

ipn

revolving around you

Participating Provider Manual

2018



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In preparation of this manual, every effort has been made to offer the most current and accurate information, however, inadvertent errors may occur. In particular but without limitation, IPN disclaims any responsibility for typographical errors and inaccuracy of information. Because this manual is intended only as an administrative guide, IPN may add, delete or modify the contents as necessary without prior notice.

I. IPN BASICS

A. ABOUT IPN

History

IPN was incorporated as Idaho Physicians Network in 1993 by Boise-area physicians who came together to contract with insurers. In December 1998, Primary Health, Inc. and IPN merged their physician networks to create the largest multi-specialty clinics in Idaho employing 96 physicians working in 17 sites throughout Southwest Idaho. In addition to the clinics, Primary Health also contracted with over 235 physicians to make up its physician referral network for its own managed care insurance plan, Primary Health Network, and for 40,000 members who leased the network.

In early 2000, the decision was made to create a state-wide medical delivery network consisting of physicians, ancillary providers, and facilities to better serve the needs of Primary Health Network members and members who leased its network. IPN became the fastest growing health care delivery system in the state of Idaho. In August, 2009, PacificSource Health Plans acquired Primary Health Network, Inc. Through this transaction, Primary Health Network, Inc. and its TPA, Riverside Benefits Administrators became wholly owned subsidiaries. PacificSource acquired Primary Health's interest in IPN, but 40% of IPN's ownership remains with independent physician shareholders.

In August, 2013, IPN rebranded with a bold new logo, replacing its maroon color scheme with red and grey. The words attached to the acronym were dropped to enhance expansion outside of Idaho and we added a tag line expressing what we do – “revolving around you.”

Providers contracting with IPN can expect excellent customer service, a simplified contracting and credentialing process, and extensive education provided through onsite training, newsletters, email bulletins and provider workshops. Using one contract, providers obtain access to a roster of national payors, third-party administrators and regional insurers, as well as local and statewide employers. Payors who choose IPN as the network for their Idaho members can expect an NCQA certified credentialing program, quality physicians, a streamlined claims re-pricing system, and an extensive state-wide network.

IPN Service Area

IPN contracts with physicians, facilities and ancillary providers throughout Idaho and bordering areas of Oregon and Washington. Access to a tertiary network in Utah is also available for services not provided in Idaho. The participation of these providers gives state, regional and national employers the opportunity to provide access to quality health care for employees and their families in this service area.

Participating providers furnish quality, cost-effective services to our clients' insured members. These members are encouraged to use providers participating with IPN to obtain services at lower out of pocket costs from providers who meet strict credentialing requirements.

B. BENEFITS OF PARTICIPATION

- Largest statewide, physician-owned network of providers in Idaho
- NCQA Certified Credentialing Program
- Centralized contracting, credentialing and data maintenance for all IPN payors and other clients
- Area-specific provider relations and customer service representatives
- Education programs including orientations, on-site training and educational sessions at various healthcare conferences
- Monthly electronic newsletter
- IPN Website
- Strong alliance with the Idaho Medical Association (IMA) and Idaho Medical Group Management Association (IMGMA)
- Advocate with payors for fair and reasonable policies for IPN providers

C. IPN CONTACT INFORMATION

Boise Location:

408 E. Parkcenter Blvd., Ste. 100
Boise, ID 83706
(P) 208-333-1513
(F) 208-433-4605

Idaho Falls Location:

1498 Milligan Rd.
Idaho Falls, ID 83402
(P) 208-333-1513
(F) 208-433-4605

Mailing:

IPN
PO Box 5406
Boise, ID 83705

Other Contact:

Toll Free: 866-476-1076
Email: ipn@ipnmd.com
Website: www.ipnmd.com

Contact IPN For:

- Contracting information
- Credentialing information
- Provider education
- Reporting provider/office changes
- Reimbursement information
- IPN payor information
- Claim filing instructions
- Claim repricing status

Contact Member Insurance/Payor For:

Note: Refer to the patient's health care identification card or the IPN Payor List for phone number and address.

- Patient eligibility
- Patient benefits
- Claim status
- Claim payment
- Preauthorization
- Referral instructions
- Refunds
- Reimbursement policy
- Specific billing instructions
- Pharmacy benefits
- Alternate networks for specific services (Vision, Behavioral Health, Therapy, Chiropractic, etc.)

