

Sparrow Associate Medical Plans SPHN Provider Network Update

Important Notice Regarding Sparrow Associate Medical Plans (SPHN):

Effective August 1, 2007, the third party administrator for the SPHN self-funded Sparrow Associates Medical Plans, will be Physicians Health Plan of Mid-Michigan - TPA. PHPMM-TPA will be the replacement for Weyco, Inc.

This notice is a quick, easy to use reference tool that details:

- How to access information and submit claims electronically
- Where to send paper claims
- Payor IDs and clearinghouses
- New SPHN identification cards
- Online claims site, HealthWeb®
- Authorization process/contacts

If you have questions regarding this information, please contact PHPMM-TPA:

PHPMM-TPA
517.364.8432
877.275.0076



Claims

Provider Identification Numbers:

All SPHN providers will be receiving provider identification numbers. The provider identification number is twelve digits. If you are also a Physicians Health Network (PHN) provider, in most cases, your SPHN provider identification number will be the same as your Physicians Health Plan of Mid-Michigan (PHPMM) provider identification number. Physicians Health Plan of Mid-Michigan-TPA (PHPMM-TPA) encourages the use of both your National Provider Identifier (NPI) number and your SPHN provider identification number. If you have not received your provider number, by July 23, 2007, please contact Customer Service at the number found in the "How to Reach Us" section of this guide.

Approved Clearinghouses:

PHPMM-TPA can accept claims electronically in a HIPAA compliant format from the following clearinghouses:

- WebMD (Emdeon)
- BCBS (THIN)
- ProxyMed (MedAvant)
- Misys

Although you may use a different clearinghouse to submit claims, your clearinghouse may be able to transmit claims to us through one of the four listed above. Please contact your clearinghouse to verify this option.

We encourage you to submit claims electronically to minimize any delays or processing errors that may occur when submitting paper claims. Electronic claims facilitate faster payment, efficient claims processing, less paperwork and lower mailing costs.

Electronic and Paper Claims:

Beginning July 23, 2007, you may submit claims to PHPMM-TPA in one of the following formats:

- 1) CMS - 1500 form for professional services,
- 2) UB-04 form for facility services.

Below is the address and electronic payor ID for routing claims:

Beginning July 23, 2007, SPHN claims are sent to:
Physicians Health Plan of Mid-Michigan
P.O. Box 399
Linthicum, MD 21090-0399
Electronic Payor ID number: 37330

Please note, claims not processed by Weyco by July 31, 2007 will be denied, with instructions to bill PHPMM-TPA.

Claims, continued

Explanation of Payment

Explanation of Payment (EOP) will include the check attached to the last page of the EOP. You will receive a combined EOP if your organization operates in the following manner:

1. Providers and/or facilities fall under one Tax ID
2. Payments are sent to the same mailing address

The combined EOP will include payment subtotals by individual provider. Payment and denial codes with complete descriptions will appear on the EOP.

Claims Status

Providers will be able to obtain information on their claims through the following methods:

1. Online, via HealthWeb® (see the *HealthWeb® section on page 4* for more information).
2. Contact Customer Service at the number referenced in the “How to Reach Us” section of this guide.

Adjustment Procedure

Once you have received an EOP, you may determine that an adjustment is needed to correct payment. To initiate an adjustment, you will need to utilize the “Claims Adjustment Request” form located at the back of this guide. Please fill out the form with as much detail as possible to ensure proper adjustment. Please do not use this form to status a claim.

Refund Procedure

For credit-balance adjustments, PHPMM-TPA encourages completion of an adjustment form (see attachment) with all supporting documentation. This process allows PHPMM-TPA to adjust applicable funds on a future Explanation of Payment (EOP), thereby eliminating the need for the Provider/Practitioner to issue a refund check. If the Provider/Practitioner prefers to forward a refund check, please be sure to submit specific instructions for reprocessing. Instructions should include:

Claims, continued

- Covered person name & subscriber number
- Date of service
- Reason for the refund
- Backup documentation (i.e. EOP, EOB/EOMB, etc.)

Submit all refunds to the following address:

Physicians Health Plan of Mid-Michigan—TPA
P.O. Box 30377
Lansing, MI 48909-7877

HealthWeb®

HealthWeb®

HealthWeb® is an enhanced online tool that will be available to all SPHN participating providers. You may access HealthWeb® through the PHPMM website, or at the following address: https://healthweb.physicianshealthplans.com/tzg/eservice/login/structure/login_fr.jsp. A HealthWeb® User Guide is available for download at www.phpmm.org.

HealthWeb® allows you 24/7 access to the following online functions:

- Search for a Covered Person
- Eligibility Information
- Benefit and Coordination of Benefits (COB) information
- PCP information
- Participating Practitioner and Facility Searches
- View Authorization Status
- View Inpatient Services and Corresponding Details
- View Claims and Claims Payment Information

If you do not have access to HealthWeb®, please contact Customer Service at the number referenced in the “How To Reach Us” section of this guide.

