

# QUICK REFERENCE GUIDE

## PROVIDER SERVICES

1-800-291-0396

Seven days a week, 8:00 am – 8:00 pm ET

### Menu 1:

- ▶ **Prompt 1:** For English
- ▶ **Prompt 2:** For Spanish

### Menu 2:

- ▶ **Prompt 1:** For Providers

### Menu 3:

- ▶ **Prompt 3:** For inquires about Medicare Members

### Menu 4:

- ▶ **Prompt 1:** Automated Eligibility Line  
To call the automated eligibility and verification line directly – (Available 24 hours a day) 1-866-467-3126
- ▶ **Prompt 2:** To receive information on how to receive the status of multiple claims through our fax process
- ▶ **Prompt 3:** To check the status of your claims
- ▶ **Prompt 4:** To obtain or verify Pre-certification, Authorization or Referrals
- ▶ **Prompt 5:** To request transportation services (Bravo Health Select and Bravo Health Traditions Members ONLY)
- ▶ **Prompt 6:** To update your Provider Profile and billing information.
- ▶ **Prompt 8:** To receive information on the Bravo Health Provider Web Portal
- ▶ **Prompt 9:** To obtain information on benefits or eligibility or to speak to a representative between the hours of 8:00 am to 8:00 pm, seven days a week.

**Press \* to repeat**

TTY/TDD Users: 711

## ANCILLARY SERVICES

### Laboratory

Quest Diagnostics: 1-800-522-9235

**In-Office Laboratory Procedures:** Certain lab tests can be performed in a Participating Provider's office without prior authorization. For a detailed list, please see the section of the manual.

## Radiology

Bravo Health has selected MedSolutions to manage all requests for authorizations for the following studies: CT, MRA/MRI, and PET scans. Authorization can be obtained by calling 1-888-454-0013, prompt 7, logging onto [www.medsolutions.com](http://www.medsolutions.com), or submitting a faxed request to 1-888-693-3210.

## Vision

Block Vision Questions – 1-800-291-0396

To become a Block Vision Provider – 1-800-243-1401 ext 2107

## Dental

DentaQuest – 1-800-936-0961

## Behavioral Health

1-888-285-8876

Providers and Members should contact the above Bravo Health Behavioral Health Customer Service line. 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.

## SAMPLE MEMBER ID CARDS

	<b>Bravo Classic (HMO)</b> RXBIN 610014 RXPCN MEDDPRIME RXGrip BRAVOHLTH Processor = PAID
Issuer 80840 ID 99999999 Name MEMBER A. MEMBER	<b>MedicareRx</b> Prescription Drug Coverage X
PCP \$ Specialist \$ Emergency Room \$ Please present this card for all medical and prescription drug services.	
CMS CONTRACT	

<b>Member Services:</b>	1-800-291-0396
<b>TTY/TDD:</b>	711
<b>PCP Name:</b>	DR. SAMPLE A. SAMPLE
<b>PCP Phone:</b>	999-999-9999
<b>Behavioral Health Care:</b>	1-888-285-8876
<b>Admissions/Pre-Certification:</b>	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. Please bill plan, not Medicare. Medicare limiting charges may apply.	
<b>Medical Claims:</b> Bravo Health P.O. Box 981706 El Paso, TX 79998-1706	<b>Pharmacy Claims:</b> Medco Health Solutions, Inc. P.O. Box 14718 Lexington, KY 40512

## **PLAN CO-PAYMENTS AND COINSURANCES**

### **Bravo Health Plans**

**Bravo Select\*:** PCP-\$0, SP-20%, ER-\$50

**Bravo Premier Plus:** PCP-\$0, SP-\$25, ER-\$50

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

**Bravo Achieve:** PCP-\$5, SP-\$40, ER-\$50

**Bravo Complete:** PCP-\$0, SP-20%, ER-\$50

**Bravo Classic Plus:** PCP-\$5, SP-\$40, ER-\$50

\*Bravo Select plans are intended for dual-eligible beneficiaries with Medicare and State Medical Assistance (Medicaid). Verify Member's cost sharing responsibility with their Medicaid secondary insurer if applicable.

### **HEALTH SERVICES CONTACT INFORMATION**

#### *Health Services Department Key Contacts*

##### *Outpatient Pre-Certification*

Phone: 1-888-454-0013

Fax: 1-866-464-0707

##### *Inpatient Notification*

Phone: 1-888-454-0013

Fax: 1-866-234-7230

##### *Inpatient Concurrent Review and D/C Plans*

Phone: 1-888-454-0013

Fax: 1-866-234-7230

##### *Skilled Nursing Notification and Concurrent Review*

Phone: 1-888-454-0013

Fax: 1-888-454-0024

##### *Home Health Pre-Certification*

Phone: 1-888-454-0013

Fax: 1-800-931-0145

##### *Case Management*

Phone: 1-888-454-0013

Fax: 1-866-467-3134

##### *Adverse Determinations (Peer-to-Peer Line)*

Refer to the Concurrent Review section of the 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 with information to support authorization, please be prepared to provide medical necessity along with the following information:

- ▶ Date of Service and Facility of Service
- ▶ Provider Name, NPI, and Phone Number
- ▶ Supporting Clinical for Medical Necessity
- ▶ Member Demographics; and
- ▶ 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) or Availity (formerly T.H.I.N). 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 365 days (or the time period specified in your Provider Agreement) of the date of service, 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](http://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 (i.e. additional physicians joining the practice, change in office address, TIN, phone, or fax, etc.). 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)

Online: <https://nppes.cms.hhs.gov/NPPES/>

E-mail: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

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