

2017

Provider Manual

ChoiceBenefits

**BayCare Health System
Medical Plan**



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BayCare

The BayCare Medical Plan is a self-insured plan designed by BayCare, administered by Cigna and is provided to the employees of BayCare Health System, Inc. and their dependents.

BayCare includes:

- Mease Countryside, Mease Dunedin, Morton Plant, North Bay, St. Anthony's, St. Joseph's, St. Joseph's Women's, St. Joseph's Children's, St. Joseph's-North, St. Joseph's-South, South Florida Baptist, Winter Haven, and Bartow Regional Hospitals

BayCare Exclusive Network

The BayCare Exclusive Network is custom designed to use BayCare Health System facilities and providers who have privileges at BayCare facilities. Our medical plan requires the use of BayCare facilities whenever possible because as a health care organization, BayCare is able to provide services to its members at a greatly reduced cost allowing savings for both the medical plan and the members. The network of both physicians and facilities may be accessed at www.baycarechoice.com

Rules unique to Cigna BayCare Members

- Labs must be drawn at or sent to a BayCare facility if not processed in your office
- Refer only within the BayCare Exclusive Network
- All DME must be provided by BayCare HomeCare and is covered at 100% for Choice Share and 100% after deductible for Choice HSA. DME up to \$500 may be provided in your office without authorization if it is billed under your tax ID. However it will be subject to deductible and coinsurance
- All radiology, including high tech radiology, must be referred to a BayCare facility unless done in your office, under your tax identification. No precert is needed.
- Home Care must be provided by BayCare HomeCare
- Mental Health services must be provided by BayCare Behavioral Health
- Pharmacy Benefit Manager is CVS Caremark.

Provider Relations Representative

Nicole Henry, Health Plan Coordinator (727) 519-1309 or email nicole.henry@baycare.org provides education to BayCare Exclusive Network Providers to assist staff in understanding BayCare's Medical Plan and our relationship with Cigna.

Nicole also is your contact person for any changes in your practice- addition or termination of physicians in your practice or changes in demographic information including tax id number updates.

Benefit Services

Benefit Services is a BayCare department responsible for answering member's questions about their benefits. You can direct members to Benefit Services for questions on their benefits. The phone number is (727) 893-6009 or toll free (877) 517-0117.

Cigna

CIGNA provides eligibility information and customer service, as well as processing and paying medical claims. They will also coordinate utilization review, precertification and services needed when a specialty gap exists within the BayCare Exclusive Network.

CIGNA has a unique customer service phone number for BayCare provider and member inquiries:

1-877-229-4942

MEDICAL OPTIONS

A BayCare member has several options to choose from for medical coverage. The following is a brief highlight of each option. Please refer to the Schedule of Medical Benefits on page 6 for a more detailed outline of each plan.

Choice Share

- Member has open access to any provider in the BayCare Exclusive Network.
- Preventive services (see list on page 7) and outpatient labs are covered at 100%.
- Office visits are subject to a \$20.00 co-pay except for preventive visits which are paid at 100%.
- All other services are subject to an annual deductible. This is a shared deductible and may be met by an one member or any combination of members on the policy
 - The deductible is \$500 for employee only
 - The deductible is \$1,000 for an employee who covers either child(ren) or spouse.
 - The deductible is \$1,250 for an employee who covers child(ren) and his/her spouse;.
- After the deductible is met, the plan pays 80% of the allowable charge, the member pays 20% until the out of pocket is met. Then the plan pays at 100%.
 - \$2,700 employee only OOP max
 - \$5,400 employee + child or spouse OOP max
 - \$6,800 family OOP max
- To verify deductibles and coinsurance call CIGNA at 1-877-229-4942.

Choice HSA

- Member has open access to any provider in the BayCare Exclusive Network.
- Preventive services (see list on page 7) and outpatient labs are covered at 100%.
- All services, including office visits, are subject to an annual deductible.
 - \$1,500 for an employee only.
 - \$2,600 for an employee covering either a spouse or child(ren)
 - \$3,000 for an employee covering both spouse and child(ren)
- For coverage that begins January 1st, BayCare will contribute 50% of the deductible to the employee's HSA account if member opens their HSA timely. The member may use the funds in his/her HSA account to pay out-of-pocket costs. For coverage that begins mid-year, BayCare contributes a pro-rated amount to their HSA if they open their HSA timely.
- After the deductible is met, the plan pays 80% of the allowable charge, the member pays 20% until the out of pocket maximum is met.
 - \$3,000 individual OOP max
 - \$5,500 spouse or child(ren) OOP max
 - \$6,750 family OOP max
- To verify deductibles and coinsurance call CIGNA at 1-877-229-4942.

