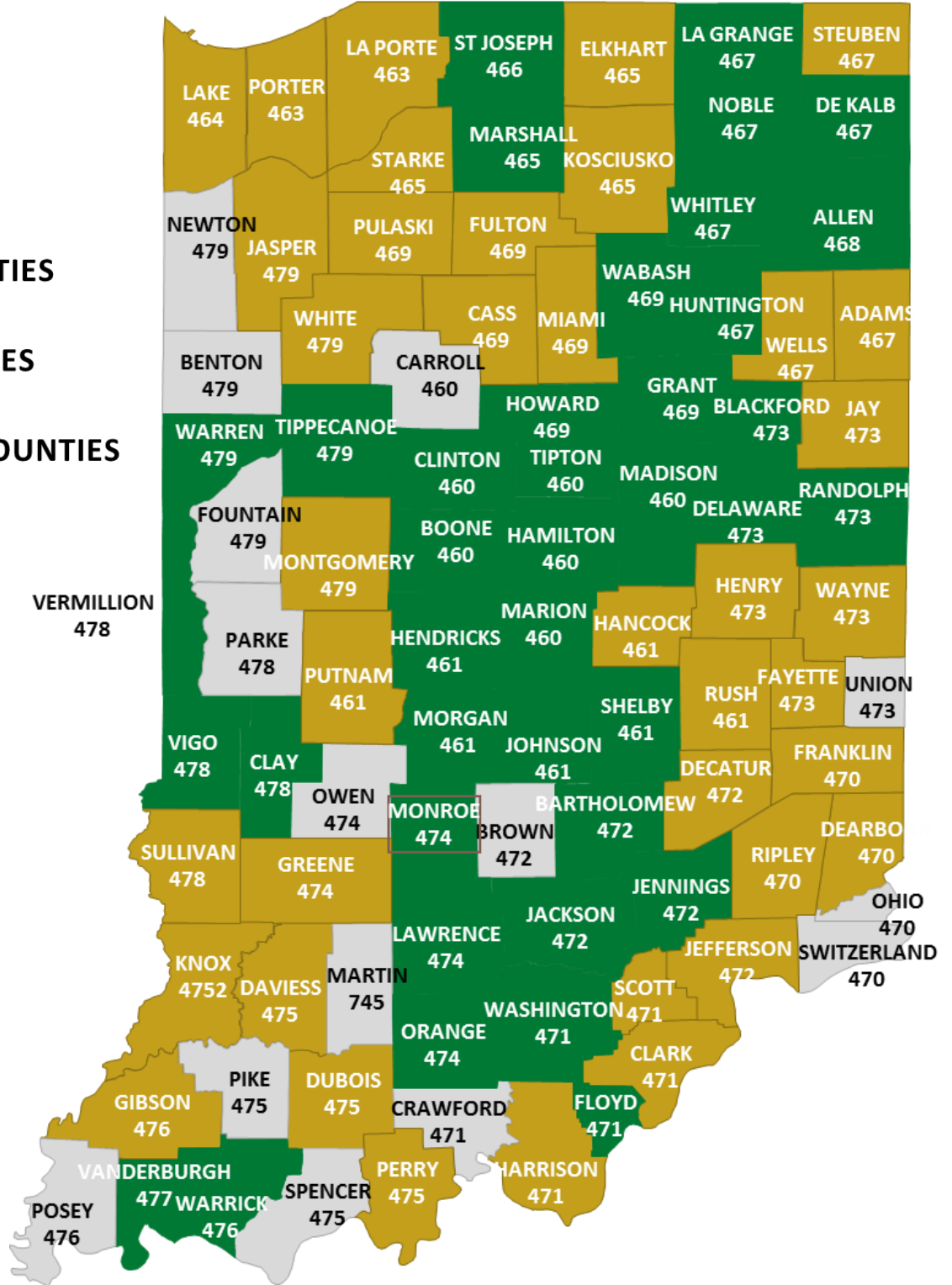
Encircle/Encore Combined Network must have a benefit plan differential between Tier 1 and Tier 3, and a 20% benefit plan differential between Tier 2 and Tier 3. Please see below a sample of the different combinations of plan differentials:



The 20% difference Between Tier One and Out of Network plus the additional deductible and member out of pocket equate to a 40% benefit plan differential.

ENCRICLE/ENCORE COMBINED SERVICE AREA MAP

- ENCIRCLE FACILITIES
- ENCORE FACILITIES
- NON-FACILITY COUNTIES



ENCORE WORKCOMP

CONTRACT PARAMETERS

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 a 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.

WORKERS COMPENSATION REIMBURSEMENT FOR PAYORS

(these guidelines are in accordance with Indiana Statute)

- *All providers must bill claims on UB's and HCFA's per Medicare guidelines.*
- *Physician claims are reimbursed at the lesser of PPO rate or the 80th percentile of U&C.*
- *All work comp payers must pay hospital charges at PPO contracted rate. If there is no PPO contract then at 200% of Medicare.*
- *Steerage to in-network provider is allowed. Please note that Encore's payer contracts require payers to steer to in-network providers.*
- *The work comp network is identified on the Explanation of 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.

ENCOREWORKCOMP



Back to work. Back to life.

Delivering unique value to your bottom line.



ENCORE WORKCOMP

Back to health and work.

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. 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 quickly is the goal through high quality, cost-effective care.

Encore delivers unique value to your bottom line!

Savings: Because Encore is provider owned, we are in a unique position to offer best commercial rates in many Indiana markets. Encore understands that the cost of healthcare is what drives your bottom line. Maximize your savings with Encore's Workers' Compensation PPO.

Choice: As a Preferred Provider Organization (PPO), Encore's focus is to give our members broad access to the finest healthcare providers, facilities, and services available. We understand the importance of choice in offering a full spectrum of providers to our members, employers, and payers so you can choose the provider that is right for you.

Products: 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 your needs and delivers unique value to your bottom line.

If you have questions about Encore WorkComp, simply contact our Sales and Marketing department at (888) 574-8180 or inquire via the web at www.encoreconnect.com.



ENCORE WORKCOMP

Encore Workcomp Network Access



As a Preferred Provider Organization (PPO) work comp network, Encore's focus is to give our members broad access to the finest healthcare providers, facilities, and services available. We understand the importance of choice in offering a full spectrum of providers to our members, employers, and payers so you can choose the provider that is right for you.

If you have questions about Encore WorkComp, simply contact our Sales and Marketing department at (888) 574-8180 or inquire via the web at www.encoreconnect.com.



ENCORE WORKCOMP



WORKERS COMPENSATION NEW GROUP NOTIFICATION

Workers Comp User or Insured		Effective Date:
Address/City/State	Employer Group #:	
Other Locations:	<input type="checkbox"/> Self Insured <input type="checkbox"/> Fully Insured	
Contact Name: Title:	Telephone #:	E-mail address:
# bills per month:		
Plan Benefit Information:		
Broker Name:	Address:	
E-mail Address:	Telephone #:	
Comments:		
PRODUCTS AND SERVICES		
<input type="checkbox"/> New to Encore <input type="checkbox"/> Existing Group/changing products or adding special arrangement <input type="checkbox"/> Existing Group/New Payor; if applicable, identify previous Payor and term date: _____ <input type="checkbox"/> TERMINATION: date _____ Reason for Termination: _____		
CLAIMS RUN IN: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, beginning date _____ (Encore can only do run in for existing groups changing payors)		
PAYOR (submitter)	Name:	
	Claims Shipping Address:	
	Claims Eligibility Telephone:	Fax #:
REPRICER	Name:	
	Address:	
	Telephone:	Fax #:

Form Completed By: _____ Title/ Company: _____
 Phone: _____ E-mail Address: _____ Date: _____
 Please forward the completed form along with the following required documents via e-mail to Holly Joyce at hjoyce@encoreppo.com or Kevin McShay at kmcshay@encoreppo.com or fax to their attention at 317-621-2388. rev. 10/2011
 Completed Information Sheet Copy of EOB

REQUIREMENTS FOR ANALYSES

GEOS, DISRUPTION ANALYSIS, CLAIMS ANALYSIS

- Send all requests for GEOs, Disruptions and Claims Analysis to your Sales Executive:
 - Jenny Kress @ jkress@encoreppo.com
 - Rochelle Forrest @ rforrest@encoreppo.com
- Carbon copy (CC) encoremarketing@encoreppo.com
- Please make sure requests are in the acceptable format per information in pages to follow
- All requests have a required turn around time as denoted on the following pages.

