



# UNIVERSITY OF CHICAGO HEALTH PLAN

## PROVIDER ADMINISTRATION MANUAL

**Effective January 1, 2017, the University of Chicago Health Plan has contracted with Aetna to administer existing plan benefits for the University and Medical Center. As the new UCHP administrator, Aetna will provide customer service, medical management and claims processing services.**

# TABLE OF CONTENTS

Section	Page
I. Overview.....	3
II. Contact.....	4
Contact Us.....	4
Address Change or Other Practice Information.....	5
UCHP Website.....	5
III. Eligibility/Claims Procedures.....	6
Member Identification Card.....	6
Member Eligibility/Child Coverage/Continuation of Coverage... Pre-Certification.....	6 7
Claims Submission/Processing.....	8
Reimbursement.....	10
IV. Covered Services.....	11
V. Claim Disputes and Appeals Process.....	12
VI. Credentialing.....	12
VII. Clinical Practice Guidelines.....	13
VIII. Benefit/Specialty Programs.....	14
➤ CVS Pharmacy Benefit Enhancements	
➤ CVS Minute Clinic Urgent Care Network	
IX. Appendix.....	16
➤ Important Notice of Health Plan Administrative Change	
➤ Sample Member ID Card	
➤ Pre-Certification List	

# I. Overview

**About UCHP:** University of Chicago Health Plan (UCHP) is a self-insured health plan that takes an innovative approach to providing health care benefits for eligible employees and their families of the University of Chicago and University of Chicago Medical Center. The plan provides medically necessary care provided by the University of Chicago physicians, specialists and other health care providers to covered members.

University employee coverage renews each January 1<sup>st</sup> and the University of Chicago Medical Center employee coverage renews every July 1<sup>st</sup>.

**Purpose of this Provider Administration Manual:** UCHP's Provider Administration Manual ("Manual") is an extension of the Health Plan Participation Agreement ("Agreement"). This Manual provides important information concerning UCHP policy and procedures, claim submission and adjudication requirements and guidelines used to administer UCHP benefit plans. This Manual replaces and supersedes any and all other previous versions and is available on UCHP's website. Any capitalized terms not otherwise defined herein shall have the meaning as set forth in the Agreement.

In accordance with the Administrative Manual clause of the Agreement, Health Care Providers are contractually required to abide by the provisions contained in this Manual, as applicable. Revisions to this Manual constitute revisions to UCHP's policies and procedures and shall become binding thirty (30) days after the date indicated on any notice that is provided by mail or electronic means.

As policies and procedures change, updates will be issued in the form of a Health Care Provider Policy and Procedure Update which are typically sent out via email and may be incorporated into the electronic version and subsequent paper versions of this Manual. Any change in policies and procedures must be implemented according to the time frame included in the Agreement.

Variations in applicable laws, regulations and governmental agency guidance may create certain requirements related to the content of this Manual that are not expressly set forth in this Manual. Requirements that pertain to these laws, regulations or guidance shall be incorporated into this Manual by reference herein and shall apply to Provider and UCHP where applicable. In situations where such laws and regulations are more stringent, the law(s) and regulation(s) shall take precedence over the content in this Manual and Providers are responsible for complying with all laws and regulations that are applicable.

**UCHP Medical Directors:** Medical Directors serve as the liaison between UCHP and Providers. The role of a medical director is to help facilitate Provider participation and cooperation with health

plan programs and initiatives. Responsibilities of the medical directors include, but are not limited to, the oversight of:

- UCHP Quality Management Programs
- Utilization Management/Health Services
- Approval and Oversight of UCHP Programs/Initiatives

**Selection of a Primary Care Physician and Responsibility of Health Care Provider for Provision of Medical Services:** Each member must choose a Primary Care Physician (PCP) from the UCHP roster of participating providers. All patient care is coordinated and managed through this physician in conjunction with the Aetna Utilization Management team. If deemed necessary for optimal patient care, referrals to specialists will be arranged by the UCHP Primary Care Physician.

Members can request a change in PCP assignment at any time by going online to Aetna Navigator® or by calling Aetna’s Member Service Line at (855) 824-3632.

Health Care Providers have a duty to exercise independent medical judgment to make independent health care treatment decisions regardless of whether a health care service is determined to be a Covered Service. Nothing in the Agreement or this Manual is intended to create any right for UCHP to intervene in the Health Care Provider’s medical decision-making regarding a Covered Person. Health Care Providers are responsible for the costs, damages, claims, and liabilities that arise out of their own actions. UCHP does not endorse or control the clinical judgment or treatment recommendations made by Health Care Providers.

