

New York State Empire Health Plan Group Number 30500 (Effective 01-01-04)

SUNY Graduate Student Employee Health Plan

Group Number: GSEU (Effective Date 01/01/02)

Chiropractic Plan Summary

Program Description

This Chiropractic Plan Summary is applicable to New York State Empire and SUNY Graduate Student Employees Union Health Plan health benefit membership. Membership can be identified by looking at the front of the member ID card. Members may directly access the chiropractor without a prescription. Reimbursement for covered services is subject to plan limitations and provider's scope of practice, up to the fee schedule maximum. Malpractice coverage of \$100,000 per incident and \$300,000 aggregate is required for participation.

Please note claims should be sent to Managed Physical Network, Inc. (MPN) (see information at right) and NOT to the address on the back of the member's ID card.

Eligibility/Verification Options

Eligibility is verified by calling:

MPN: (800) 236-9921

Clinical Submission Process

Compliance with the clinical submission process described in the Clinical Support Program section of the Provider Operations Manual (viewable at **myoptumhealthphysicalhealth.com)** is required. Payment for services not covered by a valid clinical submission will be denied. A clinical submission consists of a completed Patient Summary Form (PSF). A newPSF will be required if treatment extends beyond an established clinical submission response.

- 1. To determine clinical submission requirements you may contact Customer Service at (800) 236-9921.
- 2. Complete PSFs for:
 - New patients
 - ♦ Established patients that are new to MPN (PSF has not been previously sent)
 - ◆ Established patients suffering from a new injury or significant exacerbation
 - ◆Patients requiring care beyond the clinical submission response set for the patient
- 3. Submit forms within 3 days but no later than 10 days.
 - ♦ INTERNET: www.myoptumhealthphysicalhealth.com

Please direct questions about the clinical submission process to OptumHealth Care Solutions, Inc. at (888) 471-0117.

Claims Submission

Claims for this plan are submitted using one of the following methods:

EDI claims submission

- Emdeon Payor ID: 87726
 Unitedhealthcare.com
- Ingenix netLinkTM

Mail Paper CMS 1500 form to:

MPN
 PO Box 8200
 Kingston, NY 12402-8200

Claims must be received within one hundred twenty (120) days from the service date or the date of the primary EOB showing payment or denial unless otherwise allowed by state law. Claims submitted late may be denied. MPN must be notified within thirty (30) days of receipt of the Payor's EOB should a claim be priced improperly. Internal appeals must be received by MPN within sixty (60) days of MPN's determination or date of the Payor's EOB.

UnitedHealthcare performs final benefit adjudication and financial functions.

Providers must contact Home Care Advocacy Program (HCAP) for DME dispensed in the facility if over \$200.00.

United Healthcare Insurance Co. of NY PO Box 1600 Kingston, NY 12402-1600 (877) 7NY-SHIP or (877) 769-7447

Claims Inquiry

Payment will be made by UnitedHealthcare. For inquiries about the status of your claim, please contact UnitedHealthcare at (877) 7NYSHIP (1-877-769-7447). If you have a question concerning nonpayment of a service for reasons related to the Clinical Submission process, please contact OptumHealth Physical Health at (800) 236-9921

Provider Status Changes

Demographic changes (including relocation and TIN changes) should be sent to:

Minneapolis, MN 55440-1459

MPN Attn: Network Maintenance PO Box 1459

Fax: (888) 626-1701



New York Power Authority Health Plan

Group Number 36332, 83865, 193266 **(Effective Date 07-01-95)**

Chiropractic Plan Summary

Managed Physical Network, Inc.

Program Description

This Chiropractic Plan Summary is applicable to New York Power Authority Health Plan health benefit membership. Membership can be identified by looking at the front of the member ID card and may directly access the chiropractor without a prescription. Reimbursement for covered services is subject to plan limitations and provider's scope of practice, up to the fee schedule maximum. Malpractice coverage of \$100,000 per incident and \$300,000 aggregate is required for participation.

Please note claims should be sent to Managed Physical Network, Inc. (MPN) (see information at right) and NOT to the address on the back of the member's ID card.

Eligibility/Verification Options

Eligibility is verified by calling:

MPN: (800) 236-9921

Clinical SubmissionProcess

Compliance with the clinical submission process described in the Clinical Support Program section of the Provider Operations Manual (viewable at myoptumhealthphysicalhealth.com) is required. Payment for services not covered by a valid clinical submission will be denied. A clinical submission consists of a completed Patient Summary Form (PSF). A new PSF will be required if treatment extends beyond an established clinical submission response.

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 - Established patients that are new to MPN (PSF has not been previously sent)
 - ♦ Established patients suffering from a new injury or significant exacerbation
 - ◆Patients requiring care beyond the clinical submission response set for the patient
- 3. Submit forms within 3 days but no later than 10 days.
 - ♦ INTERNET: www.myoptumhealthphysicalhealth.com

Please direct questions about the clinical submission process to OptumHealth Care Solutions, Inc. at (888) 471-0117.

Claims Submission

Claims for this plan are submitted using one of the following methods:

EDI claims submission

- Emdeon Payor ID: 41161 Capario Payor ID: ACN01
- www.myoptumhealthphysicalhealth.com

Mail CMS 1500 to:

MPN PO Box 8200 Kingston, NY 12402-8200

Claims must be received within one hundred twenty (120) days from the service date or the date of the primary EOB showing payment or denial unless otherwise allowed by state law. Claims submitted late may be denied. MPN must be notified within thirty (30) days of receipt of the Payor's EOB should a claim be priced improperly. Internal appeals must be received by MPN within (60) days of MPN's determination or date of the Payor's EOB.

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MPN Attn: Network Maintenance

PO Box 1459

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