ELIGIBILITY

- All eligibility files need to be sent to <ftp.thcg.org>

REQUIREMENTS FOR DISRUPTION ANALYSIS

DISRUPTION ANALYSIS FORMAT

(Turn Around Time 7-10 business days)

REQUIRED FIELDS	FORMAT	# OF CHARACTERS
Provider Name	Alpha, no DBA name attached to the provider or facility name	
Tax ID	Numeric, no dashes	9
Location Address	Alpha/Numeric	
City	Alpha	
State	Alpha, 2 characters	2
Zip	Numeric	5

REQUIREMENTS FOR CLAIMS ANALYSIS

CLAIMS ANALYSIS FORMAT

(Turn Around Time 7-14 Business Days)

REQUIRED FIELDS	FORMAT	# OF CHARACTERS
Provider Name	Alpha, no DBA name attached to the provider or facility name	
Tax ID	Numeric, no dashes	9
NPI	Numeric, no dashes	10
Location Address	Alpha/Numeric	
City	Alpha	
State	Alpha, 2 characters	2
Zip Code	Numeric	5
Patient Zip Code	Numeric	5
Valid CPT Codes	Alpha/Numeric	5
Modifier	Alpha/Numeric	
Diagnosis Code (Primary)	Alpha/Numeric	
# of Units	Numeric Field (If total charges are calculated based on number of units for CPT codes)	
Place of Service Code	Alpha/Numeric	
Date of Service	Date	
Total Billed Amount	Currency	
Repriced Amount	Currency	
Discount Amount	Currency	

REQUIREMENTS FOR GEO ANALYSIS

GEO ANALYSIS FORMAT

(Turn Around Time 5 – 7 business days)

REQUIRED FIELDS	FORMAT	# OF CHARACTERS
Zip (1 line for each EE or Member)	Numeric	5
Number of Employees	Numeric (if available)	

STANDARD ELIGIBILITY FORMAT

ID	Field Name	Description	Data Type	Size	Start Position	Stop Position
1	Group ID	Group ID assigned by Payor	Character	30	1	30
2	Employer Name	Employer group name	Character	50	31	80
3	Employee ID	Employee unique ID number (SSN or other ID)	Character	9	81	89
4	Member ID	Unique member ID assigned to the member (i.e. employee ID + unique suffix)	Character	11	90	100
5	Last Name	Employee or dependent last name	Character	25	101	125
6	First Name	Employee or dependent first name	Character	25	126	150
7	Middle Initial	Employee or dependent middle initial	Character	1	151	151
8	Address Line 1	Address line 1	Character	50	152	201
9	Address Line 2	Address line 2	Character	40	202	241
10	City	City	Character	36	242	277
11	State	State	Character	2	278	279
12	Zip Code	Zip Code	Character	12	280	291
13	Phone Number	Phone number	Character	14	292	305
14	Birth Date	Date of birth (mm/dd/yyyy)	Date	10	306	315
15	Gender	Gender (valid choices are M, F)	Character	1	316	316
16	Relationship	Member's relationship to insured. Valid choices are 01 (self), 02 (spouse), 03 (child), 04 (other).	Character	2	317	318
17	Status	Employee's status (A=Active, T=Termed)	Character	1	319	319
18	Coverage Effective Date	Coverage effective date of employee or dependent (mm/dd/yyyy)	Date	10	320	329
19	Coverage Term Date	Coverage termination date of employee or dependent (mm/dd/yyyy)	Date	10	330	339
20	Alternate Employee ID	Additional employee ID (i.e. SSN)	Character	79	340	419

Required fields are shaded. File format should be fixed width text.

REQUIREMENTS FOR REMITTANCES

Billing invoices will be sent out the 25th of each month for enrollment of the previous month.

PRODUCTS	MAILING ADDRESS
Encore, Encircle, Encircle/ Encore Combined and En- core WorkComp	<p>P.O. Box Address: Encore Health Network 7224 Solution Center Chicago, IL 60677-7002</p> <p>Street Address for Overnight Courier Deliveries PNC Bank C/O Encore Health Network Lockbox Number 777224 350 East Devon Ave Itasca, IL 60143</p>



Please remember to include the number of enrollees with your payment.

Fees are due on or before the 10th day of the month following the billing month.

REQUIREMENTS FOR REMITTANCES

Doctors you know. Hospitals you trust.



Payor: DEF Insurance Company
1234 Somewhere Drive
Anyplace, IN 56789

Invoice Month: August 2010
Invoice #: 10695
Invoice Date: 08/26/2010
Payment Due: 09/10/2010

Thank you for choosing the Encore Network. The following network access and/or administration fees are based upon the number of covered employees in the immediately preceding month. Fees shall be due and payable on or before the 10th day of the month following the billing month. (PLEASE MAKE CORRECTIONS ACCORDING TO YOUR RECORDS ON ANY DISCREPANCIES).

Client Name	Month	Fee Type	Renewal Date (MM/DD)	Prior Month Employee Count	PEPM	Amount Due	Amount Paid	Adjustment Amount
ABC COMPANY	07/2010	Access	01/01	76	4.50	\$342.00	\$0.00	\$342.00
ABC COMPANY	08/2010	Access	01/01	76	4.50	\$342.00	\$0.00	\$342.00
Invoice Totals:				76*		\$684.00	\$0.00	\$684.00

* Enrolled employee count

Please remit payment to: ENCORE HEALTH NETWORK
7224 SOLUTION CENTER
CHICAGO, IL 60677-7002

For billing questions contact:

Rena DeJarnette
Phone: (317) 621-4255
Fax: (317) 621-2388
Email: rdejarn@encoreppo.com

Tax ID # 35-2067373

In order to reflect the most accurate information on our invoices, please ensure that current employee counts are included with your payment remittances. If any group listed on this Invoice is terminated with the Encore network, please send us notification including the effective date of the termination.

If payment has already been submitted, please disregard this notice.

REQUIREMENTS FOR REMITTANCES

Doctors you know. Hospitals you trust.



Payor: DEF Insurance Company
 1234 Somewhere Drive
 Anyplace, IN 56789

Invoice Month: August 2010
Invoice #: 10729
Invoice Date: 08/26/2010
Payment Due: 09/10/2010

Thank you for choosing the Encircle Network. The following network access and/or administration fees are based upon the number of covered employees in the immediately preceding month. Fees shall be due and payable on or before the 10th day of the month following the billing month. (PLEASE MAKE CORRECTIONS ACCORDING TO YOUR RECORDS ON ANY DISCREPANCIES).

Client Name	Month	Fee Type	Renewal Date (MM/DD)	Prior Month Employee Count	PEPM	Amount Due	Amount Paid	Adjustment Amount
ABC COMPANY	08/2010	Access	06/01	273	5.50	\$1,501.50	\$0.00	\$1,501.50
Invoice Totals:				273*		\$1,501.50	\$0.00	\$1,501.50

* Enrolled employee count

Please remit payment to: ENCORE HEALTH NETWORK
 7224 SOLUTION CENTER
 CHICAGO, IL 60677-7002

For billing questions contact:

Rena DeJarnette
Phone: (317) 621-4255
Fax: (317) 621-2388
Email: rdejarne@encoreppo.com

Tax ID # 35-2067373

In order to reflect the most accurate information on our invoices, please ensure that current employee counts are included with your payment remittances. If any group listed on this invoice is termed with the Encore network, please send us notification including the effective date of of the termination.

If payment has already been submitted, please disregard this notice.

VSP DISCOUNT PROGRAM

E N C O R E H E A L T H N E T W O R K



Eyecare discounts at no extra charge.