UCHP requires pre-certification with respect to certain services and procedures. UCHP’s pre-certification determination relates solely to administering the Plan and is not a medical decision. The Health Care Provider along with the Covered Person make the decision whether the services or procedures are provided.

## II. Contact

### Important Phone Numbers

Provider Service – Contact Aetna’s Provider Service Line at (888) 632-3862

Contact Provider Service for assistance with questions pertaining to:

Benefits	Eligibility	Grievance/Appeals
Claims	Copayments	Pre-Certification Requests

Or online at <https://connect.navinet.net>

## Address Change or Other Practice Information

In order for Aetna to maintain accurate provider directories and also for reimbursement purposes, Providers need to report all changes of address and/or other practice information to Aetna as soon as possible. Update forms can be found at [www.aetna.com](http://www.aetna.com) under Health Care Professionals.

Changes that require notice to include, but are not limited to the following:

Provider Information, such as:

- TID number
- National Provider Indicator (NPI)
- Address
- Phone Number
- Practice Name
- New provider joining practice
- Provider leaving practice

Please note that changes in practice name, legal entity or TID numbers may require an amendment, assignment or new Agreement depending on the reason for the change. Please contact Aetna's Provider Service Department for specific information.

New providers being added to an Agreement must be credentialed before rendering services to any Member.

## UCHP Website

UCHP maintains a website, <http://uchp.uchicago.edu> that includes current year benefit information, health plan contact information, specific policies and procedures, as well as other key health plan details. As UCHP's administrator, Aetna specific policies and procedures can be found at [www.aetna.com](http://www.aetna.com).

## III. Eligibility/Claims Procedures

### Member Identification Card

UCHP Members will receive their UCHP identification (ID) card from Aetna. The ID card contains Member's identification number, name of the Primary Care Physician (PCP) or PCP site selected, important phone numbers, and information regarding plan copayments.

*See Appendix for Sample ID Card*

### Member Eligibility/Child Coverage/Continuation of Coverage

**Member Eligibility:** The Member identification card (ID) should be checked at time of service to confirm PCP information and any applicable copay information. Aetna's Provider Service line can be contacted to verify eligibility status, or online using Aetna's NaviNet system.

**Newborn/Children Coverage:** If Member has Family Coverage, newborn children will be covered from the moment of birth as long as Member completes a benefit change form and provides appropriate documentation within thirty one (31) days of the birth.

Children who are under Member's legal guardianship or who are in Member's custody under an interim court order prior to finalization of adoption will be covered. In addition, children who are not living with Member, but for whom the Member is required by law to provide health care coverage will be covered.

Any children who are dependent upon Member for support and maintenance because of intellectual disability or physical handicap will be covered regardless of age as long as they were covered by the Plan prior to reaching the limiting age of 26 years (or 30 years if a qualifying veteran).

This coverage does not include benefits for foster children or grandchildren, unless such children have been legally adopted or are under your legal guardianship.

#### **Limiting Age for Dependent Children:**

- Qualified Married/Unmarried Dependents up to age 26
- Qualified Married/Unmarried Dependents who are veterans up to age 30 and who have:
  - Served in active duty or reserve duty in the U.S. Military
  - Received a release or discharge other than a dishonorable discharge and reside in Illinois
  - Submit proof of service using DD2-14 discharge form
- Married dependents' spouses and children do not qualify.

**Termination of Coverage/Continuation of Coverage:** A Member no longer is entitled to the health care benefits described in the UCHP Member Certificate of Coverage when they no longer meet the definition of an Eligible Person. If a Member's dependent(s) becomes ineligible, his or her coverage will end on the date the event occurs which makes him or her ineligible (date of marriage, divorce, etc). Coverage for married/unmarried children will end on the last day of the calendar month in which the limiting age birthday falls.

UCHP reserves the right to cancel a Member's coverage in situations where upon request to be assigned to another PCP and given the opportunity to select another PCP but fail to establish a satisfactory patient-physician relationship with a PCP because of repeated refusal to follow the treatment plan prescribed by the physician. In this situation, UCHP will notify the Member in writing at least thirty one (31) days in advance of termination that it considers the patient-physician relationship to be unsatisfactory.

Benefits will not be provided for any services or supplies received after the date Member's coverage terminates under the UCHP Member Certificate of Coverage unless specifically stated otherwise in the benefit sections of the Certificate or under the heading Extension of Benefits in Case of Termination of Coverage.

Termination of coverage will not affect Member's benefits for any services or supplies that were received prior to the termination date.

