



PROVIDER GUIDE

Sierra Health-Care Options, Inc.'s (SHO) is an Administrative Service Organization (ASO) Specializing in PPO network access and utilization management services for Las Vegas area self-funded health care benefit plans.

SHO is the employer-chosen PPO network which maintains contractual relationships with providers for the provision of health care services. SHO has many self-funded clients that access the SHO PPO network. There are also many third party administrators (TPAs) who administer benefits and pay claims for those self-funded benefit plans.

❖ **SHO does not pay claims or have member's eligibility information for self-funded groups and does not have the capability to received Electronic Data Interchange (EDI) claims for submission.**

As a participating provider with SHO, it is important to remember that the patient's health plan benefits are determined by the employer and are explained in the Summary Plan Description or Plan Document specific to each group. The health care benefits are administered by the employer's TPA. Medical necessity determinations, including request for prior authorization, are determined by the employer's utilization review company, which may or may not also be SHO. Questions or concerns regarding a particular administrative service should be directed to the entity responsible for providing such services, the telephone numbers of which are usually found on the back of the patient's insurance card, or through contacting the employer's TPA. This information can also be obtained from the Quick Reference Guide found on this website.

The following tips will help ensure efficient dealing with the SHO clients and their TPAs:

- Always obtain a copy the patient's insurance card at the time of appointment. The patient's insurance card indicates where to call for eligibility and benefits, as well as where to direct prior authorization requests and where to submit claims.
- Prior to providing services, verify the patient's benefits and eligibility by contacting the patient's TPA.
- Be prepared to take the patient's co-payment or co-insurance at the time of service.
- Make a particular note of the employer for the subscriber in your records and always include the employer name in your submitted claim form.
- When making referrals, remember to use other SHO PPO providers and review the plan's guidelines regarding prior authorization.

Listed are services by the TPA and SHO.

The Client's TPA can assist with:

- Member's benefits and eligibility.
- Appeal of claims issues.
- Appeal of benefits issues.
- Claim processed

SHO can assist with:

- Provider participation verification
- Verification of Clients and their TPA.
- Coordination of UM functions for most, but not all, SHO self-funded clients.

Claim Requests for Review

SHO has an established claim review process to follow if you feel your claim has not been reimbursed according to your contract. Please keep in mind SHO does not review appeals on plan benefits, code review, or non-covered plan services. These appeals should be directed to the TPA at the address indicated on the patient's insurance ID card. In order to provide the best service for you, the provider, with most complete information for your review, we suggest the following steps:

First, please verify the allowable on the EOP. If the allowable is different from your contractual rate, please submit a written review request outlining where you think the claim was underpaid.

In the written request, please include a copy of:

- The HCFA or UB claim form.
- Invoice for implants or high cost medications.
- The EOP or EOB showing the allowed/denied service(s).
- Medical records (if necessary for the services performed, i.e., unlisted procedure, code review)

Mail the review packet to Sierra Health-Care Options, Attn: Claim Review, P.O. Box 15392 Las Vegas, Nv. 89114. Be sure to include all data indicated above. You can also fax your review request to (702) 869-2416 or email to SHOptions@SierraHealth.com

Please note SHO does not take review requests over the phone. Review requests must be in writing and include all the above mentioned backup documentation.

If the allowable on your EOP is correct, please contact the claims payor to determine if the correct benefit application was used.

Pricing Procedures

SHO prices claims for some of our clients. The patient's insurance ID card will indicate if the claim should be mailed directly to SHO or the TPA.

- SHO does not have the capability to receive Electronic Data Interchange (EDI) claims for submission. All claims must be mailed to SHO in paper format.
- When submitting a claim with HCPCS code J3490, unclassified drug, please always include the NDC number along with the drug name. Providing this number will help identify the correct allowable, as well as prevent any delay in pricing.
- Unlisted CPT codes should always be accompanied with an operative report for a surgical procedure or a description of service if not a surgical procedure.

Claims received by SHO that do not indicate "review request" will be forwarded to the employer's TPA or if unidentified, returned to the provider.

Questions regarding current status of claims should be directed to the group's TPA.

Please note SHO does not keep a record of NON-PPO submitted claims. NON-PPO claims are forwarded to the TPA or returned to the provider if the employer group is not identified.