



Chapter 1: Introduction to Health Choice Insurance Co.

Introduction

Thank you for choosing Health Choice Insurance Co. (Health Choice), a Qualified Health Plan in the Health Insurance Marketplace (Marketplace). This means Health Choice is offered through the Marketplace which was created by the Affordable Care Act (ACA), as administered by the Department of Health and Human Services of the U.S. Government (HHS). Health Choice is a wholly owned subsidiary of IASIS Healthcare. IASIS owns and operates 16 acute care hospitals and one behavioral health hospital throughout the U.S., including Arizona, Arkansas, Colorado, Louisiana, Texas and Utah.

Together we are highly motivated and compassionate people, using advanced systems and technology to become the healthcare provider of choice and to improve the quality of life for the individuals and communities we serve. Health Choice employees, physicians and volunteers share these guiding and enduring values:

- We care about people, treating our patients and each other with dignity, compassion, and respect.
- We act with honesty and integrity. We are accountable to one another and as an organization, to build and maintain trust.
- We encourage innovative thinking and leadership excellence, which promotes the advancement of quality and healthcare delivery.
- We preserve and strive constantly to become better.

Overview

This manual is designed to provide basic information about the administration of Health Choice and to furnish providers and their staff with information, covered services and claim/encounter submission requirements. This provider manual is an extension of the Health Choice contract executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth in this manual.

Health Choice Insurance Co. Network Management

Health Choice is responsible for coordinating covered services that are provided to members through a comprehensive provider network of Health Choice contracted physicians and facilities. The network consists of but is not limited to: primary care physicians, nurse practitioners, specialists, dentists, medical facilities, ancillary service providers, and pharmacy.

The Health Choice network has been strategically developed to include contracted health care providers, facilitating our ability to meet or exceed the minimum requirements ensuring member access to quality care and services through appointment availability and network adequacy by geographic service area. Our robust network includes a diverse selection of qualified primary care providers, specialists, hospitals, and ancillary providers who agree to accept and follow Health Choice managed care policies and procedures. Contacted healthcare providers are required to coordinate care



within the Health Choice provider network for all members. This standard of practice enables us to monitor, evaluate, and maintain our well-established network.

In the event of a referral(s) is needed outside of the contracted network, prior authorization is required. Questions concerning the Health Choice network should be directed to the attention of your Provider Performance Representative.

Our Provider Services Department is staffed with qualified, experienced professionals who are dedicated to developing partnerships with providers, and committed to providing personalized assistance such as staff orientation, education and training on claims or billing/coding issues, prior authorization requirements, and compliance matters. Our goal is to collaborate on innovative approaches to maximize effectiveness and efficiency, and identify resources to help reduce administrative burden.

Provider Performance Representatives are assigned by territory and/or service type. Please see www.healthchoicessential.com Exhibit 1 as a guide to contact your representative. Provider Performance Representatives are available to assist you with your questions or requests. Please do not hesitate to contact your Provider Performance Representatives whenever necessary.

Health Choice Insurance Co. Website

Health Choice encourages providers to utilize the information available on our website, www.healthchoicessential.com. Specifically designed to provide access to information and resources for locating health plan and provider-specific information.

Various forms are available online at www.healthchoicessential.com including but not limited to:

- Medical Services Prior Authorization Form
- Pharmacy Medication Prior Authorization Form
- EFT/ERA Request Form
- Case Management Referral Form
- Maternal Risk Assessment Form

Provider Directories are available upon request and available on the website at www.HealthChoiceEssential.com/MyProvider.

Covered Services

Health Choice provides medically necessary covered services specified which are mandated by federal and state law. Health Choice will pay for emergency services only when a member is traveling outside the service area and needs immediate medical care for emergencies as defined in the Evidence of Coverage. All other medical care must wait until the member returns to the service area.

Medical necessity may be determined through professional review for appropriateness of services provided in conjunction with established criteria related to severity of illness and intensity of services. Documentation submitted by providers is the key to the determination of medical necessity. Failure to



submit documentation that substantiates medical necessity may result in a denial of your request and/or claim.

Coverage of services is subject to Health Choice rules, policies, and requirements, including, but not limited to:

- Prior Authorization
- Concurrent review
- Claims review
- Post payment review
- Eligibility

This list is intended to provide basic information and is not intended to be an in depth description of benefits. Additionally, some services may require prior authorization. Refer to Chapter 6: Medical Authorizations and Referrals.

Health Choice wants members to receive the care they need by offering all Marketplace covered services.

Please refer to the Member Evidence of Coverage and Schedule of Benefits for a list of the covered, any applicable service limitations and non-covered service. The Evidence of Coverage and Schedule of Benefits can be found on the website under Covered Benefits.