

GATEWAY AT A GLANCE!

For Providers



GATEWAY HEALTH PLAN®

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



YOUR PROVIDER NUMBERS:

Group Provider Number (used for referrals): _____

Individual Provider Numbers (used for billing):

Practitioner: _____ **Provider Number :** _____

Practitioner: _____ **Provider Number :** _____

Practitioner: _____ **Provider Number :** _____

Gateway Health Plan® Important Phone Numbers

Call to Inquire About:

Provider Services	Claims Inquiry/Supplies	1-800-392-1145	M-F 8:30am to 4:30pm
Medical Management	Authorization • DME, therapy, or chiropractic services • Inpatient admissions, concurrent review, home health updates or IV infusion, outpatient surgeries or authorizations	1-800-392-1146 Press Option 3 Press Option 4	M-F 8:30am-4:30pm (Calls received during non-business hours are referred to 1-800-392-1147)
Member Eligibility and DIVA Phone Line	Member Eligibility/Generate and Retrieve Referrals	1-800-642-3515	24 hours a day, 7 days a week
Pharmacy	Request Non-Formulary Drug and Prior Authorization	1-800-528-6738 FAX: 412-255-4544 OR 1-888-245-2049	M-F 8:30am-4:30pm
Care Management	Care Management Maternity Congestive Heart Failure Asthma Diabetes (HMC) Preventive Health Services	1-800-642-3550; Option 1 1-800-642-3550; Option 2 1-800-642-3550; Option 3 1-800-642-3550; Option 3 1-866-366-9415 1-800-642-3550; Option 4 FAX: 412-255-4500 OR 1-888-225-2360	M-F 8:30am-4:30pm
Member Services	Member Complaints/Inquiries	1-800-392-1147	M-F 8:00 am – 6:00pm

Additional Helpful Telephone Numbers:

Adagio (formerly Family Health Council)	Authorizations for Family Planning Services	1-800-532-9465
National Imaging Associates (NIA)	Authorizations for CT, MRI/MRA, Nuclear Cardiology, Bone Densitometry, and PET Scans	1-888-879-5922
ACS/Concera (formerly Benova)	Third-party administrator of enrollment process for MA recipients	Voluntary Counties 1-800-485-5998 HealthChoices Counties 1-800-440-3989
Community Care Behavioral Health	Mental Health and Substance Abuse Services for members who reside in Allegheny, Adams, Berks, Bradford, Clarion, Columbia, Jefferson, Lackawanna, Luzerne, Montour, Northumberland, Schuylkill, Snyder, Susquehanna, Sullivan, Tioga, Union, Warren, Wayne, Wyoming, and York.	1-800-553-7499
Value Behavioral Health	Mental Health and Substance Abuse Services for members who reside in Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland Counties	1-877-615-8503
Community Behavioral Healthcare Network of Pennsylvania	Mental Health and Substance Abuse Services for members who reside in Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties	1-888-722-8646
Magellan Behavioral Health Care of Pennsylvania	Mental Health and Substance Abuse Services for members who reside in Lehigh and Northampton counties.	1-866-238-2311
TTY/TDD	Assistance with hearing impaired	1-800-654-5988 M-F 8:00 am – 6:00pm

*For Counties not listed above, please refer to the Quick Reference section of the Provider Office Policy and Procedure Manual for additional phone numbers

Claims and Referral Forms Mailing: Gateway Health Plan® Claims Processing P.O. Box 11-718 Albany, NY 12211-0718	All other correspondence: Gateway Health Plan® US Steel Tower, Floor 41 600 Grant Street Pittsburgh, PA 15219-2704	Correspondence Type Claims Reviews Provider Appeals Practice Change Information	Attention: Claims Review Dept. Appeals Department Provider Relations
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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.

TO VERIFY OR REVIEW A REFERRAL

To verify or review a Referral?

PRESS 3 To **review** an existing referral

Provider Type?

PRESS 1 If you wish to enter a PCP ID Number

PRESS 2 If you wish to enter a Specialist/Hospital ID Number

Provider Number?

Enter your group provider identification number

Member ID Number?