## **Pre-Certification**

UCHP believes that in order to provide best possible guidance to our Members, we have to be notified of specific services. This gives us the ability to provide information on benefits and the opportunity to refer Members to appropriate clinical programs.

To achieve this goal, UCHP requires pre-certification for specific services from another health care provider. For PCP offices and those specialty offices that are approved by UCHP to directly request pre-certification, you will request pre-certification online through Aetna's NaviNet system or by directly calling Aetna's Provider Service line at **(888) 632-3862**. Refer to the UCHP Pre-Certification List in the Appendix for specific requirements.

If a pre-certification request is denied, the reason for the denial, the alternative treatment and appeal information will be communicated to both the provider and Member in writing.

Failure to obtain pre-certification for a service could result in nonpayment from UCHP for the services rendered.

**Please note that in cases where pre-certification is not required, an order (approval for services that is put in Epic) by the PCP must still be issued in order for specialty care and outpatient services to be provided.**

## Claims Submission and Processing

**Billing:** In order to be paid for Covered Services rendered to Members, Providers must submit a Clean Claim for payment which complies with national uniform billing guidelines. Provider acknowledges that UCHP will not pay for any claim first submitted more than ninety (90) days after such services were rendered.

For dates of service **beginning** January 1, 2017, claims should be sent to the following address:

UCHP Claims Department  
c/o Aetna  
PO Box 981106  
El Paso, TX 79998-1106

For Electronic Claims Submission Process go to [www.Aetna.com](http://www.Aetna.com)

For dates of service **prior** to January 1, 2017, please continue to send your claims to the UCHP office at the following address:

UCHP Claims Department  
180 N. Harvester Drive; Suite 110  
Burr Ridge, IL 60527

Please note that all claims for dates of service prior to January 1, 2017, must be submitted within ninety (90) days from date of service in order to be considered for payment. The UCHP office in Burr Ridge will be closing after this time period and your claims may become ineligible for reimbursement if not received in the appropriate timeframe. UCHP members are not financially liable for denied claims based on timely filing.

**Copayments.** Provider agrees to collect copayments and coinsurance from Member in accordance with the Member's Certificate of Coverage.

**Denial of Payment.** In the case where UCHP denies a claim, Providers can submit a request for appeal through Aetna's Disputes and Appeals Process. In the event of a denial, including those upheld through the appeal process, for failure to comply with Utilization Review or Quality Improvement Programs or failure to submit a claim in a timely manner, Provider agrees that they cannot bill, charge, seek payment or have any recourse against Member for such services.

**Non-Covered Services.** Provider may bill member for non-Covered Services; provided that Provider informs the Member in advance that such services are non-Covered Services and Provider receives a written acknowledgement, received prior to rendering of non-Covered services, from Member that he/she will be financially responsible for such non-Covered Services.

In the event that UCHP determines a service believed by the Provider to be a non-Covered Service, but in fact is covered, UCHP may offset any amount the provider collects from the Member (in excess of any required copayment or coinsurance), against other amounts due to Provider under this Agreement. Should Provider incorrectly inform a Member that services are

Covered Services, but UCHP determines that they are non-Covered Services, UCHP is not responsible for payment to Provider. Provider shall only bill the Member for the copayments or coinsurance (as if the services were Covered Services) related to such non-Covered services.

**Coordination of Benefits.** Provider is responsible for cooperating with UCHP in determining if a Member's illness or injury is covered by auto insurance or other health insurance or otherwise gives rise to a claim by virtue of coordination of benefits or subrogation. Provider shall assist UCHP in obtaining recoveries from third parties, including executing any and all documents that reasonably may be required to enable UCHP to bill and/or collect payments from any third parties. When UCHP is secondary, UCHP shall pay Provider the amount required reduced by the amount paid to Provider by primary and/or any other third party payer.

When a dependent child receives services, the birthday of the child's parent whose birthday (month and day) comes before the other parent's birthday in the calendar year will determine the primary coverage. If both parents have the same birthday, then the coverage that has been in effect the longest is considered primary. If the other coverage does not follow the "birthday rule" for coordination of benefits and, as a result, both coverage plans would be considered either primary or secondary, then the provisions of the other coverage will determine which coverage is primary.

However, if the child's parents are separated or divorced and there is a court decree which establishes financial responsibility for the child's health care expenses, the contract which covers the child as a dependent of the parent who has financial responsibility is considered the primary coverage. It is the obligation of the person claiming benefits to notify UCHP and, upon its request, to provide a copy of such court decree.

