



Administered by:  
Primary PhysicianCare

Provider Reference Guide  
[www.healthgram.com](http://www.healthgram.com)  
Last updated October 2009

# Provider Responsibilities

As a welcoming Healthgram provider, we request that you contact Primary PhysicianCare for the following:

1. Change of address, telephone number, tax identification number
2. Addition and deletion of physicians in your medical group
3. Precertification/Authorization(s)
4. Verification of eligibility
5. Claim submission
6. General inquiries

Change of address, telephone number, TIN, addition or deletion of physicians should all be completed via the web provider portal at:

[www.healthgram.com](http://www.healthgram.com)  
Phone: (704)-719-2709 or 1-877-371-3720  
Fax: 704-522-6400

When adding or terminating a physician from your group, please be sure to list the following in your written correspondence:

- A. Provider's name (last, first, middle initial).
- B. Provider's title (MD, DO, PA).
- C. Provider's specialty (Family Practice, Podiatry, General Surgery)
- D. Provider's effective/termination date with practice.
- E. Address and telephone number where provider will render services.
- F. TIN (Tax Identification Number) provider will bill claims with.

Please note that a separate letter of commitment for adding new physician is only warranted if the TIN for billing will differ from the TIN that exists on file with your active contract.

For all authorizations and precertifications, please contact our Medical Department.

To submit claims, reference the reverse side of the member's identification card or contact our Customer Service Department for details.

All general inquires pertaining to member coverage or eligibility should be directed to our Customer Service Department. If you have an issue pertaining to provider services, please contact the Network Management Department.

# Contact Information

Please note that when sending written correspondence; please specify what department your information should be forwarded to, for example, Claims, Network Management, Appeals, Customer Services, etc.

## **Addresses:**

### **Mail:**

Healthgram/Primary PhysicianCare  
Post Office Box 11088  
Charlotte, NC 28220

### **FedEx or UPS:**

Healthgram  
1515 Mockingbird Lane  
3<sup>rd</sup> Floor Park Seneca Bldg.  
Charlotte, NC 28209

## **Telephone Numbers:**

Local: (704) 719-2709

Toll Free: (877) 371-3720

Fax: (704) 522-6400

## **Website Address:**

[www.healthgram.com](http://www.healthgram.com)

## **(Provider Services)Email Address:**

[nmg@primarypc.com](mailto:nmg@primarypc.com)

## **Hours of Operation:**

8:00 A.M. until 7:00 P.M. Eastern Standard Time

Monday - Friday – excluding major holidays

# Medical Management

## **Pre-Admission Certification/Authorization:**

A Pre-Certification/Authorization requires that the provider call the Healthgram Medical Department prior to any scheduled hospital admission or outpatient surgical procedure, home health and DME. (See details in packet) If you are ever in doubt whether a particular service requires an authorization or a pre-cert, please call the Medical Department during normal business hours prior to rendering services.

When contacting the Medical Department for Precertification/Authorization, we request that the following information is readily available:

1. Patient's name, date of birth, and member number
2. Name of admitting physician
3. Name of facility
4. Anticipated admission date
5. Anticipated length of stay
6. Primary/secondary diagnosis
7. Symptoms, signs and/or clinical information
8. Procedure to be performed
9. Any other pertinent data including procedure codes to determine the amount that Healthgram will pay for the procedure. Healthgram pays at 100% of the plan allowance less the copay as listed at [www.healthgram.com](http://www.healthgram.com)

The approval of an admission or surgical procedure verifies only the appropriateness of the setting/services for the patient. It does not guarantee member/patient eligibility or claim payment.

# Healthgram

## PRECERTIFICATION INFORMATION

If you ever have a question as to whether or not a procedure or treatment requires prior authorization, please call our Medical Department at 1-877-371-3720.

