

Provider Partners Advantage Plan Quick Reference Guide

Customer Service

For Pre-authorization:

Fax request to: (844) 593-6221

Or

Call our Toll free phone
number: (855) 969-5907

For Claims and Eligibility:

(855) 969-5907

(TTY for Hearing Impaired 711)

Hours are 8:00 A.M. to 8:00 P.M.,
seven days a week from October
1 through March 31; 8:00 A.M. to
8:00 P.M. Monday to Friday from
April 1 through September 30.

pphealthplan.com

Pharmacy Benefit Inquiry and Authorization

Pharmacy Claims

7835 Freedom Avenue NW
North Canton, OH 44720

For prescription drug benefit questions or coverage
determinations (drug authorizations) please call Elixir, Provider
Partners pharmacy benefit manager. Assistance is available 7
days a week, 24 hours a day.

Provider Partners expedites payment to you for services rendered
through VPay Payment Portal - Optum Financial. This is a secure and
convenient way to receive and manage your claim payments. Your
first payment made on behalf of Provider Partners will be made to
you through a Mastercard Virtual card, sent to you via fax or the USPS.
Simply enter the 10-digit card number into your credit card merchant
terminal. If you elect to accept payment by VCard, processing fees will
be assessed at the rate outlined in your merchant agreement with your
acquiring bank. If your organization prefers a different form of payment,
please email support@vpayusa.com or call 1-844-343-3689 to discuss
your payment preference.

Claims will be processed in accordance with Provider Partners Provider
and/or Facility contractual terms, Original Medicare billing rules,
Medicare fee schedules, prospective payment system requirements,
national coverage determinations (NCDs), local coverage
determinations (LCDs) and the Provider Partners Terms and Conditions
of Payment. All payment methodologies are updated in accordance
with CMS final rules and correction notices published in the Federal
Register and CMS transmittals. Provider Partners uses Correct Coding
Initiative (CCI) for bundling/unbundling logic. Provider fees are updated
at least quarterly as files become available on the CMS website.

Provider Partners applies effective dates as instructed per CMS
transmittals. As an Institutional Special Needs Plan some members may
be eligible for the cost of sharing benefits provided by each state's
Medicaid Office. Providers are not allowed to charge co-payments, co-
insurance, or deductible charges that are the responsibility of Provider
Partners or the state's Medicaid.

Claims Submission

Illinois Payor ID: #31401

Maryland Payor ID: #31118

Missouri Payor ID: #31404

North Carolina Payor ID: #31406

Pennsylvania Payor ID: #31400

Texas Payor ID: #31405

Paper:

Provider Partners Claims

PO Box 21063

Eagan, MN 55121

Appeals and Grievances

Department:

PO Box 21063

Eagan, MN 55121

Fax # 888-918-2989

PRE-AUTHORIZATION

Notification of planned admissions should
be submitted 10 days prior to the planned
admission date. Unplanned admissions should
be reported to Provider Partners within 24 hours.
Weekend and holiday admissions should be
reported by 5 pm next business day.

SERVICES REQUIRING PRE-AUTHORIZATION

- Inpatient Admissions (including Partial Hospitalization)
- Skilled Nursing Facility (Transfer to SNF bed)
- High Tech Radiological Services excluding MRI
- Reconstructive/Potentially Cosmetic Procedures
- Transplant Services
- Durable Medical Equipment greater than \$750 billed charges per month
- Prosthetics/Medical Supplies greater than \$750 billed charges per month
- Hyperbaric Oxygen Therapy
- Specialized Pain Management Services
- Mental Health Services
- Psychiatric Services
- Home Health
- Substance Abuse Programs and Treatment
- Part B drugs with billed charges of excess of \$1,500
- Occupational, Physical, and Speech therapy
- Radiation oncology or radiation therapy
- Diabetic Supplies/ Services and Diabetic Therapeutic Shoes/ Inserts require authorization for billed charges in excess of \$750
- Most services provided by a non-participating Provider require authorization. For questions regarding which services require authorization, please contact Provider Services at 855-969-5907

For a full list of authorization requirements
please reference our Evidence of Coverage
that can be found on the Provider Partners
website

Additional online tools and resources,
including the provider manual, billing
tips and reimbursement methodologies
are available at pphealthplan.com