

# PPO Frequently Asked Questions

## **What is a PPO network?**

A PPO network includes the facilities, providers and suppliers that GHC-SCW has contracted with to provide health care services. GHC-SCW has partnered with HealthEOS and Private Healthcare Systems (PHCS) to provide you with a selection of providers and hospitals throughout the United States.

## **What is HealthEOS?**

HealthEOS is a health care cost-management company with over 18,000 health care providers throughout Wisconsin and over 450,000 plan participants nationwide. The goal of HealthEOS is to provide high quality, cost-effective health care. HealthEOS is the primary network if you live in Wisconsin. The secondary network is PHCS, which is to be used when traveling outside of Wisconsin.

## **What is PHCS?**

PHCS is the parent company of HealthEOS and one of the largest preferred provider networks in the country. PHCS is the primary out-of-Wisconsin network and providers will be considered out-of-plan providers if accessed in Wisconsin. PHCS is available to those PPO members when traveling outside of Wisconsin. MultiPlan, Inc. is considered the secondary network for those PPO members living outside of Wisconsin.

## **What is an in-network provider?**

An in-network provider is a GHC-SCW clinic provider or a HealthEOS provider for those members who live in Wisconsin or a PHCS provider for those members who live outside of Wisconsin. Providers must be accessed appropriately depending on where you live and where you may be traveling.

## **What if I need specialty care?**

If you need specialty care, you may visit any Specialty Care Provider. Please refer to your Member Certificate for a list of services that require prior authorization. Failure to do so may result in reduced benefits. Your Primary Care Provider may direct you to see a particular specialist. To verify that the specialist is an in-network preferred Specialty Care Provider, use the PPO Provider Portal to search by name or location or call GHC-SCW Member Services at (608) 828-4853 or toll-free at (800) 605-4327, and request Member Services.

## **Who is a preferred Specialty Care Provider?**

Examples include, but are not limited to, orthopedists, cardiologists, pulmonologists, oncologists and gynecologists.

## **What if I need care while traveling?**

If you need medical care while traveling away from home or you are a dependent who lives away from home, use the PPO Provider Portal to find a nearby provider or you may also call GHC-SCW Member Services at (608) 828-4853 or toll-free at (800) 605-4327, and request Member Services to find out which providers are located nearby. Be sure to contact GHC-SCW before receiving care only if it is for a service that requires prior authorization. Please note that if the provider does not participate in the Preferred Provider Network, your out-of-pocket costs may be greater.

## **How do I obtain prior authorization?**

Contact the GHC-SCW Care Management Department at (608) 257-5294 or toll-free at (800) 605-4327, and request Care Management from 8 a.m. to 5 p.m., Monday through Friday, as listed on your GHC-SCW member ID card.

## **What if I need emergency care?**

In the event of a life-threatening emergency, visit one of the hospital emergency rooms participating in the Preferred Provider Network. If that is not possible, proceed immediately to the nearest hospital emergency room. In both situations, contact the GHC-SCW Care Management Department at (608) 257-5294 or toll-free at (800) 605-4327, and request Care Management within 48 hours of receiving emergency services or as soon thereafter as reasonably possible.

## **Why should I choose an in-network provider?**

When you use in-network providers, you may pay less out-of-pocket costs. If you receive services from an out-of-network provider, your out-of-pocket costs will most likely be greater.

## **When will I need my GHC-SCW member ID card?**

Always present your GHC-SCW member ID card at the time of service to avoid potential billing issues. Your GHC-SCW member ID card identifies you as a member of the GHC-SCW PPO Plan and will ensure proper handling of your claim. Failure to present your GHC-SCW member ID card may result in your out-of-pocket costs being greater.

## **What payments will I be responsible for?**

When you receive services from an in-network provider, you are responsible for any Copayments, Coinsurance, Deductibles or services not covered under the GHC-SCW PPO Plan, as defined in your Member Certificate.

## **Am I required to pay at the time of service?**

If the GHC-SCW PPO Network includes a Copayment, you may be asked to pay this amount at the time of your visit. If you choose an out-of-network provider, you may be required to pay in full at the time of service.

## **How do I submit claims?**

When you visit an in-network provider, claims will be forwarded to the Preferred Provider Network. If you choose to see an out-of-network provider, you may be required to pay at the time of service and submit the claims to the Preferred Provider Network yourself.

## COMMON TERMS

**Coinsurance** is the percentage of covered health care cost for which the member has a financial responsibility, according to a fixed percentage. The applicable Coinsurance amounts are specified in the member's Benefits Summary and/or in the Member Certificate.

**Copayment** is a specified dollar amount for which the member has a financial responsibility for paying when receiving treatment, services, or supplies. The applicable Copayment amounts are specified in the member's Benefits Summary.

**Deductible** is a specified dollar amount which an individual member or family must pay per calendar year before benefits will be payable by GHC-SCW. Only charges that qualify as covered expenses may be used to satisfy the Deductible.

An **emergency condition** is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency condition could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death. It is the responsibility of the member, or of the subscriber in the case of a minor, to notify GHC-SCW of the member's hospitalization within 48 hours of the onset of the emergency condition, or as soon thereafter as reasonably possible.

**Maximum Out-of-Pocket (MOOP)** is the maximum amount of Copayments and/or Coinsurance a member pays every calendar year. There may be a separate MOOP for in-network providers and out-of-network providers. Check your plan's Benefits Summary for details. Once you reach the MOOP for covered health services that apply to the MOOP, those covered health services are payable at 100%. As specified in the Benefits Summary and within the Member Certificate, some covered health services Copayments and Coinsurance do not apply to the MOOP.

**Prior authorization** is the advance, written authorization with appropriate documentation by the GHC-SCW Chief Medical Officer or his/her designee for specific medical services or treatment. Services requiring prior authorization are specified in Article V of the Certificate and in the Benefits Summary. If you fail to obtain prior authorization when required, you will receive a lesser or no benefit.

An **urgent condition** is the rapid onset of symptoms of an illness or injury which requires medical care but is not life-threatening. Treatment for an urgent condition should be obtained from the nearest urgent care clinic. Claims for such care should be submitted to GHC-SCW. Services received for an urgent condition are subject to the terms of Article V of the Certificate and the Benefits Summary.

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 **Group Health  
Cooperative**

of South Central Wisconsin