

## Virginia Mason Insurance Grid

Insurance Company Name	FSC	Plan Names	May Patient Select or See a Virginia Mason (VM) Primary Care Provider (PCP)?	Does Patient need an insurance approved referral authorization for Specialty Services?	General Comments	Prior-Authorization required for advanced imaging (MRI/CT)?
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Accountable Health Network (AHN)  (Offered via Regence)	326	Evergreen/Virginia Mason Network: <ul style="list-style-type: none"> <li>• <b>Includes Bridgespan.</b></li> <li>• <b>May choose either a Virginia Mason, or, an EvergreenHealth PCP.</b></li> </ul>	Yes	*No	<p>Patients have the option to select either a Virginia Mason, or, EvergreenHealth primary care provider (PCP). Upon doing so, may be referred between Virginia Mason and EvergreenHealth with no prior approval. However, if the patient is needing care outside of either facility, an approved referral will be necessary. If receiving care outside of Virginia Mason or EvergreenHealth and a prior-approval is not obtained, the member/patient will incur a much greater out-of-pocket expense. As Virginia Mason will incur partial financial risk for the patient population selecting a Virginia Mason PCP, it is imperative that only services in which Virginia Mason cannot provide are referred externally.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>• Must select either a Virginia Mason or EvergreenHealth PCP</li> <li>• Must receive all possible care within either Virginia Mason or EvergreenHealth</li> <li>• If receiving care outside of Virginia Mason or EvergreenHealth, must have an approved referral. Only care not provided within either facility will be referred out.</li> <li>• If patient elects to self-refer they will have much greater out-of-pocket expenses.</li> </ul>	No
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Accountable Health Network (AHN)  (Offered via Regence)	<b>No FSC yet.</b>	Other Networks - University of Washington (UW), Multicare or Everett Clinic Networks:  <b>May choose either a UW, Multicare or Everett Clinic PCP.</b>	No	*No	<p><b>*Regence AHN members may also select other AHN's:</b> These other AHN's include University of Washington (UW), Multicare or Everett Clinic. If a UW, Multicare or Everett clinic PCP is selected, the member will be considered as out-of-network should they elect to receive care within Virginia Mason without an approved referral via either UW, Multicare or Everett Clinic.</p> <p><b>Key Points for other AHN's:</b></p> <ul style="list-style-type: none"> <li>• May select either a UW, Multicare or Everett Clinic PCP.</li> <li>• Virginia Mason and/or EvergreenHealth will be considered as out-of-network if a UW, Multicare or Everett Clinic PCP is selected.</li> <li>• If patient elects to self-refer they will have a much greater out-of-pocket expense.</li> </ul>	<b>Yes</b>
Aetna	<b>186</b>	HMO Plans: <ul style="list-style-type: none"> <li>• Aetna Select</li> <li>• Elect Choice EPO</li> <li>• Open Access</li> </ul>	Yes	*Yes	*Insurance approved specialty care referral is not required if patient has a VM PCP.	No
		POS Plans: <ul style="list-style-type: none"> <li>• QPOS</li> <li>• Managed Choice POS</li> <li>• Choice POS</li> </ul>	Yes	No		No

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		PPO Plans: <ul style="list-style-type: none"> <li>• Aetna ACO</li> <li>• Open Access Select, Elect and Managed Choice</li> <li>• Open Choice</li> </ul>	Yes	No		No
	<b>257</b>	<b>Medicare Advantage Programs:</b>				<b>Yes – authorization required for all services.</b>
		Aetna Medicare HMO	No	No		
		Aetna Medicare Open Access HMO	No	Yes		
		Aetna Medicare PPO	*Yes	No	<ul style="list-style-type: none"> <li>• *VM is not contracted, but will accept for established primary care patients.</li> <li>• If patient is non-established in primary care - accepting for specialty care referrals only.</li> </ul>	
Amerigroup	<b>230</b>	*Healthy Options (HMO)	No	Yes	<ul style="list-style-type: none"> <li>• *VM is non-contracted, but will accept approved referrals for specialty care.</li> <li>• Unless emergency, specialty referrals and hospital admissions MUST be authorized by Amerigroup.</li> <li>• If no authorization by Amerigroup, services will not be reimbursed.</li> <li>• Not accepting for psychiatry.</li> </ul>	<b>Yes – authorization required for all services.</b>

