

# Quick Reference Guide

HMO/POS Health Plans



## Telephone Numbers

### **Customer Service** (Claims, Coverage Eligibility)

Open Access HMO/POS      **1-800-467-4917**  
(8:00 a.m. to 6:00 p.m. Monday-Friday)

### **Medical Management**

Open Access HMO/POS      **1-800-228-0286**  
(7:30 a.m. to 6:00 p.m. Monday-Friday)

### **Provider Relations**

Omaha/Sioux City/Lincoln      **(402) 351-1685**  
(8:00 a.m. to 4:30 p.m. Monday-Friday)

### **Mental Health/Substance Abuse Services**

Open Access HMO/POS      **1-800-228-0286**

## Fax Numbers

### **Utilization Management**

Omaha/Lincoln      **(402) 351-3756**

### **Provider Relations**

Omaha/Sioux City/Lincoln      **(402) 351-2999**  
Credential/Appeals      **(402) 351-1682**

## Claims

Aberdeen office      **(605) 377-2300**  
Charlotte office      **(704) 853-7911**  
Woodward office      **(580) 256-2324**  
Customer Service      **(605) 377-2200**

## Participating Hospitals, PCPs, Specialists, Ancillary and Pharmacy Providers

See the Provider Directory for complete listing, contact Member Services or visit: [www.chcnebraska.com](http://www.chcnebraska.com)

## Claims

Submit claims to the address shown on the back of the ID card. Do not bill the member for in-network services.

Members are responsible for filing out-of-network claims and for paying the balance of any charge not payable under the plan.

## Copayments

Please collect copayments from members at the time of service. Copayments vary by group. The most common services that require a copayment are listed on the member's identification card.

## Services Not Covered

Please contact Customer Service with any questions on exclusion.

## Physical Exam/Preventive Care

Many plans cover routine physical examinations and preventive health care at no additional cost to the member; however, coverage varies. To determine a particular member's preventive health care coverage, call Customer Service.

## Medical Emergency

If a condition is a medical emergency: the member may go to the nearest emergency facility, whether or not it is a participating facility.

If a condition is not a medical emergency: the member should contact a participating provider prior to accessing care and to follow that provider's instructions for HMO and POS in-network benefits to be payable. No referral is required.

Note: The medical emergency benefits are administered in accordance with the prudent layperson definition as specified in the current state statutes.

## Precertification

### **Open Access HMO/POS**

Some procedures/services require medical necessity review and approval by Plan prior to services. The PCP, Specialist, Facility may initiate the precertification process. Failure to precertify may result in non-payment of all related claims.

Note: Refer to the Precertification Requirement list found on [www.chcnebraska.com](http://www.chcnebraska.com). All telephonic precertifications may be called in to the Medical Management Department. Please refer to the phone numbers listed above.

If you would like additional information included in this guide, please contact Provider Relations at the number listed above.