W W W . E N C O R E C O N N E C T . C O M

VSP DISCOUNT PROGRAM

Looking at things differently

Less than 4% of employers provide eyecare benefits because most health plans offer them at an additional cost. But more than 60% of all Americans require some form of vision correction. Encore knows how critical proper eyecare is to its members. And because we are committed to offering the very best in overall coverage, the Encore Health Network is offering members and their families exceptional eyecare coverage from VSP at no additional charge.

Encore is the only PPO in the state of Indiana to offer complimentary eyecare discounts. VSP is the nation's largest provider of eyecare coverage, where more than one in ten Americans rely on VSP for eyecare wellness. It's just another way that Encore is focused on you and your health. Take a look at the savings:

- **Vision discounts at no extra charge.** Members receive a 20% discount on a VSP doctor's exam fee, unlimited 20% discounts on complete pairs of prescription glasses, 15% discount on contact lens fitting and evaluation exams, and 15% average discount on the regular price of laser vision correction at contracted laser centers or an additional 5% off the center's commercial price. Members can take advantage of these discounts from more than 200 providers in more than 80 locations throughout Indiana and surrounding states.

Encore is also committed to making your experience hassle-free. With just these two steps, you can make the most of your vision discounts:

1. **Find a VSP network doctor.** Simply go to our vision discount page at encoreconnect.com. You can also consult your paper directory of VSP network doctors or contact your Encore customer service representative at (888) 574-8180.
2. **Make an appointment.** Just show your Encore VSP ID card and pay the discounted amount. We will take care of the rest—you will never need to fill out a claim form or wait for reimbursements.

If you have questions about VSP discounts, simply contact Encore's Customer Service Department toll free at (888) 574-8180, 8:30 a.m. to 5 p.m. EST, Monday through Friday.



VSP DISCOUNT PROGRAM



Encore VSP Vision Discount Program

Information for the Encore Member

All Encore members have access to Encore's VSP Vision Discount Program as a value-added benefit. To receive your discount from your VSP provider, you will need to:

1. Choose a VSP provider in your area by calling Encore Customer Service at 888-446-5844 or logging on to encoreconnect.com, selecting Programs, and then Vision Discount Plan.
2. Present your Encore VSP vision discount card at the time of your visit along with your health plan ID card displaying the Encore logo.

Information for the VSP Eye Care Professional

As a VSP provider, you are contracted to provide Encore members eye care services at a discounted rate. In this arrangement, VSP does not perform eligibility confirmation. To verify member's eligibility, please contact **Encore Customer Service** at 888-446-5844. Encore will need the name of the member's employer group and the member's group number.

The member will pay the VSP Provider for services after the following discounts have been applied:

- 20% discount on eye exam fee
- 20% discount on a complete pair of prescription glasses (includes frames, lenses and lens options.) This benefit allows Encore members, spouses and children to purchase
- 15% discount on contact lens exam, fitting and evaluation.
- 15% average discount on the regular price of laser vision correction at contracted laser centers or an additional 5% off the center's promotional price.

These discounts are only available from the VSP eye care professional that provided the member's eye exam within the past 12 months.

For a VSP provider needing assistance, please contact the following individual at VSP:

Georgia Hunt at (916) 851-4966 or Georgia.Hunt@vsp.com

QUALISIGHT

ENCORE HEALTH NETWORK



PREFERRED LASIK PRICING

Are you ready to see the difference?



WWW.ENCORECONNECT.COM

QUALISIGHT

Are you ready to see the difference?

Laser eye surgery is one of the most common and successful elective procedures in the nation today. Since LASIK's FDA approval in 1998, it has become a precise, safe, and dependable solution to the majority of vision problems including astigmatism, near-sightedness, and far sightedness. Thousands have now experience freedom from glasses and contacts. Unfortunately, there are many individuals who have not been able to find a quality LASIK provider at a price they can afford.

With QualSight's network and preferred LASIK pricing, Encore Health Network is now able to offer:

- *Access to the nation's largest network of independent, credentialed Ophthalmologists—over 700 locations nationwide*
- *Savings of 40% to 50% off the overall national average price for LASIK*
- *Flexible financing options to accommodate any budget*

And Encore Health network is the only PPO in Indiana who offers access to QualSight preferred LASIK pricing. People are ready to see the difference, and Encore is ready to deliver with a product and a process that is simple:

1. Encore members call **888-582-6698**. This immediately connects them to a QualSight Care Manager who will pre-screen for potential LASIK candidacy, schedule the initial appointment with a conveniently-located Ophthalmologist, and collect a refundable deposit which counts toward the total price of LASIK.
2. After a successful pre-op exam, members schedule the LASIK procedure and pay their balance in full*, receive the brief average of 5 to 10 minutes) surgical procedure, and attend follow-up visits with their physician.
3. The QualSight Care Manager follows up with each member to confirm satisfaction.

**Flexible Financing options are available for qualified members*

For more information on QualSight Preferred LASIK Pricing, contact your Encore representative or visit us at www.encoreconnect.com.



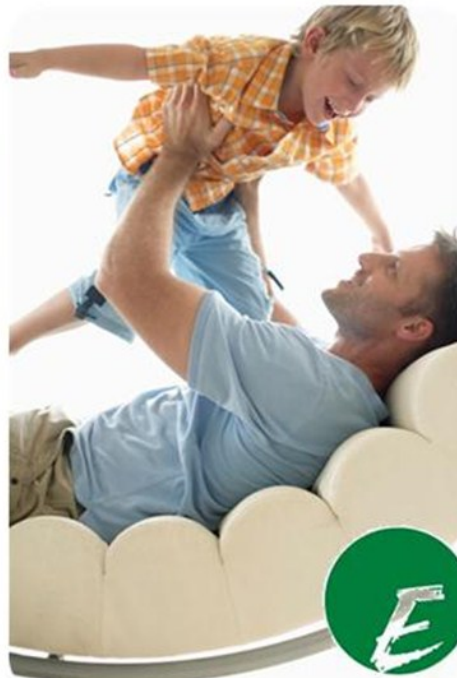
EPIC HEARING HEALTH CARE

ENCORE HEALTH NETWORK



Listening to your needs ?

COMPLIMENTARY HEARING
SERVICE PLAN



WWW.ENCORECONNECT.COM

EPIC HEARING HEALTH CARE

Listening to your needs ?

The laughter of friends. Children's voices. Lyrics to a favorite song. It's difficult to imagine our lives without these things, but unfortunately many are losing the ability to enjoy them. Hearing loss is not the #3 chronic health problem in our country. The good news is—most of it is treatable. But many do not seek help because of cost concerns or confusion over how to find the right specialists. That's why the Encore Health Network now offers EPIC.

EPIC (Ear Professional International Corporation) was first in developing an alliance of Otolologists and Audiologists to create a national standard for hearing healthcare. What does that mean to you? It means you can now have access to high-quality, cost-effective solutions for your hearing needs. EPIC screens qualified experts, researches the latest technology, negotiates for the best prices, and then coordinates coverage between members and their extensive network of contracted doctors.

This allowed the Encore Health Network to offer you hearing aids and other treatment protocols with savings as great as:

- 50% below manufacturers suggested retail price or
- 35% lower than most discount offers

And Encore's complimentary hearing service plan takes the guesswork out of finding the right doctor. Just listen to how simple it is:

- **Contact EPIC Hearing Healthcare at (866)-956-5400.** An experienced professional there will assess your needs and direct you to appropriate doctors in your area. Then, they will send you a benefit packet with contact information for those providers and a pricing booklet.
- **Received examination and treatment.** EPIC will contact the physicians ahead of time and alert them to your interest. Simply schedule your appointment and show up. You will not need an ID card or have any payment to make at that time.
- **Pay EPIC directly.** There are no activation fees or pre-referral costs—you only pay the discounted rates that EPIC has established with contracted providers.

EPIC is available throughout the process for any needs or questions that you might have. You can reach an experienced hearing professional toll free at **(866)-956-5400**.



