Managed Care/HMOs

Guide To Managed Health Care

More and more of our patients are covered by "managed care" health insurance. Managed care plans can usually be identified by the acronyms HMO, PPO, MCO, PHO, OHP and the like. Our physicians are increasingly being asked by insurance companies to see managed care patients. They are often asked to sign managed care insurance company contracts, to which we agree, in exchange for patients insured by the plan to be referred to us.

Most managed care plans have requirements for us to follow. Should we fail to follow those requirements, we can be prohibited from seeing patients covered by that plan. You, likewise, could incur increased health care costs—costs not covered by your insurance.

Managed care plans often have one or more of the following requirements:

1. We see only those patients with insurance referrals from a primary care physician (PCP);
2. There is a co-pay obligation by the patient, and;
3. Prior authorization and/or a second opinion are needed before surgery is performed.

There is a good chance that your insurance plan has one or more of these managed care requirements. If it does, we are obligated to follow them. These requirements may not always be pleasant or your medical treatment as timely as you would like, but they may be a part of your managed care program. Here are some common features of managed care plans:

**1. Prior Referral Before Treatment**

An increasing number of managed care plans require that you first obtain an insurance referral from your primary care physician (PCP) before being permitted to visit with us. These insurance referrals may take seven (7) days, or more, to obtain. Specialists who diagnose or treat managed care patients without prior referrals may not be reimbursed by the insurance plan for their services and risk being excluded from seeing plan patients at all. Patients who see specialists without insurance referrals risk being 100% responsible for the costs.

**2. Co-Payments**

Co-payments are the portion of the fee for services for which the member is responsible. Insurance companies believe that having the insured patient responsible for a portion of the total bill will affect the patient's decision to see a doctor. Our contracts with managed care companies place upon us a responsibility to collect the required co-payments.

**3. Prior Authorization**

Being insured under managed care creates the responsibility of obtaining authorization from the insurance company before surgery or hospitalization. We are willing to assist in obtaining the necessary authorization. In some cases, the managed care company requires the opinion of a second physician before surgery is authorized. Obtaining authorization, or arranging for a second opinion, may create lengthy delays.

**4. Third-Party Pay Responsibility**

The cost of medical care for some patients may be covered by some source other than their private insurance company. On-the-job injuries, and injuries received in a motor vehicle accident, are a couple examples. Despite third-party responsibility for the payment of medical expenses, we are still required by our managed care contracts to obtain the managed care referral for treatment and prior authorizations before services are performed. As such, patients still need to obtain this referral before being seen.

Medical Care Delivery is Changing

We are no longer able, in non-emergency situations, to schedule and treat patients as we used to do. Managed care insurance programs require all of us, patient and physician alike, to obtain referrals or permission before a patient can be treated. Please understand that we are trying to make the system work as it is designed. We are pleased to have you as a patient; however, before we can treat you it may be necessary to comply with the managed care guidelines of your insurance company.

Managed Care Plans

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| **PLAN** | **PRODUCT** |
| AetnaBeech StreetBlue Cross Blue Shield - HMO FloridaBlue Cross Blue Shield of FloridaCCN, First Health Network and CoventryCIGNA  | HMO/PPO/POS/EPOPPOHMOPPOPPO/EPOHMO/POS/PPO |
| First Health | PPO |
| Health NetworkHealthcare's Finest NetworkHFNHumana Health Care Plans | PPOPPOPPO/EPOPPO |
| MultiplanPPONextPreferred Network AccessPreferred Plan, Inter-plan Health Plan Group | PPOPPOPPOPPO |
| Private Healthcare SystemsThree River Provider NetworkUnitedHealthcare | PPOPPOHMO/PPO |

If you do not see your health plan listed above, please contact our office at 561-xxx-xxxx for further clarification.

Terms and Conditions

**USE OF SITE**

The use of this site is restricted to authorized individuals and is intended as an information resource only. Information made available to authorized individuals through this application remains the sole property of The Joint Preservation and Limb Reconstruction Center and should not be shared with individuals who are not authorized users of this section of our site. We reserve the right to deny access to this area of the site at any point in time.

**SECURITY**

We maintain JPLRC.com and all associated data with technical, administrative, and physical safeguards to protect against loss, unauthorized access, destruction, misuse, modification, and improper disclosure. However, no computer system or information can ever be fully protected against every possible hazard. The JPLRC is committed to providing reasonable and appropriate security controls to protect this Site and its information against foreseeable hazards.

Privacy Policy

We respect patient confidentiality and we are required by State and Federal legislature to maintain the privacy of your protected health information (PHI). Your health record contains PHI about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. The new notice will be effective for all PHI that we maintain at that time. Should our privacy notice change, we will post any revision below:

You may also receive a copy by [contacting any one of our offices](http://www.rushortho.com/locations.cfm) to have your copy mailed to you or you may request one at the time of your next appointment.

IME/Workers' Compensation Appointment Scheduling

The Joint Preservation and Limb Reconstruction Center (JPLRC) is pleased to offer the following expanded scheduling hours. The hours listed are for the SCHEDULING DEPARTMENT ONLY:

Monday - Thursday 7 a.m. to 7 p.m.
Friday 7 a.m. to 5 p.m.

Please direct calls for scheduling to 561-xxx-xxxx.

**Important News for our Joint Preservation and Limb Reconstruction Center Patients!**

I hope we have been providing all of you with the best possible level of service. If not, please let us know, and we'll keep striving to do the best that we can. We strive to keep our pricing as competitive and reasonable as possible.

Our standard fee is $1,000 for one joint/body part, and $500 for each additional joint/body part for all IMEs (independent medical examinations), Re-Evaluations, 2nd Opinions, and Evaluation Only appointments.

On behalf of JPLRC and all of our staff, I would like to thank you for your continued support. It has been our pleasure to serve you!

If you have any questions please feel free to contact Ms. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Thank You!

Sincerely,

Ms. \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ **- Appointment Supervisor**
Phone: 561-xxx-xxxx
Fax: 561-xxx-xxxx
Email: appointment@jplrc.com

**Ms. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ - Practice Coordinator**
Phone: 561-xxx-xxxx
Fax: 561-xxx-xxxx
Email: xyz123@jplrc.com

**Dr. Matthew Harris – Director**
Phone: 561-xxx-xxxx
Fax: 561-xxx-xxxx
Email: matt.harrismd@jplrc.com