D. IPN SERVICES

Website (www.ipnmd.com)

Check IPN's website for the most current version of the following documents:

- Participating provider directory
- Secure provider portal
 - Payor List
 - Provider eConnection
 - Participating Provider Manual
 - Provider Information form for demographic changes
 - Universal Provider Credentials Verification Application
 - IPN allowable fee resources

Participating Provider Directory

The online directory is updated weekly and is available in search and pdf formats on IPN's website. The directory includes only providers who have been credentialed by the IPN Credentialing Department. Board certified physicians are identified as such in the directory. Physician specialties listed in the directory are limited to specialties approved by the American Board of Medical Specialties (ABMS). Non physician professionals, (Nurse Practitioners, Physician Assistants, Nurse Midwives, Physical Therapists, Counselors, etc.), are listed by license type.

Payor List

The IPN Payor List is updated monthly and is available in the secure section of the IPN website. Registration for username and password is required for access. For assistance registering, please contact IPN Customer Service.

Newsletter

IPN's monthly newsletter, *Provider eConnection*, is written specifically for office staff. The newsletter is emailed at the beginning of each month to the email address IPN has on file. It is also available in the secure section of the IPN website.

Provider Information Form

The Provider Information form, included in **Section III**, must be completed to report new or changed information to IPN. This form is available in the secure section of the IPN website, in a format which can be completed electronically.

It is important to provide current and accurate data to facilitate timely claims payment. Changes should be provided to IPN 30 business days or more, prior to the effective date for the following changes:

- Name of provider or practice billing name
- Address (physical, billing/remittance and mailing)
- Tax identification number changes (include updated IRS W9 form)
- Adding or terming providers from the group practice
- Additional office locations

IMPORTANT: Information not reported in advance may result in IPN's request to hold claims for up to 30 business days to allow payors adequate opportunity to update their claims systems.

Additional information which should be provided to IPN as soon as possible includes:

- Contract notification name, mailing address and email address
- Phone and fax numbers
- Email address (physical office, billing and correspondence)
- Office manager name and contact information

II. IPN REQUIREMENTS

A. CLAIMS/BILLING INFORMATION

Professional Claims

To submit an IPN professional claim, complete a CMS 1500, according to uniform claim guidelines established by the Centers for Medicaid and Medicare Services (CMS). Use the most current version of CPT procedure codes/modifiers and ICD diagnosis codes. Submit electronically or hard copy to the payor address on the patient's ID card or to the address indicated on the IPN Payor List.

Hospital Claims

To submit an IPN hospital claim, complete a UB-04, according to uniform claim guidelines described in the National Uniform Billing Committee's UB-04 Office Data Specifications Manual. Use the most current version of revenue codes, CPT procedure codes/modifiers and ICD diagnosis codes. Submit electronically or hard copy to the payor address on the patient's ID card or to the address indicated on the IPN Payor List.

Electronic Claims (EDI)

To submit an IPN claim electronically, use the standard code sets specified by the Health Insurance Portability & Accountability Act of 1996 (HIPAA). Payor ID numbers can be found on the IPN Payor List located in the secure section of the IPN website.

Refer to the Payor List to verify whether claims should be submitted directly to the payor or to IPN's repricing vendor, VyStream.

Note: Do not send paper claims to IPN as they will be returned.

Member Identification and Claims Submission

Refer to the patient's ID card for claim submission instructions. This card provides the name, address and customer service phone number of the payor. Some cards include co-payment information and utilization management requirements.

The IPN logo should appear on the patient's card. If the patient is employed out of state but is covered by an IPN payor, the IPN logo may not appear on the card. For questions about network status, contact the payor directly.

Claims should be submitted to payors as soon as possible, but no later than 120 days from the date of service. Corrected claims or requests for re-processing should be submitted within 120 days of payor's original processing date.

Claims Repricing

IPN contracts with VyStream to provide claims repricing services for many payors. When VyStream reprices a claim, the contracted allowance will be assigned to each valid code billed. The repriced claim will then be forwarded to the payor for processing and payment. For any claims submitted directly to VyStream for repricing, the appropriate insurance company name, group number and employer name must be included.

Patient Eligibility and Benefits

For patient benefits and eligibility, contact the payor's customer service representative at the phone number located on the patient's ID card or refer to the IPN Payor List for contact information. Share this instruction with anyone responsible for obtaining benefits and eligibility information such as practice management or outsourced agencies.

Claims Processing and Payment

For claims processing, adjudication and payment inquiries contact the payor's customer service representative at the phone number located on the patient's ID card or refer to the IPN Payor List for contact information. IPN does not maintain information on the status of claims processed.

Claims Overpayment Refunds

Send overpayment refunds directly to the payor as indicated on the patient's ID card. Do not send refunds to IPN as they will be returned.