The following are **common rules** shared by *Choice Share and Choice HSA*:

- BayCare follows the same precertification guidelines as Cigna. Requests for precertification should be completed by the physician rendering or ordering the service and sent to CIGNA. Services requiring precertification that have not been authorized by CIGNA will not be covered.
- If the Member or the Member's provider believes that they are in need of a service or physician not available within the BayCare Exclusive Network, their physician must contact CIGNA.

- If CIGNA verifies that the service is not available within the BayCare Exclusive Network, CIGNA will coordinate the care and refer the Member to a CIGNA contracted provider
- Services provided outside the BayCare Exclusive Network that have not been authorized by CIGNA will be denied. There are no retro authorizations.
- The BayCare Exclusive Network Directory is located at www.baycarechoice.com

Choice Share Out-of-Area/ Choice HSA Out-of-Area

These plans offer the same benefit levels but are available only to members and their dependents who live outside Hillsborough, Pasco, Pinellas, or Polk counties. The members have open access to the Cigna Open Access Plus network as well as the BayCare Exclusive Network. Services outside these networks are covered with precertification only. If precertification is not obtained, no benefits are paid.

Dependents Who Are Out-of-Area

Dependents enrolled in Out-of-Area coverage will have the same coverage as the Member, but will be able to use the Open Access Plus network in addition to the BayCare Exclusive Network. Their services are applied to the family deductible and out of pocket maximums.

MEMBER ELIGIBILITY

Determining Eligibility

It is important to determine member eligibility prior to rendering service. CIGNA recommends verification of eligibility prior to the patient's appointment date. Members are responsible for presenting their BayCare CIGNA member identification card.

Eligibility Verification

In addition to viewing the member's ID card, the provider's office may verify a member's eligibility by accessing Cigna's Secured Provider Portal, the automated Interactive Voice Response (IVR) system or by contacting Customer Service.

The provider Web site allows access to eligibility information 24 hours a day and 7 days a week. Visit www.cignaforhcp.cigna.com

Identification Cards

The following information can be found on a BayCare Cigna member ID card:



- Member name
- Plan type
- Employer group name
- Employer group plan #
- Member ID
- Member co-payment amount (if applicable)
- Claims mailing address
- CIGNA and BayCare Logo
- MultiPlan logo (back of card)
- Customer Service and Precertification phone number

2017 SAMPLE ID CARDS FOR BAYCARE HEALTH SYSTEM


BayCare Exclusive Network




<p>BayCare Choice HSA</p> <p>Group Plan 00605103 John Doe ID 099999991</p>	<p>Submit All Claims To PO Box 188061 Chattanooga, TN 37422 - 8061 Payer ID #62308</p> <p>Members & Providers Call: 1-877-229-4942</p> <p>Health Information Line: 1-800-564-9286</p>
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Preventive Care: 100%. Other services subject to deductible and coinsurance
 Member Website Address: www.baycarebenefitservices.com
 Administered by Cigna Health and Life Insurance Company


BayCare Exclusive Network


<p>BayCare Choice Share</p> <p>Group Plan 00605103 John Doe ID 099999992</p> <p>OFFICE VISIT COPAY: Primary Care \$20 Specialist \$20</p>	<p>Submit All Claims To PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308</p> <p>Members & Providers Call: 1-877-229-4942</p> <p>Health Information Line: 1-800-564-9286</p>
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Member Website Address: www.baycarebenefitservices.com
 Administered by Cigna Health and Life Insurance Company


Open Access Plus


<p>BayCare Choice Share OOA</p> <p>Group Plan 00605103 John Doe ID 099999993</p> <p>OFFICE VISIT COPAY: Primary Care \$20 Specialist \$20</p>	<p>Submit All Claims To PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308</p> <p>Members & Providers Call: 1-877-229-4942</p> <p>Health Information Line: 1-800-564-9286</p>
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Member Website Address: www.baycarebenefitservices.com
 Administered by Cigna Health and Life Insurance Company

