

Insurance Summary

Medicare

- Generally straight-forward if patient is not being seen under Medicare Part-A (Home Health Episode)
 - Therapist transferring a patient from a home health Episode to FR Housecall or Outpatient Clinic
 - Script is ALWAYS required before 1st visit
 - Confirmed from the home health company that they are DC'ing from all disciplines and closing the home health episode (Agency Discharge)
 - *Please request that the therapist hold off on seeing each patient/ scheduling any visits in either Kinnser or our Outpatient offices until confirmation of DC from Home Health Agency and Script is on file
- Medicare requires a Script – Direct Access Therapist are not able to work with patients through Medicare without script. (Direct Access is only applicable with commercial insurances.)

Secondary Insurance's

- Generally – Some have deductibles in beginning of year to be aware of.
 - If everything checks out for Medicare guidelines, the secondary will pay
- Medicaid Secondary
 - Medicaid does not pay the extra 20% - This is helpful because it allows us to tell the patient that they do not need to worry about receiving a bill from us. We'll still need to put Medicaid Info into Systems for billing otherwise it will carry over the balance to the patient's responsibility.

Independence Blue Cross

- Many different policy types. Most have Visit limits, often Deductibles, Co-insurance and/or associated Copay's. We'll need to keep this in mind as we approach each next Calendar Cycle (may vary per plan).
 - Often patients with High-Deductibles will have HSA (Health Savings Account), HRA (Health Reimbursement Arrangement), or FSA (Flexible Spending account) – all of which can be used to pay for services.
- "IBC Keystone 65 HMO" AND "Keystone Healthplan East"
 - This insurance plan has capitation restrictions. Capitation site refers to a specific location an insurance member is required to attend for specific services. Capitation Site is often linked to zip code of the insurance member or PCP.
 - Example – patient with IBC Keystone 65 HMO may be required to use LabCorp for blood work.
- "IBC Keystone 65 HMO – Medicare Advantage"
 - Auths are required following Initial Evaluation.
 - Follow Keystone 65 HMO Authorization Process – located on Full Range Portal.

- Blue Cross Anthem – 25 Visits allowed before Authorization is required. A Peer-to-Peer Review is needed to authorization visits past 25
 - Anthem plans are out-of-state and require a phone call for insurance verification to 800-676-2583
 - First 3 Letters of the policy plan are required

Veterans Affair – Fee Based Program (Payer Name in S4PT = VACCN Optum)

- Best practice for authorization request:
 - Contact Care Manager listed on original referral to request best fax number to send: Most current Script, and Patient Note
- Submit auth request week prior to end of current auth period.

United Healthcare- [Managing Platform – Optum]

- Group Check – All UHC Policies have a Group Code (6 digit)
 - If “Clinical Submission is Required” – Therapist needs to complete the PSF (Patient Summary Form)
 - This can be done electronically and printed for therapist prior to visit from the below website: WebAssist
- Optum Websites
 - Platforms (2)
 - WebAssist – Check Group ID's – Patient Summary Form
 - Myoptumhealthphysicalhealth.com
 - Insurance Verification - Unitedhealthcareonline.com

Cigna - [Managing Platform – AshLink] (Payer Name in S4PT – American Spec. Health)

- 5 Visits are always approved upfront.
- Prior to 6th visits, an E-MNR (Medical Necessity Review) is needed from the therapist through AshLink's Website.
 - V&A Screen – 5 Authorized Visits. (Auth: Date of Eval through End of Year)
 - *We can adjust the end date after the 5th visit after the E-MNR comes back depending on Approval/ Denial
- Best Practice: complete re-evaluation at time of 5th visit and use data to submit the E-MNR via AshLink's Website.
 - Typical turnaround time: 24-48hrs.
- All OP Therapist need to be set up with this to process these electronically.

- All operate under similar guidelines appointed by State:
 - To extend authorization, the updated Script/Signed POC needs to be faxed to the specific caseworker. The quickest turn-around is with calling in 1-2x and fax each request otherwise there are often delays in turn-around. Instructions are typically located in the patients Demo Sheet and the patient's V&A Screen
 - Premier-Comp Solutions - Mimics the Script/ Signed Plan of Care
 - KeyScripts
 - MedRisk
 - Align - One Call Care Management
 - Care IQ - Corvel

Auto-Claim Cases

- Each policy/claim has specific coverage.
 - Benefits can exhaust. If this happens, patient becomes the responsible financial party.
- Prior to starting care – a call needs to take place with adjustor of patient auto-claim to confirm billing remittance address and benefit details (\$ limits).
- Should a clients Auto-Claim be

Insurance List – List of Insurance Full Range is In-network with:

1. Medicare
 - a. All secondary's (including Medicaid as a secondary)
2. Independence Blue Cross – Any PPO Plan
 - a. Exception – HMO Plans have specific capitation sites
3. Blue Cross Blue Shield -Any PPO Plan
 - a. Exception -HMO Plans have specific capitation sites
4. Cigna – (Managed through AshLink)
5. United Healthcare (Managed through Optum)
6. Veterans Affairs – Fee Based Program (Managed through VA CCN Optum)
7. Workers Compensation – Current Contracts
 - a. Bardavon
 - b. Care IQ/ Corvel
 - c. KeyScripts
 - d. MedRisk
 - e. One Call Care Management (previously known as Align Networks)
 - f. Premier-Comp Solutions
8. Workers Compensation – All/Any others are Accepted
9. Auto-Claims – All are Accepted
 - a. Popular policy carriers are: Geico, Allstate and Progressive



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Insurance List – List of Insurance's Full Range is Out-of-Network with:

1. Aetna – The member's out-of-network benefits apply (Coming Soon!? 2020!)

Insurance List – List of Insurance Full Range DOES NOT ACCEPT:

***** (Before turning down a referral always check with Practice Manager)*****

1. Independence Blue Cross – Keystone 65 HMO (**Capitation site applies**)
2. Medicare Advantage Plans – Keystone Healthplan East (**Capitation site applies**)