Claims Appeals

The IPN payor should be contacted directly for claims resolution or claims appeal guidelines. IPN may be contacted for assistance with the following contract-related issues if resolution is not obtained from the payor first:

- Claim not paid at contracted allowance
- Claims not paid timely
- Claim paid with out of network benefits
- Unable to reach acceptable resolution to claim dispute

Utilization Management

Many of IPN's payors' benefit designs include a utilization management program where preadmission of hospital inpatient stay or preauthorization of outpatient service may be required. Refer to the patient's ID card for pre-admission, utilization management requirements and telephone numbers. IPN does not maintain this information.

Referrals

IPN's payors may include a referral program for in-network benefits. Refer to the patient's ID card for this information.

Third-Party Recovery

In the event another party is responsible for a patient's claims, the payor may recover any payment previously made on that patient's behalf for services related to that claim.

Worker's Compensation

Services provided for work-related injuries should be submitted to the patient's workers' compensation carrier. IPN provides the network for employers and workers' compensation carriers contracted with CorVel Healthcare Corporation. Payments will reflect reimbursement according to your IPN agreement. Contact IPN for assistance with Workers' Compensation issues if you are unable to obtain resolution by calling CorVel Healthcare Corporation.

Reimbursement and Balance Billing

Providers should submit claims with usual and customary charges. Payments that may be collected from the patient are:

- Applicable co-payment
- Co-insurance
- Deductible
- Payment for services which are not a covered benefit

Reductions for Multiple Surgical Procedure, Surgical Assists or Other Limiting CPT Code Modifiers

IPN payors reimburse procedures subject to multiple procedure reduction guidelines by 50% for each additional procedure. If the provider does not have a contracted IPN allowance for a specific code, submit the full billed charge for that procedure and the payor will calculate the reduction when processing the claim. This applies to all procedures which may be subject to reduced payment based on the modifier included with the CPT code.

Excluded Services

Some payors utilize other networks for certain medical services, e.g. vision, mental health, chiropractic, and physical therapy. Follow payor instructions for billing claims for these services.

Payor-Specific Reimbursement Policies/Billing Instructions

Claims are paid according to each payor’s reimbursement policies and procedures. Use best efforts to follow Precertification/Preauthorization and other notification procedures as established by payors. Contact the payor directly for instructions or guidelines on the following:

- Claim filing deadlines longer than 120 days
- Overpayments/refunds
- Underpayments and corrected claims
- Coordination of benefits
- Utilization management including precertification/preauthorization and referrals
- Maternity and baby claims
- Medical necessity determination
- Claims reprocessing and appeals
- Assistant Surgeon/Non Physician Assist/Co-surgeons
- Reimbursement for surgical tray and supplies
- Bundling/unbundling
- Other reimbursement policies
- Claims processing questions

B. PROVIDER ELIGIBILITY

Requirements

To apply for participation with IPN, provider must:

- Sign an IPN agreement or join a provider clinic/organization which has executed an IPN agreement,
- Sign and complete the appropriate credentialing application (unless provider is a professional practitioner who practices exclusively at a credentialed hospital and is considered “Hospital Based,” and
- Complete a Provider Information form.

The following table indicates IPN eligible provider types:

Acute Care Hospital	Hearing Aid Fitter	Physical Therapist
Air Ambulance	Home Health	Physician
Alcohol & Drug Center	Home Infusion	Physician Assistant (if supervised by participating physician)
Ambulance	Hospice	Podiatrist
Ambulatory Surgery Center	Independent Diagnostic Testing Facility	Prosthetic/Orthotic Service
Audiologist	In Home Services	Public Health Department
Associate Marriage and Family Therapist	Laboratory	Psychiatric Hospital
Clinical Nurse Specialist	Laboratory Collection Site	Psychologist
Certified Registered Nurse Anesthetist	Lithotripsy	Rehabilitation Facility
Chiropractor	Massage Therapist, Licensed	Skilled Nursing Facility
Counselor (LCPC, LPC, LMFT)	Nurse Midwife	Sleep Disorder Center
Dietician	Nurse Practitioner	Social Worker (LCSW, LMSW, LSW)
Dialysis (Outpatient)	Occupational Therapist	Speech Pathologist
Diagnostic Imaging Center	Optometrist	
Durable Medical Equipment	Oral & Maxillofacial Surgeon	

C. IPN PARTICIPATION AGREEMENTS

IPN Participating Practitioner Agreements

IPN offers Participating Practitioner Agreements to professional providers who are practicing individually or in a group. Agreements may include multiple reimbursement Exhibits to apply to different provider types.

IPN Participating Ancillary Organization Agreements

IPN offers Participating Ancillary Organization Agreements to agencies which provide healthcare services to members.

