

2009

**Patient Choice Quick Reference Guide**  
**Plan Administrator – UMR (formerly Fiserv Health)**

**Participating Plan Sponsors and Plan Year Dates**

**Care System Product**  
 Carlson Companies, Inc.  
 General Electric  
 GE Affiliate  
 Honeywell  
 MTS Systems Corporation\*

Park Nicollet Health Services  
 Ryder System, Inc.  
 Securian Financial Group (MN Life)

**Patient Choice Insights Product**  
 MTS Retirees\*  
 UMR\*

**Sioux Falls**

City of Sioux Falls  
 Minnehaha County

Home Federal Bank  
 Sioux Falls School District

**Help Lines**

(Must have member ID# to call help line)

UMR  
 Help Line: 1-877-390-7632 (BHCAG)  
 1-877-559-4833 (GE)  
 \*1-877-390-6008 (all other business)  
<https://fhs.umar.com/>

Pharmacy Benefit Manager (PBM)  
 PBM's are employer-specific for 2008

**Claim Submission**

Submit paper claims to:

UMR  
 Patient Choice Claims  
 P.O. Box 30541  
 Salt Lake City, UT 84130-0541

UMR does not require a provider number on their claims.  
 Use a UPIN when applicable.

Send EDI claims to: (*Payer ID 39026*)

1. ClaimLynx
2. Envoy/WebMD
3. McKesson / HBOC - Clearinghouse
4. Medifax
5. PerSE Technologies
6. ProxyMed – HCFA only – Clearinghouse

UMR EDI contact: Kris McKee 715-841-7523

**Network Management**

**Referrals –  
 Care System  
 Model ONLY**

Each Care System determines access to specialty services. Each Care System establishes its own access procedures for seeing specialty care providers. Please refer to your Care System listing in the Patient Choice Provider Directory for proper referral procedures.  
 Fax all referrals to 877-392-7711  
 Fax all predeterminations and prior authorizations to 715-841-3265

**Questions**

Providers with questions regarding the referral process, please call your Care System's central office. Members with questions regarding the referral process should call their Primary Care Clinic.

### Network Management (continued)

<b>Chiropractic</b>	<b>Landmark</b> 1-888-638-7719	<b>For Benefits:</b> Helpline: 1-877-390-7632 (BHCAG) 1-877-559-4833 (GE) 1-877-390-6008 (all other business)
<b>Transplant Network</b>	<b>LifeTrac</b> BHCAG	<b>URN</b> General Electric MTS Systems Corporation
<b>Medical Management</b>	<b>Case Management</b>  <b>Avidyn Health</b> 1-800-808-4424 – extension 7567	<b>Pre-determination</b> Helpline: 1-877-390-7632 (BHCAG) 1-877-559-4833 (GE) 1-877-390-6008 (all other business)



\*\*\* Due to 9/11, reinsurance requirements have elevated the importance of provider notification to Third Party Administrators of all potential catastrophic/high dollar claims >\$25,000.

### Patient Choice Employers - Alternative Member ID Numbers

Due to the recent escalation of concerns regarding identity theft, several Plan Sponsors (employers) in the Patient Choice program have elected to offer their members ID cards that carry an alternate ID number.

#### BHCAG Front of card

#### BHCAG Back of card

	BENEFITS ADMINISTERED BY 	PATIENT NAME/COVERAGE	CARE SYSTEM/PRIMARY CARE
NAME:			
ID:			
EMPLR:			
GROUP:			
OFFICE COPAY:		<b>CUSTOMER SERVICE:</b> <b>PROVIDERS - CALL 1(877) 233-1800</b> <b>MEMBERS - CALL 1(877) 390-7632</b>	Print Date


This card must be presented each time services are requested.

**MAIL ALL CLAIMS TO:** UMR  
PO BOX 30541  
SALT LAKE CITY UT 84130-0541  
EDI PAYER ID # 39026  
CUSTOMER SERVICE

1(877) 390-7632

**Notice to Providers, Physicians and Facilities:** You are required to call for all inpatient admissions.  
**Notice to Members:** You are required to call for any plan required certifications and any admission not directed by your care system physician.


For out of area participating PHCS providers when traveling contact PHCS, provider information line 1(800) 678-PHCS or www.umar.com






Patient Choice Web Site:  
Your source for the most up-to-date information  
[www.patientchoiceinsights.com](http://www.patientchoiceinsights.com)

#### Patient Choice Insights Front of card

#### Patient Choice Insights Back of card

P004	BENEFITS ADMINISTERED BY 	
PATIENT CHOICE		
NAME IDENTIFICATION EMPLOYER		PRINT DATE GROUP NBR LOCATION BILL DIV
Welcome to UMR! Enclosed is your new identification card(s). Please be sure to present your card to your health care provider to ensure your claims are mailed properly. Visit us at <a href="http://www.umar.com">www.umar.com</a> to access online claims, benefits, pharmacy, find a health care provider or research any health related topic of interest. Our customer service team is also available to assist you with your benefits or claims questions Monday through Friday by calling the toll free number listed on this card. We look forward to working with you to administer your health benefit plan!		

P004	BENEFITS ADMINISTERED BY 	
		
NAME:		
ID:		
GROUP:		
OFFICE CO-PAY:		
Convenience Care Copay: \$10 *No Co-pay for Well Baby & Preventive Care		<b>CUSTOMER SERVICE:</b> <b>PROVIDERS - CALL 1(877) 233-1800</b> <b>MEMBERS - CALL 1(877) 681-1622</b>
This card must be presented each time services are requested.		

**News alert!!** Patient Choice communications are available electronically. To receive future communications, please send your e-mail address and organization, via e-mail to [pcnews@pchealthcare.com](mailto:pcnews@pchealthcare.com)