ENCORE TRANSPLANT PROGRAM



Organ transplants are serious business.

Doctors you know. Hospitals you trust.



www.encoreconnect.com

ENCORE TRANSPLANT PROGRAM

Don't we know it.

The Finest in Organ Transplant Services – Indiana University Health -brought to you by the leading edge health insurance network – Encore.

Encore Health Network understands that when a need for an organ transplant arises, people want to turn to the very best in the business. That's why Encore teamed up with one of the nation's premier organ transplant programs, IU Health Transplant. Located in Indianapolis and recognized as a National Center of Excellence, the center is consistently ranked as one of the largest transplant programs based on volume.

IU Health Transplant is the largest, most comprehensive transplant center in Indiana, performing heart, lung, heart/lung, liver, kidney, pancreas, kidney/pancreas, intestinal, multivisceral transplants. IU Health performs more transplants than the other Indiana transplant centers combined.

For Encore brokers, payors, employers, and members, our relationship with IU Health offers:

- **Competitive transplant rates.** As a result of our contract with IU Health, Encore clients and members will benefit from substantial savings whenever a transplant procedure is performed at IU Health Transplant.
- **No transplant access fees.** Encore waives costly transplant access fees typically charged by many national transplant networks. These access fees can run as high as \$25,000 per transplant.
- **A dedicated transplant representative.** Encore's experienced transplant representative handles all the details in coordinating each transplant case with IU Health. When your claimant is approved and listed as a transplant candidate, simply call Customer Service at (888) 574-8180 and ask to speak with our transplant representative who will coordinate with IU Health. To ensure access to IU Health case rates, please note that Encore must be notified prior to the patient's transplant procedure.

We know organ transplants are serious business. With Encore Health Network and IU Health Transplant, rest assured, it's taken care of.



ENCORECONNECT.COM

Encore’s website, encoreconnect.com, was created to better serve its members. Designed with members in mind, encoreconnect.com provides the latest health care resources and offers the most up to date listing of doctors and hospitals participating in the Encore Health Network.

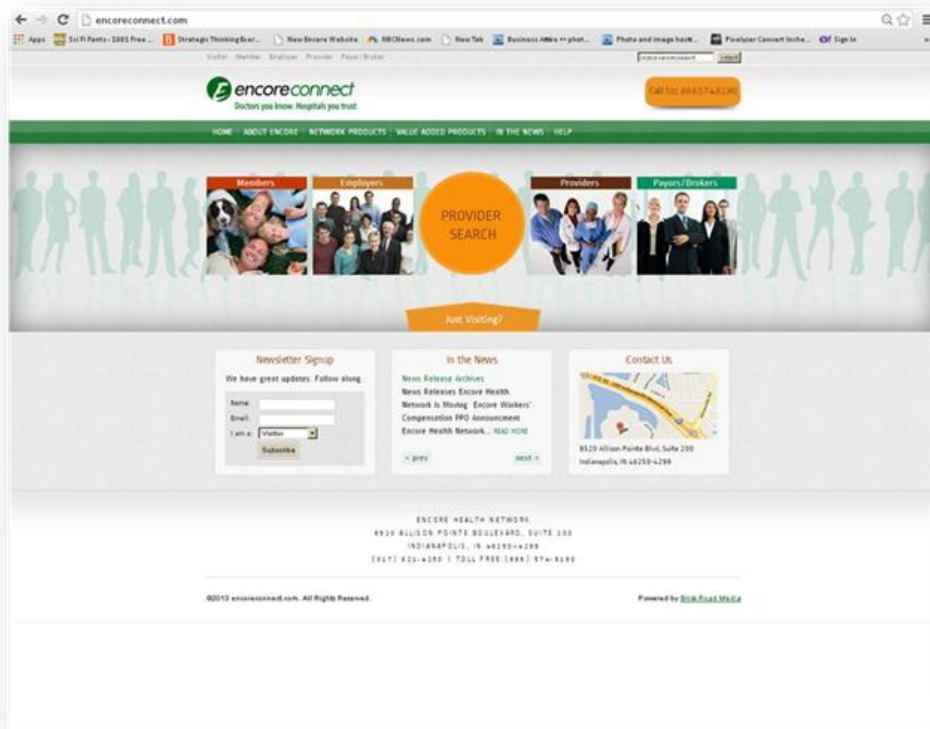
Encore knows members want to get the most out of their health network. Resources such as health assessment tools, patient safety links and hospital quality checks provide you with the tools to take control of your health. Members can also send an Encore customer service representative a quick question through our Ask the Expert tool.



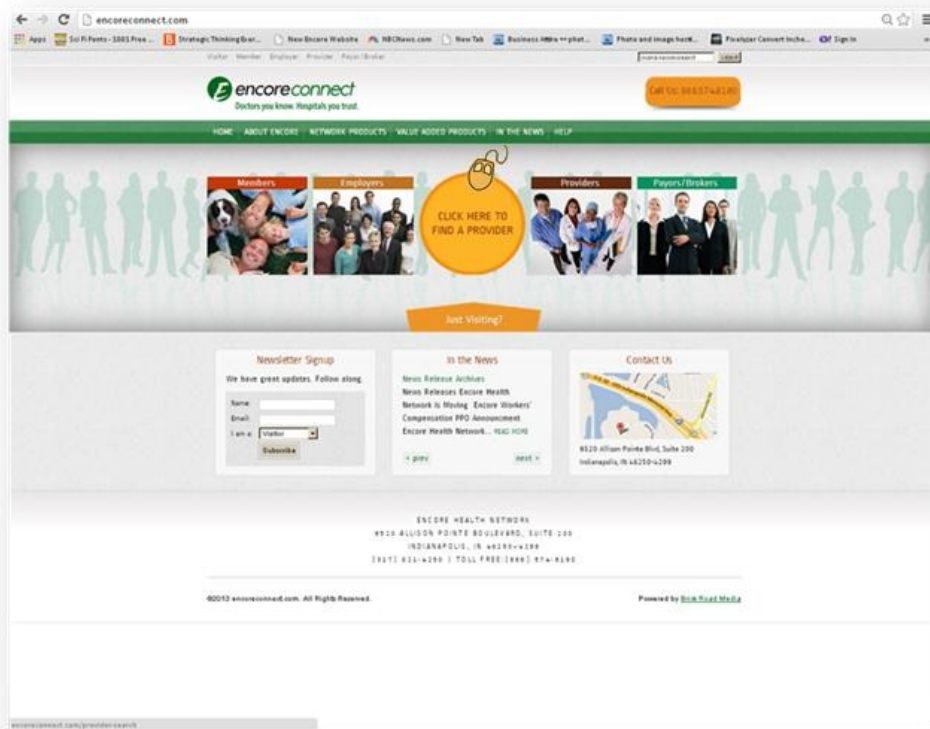
www.encoreconnect.com

Our website's address is **www.encoreconnect.com**.

This is the landing page of our website with several options for visitors to the site.