IPN Participating Facility Agreements

IPN offers Participating Facility Agreements to acute care hospitals, long term acute care hospitals, in-patient rehabilitation centers, skilled nursing facilities, intensive out-patient facilities and ambulatory surgery centers. Professional providers who are employed by the facility or bill under the same tax identification number may be included in the agreement or may require a separate professional agreement.

Independent Practice Association

A provider who is a member of an Independent Practice Association (IPA) that has contracted with IPN is eligible for participation with IPN through that IPA agreement.

An IPA must acknowledge that it has entered into a written agreement with each eligible provider. The agreement must contain the terms and conditions in the arrangement between IPN and the IPA, imposing a duty or responsibility on eligible participating providers.

Multiple Contracting Locations

If a contracting provider practices at multiple locations under the same Tax ID Number, information on all locations should be submitted to IPN and included under the same agreement. Multiple Tax ID Numbers are generally not included in the same. If you have questions about this, please contact the IPN Contracting team for more information.

Providers Leaving a Participating Practice and Joining Another Participating Practice

Participating providers who leave an IPN participating provider group and join a new IPN participating provider group should contact IPN for information to continue participation. Proof of current malpractice insurance covering provider in the new location should be submitted on the Provider Information form and include any billing changes. If more than 30 days pass between the times that provider leaves one practice and joins the next practice, a new credentialing application may be required.

Providers Joining Clinics with an Existing Participating Provider Agreement

If an eligible professional provider joins a clinic where a Participating Provider Agreement exists, a completed credentialing application must be submitted to IPN along with a completed Provider Information form. The provider will not be considered participating until the credentialing application has been submitted and approved by IPN.

Effective Dates

Upon receipt of executed IPN agreement and completed credentialing application(s), effective dates are assigned.

- Newly credentialed practitioners and organizational providers will receive an effective date of the credentialing decision.
- Hospital Based practitioners, changes and terminations will receive an effective date provided by the group.
- If an effective date is not provided, IPN will assign the document received date as the effective date of the change or termination.
- All providers will receive electronic notice of credentialing approval and effective date from IPN. Claims should not be submitted until notification is received by IPN. Providers are asked to hold claims for 30 business days following notification from IPN to allow payors to update claims systems.

IMPORTANT: IPN payors will apply their individual business rules for effective dates regardless of the date of IPN participation. IPN will make every effort to provide date information if a Payor uses a different effective date.

Agreement Countersignatures

Upon credentialing approval and/or submission of all required documents, IPN agreements will be countersigned, dated, and a copy will be electronically returned.

Agreement Changes (Amendments)

IPN may amend an agreement to update reimbursement rates, meet regulatory requirements, or include changes required to meet obligations with payors. IPN will send the amendment to the provider outlining change(s) 60 days prior to the effective date of the change. If a provider chooses not to accept change(s), IPN must receive notification as soon as possible within the 60 day timeframe. Failure to provide this notification to IPN constitutes acceptance of the change. Any other requested change by a provider to IPN's agreements must be requested and approved by IPN. Changes will be made in the form of an Amendment and must be agreed to by both parties.

Termination

IPN may terminate a provider's agreement immediately if the provider does not maintain credentialing criteria such as current license and malpractice, or if the provider is considered to pose an immediate risk to members. IPN or the provider may terminate the IPN agreement with or without cause by following the time period and requirements outlined in their agreement.

Patient Relations

IPN agreements do not restrict providers or their personnel from discussing a patient's condition and treatment with the patient or authorized representative as permitted by HIPAA.

D. CREDENTIALING POLICY

IPN Credentialing

IPN maintains an NCQA Certified Credentialing and Recredentialing program to select and evaluate all providers who practice within its network. Providers must successfully pass credentialing criteria and meet relevant accreditation requirements to participate with IPN. Provider credentialing is critical to IPN's success and payor/employer satisfaction. To qualify for participation, all eligible providers, with the exception of those considered Hospital Based, must submit a credentialing application and all required attachments.

Credentialing Criteria Verification

The Credentialing Department reviews submitted applications and primary source verifies the information to ensure the credentialing criteria has been met. This includes all verifications and subsequently- requested information from all sources. The application is reviewed and must be approved by the Credentialing Committee. This process generally takes from nine to twelve weeks depending on whether additional information is needed to reach credentialing approval.

The provider has the right to review information obtained in the process of evaluating the credentialing and recredentialing application with the exception of peer review information. IPN reserves the right to require that Hospital Based providers submit credentialing applications upon request.

