



# PROVIDER MANUAL

A PPO Network that will **change the dynamics** among healthcare providers, employers and employees.

*engaging providers and employers*

*empowering employees*

*enabling change for all*

Dear Provider:

Gilsbar, Inc. is building a PPO network that gives providers and employers the opportunity to truly work together. We've worked with providers and employers long enough to know what they want; providers want to deliver quality clinical outcomes without administrative complexities, and employers want to provide access to affordable care that helps keep their employees healthy and productive. Gilsbar 360° Alliance<sup>SM</sup> is the catalyst to make these goals achievable.

At Gilsbar 360° Alliance<sup>SM</sup>, our focus is transparency, simplicity and health. The Gilsbar 360° Alliance<sup>SM</sup> network will have a powerful impact on providers, employers and members throughout our state – and we welcome the opportunity to include you in our alliance of Preferred Providers.

Thank you for joining with us to become a part of the Gilsbar 360° Alliance<sup>SM</sup> PPO Network. We look forward to working with you as we continue to focus on driving affordable, quality healthcare in Louisiana.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'H' and 'M' followed by a long, sweeping horizontal line that ends in an arrowhead pointing to the right.

Hank Miltenberger  
President & CEO  
Gilsbar, Inc.

# CONTACT INFORMATION

<b>Gilsbar 360° Alliance<sup>SM</sup></b>	Toll-Free	866-605-6797
	Fax	866-605-6798
	Email	<a href="mailto:360alliance@gilsbar.com">360alliance@gilsbar.com</a>
	Mail	P.O. Box 998 Covington, LA 70434
<b>Customer Contact Center</b>	Provider Inquiries, Claims, & Claim Disputes	888-215-9841
	7AM – 7PM CST Monday - Friday	<a href="mailto:customercontactcenter@gilsbar.com">customercontactcenter@gilsbar.com</a>
<b>Fax Recall</b>	Member Eligibility & Benefits	985-898-1696
	<i>Follow the prompts to receive eligibility and claims information</i>	888-215-9841
	<i>Provider TIN &amp; member's SSN or PID are needed for access</i>	
<b>Precertification/UM</b>	Please refer to the member's ID card for the precertification telephone number and any pertinent information.	

# OVERVIEW

The Gilsbar 360° Alliance<sup>SM</sup> welcomes you as our partner and appreciates your participation in our network!

## About Gilsbar 360° Alliance<sup>SM</sup>

A proprietary PPO network created by Gilsbar, Inc., Gilsbar 360° Alliance<sup>SM</sup> was developed to not only deliver competitive discounts, but to mitigate true drivers of healthcare expenses, modify the behavior of employees, and ultimately stop the current unsustainable trend of double-digit healthcare cost increases. Through ongoing collaboration, Gilsbar 360° Alliance<sup>SM</sup> will change the way medical providers, employers, and employees evaluate and utilize PPO networks.

According to Hank Miltenberger, Gilsbar's President and CEO, "After nearly 50 years of business, it's about time Gilsbar joins together with the provider and employer communities to build this network. Our goal is to create a positive healthcare experience for all parties involved. As a result of the nature of our administration business, we work closely with providers and employers across the country and we know the challenges that both populations face. Providers want to deliver quality care without the administrative hassles; employers want to provide affordable care that enables their employees to be healthy and productive -- Gilsbar 360° Alliance<sup>SM</sup> was created to align these goals. We're going to change the public perception about "discounts" and work to reform what's really driving healthcare costs."

Visit [www.gilsbar360alliance.com](http://www.gilsbar360alliance.com) for the latest information and network updates!



## About Gilsbar

As a leading provider of health benefit administration services, Gilsbar holds valued relationships with brokers and employers nationwide. Gilsbar's comprehensive technological solutions, employee engagement strategies, fully-integrated medical management programs, health & wellness initiatives, and commitment to client satisfaction are some of the many qualities that define our service. These programs, combined with ongoing benefit plan management from Gilsbar, help self-funded employers and their employees engage in healthy lifestyles and the overall healthcare experience.

## **About 360° Benefit Plan Management®**

Focusing on the total health plan needs of each customer, our 360° Benefit Plan Management® offers extensive services to both fully-insured and self-funded health plans. The 360° Benefit Plan Management approach integrates plan management services – including plan administration, reimbursement accounts and COBRA, consumer driven solutions, health and lifestyle management, technology and web tools and data analysis and reporting.

Each of these elements, and now the addition of Gilsbar 360° Alliance<sup>SM</sup>, is inextricably linked and part of a continuous process geared to help employers and providers reduce the cost of healthcare and increase member health and engagement.

# HOW TO ACCESS MEMBER ELIGIBILITY & BENEFITS

## myGilsbar.com

As a provider, we know your schedule is busy and saving time is important. The Gilsbar 360° Alliance<sup>SM</sup> is proud to offer you online access to eligibility, claims payment, benefits coverage, and deductible information concerning the plan members covered via [www.mygilsbar.com](http://www.mygilsbar.com).

