



Insurance Eligibility Procedure

Outlines the proper course of action for verifying eligibility of a patient's insurance

Medical

- The majority of Medical insurance plans can be verified by utilizing the electronic eligibility request feature that resides inside SuccessEHS.
- For those insurances that cannot be verified using the electronic eligibility request feature and/or if the electronic eligibility feature is not working appropriately, steps must be taken to verify active insurance by going to the payor website, if applicable.
- Unable to check in SuccessEHS
 - **M064** – KEYSTONE HEALTH PLAN EAST
 - **M096** – M-CALVO'S SELECTCARE HEALTH PLAN
 - **M087** – M-CENTRAL PA TEAMSTERS H&W FUND
 - **M075** – M-COMBINED INSURANCE
 - **M060** – M-COMMUNITY CARE BHO
 - **M077** – M-EASTERN ALLIANCE INSURANCE GROUP
 - **M094** – M-EMPLOYER PLAN SERVICES
 - **M062** – M-ERIE INSURANCE COMPANY
 - **M081** – M-GEICO INSURANCE
 - **M079** – M-GEISINGER INDEMNITY INSURANCE CO
 - **M019** – M-GROUP INSURANCE SERVICE CENTER
 - **M071** – M-HCC LIFE INSURANCE COMPANY
 - **M049** – M-HOP ADMINISTRATION UNIT
 - **M056** – M-KEYSOLUTIONS
 - **M069** – M-KEYSTONE FIRST
 - **M046** – M-NATIONWIDE INSURANCE
 - **M068** – M-NATIONWIDE SPECIALTY HEALTH
 - **M041** – M-OMAHA INSURANCE COMPANY
 - **M082** – M-PMA
 - **M085** – M-PROGRESSIVE INSURANCE CO
 - **M093** – M-RED ROCK MANAGEMENT SERVICES LLC
 - **M090** – M-SCHLUMBERGER INSURANCE
 - **M061** – M-STATE WORKER INSURANCE FUND
 - **M091** – M-STUDENT RESOURCES
 - **M050** – M-THE STATE INSURANCE
 - **M052** – M-TRISTAR BENEFITS ADMINISTRATOR
 - **M040** – M-UMR
 - **M054** – M-UNITED TEACHER ASSOCIATES INSURANCE CO
 - **M088** – M-UPMC WORK PARTNERS
 - **M066** – M-WIREROPE WORKS, INC. MED PLAN
 - **M073** – PAI ESSENTIAL STAFFCARE

Dental

- All Dental insurances must be verified by going to the payor website. Listed below is an outline of the insurance plans and the payor website that must be used in order to ensure accurate verification of active insurance coverage. If the insurance is not on the list outlined below, then you will utilize the patient/guarantor's word as verification of eligibility
- **D015** – D-AETNA BETTER HEALTH PA
 - <http://www.aetnabetterhealth.com>
 - **D040** – D-AMERIHEALTH CARITAS
 - <http://sciondental.com> Provider → Government Sponsored
 - **D002** – D-AMERIHEALTH NORTHEAST
 - <http://sciondental.com> Provider → Government Sponsored
 - **D047** – D-AVESIS-GHP FAMILY
 - <http://www.avesis.com>
 - **D063** – D-AVESIS-GHP FOR KIDS
 - <http://www.avesis.com>
 - **D006** – D-DELTA DENTAL OF PA
 - <http://www.deltadentalins.com>
 - **D059** – D-DENTAQUEST COMMERCIAL
 - <https://govservices.dentaquest.com>
 - **D069** – D-FEP BLUE DENTAL
 - <http://www.ucci.com>
 - **D07** – D-GEISINGER GOLD
 - <http://www.deltadentalins.com> (if noted on card)
 - **D010** – D-GUARDIAN DENTAL
 - <http://www.guardiananytime.com>
 - **D011** – D-MEDICAL ASSISTANCE
 - <https://promise.dpw.state.pa.us>
 - **D014** – D-UNITED CONCORDIA
 - <http://www.ucci.com>
 - **D054** – D-UNITED CONCORDIA CHIP
 - <http://www.ucci.com>

Username/Passwords

Website: _____

Username: _____

Password: _____

Website: _____

Username: _____

Password: _____

Website: _____

Username: _____

Password: _____

Website: _____

Username: _____

Password: _____

Website: _____

Username: _____

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Website: _____

Username: _____

Password: _____

Website: _____

Username: _____

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Website: _____

Username: _____

Password: _____

Website: _____

Username: _____

Password: _____

Insurance Cards

➤ GHP Kids

GEISINGER HEALTH PLAN
GHP Kids

HMO

PCP Copay \$5
Spec Copay \$10
ER Copay \$25
Rx Copay \$6/\$9
Rx Deductible \$0

ID # [REDACTED]
Medical Record # [REDACTED]
Primary Care: C2DP
SUSQ COMM HEALTH /DENTAL
Office #: 570/567-5400
Tel-A-Nurse #: 877-543-5061
Rx Grp: GHS01

www.GHPKids.com

BIN 003585 PCN ASPROD1
MedImpact

Please call GHP Kids toll free at 866-621-5235 or (570) 214-9138 for immediate assistance or if you have questions concerning your coverage. For prescription questions, call 800-988-4861 or 570-271-5673. For hearing-impaired users, please call the PA Relay at 711.