When the child's parents are separated or divorced and there is no court decree, then the following rules will be used to determine payment responsibility:

- If the parent who has custody of the child has not remarried, then that parent's coverage is the primary coverage.
- If the parent with custody of the child has remarried, then the contract which covers the child as a dependent of the parent with custody is primary, followed by the contract which covers the child as a dependent of a stepparent, and then the contract which covers the child as a dependent of the parent without custody.
- If neither of the rules above apply, then the coverage that has been in effect the longest is considered primary. Further, if the other benefit program does not include a COB provision, the other program is automatically considered primary.

For UCHP Members who are also eligible for Medicare coverage, the UCHP benefits will be primary to Medicare. This applies to any eligible employee, spouse or dependent child who is under age 65 and entitled to Medicare solely on the basis of a disability.

For UCHP Members are eligible for Medicare solely based on End-Stage Renal Disease (ESRD), the UCHP benefits will be primary to Medicare for a limited period of time (the ESRD Primary Period) as specified in the Medicare Secondary Payor (MSP) rules. After the ESRD Primary Period, Medicare will become the primary payer and UCHP will be secondary.

**Annual Out-of-Pocket Maximum.** Members have a maximum out-of-pocket expense for Covered Services, including prescription drugs. This out-of-pocket limit applies to amounts the Member pays towards deductibles, as well as any required co-pays or coinsurance. Premium contributions, out-of-network services, balance billed mounts and expenses for non-covered services do not count against the annual out-of-pocket maximum. During the claim process, UCHP will determine if the out-of-pocket maximum has been reached and will process the claim accordingly.

## Reimbursement

Payment terms are defined in the Provider Agreement. Payment for services provided is affected by the terms of the Agreement as well as by the following:

- Member's eligibility at the time of service;
- Whether service(s) provided are Covered Services as defined in the Certificate of Coverage;
- Whether the service(s) provided are considered medically necessary;
- Whether the service(s) provided were prior authorized as applicable;
- Amount of the Provider's billed charges;
- Member copayments, coinsurance, deductibles and other cost-share amounts due from the Member;
- Coordination of benefits with third-party payers as applicable.

## IV. Covered Services

### Covered Services

A service must be medically necessary and covered by the Member's contract to be paid by the UCHP. UCHP determines whether services are medically necessary as defined by the Member's Certificate of Coverage. To verify covered or excluded services, call Aetna's Provider Service Line or refer to the applicable certificate of coverage found on UCHP's website.

UCHP uses current nationally approved criteria for any medical necessity reviews required. UCHP makes coverage determinations, including medical necessity determinations, based upon the Certificate of Coverage. However, since UCHP is not a provider of medical services it does not control the clinical judgment or treatment recommendations made by a provider. Providers make independent health care treatment decisions.

Subscribers and their Dependents who are out of town on sabbatical, away at college or summer camp or otherwise not in the greater Chicagoland area should purchase additional health insurance coverage for non-emergent care services. All treatment covered under UCHP is provided at University of Chicago Medicine facilities and by UCHP designated providers. Services received at non-University of Chicago Medicine facilities or by non-UCHP designated providers will not be covered by UCHP.

UCHP Covered Services may include, but not be limited to, the following inpatient/outpatient related services:

Ambulance/Transportation	Laboratory
Autism	Outpatient Prescription Drugs
Behavioral Health	Preventive Care (as defined by the Affordable Care Act)
Chemotherapy	Prosthetic/Orthotic Devices
Dental Accident Care	Radiation Therapy
Diagnostic	Rehabilitative Therapy
Durable Medical Equipment (DME)	Renal Dialysis
Family Planning	Skilled Nursing (SNF)/Extended Care
Genetic Testing	Specialty/Consultation
Home Health Care	Surgical Services
Hospice Care	Transplants
Hospitalization/Inpatient Care	Urgent/Emergent
Infertility Treatment	Women's Care including Preventive, Maternity and Lactation
Injectable Medications	

**Please refer to the Certificate of Coverage (COC) for additional information pertaining to Covered, Non-Covered and Excluded Services. A current plan COC can be found on UCHP's website.**

## V. Claim Disputes and Appeals Process

### Internal Claim Review Procedures

Aetna will process UCHP Member Claims within state and regulatory requirements.

If claim or pre-certification is denied (in whole or in part), Provider and Member will receive a written explanation of the denial and appeal rights. Refer to Aetna's Disputes and Appeals Process for specific requirements.