Enter the member's 8-digit Gateway ID number (as it appears on the member's ID card)

(pause) Referral Information

If there is a match, the following information will be provided:

- PCP ID Number
- Referral Case Number
- Expiration Date
- Member ID Number
- Effective date
- Number of Visits Approved
- Specialist/Hospital ID Number

Playback Options

PRESS 1 To play the referral information again

PRESS 2 To check for subsequent referrals

PRESS 3 To check for referrals using the same PCP

PRESS 4 To check for referrals using a different PCP or Specialist

PRESS 5 To fax a list of reviewed referrals (see options below)

PRESS 6 To return to the main menu

PRESS 7 To exit

PRESS 9 To hear this menu again

PRESS 0 To speak with a Provider Services Representative

If you chose 5:

PRESS 1 To send a fax to the PCP only

PRESS 2 To send a fax to the specialist/hospital only

PRESS 3 To send a fax to both the PCP and the specialist/hospital

PRESS 4 To return to the main menu WITHOUT sending the fax

PRESS 9 To hear this menu again

PRESS # To return to the previous menu

If you chose 1, 2 or 3:

To send a fax, choose one of the following options:

PRESS 1 To use the fax number stored in the database

PRESS 2 To enter a fax number (allows you to enter any fax number)

PRESS # To return to the previous menu

Note: DIVA is only for referrals from PCPs to specialists and hospitals and for referrals from OB/GYNs to hospitals. Authorization is still required for certain services. Specialists and hospitals may only review referrals.

Claims Submission Guidelines

- Timely filing criteria for initial bills is 180-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 60 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
8472	Gateway Health Plan® - Medicaid PA	25169	Professional
4569	Gateway Health Plan® - Medicaid PA	25169	Institutional

Member Eligibility

- Newly enrolled members receive a Member Handbook and Gateway Identification Card. The card itself does NOT guarantee that a person is currently enrolled in Gateway.
- 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 Eligibility line (DIVA) at 1-800-642-3515. This is important because members have the ability to change plans every 30 days.

Self-Referred Services

Members may refer themselves for the following types of care:

- Routine Dental
- Emergency Services
- Routine Eye Examination
- Family Planning
- Mental Health/Substance Abuse
- OB/GYN Services
- Chiropractic Services
- Mammograms

Gateway Health Plan® Quick Reference Guide

AUTHORIZATIONS VS. REFERRALS

This listing of procedures should not be considered all inclusive.

	REFERRAL	GATEWAY AUTH	NIA AUTH	SCRIPT
ALLERGY VISITS	X			
ANGIOGRAMS	X			
BONE DENSITOMETRY			X	
BONE SCAN	X			
CT SCANS			X	
CHEMOTHERAPY (Hospital Setting Only)	X			
CHIROPRACTIC SERVICES		X		
DIALYSIS	X			
DME				
Covered items under \$500 (purchase or rental) & Items on Medical Assistance fee schedule				X
Items over \$500.00		X		
Items not on Medical Assistance fee schedule		X		
ELECTIVE ADMISSIONS		X		
ENDOSCOPIES	X			
FETAL NON-STRESS TESTS				X
HEARING AIDS & EAR MOLDS				
Members under 21		X		
HEART CATHETERIZATIONS (Performed in Lab)	X			
HOME HEALTH VISITS/HOSPICE		X		
INPATIENT REHAB		X		
IV THERAPY				
In-Home		X-See notes to left		
PLEASE NOTE: Drugs authorized by Gateway's Pharmacy Department; Nursing, Supplies and Enteral Products received in the home setting must be authorized by Gateway's UM Department				
OP Hospital	X			
Dr's office *		X-See notes to left		
PLEASE NOTE: Must be authorized by Gateway's Pharmacy Department				
Remicade		X-See notes to left		
PLEASE NOTE: Must be authorized by Gateway's Pharmacy Department				
LABORATORY TESTING				
Member's Designated Laboratory				X
Non-Designated Laboratory	X			
MAMMOGRAMS (all types)				X
MRI/MRA			X	
NERVE CONDUCTION TESTING	X			
Referral to the facility only is required				
NON-PAR PROVIDERS		X		
NUCLEAR CARDIOLOGY			X	
PAIN MANAGEMENT				
If services provided in Physician office or as an Outpatient	X			
Consult to Pain Clinic	X			
PET SCANS			X	
RADIATION				
Radiation Therapy	X			
Radiology Services-Standard Plain Film				X
Radiology Services-Invasive Radiology and Nuclear Medicine	X			
RESPIRATORY THERAPY SERVICES				
Arterial Blood Gases	X			
Pulmonary Function Test	X			
Pulse Oximetry	X			
SKILLED NURSING FACILITY		X		
SLEEP STUDY	X			
ALL SPU &/or SURGICAL Services except those listed below				X
Bariatric Surgery/Stapling		X		
Breast Reduction		X		
Carpal Tunnel Surgery		X		
Hysterectomy		X		
Panniculectomy		X		
Removal of Breast Implant		X		
Rhinoplasty		X		
Spinal Neuro Stimulator Services		X		
TMJ Surgery		X		
Varicose Vein		X		
If service is provided in a Lab or OP Facility				X
THERAPY SERVICES				
Occupational		X		
Physical		X		
Speech		X		
ULTRASOUND				
Ultrasound for OB/GYN Services				X
All Other Ultrasound Services	X			