Here's how to obtain the following services:

- For Dental Services, visit us at www.GHPKids.com for a list of network dentists who participate with DentaQuest.
- Mental health & substance abuse: call 888-839-7972

General Information:
Geisinger Health Plan
500 N. Academy Avenue
Danville, PA 17822-3229
H-BQ
Benefit Code: HA3E25HXXV
Issue Date: 09/23/2015

Mail Medical Claims to:
Geisinger Health Plan
P.O. Box 8200
Danville, PA 17821-8200

Pharmacists call 1-800-788-2949 for pharmacy benefit information.
Mail Dental Claims to: DentaQuest-Claims, 12121 N. Corporate Parkway
Wauwatosa, WI 53092. For Dental benefit inquiries: Providers please call 1-800-341-8478

MultiPlan PHCS

➤ United Concordia CHIP

UNITED CONCORDIA
Insuring America's Dental Health

Cardholder's Name [REDACTED]
Identification Number [REDACTED]
Group Number [REDACTED]

DENTAL
Type Coverage

Visit our web site at www.ucci.com or contact Dental Customer Service toll free at 1-800-332-0366

Check if Child, CHIP

UNITED CONCORDIA
Insuring America's Dental Health

To the Cardholder: This is your United Concordia identification card identifying you as a subscriber and is valid as long as your coverage is in effect. If you or any eligible dependent(s) require services, present this card to the dental provider. For a complete list of covered services, please refer to your certificate/benefit booklet.

Important: When submitting a claim or calling Customer Service, please supply the Identification (ID) Number listed on the front of your card.

Submit all claims to: United Concordia Companies, Inc.
Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421

➤ Higmark/Blue Cross

HIGHMARK  **myBlue Care**

MEMBER IDENTIFICATION
[Redacted]

Group	[Redacted]	Medical Copays
Cov Eff Date	03-01-2016	Office Visit \$15
BC/BS Plan	363/865	Emergency Room \$150
RxGrp	HMRK001	
RxBIN	610014	

GOLD

PPO Rx

 **www.higmarkbcbs.com**

Providers: File medical claims to the local BC/BS plan.
Members: File claims to: **Medicare**

Claims:
P.O. Box 890118
Camp Hill, PA 17089-0118

Dental:
Dental Claims
P.O. Box 69444
Harrisburg, PA 17106

Vision:
Vision Claims
P.O. Box 1525
Latham, NY 12110

Customer Service 1-888-510-1084
TTY/TDD Service Dial 711
Nurse Line 1-888-BLUE-428
Call for Precertification:
Mental Health 1-888-510-1084
Substance Abuse 1-888-510-1084
Other Admissions 1-800-452-8507

Plans are offered by First Priority Life Insurance Company, a licensed affiliate of Highmark Blue Cross Blue Shield. Highmark Blue Cross Blue Shield and First Priority Life Insurance Company are independent licensees of the Blue Cross Blue Shield Association.

➤ First Priority Health for Kids

 **BlueCross BlueShield** **First Priority Health for Kids**

PCP Name
RALPH H KAISER MD
[Redacted]

Plan Code	364	PRIMARY COPAY \$5
Rx ID	[Redacted]	SPECIALTY COPAY \$10
Rx Group	BLPA01	EMERGENCY COPAY \$25
Rx PCN	A4	
Rx BIN	003858	

 **BlueCross BlueShield** **First Priority Health**

Visit **www.beneps.com** for online services and health-related information.

Service Representatives: 1-800-543-7191
TTY: 1-800-413-1112
Out-of-Area Care 1-800-310-BLUE (2583)
Pharmacy Benefits 1-877-693-8399
Vision Benefits 1-800-999-5431
24/7 Nurse Now 1-866-442-BLUE (2583)

Providers: All claims must be filed with your local Blue Cross or Blue Shield Plan.

BlueCard Eligibility 1-800-676-BLUE (2583)
Precertification 1-800-962-5353
Mental Health/Chemical Recovery 1-800-258-9808

First Priority Health
19 North Main St
Wilkes-Barre, PA 18711