### External Claim Appeals Procedures

After internal review, Provider and/or Member has the right to request an external review to be conducted by health care professionals who have no association with UCHP and/or Aetna as it's administrator, if UCHP's decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment Member received. Provider and/or Member has four months after the date of receipt of an adverse determination under internal review as set forth above to file a request for an external review by submitting a request for external review to Aetna.

### Expedited External Review

Where the timelines set forth above would seriously jeopardize Member's life or health, or if the adverse determination involved emergency services where there has not been a discharge, a request for expedited review may be made. If UCHP determines that Provider and/or Member is eligible for expedited external review, materials as described above shall immediately be provided by Provider and/or Member and UCHP to the independent review organization. The independent review organization shall provide its decision within 72 hours after receipt of the notice of the request for expedited external review. UCHP is bound by any reversal of an adverse determination as described above.

## VI. Credentialing

In order to participate in UCHP, University providers must be credentialed through the University of Chicago Medical Center Medical Staff Office (MSO). For non-medical staff providers/vendors, the provider/vendor must be credentialed through Aetna's Credentialing Process.

## VII. Clinical Practice Guidelines

As UCHP's administrator, Aetna's Clinical Practice Guidelines will be used for clinical decisions pertaining to all services both for in-network and external providers; including but not limited to pre-authorizations for surgical interventions, inpatient admissions, and concurrent and retrospective review.

**Pre-Admission Certification and Concurrent Review:** UCHP utilizes Pre-Admission Certification and Concurrent Review programs to ensure that Member's receive the most appropriate and cost-effective health care.

**Pre-Admission Certification:** This applies when Member needs to be admitted to a Hospital as an Inpatient in other than an emergency situation. Prior to admission, the Attending Physician should obtain approval from UCHP. On behalf of UCHP, Aetna's Utilization Management Professionals will certify all medically necessary hospitalizations. The decision to certify hospitalizations is based on nationally recognized criteria. Should Member's hospital stay not be certified, Member will be notified and may be financially responsible for any costs associated with non-certified days.

**Concurrent Review:** Once Member has been admitted to a Hospital as an Inpatient, Member's stay will be reviewed by UCHP. The purpose of that review is to ensure that Member's stay is appropriate given diagnosis and the treatment that is being received. If Member's Hospital stay is not medically justified for Member's type of condition, Aetna will contact Member's Attending Physician to determine whether there is a medically necessary reason for Member to remain in the Hospital. Should it be determined that Member's continued stay in the Hospital is not medically necessary, Member and Attending Physician will be informed of that decision in writing, and Member may be financially responsible for any costs associated with continued hospitalization.

## VIII. Specialty Programs

### CVS Pharmacy Benefit Enhancements

UCHP is part of a national contract with CVS that allowed UCHP access to new Pharmacy Benefit Management (PBM) programs that CVS has rolled out nationally with other payors. As part of these programs, UCHP also has access to additional PBM resources, including access to ARMSRX, a PBM consulting organization that works with PBMs and health plans on managing their Pharmacy Benefits.

In addition to annual formulary updates, UCHP has implemented the following specialty drug programs:

- **Specialty Guideline management Program (SGMP):**
  - SGMPs are essentially a Prior Authorization (PA) Program; if a drug is prescribed that is on the SGMP list, the prescriber will receive a message that it requires a Prior Authorization and will be provided instructions. Most Specialty Rx are e-prescribed, so the PA is immediate and CVS works directly with the physician office to process the prescription. These are not typically prescriptions that a Member has filled at a local CVS, so there is a reduced chance that a patient will face delay at the pharmacy (but that could happen).
  - UCHP has decided to Grandfather all existing Members for an indefinite period of time; meaning existing patients on existing therapies will continue on those therapies. All new prescriptions will be subject to the SGMP PA requirements.
  - UCHP has retained the right to override any SGMP decision/recommendation of CVS.
  
- **Specialty Preferred Drug Program (SPDP):**
  - The SPDP works like a “strep therapy” program. Targeted drugs require Prior Authorization over Preferred Drugs.
  - UCHP will Grandfather all Auto-Immune, Multiple Sclerosis (except Betaseron) and Infertility patients.
  
- **Multi-Ingredient Compounding Program**
  - Multi-Ingredient Compound drugs have been appearing more frequently as significant expenditures in Pharmacy costs. UCHP will be implementing a Prior Authorization (PA) to any compounded claim with an ingredient cost exceeding \$300 to help ensure appropriate utilization.

## **CVS Minute Clinic Urgent Care Network**

UHP Members have access to the CVS Minute Clinic Network for urgent care services.