Hospital Based Providers

Providers who practice exclusively at IPN contracted hospitals, including hospitalists or certain specialties such as emergency medicine, radiology, pathology, and anesthesiology, are reviewed by their respective hospital; therefore, IPN will not perform credentialing for these providers but reserves its right to require individual credentialing of any applying provider. IPN will perform monitoring of various agencies to enable reporting of any sanctions or adverse events during participation.

Providers who are Hospital Based and also see patients outside the hospital setting must be credentialed.

Credentialing Applications

IPN requires the use of one of the following credentialing applications:

- Idaho Practitioner Credentials Verification Application, with additional customized pages, for all professional providers (unless professional provider practices exclusively as a Hospital Based provider)
- IPN Organizational Application for facilities, agencies and organizations (contracted on Facility or Ancillary Organization Agreement)

Credentialing Fees

An initial credentialing fee is required for all practitioners and ancillary organization providers. The fee is required at the time the credentialing application is submitted. Practitioners practicing in Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC) are exempt from this requirement unless he/she also practices at a non-FQHC/RHC practice.

Credentialing Committee

The IPN Credentialing Committee meets to evaluate the credentialing and recredentialing applications that have been submitted and primary source verified. Once the committee has approved the application, providers receive electronic notification of the credentialing approval and the effective date of participation from IPN.

Recredentialing Profile

Recredentialing is required at least every 36 months to ensure compliance with IPN credentialing criteria. IPN mails recredentialing profiles to providers for verification of information in advance of the 36 month deadline. Once the recredentialing profile is signed and returned to IPN, those credentialing items will be primary source verified. It is important to return the completed recredentialing profile to the Credentialing Department within two weeks from the date of receipt to ensure recredentialing approval with no interruption to participation.

Provider Recredentialing Responsibilities

IPN providers agree to participate in site and record audits, if required for recredentialing. IPN providers will be responsible for costs incurred as a consequence of re-audits resulting from failure to meet established minimum thresholds during the initial audit. Participation status with IPN will be terminated if IPN's recredentialing process has not been completed and approved. If a provider does not respond to the request to return the recredentialing profile or refuses a site review, a written termination notice will be sent from the IPN Credentialing Committee.

Medical Records Review

Medical record and site surveys are rare but may be part of the recredentialing process. The standards and guidelines are based on industry standard guidelines and are designed to give providers consistent and constructive information to facilitate quality assurance and improvement for maximizing health outcomes of the population served.

E. PROVIDER GUIDELINES

Access Standards

The following standards are recommended for IPN practitioners practicing in primary care, specialty care and behavioral health care.

Practice Type	Appointment Requirements
Primary Care	<ul style="list-style-type: none">• Preventative care services (annual physicals, immunizations, etc.) within 30 working days• Routine services (colds, rashes, headaches, etc.) within five working days• Urgent services (high fever, vomiting, etc.) within 48 hours• Same day emergency care services• After hours care to include 24 hour phone availability (answering machine or service advising patient care options)
Specialty Care	<ul style="list-style-type: none">• Urgent services within 48 hours• Follow-up visit from emergency room visit within two weeks• Routine follow-up within four weeks• After hours care to include 24 hour phone availability (answering machine or service advising patient care options)
Behavioral Health Care	<ul style="list-style-type: none">• Routine office visit for behavioral health services within 10 working days• New patient visit for behavioral health services within 10 working days• Urgent care services within 48 hours (direct access to services by calling the office or going to the emergency room)• Nonlife-threatening emergency services within 6 hours (direct access to services by calling the office or going to the emergency room)• Life-threatening emergency services immediately (direct access to services by calling the office or going to the emergency room)

Medical Record Maintenance

Medical records must be maintained as confidential in accordance with all applicable State and Federal Health Insurance Portability and Accountability Act (HIPAA) laws, 45 CFR part 160 and part 164 subparts A and E. Prior to the release of copies of any medical records or patient information to a payor, a written authorization from the patient (or legal representative) must be obtained. As specified in the IPN Participating Practitioner Agreement, medical records related to claim adjudication are to be provided to payors without charge.

Patient Grievance Procedure

Providers are required to have an office grievance procedure to handle patients concerns and complaints. If possible, patient issues should be resolved at this level prior to the patient contacting their insurance carrier. If an issue has been escalated to the insurance carrier and it relates to a violation of the provider's agreement with IPN, the insurance carrier will request that IPN seek resolution with the provider.

Other Provider Appeals

Any appeal issue regarding patient benefits, eligibility, claims payment or denials should be sent directly to the applicable payor/employer (refer to section II.A. Claims/Billing Information).

Dispute Resolution

All IPN participating providers have the right to initiate a dispute resolution process per the terms of their agreement.

