



**Mount
Sinai
Health
Partners**

2018 Quick Guide for Participating Providers in the Top Tier Network

**Mount Sinai Health System Employee Health Benefit Plans
Administered by Empire BlueCross BlueShield**

2018 Quick Guide for Participating Providers in the Top Tier Network

Member ID Cards for the four Mount Sinai Health System Employee Health Benefit Plans Administered by Empire BlueCross BlueShield



When Mount Sinai Health System employees and their family members choose Mount Sinai Health Partners' Top Tier Network providers for their care, they benefit from lower deductibles, coinsurance and copays.

Please see the table below for benefit information by health plan. Please be sure to check your patients' member ID card at every visit to confirm appropriate copay information.

Plan Tiers	Enhanced	Traditional	Choice	High Deductible Health Plan
Mount Sinai Top Tier				
Deductible (EE/Fam)	None	None	None	\$1,500/\$3,000
Coinsurance	None	None	None	None
PCP/Specialist/Dependent Child ¹	\$20/\$40/\$20	\$30/\$45/\$30	None	Deductible
Preventive Care/Screening/Immunizations	No Charge	No Charge	No Charge	No Charge
Hospital Copay ²	None	None	None	Deductible
Emergency Room Copay ³	\$150 (Waived if admitted)	\$150 (Waived if admitted)	\$150 (Waived if admitted)	Deductible
Out-of-Pocket Limits (EE/Fam) Including Deductible ^{4,5}	\$1,000/\$2,000	\$1,000/\$2,000	\$500/\$1,000	\$2,200/\$4,400
Urgent Care Co-Pay ⁵	\$50	\$50	\$50	Deductible

- ¹ There are separate copays for dependent children.
- ² Deductible and coinsurance applies in addition to the hospital copay.
- ³ Emergency cost share is same for all tiers (Top Tier; IN, OON).
- ⁴ Out-of-Pocket limit does not include balance billing amounts or spending for non-essential health benefits.
- ⁵ Prescription expenses count toward the OOP limits.

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Pre-Certification and Emergency Admissions

In order to avoid a reduction in your patients' benefits, please be sure to call the appropriate number before providing services requiring precertification and within 48 hours of an emergency admission.

Claims Submission

Providers submit all claims to your local Blue Cross and/or Blue Shield Plan; or if Medicare is primary submit Medicare claims to Medicare.

For services rendered in California, file medical claims to:

Claims

P.O. Box 60007, Los Angeles, CA 90060-0007

Members submit all claims to the address listed on the claim form.

Important Phone Numbers

Member Services: **1-800-952-7695**

Provider Services: **1-800-992-BLUE** (2583)

Behavioral Health Resource Center: **1-866-621-0554**

24/7 Nurseline: **1-877-825-5276**




Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Empire HealthChoice Assurance, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Availity's Web Portal Now Available for Empire Providers—Eligibility, Benefits, Claim Status




Your access to Empire eligibility, benefits and claim status inquiry is available only at Availity.com. Availity is your online source to access this valuable information.

Go to <https://www.availity.com/resources/support/provider-portal-registration> to register!




Enhanced Plan Sample ID Card

 An Aetna Company	
First Name Last Name	
Identification Number MOB12345678	
Group: 365346 EP3	Top Tier Copay: \$20/\$40
MOUNT SINAI HEALTH SYSTEM	Empire Copay: \$30/\$40
BS Plan 803 BC Plan 303	Top Tier Urgent Care: \$50
	Empire Tier Urgent Care: \$90
	ER Copay: \$150
	Dependent Child Copay: \$20
Empire POS 	
X32909160100001	




Traditional Plan Sample ID Card

 An Aetna Company	
First Name Last Name	
Identification Number MOB12345678	
Group: 265346 TP3	Top Tier Copay: \$30/\$45
MOUNT SINAI HEALTH SYSTEM	Empire Copay: \$50/\$70
BS Plan 803 BC Plan 303	Top Tier Urgent Care: \$50
	Empire Tier Urgent Care: \$70
	ER Copay: \$150
	Dependent Child Copay: \$25
Empire POS 	
X32973627100001	

Choice Plan Sample ID Card

 An Aetna Company	
First Name Last Name	
Identification Number MOB12345678	
Group: 265346 SE3	Top Tier Copay: \$0
MOUNT SINAI HEALTH SYSTEM	Empire Copay: \$50/\$70
BS Plan 803 BC Plan 303	Top Tier Urgent Care: \$0
	Empire Tier Urgent Care: \$70
	ER Copay: \$150
	Dependent Child Copay: \$25
Empire POS 	
X32952467500001	

HDHP Sample ID Card

 An Aetna Company	
First Name Last Name	
Identification Number MOB12345678	
Group: 265346 HS1	Top Tier Coinsurance: 0%
MOUNT SINAI HEALTH SYSTEM	Empire Coinsurance: 20%
BS Plan 803 BC Plan 303	
Empire POS 	
X32928342800001	

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Process to Enroll or Update Electronic Transactions

Type of Transaction	How to Enroll, Update, Change, or Cancel	For questions registration, contact the following to Resolve Issues
Electronic Funds Transfer (EFT) only	Use the CAQH Website: https://solutions.caqh.org	For EFT and EFT/ERA registration questions, please contact the CAQH Helpdesk: 888-599-1771 . If a provider is not receiving electronic payments, please confirm that their information is accurately reflected within CAQH and that it has been 30 days from successful EFT enrollment before contacting Anthem's provider customer service (# on back of Member's ID card)
Electronic Remittance Advice (ERA) only	Use the EDI Website: https://www11.anthem.com/edi/	If you are not receiving your electronic remittances, please confirm that it has been 30 days from successful ERA enrollment before contacting e-solutions at: E-Solutions.Registration@Wellpoint.com or 800-470-9630
EFT and ERA (both)	Use the CAQH Website: https://solutions.caqh.org	See appropriate contact information above.

• Note: If you are receiving payments without the accompanying EOB this is most likely because you are signed up for Electronic Remit Admittances and the paper remittance option has been turned off.

• If you would like to turn the paper remittance option back on please visit the following website & fill out the Provider Paper Suppression Form and choose the "Turn Paper On" option:
<https://anthem-int.columncloud.com/SR/paperSuppressionSR.jsp>

Additional Contact Information

To view the MSHS Employee Health Benefit Plan Top Tier provider directory, please visit **<https://toptier.mountsinai.org>**

For questions regarding network submissions, fee schedules, Top Tier participation or providers that are not displaying on Empire BCBS' directory, please contact MSHP via email at **MSHP@mountsinai.org** or call us at **877-234-6667**.