The Chicagoland CVS Minute Clinic network includes all service locations across the 10 County Chicago Metropolitan Area and Northwest Indiana (Lake, Porter, LaPorte Counties). The CVS Minute Clinic network also provides Out of Area Urgent Care access nationally. CVS Minute Clinics will provide Covered Services to UHP members in accordance with UHP's Certificate of Coverage (COC).

Access to CVS Minute Clinics is limited to urgent care situations only and UHP members are required to follow the same administrative protocol of PCP and UHP notification as outlined in the Certificate of Coverage (COC). Immunizations and vaccinations are excluded from coverage at CVS Minute Clinics.

*Remainder of Page Left Intentionally Blank*

## IX. Appendix

### Important Notice Regarding Changes to University of Chicago Health Plan Effective 1/1/17

Effective January 1, 2017, the University of Chicago Health Plan has contracted with Aetna to administer existing plan benefits for the University and Medical Center. As the new UCHP administrator, Aetna will provide customer service, medical management and claims processing services.

#### Important Information for Your Office Staff:

- UCHP members will receive new Aetna ID#s and Aetna/UCHP co-branded ID cards. You will need to use the new ID number for eligibility verification, pre-certification requests and claim submission so please make sure to take a copy of the member's new ID card for updated group and member ID information.
- Pre-Certification:
  - UCHP coverage guidelines and precertification requirements remain in place.
  - For those services that require pre-certification, the process will be through Aetna's Navinet online system, instead of the current paper/fax process.
  - For PCP offices and those specialty offices that are approved by UCHP to directly request pre-certification, you will request pre-certification either through the Navinet system or by directly calling Aetna's Provider Service line at **(888) 632-3862**.
  - UCHP is working closely with Aetna during this transition to ensure a smooth transition and to update Aetna's system with previously approved services that continue on or after January 1, 2017.
  - If you have pre-certification requests for services that will be rendered on or after January 1, 2017, the Aetna Pre-Certification Department will be able to accept requests for UCHP members starting on December 15, 2016.
- Any provider related questions for dates of service **beginning** January 1, 2017, should be directed to the Aetna Provider Service line at **(888) 632-3862**.
- Any provider related questions for dates of service **prior** to January 1, 2017, should be directed to the UCHP Customer Service line at **(773) 834-0900**.

- For dates of service **beginning** January 1, 2017, claims should be sent to the following address:

UHP Claims Department  
c/o Aetna  
PO Box 981106  
El Paso, TX 79998-1106  
For Electronic Claims Submission Process go to [www.Aetna.com](http://www.Aetna.com)

- For dates of service **prior** to January 1, 2017, please continue to send your claims to the UHP office at the following address:

UHP Claims Department  
180 N. Harvester Drive; Suite 110  
Burr Ridge, IL 60527

- Please note that all claims for dates of service prior to January 1, 2017, must be submitted within ninety (90) days from date of service in order to be considered for payment. The UHP office in Burr Ridge will be closing after this time period and your claims may become ineligible for reimbursement if not received in the appropriate timeframe. UHP members are not financially liable for denied claims based on timely filing.

# UCHP SAMPLE ID CARDS

## University of Chicago Employer Group

 <p>THE UNIVERSITY OF CHICAGO HEALTH PLAN GRP: 285549-010-00001 Issuer (80840) 9140860054 <b>ID W2314 10998</b> NAME 01 TEST ACCOUNT</p> <p style="text-align: right;"><b>Aetna Select</b></p> <p>PCP: NO ELECTION</p> <table border="0" style="margin-left: auto;"> <tr><td>PCP</td><td>25.00</td></tr> <tr><td>SPC</td><td>25.00</td></tr> <tr><td>ER</td><td>350.00</td></tr> <tr><td>ER</td><td>125.00</td></tr> </table>	PCP	25.00	SPC	25.00	ER	350.00	ER	125.00	<p><a href="http://www.aetna.com">www.aetna.com</a> PAYER NUMBER 60054 0778</p> <p>You must choose a primary care physician (PCP). All care should be coordinated through your PCP. Your PCP's name is on the front of this card. See UCHP website to view benefits at <a href="http://www.uchp.uchicago.edu">www.uchp.uchicago.edu</a>. For emergency services, call 911 or go to the nearest emergency room. Contact your PCP after any ER visit. All follow-up care must be coordinated by your PCP unless otherwise authorized by your PCP or UCHP. This card does not guarantee coverage. Claims for emergency services will undergo medical review.</p> <p>Pharmacy serviced through Caremark: 1-888-727-5574 RXGRP (Carrier): RX3643 BIN: 004336 PCN: ADV ISSUER: 9151014609 Pharmacy vendor is not administered by Aetna. Aetna Life Insurance Company P.O. BOX 981106 EL PASO TX 79998-1106</p> <hr/> <p><b>MEMBER SERVICES</b> 1-855-824-3632 <b>PROVIDERS CALL</b> 1-888-632-3862</p>
PCP	25.00								
SPC	25.00								
ER	350.00								
ER	125.00								