Refusal Rights

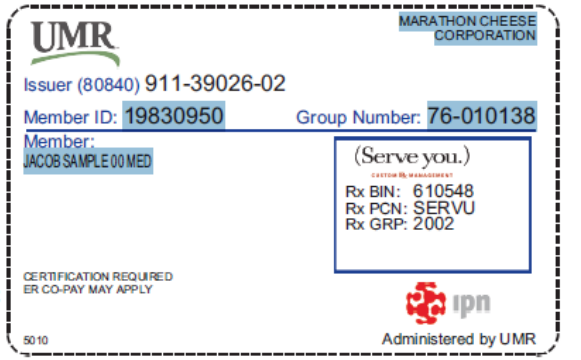
All IPN participating providers have a professional obligation to manage and direct his/her health care practice to the very best of his/her ability. IPN providers have the right to refuse service to any patient that he/she chooses with justifiable cause which can be documented. IPN participating providers cannot refuse service or discriminate against patients based on race, religion, color, national ethnic origin, sex, age, pre-existing condition, or physical or mental ability.

Listed below are some conditions that would support (show justifiable cause) an IPN provider refusing to continue or begin delivery of medical services to a patient:

- Patient lives in an area not accessible to hospitals where the physician has practicing privileges
- Patient failure to pay allowable amounts for co-payment, co-insurance or non-covered services within a reasonable time
- Theft of articles, equipment or damage to the provider's place of practice
- Repeated failure to keep scheduled appointments without proper notification or request for change
- Inappropriate behavior towards the provider such as disruptive behavior, demands for drugs not allowable for condition being treated, physical or mental assault of provider and/or staff, use of foul language or indecent behavior towards provider and/or staff

III. SAMPLE DOCUMENTS

A. PATIENT INSURANCE IDENTIFICATION CARD



UMR MARATHON CHEESE CORPORATION

Issuer (80840) 911-39026-02


Member ID: 19830950 Group Number: 76-010138

Member: JACOB SAMPLE 00 MED

(Serve you.)
CUSTOMER MANAGEMENT
 Rx BIN: 610548
 Rx PCN: SERVU
 Rx GRP: 2002

CERTIFICATION REQUIRED
 ER CO-PAY MAY APPLY

5010



 Administered by UMR

This card must be presented each time services are requested. Printed: 10-29-2014

Call Xerox: 800-841-0276 for Pre-certification. Refer to your employee benefit booklet plan required notifications. Call within 48 hrs for ER admit/surgery, or when stabilized.

For Members: UMR www.umar.com 800-826-9781
 IPN: www.ipnmd.com 866-476-1076
 Serve You: www.serve-you-rx.com 800-759-3203

For Providers: www.umar.com 877-233-1800
 RX Provider Services: 800-759-3203
 Medical Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

 PHCS 800-476-7027 www.phcs.com
 First Health Network 800-780-6465



RCI

Group Name: ##groupname##
 Group Number: ##groupnum##
 Option: ##emp_plan##
 Name: ##FullName+Sfx##
 Identification #: ##employee_id##
 Coverage Type: ##Benefits##

Pre-certification is required at least 48 hours in advance of all hospital admissions, inpatient surgical procedures, and infusion chemotherapy (including services rendered in a physician's office). Emergency admissions must be reported within 48 hours from the start of the next business day following admission. For pre-certification contact Regional Care, Inc. (RCI) / Medical Cost Management (MCM) at (800) 647-0638 or visit: www.medicalcost.com
FAILURE TO COMPLY MAY REDUCE BENEFITS.

For customer service, appeals and other correspondence:
 Regional Care, Inc.
 905 W. 27th Street
 Scottsbluff, NE 69361
 (308) 635-2260 or (800) 795-7772
 Fax: (308) 635-2018
www.regionalcare.com

Prescriptions:
 Customer Service: (801) 417-9722 or (877) 879-9722
 Pharmacy Help Desk: (877) 879-9922
 BIN: 610245
 PCN: 05780000
www.myvr.com

Submit claims to:
 Regional Care, Inc.
 P.O. Box 21853
 Eagan, MN 55120
 EDI Payer ID: 47076

Neither this card nor pre-certification guarantees coverage and/or benefits.
 ##systemdate##

B. EXPLANATION OF BENEFITS

Trusted Plans Service Corporation
 P.O. Box 1894
 Tacoma, WA 98401-1894



Customer Service Number: 1-800-426-9786 x210
 (253) 564-5611 x210

Sample Member
 123 Member Way
 Tacoma WA 98401

Your Employer Name
 Group Number Your Group Number
 Claimant Number 987654321

Here is the amount that your plan has paid for a service.

