

2015

*Encore Health Network*  
**PROVIDER MANUAL**



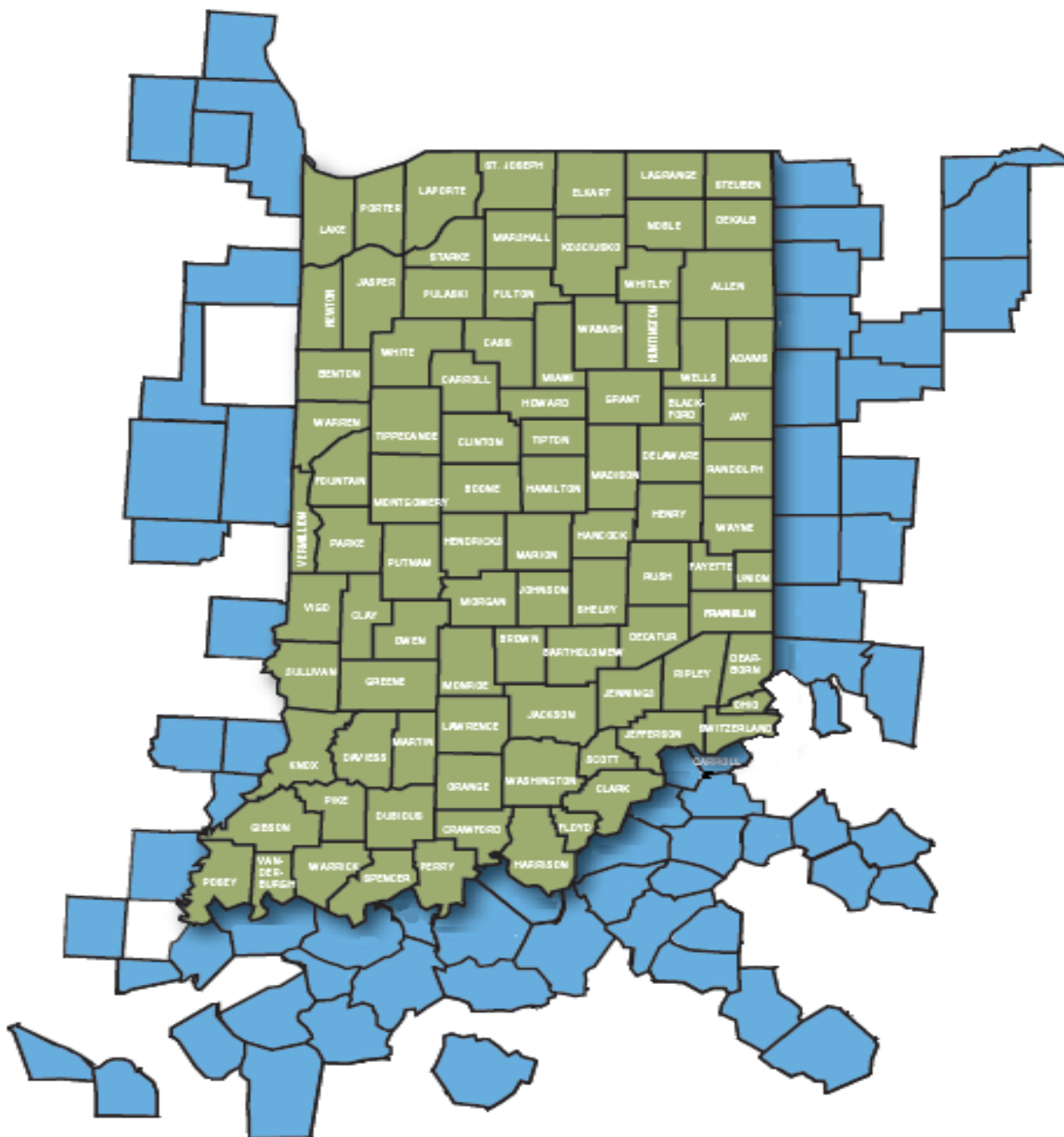
DOCTORS YOU KNOW. HOSPITALS YOU TRUST



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# ENCORE HEALTH NETWORK SERVICE AREA MAP



Encore Health Network is the largest provider-owned, Preferred Provider Organization (PPO) in Indiana currently providing network access to more than 486,965 members in Indiana.

Our network comprises of currently over 200 hospitals and more than 65,759 provider and 2,658 ancillary locations in Indiana and the contiguous states of Illinois, Kentucky, Michigan and Ohio.

# NETWORK PRODUCTS

Encore offers payors, employers and members three network products that maximize provider choice and plan savings. These products are:



## **Encore PPO (Preferred Provider Organization) Network**

The Encore PPO Network is one of Indiana's largest leased PPO networks with access primarily in Indiana and the contiguous states. Understanding the importance of provider choice to our Indiana market, the Encore PPO Network provides the most expansive access.



## **Encircle Network**

Understanding the importance of controlling medical costs, With over 80 hospitals and over 21,000 provider locations, Encircle is designed specifically to deliver **maximum savings** for our payors, employers and members in exchange for a smaller quality-based network.



## **Encircle/Encore Combined Network**

The Encircle/Encore Combined Network offers the best of both worlds: **deep savings** through Encircle and **comprehensive network access** through Encore. The benefit plan uses three tiers. Tier 1 encourages members to use Encircle providers and receive excellent and quality care at the deepest discounts. Members can also get comprehensive access to all Encore providers and savings at Tier 2 benefit levels. Tier 3 is out of network.



## **Encore Workers' Compensation PPO**

As a Preferred Provider Organization (PPO) work comp network, Encore's focus is to give our members access to the finest healthcare providers, facilities, and services available.

No one chooses to be injured on the job. When unforeseen accidents happen, Encore is there, every day, to meet the healthcare needs of Hoosiers throughout the state ensuring members have access to an extensive network

of high quality, cost-effective health-care providers. We understand the importance of offering a full spectrum of providers to our members, employers, and payors. Encore's workers compensation PPO offers employees injured

(Continued on page 5)

# NETWORK PRODUCTS

on the job, comfort knowing there is a team of dedicated healthcare professionals taking care of them. Employers have the peace of mind knowing that returning their greatest asset, their employees, back to health and work is the goal through high quality, cost-effective care.

As workers' compensation is a medical liability plan governed by Indiana statutes, Encore does not require members to have a member identification card with the Encore logo. Encore requires payers to clearly identify Encore to providers on the Explanation of Benefit (EOB) sent to providers with payment.

## **WORKERS COMPENSATION REIMBURSEMENT FOR PAYORS**

(these guidelines are in accordance with Indiana Statute)

- *All providers must bill claims on UB's and HCFA's per Medicare guidelines.*
- *Physician claims are reimbursed at the lesser of PPO rate or the 80th percentile of U&C.*
- *All work comp payers must pay hospital charges at PPO contracted rate. If there is no PPO contract then at 200% of Medicare.*
- *Steerage to in-network provider is still allowed. Please note that Encore's payer contracts require payers to steer to in-network providers.*
- *The work comp network is still identified on the Explanation of Payment.*

Encore is excited to include our Workers' Compensation PPO to our full suite of network offerings. Giving members, employers and payers the option to choose the product that best meets their needs for high quality, cost-effective healthcare.