## University of Chicago Medicine Center Employer Group

 <p>THE UNIVERSITY OF CHICAGO HEALTH PLAN GRP: 285557-010-00001 Issuer (80840) 9140860054 <b>ID W2314 11025</b> NAME 01 TEST MEDCENTER</p> <p style="text-align: right;"><b>Aetna Select</b></p> <p>PCP: NO ELECTION</p> <table border="0" style="margin-left: auto;"> <tr><td>PCP</td><td>15.00</td></tr> <tr><td>SPC</td><td>25.00</td></tr> <tr><td>ER</td><td>175.00</td></tr> </table>	PCP	15.00	SPC	25.00	ER	175.00	<p><a href="http://www.aetna.com">www.aetna.com</a> PAYER NUMBER 60054 0778</p> <p>You must choose a primary care physician (PCP). All care should be coordinated through your PCP. Your PCP's name is on the front of this card. See UCHP website to view benefits at <a href="http://www.uchp.uchicago.edu">www.uchp.uchicago.edu</a>. For emergency services, call 911 or go to the nearest emergency room. Contact your PCP after any ER visit. All follow-up care must be coordinated by your PCP unless otherwise authorized by your PCP or UCHP. This card does not guarantee coverage. Claims for emergency services will undergo medical review.</p> <p>Pharmacy serviced through Caremark: 1-888-727-5574 RXGRP (Carrier): RX3643 BIN: 004336 PCN: ADV ISSUER: 9151014609 Pharmacy vendor is not administered by Aetna. Aetna Life Insurance Company P.O. BOX 981106 EL PASO TX 79998-1106</p> <hr/> <p><b>MEMBER SERVICES</b> 1-855-824-3632 <b>PROVIDERS CALL</b> 1-888-632-3862</p>
PCP	15.00						
SPC	25.00						
ER	175.00						

## UHP Provider precertification List – Effective January 1, 2017

Precertification requirements will be the same whether the services are provided at the UCMC main campus or University of Chicago Medicine offsite locations. Precertification requests for services can be initiated by contacting Aetna 1-888-632-3862 or by submitting an electronic online request on the Aetna secure provider website Navinet at <https://connect.navinet.net>.

Reference all general precertification information. **NOTE - precertification requirement does not indicate service is a Covered Benefit (coverage is subject to Member's Certificate of Coverage).**

Applies to: The University of Chicago Health Plan (UHP)

### **HOSPITAL - GENERAL**

#### **1. Inpatient confinements (with the exception of hospice)**

For example, surgical and nonsurgical confinements; confinements in a skilled nursing facility or rehabilitation facility; and maternity and newborn confinements that exceed the standard length of stay (LOS)<sup>2</sup>

#### **2. Observation stays more than 24 hours**

### **SURGICAL**

#### **1. Autologous chondrocyte implantation, Carticel**

#### **2. Cochlear device and/or implantation**

#### **3. Dental Implants (if result of accident or illness)**

#### **4. Dorsal column (lumbar) neurostimulators (trial or implantation)**

#### **5. Gastrointestinal (GI) tract imaging through capsule endoscopy**

#### **6. Gender reassignment surgery**

#### **7. Hip surgery to repair impingement syndrome**

#### **8. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of temporomandibular joint**

#### **9. Osseointegrated implant**

#### **10. Osteochondral allograft/knee**

**11. Power morcellation with uterine myomectomy, with hysterectomy or for removal of uterine fibroids**

**12. Reconstructive or other procedures that may be considered cosmetic**

- Blepharoplasty/canthoplasty
- Breast reconstruction/breast enlargement
- Breast reduction/Mammoplasty
- Cervicoplasty
- Excision of excessive skin due to weight loss
- Gastroplasty/ gastric bypass
- Lipectomy or excess fat removal
- Surgery for varicose veins, except stab phlebectomy

**13. Spinal procedures**

- Artificial intervertebral disc surgery
- Cervical, lumbar and thoracic laminectomy/laminotomy procedures
- Spinal fusion surgery

