Ascension Personalized Care

What doctors need to be aware of with an Exclusive Provider Organization (EPO)

Ascension Personalized Care (APC) is an Exclusive Provider Organization (EPO) that offers individual marketplace health plans in Michigan, Indiana and Kansas. Often called a narrow network, an EPO has an exclusive network of doctors and specialists. Since coverage is only limited to network doctors, an EPO allows patients to visit any doctor in their network without a referral from their PCP.

Please remember when referring APC patients to a specialist, members need to stay within the plan's network in order to be covered. If patients are treated by an out-of-network doctor, they will be responsible for the full amount of the service.

Our navigators are here to help

APC provides tools and support you need to deliver quality care. One of the ways we do this is by providing you with Affordable Care Act navigators (individuals who are assigned to practices by region and are available to answer any questions you may have). They are also available for APC onboarding and training, in person or virtually. We currently have four navigators who serve our markets in Indiana, Kansas and Michigan:

- Michigan (Genesee, Saginaw, Kalamazoo, Lapeer, and Losco counties): robin.kanemostyn@ascension.org
- Michigan (Wayne, Oakland, Macomb, Livingston, and St. Clair counties): arlene.bell@ascension.org
- Indiana: theodore.horton@ascension.org
- Kansas: katherine.gann@ascension.org

How to file a claim with APC for professional services

APC doctors should submit all professional services claims **electronically** to the EDI clearinghouse Change Healthcare under Payer ID 38259. Claims must be received by APC within 180 days from the date of service. Claims received outside of this timeframe will be denied for untimely submission.
To avoid rejected claims, please include the following information:
- Member ID number
- Patient's name
- Patient's birthdate and sex
- Insured's group number

- Indication of auto/employment/emergency-related condition (when applicable)
- Pre-certification number-include referral or precertification when applicable
- Name of referring doctor. If the patient self-referred, type "self"
- Diagnosis code (ICD-10)
- Date of service
- Procedure code (CPT or HCPCS when applicable, with appropriate modifiers)
- Billed charges
- Number of units
- Total charges
- Provider Tax ID Number
- Provider NPI Number
- Provider's billing address and phone number

Please note: APC will return claims missing any of the above information to the doctor for completion.

## Registering on the clinician portal is fast and easy

As an APC doctor, there are many benefits to being a part of our network. One of them is having access to our clinician portal. Registering on the portal is easy. If you are a contracted APC doctor, you can go to ascensionpersonalizedcare.com/clinicians and click "log-in." If you are new to the web portal, you will be asked to complete and return a form via email to ABS support in order to gain access to this secure website. If you are a non-contracted doctor, you will be able to register after you submit your first claim.

Once you create your account, you will gain access to a variety of resources. These include verifying member eligibility, viewing claims history and payment status, prior authorization status, managing claims and viewing patient lists.

## Reminder: The APC medical card and Cigna pharmacy card are different

APC members receive two member ID cards: An APC medical card and a Cigna pharmacy card.

The APC medical ID card needs to be presented by members any time they visit a doctor, hospital, virtual care or urgent care facility. This ID card includes their health plan information for doctors, as well as APC contact information. The front identifies their name, group number and member ID number. The back of the ID card has information that includes our customer service number, prior authorization information, member eligibility information for doctors and how to submit claims.
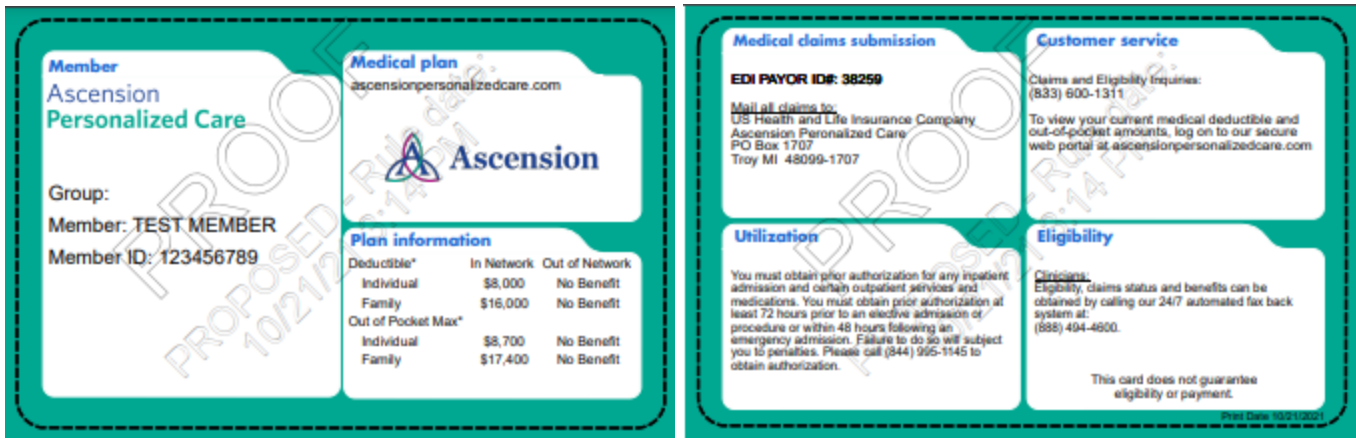
The Cigna pharmacy ID card is different from the medical card. This card must be used for coverage when filling prescriptions and can only be used for prescription benefits. Members can't use their APC medical ID card to fill a prescription.

