

GATEWAY AT A GLANCE!

For Providers



GATEWAY HEALTH PLAN *MEDICARE ASSURED*SM

Corporate Office:
US Steel Tower, Floor 41
600 Grant Street
Pittsburgh, PA 15219-2704



YOUR PROVIDER NUMBERS:

Group Provider Number: _____

Individual Provider Numbers (used for billing):

Practitioner: _____ **Provider Number :** _____

Practitioner: _____ **Provider Number :** _____

Practitioner: _____ **Provider Number :** _____

Gateway Health Plan *Medicare Assured*SM Important Phone Numbers

Call to Inquire About:

Provider Services	Claims Inquiry/Supplies	1-800-685-5205	M-F 8:30am to 4:30pm
Utilization Management	Authorization	1-800-685-5207 (PA) 1-888-447-4375 (OH)	M-F 8:30am-4:30pm Calls received during non-business hours are referred to 1-800-685-5209 (PA) or 1-888-447-4505 (OH).
DIVA Member Eligibility Line	Member Eligibility	1-800-642-3515	24 hours a day 7 days a week
Pharmacy	Requests for Non-Formulary Drugs and Prior Authorizations	1-800-685-5215 (PA) 1-888-447-4507 (OH) FAX: 1-888-447-4369	M-F 8:30am-4:30pm
Part D Prescriber Appeals	Expedited redetermination requests, status of redetermination requests	1-800-213-7083	Voice mail box monitored 24 hours a day 7 days a week
Case Management	Case Management	1-800-685-5212 (PA) 1-888-447-4506 (OH) Option 1	M-F 8:30am-4:30pm
Disease Management	Maternity Cardiac Asthma Healthy Returns Diabetes Program	1-800-685-5212 (PA) 1-888-447-4506 (OH) Option 2 Option 3 Option 3 1-866-366-9415	M-F 8:30am-4:30pm
Preventive Health	Preventive Health Services/ Member Outreach	1-800-685-5212 (PA) 1-888-447-4506 (OH) Option 4 FAX: 1-888-225-2360	M-F 8:30am-4:30pm
Member Services	Member Complaints/ Concerns/Inquiries	1-800-685-5209 (PA) 1-888-447-4505 (OH)	8:00am – 8:00pm 7 days a week

Additional Helpful Telephone Numbers:

National Imaging Associates, Inc. (NIA)	Authorizations for CT, MRI/MRA, Nuclear Cardiology, Bone Densitometry, and PET Scans	1-888-879-5922
Community Behavioral Healthcare Network of Pennsylvania (CBHNP)	Authorizations for Behavioral Health Services	1-866-755-7299 (PA) 1-866-341-7022 (OH)
Gateway Health Plan® Transportation Services	Schedule non-emergent transportation services within 3 business days advance notice	1-866-670-3063
TTY/TDD	Assistance with hearing impaired	1-800-654-5988, M-F 8:00am – 6:00pm

Mailing Address for Medical and Behavioral Health Claim Forms:

FOR PENNSYLVANIA
Gateway Health Plan®
Claim Processing Center
P.O. Box 11-560
Albany, NY 12211-0560

FOR OHIO
Gateway Health Plan®
Claim Processing Center
P.O. Box 11-725
Albany, NY 12211-0725

All Other Correspondence:

Gateway Health Plan®
US Steel Tower, Floor 41
600 Grant Street
Pittsburgh, PA 15219-2704

Correspondence Type	Attention:
Claims Reviews	Claims Review Dept.
Provider Appeals	Appeals Department
Practice Change Information	Provider Relations

Visit our website for additional information at www.gatewayhealthplan.com

Gateway Health Plan® offices will be **closed** to observe the following Holidays: New Years Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (and day immediately following), Christmas Eve Day, and Christmas Day. Operations will resume the following business day.

Frequently Asked Questions

What is Gateway Health Plan *Medicare Assured*SM Gateway Health Plan *Medicare Assured*SM is offered by Gateway Health Plan®, and is a Medicare Advantage HMO Special Needs Plan for individuals with Medicare Part A, Medicare Part B and Medicaid coverage.