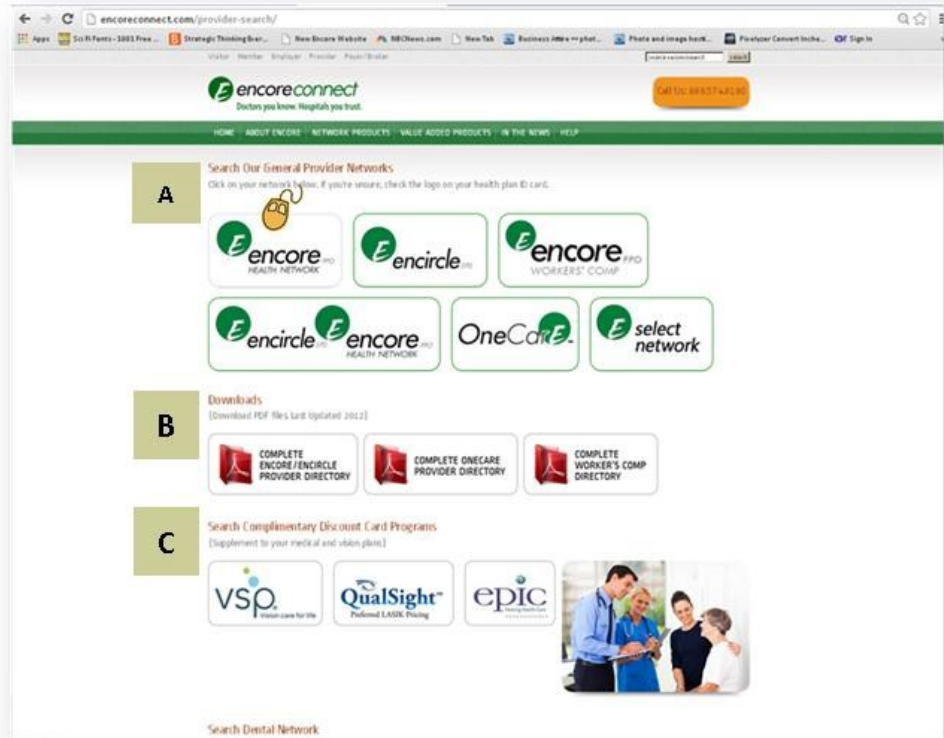
If you hover over PROVIDER SEARCH, that button will change to **"CLICK HERE TO FIND A PROVIDER."** Please click on that button.



This page show you all of the network options you can search for a provider. You have three different options on this page:

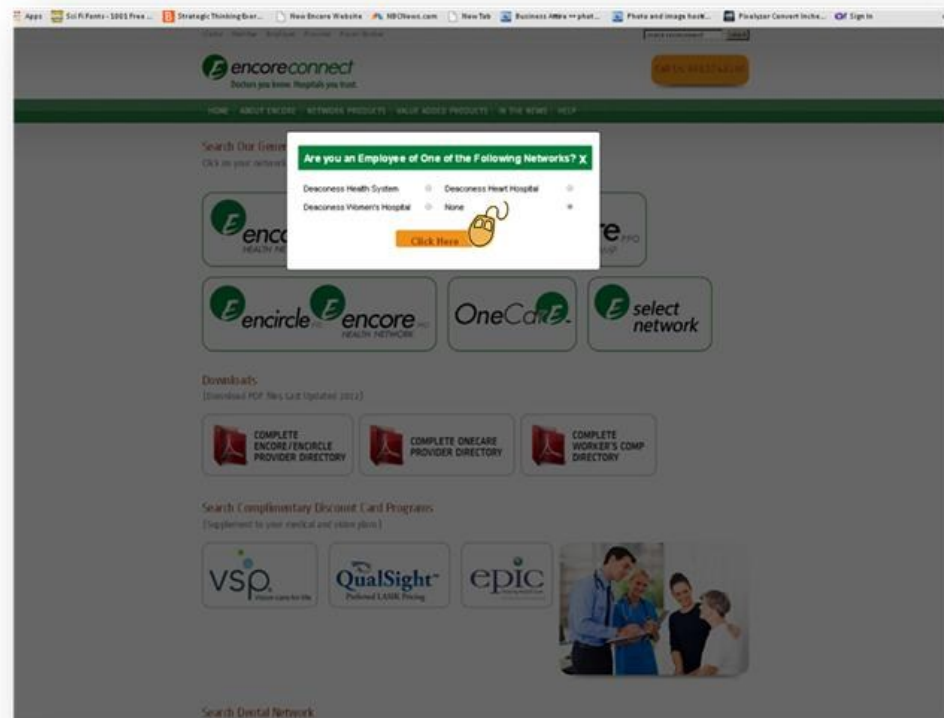
- A. Encore Network Products online provider directory
- B. Download a Provider Directory (these are updated quarterly)
- C. Search our Value Added Products pages.

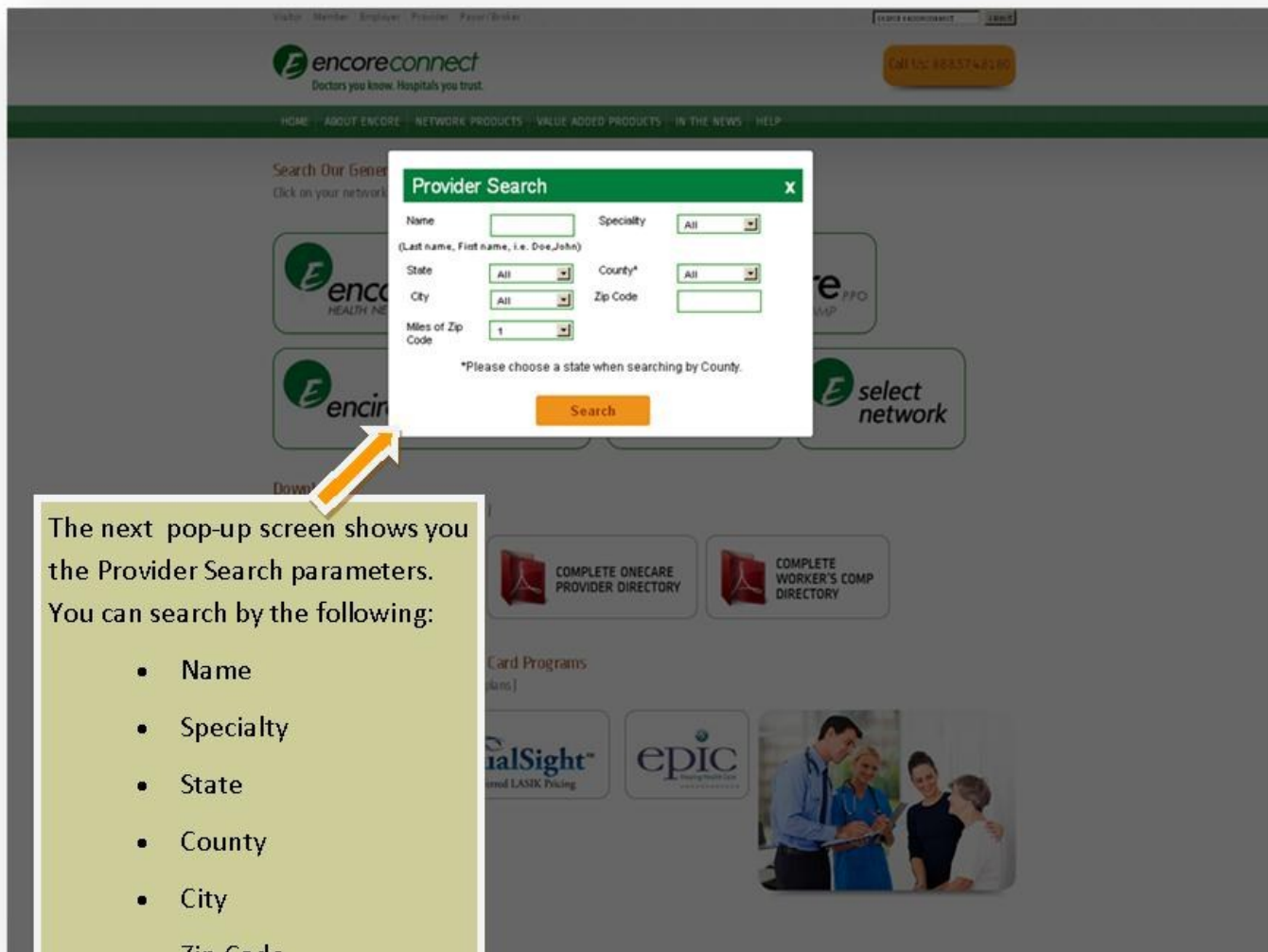
Please click  on the Encore logo



A pop-up box will appear that will provide you with several options to choose. If you are not an employees of the business listed, please leave the option set at the default "none."

Please click  "Click Here."