QUICK REFERENCE OF PLAN RULES/ CONTACT INFORMATION

Service	Benefit / Service Provider
Labs	<ul style="list-style-type: none"> • BayCare facilities • Physician's office
Referrals	<ul style="list-style-type: none"> • BayCare Exclusive Network • No out of network benefit without prior authorization
DME	<ul style="list-style-type: none"> • Through BayCare HomeCare: Choice Share at 100% • Choice HSA 100% after deductible • Up to \$500 may be provided in your office without authorization if billed under physician's TIN, deductible and coinsurance apply
Home Care	<ul style="list-style-type: none"> • BayCare HomeCare: 1-800-940-5151
Mental Health/Substance Abuse	<ul style="list-style-type: none"> • BayCare Behavioral Health: 1-800-878-5470
Radiology Including High Tech Radiology	<ul style="list-style-type: none"> • No authorization required when provided within the BayCare Exclusive Network
Customer Service for BayCare providers and members	<ul style="list-style-type: none"> • 1-877-229-4942
Pharmacy Benefit Manager	<ul style="list-style-type: none"> • CVS Caremark: 1-855-465-0026
Office Visits	<ul style="list-style-type: none"> • Choice Share \$20 co-pay (no co-pay for preventive visits) • Choice HSA deductible and coinsurance apply (no deductible and coinsurance for preventive visits)
Deductibles	<ul style="list-style-type: none"> • Choice Share Member only \$500 Member + Spouse or Child(ren) \$1,000 Member + Family \$1,250 • Choice HSA (BayCare funds one-half, if team member opens HSA timely) Member only \$1,500 Member + Spouse or Child(ren) \$2,600 Member + Family \$3,000
Verify Deductibles/Coinsurance	<ul style="list-style-type: none"> • 1-877-229-4942

Benefits at a Glance

Service	Coverage
Physician office visit: <ul style="list-style-type: none"> • Preventive • Other visits • Telemedicine 	Choice Share: 100% for entire visit Choice HSA: 100% for entire visit Choice Share: \$20 co-pay for office consults; 80% after deductible for services Choice HSA: 80% after deductible for entire visit (consult and services) Choice Share: \$10 co-pay Choice HSA: 80% after deductible
Hospital inpatient care (room, board, physician services and ancillary services)	80% after deductible
Maternity global delivery fee (OB/GYN physician charges)	80% after deductible
Bariatric Gastric Banding/Gastric sleeve: (provided at a BayCare facility only; no out-of-network benefit) <ul style="list-style-type: none"> • BayCare outpatient facility • BayCare inpatient facility • Surgeon services • Anesthesia services • Services otherwise covered by this Plan • Service otherwise excluded by this Plan 	\$1,000 copay \$1,000 copay for surgery / 80% after deductible for inpatient stay 80% after deductible 80% after deductible 80% after deductible Not covered
Outpatient Laboratory tests (BayCare labs only)	100%
Chemotherapy and Radiation Treatments <ul style="list-style-type: none"> • In a BayCare facility • In a Non-BayCare Facility (with authorization) • In a Physician's Office 	Choice Share: 100% Choice HSA: 100% after deductible Choice Share: 80% after deductible Choice HSA: 80% after deductible Choice Share: 60% after deductible Choice HSA: 60% after deductible
Emergency room (urgent/emergent care only)	80% after deductible
Durable medical equipment (<i>no out-of-network benefit</i>) <ul style="list-style-type: none"> • BayCare HomeCare • Network Physicians • Breastfeeding Equipment and Supplies (<i>provided only by BayCare HomeCare for all plans</i>) 	Choice Share: 100% Choice HSA: 100% after deductible Choice Share: 80% after deductible Choice HSA: 80% after deductible Choice Share: 100% Choice HSA: 100%
Chiropractic care (Limited to 24 visits annually)	Choice Share: \$20 co-pay Choice HSA: 80% after deductible
Outpatient physical, occupational, and speech therapy (<i>annual maximum of 40 visits per discipline</i>)	80% after deductible
Allergy treatment <ul style="list-style-type: none"> • Provider visit • Serum/injections 	Choice Share: \$20 co-pay Choice HSA: 80% after deductible 80% after deductible
Walk-in clinics BayCare owned Urgent Care Centers Network Walk-in clinics	Choice Share: \$35 co-pay Choice HSA: 80% after deductible Choice Share: 80% after deductible Choice HSA: 80% after deductible