# NETWORK PRODUCTS



## OneCare™ Network

OneCare™ is a partnership between Encore Health Network and Deaconess Health System to address the changing needs of the Evansville market and as well as nationally moving to a value based product vs. fee-for-service. The OneCare™ Network is an clinically integrated accountable care based health benefits product that improves patient experience, community health and affordability. This EPO network provides members with exclusive access to the

best commercial pricing available within the market in conjunction with high quality care from providers.

### SERVICE AREA

The OneCare™ Network is available in the following Indiana counties: Gibson (selected zip codes), Posey, Warrick and Vanderburgh.



### PLAN DESIGN

As a true EPO, members must utilize providers within the OneCare™ Service area. However, this product can be used as a choice plan with Encore PPO network or wrapped with a national network.

At this time, OneCare™ can only be used with a self-funded plan.

Providers incorporate savings and/or expense share arrangement as defined in the OneCare™ Provider Agreement.

### NETWORK PROVIDERS

The OneCare™ Network is comprised of the Deaconess Health System, employed providers, affiliated providers, and select independent providers.

### MEMBER BENEFITS

Members must choose a primary care physician; however, they can also use specialists without a referral. This is not a gatekeeper product.

### CLAIMS REPRICING

Encore reprices all claims for the OneCare™ Network.

### RISK-SHARE AND INCENTIVE PROVIDER ELIGIBILITY

Eligibility for reimbursement in the risk-share and the incentive programs of the OneCare product is dependent upon the provider's network participation in the OneCare Network during the employer group's plan year. If a provider terminates participation in the OneCare Network during the employer groups' plan year, the provider will not be eligible for the risk-share and incentive programs. The provider will receive full reimbursement of the payment amount withheld as of the provider's termination date. Reimbursement will be paid to the provider at the close of the employer's OneCare reconciliation period.

# GENERAL CONTRACT PARAMETERS

Encore Health Network payors will incorporate financial benefit incentives that direct Payor's members to Participating Providers. The benefit differential can vary between network product which are defined with the Provider Agreement as well.

Payors will incorporate at least the following information for Participating Providers to identify participants in the Network programs with the exception of programs such as workers compensation which do not utilize member identification cards.

The Identification Card will contain:

- Identifying logo or name of Payor
- Identifying logo or name of one of the following networks:
  - Encore Health Network PPO
  - Encircle Network
  - Encircle/Encore Combined Network
  - OneCare™ Network
- Claims address and telephone numbers for claims information
- Benefit, Customer Service and Utilization Management telephone number(s), if applicable

Payors will reimburse Participating Providers or Participants, as appropriate, for Covered Services provided to Participants in accordance with state law. Where the law does not apply, the Payor shall pay Clean Claims within thirty (30) calendar days of receipt of confirmation if submitted electronically, or forty-five (45) calendar days, or sooner if required by law, of receiving a Clean Claim from the Provider, or if applicable from the Repricer. The parties agree that, for the purposes of this provision, receipt of paper claims, for Clean Claims purposes, shall be determined by the Provider's original mailing date plus three (3) days. Failure of a TPA or Payor to comply with any of the requirements in this Exhibit A (unless an executed Exhibit "A-I" is in place and accepted by Participating Provider in writing) shall constitute a waiver of right to negotiated discount and such TPA or Payor will be liable to pay any penalty as described in state law in addition to Provider's billed charges for all such claims. Participating Provider shall contact Payor directly to request adjustment of reimbursement due to untimely payment.

Payors will identify the name of the THCG PPO Network (Encore) on the explanation of benefits (EOB).



# PROVIDER RELATIONS



Our Provider Relations team pledges to be available to serve your needs. Please feel free to contact the Encore Health Network Provider Relations Department if you have additional questions, comments or concerns.

## PROVIDER RELATIONS TEAM

### **Tina Bilodeau**

*Provider Contracting Coordinator*

Phone: (317) 621-4269

Fax: (317) 957-2921

[tbilodeau@encoreppo.com](mailto:tbilodeau@encoreppo.com)

### **Shanesa Myles**

*Provider Relations & Credentialing  
Coordinator*

Phone: (317) 621-4274

Fax: (317) 355-6232

[smyles@encoreppo.com](mailto:smyles@encoreppo.com)

### **Randy Shideler**

*Provider Relations Specialist*

Phone: (317) 621-4271

Fax: (317) 355-6247

[rshidele@encoreppo.com](mailto:rshidele@encoreppo.com)



# PR SERVICE AREA MAP



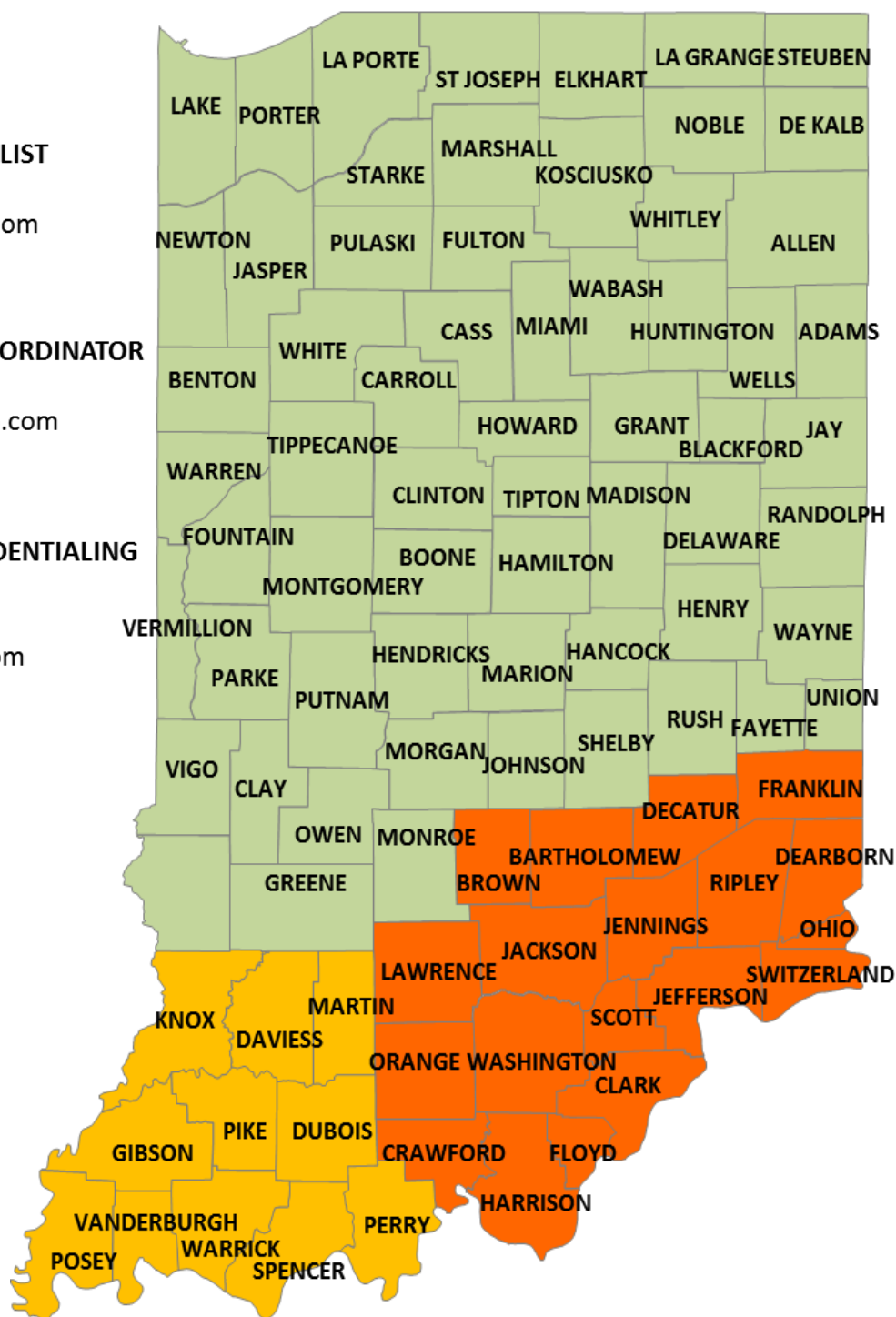
**RANDY SHIDELER**  
**PROVIDER RELATIONS SPECIALIST**  
 PHONE: (317) 621-4271  
 EMAIL: rshidele@encoreppo.com