Explanation of Benefits
 This is not a Bill

Page 1 of 1

Patient's Name Type of Service	Service Date(s)	Billed Charges	Negotiated Adjustment	Other Plan Payment	Expl. Codes	Patient Responsibility				Plan Pays	Benefit Payment	
						Ineligible	Co-Pay	Deductible	Co-ins			
Patient # 1												
EOB Number: 20060629-989 MCKENNA CHIROPRACTIC CENTER												
98941-CHIROPRACTIC	05/26/2006	48.00	4.80		091					8.64	80%	34.56
Patient Account Number: 12345678		Totals:	48.00	\$4.80	0.00		0.00	0.00	0.00	8.64		34.56

Here is your responsibility for each service.

Patient # 2												
EOB Number: 20060629-141 TODAYS DENTAL GROUP												
D2330-DENT BASIC	06/05/2006	101.00	101.00		281						0%	0.00
D3346-DENT BASIC	06/05/2006	560.00								112.00	80%	448.00
Patient Account Number: 12345678		Totals:	661.00	\$101.00	0.00		0.00	0.00	0.00	112.00		448.00

This is a monthly summary of your services by provider **July 2006 Statement Summary**

Payee Name Date Benefit Paid	Patient Name	Total Charge	Negotiated Adjustment	Other Plan Payments	Benefit Payments	Patient Portion
MCKENNA CHIROPRACTIC CENTER						
Date Benefit Paid: 6/30/06	Patient # 1	48.00	4.80	0.00	34.56	8.64
	Totals:	48.00	4.80	0.00	34.56	8.64
This is the amount the Member's family owes MCKENNA CHIROPRACTIC CENTER: 8.64						
TODAYS DENTAL GROUP						
Date Benefit Paid: 6/30/06	Patient # 2	661.00	101.00	0.00	448.00	112.00
	Totals:	661.00	101.00	0.00	448.00	112.00
This is the amount the Member's family owes TODAYS DENTAL GROUP: 112.00						

Explanations:

- 091 *****THE IDAHO PHYSICIANS NETWORK DISCOUNT AMOUNT IS REFLECTED IN THE SAVINGS(S) OR NEGOTIATED ADJUSTMENT COLUMN ON THIS EXPLANATION OF BENEFITS*****
- 281 PLEASE SUBMIT VALID TOOTH NUMBER AND/OR SURFACE.

Deductible/Out-of-Pocket Summary Table

Family / Patient Name	In-Network		Out-of-Network		Plan Year
	Deductible Met	Out of Pocket Met	Deductible Met	Out of Pocket Met	
FAMILY	\$735.23	\$360.59			2006
Family Member #1	\$400.00	\$242.57			2006
Family Member #2	\$217.21	\$0.00			2006

This is your current status on deductibles and out of pocket expenses.

Your next monthly explanation of benefits, if any claims are submitted, will arrive the week of: 8/6/06



Electronic EOB's are now available! When medical claims have been paid for any family member you may receive your family EOB via your personal e-mail address. To enroll for electronic EOB's simply e-mail both your name and your group number listed on this EOB to:

If any portion of your claim has been denied in whole or in part, you or your authorized representative has the right to appeal any adverse benefit determination or claim denial within 180 days of the date received. Your appeal should be submitted to P.O. Box 1439 Hendersonville, TN 37077, Attn: Appeal Department. You will be notified of the Plan's decision on review no later than 60 days after receipt of your request by the Plan. If your appeal is denied following the review, and the Plan's appeal procedures have been exhausted, you have the right to bring civil action under section 502 (a) of ERISA.