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Apple Health (formerly called Medicaid)	101	Apple Health	*Yes	No	<ul style="list-style-type: none"> <li>• *Accepting for established primary care patients.</li> <li>• *Not accepting <b>new</b> patients into primary care.</li> <li>• Not accepting <b>self-referrals</b> for new specialty care patients.</li> <li>• Not accepting for psychiatry. Refer to Community Health Centers.</li> </ul>	Yes
Asuris Northwest Health	21	PPO Network	*Yes	No	*Contracted via Regence	Yes
	311	Medicare PPO	*Yes	No		
Blue Cross/Blue Shield Out-of-State	255	PPO Network	Yes	No		Yes
	311	Medicare Advantage PPO	Yes	No		Yes
BridgeSpan (Via Cambia, parent company of Regence)	21	POS Exchange program	*Yes	No	*Not contracted if card does not indicate EHP/VM, but members may use out-of-network benefits.	Yes
		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Bronze</td> <td>Silver</td> <td>Gold</td> </tr> <tr> <td>Platinum</td> <td></td> <td></td> </tr> </table>				
Bronze	Silver	Gold				
Platinum						
Champus/ChampVA	800	*Federal Program	No	No	*Federal Program - ChampVA does not have a contracted provider network. However, VM is not currently working with this program.	No
CIGNA	233	PPO Network	Yes	No		No
		Managed Care (HMO)	Yes	*Yes	*Insurance approved specialty care referral is not required if patient has a VM PCP.	No – however if patient does not have a VM PCP, authorization required all services.

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Community Health Plans of Washington (CHPW)	230	*Healthy Options (HMO)	No	Yes	<ul style="list-style-type: none"> <li>• *VM is non-contracted, but will accept approved referrals for specialty care.</li> <li>• Unless emergency, specialty referrals and hospital admissions must be authorized by CHPW. <b>Note: A referral by the patients PCP is always required, however CHPW may now advise an approved CHPW referral is no longer required for consultations. If this is advised, please note the name of the person advising should an issue arise. CHPW approved referrals are always required for all services other than a consultation.</b></li> <li>• If no authorization by CHPW, services will not be reimbursed.</li> <li>• Not accepting for psychiatry.</li> </ul>	<b>Yes – authorization is required for ALL services</b>
	214	HealthEssentials PPO (Exchange Program) Bronze   Silver   Gold	*Yes	No	*HealthEssentials comes to VM via First Choice Health Network.	No due to FCHN Agreement.
	257	Community HealthFirst Medicare Advantage HMO	No	Yes		<b>Yes</b>
Confluence Health	323	Confluence Health	No	Yes	*Molina and Confluence Health - referral from patients PCP needed for initial consultation, but does not have to be approved by Confluence Health or Molina plan. However, services other than a consultation need prior approval.	<b>Yes</b>
	257	*Health Alliance Medicare HMO	No	*Yes	*Contracted through their partnership with Confluence Health. *Consultation referral needed from patients PCP, but does not have to be approved by plan. However, services other than a consultation may need plan prior approval.	<b>Yes</b>

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Coordinated Care Corporation (Centene)	230	*Healthy Options (HMO)	No	Yes	<ul style="list-style-type: none"> <li>• <b>*VM is non-contracted, but will accept approved referrals for specialty care.</b></li> <li>• Unless emergency, specialty referrals and hospital admissions must be authorized by Coordinated Care.</li> <li>• If no authorization by Coordinated Care, services will not be reimbursed.</li> <li>• Not accepting for psychiatry.</li> </ul>	<b>Yes – authorization is required for all services.</b>
	347	*Ambetter (HMO Exchange Program) Bronze   Silver   Gold	No	Yes	<ul style="list-style-type: none"> <li>• <b>*VM is non-contracted, but will accept approved referrals for specialty care.</b></li> <li>• Unless emergency, specialty referrals and hospital admissions MUST be authorized by Ambetter.</li> <li>• If no authorization by Ambetter, services will not be reimbursed.</li> </ul>	<b>Yes – authorization is required for all services.</b>
Coventry	215	PPO Network	Yes	No		<b>Yes</b>
*Crime Victims Fund	170	Crime Victims Compensation Program benefits.	Yes	No	*May apply if Patient sustain bodily injury or severe emotional stress resulting from a crime.	No
Edison Health	369	Spinal Services   Heart Services	No	*Yes	*Spinal and Heart services - a determination made by the Program Administrator that all benefit program conditions have been met for each Participant, procedure, and other care delivered prior or after the admission for a procedure.	
First Choice Health Network	214	PPO Network	Yes	No	<ul style="list-style-type: none"> <li>• Includes Beech Street who now owns PPONext.</li> </ul>	No
	349	VM Employee Plan	Yes	No		No
GreatWest Healthcare	233	PPO Network	Yes	No	Owned by CIGNA, but continues to operate separately.	No
Group Health Cooperative	117	Alliant Plus/Connect (POS) (May select a VM or GH PCP).	Yes	No	*Patient may incur higher out-of-pocket expenses if they have a GH PCP and have elected to self-refer to Virginia Mason.	No – however, if patient has a GH PCP and is self-