SPHN Identification Cards

New ID Cards

Subscribers will be receiving new ID cards in July of 2007 and will be instructed to present their new card when accessing health care services. With these changes, please remember to review identification cards at each visit. Below is an image of the new card:

Front of the card:



Back of the card:



Care Coordination

Authorizations

Authorizations or services authorized prior to August 1, 2007 are being transferred to PHPMM-TPA. Authorization numbers will change and be referred to as reference numbers. To initiate an out of network referral, you will need to utilize the "Out Of Network SPHN Benefit Request" form located at the back of this guide. For authorization information, please contact Care Coordination at the number referenced in the "How To Reach Us" section of this guide.

Pharmacy Benefit Manager

MedImpact will continue to be the SPHN pharmacy benefit manager. Prescription coverage and/or method of obtaining prescriptions will remain the same. To request or inquire about an exception to the Preferred Drug List (PDL), contact MedImpact at 1-800-788-2949.

Behavioral Health

CARES will continue to coordinate behavioral health services for SPHN. CARES provides evaluation and short-term counseling services for SPHN covered persons. If long-term counseling or other help is needed, CARES will assist in making an appropriate referral. CARES can be contacted by calling (517) 364-2626 or (800) 234-4191.

How To Reach Us

Physicians Health Plan of Mid-Michigan-TPA
P.O. Box 30377
Lansing, MI 48909-7877
517.364.8400

| Department | Contact Purpose | Telephone Numbers |
|--|---|---|
| Customer Service | <ul style="list-style-type: none">To verify eligibility with SPHN, benefits, or to check claim status.To obtain claims mailing address.To report suspected fraud and abuse. | 517.364.8432 877.275.0076 517.364.8417 (fax) |
| Care Coordination | <ul style="list-style-type: none">To request benefit determinations, out of network authorizations and case management services.To obtain clinical decision-making criteria. | 517.364.8597 866.203.0618 (Option 3) 517.364.8417 (fax) |
| Disease Management/ Quality Improvement | <ul style="list-style-type: none">For answers to questions related to Disease Management/Quality Improvement programs. | 517.364.8466 877.803.2551 517.364.8408 (fax) |

CLAIM ADJUSTMENT REQUEST FORM

Physicians Health Plan of Mid-Michigan – TPA
PO Box 399
Linthicum, MD 21090-0399



DATE OF REQUEST

PROVIDER NAME

NAME OF COVERED PERSON

PROVIDER NUMBER

SUBSCRIBER NUMBER

ADDRESS

DATE OF SERVICE

CLAIM NUMBER

COMPLETED BY

CONTACT NUMBER

Please adjust the following claims, for which payment and Explanation of Payment were dated: _____ / _____ / _____

Reason for Request : _____

A corrected claim and any applicable operative notes must be attached.

FOR PHP USE ONLY

Claim processed on: _____ / _____ / _____

Claim processed for payment and will appear on a future Explanation of Payment.

Claim #: _____

Claim #: _____

PHP not primary; please bill primary carrier.

Claim attached is not in our system. Claim sent for processing. Please allow 45 days.

Comments

By

Date

**OUT-OF-NETWORK SPHN BENEFIT REQUEST
FOR SPARROW HEALTH SYSTEM ASSOCIATE PLAN #730**

When completed please fax this form to Physicians Health Plan of Mid-Michigan (PHPMM) TPA at (517) 364-8417
For questions please call (517) 364-8597, Option #3 or 1-866-203-0618, Option #3

Section I Request for Out of SPHN Network

Instructions: Complete this section first; if one or more of the following conditions are met proceed to section II. Check the item(s) that apply to this request.

- Specialty or service is not available within the SPHN Network
- Request is on the behalf of an SPHN Specialist in same specialty
- Second opinion required and not available in-network

PHPMM-TPA authorization is required before receiving any out-of-network appointment or treatments. See the covered person's handbook for covered benefits.

Section II Physician/Provider/Practitioner Contact Information

Person Calling/Contact: _____ Provider Phone No: (____) _____
PCP/Specialist Requesting: _____ Provider Fax No: (____) _____

Section III Supporting Documentation for the Out of SPHN Network Request-Provider to Complete

Please include physician notes, reports or other correspondence pertinent to this patient's case for determination of benefits, medical necessity, and reasons why this patient cannot receive services from an in-network SPHN provider. **Supporting documentation will expedite this request and reduce the possibility that it may be denied.** For non-urgent requests PHPMM-TPA will respond within 14 days with a decision.

Associate's Name: _____ Associate's PHPMM TPA ID#: _____
Patient's Name: _____
Patient's Date of Birth: _____ Date of Request: ____/____/____
Diagnosis: _____ ICD-9 Code: _____
Level of Care: (Please check only one) Initial consult ONLY
 Consult and testing for indicated diagnosis ONLY
 Consult, testing and treatment of indicated diagnosis ONLY

Requested services to be provided out-of-network: _____

Requested service code(s) (CPT/HCPCs): _____ Number of visits: _____

Which in-network specialist did the patient see? _____ Date: ____/____/____

What is the reason for using an out-of-network provider? (Please include correspondence from Specialist) _____

Out-of-network provider information:
Anticipated appointment date: ____/____/____ Phone: (____) ____-____
Provider name: _____ Specialty: _____
Address (street number and name): _____
City, State, Zip: _____

SECTION IV Benefit Determination Physicians Health Plan TPA to Complete

A letter of benefit determination will be mailed to the requesting provider and to the covered person.