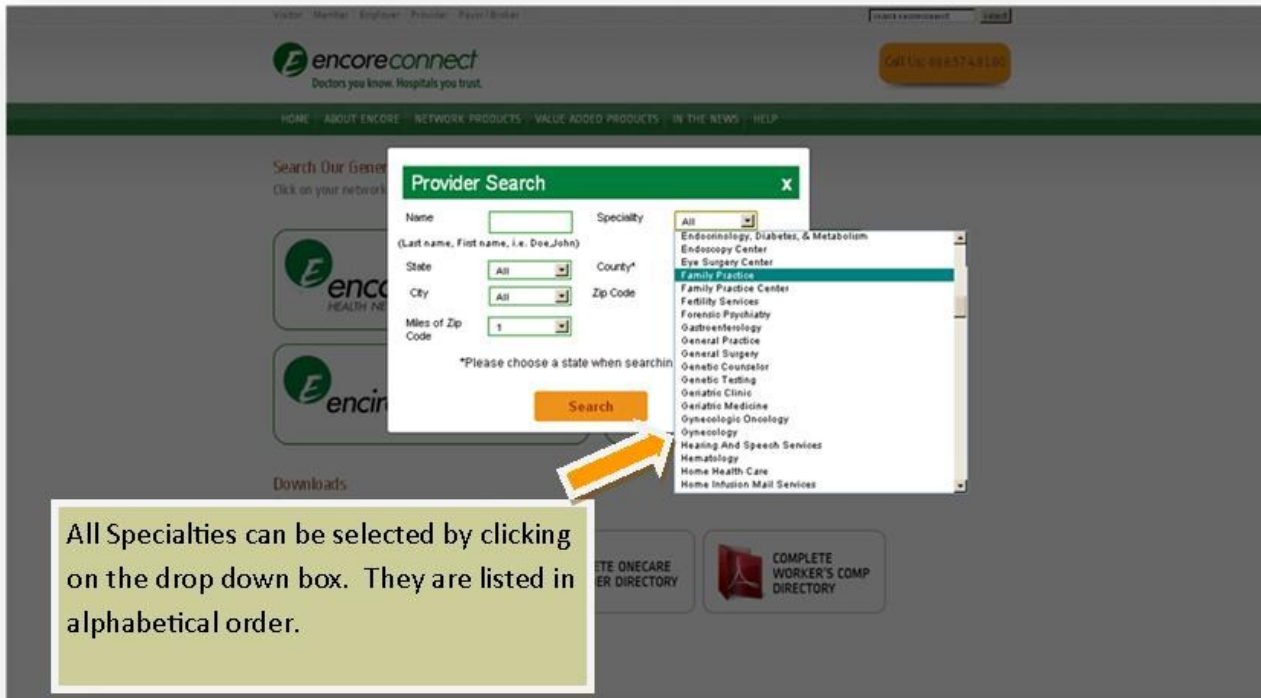




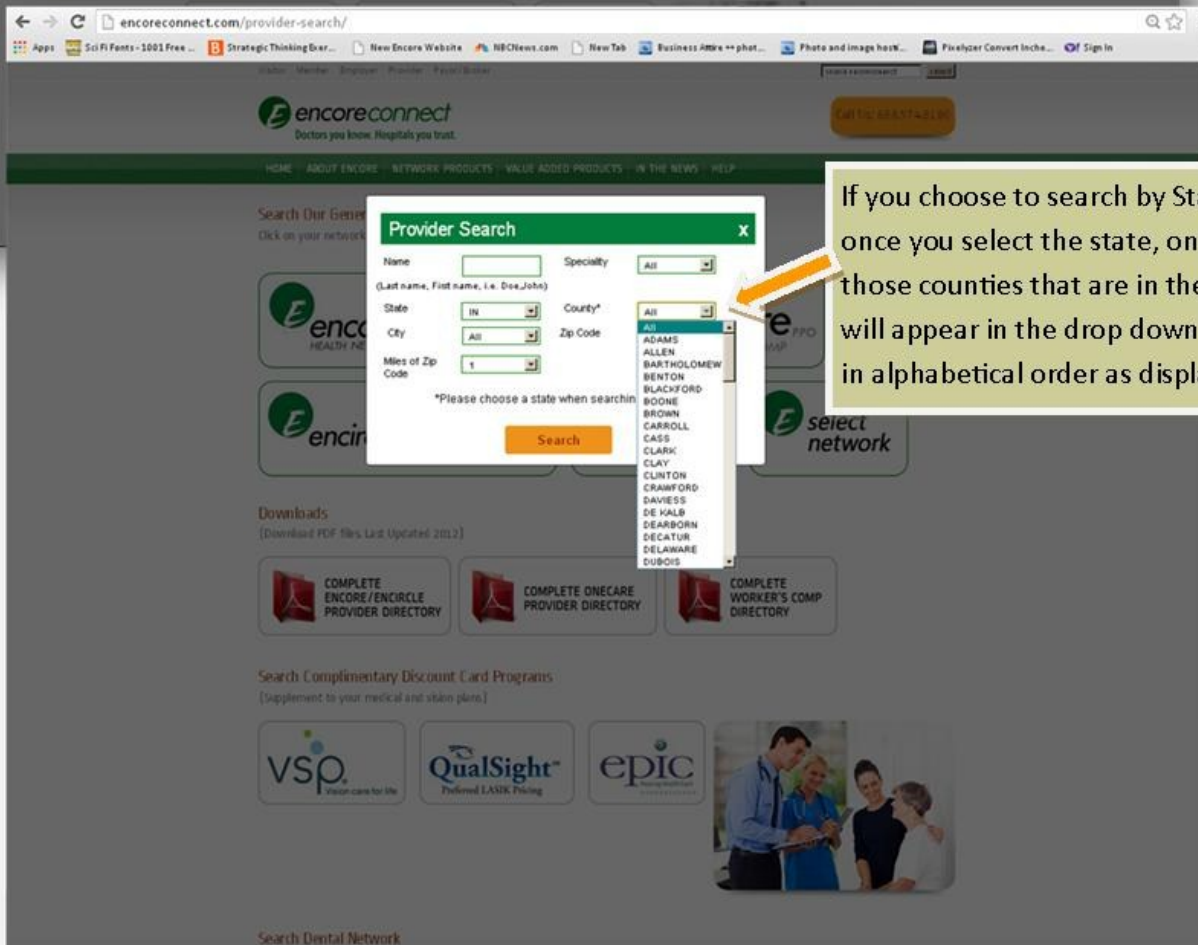
The screenshot shows the Encore Connect website interface. A 'Provider Search' pop-up window is displayed over the main content. The pop-up has a green header with the title 'Provider Search' and a close button (X). Below the header are several search fields: 'Name' (text input), 'Specialty' (dropdown menu), 'State' (dropdown menu), 'County*' (dropdown menu), 'City' (dropdown menu), 'Zip Code' (text input), and 'Miles of Zip Code' (dropdown menu). A note below the fields reads: '*Please choose a state when searching by County.' An orange 'Search' button is located at the bottom of the pop-up. A yellow callout box with a white background and a black border points to the pop-up. The callout box contains the following text:

The next pop-up screen shows you the Provider Search parameters. You can search by the following:

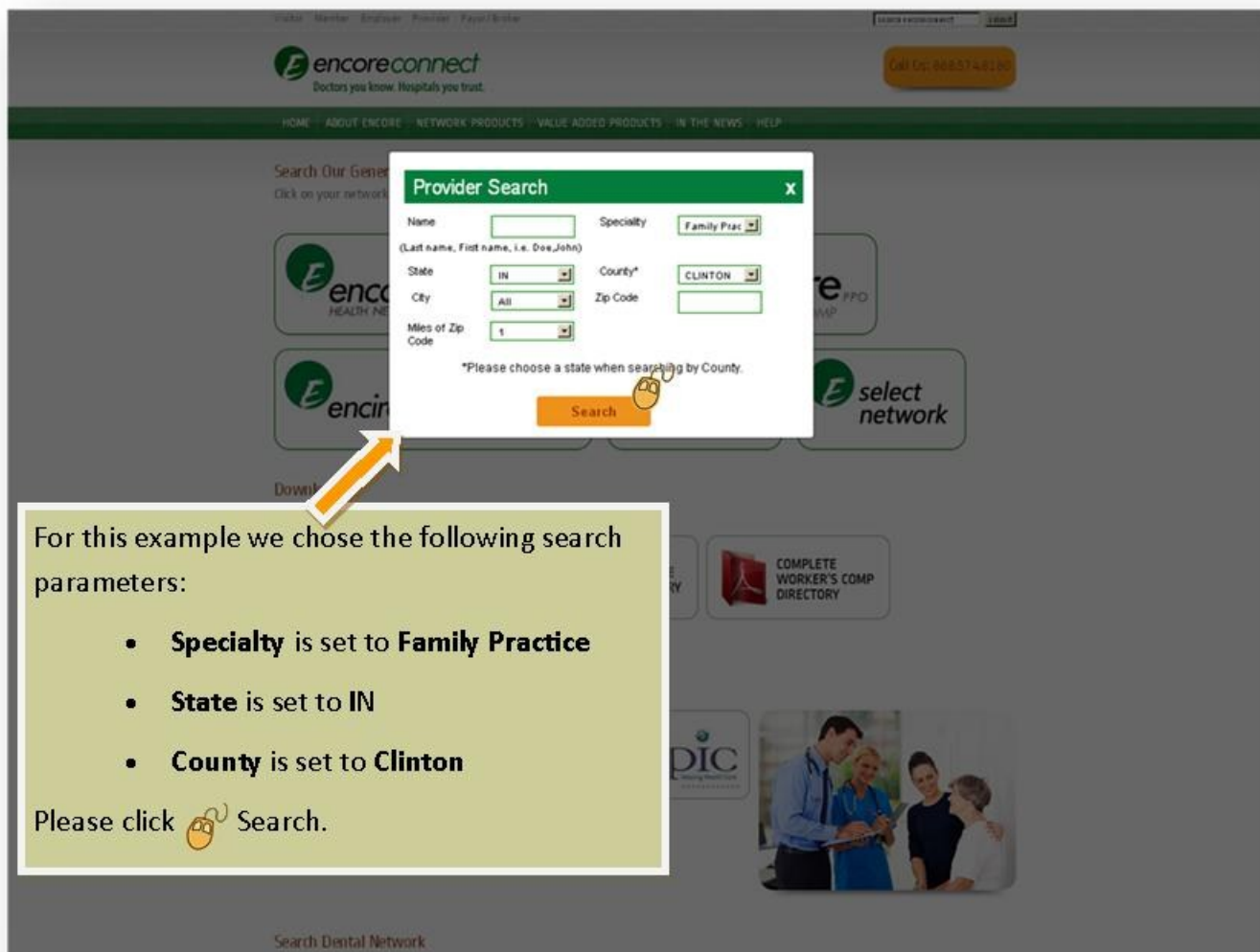
- Name
- Specialty
- State
- County
- City
- Zip Code
- Miles of a Zip Code



All Specialties can be selected by clicking on the drop down box. They are listed in alphabetical order.



If you choose to search by State, once you select the state, only those counties that are in the state will appear in the drop down box in alphabetical order as displayed.



encoreconnect
Doctors you know. Hospitals you trust.

HOME ABOUT ENCORE NETWORK PRODUCTS VALUE ADDED PRODUCTS IN THE NEWS HELP

Search Our Generalists
Click on your network

Provider Search X

Name
(Last name, First name, i.e. Doe,John)

Specialty

State County*

City Zip Code


Miles of Zip Code

*Please choose a state when searching by County.

Search

For this example we chose the following search parameters:

- **Specialty** is set to **Family Practice**
- **State** is set to **IN**
- **County** is set to **Clinton**

Please click  Search.

Search Dental Network

This is the Provider Results Page

Filter Search

Name States County
(last name, first name, i.e. Doe,John)

Zip Code City Miles of Zip Code

Specialty

A We have found total 18 Providers, Please narrow your search by applying filter. [Click Here](#) to Return to Previous Page



C [Export PDF](#)

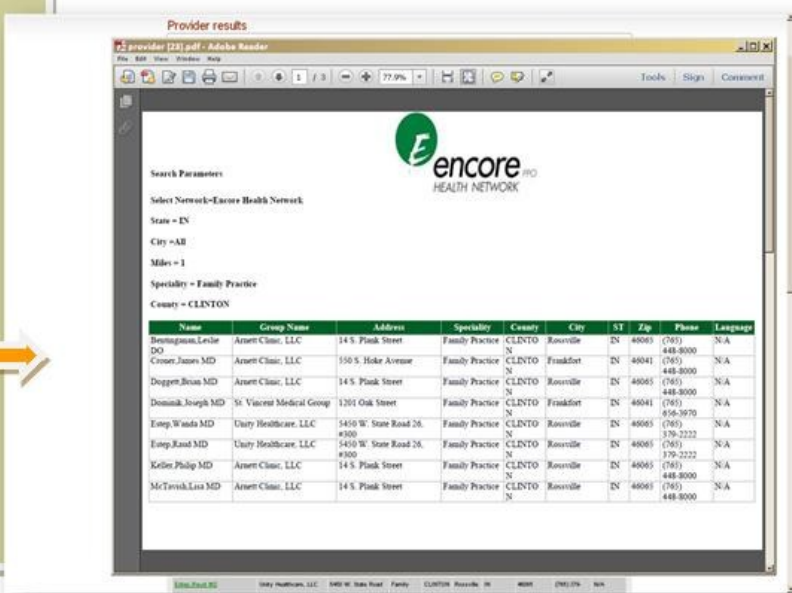
Name	Group Name	Address	Specialty	County	City	ST	Zip	Phone	Language
Bertinganan, Leslie DO	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46055	(765) 448-8000	N/A
Croser, James MD	Arnett Clinic, LLC	550 S. Hoke Avenue	Family Practice	CLINTON	Frankfort	IN	46041	(765) 448-8000	N/A
Duggan, Brian MD	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46055	(765) 448-8000	N/A
Domink, Joseph MD	St. Vincent Medical Group	1201 Oak Street	Family Practice	CLINTON	Frankfort	IN	46041	(765) 856-2670	N/A
Ensey, Wanda MD	Unity Healthcare, LLC	5450 W. State Road 26, #300	Family Practice	CLINTON	Rossville	IN	46055	(765) 379-2222	N/A
Ensey, Paul MD	Unity Healthcare, LLC	5450 W. State Road 26, #300	Family Practice	CLINTON	Rossville	IN	46055	(765) 379-2222	N/A
Krieger, Philip MD	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46055	(765) 448-8000	N/A
McTavish, Lisa MD	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46055	(765) 448-8000	N/A

