

Quick Reference Guide

PPO Plan



General Information

- Photocopy the front and back of the patient's ID card to obtain information and phone numbers on precertification, claims submission, and coverage. (This does not guarantee eligibility or benefits.)
- Refer patients to providers in the PPO network.
- Precertify when necessary. (See reverse side for details.)
- Routine physical examination benefits for Insureds and preventive health care benefits (for dependent children through age 17 years) are offered on some plans.
- Plan benefit designs vary by group. Call the informational number on the back of the patient's ID card for benefit information.

Claims Submission

- Claims should be submitted as instructed on the back of the patient's ID card.
- File claims promptly.
- Include the policy number and Insured's ID number on the claim.
- If you have questions about claims, call the informational number on the back of the patient's ID card.

Precertification

For some plans, precertification may be handled by another professional review organization, which is indicated on the patient's ID card. Please follow the established network procedures for cases in which the ID card indicates a precertification reviewer other than us.

Catastrophic illness or injury

Call as soon as possible after diagnosis. Also, the precertification process automatically refers selected diagnoses to the Medical Case Management department. The following are representative of cases referred for assessment, although additional chronic conditions of catastrophic nature and injuries involving rehabilitation may be considered:

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| Amputations | Disorders of the immune system |
| Acquired Immune Deficiency Syndrome (AIDS) | Inflammatory diseases of the central nervous system |
| Burns | Intestinal disorders |
| Chemotherapy | Multiple fractures, with or without other system involvement |
| Chronic infections | Myoneural disorders |
| Chronic liver disease | Organ transplants |
| Chronic pulmonary diseases and conditions | Paralytic disorders |
| Coagulation defects | Radical surgeries |
| Coma | Renal diseases |
| Conditions related to diabetes mellitus | Spinal cord injuries |
| Demyelinating diseases of the central nervous system | Tumors, malignant or unspecified |
| Diseases related to intracranial hemorrhage or occlusion | |

For the most current Precertification List, refer to our Web site at www.chcnebraska.com or contact your Provider relations representative. To access the document on the Web, select "Health Care Professionals."

Care managers assist in coordination of care, working in conjunction with the treating physician to develop a plan of treatment that promotes proactive, individualized and cost effective care. Utilization of national ancillary vendors, fee negotiations and extracontractual benefits aid in the conservation of benefit dollars. Quality of care is maintained through comprehensive needs assessment, coordinated care planning, and referral to specialized care.

Disease management programs for Congestive Heart Failure, Diabetes and Asthma work in coordination with the Care Management program. The disease management programs are designed to focus on prevention and wellness and the improvement of quality of care while focusing on patient outcomes.

Information needed:

When calling for precertification, please be prepared to provide the following information:

Patient's: name, date of birth.

Insured's: name, Social Security Number, address, policy ID number, employer, home phone number.

Physician's: name, tax ID number, address, phone number.

Admitting hospital's: name, address, phone number.

Medical information: patient's symptoms and duration, results of physical exam, lab tests and X-rays; medical and surgical treatment plan; admitting diagnosis.

To call the Care Services Unit, please refer to the phone number on the back of the patient's ID card.