

# 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](http://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

Davis Vision 1-800-933-9371

### Dental:

Doral Dental 1-800-341-8478

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

## SAMPLE MEMBER ID CARDS

	<b>Bravo Classic (HMO)</b>
	RXBIN 610014
	RXPCN MEDDPRIME
	RXGrp BRAVOHLTH
	Processor = PAID
	G/BF/BNF \$ /\$ /\$
Issuer 80840	
ID 99999999	
Name SAMPLE A. SAMPLE	
	<b>MedicareRx</b> Prescription Drug Coverage
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:** PCP-\$0, SP-\$35, ER-\$50

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

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

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

**Bravo Select\*:** PCP-0%, 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.

### **Senior Partners Plans**

**Senior Partners Silver:** PCP-\$0, SP-20%, ER-\$50

**Senior Partners Gold** (*This plan does not have a pharmacy benefit*): PCP-\$0, SP-\$40, ER-\$50

**Senior Partners Gold Rx:** PCP-\$0, SP-\$40, 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](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. 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@npientumerator.com](mailto:customerservice@npientumerator.com)

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