Do Gateway Health Plan *Medicare Assured*SM members have any out-of-pocket expense? Gateway’s dual eligible *Medicare Assured*[®] members shall not be held liable for Medicare Parts A and B cost-sharing. Upon receipt of payment from Gateway Health Plan *Medicare Assured*SM providers will bill the appropriate State source.

In the event a Gateway Health Plan *Medicare Assured*SM member is ineligible for Medicaid on the applicable date of service, providers will accept Gateway’s *Medicare Assured*[®] plan payment as payment in full.

Do Gateway Health Plan *Medicare Assured*SM members have to use “plan” providers?

Members of Gateway Health Plan *Medicare Assured*SM, with a few exceptions, must use plan providers to get covered services. At the time of enrollment members must choose a Primary Care Physician (PCP) to provide basic medical care and coordinate the covered services received outside of the PCP’s office.

Are referrals required for services outside of the PCP’s office? Services outside of the PCP’s office should be arranged or coordinated by the member’s PCP. PCPs are not required to use a specific Referral Form for submission to the specialist or Gateway. Certain types of covered services or supplies require prior-authorization. Prior-authorization is required for any services to a “non-plan” specialist. Refer to the Authorization Quick Reference Guide that is included for more information on which services require an authorization.

Self-Referred Services

Members may refer themselves for the following types of care:

- Routine Women’s Health Care
- Pap Smears
- Pelvic Exams
- Mammograms
- Flu Shots
- Pneumonia Vaccinations
- Specialists Visits
- Prostate Screening
- Colorectal Screening
- Bone Mass Measurements
(Bone densitometry requires authorization by NIA)
- Diabetes Monitoring Training
- Vision Exams
- Hearing Exams

Claims Submission Guidelines:

- Timely filing criteria for initial bills is 365 days from the date of service.
- Corrected claims or requests for review are considered if information is received within the 120-day follow-up period from the date of the remittance advice.
- Practitioners must bill within 365 days from the date of an Explanation of Benefits (EOB) from the primary carrier when Gateway is secondary.
- Correct/Current practitioner information, including NPI Number on electronic claims.
- Correct/Current member information, including Gateway Member ID Number, must be entered on all claims.
- Gateway accepts electronic claims through Emdeon and RelayHealth. To submit claims to Gateway, please refer to the following grid for Emdeon Payer IDs and RelayHealth CPIDs:

CPID	PAYER NAME	PAYER ID	CLAIM TYPE
2298	Gateway Health Plan® - PA <i>Medicare Assured</i> [®]	60550	Professional
2912	Gateway Health Plan® - PA <i>Medicare Assured</i> [®]	60550	Institutional
4741	Gateway Health Plan® - <i>Medicare Assured</i> [®] of Ohio, Inc.	91741	Professional
5905	Gateway Health Plan® - <i>Medicare Assured</i> [®] of Ohio, Inc.	91741	Institutional

- All of a patient’s applicable diagnosis codes that support their Hierarchical Condition Category (HCC) must be reported at least once per year to CMS. CMS guidelines state that “Physicians should code all documented conditions that co-exist at the time of the encounter/visit, and require or affect patient care treatment or management.”