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						referring an authorized referral is required for all services.
		Alliant Select/Alliance (HMO) (May select a VM or GH PCP).	Yes	*Yes	*Insurance approved specialty care referral is not required if patient has a VM PCP and is receiving care within Virginia Mason.  *Insurance approved specialty care referral <b>IS required</b> if patient has a GH PCP and is receiving care within Virginia Mason.	No – however, if patient has a GH PCP an authorized referral is required for all services.
		Options POS (May select a VM or GH PCP).	*Yes	No	*Patient may incur higher out-of-pocket expenses if they have a GH PCP and have elected to self-refer to Virginia Mason.	No – however, if patient has a GH PCP and is self-referring an authorized referral is required for all services.
		Options PPO	*Yes	No	*Virginia Mason is available through our First Choice Health Network.	No
		Group Health Access PPO	*Yes	No	*Virginia Mason is available through our First Choice Health Network.	No

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		Group Health Core	No	Yes	*VM is non-contracted, but will accept approved referrals for specialty care.	Yes – authorization is required for all services.
		GHC Healthpays HSA Bronze (Core and Access PPO)	No	No	*Virginia Mason is available through our First Choice Health Network.	No – however, if patient has a GH PCP an authorized referral is required for all services.
		*Kaiser Permanente	No	Yes	*VM is non-contracted, but will accept approved referrals for specialty care.	Yes – authorization is required for all services.
		PEBB Classic and Value Plan (SoundChoice)	No	Yes	*VM is non-contracted, but will accept approved referrals for specialty care.	Yes – authorization is required for all services.
		PEBB HAS (Access PPO)	No	No	*Virginia Mason is available through our First Choice Health Network.	No – however, if patient has a GH PCP an authorized



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						referral is required for all services.				
	77	<b>Medicare Advantage Programs:</b>			*For all services unless a medical emergency.  *Note when reviewing website for eligibility – Group Health now only offers Medicare Advantage HMO – if “GH Employer” is indicated in the eligibility screen, Patient is HMO.	Yes – authorization is required for all services.				
		Clear Care Medicare (HMO), Vital, Essential, Optimal, Basic, Harbor, Haven, and Columbia	No	*Yes						
Health Design Plus (HDP)	319	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Spinal Services</td> <td style="width: 50%;">Heart Services</td> </tr> <tr> <td>Hip/Knee Services</td> <td></td> </tr> </table>	Spinal Services	Heart Services	Hip/Knee Services		No	*Yes	*Spinal and Heart services - a determination made by the Program Administrator that all benefit program conditions have been met for each Participant, procedure, and other care delivered prior or after the admission for a procedure.	Depends upon patient’s health insurance if not included in HDP care management authorizations
Spinal Services	Heart Services									
Hip/Knee Services										
Humana	289	PPO Network	Yes	No		No				
	257	<b>Medicare Advantage Programs:</b>								
		HumanaChoice (PPO)	Yes	No		No				

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		Humana Gold Plus (HMO)	No	Yes	*Contracted for specialty care referrals.	Yes – authorization is required for all services.
		Humana Gold Plus (HMO SNP)	No	Yes	*Contracted for specialty care referrals.	Yes – authorization is required for all services.
		Humana Community (HMO)	No	*Yes	*Contracted for hospital and specialty care effective 1.1.15.	Yes – authorization is required for all services.
		Humana Polyclinic	No	Yes	*Contracted for specialty care referrals.	Yes – authorization is required for all services.
		Humana Physicians Care Network (PCN)	No	*Yes	*Referrals are no longer required by PCN for consultation/office visits. However, if patient is in need of imaging, treatment or other additional services, an approved referral IS required.	Yes – authorization is required for all services.
Indian Health Services	43	HMO program listed by tribe	No	Yes		Yes – authorization is required for all services.