### ***ALWAYS REQUIRE PRECERTIFICATION***

Any inpatient hospital or facility admission

Any outpatient hospital or facility surgical procedure

Chemotherapy

Bone Marrow Transplants and/or Stem Cell Rescue

**MRI**

**CT Scans**

### **Services rendered by outside third party providers such as:**

Durable Medical Equipment to include CPAP/BIPAP

Home Health- for ANY reason including PT, OT, ST and skilled nursing or nurses' assistants (CANs and HHAs)

Dialysis

### **Other Services**

Alcohol Abuse Programs – INPATIENT stays ONLY at ANY facility

BIPAP Devices

Bone Growth Stimulators

Botox Injections

High Cost Medications – Avonex, Betaseron, Copaxone, Factor 8, etc.

Hospice

Implantable Devices – Spinal Cord Stimulators, Pain Med Pumps, Insulin Pumps, etc.

Pain Therapy

Occupational/Physical/Speech Therapy

Pregnancy (DEPENDENT CHILD) - verification of benefits PRIOR to treatment is strongly encouraged

Pregnancy (EE or Spouse) – as soon as hospital, due date, doctor, etc. is known

Radiation Therapy/Treatments

Rehabilitation

Skilled Nursing/Extended Care

Spinal Cord Stimulators

Substance Abuse Programs – INPATIENT

Twenty-Three Hour Observation – 23 Hour Observation

### **DOES NOT REQUIRE PRECERT**

Dr. Office Procedures

X-rays

Sleep Studies

EEG/EKG

Radio Frequency

Myelograms

Nerve Conduction Studies

# Claims and Reimbursement

## **Claims Submission:**

All providers should submit claims on the standard health insurance claim forms, HCFA 1500 and UB92. Electronic submission of claims is now available. Healthgram's WebMD number is 56144.

As a welcoming Healthgram provider, members are not responsible for charges in excess of the plan allowance. Patients are responsible for all co-pays and non-covered charges.

Also as a welcoming Healthgram provider, you are responsible for submitting claims for service in a form acceptable to PPC (HCFA 1500/UB92) to the address listed on the Subscribers' benefit card or otherwise provided by Healthgram within one hundred eighty (180) days of the later of: (i) the date services were rendered to a covered person, (ii) the date of discharge; or (iii) the notification date regarding Coordination of Benefits. Subscriber or covered member cannot be held responsible for any charges submitted outside the above guidelines. Healthgram ensures processing of "clean" claims within thirty days of receipt.

## **Multiple Surgeries:**

The Healthgram plan reimburses the primary procedure at 100% of the allowable amount, 50% for the second procedure, and 50% for all sub-sequent same day procedures. Please bill with appropriate modifiers.

## **Coordination of Benefits (COB):**

All providers are encouraged to obtain all insurance information on each patient. In order to assist you in filing, the following rules will apply:

1. The Healthgram plan will be primary for all patients who are eligible covered employees.
2. The birthday rule will apply for all covered dependent children. The parent whose birthday falls earlier in the year will be considered the primary carrier.

When Healthgram plan acts as secondary carrier, in any situation, claims should be accompanied by the primary carrier's explanation of benefits (EOB).

## **EOBs:**

The Healthgram plan customizes explanation of benefits after a claim has been processed for payment. EOBs are sent to both the provider and employee. EOBs will show how benefits were applied. Please contact our Appeals Department in the event of any discrepancy with the paid amount.