Knowing the difference between the two insurance cards will help ensure the correct insurance card is billed for medical services and will hopefully prevent future errors.
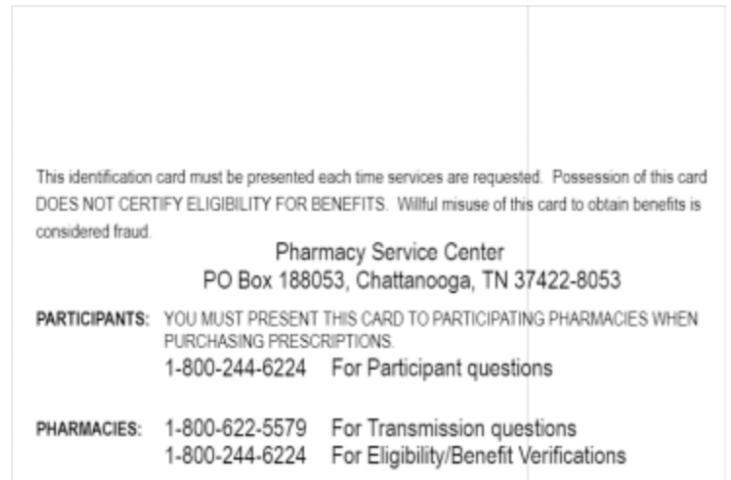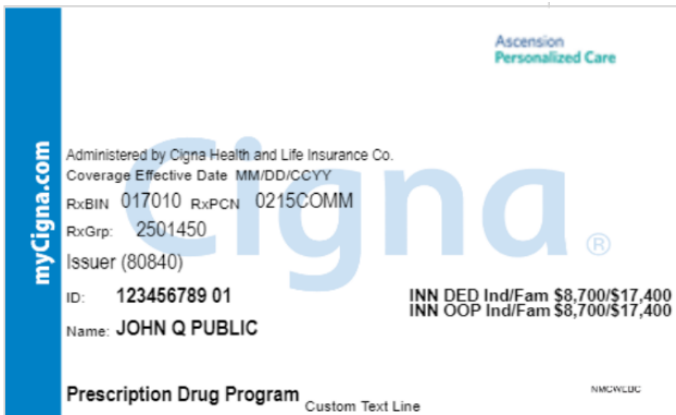
The importance of proper diagnostic coding in patient care

APC requires claims to be submitted using codes from the current version of ICD-10, ASA, DRG, CPT, HCPCS Level II and NDC for the date services are rendered. Doctors should, at all times, document and code according to CMS regulations and follow all applicable coding guidelines. Please make sure diagnostic codes are correct before submitting claims to APC.

Below are some code related reasons a claim may reject or deny:
- Code billed is missing, invalid, or deleted at the time of services

- Code is inappropriate for the age or sex of the member
- Diagnosis code is missing
- Procedure code is pointing to a diagnosis that is not appropriate to be billed as primary
- Code billed is inappropriate for the location or specialty billed
- Code billed is a part of a more comprehensive code billed on same date of service

Code all documented conditions that coexist at the time of the visit and require or affect patient treatment or management. Do not code conditions that were previously treated and no longer exist. However, history codes may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment. Being aware of the importance of proper diagnostic coding will help ensure APC members don't receive bills for medical services that were coded incorrectly.

Quick Reference Guide

Click here to view the Quick Reference Guide for clinicians about APC. The QRG includes information about benefits, what this means for doctors, how to log in to the clinician portal, submitting claims and who to contact.

Review claims on the ABS portal

Stay on top of claims information by accessing the ABS portal to:
- View claims history and payment status
- Verify eligibility
- Inquire on status of prior authorizations

Go to the ABS portal

When using the portal, you will be able to tell if a member is in the Ascension or APC group once you search under the "Eligibility, Claims, Auths" tab. You would use the "Eligibility" tab to search for a member using their SSN or alternate member ID. Once you hit the search button, a row will come up and it will include the name, date of birth, group, location, gender, status and effective date of the member. Under "Group" it will show "ASCENSION" or one of the following for APC: ACEXCHKS, ACEXCHMI, ACEXCHIN.

Credentialing process

The best way to ensure you are credentialed swiftly and without hassle is to make sure your CAQH information account is current, that you've re-attested in the past 180 days, and that you've listed Ascension Personalized Care as one of your authorized plans.

Please follow these short steps below:

1. Log into your CAQH account and ensure your application is complete, accurate, and current.
2. Re-attest to your application being complete and accurate.

3. Include Ascension Personalized Care as one of your authorized plans to which CAQH can release your Credentialing information

If these steps are followed, we'll expect to have you through our process and live in our network in 60 days. If your application is incomplete or out of date, you will receive requests from Aperture, our Credentials Verification Organization (CVO), asking you to follow these steps above. This may delay your network participation by as much as 30-60 days.

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