**TINA BILODEAU**  
**PROVIDER CONTRACTING COORDINATOR**  
 PHONE: (317) 621-4269  
 EMAIL: tbilodeau@encoreppo.com



**SHANESA MYLES**  
**PROVIDER RELATIONS & CREDENTIALING COORDINATOR**  
 PHONE: (317) 621-4274  
 EMAIL: smyles@encoreppo.com



# C O N T R A C T I N G   Q U E S T I O N S

## ENCORE CONTRACTED PROVIDERS

As a contracted provider with Encore, you need to contact your Provider Relations Specialist with any contracting questions and updates including: tax identification number, National Provider Identifier number (NPI), corporation name, practice location, billing address and email addresses.

## NETWORK CONTRACTED PROVIDERS

If you participate as part of an affiliate network you will need to contact your network prior to talking with your Encore Provider Relations Specialist.

Please forward any updates or contracting questions to the attention of your provider relations staff member or at our address below or fax number:



**Encore Health Network**  
Attn: Provider Relations  
8520 Allison Pointe Boulevard, Suite 200  
Indianapolis, IN 46250-4299  
Or Fax: (317) 621-2388

## UPDATES AND CHANGES TO PROVIDER INFORMATION

Please notify Encore or your network of any changes or updates 60 to 90 days in advance, whenever possible, by mailing, faxing or emailing change notifications to a provider relations staff member.

It takes approximately 60 days for any changes to be updated by our payors. Provider updates are sent to our contracted payors once a month and contractually, the payors have 30 days to load this information.

Encore Health Network may use discretion in adjusting provider reimbursement for codes typically not reimbursed by Medicare without provider notification. Reimbursement may take into consideration market prices. This applies to direct contracts between Encore and providers.

## MID-LEVEL REIMBURSEMENT

Mid-level practitioners/Allied Health providers are reimbursed at 80% of the physician fee schedule unless indicated otherwise in your Provider Agreement. Mid-level practitioners/Allied Health providers include, but not limited to, Physician Assistants (PA), Nurse Practitioners (NP), Licensed Clinical Social Workers (LCSW), Licensed Mental Health Counselors (LMHC), and Certified Registered Nurse Anesthetist (CRNA).

## NOTICE OF CHANGE IN CONTRACT PARAMETERS

Should Encore desires to enter into a Payor arrangement on behalf of Provider which does not fall within the Contract Parameters, and which does not constitute an amendment to the standard Contract Parameters (**Exhibit “A” or “E”**), then Provider shall be provided with forty-five (45) days prior written notice as **Exhibit “A-I” or Exhibit “E-I”** (and consecutive numbers) describing the proposed unique Payor arrangement. Provider must then notify Encore within fifteen (15) days of the effective date of the notice by signing the applicable exception notice indicating acceptance or rejection then returning a copy to Encore as indicated on the notice. If Provider does not respond to this notice in this time frame, Provider will be deemed to have accepted the Payor arrangement as of the effective date. See sample letter on page 11

## ENCORE PPO EXHIBIT A-4

## ENCORE PPO NOTICE OF EXCEPTION TO CONTRACT PARAMETERS

Encore is notifying Participating Providers of an exception to its PPO Contract Parameters in accordance with Section 2.4 of the Encore Health Network Provider Service Agreement.

This exception notice provides that the Agreement may be utilized for Covered Services for which a Payor or Participant is obligated to pay pursuant to a contract between the Payor and the Employer or Participant. Such services will include \_\_\_\_\_.

In accordance with Section 2.4 of the Provider Services Agreement this shall serve as 45 day notice to Participating Providers of the exception. Providers may notify network within 15 days of the effective date or of the notice or \_\_\_\_\_ by signing and returning the exceptions notice indicating acceptance or rejection of the exception or provider will have been deemed to have accepted the arrangement.

If you should have any questions please contact \_\_\_\_\_, via telephone at \_\_\_\_\_ or by email \_\_\_\_\_. Please return to the address below, by fax, or by e-mail.

Encore Health Network

Attn: \_\_\_\_\_

8520 Allison Pointe Blvd Suite 200

Indianapolis, Indiana 46250-4299

FAX \_\_\_\_\_

The effective date of this exception will be \_\_\_\_\_.

\_\_\_\_ Accept

\_\_\_\_ Reject

Provider

BY: \_\_\_\_\_

Signature

PRINTED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

TAX-ID: \_\_\_\_\_

GROUP NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Please keep a copy for your records as one will not be returned to you.

# IDENTIFYING MEMBERS

All insurance companies and payors are required by their contracts with Encore Health Network to identify Encore on their members' identification cards. The identification of our network will be represented on the identification card by the following

- either the Encore Health Network logos (please see pages 4-5)
- or
- the name— **Encore Health Network.**

The insurance identification card may include the following:

- Member Name
- Member Identification Number
- Member Employer Name
- Group or Policy Number
- Encore Health Network Identifier
- Address for Claim Submission
- Phone numbers for Precertification, Benefit/Eligibility, Customer Service
- Specific Requirements for Precertification
- Effective Date of Subscriber's Policy
- Payors may also contract for Carved Out Networks for health services. *Example: Pharmacy, Vision*

It is recommended that you copy the front and back of the ID card at each visit.

Payors will identify Encore on their Explanation of Benefits (EOB), which helps you identify which managed care discount applies when posting payments.

Encore Health Network does not determine benefits, eligibility, or benefit availability for persons covered by a payor benefit plan. Providers should make best efforts to contact the contracted payor for this type of information. Please reference the member's identification card for the appropriate telephone numbers.