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C. IPN PAYOR LIST

IPN PAYOR LIST					
Allegiance Benefit Plan Management		Fee Schedule:	C	Reciprocity:	No
Claims Mailing Address: PO Box 3018 Missoula MT 59806-3018		Mental Health:	Yes	EDI Payor ID:	81040
Customer Service: (800) 877-1122		Chiropractic:	Yes	Optometric/Vision:	Yes
Website Address: www.askallegiance.com		Optometric/Medical:	Yes	Acupuncture:	Yes
Send to: Payor		Geographic Exclusion: Asotin, Baker & Malheur			
Affiliated with: Products: PPO					
Group/Employer	Effective Date	Group Number			
IDAHO DISTRIBUTING	1 /1 /2010	0010703			
SPIRIT DISTRIBUTING COMPANY	10/1 /2009	0010704			
AmeriBen - Idaho Consortium of Schools		Fee Schedule:	C	Reciprocity:	No
Claims Mailing Address: PO Box 7887 Boise ID 83707-0947		Mental Health:	Yes	EDI Payor ID:	75137
Customer Service: (877) 955-1556		Chiropractic:	Yes	Optometric/Vision:	Yes
Website Address: www.ameriben.com		Optometric/Medical:	Yes	Acupuncture:	Yes
Send to: Payor		Geographic Exclusion: Baker			
Affiliated with: AmeriBen Solutions, Inc. Products: Student Health Plan					
Group/Employer	Effective Date	Group Number			
BOISE STATE UNIVERSITY - STUDENT HEALTH PLAN	8 /1 /2010	0812016			
EASTERN IDAHO TECHNICAL COLLEGE	8 /23/2010	0812019			
IDAHO STATE UNIVERSITY	8 /1 /2010	0812017			
IDAHO STATE UNIVERSITY (ATHLETES)	8 /1 /2010	0810014			
LEWIS-CLARK STATE COLLEGE	8 /1 /2010	0812018			
AmeriBen Solutions, Inc./1		Fee Schedule:	C	Reciprocity:	No
Claims Mailing Address: PO Box 7186 Boise ID 83707		Mental Health:	Yes	EDI Payor ID:	75137
Customer Service: (800) 786-7930		Chiropractic:	Yes	Optometric/Vision:	Yes
Website Address: www.ameriben.com		Optometric/Medical:	Yes	Acupuncture:	Yes
Send to: Payor		Geographic Exclusion: None			
Affiliated with: Products: PPO					
Group/Employer	Effective Date	Group Number			
AAA FOR OREGON & IDAHO	1 /1 /2008	0109004			
AmeriBen Solutions, Inc./2		Fee Schedule:	C	Reciprocity:	No
Claims Mailing Address: PO Box 5347 Boise ID 83707		Mental Health:	Yes	EDI Payor ID:	75137
Customer Service: (800) 786-7930		Chiropractic:	Yes	Optometric/Vision:	Yes
Website Address: www.ameriben.com		Optometric/Medical:	Yes	Acupuncture:	Yes
Send to: Payor		Geographic Exclusion: Asotin, Baker & Malheur			
Affiliated with: Products: PPO					
Group/Employer	Effective Date	Group Number			
AMERITEL INNS	8 /1 /2001	140535			

D. PROVIDER INFORMATION FORM



Provider Information

Return to: PO Box 5406, Boise ID 83705
 Fax to: 208-433-9605
 Email to: ipn@ipnmd.com
 Website: www.ipnmd.com

The information provided on this form is required for claims processing and directory information.
 Please use additional forms for additional practice locations or practitioners/organizations.

EFFECTIVE DATE OF CHANGE:		PLEASE NOTE: IPN IS UNABLE TO GUARANTEE A RETROACTIVE PAYOR IMPLEMENTATION DATE	
<input type="checkbox"/> Add Provider to Group	<input type="checkbox"/> Change Information	<input type="checkbox"/> Add a New Location	<input type="checkbox"/> Add Provider to Hospital Based Location*
<input type="checkbox"/> Termination: Reason:			
Provider Information (Name as shown on CMS 1500 Field 31 OR UB box 1)			
<input type="checkbox"/> Individual Practitioner	Name:		
<input type="checkbox"/> Organizational Provider	Name:		
NPI:	Degree:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
License No.:	DEA No.:	Is Practitioner Currently Active Military or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Practice Location Information (for patient visits and directory listing)			
Practice Name (as it should appear in directories):			
Physical Address (Address, City, State, Zip):			Country:
Practitioner Specialty (as practicing at this location):			
Location to appear in a directory for this practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location NPI:		Tax ID No. (attach IRS 1099):	
Practice Phone (where patients call to make an appointment):			Practice Fax:
<input type="checkbox"/> Clinic Hours of Operation (complete specific hours below) (ex. 8-5 - do not include holiday closures) <input type="checkbox"/> Hospital Based Location* (hours are 24/7)			
Mon	Tues	Wed	Thurs
Fri	Sat	Sun	
Practice Contact Name:		Practice Contact Email:	
Billing Information (as billed on CMS 1500 Field 33 OR UB box 2)			
Billing Name (as it should appear on claims):			
Billing Address (Address, City, State, Zip):			Country:
Billing Contact Name:		Billing Contact Email:	
Billing Contact Phone:		Billing Contact Fax:	
Summary of Charges/Notes			
Form completed by (Name):		Email:	Phone:

*Hospital-Based Provider: An individual participating provider who provides health care services exclusively at an IPN-participating hospital. Credentialing application is not required.

IPN001 (Rev 11/2017)