Easy navigation allows providers to view member information with one simple click. Once you are registered for myGilsbar, click the Access Member Information link to view member eligibility, claims, deductible accumulators, and benefits!

Visit [www.mygilsbar.com](http://www.mygilsbar.com) and register today!

The image displays two screenshots of the myGilsbar.com website. The left screenshot shows the homepage with a navigation menu and a 'Go paperless!' banner. The right screenshot shows the 'myBenefits' dropdown menu with 'Access Member Information' highlighted by a red circle. A red arrow points from the text above to this link.

## Fax Recall

Gilsbar's on demand fax-back service allows providers to access eligibility and claims information using a phone and fax machine. Call the numbers below and have your TIN and the member's SSN or PID available. Follow the prompts to receive eligibility and claims information.

Fax Recall: 985-898-1696 or 888-215-9841.

## Customer Contact Center

For verification of eligibility, benefits, and precertification requirements, you can also call the Customer Contact Center at 888-215-9841.

- **Eligibility Status**

Eligibility is based on the data available at the time the inquiry is made and is not a guarantee of payment. Changes to eligibility can occur at any time and may not be available at the time of the request.

A patient may be billed directly if it cannot be verified that the patient is a Gilsbar 360° Alliance<sup>SM</sup> member at the time of service.

If a member is determined to be covered, retroactively, and has paid for services which are covered under their benefit plan, you must refund the member any amounts collected in excess of applicable fee schedule amounts including, co-payments, co-insurance, and deductibles.

- **Member Obligations**

Members are responsible for applicable copayments, deductibles and coinsurance. These amounts may vary from employer group to employer group and should be verified along with eligibility inquiries.

There may be instances when a member overpays their portion of medical expenses to a provider. Should this occur, please promptly refund the member any overages.

# CREDENTIALING

To ensure we have the most up-to-date information available, please forward any license or certificate changes or updates to Gilsbar 360° Alliance<sup>SM</sup>.

## Physicians and Other Providers

Physicians and other providers will need to submit the following documents upon enrollment in the plan:

- A current and complete copy of the Louisiana Standardized Credentialing Form with attestation signature within 180 days of contract effective date.
- Copies of the following documents:
  - ✓ Current state license
  - ✓ Current DEA certificate
  - ✓ Current CDS certificate
  - ✓ Current liability or malpractice insurance certificate
  - ✓ Current board certification document with effective date
  - ✓ Current W-9 form
- Written verification of admitting privileges at a participating hospital, or where specialty requires, consulting or other necessary privileges.

Upon enrollment in Gilsbar 360° Alliance<sup>SM</sup>, and for recredentialing purposes and file maintenance, we will ask for documentation to support your credentials. Please reply promptly to our requests for this information.

## Ancillary, Facilities and Hospitals

Ancillary, facilities and hospital providers will need to submit the following documents upon enrollment in the plan:

- ✓ Completed and signed Facility Application
- ✓ Copy of your appropriate state license
- ✓ Copy of current malpractice certificate or liability insurance certificate
- ✓ Copy of any certifications or accreditation certificates
- ✓ Copy of W-9 form
- ✓ A list of services or products offered

Upon enrollment in Gilsbar 360° Alliance<sup>SM</sup>, and for recredentialing purposes and file maintenance, we will ask for documentation to support your credentials. Please reply promptly to our requests for this information.

# CHANGES IN PROVIDER INFORMATION

Gilsbar 360° Alliance<sup>SM</sup> maintains a database of information that includes your office demographics, billing information, reimbursement, as well as your credentialing data. It is very important that this information be kept current.

Whenever possible, please provide 45 days advance notice of the following and include the effective date of the change:

- Addition of provider to your practice
- Termination of a provider from your practice
- Addition or change in Tax Identification Numbers
- Addition or change in physical location(s)
- Change in billing service and/or billing/payment address
- Change in mailing address if different from payment address
- Change in phone or fax numbers
- Change in NPI
- Changes or updates to licenses, certifications or liability carrier information
- Changes in hospital privileges or location of privileges
- Updates to board certification and dates of completion
- Change in contact information for your practice

Changes in practice information can be submitted via:

**Fax:** 866-605-6798

**Mail:** Gilsbar 360° Alliance  
P.O. Box 998  
Covington, LA 70434

**Email:** [360alliance@gilsbar.com](mailto:360alliance@gilsbar.com)




## SAMPLE IDENTIFICATION CARD

The purpose of an identification card is to provide member information and help distinguish a Gilsbar 360° Alliance<sup>SM</sup> member. The ID card is an excellent source of information about the member coverage.

Due to HIPAA regulations and for the protection of plan members, non-specific identification numbers are printed on health/prescription cards. Personal information, such as SSN, is no longer listed on ID cards.

Since a member's coverage status can change at any time, you should request and copy the member's Gilsbar 360° Alliance<sup>SM</sup> ID card and additional proof of identification (preferably a photo ID).