***If Encore Health Network is not on the card, we ask that you do the following:***

- **Notify Encore Provider Relations.** You may fax a copy of the front and back of the ID card to Encore at (317) 621-2388. We will verify if the employer and vendor are Encore participants or if the member is carrying an old card. If the payor has omitted identifying Encore, we will request that new cards be printed or an Encore sticker may be applied to all insurance ID cards.

# SAMPLE IDENTIFICATION CARDS

Payors are required to use the Encore Health Network logo on all ID Cards. If you receive a card that says Encore formerly VHA, question the member to see if they have a more current card. Encore Health Network requires both Encircle and Encore logos on a participating member's ID card that utilize the Encircle/Encore Combined Network.

## SAMPLE FRONT OF IDENTIFICATION

Name: John Doe  
Member #: 00000012  
Group #: 012345  
Group: ABC Company  
Effective Date: 1/1/2012  
Coverage: Employee & Dependent



Client's Company  
Logo here

### Health Care Plan Identification Card

Pre-certification is required for any inpatient hospitalization, outpatient surgery done outside the physician's office, home health care, hospice, convalescent care, physical therapy, MRIs, second surgical opinions, and durable medical equipment. Failure to pre-certify will reduce your benefits. For pre-certification call (800) 123-4567 and for eligibility benefits call (800) 123-4567.

PPO Office visit Copay \$25.00

SUBMIT ALL MEDICAL CLAIMS TO:  
Encore Health Network  
8520 Allison Pointe Blvd, Ste 200 Indianapolis, IN 46250-4299  
For electronic claims use Payor ID, Web ID 35206

ABC COMPANY  
Sample TPA

## SAMPLE BACK OF IDENTIFICATION



Encore Health Network  
(888) 446-5844  
www.encoreconnect.com

Pharmacy/Customer Service/Help Desk: (800) 123-4567  
Bin #: 002233 PCN: CPPBA RxGroup: 065478  
Prescription Copays:  
Generic \$15 or 20%, whichever is greater  
Brand Formulary: \$30, 20%, or whichever is greater  
Brand Non-Formulary: \$45, 25%, or whichever is greater

For service information, including the patient's current eligibility and coverage level, call the Benefit Plan Administrators at (800) 123-4567.

Name: John Doe  
Member #: 00000012  
Group #: 012345  
Group: ABC Company  
Effective Date: 1/1/2012  
Coverage: Employee & Dependent



Client's Company  
Logo here

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Brand Non-Formulary: \$45, 25%, or whichever is greater

For service information, including the patient's current eligibility and coverage level, call the Benefit Plan Administrators at (800) 123-4567.

## PROVIDER REFERRALS

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In order to minimize the out-of-pocket expense to your Encore Health Network members, you should make best efforts to refer to other Encore Health Network participating providers.

Provider participation can be confirmed by contacting our customer service department at (888) 446-5844 or logging onto our website at [www.encoreconnect.com](http://www.encoreconnect.com).

If there is a healthcare provider whom you want to nominate for Encore Health Network members, please contact us at (888) 446-5844 or complete a provider nomination request form located on our website at [www.encoreconnect.com](http://www.encoreconnect.com).





# CLAIM FILING & BILLING

## Steps for Proper Claim Filing:

- Request to see the member's current insurance ID card each visit. Copy the front and back of the current card. The card will list the insurance plan and/or payor, claim address, benefit/eligibility and precertification phone numbers.
- Providers must submit claims directly to the payor or its designee for repricing.
- **Claim Filing Time Limits:** A 120 day claim filing time limit is in our current payor/provider agreements. Please feel free to contact your Provider Relations Specialist if you have any questions.
- Encore Health Network providers are required to submit claims for their Encore Network members, regardless of whether Encore is primary or secondary.
- Please list your service location in Box 32 to ensure proper claim processing.
- **Anesthesia Providers:** Please include the total amount of minutes in field G of the HCFA claim form.

Please send claims to the claim submission address on the back of the ID card.

The image shows a 'HEALTH INSURANCE CLAIM FORM' with a pair of glasses resting on it. The form is filled with various fields for patient information, insurance details, and provider information. The title 'HEALTH INSURANCE CLAIM FORM' is prominently displayed in the center. The form includes sections for patient demographics, insurance coverage, and provider information. The glasses are positioned diagonally across the form, with the temples extending towards the top left and bottom right corners.



## DEFINITION OF A CLEAN CLAIM

Without the following information on a claim, the repricing company or payor may not be able to identify the member. The claim would have to be returned which will cause delays in processing and reimbursement. In order for a claim to be considered clean and properly completed it must include, but is not limited to, the following information and any additional requested information necessary to adjudicate the claim:

- Enrollee's Name
- Enrollee's Identification Number
- Enrollee's Employer or Group Name. This is a required field for electronic claim submission. (If not on ID card, request this information from the member).
- Enrollee's Group Number. This is a required field for electronic claims submissions. If an identification card does not have a group identification number, please utilize a number such as 99999, XXXXX.
- Insurance Carrier Name. **Please note: Do not list Encore Health Network in Box 11C of the HCFA form or box 50 on the UB-04.**
- Member's full name, age and relationship to enrollee.
- Full name of attending physician, hospital or facility name if billing on a UB-04.
- Tax identification number of attending physician (depending on which is used for typical billing purposes) or tax identification number of hospital or other facility if billing on a UB-04.
- HIPAA Compliant code for each procedure
- ICD-9 diagnosis code
- NPI Number

When submitting claims to Encore Health Network, the Rendering TIN is required to reprice claims. This is not a legacy number and is still required by Encore as an identifier. Some providers have stopped sending the Rendering TIN which delays the processing and may cause your claim to be repriced as non-par.

**IF THE ABOVE INFORMATION IS NOT INCLUDED ON THE CLAIM, THE REPRICING/PAYOR COMPANY MAY NOT BE ABLE TO IDENTIFY THE MEMBER, AND WILL RETURN THE CLAIM, THEREFORE CAUSING DELAYS IN PROCESSING.**

# B I L L I N G   G U I D E L I N E S

## **PROVIDERS MAY BILL OR COLLECT PAYMENT FROM THE MEMBER FOR THE FOLLOWING, WHICH ARE THE MEMBER'S FINANCIAL RESPONSIBILITY:**

- All co-insurance amounts as reported on explanation of benefits;
- Co-payments;
- Deductibles, as reported on the explanation of benefits;
- Penalties imposed on member by payor for member's failure to comply with payor's precertification and/or authorization process, services that are not medically necessary, non-covered services, and services that the payor has failed to pay within the contracted time period.

## **PROVIDERS MAY NOT BILL OR COLLECT PAYMENT FROM THE MEMBER FOR THE FOLLOWING:**

- Medically necessary covered services;
- The difference between provider's billed charges and the negotiated reimbursement schedule, and amounts imposed on providers by payors for any reduction of fees when it is the provider's responsibility to comply with network's and/or payors procedure of utilization management.

