

2009

Patient Choice Quick Reference Guide
Plan Administrator – UMR (formerly Fiserv Health)

Participating Plan Sponsors and Plan Year Dates

Care System Product
 Carlson Companies, Inc.
 General Electric
 GE Affiliate
 Honeywell
 MTS Systems Corporation*

Park Nicollet Health Services
 Ryder System, Inc.
 Securian Financial Group (MN Life)
Patient Choice Insights Product
 MTS Retirees*
 UMR*

Sioux Falls

City of Sioux Falls
 Minnehaha County

Home Federal Bank
 Sioux Falls School District

Help Lines

(Must have member ID# to call help line)

UMR
 Help Line: 1-877-390-7632 (BHCAG)
 1-877-559-4833 (GE)
 *1-877-390-6008 (all other business)
<https://fhs.umar.com/>

Pharmacy Benefit Manager (PBM)
 PBM's are employer-specific for 2008

Claim Submission

Submit paper claims to:

UMR
 Patient Choice Claims
 P.O. Box 30541
 Salt Lake City, UT 84130-0541

UMR does not require a provider number on their claims.
 Use a UPIN when applicable.

Send EDI claims to: (*Payer ID 39026*)

1. ClaimLynx
2. Envoy/WebMD
3. McKesson / HBOC - Clearinghouse
4. Medifax
5. PerSE Technologies
6. ProxyMed – HCFA only – Clearinghouse

UMR EDI contact: Kris McKee 715-841-7523

Network Management

**Referrals –
 Care System
 Model ONLY**

Each Care System determines access to specialty services. Each Care System establishes its own access procedures for seeing specialty care providers. Please refer to your Care System listing in the Patient Choice Provider Directory for proper referral procedures.
 Fax all referrals to 877-392-7711
 Fax all predeterminations and prior authorizations to 715-841-3265

Questions

Providers with questions regarding the referral process, please call your Care System's central office. Members with questions regarding the referral process should call their Primary Care Clinic.

Network Management (continued)

Chiropractic	Landmark 1-888-638-7719	For Benefits: Helpline: 1-877-390-7632 (BHCAG) 1-877-559-4833 (GE) 1-877-390-6008 (all other business)
Transplant Network	LifeTrac BHCAG	URN General Electric MTS Systems Corporation
Medical Management	Case Management Avidyn Health 1-800-808-4424 – extension 7567	Pre-determination Helpline: 1-877-390-7632 (BHCAG) 1-877-559-4833 (GE) 1-877-390-6008 (all other business)

*** Due to 9/11, reinsurance requirements have elevated the importance of provider notification to Third Party Administrators of all potential catastrophic/high dollar claims >\$25,000.

Patient Choice Employers - Alternative Member ID Numbers

Due to the recent escalation of concerns regarding identity theft, several Plan Sponsors (employers) in the Patient Choice program have elected to offer their members ID cards that carry an alternate ID number.

BHCAG Front of card

BHCAG Back of card

	BENEFITS ADMINISTERED BY 	PATIENT NAME/COVERAGE	CARE SYSTEM/PRIMARY CARE
NAME:			
ID:			
EMPLR:			
GROUP:			
OFFICE COPAY:		CUSTOMER SERVICE: PROVIDERS - CALL 1(877) 233-1800 MEMBERS - CALL 1(877) 390-7632	Print Date

This card must be presented each time services are requested.

MAIL ALL CLAIMS TO: UMR
PO BOX 30541
SALT LAKE CITY UT 84130-0541
EDI PAYER ID # 39026
CUSTOMER SERVICE

1(877) 390-7632

PHCS

For out of area participating PHCS providers when traveling contact PHCS, provider information line 1(800) 678-PHCS or www.umar.com

Notice to Providers, Physicians and Facilities: You are required to call for all inpatient admissions.
Notice to Members: You are required to call for any plan required certifications and any admission not directed by your care system physician.

Patient Choice Web Site:
Your source for the most up-to-date information
www.patientchoiceinsights.com

Patient Choice Insights Front of card

Patient Choice Insights Back of card

P004	BENEFITS ADMINISTERED BY 	
PATIENT CHOICE		
NAME IDENTIFICATION EMPLOYER		PRINT DATE GROUP NBR LOCATION BILL DIV
<p>Welcome to UMR! Enclosed is your new identification card(s). Please be sure to present your card to your health care provider to ensure your claims are mailed properly.</p> <p>Visit us at www.umar.com to access online claims, benefits, pharmacy, find a health care provider or research any health related topic of interest. Our customer service team is also available to assist you with your benefits or claims questions Monday through Friday by calling the toll free number listed on this card.</p> <p><small>We look forward to working with you to administer your health benefit plan!</small></p>		

	BENEFITS ADMINISTERED BY 	
NAME:		
ID:		
GROUP:		
OFFICE CO-PAY:		
Convenience Care Copay: \$10 *No Co-pay for Well Baby & Preventive Care		CUSTOMER SERVICE: PROVIDERS - CALL 1(877) 233-1800 MEMBERS - CALL 1(877) 681-1622
This card must be presented each time services are requested.		

News alert!! Patient Choice communications are available electronically. To receive future communications, please send your e-mail address and organization, via e-mail to pcnews@pchealthcare.com