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Interplan Health Group	283	PPO Network	Yes	No		Yes
Labor and Industry (L&I)	61	Federal and State funded work Injury	Yes	*No	*Patient would need to apply for L&I via their employer. If L&I approves as work injury they will pay. If they do not, bills will go to patient's health insurance.	<b>Notification only</b>
LifeWise (Contracted via Premera)	96	LifeWise PPO	Yes	No		No
		LifeWise Essential (Exchange Program) – ID card indicates LifeWise Connect. Bronze   Silver   Gold	Yes	No		No
*Medicaid Out-of-State	103	DenaliCare (formerly Alaska Medicaid)	No	Yes	*Unless emergency, <b>ALL</b> out-of-state Medicaid (Alaska, Oregon, Montana, Colorado, Florida, Idaho, etc.) requires <b>approved prior authorization</b> via the respective out-of-state Medicaid program). If not prior approved, services will be denied.	Yes
	193	Out-of-State	No	Yes		
Medicare	87	Part A and B	Yes	No		No
	97	Part A only	N/A	No		No
	73	Part B only	Yes	No		No
	79	Railroad	Yes	No		No
*Medicare Advantage (in addition to others mentioned throughout this document)	257	<b>PPO</b> <ul style="list-style-type: none"> <li>• Columbia Community Care</li> <li>• Moda Health (formerly ODS)</li> <li>• MVP Care</li> <li>• New West Medicare</li> </ul>	*Yes	No	<ul style="list-style-type: none"> <li>• *VM is not contracted, but will accept for established primary care patients.</li> <li>• *If patient is non-established in primary care - accepting for specialty care referrals only.</li> </ul>	<b>Yes – depends upon payor.</b>

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(Medicare Advantage programs can be HMO, POS or PPO)		<ul style="list-style-type: none"> <li>• Sierra Health and Life Insurance Company (Sierra Optima Choice)</li> <li>• Today's Option PPO and PFFS (by Pyramid)</li> <li>• WellCare (Concert, Serenade, Sonata, Melody)</li> </ul>				
		<b>HMO</b> <ul style="list-style-type: none"> <li>• Amerigroup Amerivantage Classic (HMO)</li> <li>• Amerigroup Amerivantage Specialty (HMO SNP)</li> <li>• Highline Medical Services Organization (HMSO)</li> <li>• Molina Medicare Options</li> <li>• WindsorSterling Medicare Extra HMO and SNP</li> </ul>	No	Yes		<b>Yes – authorization is required for all services.</b>
Medicare Select	257	*Medicare Select Networks	No	Yes	<ul style="list-style-type: none"> <li>• *Not accepted (unless emergency). Persons under the select programs are required to use contracted hospitals.</li> <li>• VM is not a contracted hospital and as such cannot admit patient. As this is the case, VM is also not scheduling services under these programs.</li> </ul>	<b>Yes</b>

## Virginia Mason Insurance Grid

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Medigap Medicare Supplement Plans	387	*Plans identified as Medicare Supplement Programs.	Yes	No	*Always secondary to Medicare.	No
Molina Healthcare	230	*Healthy Options (HMO)	No	*Yes	<ul style="list-style-type: none"> <li>• *VM is not contracted.</li> <li>• Unless emergency, specialty referrals and hospital admissions MUST be authorized by Molina.</li> <li>• If no authorization by Molina, services will not be reimbursed.</li> <li>• Not accepting for psychiatry.</li> </ul>	Yes – authorization is required for all services.
	347	Molina Gold and Silver (HMO Exchange Programs).	No	Yes		
Multiplan	202	PPO Program	Yes	No		Yes
Premera Blue Cross	255	*Blue Cross/Blue Shield (BC/BS) Out-of-State	Yes	No	*The assigned alpha prefix identifies whether the services are billed under BC/BS.	Yes – depends upon payor.
	335	Premera PersonalCare Partner System – Virginia Mason  Includes primary care selection through <ul style="list-style-type: none"> <li>• Virginia Mason or</li> <li>• Edmonds Family Medicine</li> </ul>	Yes	*No	<p>*Patients covered under this program must receive services from primary care providers through Virginia Mason or Edmonds Family Medicine, and specialty providers through any of the participating organizations listed under Puget Sound High Value Network (PSHVN) unless services are for an emergency. Approved referrals are not required for care received within the network.</p> <p>If a patient covered under this plan is in need of a service that is not available through these participating organizations, they may also be referred to the Premera Heritage Signature/Heritage Prime network of providers. An approved referral is required if they are receiving services outside of their selected PersonalCare System and within the Premera Heritage Signature/Heritage Prime network. If patient receives care out-of-network, patient will have no benefits – claims will be denied.</p>	No