In some instances, providers may be responsible for pre-certification and authorization of services for members. Information about this process will appear on the member's identification card. If the member has primary responsibility to pre-certify services according to their benefit plan, then any penalties or payment reduction resulting from a failure of the member to pre-certify or authorize services are the financial responsibility of the member.

Providers may bill for non-covered services to Encore members provided that they inform and obtain consent in writing that such services are not covered and all reimbursement for such services are the member's financial responsibility.

### **Limitation on Billing Covered Persons (applies to Fully Insured Plans)**

Provider agrees that reimbursement will come from Payor for Covered Services.

Provider cannot bill Covered Persons for any amounts not paid due to:

- Provider's failure to comply with the requirements of Utilization Management—payor
- Failure to file a timely claim or appeal
- Application of claims coding and bundling rules-payor.

This provision shall not prohibit collection of any applicable Copayments, Coinsurance and Deductibles, or non-Covered Services.

### **Limitation on Payment Disputes (applies to Fully Insured Plans)**

Payment by a payor of any claim shall be final twelve (12) months after payment and neither the payor nor the participating provider shall have any further recourse thereafter.

Encore has EDI relationships with Relay Health (McKesson), Emdeon (WebMD) and TK Software, Inc. Your office may now submit HCFA and UB04 claims electronically to Encore via Emdeon or TK Software using Payor ID 35206 for only the employer groups that require Encore repricing. All employers utilizing Encore repricing will include the following addresses on their member's identification cards:

Encore Health Network  
8520 Allison Pointe Boulevard, Suite 200  
Indianapolis, IN 46250-4299

Only the above claim filing address should be sent electronically to ID 35206. All other claims should be mailed to the appropriate claim filing address as indicated on the identification card. Claims received for the above address will be repriced and forwarded to the contracted insurance company or third party administrator.

All electronically submitted claims must contain the information below. Claims without this information may possibly be returned electronically and will delay claim processing.

- Policy and/or Group Number
- Name of Employer
- Name of Insurer
- Insured's Name, Identification Number and Address
- Member's Name and Date of Birth

**Note:** Other payors also accept electronic claims; either the identification card will supply the Payor ID or you can contact your clearinghouse for the unique payor ID.

If you are not currently submitting claims electronically and are interested in learning how, please contact Emdeon (WebMD) Customer Support at (800) 845-6592 or TK Software at (888) 372-2808.

# CLAIM PROBLEM NOTIFICATION

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If you experience claim issues, please follow the steps below:

- Begin by always contacting the payor regarding any claim issue. This information can be found on each EOB. Payors have sole responsibility and liability for payment of claims.

Payors are required by contract to make timely payments in accordance with appropriate state laws or where law does not apply as stated below:

- Within 30 days if submitted electronically
- Within 45 days from receipt from provider or repricer, if submitted on paper. The expectation of the provider is that “receipt” of a paper claim, either from the provider or repricer, shall be within three (3) days of mailing date.

If a payor fails to meet these requirements they forfeit the negotiated discount. Providers may contact payor or repricer for an adjusted reimbursement that includes any penalty described in state law in addition to the provider’s billed charges for such untimely payment of claims.

**If the issue remains unresolved, contact Encore Health Network**

Customer Service Phone Number: (888) 446-5844

Customer Service Fax Number: (317) 621-2388

**Please note: It is necessary to fax a copy of the claim and EOB to process a claim appeal.**

## COMPLAINT OR GRIEVANCE PROCESS

A Provider has the right to file a Complaint or Grievance at any time for any reason.

### LEVEL I COMPLAINT

**Definition:**

A Complaint is the first level of notification by a Provider that there is a disagreement regarding any service offered by Encore Health Network. The notification may be in person, by telephone, or in writing.

Complaints will be directed to the Customer Services Department for review and referrals to the appropriate designee. Inquiries will be responded to within fifteen (15) business days of the receipt of the Complaint.

When a Provider has a Complaint, every effort will be made to resolve the issue informally. In the event the issues cannot be resolved informally, the Provider may request that it be handled according to the Level II - Appeals Process.

### LEVEL II APPEALS

**Definition:**

An Appeal is the second level of notification when a Provider is dissatisfied with the Complaint resolution.

A Provider who is not satisfied with a decision made in Level I may file a written Appeal and request a review of the Appeal by The HealthCare Group Vice President. The time for filing an Appeal shall be limited to a period of not more than six (6) months from the date of occurrence or thirty (30) business days following the issuance of a Complaint resolution decision under Level I, whichever is less.

2. The Vice President will issue a written decision within thirty (30) business days from the date of Appeal to include, a statement indicating the decision is binding unless the Provider files a Level III Grievance with the Grievance Committee.

# COMPLAINT OR GRIEVANCE PROCESS

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## LEVEL III GRIEVANCE COMMITTEE

The Grievance Committee shall act as the final level of review of any Grievance. The Grievance Committee shall be composed of members who do not have a conflict of interest with party filing the Grievance.

The Provider may request a review by the Grievance Committee if he or she is not satisfied with the Vice President's decision. This request must be in writing to The HealthCare Group, accompanied by the notification received from the Vice President. The HealthCare Group must receive the appeal within fifteen (15) business days of the date of the Vice President's decision. The Provider may submit written materials in support of the appeal and may request the right to present oral argument to the Committee.

The Grievance Committee will review the decision of the Vice President, any written materials submitted by Provider in support of the request for review, and any oral arguments, before issuing a decision.

The Grievance Committee shall issue a decision within thirty (30) business days of receiving a request for review. The decision of the Grievance Committee shall be final unless Participating Provider demands Arbitration as described in your Provider Agreement.

## Want a current list of Encore Providers?

Just log onto [www.encoreconnect.com](http://www.encoreconnect.com) and click “Provider Search”. You can search for a provider here. The website directory is updated automatically each night to provide you with the latest changes to our hospital and physician listings.

Provider Listings can also be created based on geographic area and downloaded to a printable document.



## Want to learn more about Encore?

Click on the “Encore Network” button on the horizontal green toolbar for details regarding our provider network and the products and services that are available to our members.

## Need to contact a staff person at Encore?

Visit <http://www.encoreconnect.com/Provider/> and click on Resources to view names and telephone numbers of key Encore Provider Relations’ staff members. For a quick question, use our “Ask an Expert” resources. Here you can email your questions directly to Encore.

## Want to access important resources at [Encoreconnect.com](http://Encoreconnect.com)?

Encore providers can now create an account at [Encoreconnect.com](http://Encoreconnect.com) to access important information such as our Provider Handbook.

