Provider Partners Advantage Plan Quick Reference Guide

Customer Service

For Pre-authorization:
Fax request to: 1-844-593-6221
Or
Call our Toll free phone number: 1-855-969-5907

For Claims and Eligibility:
1-855-969-5907

(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

Claims Submission

Illinois Payor ID: #31401
Indiana Payor ID: #31407
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 # 1-888-918-2989

Pharmacy Benefit Inquiry and Authorization

Pharmacy Claims

MedImpact
10181 Scripps Gateway Ct.
San Diego, CA 92131
1-844-846-8007

For prescription drug benefit questions or coverage determinations (drug authorizations) please call MedImpact, 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 though 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.

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
- Outpatient Hospital Services
- Outpatient Diagnostic Procedures and Tests
- Ambulatory Surgical Centers
- Medical Supplies greater than $750 billed charges per month
- Telehealth Services
- Substance Abuse Programs and Treatment
- Part B drugs
- 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 1-855-969-5907

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**

WHEN REFERRING PROVIDER PARTNER MEMBERS TO OTHER PROVIDERS, PLEASE REFER TO CONTRACTED PROVIDERS.
YOU CAN FIND CONTRACTED PROVIDERS ON OUR WEBSITE AT HTTPS://WWW.PPHEALTHPLAN.COM/PROVIDER-DIRECTORY/