Service	Coverage	
Pain management	80% after deductible	
Home Health Care <i>(when provided by BayCare HomeCare for all plans; no out-of-network benefit; limited to 60 visits for skilled nursing care services per calendar year)</i>	Choice Share 100% Choice HSA 100% after deductible	
Hospice care	80% after deductible	
Mental Health and substance abuse treatment; <i>(must be provided through BayCare Behavioral Health only.)</i>	Choice Share: <ul style="list-style-type: none"> • Inpatient, partial hospitalization, residential treatment : 80% after deductible • Outpatient: \$20 co-pay 	Choice HSA: <ul style="list-style-type: none"> • All services covered at 80% after deductible

PREVENTIVE CARE

Preventive Coverage includes the following services:

Adult Services

- Well Adult Preventive Visit
 - Age and gender appropriate history
 - Physical exam
 - Blood pressure, height, weight/BMI
 - Counseling/anticipatory guidance
 - Risk factor reduction interventions
 - Routine immunizations
- Well Woman Exam including PAP
- Contraceptive Services for Women
 - Services for insertion/removal of IUD, implants, fitting diaphragm or cervical cap
 - IUD devices
 - Injections
- Colonoscopies-screening and diagnostic
- Diagnostic DEXA scan
- Breastfeeding support, equipment and counseling
- Mammograms-screening and diagnostic
- Nutritional counseling
- Abdominal aortic aneurysm screening – men age 65-75
- Lab Services

Child Services

- Well child preventive visit
 - Age and gender review of physical condition
 - Immunizations
 - Screening for vision and hearing status
 - Screening for growth & development milestones
 - Autism screening
 - Psychosocial/behavioral assessment
 - Screening for depression in adolescents
- Newborn exams in hospital
- Lab services

PRECERTIFICATION

Precertification is a review of a proposed treatment, service or procedure prior to that treatment, service or procedure. Providers are required to obtain Precertification for all inpatient services, all outpatient surgeries and some select outpatient procedures. By obtaining a precertification, a provider can verify if services are covered, medically necessary, provided at the appropriate level of care and will be eligible for coverage payments.

Precertification is required for:

- Hospital admissions
- All outpatient surgeries performed in a hospital or in a surgical center
- Selected Outpatient Procedures
- All Unlisted Codes
- Any service that is potentially cosmetic
- Any service that is potentially investigational/experimental
- High Risk Maternal Procedures
- Infertility/Family Planning/Surgical Contraception
- Select High Volume or High Risk Procedures
- Transplant Evaluations
- Home Health Care, including IV therapy
- Skilled Nursing Facilities
- Durable Medical Equipment (DME) over \$500
- Air Ambulance, when used for non-Emergency Medical Conditions
- Genetic Testing
- Renal Dialysis
- All out of network services

Radiology including high tech radiology (MRI, CT and PET scans) does not require prior authorization. All high tech radiology must be performed at a BayCare facility BayCare does not use MedSolutions, Inc. For eligibility, please call Cigna at 1-877-229-4942.

Precertification Process

The admitting physician is responsible for obtaining precertification. The process may be initiated by contacting the number on the member's ID card 1-877-229-4942 or through the Cigna Provider Portal at www.gwhCignaforhcp.com.

A nurse reviewer processes the precertification request. The information is screened to verify that it meets Cigna's utilization review criteria and if so, the nurse reviewer will authorize the precertification request. This process is normally brief. In some cases, Cigna may need additional information from the patient and/or physician.

If the nurse is unable to complete the precertification, it is referred to a physician for review. A Cigna Medical Director or specialist consultant reviews the case and makes a determination. Authorization review turnaround times for medical services and supplies are completed according to federal laws and regulations and URAC standards. Cigna physician reviewers may call the treating physician to obtain additional information or clarify the treatment plan. Upon completion of the precertification process, a confirmation letter is mailed to both the member and treating provider.

Emergency Situations

If services that require precertification are rendered on an emergency basis, precertification must be obtained within 72 hours of the onset of treatment.

Precertification Information

The following information is needed to process a precertification request:

- Employee's name and ID number
- Plan number and employer's name
- Patient's name and date of birth
- Admitting/attending physician's name and telephone number
- Name of facility
- Date of proposed treatment
- Diagnosis, treatment plan, significant clinical details, discharge plan
- Requested length of stay or number of treatments
- Name of provider who referred care

- If available, a CPT 4 code(s) for surgical procedure(s) or ICD-10 Code(s) for diagnosis

PHARMACY

Formulary

Our pharmaceutical benefits manager is CVS Caremark. For complete information of medications on the formulary, log into www.caremark.com or call a CVS Caremark Customer representative. BayCare Team Members may only fill scripts at a BayCare Pharmacy, a CVS Pharmacy or BayCare HomeCare (as appropriate).