You can access the following Provider Resources

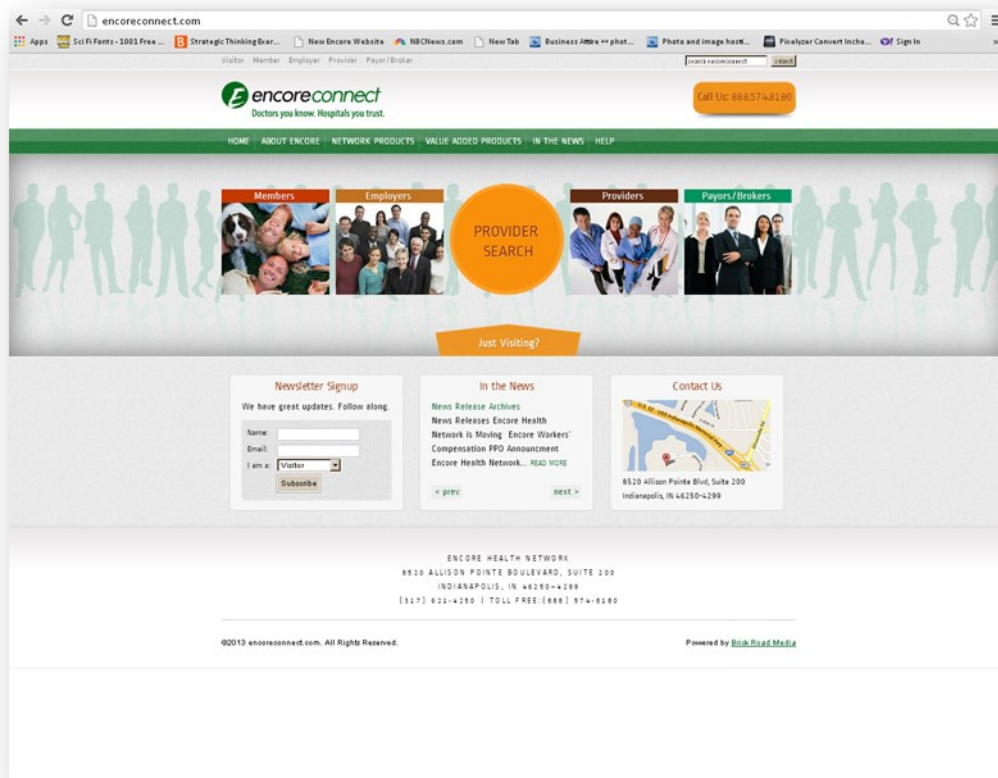
- Provider Handbook—electronic version available on-line
- Provider Update Forms
- Locate Provider Relations Staff and contact information




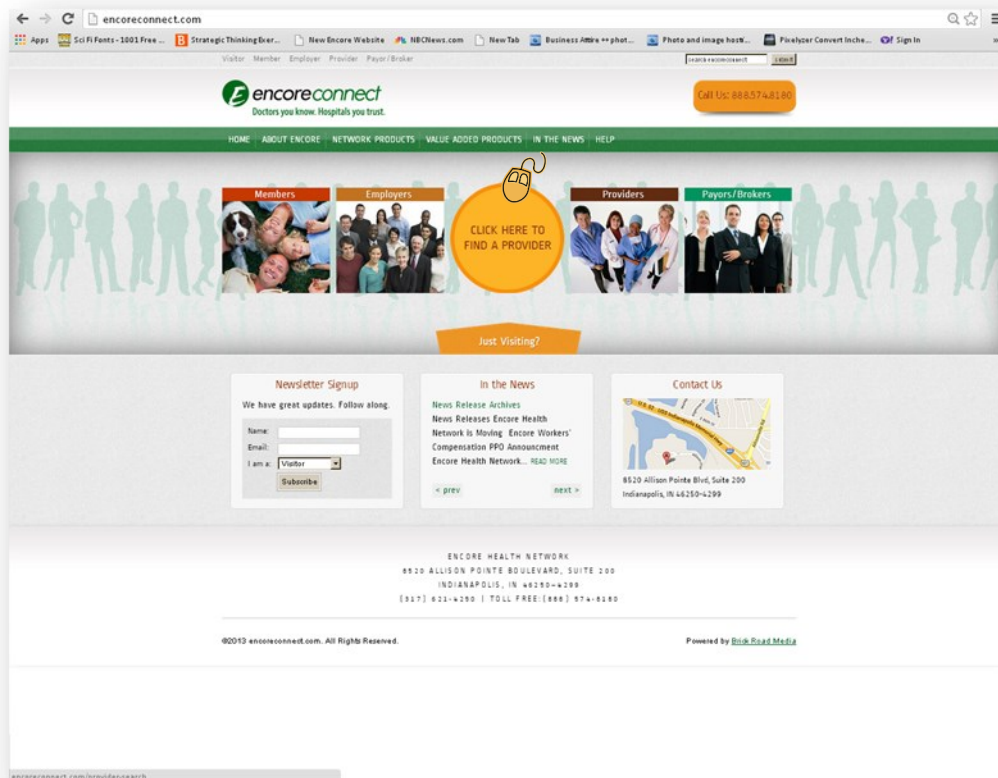
# HOW TO LOOK UP A PROVIDER

Our website's address is  
**www.encoreconnect.com.**

This is the landing page of our website  
with several options for visitors to the  
site.



If you hover over PROVIDER SEARCH,  
that button will change to **“CLICK  
HERE TO FIND A PROVID-  
ER.”** Please click on that button. 

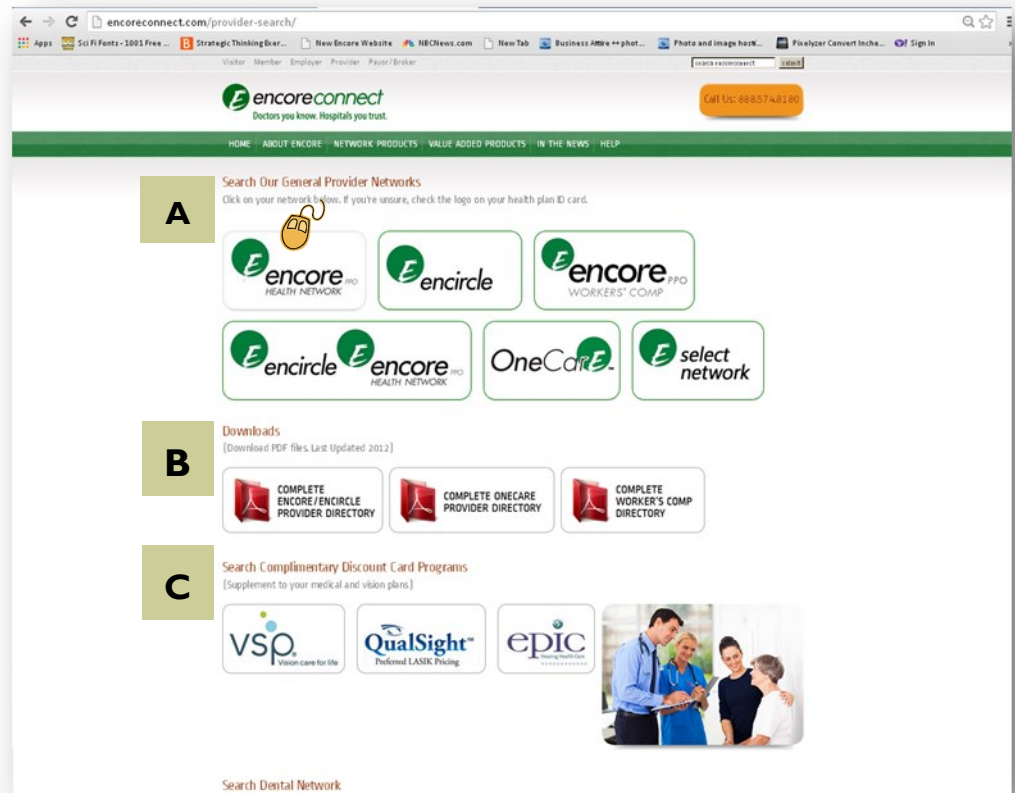


# HOW TO LOOK UP A PROVIDER

This page shows you all of the network options you can search for a provider. You have three different options on this page:

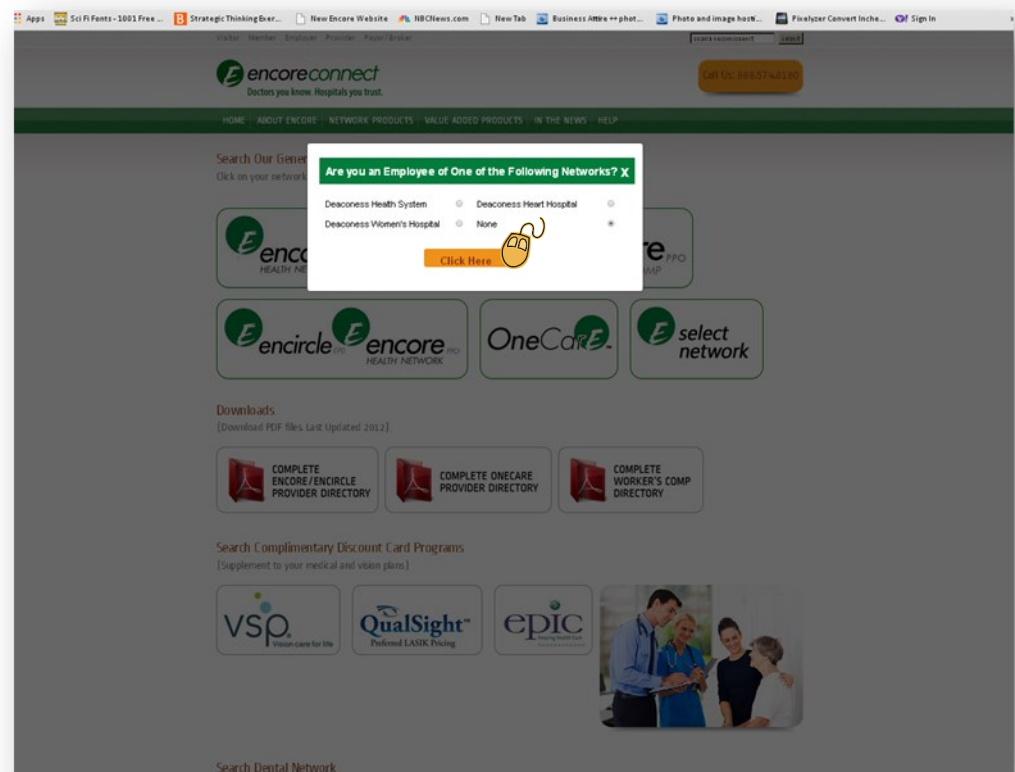
- Encore Network Products online provider directory
- Download a Provider Directory (these are updated quarterly)
- Search our Value Added Products pages.

Please click on the Encore logo which



A pop-up box will appear that will provide you with several options to choose. If you are not an employee of the business listed, please leave the option set at the default "none."

Please click "Click Here."



# HOW TO LOOK UP A PROVIDER

The screenshot shows the EncoreConnect website with a 'Provider Search' pop-up form. The form includes fields for Name, Specialty, State, County, City, Zip Code, and Miles of Zip Code. A note states: '\*Please choose a state when searching by County.' An orange arrow points from the 'Downloads' section to the pop-up form.

**Provider Search** x

Name  Specialty   
 (Last name, First name, i.e. Doe,John)

State  County\*   
 City  Zip Code   
 Miles of Zip Code

\*Please choose a state when searching by County.

Downloads  
 [Downloaded 12/15/2012]

COMPLETE ONECARE PROVIDER DIRECTORY  
 COMPLETE WORKER'S COMP DIRECTORY

Card Programs  
 [Plans]

QualSight™  
 Preferred LASIK Pricing

epic  
 Hearing Health Care

select network

The next pop-up screen shows you the Provider Search parameters. You can search by the following:

- Name
- Specialty
- State
- County
- City
- Zip Code

# HOW TO LOOK UP A PROVIDER

**Provider Search**

Name  (Last name, First name, i.e. Doe,John)

State  All

City  All

Miles of Zip Code  1

Specialty  All

County\*

\*Please choose a state when searching

**Search**

All Specialties can be selected by clicking on the drop down box. They are listed in alphabetical order.

**Provider Search**

Name  (Last name, First name, i.e. Doe,John)

