PacifiCare®

SignatureOptions (PPO)

Provider Policy & Procedure Manual

2006 Manual
Prepared by:

PacifiCare
Provider Operations

PACIFICARE

PPO PROVIDER

POLICY & PROCEDURE

MANUAL

DISCLAIMER

As an attachment to the PacifiCare PPO Provider Services Agreement, this Manual is intended for use by PacifiCare participating providers and practitioners only. This Manual is to be used only by employees or other personnel acting on behalf of PacifiCare or its participating providers and practitioners who are responsible for administering or authorizing benefits as part of their employment or contract responsibilities. The information contained within this Manual is strictly confidential and proprietary to PacifiCare. The information is not to be copied in whole or part; the information is not to be distributed without the express written consent of PacifiCare.

In the state of Nevada, PPO providers contracted with Nevada Preferred Professionals (NPP) that see PacifiCare PPO members should contact NPP to obtain a copy of a Policy and Procedure Manual.

Introduction

Welcome to PacifiCare's Preferred Provider Organization (PPO). PacifiCare Life and Health Insurance Company (PLHIC) or PacifiCare Life Assurance Company (PLAC), cumulatively referred to herein as "PacifiCare," underwrite PacifiCare's SignatureOptions (formerly PPO) plans.

This SignatureOptions Participating Provider Policy & Procedure Manual is designed to provide important information about how PacifiCare's SignatureOptions plans function, explain PacifiCare's SignatureOptions policies and procedures, and answer some frequently asked questions.

PacifiCare contracts with established medical care providers, including physicians, hospitals, outpatient surgery centers, laboratories and diagnostic centers, to create a health care network for its insureds and their eligible dependants, cumulatively referred to herein as "covered persons." Contracted providers are called Participating Providers.

Covered persons enrolled in the PacifiCare SignatureOptions plans may obtain covered services from any qualified medical care providers. Covered persons may receive greater cost savings by obtaining covered services from Participating Providers.

Participating Providers must ensure that covered services are provided to PacifiCare SignatureOptions covered persons equally, fairly and in accordance with State and Federal laws.

Participating Providers must provide covered services to covered persons, including those with ethnic backgrounds, physical or mental disabilities and limited English proficiency, in a culturally competent manner and at the Participating Provider's expense.

Participating Providers must provide disabled covered persons with the assistance necessary to effectively communicate with the Participating Providers and their staffs, as required by the Americans with Disabilities Act.

Introduction Continued

Participating Providers must ensure that covered persons are not unlawfully discriminated against on the basis of race, color, creed, national origin, ancestry, religion, sex, marital status, age, physical or mental handicap, or in any other manner prohibited by State or Federal laws.

PacifiCare and its Participating Providers must adhere to the Health Insurance Portability and Accountability Act (HIPAA) regulatory requirements relating to the electronic exchange of health information.

PacifiCare's SignatureOptions plans are created to meet all State and Federal laws. If any PacifiCare SignatureOptions plan term conflicts with any State or Federal Law, the plan shall be interpreted to meet the minimum State or Federal law requirements.

This Manual is an integral part of the PacifiCare PPO Provider Agreement. If there are questions regarding this Manual, feel free to contact PacifiCare's National Service Center at (866) 863-9776 and ask for the PPO Provider Relations Department or send a fax at (714) 226-8513, Attention: PPO Management.

PacifiCare History

From a philosophical perspective, PacifiCare Health Systems (PHS) defines itself as "an organization dedicated to making people's lives better."

In practice, this philosophy is reflected in the company's emphasis on providing Members with quality health care and responsive customer service. It also is reflected in the mutually beneficial relationships that PacifiCare establishes with its network of physicians and hospitals. It is PacifiCare's belief that they, as well as Members, must "win" in order for the organization as a whole to succeed.

PacifiCare Health Systems also believes that success should be shared, and is truly committed to "giving back" to the communities it serves.

Mechanisms for Checking Eligibility & Benefits

PacifiCare PPO enrollment and benefits can be verified through the following:

- PacifiCare Provider Web Site
- Interactive Voice Response (IVR)
- Regional Customer Service Center

PacifiCare Provider Web Site

PacifiCare's provider web site provides easy access to eligibility information 24 hours a day, 7 days a week. You can batch access and place up to ten (10) requests at a time and receive a printout of the information. Visit the PacifiCare provider web site at www.pacificare.com.

Access is easy, simply follow these directions:

- Click on "Provider Area"
- Select applicable state
- Enter your PacifiCare identification number and password
- Select "Check Eligibility"

Your PacifiCare Network Management Operations Associate can provide your PacifiCare provider identification number and assist with any questions or problems you encounter. Upon initial access to this service, you will need to register to obtain a password.

The eligibility function provides a confirmation number and covered person's eligibility information.

Further detailed benefit information, as outlined below, is available by clicking on the covered person's identification number in the primary eligibility screen:

Covered Person's Information

- Identification number
- Date of birth
- Gender
- Insured indicator – subscriber or dependent

PacifiCare Provider Web Site Continued

Employer Group Information

- Coverage dates
- Employer group name
- Employer group identification number

Benefit Information

- Office visit copayment
- Specialist office visit copayment
- Hospital copayment
- Emergency room copayment
- Emergency room copayment waiver
- Ambulance copayment

Interactive Voice Response (IVR)

PacifiCare's Interactive Voice Response (IVR) is available 24 hours a day, 7 days a week, at:

(866) 863-9776

The IVR provides eligibility and some benefit information. The following information is available through the IVR:

- Insured identification number;
- Eligibility verification number, for your records;
- Hospital and office visit copayment;
- Emergency room copayment and waiver information;
- Other deductible, copayment and benefit information.