- Services that require a referral and are performed in a hospital setting only require a referral written to the hospital provider number. Authorizations are the responsibility of the ordering provider.
- Reimbursement for services requires that they are billed with valid covered codes included on Gateway's fee schedules.
- Please contact Provider Services at 1-800-392-1145 for further explanation of what services require a referral or authorization.

DIVA – Telephone Eligibility & Referral System

If you are a PCP or OB/GYN and wish to issue a referral, begin by calling the DIVA Eligibility & Referral System at 1-800-642-3515. Simply follow the prompts or refer to the quick reference guide below.

(Paper referrals must be issued to the Geisinger and Milton S. Hershey Health Systems)

To speak with a Provider Services Representative during business hours, you may Press 0, then # at any time.

PRESS 1 For members residing in Pennsylvania

TO VERIFY ELIGIBILITY

Verify Eligibility?

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, then press the # key

PRESS 2 To verify eligibility using the patient's Gateway member identification number, when prompted enter the patient's Gateway identification number, then press the # key

PRESS 3 To verify eligibility using the patient's recipient identification number, when prompted enter the patient's recipient identification number, then press the # key

PRESS 4 To verify eligibility using the patient's Health Insurance Claim number, when prompted enter the patient's Health Insurance Claim number, then press the # key *(For letters press the corresponding key on your touchtone phone. For example: To enter an A, B, or C, press the 2 key. For Q, press the 7 key. For Z, press the 9 key.)*

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 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 6 To return to the previous menu

PRESS 9 To listen to the instructions again

PRESS 0 To speak to a Provider Services Representative

TO ENTER A REFERRAL TO A SPECIALIST OR HOSPITAL

Enter a Referral?

PRESS 2 To enter a new referral

Provider Identification Number?

Enter your group provider number

Member Identification Number?

Enter the member's ID number (as it appears on the member's ID card)

Specialist/Hospital Provider Identification Number?

Enter the group provider number of the specialist/hospital to which you wish to refer the member. Finish by pressing the # key.

(pause) Verification of Identification Numbers

Type of Referral

PRESS 1 To enter a general referral for three visits within the next 90 days

PRESS 2 To enter a referral for allergy or pain management services for nine visits within the next 90 days

PRESS 3 To enter a referral for dialysis, chemotherapy or radiation therapy for 90 visits within the next 90 days

*PLEASE NOTE: Please enter the beginning date for the referral. Referrals can be back-dated seven calendar days. Enter the two digit month, the two digit day, and the four digit year. Press 1 if the repeated date is correct. Press 2 if the repeated date is incorrect. Press the * key to begin again.*

Save Referral?

PRESS 1 To save the referral (wait for referral ID number)

PRESS 2 To discard the referral

Additional Instructions:

PRESS 1 To repeat the referral number

PRESS 2 To enter a new referral for the same PCP

PRESS 3 To enter a new referral for a different PCP

PRESS 4 To fax a referral (see options below)

PRESS 5 To return to the main menu

PRESS 6 If you are finished

PRESS 9 To hear this menu again

PRESS 0 To be connected to a Provider Services Representative

If you chose 4:

To fax a referral, choose one of the following options:

PRESS 1 To send a fax to the PCP only

PRESS 2 To send a fax to the specialist/hospital only

PRESS 3 To send a fax to both the PCP and the specialist/hospital

PRESS 4 To return to the main menu

PRESS 9 To hear this menu again

If you chose 1, 2 or 3:

To send a fax, choose one of the following options:

PRESS 1 To use the fax number stored in the database

PRESS 2 To enter an override fax number (allows you to enter any fax number)



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