Gateway Health Plan *Medicare Assured*SM AUTHORIZATION QUICK REFERENCE GUIDE

	Gateway AUTH	NIA AUTH	CBHNP AUTH
AMBULANCE	X (Non emergent only)		
AMBULATORY SURGICAL SERVICES			
• If services provided in ambulatory surgery center	X		
• No auth required for lab services provided in an ASC lab			
BONE DENSITOMETRY (Bone Mass Measurement)		X	
CT SCANS		X	
CHIROPRACTIC SERVICES	X		
DME (Medical Supplies, Prosthetics, and Orthotics)			
• Items paid at \$500 and over \$500	X		
ELECTIVE ADMISSIONS (Medical and Behavioral Health)	X		X (BH Admissions)
HOME HEALTH VISITS	X		
HOME INFUSION (*Gateway Pharmacy Authorization May Be Required)	X*		
INPATIENT ACUTE CARE (Including transplants and medical detox)	X		
INPATIENT PSYCHIATRIC OR MENTAL HEALTH CARE			X
INPATIENT MEDICAL REHAB	X		
INPATIENT REHAB SUBSTANCE ABUSE CARE			X
LONG TERM ACUTE CARE (LTAC) HOSPITAL	X		
MRI/MRA		X	
NON-PAR PROVIDERS	X		X (BH Services)
NUCLEAR CARDIOLOGY		X	
OUTPATIENT HOSPITAL SHORT PROCEDURE (SPU) Services performed in a cardiac lab or GI lab do not require an authorization.	X		
OUTPATIENT PSYCHIATRIC PARTIAL HOSPITALIZATION			X
OUTPATIENT PSYCH/NEUROPSYCH TESTING			X
OUTPATIENT ECT TREATMENT			X
OUTPATIENT THERAPY (Physical, Speech & Language, Occupational, Cardiac)	X		
PET SCANS		X	
SKILLED NURSING FACILITY (SNF) CARE	X		

- **Authorizations are the responsibility of the ordering provider.**
- **Please contact Provider Services at 1-800-685-5205 for further explanation of what services require an authorization.**
- **NIA can be reached for authorization at 1-888-879-5922.**
- **CBHNP can be reached for authorization at 1-866-755-7299 in Pennsylvania or 1-866-341-7022 in Ohio.**

Note: Gateway's dual eligible *Medicare Assured*[®] members shall not be held liable for Medicare Parts A and B cost-sharing. Upon receipt of payment from Gateway Health Plan *Medicare Assured*SM providers will bill the appropriate State source.

In the event a Gateway Health Plan *Medicare Assured*SM member is ineligible for Medicaid on the applicable date of service, providers will accept Gateway's *Medicare Assured*[®] plan payment as payment in full.

Member Eligibility

- Newly enrolled members receive an Evidence of Coverage (EOC) and Gateway Health Plan *Medicare Assured*SM Identification Card. The card itself does NOT guarantee that a person is currently enrolled in the Gateway Health Plan *Medicare Assured*SM plan.
- Because of possible changes in a member's eligibility, each participating provider is responsible for verifying a member's eligibility with Gateway **before** providing services. This can be done by reviewing monthly panel reports or calling Gateway's telephonic eligibility system (DIVA), please dial 1-800-642-3515 and follow the prompts (also listed below).

PRESS 1 If calling for a member who resides in Pennsylvania

PRESS 2 If calling for a member who resides in Ohio

PRESS 1 To verify eligibility

Member Identification Number?

PRESS 1 To verify eligibility using the patient's social security number, when prompted enter the patient's 9-digit social security number

PRESS 2 To verify eligibility using the patient's Gateway member identification number, when prompted enter the patient's 8-digit Gateway Health Plan *Medicare Assured*SM identification number

PRESS 3 To verify eligibility using the patient's Medical Assistance recipient identification number, when prompted enter the patient's Medical Assistance recipient number (Note: This option can not be used for Gateway Health Plan *Medicare Assured*SM members.)

PRESS 4 To verify eligibility using the patient's Medicare Health Insurance Claim (HIC) number, when prompted enter the patient's HIC number, followed by the # sign.

PRESS 0 To speak to a Provider Services Representative

PRESS 9 To repeat the menu

Verification of Date?

PRESS 1 To verify whether the patient is eligible TODAY

PRESS 2 To verify whether the patient is eligible on a specific date (enter date)

PRESS 9 To listen to the instructions again

PRESS 0 To speak to a Provider Services Representative

Additional Instructions:

PRESS 1 To receive additional information about the patient/member

PRESS 2 To receive the patient's Primary Care Practitioner name and telephone number

PRESS 3 To fax information regarding the patient whose eligibility is being verified

PRESS 4 To verify eligibility for another patient/member

PRESS 5 To exit

PRESS 0 To speak to a Provider Services Representative



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PR-001-0109-MC