State  IN

City  All

Miles of Zip Code  1

Specialty  All

County\*

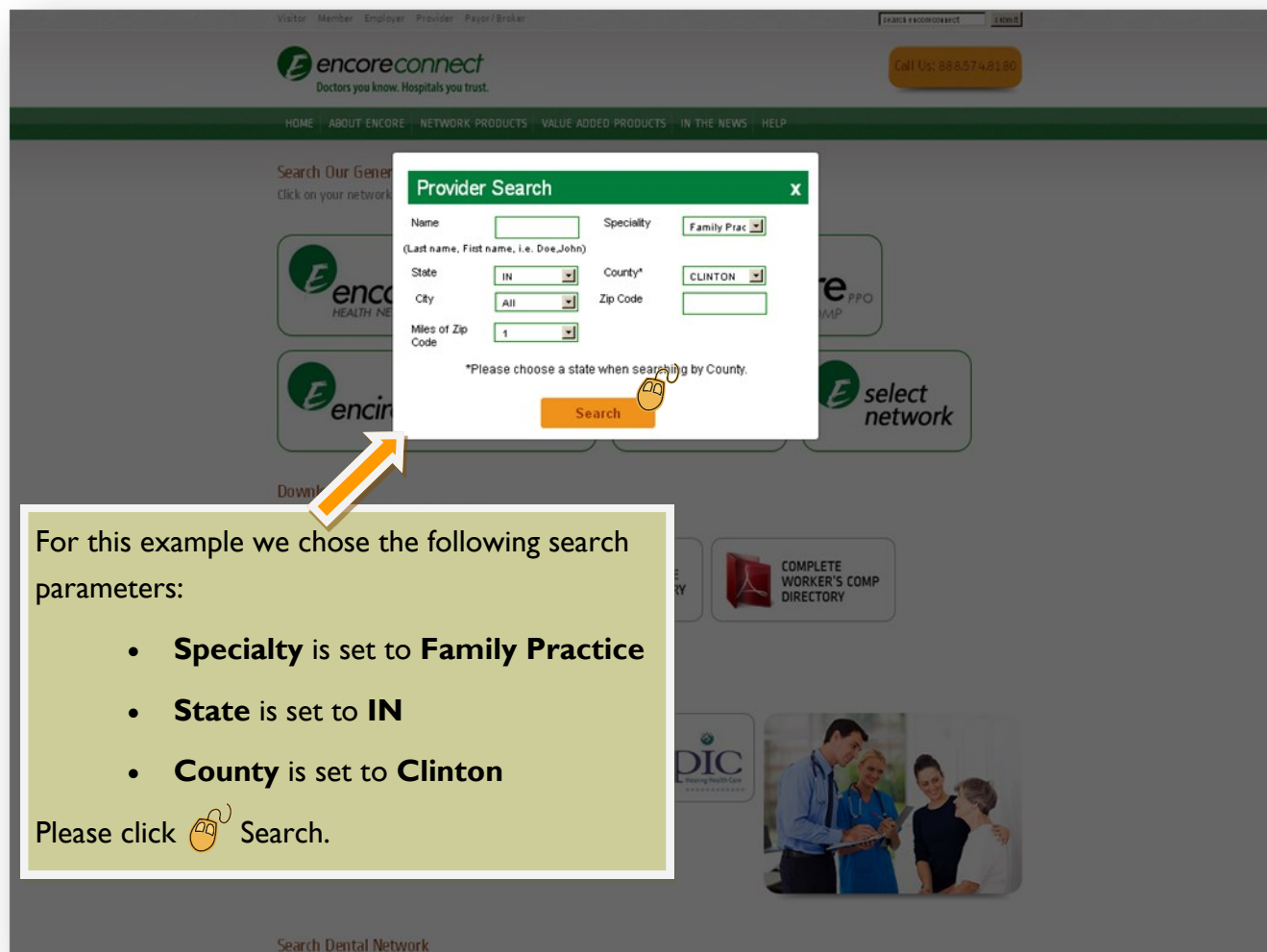
\*Please choose a state when searching

**Search**

If you choose to search by State, once you select the state, only those counties that are in the state will appear in the drop down box in alphabetical order as displayed.



# HOW TO LOOK UP A PROVIDER



encoreconnect  
Doctors you know. Hospitals you trust.

HOME ABOUT ENCORE NETWORK PRODUCTS VALUE ADDED PRODUCTS IN THE NEWS HELP

Search Our Generalist Network  
Click on your network

**Provider Search**

Name   
(Last name, First name, i.e. Doe, John)

Specialty

State  County\*

City  Zip Code

Miles of Zip Code

\*Please choose a state when searching by County.

Search

Download

COMPLETE WORKER'S COMP DIRECTORY

DIC

Search Dental Network

For this example we chose the following search parameters:

- **Specialty** is set to **Family Practice**
- **State** is set to **IN**
- **County** is set to **Clinton**

Please click  Search.

# HOW TO LOOK UP A PROVIDER

This is the Provider Results Page

**Filter Search**


Name  States  County   
 (last name, first name, i.e. Doe, John)


Zip Code  City  Miles of Zip Code


Specialty

**Search**

**A** We have found total 18 Providers, Please narrow your search by applying filter.  
[Click Here](#) to Return to Previous Page

**B** 


**C** 

**D** 

Name	Group Name	Address	Specialty	County	City	ST	Zip	Phone	Language
<a href="#">Bertinganan, Leslie DO</a>	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A
<a href="#">Crooner, James MD</a>	Arnett Clinic, LLC	550 S. Hoke Avenue	Family Practice	CLINTON	Frankfort	IN	46041	(765) 448-8000	N/A
<a href="#">Doggett, Brian MD</a>	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A
<a href="#">Dominik, Joseph MD</a>	St. Vincent Medical Group	1201 Oak Street	Family Practice	CLINTON	Frankfort	IN	46041	(765) 656-3970	N/A
<a href="#">Estep, Wanda MD</a>	Unity Healthcare, LLC	5450 W. State Road 26, #300	Family Practice	CLINTON	Rossville	IN	46065	(765) 379-2222	N/A
<a href="#">Estep, Rand MD</a>	Unity Healthcare, LLC	5450 W. State Road 26, #300	Family Practice	CLINTON	Rossville	IN	46065	(765) 379-2222	N/A
<a href="#">Keller, Philip MD</a>	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A
<a href="#">McTavish, Lisa MD</a>	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A

On the Provider Results page you will find the following:

- The number of providers found
- The Google Map which will display the locations
- The listing of all of the providers found according to the search parameters

 D. By clicking on the Export PDF button, you will create a PDF of all the providers.

Please click on the first provider's name, **Leslie Bertinganan**.

**Provider results**

provider [23].pdf - Adobe Reader

Search Parameters

Select Network=Encore Health Network


State = IN

City = All

Miles = 1

Specialty = Family Practice

County = CLINTON



Name	Group Name	Address	Specialty	County	City	ST	Zip	Phone	Language
Bertinganan, Leslie DO	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A
Crooner, James MD	Arnett Clinic, LLC	550 S. Hoke Avenue	Family Practice	CLINTON	Frankfort	IN	46041	(765) 448-8000	N/A
Doggett, Brian MD	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A
Dominik, Joseph MD	St. Vincent Medical Group	1201 Oak Street	Family Practice	CLINTON	Frankfort	IN	46041	(765) 656-3970	N/A
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Estep, Rand MD	Unity Healthcare, LLC	5450 W. State Road 26, #300	Family Practice	CLINTON	Rossville	IN	46065	(765) 379-2222	N/A
Keller, Philip MD	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A
McTavish, Lisa MD	Arnett Clinic, LLC	14 S. Plank Street	Family Practice	CLINTON	Rossville	IN	46065	(765) 448-8000	N/A

# HOW TO LOOK UP A PROVIDER

Provider details **A** [Print Page](#)

This is the Provider Details Page

**B**

Leslie Bentingnan, DO  
Arnett Clinic, LLC  
14 S. Plank Street  
Rossville, IN 46065  
Phone: (765) 448-8000

**C**

**D** [Get Directions](#)

**PARTICIPATING NETWORKS**

**encore**  
Health Network

**Disclaimer**  
**IMPORTANT NOTICE:**  
The providers available through this application do not necessarily reflect the extent of Encore's network of participating providers. There may be providers which are not listed in this database that are part of Encore's network, and the availability of any providers listed herein is subject to change without notice. Providers may be contracted under different tax identification numbers and therefore, you should contact the provider directly to confirm participation in the Encore network. Encore does not accept any responsibility or liability for damages arising from the use or reliance on this information. As such, please contact the provider directly for the most accurate and up-to-date information. If you are unable to find the provider or specialty you are searching for, you may contact Encore at the toll-free number shown on your ID card.

- A. If you press the **"Print Page"** button, a page of the provider information will be generated in order for you to print it. Please see below.
- B. The grey box contains all of the

- C. Under **Participating Providers** is where you will find the network logo that the provider participates in with Encore. This specific provider only participates in the
- D. If you press **"Get Directions"** button, a Google page will open allowing you to map directions from any location to the selected provider.