

QUICK REFERENCE GUIDE

PROVIDER SERVICES

1-800-291-0396

Seven days a week, 8:00 am – 8:00 pm

Prompt 1: Automated Eligibility Line

To call the automated eligibility and verification line directly - 1-866-467-3126 (Available 24 hours a day)

Prompt 2: To check the status of three or more claims

Prompt 3: To check on two or fewer claims, status, or authorization requirements.

Prompt 4 : To obtain or verify Pre-certification, Authorization or Referrals

Prompt 5 : To request transportation services (Bravo Health Select and Silver Members ONLY)

Prompt 6: To update your Provider Profile and billing information.

Prompt 9: Benefits or eligibility.

Press * to repeat

Note: For Emdeon users, Member eligibility can be verified at www.emdeon.com

TTY/TDD Users: 1-800-964-2561

ANCILLARY SERVICES

Laboratory

Quest Diagnostics: 1-800-522-9235

In-Office Laboratory Procedures: Certain lab tests can be done in a Participating Provider's office without prior authorization. For a detailed list, please see the Prior Authorization section later in this manual.

Radiology

CT, MRA/MRI, PET, Nuclear Cardiology, and Nuclear Stress Echo require prior authorization.

To obtain prior authorization for these services call 1-888-454-0013, x336336.

Vision

Block Vision 1-866-819-4298

Dental

Doral Dental 1-800-341-8478

Chiropractic (non-Medicare covered only):

American Specialty Health 1-800-972-4226

Behavioral Health:


LifeSynch 1-888-285-8876

Providers and Members should contact the above Customer Service line dedicated to Bravo Health Members. This intake line is staffed 24 hours a day, seven days a week. If a Member is an immediate danger to him/herself or others, Providers are directed to initiate emergency services through the nearest emergency room or by calling 911.

Transportation

For Bravo Select and Bravo Traditions Plans Only:
1-800-291-0396, Prompt 5

SAMPLE MEMBER ID CARDS

	Bravo Classic (HMO)	
	RXBIN 610014	RXPCN MEDDPRIME
	RXGrp BRAVOHLTH	Processor = PAID
Issuer 80840		G/BF/BNF \$ /\$ /\$
ID 99999999		
Name SAMPLE A. SAMPLE		Medicare_{Rx} Prescription Drug Coverage <input checked="" type="checkbox"/>
PCP \$ Specialist \$ Emergency Room \$		
Please present this card for all medical and prescription drug services.		
CMS CONTRACT		

Member Services:	1-800-291-0396
TTY/TDD:	1-800-964-2561
PCP Name:	DR. SAMPLE A. SAMPLE
PCP Phone:	999-999-9999
Behavioral Health Care:	1-888-285-8876
Admissions/Pre-Certification:	1-888-454-0013
Call the number above to authorize hospital admission.	
Not required for emergency care, out-of-area urgent care or out-of-area renal dialysis.	
Medical Claims	Pharmacy Claims
Bravo Health	Medco Health Solutions, Inc.
P.O. Box 981706	P.O. Box 14711
El Paso, TX 79998-1706	Lexington, KY 40512

PLAN CO-PAYMENTS AND COINSURANCES

Bravo Health HMO Plans

Bravo Classic:

District of Columbia: PCP-\$5, SP-\$35, ER-\$50

Baltimore/Suburban MD: PCP-\$10, SP-\$40, ER-\$50

Bravo Choice: PCP-\$0, SP-\$35, ER-\$50

Bravo Achieve:

District of Columbia: PCP-\$5, SP-\$35, ER-\$50

Baltimore/Suburban MD: PCP-\$10, SP-\$40, ER-\$50

Bravo Premier Plus: PCP-\$0, SP-\$20, ER-\$50

Bravo Freedom:

District of Columbia: PCP-\$0, SP-\$15, ER-\$50

Baltimore/Suburban MD: PCP-\$0, SP-\$15, ER-\$50

Bravo Gold (*This plan does not have a pharmacy benefit*): PCP-\$10, SP-\$40, ER-\$50

Bravo Traditions: PCP-\$0, SP-\$0, ER-\$50

Bravo Select*: PCP-20%, SP-20%, ER-\$50

*Bravo Select plans are for dually-eligible beneficiaries with Medicare and Medical Assistance. Verify Member's cost sharing responsibility with their Medicaid secondary insurer.

Bravo Health PFFS Plans

Bravo Liberty II Rx: PCP-\$30, SP-\$30, ER-\$50

HEALTH SERVICES CONTACT INFORMATION

Health Services Department Key Contacts

Pre-Certification

Fax: 1-866-464-0707

Phone: 1-888-454-0013

Inpatient Notification

Fax: 1-866-234-7230

Phone: 1-888-454-0013

Concurrent Review and D/C Plans

Fax: 1-866-234-7230

Phone: 1-888-454-0013

Skilled Nursing Facility

Fax: 1-888-454-0024

Phone: 1-888-454-0013

Home Health

Fax: 1-800-931-0145

Phone: 1-888-454-0013

Case Management

Fax: 1-866-467-3134

Phone: 1-888-454-0013

Adverse Determinations (Peer-to-Peer Line)

Refer to the Concurrent Review section of this manual for information regarding adverse determinations.

Phone: 1-888-454-0013 ext 336334

After hours and on-call discharge planning

Phone: 1-800-931-0154

After hour requests for expedited organization determinations as defined by CMS

Phone: 1-800-931-0154

When calling for authorization, please be prepared to provide medical necessity along with the following information:

- ▶ Date of Service and Facility of Service
- ▶ Provider Name and Phone Number
- ▶ Supporting Clinical for Medical Necessity
- ▶ Member Demographics
- ▶ ICD9 and CPT/HCPCS Codes

Failure to provide the above requested information will cause a delay in rendering a determination.

CLAIMS SUBMISSION PROCESS

Bravo Health accepts electronic claims through Emdeon (formerly WebMD Envoy). Bravo Health can accept electronic CMS-1500 and UB-04 forms from both Participating and non-Participating Providers.

The Bravo Health Payer ID is 52192.

Paper claims can be mailed to:

Bravo Health, Inc.
P.O. Box 981706
El Paso, TX 79998-1706

All claims must be filed within 90 days of the date of service, or the time period specified in your Participating Provider Agreement and should include the standard CMS required data elements for CMS-1500 and /or UB-04 claim forms. (See

details in Provider Manual under Claims Submission.)

Note: If you have any questions regarding electronic claims submission through Emdeon, please contact Emdeon at 1-800-845-6592, or visit them online at www.emdeon.com.

For specific questions regarding Bravo Health claims, please contact us at 1-800-291-0396.

GENERAL INFORMATION

Notification of Changes in Your Practice:

To ensure correct claims payment as well as keep your demographic data up-to-date, please notify us immediately of any changes to your practice. Updates can be sent to your network management representative.

If you have any questions regarding this process, please contact Provider Services at 1-800-291-0396.

National Provider Identifier (NPI):

Please be sure to provide us with your NPI number. The NPI number is a standard nationally-assigned, “non-intelligent” Provider identifier required to be used in all electronic health care transactions effective May 27, 2008. If you need to apply for an NPI number, there are several methods:

Phone: 1-800-465-3203 (TTY 1-800-692-2326)

E-mail: customerservice@npienumerator.com

Mail: NPI Enumerator, P.O. Box 6059,
Fargo, ND 58108-6059