

PROVIDER Bulletin



January 6, 2016

This Provider Bulletin applies to the lines of business and provider types checked below:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input type="checkbox"/> PHC (Medicaid) | <input checked="" type="checkbox"/> Ancillary | <input checked="" type="checkbox"/> Hospitals |

Effective Jan. 1, 2016, PHP (Medicare) Plan has a new benefit design that features a copay and cost share for certain services. Additionally, PHP has a maximum out-of-pocket amount of \$5,000 for the year.

Copay and cost share are limited to PHP (Medicare) members only. PHP/PHC dual members are not subject to copay.

The copay and cost share are both due at the time services are rendered (for certain services), except services received from a primary care physician or when the copay amount is \$0.

It's important to understand how much you can collect from a member who is enrolled in PHP. A couple of **example scenarios** have been provided below for your convenience.

Scenario 1

Mellody is PHP Member and needs to visit her Primary Care Provider. The total bill is \$100 and the PHPs contacted rate is \$90. PHP's plan benefit does not have a Member copayment for visits to a Primary Care Provider.

Mellody Pays:

\$100	Primary Care Provider Billed Amount
\$90	PHP Contracted Rate
\$0	Member Copay

Scenario 2

Jason is PHP Member and needs to visit his local urgent care center. The total bill is \$100 and the PHPs contacted rate is \$90. Jason is responsible for the \$10 copay to the urgent care center.

Jason Pays:

\$100	Urgent Care Billed Amount
\$90	PHP Contracted Rate
\$10	Member Copay

Tips for Verifying Member Eligibility and Benefits

Remember to ask members for a copy of their identification (ID) card at each visit and verify eligibility and benefits by calling 855.318.4387 to determine copayment and cost share.

Helpful Tips:

- If a member does not have an ID card and does not know their member ID number, use the member's name and date of birth to check eligibility when calling 855.318.4387.
- Be sure to confirm the current effective date of the member's policy and ID number.
- You may also ask the member to call the number on the back of their ID card.
- Visit www.positivehealthcare.org to obtain a copy of the PHC or PHP Summary of Benefits

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org