Appeals and Grievances  
P.O. Box 11088  
Charlotte, NC 28220

**Forwarding Service Requested**

If you have any questions, please call  
(704) 719-2709 or (877) 371-3720  
or visit [www.healthgram.com](http://www.healthgram.com)

**Group:** ABC Test Group  
**Group#:** MW-TST  
**Paid Date:** 08/12/2003  
**Check No.:** 44



P.O. Box 11088  
Charlotte, NC 28220

**Forwarding Service Required**

**Questions, please call (704) 719-2709  
Or (877) 371-3720 8am - 7pm EST  
or visit [www.healthgram.com](http://www.healthgram.com)**

748 0.8496 AV 0.312 5-DIGIT  
||||| ||||| ||||||||||||||||  
SMITH, MD, JOHN  
123 PARK ROAD  
CHARLOTTE, NC 28220

**Group:** ABC COMPANY  
**Group No:** 999  
  
**Paid Date:** 8/1/2007  
**Check No.:** 123456

**PROVIDER  
COPY**

**Claim Detail**

<b>Provider:</b> Dr. JOHN SMITH		<b>Employee:</b> DOE, JANE		<b>Patient:</b> DOE JOHN		<b>Vendor No:</b> 560000000			
<b>Provider No:</b> 560000000		<b>Member No:</b> 990000000		<b>Pat Acct No:</b> AB-002233		<b>Claim No:</b> 01-071509-306-01			
Service Date	Service Code	Charged Amount	Plan Allowance	Not Covered	Other Ins Paid	Member Copay	Paid At %	Amount Paid	Remark Codes
8/1/2009	99213	100.00	82.45			15.00		67.45	A
<b>Claim totals:</b>								67.45	
							<b>Net Payment for Claim</b>		67.45
							<b>Patient Responsibility</b>		15.00

**A – CHARGE EXCEEDS THE PLAN ALLOWANCE. MEMBER DOES NOT OWE.**

**IN ACCORDANCE WITH THE SUMMARY PLAN DESCRIPTION,  
THIS MEMBER HAS MET THEIR CONTRACTUAL OBLIGATION UNDER  
THE SUMMARY PLAN DESCRIPTION AND IS NOT RESPONSIBLE FOR ANY COVERED  
CHARGES EXCEEDING THEIR CO-PAY. HEALTHGRAM PAYS CLAIMS  
BASED ON THE FIXED FEE SCHEDULE AVAILABLE AT [WWW.HEALTHGRAM.COM](http://WWW.HEALTHGRAM.COM)**

By accepting the Healthgram payment and any patient copay amount, you agree to indemnify the patient and Healthgram for any balance over the paid amounts. If you dispute the paid amount, please submit a written appeal to the address below. Please include any relevant cost information or charge master methodology to justify the overcharges and we will review the appeal. Do not balance bill the patient. If you return the payment to us, thus nullifying the assignment, the payment will be forwarded to the Healthgram member upon receipt.



Questions?  
877.371.3720  
www.healthgram.com

### Member

**FRED DOE**

ID: 000000005



Group #: TEST  
Employer: ABC COMPANY INC.

#### Dependents

JIMMY DOE BOB DOE

### Ancillary Plan(s)

Dental Coverage: Family  
Vision Coverage: Family

### Medical Plan

Coverage: Family

#### COPAYS:

PCP: \$15,  
SPECIALIST: \$25  
URGENT CARE: \$50  
EMERGENCY DEPT: \$100  
HOSPITAL INP: \$250, OUTP: \$150  
NO DEDUCTIBLE OR COINSURANCE

### Pharmacy Plan

RX BIN: 003858  
RX PCN: A4  
RX GRP: PPHA



Help Desk: 800.889.0350  
Member Srv: 800.824.0898

### Claims Submission

EDI: 56144

Mail: HEALTHGRAM  
PO Box 11088  
Charlotte, NC 28220

This plan pays 100% up to the Plan Allowance, for all covered medical charges, less the copay.

Log on to: [www.healthgram.com](http://www.healthgram.com) to access all Plan Allowance amounts.

Provider should review the Plan Allowance prior to rendering services.

### Eligibility

To verify Benefits and Eligibility call:  
704.719.2709 or 877.371.3720

This card does not guarantee coverage.

### Care Management

Pre-Authorization is required for all Hospitalizations and Outpatient Surgeries.  
Please call: 877.371.3720

Log on to: [www.healthgram.com](http://www.healthgram.com) for more information