

**SUMMARY:** VNSNY CHOICE has selected Triad to administer its chiropractic program for VNSNY CHOICE Medicare Preferred (HMO SNP), VNSNY CHOICE Total (HMO SNP), VNSNY CHOICE Medicare Enhanced (HMO) and VNSNY CHOICE Medicare Maximum (HMO SNP) beginning June 21, 2007. Triad will provide administrative services including; network contracting, credentialing, utilization management, peer to peer, claims payment and customer service for both members and providers. The program will allow VNSNY CHOICE members the opportunity to receive chiropractic services from a Triad participating provider.

**EFFECTIVE DATE:** June 21, 2007

**Which VNSNY CHOICE Members are included?** Only VNSNY CHOICE Medicare Preferred (HMO SNP), VNSNY CHOICE Total (HMO SNP), VNSNY CHOICE Medicare Enhanced (HMO), and VNSNY CHOICE Medicare Maximum (HMO SNP) members are included in this program.

**How do I verify patient eligibility?** Office staff may contact Triad at 1-800-409-9081 to verify member eligibility and inclusion in this program.

**Do Triad's programs require a PCP referral?** Triad's program does not require a PCP referral for Chiropractic care.

**How can I access Triad's Medical Policies?** All of Triad's medical policies are accessible on Triad's website (<http://www.com.com/providers/policies.aspx>). Changes to medical policy occur from time to time as new information and/or evidence becomes available. These changes are noted on the website and published thirty (30) days prior to implementation.

**What services do I need to report to Triad?** Similar to Triad's other programs, all chiropractic services must be reported utilizing the appropriate Care Plan (Initial or Extension of Care). Although this is a Medicare Advantage program Triad has worked with VNSNY CHOICE to offer additional services to include reimbursement for other medically necessary services within your scope of practice. Additional services allowed are based on the members plan type as well as medical necessity.

**When do I need to submit a care plan?** Initial Care Plans (ICP) must be submitted before the patient's second visit, or within fourteen (14) days of the initial visit, whichever occurs first. The initial care plan should include services provided during the initial visit, in addition to the services you are planning to render. You may elect to include additional information (i.e. SOAP notes) to Triad Healthcare Inc. for review.

**Where do I obtain Care Plan forms?** The Initial Care Plan and Extension of Care forms can be downloaded in pdf format from the **Forms & Instructions** section on Triad's provider web portal (<http://www.com.com/providers/forms.aspx>)

**How do I submit my Care Plan forms to Triad Healthcare Inc?** Care Plan Forms must be faxed to Triad at 866-225-1033. We are currently working on enhancements to our web portal to better service you. Please feel free to contact us with any suggestions you might have.

**Where do I submit claims?** Participating providers will need to submit all claims for dates of service June 21, 2007 forward for VNSNY CHOICE Medicare Preferred (HMO SNP), VNSNY CHOICE Total (HMO SNP), VNSNY CHOICE Medicare Enhanced (HMO), and VNSNY CHOICE Medicare Maximum (HMO SNP) members directly to Triad.

1. Paper claims can be submitted directly to Triad at: Triad Healthcare, Inc. Attn: Claims, 80 Spring Lane, Plainville, CT 06062

Electronic Submission – Triad Healthcare, Inc. has partnered with MD On-Line for electronic claim submission. Claims can be individually entered free of charge. To access this benefit, log on to <http://www.triadhealthcareinc.com/providers/onsolution.aspx> and click the “Submit” button. This will route you to MD On-Line’s portal for Triad Providers. Please include Triad’s address (see above) and electronic payer ID #39181.

**I am already contracted with an EDI vendor for claims submission. Can I continue to submit claims through my current vendor?** You will need to contact your current vendor to determine if they will continue to accept electronic claims and either route them to MD OnLine or convert them to paper in order to submit to Triad.

**How long do I have to submit a claim?** All claims must be submitted within 180 days from the date services are rendered.

**IMPORTANT INFORMATION REGARDING NON COVERED SERVICES:** IN THE EVENT THAT A MEMBER REQUIRES OR REQUESTS A SERVICE THAT IS NOT A CHIROPRACTIC COVERED SERVICE, THE IPA PROVIDER MUST INFORM THE MEMBER THAT THE MEMBER WILL BE PERSONALLY RESPONSIBLE FOR ALL FEES RELATED TO THE SERVICE AND THE ESTIMATED FEE FOR THE SERVICE, AND OBTAIN AN EXECUTED ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY FROM THE MEMBER OR THE MEMBER’S LEGAL REPRESENTATIVE. THESE STEPS MUST BE TAKEN TO BILL THE MEMBER AND COLLECT FOR SUCH SERVICES.

**APPEALS: The following process pertains to the VNSNY CHOICE / Triad contract only.**

For additional information about the appeal process, please refer to the denial letter.

**Administrative claim appeals should be sent to Triad**

Triad Healthcare, Inc.  
Appeals Department  
80 Spring Lane  
Plainville, CT 06062-0904

Fax: 860-793-3317

You may request another copy of the denial letter by calling Triad's Network Services Department 1-800-409-9081.

### **Utilization Management and Member Appeals**

VNSNY CHOICE Medicare  
Attn: Grievance and Appeals  
1250 Broadway  
3<sup>rd</sup> Floor  
New York, NY 10001

**How do I contract with Triad?** If you have not contracted with Triad, you may do so now by calling Triad Provider Service at 1-800-409-9081. All the necessary information will be provided to you at that time.

**If I have a change in business information (business name, address or Tax Identification Number) what do I need to do to get it updated with Triad?** If you have a business name change or address change, you will need to submit the changes in writing including the effective date of the change. Please fax all changes to 888-844-6645. If you have a Tax Identification Number (TIN) change, you will need to contact Triad's customer service to obtain the appropriate documentation for your TIN change.

**Who do I notify if I add a provider to my practice?** All providers that will be billing under your Tax Identification Number will need to become participating in the Triad network. Please contact Triad's customer service department to obtain an enrollment packet.

**Am I participating under all locations and Tax Identification Numbers?** Yes, under your contract with Triad Healthcare you are considered participating under all practice locations and Tax Identification Numbers that you submit on a claim.

**How can I provide feedback to Triad?** Complete a survey. To provide the highest quality of service and measure our effectiveness, we have made surveys available to our provider community. Periodically we will notify you of survey opportunities. Please take the time to complete these surveys as this is one of the ways Triad enhances its service to the provider community.

**How can I contact Triad?** If you would like to speak with someone at Triad, contact Triad's Call Center at 1-800-409-9081. A representative will answer your questions or schedule a call with a clinical coach. All providers are encouraged to speak directly to a clinical coach regarding clinical determinations for which there is a question or concern.