Below is a sample of the PPO ID card for Gilsbar 360° Alliance<sup>SM</sup> plan members:

		
<hr/>		
<b>ABC COMPANY</b>	<b>SAMPLE</b>	<b>MEMBER ID #</b>
<b>MEMBER</b> DOE, JOHN		201000000
<b>GRP- ACCT</b> S2010-1	<b>COVERAGE</b> Medical	<b>EFFECTIVE DATE</b> 01/01/2009
		

# CLAIMS

## Claim Submission Guidelines

Please review your provider agreement with us and follow any contractual requirements for claims submission and claim filing timeframes.

### **Acceptable Claim Forms**

- Electronic Claim Submission (**RECOMMENDED**)
- HCFA 1500 Form
- UB-92 Form

A green oval graphic containing the text "Emdeon Payer ID 07205" in white, bold, sans-serif font.

**Emdeon  
Payer ID  
07205**

## Electronic Claims Submission

Electronic Data Interchange (EDI) helps speed claims processing by using the Emdeon Payer ID.

If the ID card reads "*Send Claims To: Gilsbar, Inc.*", submit your claim to Gilsbar via Emdeon using our Payer ID number 07205.

If you have questions or would like to learn more about how to use EDI, call Emdeon at 1-877-469-3263 or visit the [www.emdeon.com](http://www.emdeon.com) website.

For those claims that cannot be submitted electronically, mail paper claims to the address on the member's ID card.

### **Where to Mail a Paper Claim**

Gilsbar, Inc.  
Claims Department  
P.O. Box 2947  
Covington, LA 70434

## **Claim Dispute and Resolution**

Any correspondence concerning claims, including errors in processing, overpayments or underpayments, should be submitted in writing, and follow any guidelines or requirements in your Provider Agreement.

Please include the claim number from the Explanation of Benefits (or a copy of the Explanation of Benefits) and an explanation of the issue involved. Also, please include the member's name and member number and attach any member specific documents or medical records.

### ***Where to Mail Claims Correspondence***

Gilsbar, Inc., Claims Department – Correspondence  
PO Box 2947  
Covington, LA 70434-2947

## **Subrogation/COB**

Our benefit plans are subject to subrogation and coordination of benefits (COB) guidelines.

- Gilsbar follows NAIC guidelines for COB services.
- Gilsbar follows the plan document requirements for subrogation.

# CLAIMS POLICY

## **Assistant Surgeon**

The primary physician performing the surgical procedure may require the assistance of another physician or other trained personnel such as a physician assistant (PA) or specially trained registered nurse called a Registered Nurse as First Assistant (RNFA). Gilsbar will allow payment for assistant physicians in certain circumstances only.

Gilsbar may not allow payment for assistant services of non-physicians in the operating room as these services are considered part of the facility charge for the operating room, or included in the physician's fee for the surgical procedure.

Once the medical necessity for an assistant at surgery is verified, the plan document will be reviewed to determine if there is specific plan language dictating the eligible expense for an assistant surgeon. In the absence of specific plan language, the maximum allowable amount for a medically necessary assistant surgeon as follows:

The fee for the surgery in question will be determined in accordance with the reimbursement schedule. An amount in the range of 20% to 25% of the surgical fee allowance (reimbursement schedule) will be determined to be the maximum allowable amount.

## **Durable Medical Equipment**

Covered, medically indicated equipment that may be required for an indefinite period of time in that the total rental cost can often be several times the cost of the item if bought outright. Some medical plans even limit benefits to rental of durable medical equipment, in spite of these situations in which purchase of the equipment is more cost efficient. When it is anticipated that an item will be used over a prolonged period, the expenses of rental vs. purchase may be determined and the claim may be referred to medical management to determine if a purchase is deemed appropriate.

# MEDICAL MANAGEMENT

Medical management is an essential component of medical cost containment to fully insured and employer sponsored health plans.

Please make a copy of the member's identification card and make note of the medical management organization's telephone number.

Note: Authorization requirements can vary from one benefit plan or employer group to another!

*Prior* to providing services, including scheduled procedures or admissions, please be sure to verify eligibility and benefits and contact the medical management organization listed on the member's ID card. Failure to follow the requirements of the employer group's Utilization Management program may result in a reduction of benefits to the member.

## **Appeals Process for Utilization Management Decisions**

If a noncertification determination is made under the Utilization Management program, you or the Participant have the right to appeal the determination in accordance with the employer group's Utilization Management program appeals process. The employer group's Utilization Management program and/or state or federal law will determine the appeals process for Utilization Management decisions.

To initiate an appeal, please contact the Utilization Management program by calling the telephone number found on the member's ID card.

## **Out-of-Network Services**

Whenever possible, please refer members to a participating provider in our network. For the most current list of network providers, please visit us at [www.gilsbar360alliance.com](http://www.gilsbar360alliance.com).

Should you find that the member needs medically necessary care outside of the Gilsbar 360° Alliance<sup>SM</sup>, please contact the medical management team for guidance and assistance.