**14. Uvulopalatopharyngoplasty, including laser-assisted procedures**

**15. Ventricular assist devices**

**16. Pediatric congenital heart surgery (see [Special Programs](#))**

**17. Organ transplant evaluations and transplants (see [Special Programs](#))**

## **ANCILLARY**

**1. Electric or motorized wheelchairs and scooters**

**2. Ambulance**

Transportation by fixed-wing aircraft (plane)

Elective (non-emergency) transportation by ground ambulance or medical van

**3. Home health care related services**

**4. Hyperbaric oxygen therapy**

**5. Lower limb prosthetics**

**6. Proton beam radiotherapy**

**7. Home infusion**

**8. BRCA genetic testing – 1-877-794-8720**

Providers can use the [BRCA form located online](#) under the “Medical Precertification” section to submit precertification requests.

### **OUT OF UCM NETWORK**

#### **1. All services to be provided outside of the University of Chicago Medicine Network**

Including hospitals, physicians, home health, skilled nursing, genetic testing, inpatient behavioral health. Authorization required by UCHP Medical Director.

### **PHARMACY**

**Drugs and medical injectables administered or prescribed by a UCHP provider in an outpatient setting** precertification is handled by CVS specialty drug management program by calling 1-866-814-5506 or through online eprescribe (only exception is for Outpatient Home Infusion drugs which are handled through Aetna)

### **SPECIAL PROGRAMS**

#### **National Medical Excellence-**

**1-877-212-8811** for all major organ transplant evaluations and transplants

#### **Infertility program unit –**

1-800-575-5999

#### **Pre-implantation genetic testing –**

1-800-575-5999

#### **Pediatric congenital heart surgery -**

1-855-888-9046 SCPU

### **BEHAVIORAL HEALTH**

#### **Behavioral health services requiring precertification/authorization\*\***

**This applies only to services covered under the member’s benefits plan.**

- Inpatient admissions
- Residential treatment center (RTC) admissions
- Partial hospitalization programs (PHPs)
- Intensive outpatient programs (IOPs)
- Psychological testing
- Neuropsychological testing
- Psychiatric home care services
- Outpatient detoxification
- Applied behavior analysis (ABA)

### **GENERAL INFORMATION**

1. Precertification and notification are the processes of collecting information before elective inpatient admissions and/or selected ambulatory procedures and services take place.

- a. Requests for precertification and notification must be received before rendering services. We encourage providers to submit precertification requests for scheduled services at least two weeks in advance.

- b. Failure to contact UCHP for precertification will relieve the health plan or employees and members from any financial liability for the applicable service(s), if those services are rendered.
- c. This material is provided for informational purposes only. It's not intended to direct treatment decisions.
- d. Precertification is the utilization review process to determine whether the requested services, procedure, prescriptions drug or medical device meets the Aetna/UCHP clinical criteria for coverage.
- e. The level of review of individual items on this precertification list may vary from time to time at the discretion of UCHP. The lack of the denial for a particular service or supply should not be interpreted as our approval for any subsequent services.
- f. Electronic submission of precertification requests and inquires is preferred. If you require assistance with precertification, please call using the appropriate phone number indicated on the member's ID card, 1-888-632-3862 and select the precertification option.
- g. Visit the Aetna Clinical Policy Bulletins at [www.Aetna.com](http://www.Aetna.com).
- h. Provided that there are no changes to member eligibility and plan coverage for the procedure/service requested, precertification approvals are valid for six months in all states unless otherwise indicated at the time of precertification.
- i. Services not included on the precertification list are subject to the coverage terms of the member's plan of benefits.

2. Precertification is required for maternity and newborn confinements that exceed the standard LOS. Standard LOS for vaginal deliveries is a total of three days or less; standard LOS for cesarean section is a total of five days or less.

3. All services deemed "never effective" are excluded from coverage. Aetna defines a service as "never effective" when it is not recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Visit the secure website, available through [www.aetna.com](http://www.aetna.com), for more information. Select "Claims," "CPT/HCPCS Coding Tool," "Clinical Policy Code Lookup."

4. For precertification of outpatient specialty medications contact CVS Pharmacy at 866-814-5506.

5. If a precertification request is denied, the reason for the denial, the alternate treatment and appeal information will be communicated to both the provider and member in writing.

6. UCHP does not permit specialists to refer members to another specialist for care (exception ob/gyn). If this is necessary, an order from their PCP to see another specialist and/or receive additional services not included in the original order must be submitted through Epic. Aetna referrals are not required.

7. Failure to obtain precertification for a service could result in nonpayment from UCHP for the services rendered.