D

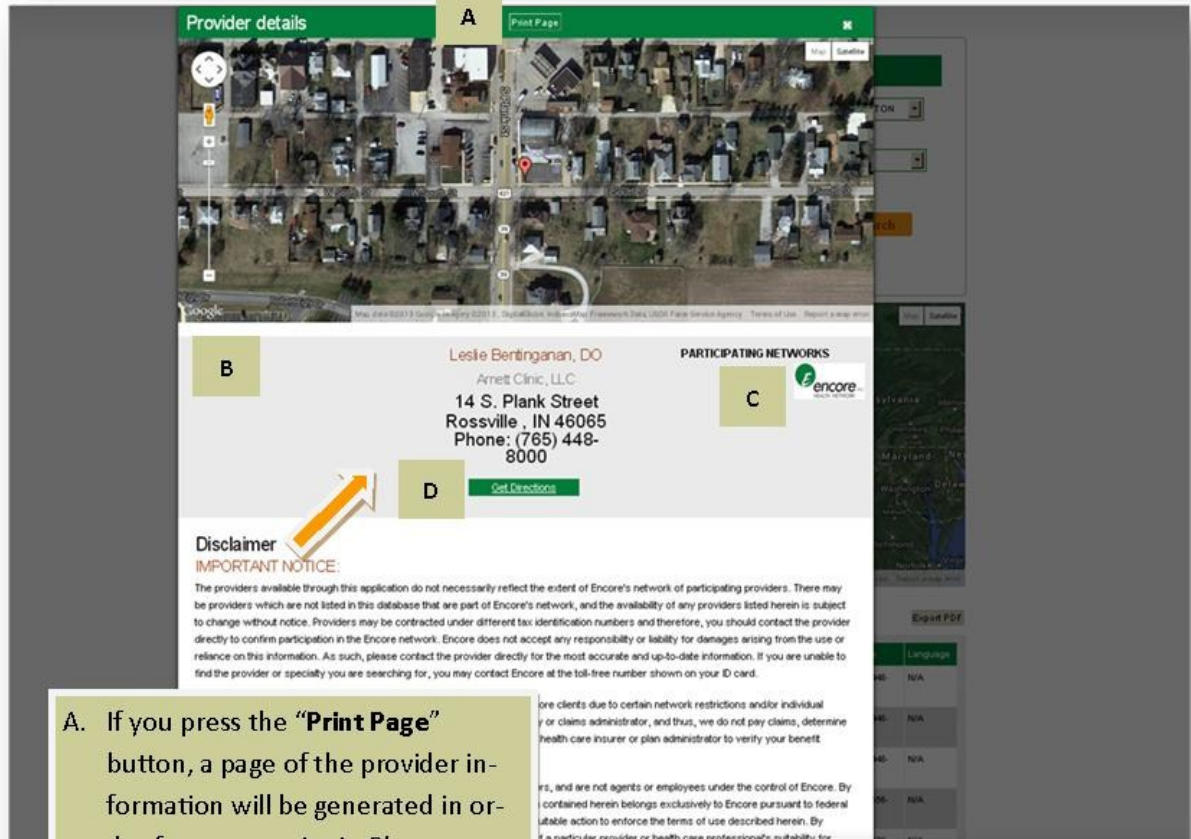
On the Provider Results page you will find the following:

- A. The number of providers found
- B. The Google Map which will display the locations
- C. The listing of all of the providers found according to the search parameters
- D. By clicking on the Export PDF button, you will create a PDF of all the providers.

Please click on the first provider's name, **Leslie Bertinganan**.

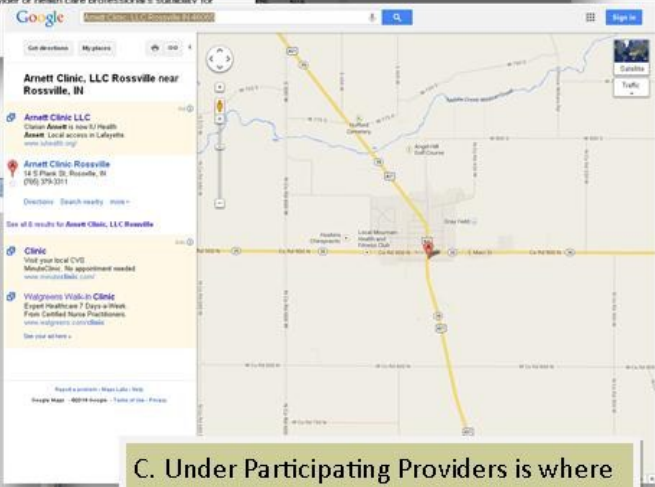
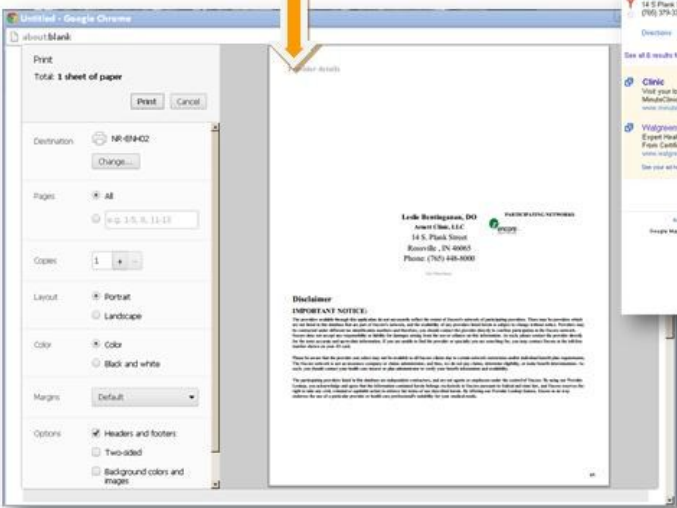


This is the Provider Details Page



A. If you press the **“Print Page”** button, a page of the provider information will be generated in order for you to print it. Please see below.

B. The grey box contains all of the



C. Under Participating Providers is where you will find the network logo that the provider participates in with Encore. This specific provider only participates in the

D. If you press **“Get Directions”** button, a Google page will open allowing you to map directions from any location to the selected provider.

FORMS

New Group Notification Form

ENCORE HEALTH NETWORK
GROUP NOTIFICATION FORM

Company Name: <i>(as it will appear on the ID card)</i>		Effective Date:
Address/City/State		Employer Group #:
Please list the county of the Employer's headquarters:		
Total # Employees:	Total # Employees choosing Encore:	<input type="checkbox"/> Self Insured <input type="checkbox"/> Fully Insured
Employer Contact Name: Title:		Telephone #: E-mail address:
Other locations outside Indiana Accessing Encore: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If more than 1 add sheet)</i>	If yes: Address/City/State: _____ _____ and # of employees: _____	
Other Managed Care Network(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, In Indiana: _____ Outside Indiana: _____	
Broker Name:	Address:	
E-mail Address:	Telephone #:	
Comments:		
PRODUCTS/ACCESS FEES/ SERVICES		
<input type="checkbox"/> Encore PPO Only /\$4.50 PEPM <input type="checkbox"/> Encircle EPO Only*/\$6.00 PEPM <input type="checkbox"/> Encircle/Encore Combined*/\$6.00 PEPM <input type="checkbox"/> Travel Network Only _____ ACCESS FEE <input type="checkbox"/> Dental _____ ACCESS FEE <input type="checkbox"/> OTHER _____ ACCESS FEE <input type="checkbox"/> % OF SAVINGS _____ *ENCORE MUST REPRICE ENCIRCLE AND ENCIRCLE/ENCORE COMBINED NETWORKS.		
<input type="checkbox"/> New to Encore <input type="checkbox"/> New to Encircle <input type="checkbox"/> Existing Group/changing products or adding special arrangement <input type="checkbox"/> Existing Group/New Payor; if applicable, identify previous Payor and term date: _____ <input type="checkbox"/> TERMINATION: date _____ Reason for Termination: _____		
PLAN BENEFIT INFORMATION: <i>Please list the benefit differentials below.</i>		<input type="checkbox"/> PLAN DESIGN ATTACHED <input type="checkbox"/> IDENTIFICATION CARD ATTACHED
TIER ONE:	TIER TWO:	TIER THREE:
SPECIAL ARRANGEMENTS (COMPLETED BY ENCORE) <input type="checkbox"/> Client Specific Discount		CLAIMS RUN IN: <input type="checkbox"/> YES* (START date _____) <input type="checkbox"/> NO <i>*Encore can only do run in for existing groups changing payors.</i>
PAYOR	NAME:	
	CLAIMS SHIPPING ADDRESS:	
	CLAIMS ELIGIBILITY TELEPHONE:	FAX #:
REPRICER	NAME:	
	ADDRESS:	
	TELEPHONE:	FAX #:
UTILIZATION MANAGEMENT	NAME:	
	ADDRESS:	
	TELEPHONE:	FAX #:
STOPLOSS	STOPLOSS/REINSURANCE CARRIER NAME	

Form Completed By: _____ Title/ Company: _____
 Phone: _____ E-mail Address: _____ Date: _____

Please forward the completed form along with the following required documents via e-mail to Kevin McShay at kmcshay@encorepro.com or fax to his attention at 317-621-2389.

- Completed Information Sheet Eligibility Information Schedule of Benefits Copy of Pre-approved Identification Card Copy of EOB