Generics should be considered the first line of prescribing. If a generic is available and the member chooses to use a brand drug the member pays the generic copayment plus the difference in the cost between the generic and the brand drug. This is true even if DAW (dispense as written) is included on the prescription.

- **Choice Share/Choice Share Out-of-Area:** The member's co-payments are:

Generic	\$10.00
Preferred	20%, \$100 max.
Non-Preferred	30%, \$150 max.
Specialty	20%, \$125.00 max.

If a generic is available and the member chooses to use a brand drug the member pays \$10.00 plus the difference of the cost between the generic and brand drug.

- **Choice HSA/Choice HSA Out-of-Area:** Most prescriptions are subject to the deductible and coinsurance. However, some preventive generics are covered at 100 percent. These medications are generally recognized as intended to lower risk factors and prevent disease, including some cholesterol-lowering agents, blood pressure-lowering medications, anti-asthmatics and Type II diabetes hypoglycemic. All other prescriptions are subject to the deductible and 20 percent coinsurance.

Prior Authorization

Some drugs require prior authorization. In these instances, the physicians must submit medical criteria for review and approval before the prescription can be filled. To obtain prior authorization, call CVS Caremark at 1-800-237-2767.

Quantity Limits

To promote appropriate medication use and enhance patient safety, quantity (dispensing) limits have been placed on some drugs. These limits are based on accepted pharmaceutical guidelines and FDA-approved manufacturer labeling.

Step Therapy

Step therapy helps encourage the appropriate, cost-effective use of certain medication in accordance with current medical literature, manufacturer recommendations, Food and Drug Administration guidelines and available cost information. Step therapy requires the use of one or more "pre-requisite therapy" medications before a "step-therapy" medication will be covered. However, if it is medically necessary to be initially treated with a step-therapy medication, the physician can contact CVS Caremark to request coverage as medical exception.

Specialty Pharmacy Manager

BayCare utilizes BayCare HomeCare to manage high-cost specialty drugs. This specialty drug program is designed to help our members manage their diseases and conditions by providing support and compliance programs not always available through the local pharmacy.

When prescribing any high cost drugs, fax the prescription to:
BayCare HomeCare (727-394-6540). For questions call (1-800-676-3127).

CLAIMS

Electronic Claim Submission

Cigna contracted providers are strongly encouraged to bill electronically for covered services. HIPAA 5010 compliant claims should be sent to electronic payer ID 62308.

Cigna electronic payer ID is 62308. Cigna offers the 835 transaction (electronic remittance advice) through ProxyMed and WebMD.

Paper Claim Submission

Providers may submit paper claims using a HCFA/CMS 1500 form or UB92 form, as applicable. Paper claims should be submitted to the address on the member's ID card.

If a member ID card is not available, paper claims may be submitted to the National Mail Center at the following address:

Cigna
P.O. Box 1880612
Chattanooga, TN 37422-8061

Claim Status

The Cigna Secured Provider Portal allows providers to access claim status information 24 hours a day, 7 days a week, at www.Cignaforhcp.cigna.com.

By calling the number on a member's ID card, providers can access either the automated IVR system for claim status or speak to a Customer Service Representative. EDI claim inquiry response transactions (276/277) can be conducted through ProxyMed.

Cigna Contact Information

Web Site	www.Cignaforhcp.cigna.com
Claims, Benefit and Eligibility:	For eligibility, pretreatment authorization, benefits and claim inquiries, call the number on the member's identification card or visit the provider Web site.
Member Customer Service	For BayCare Health System Members: (877) 229-4942
Claims Submission	Cigna P.O. Box 188061 Chattanooga, TN 37422-8061
EDI Payer ID:	Cigna – 62308
Appeals: <i>Medical Necessity</i>	A Customer Service Representative will direct caller to the nurse who is responsible for a particular member's case. Direct contact information is provided on each denial letter. (800) 663-8081
Appeals Mailing Address:	Cigna Dispute & Appeal Resolution Process P.O. Box 668 Kennett, MO 63857
Complaints/ Concerns:	(800) 663-8081