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		Premera PersonalCare Partner System: <ul style="list-style-type: none"> <li>• Non-Virginia Mason or Edmonds Family Medicine PCP.</li> </ul>	No	*Yes	If patient did not select the Virginia Mason (VM) PersonalCare Partner System and choose a VM or Edmonds Family Medicine PCP and receives care within VM without a referral waiver from their selected PersonalCare Partner System, the patient will be considered as out-of-network and services will not be covered. Patient would have full financial responsibility for serviced denied as out-of-network.	*Yes			
	259	Traditional Indemnity	Yes	No		No			
		*Premera Preferred (Exchange program) – ID card indicates Heritage Signature. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Bronze</td> <td>Silver</td> <td>Gold</td> </tr> </table>	Bronze	Silver	Gold	Yes	No	*Heritage Premier will be on the ID card.	No
Bronze	Silver	Gold							
		*Premera Medicare Supplement	Yes	No	*This is a Medigap plan, not the BC/BS Medicare Advantage program. Always secondary to Medicare.	No			
		All Dimensions Plans	Yes	No	*Including Heritage Networks and Lifewise.	No			
	257	<b>Medicare Advantage Plans:</b>							
		*Premera Medicare HMO	*Yes	*Yes	<ul style="list-style-type: none"> <li>• *Effective 2.1.15, VM is contracted.</li> <li>• *If patient does not have a VM PCP, under HMO, an approved referral is required for specialty care. Unless the patient is electing to utilize their POS benefits, if available.</li> </ul>	Yes - exemption does not yet apply to Premera's Medicare programs.			
		Premera Medicare Advantage Plus HMO/POS	*Yes	No					
*Private Healthcare Systems (PHCS)	267	PPO Network	Yes	No	*Owned by Multiplan, but operating as a separate organization at this time.	Yes			
Regence Blue Shield	21	*Boeing PPO	Yes	No	*Traditional medical plan administered via BC/BS of Illinois.	Yes			

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(Under the ownership of Cambia Health Solutions)		*Boeing Selections	Yes	No	*Traditional medical plan administered via BC/BS of Illinois.	Yes
		Boeing Preferred Partnership	No	Yes	This program is a narrow network program and Virginia Mason is not in the network. Unless emergency, Patients will need approved referrals for all services within Virginia Mason. If no approved patient is financially responsible for amounts not paid by insurance.	
		Healthcare Management Administrators	Yes	No		Yes
		King Care (KRC)	Yes	No		Yes
		PPO (non-Boeing)	Yes	No		Yes
		Regence Select Network (EPO)	Yes	No		Yes
		Selections POS (non-Boeing)	Yes	No		Yes
		*Medicare Supplement	Yes	No	*This is a Medigap plan, not the Regence Medicare Advantage program. Always secondary to Medicare.	No
		Innova and Engage	Yes	No		Yes
		224 Federal Employee Plan (FEP)	Yes	No		Yes
		255 *Blue Cross/Blue Shield (BC/BS) Out-of-State	Yes	No	*The assigned alpha prefix identifies whether the services are billed under BC/BS.	Yes – depends upon payor.
		257 <b>Medicare Advantage Plans:</b>				
		Regence BlueAdvantage Basic and Classic (HMO)	No	Yes		Yes
	311	Regence Medicare Advantage Basic and classic (PPO)	Yes	No		Yes

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SoundPath Health (formerly Puget Sound Health Partners)	257	HMO Alpine, Charter+, Peak+, Sound+  VM PCP	*Yes	No	*Contracted with SoundPath Health for primary and specialty care, effective January 1, 2015.	No
		Non-VM PCP	No	*Yes	*The referral for specialty care must be initiated by the patient's non-VM PCP, but is not required to be approved by Soundpath. The referring PCP name must be on the billed claim in order for Soundpath to recognize the patient was referred by their PCP.	<b>No – as long as referred by their PCP</b>
*TRICARE (UnitedHealthcare Military & Veterans)	47	TRICARE Prime (HMO)	No	*Yes	* <b>Non-contracted but will accept approved referrals for specialty care.</b> *Approved referrals are required for specialty care services provided within VM. TRICARE Prime will not usually approve referrals to VM specialty unless the service is not available within their contracted provider network.	<b>Yes – authorization is required for all services.</b>
		TRICARE Extra (POS)	Yes	No	* <b>Non-contracted but program is a POS so patient may self-refer to non-contracted providers. Patient may incur a greater out-of-pocket expense when self-referring.</b>	<b>Yes</b>
		TRICARE Standard (POS)	Yes	No	* <b>Non-contracted but program is a POS so patient may self-refer to non-contracted providers. Patient may incur a greater out-of-pocket expense when self-referring.</b>	<b>Yes</b>
		TRICARE For Life (secondary to Medicare)	Yes	No		No
TriWest	800	TriWest for Department of Veteran Affairs (VA)	No	*Yes	TriWest will provide inpatient and outpatient specialty care, and mental health care services when local VA medical centers cannot, either due to availability of resources or location of the patient. <b>VM is not contracted with TriWest but will accept their approved specialty care referrals.</b>	<b>Yes</b>
Uniform Medical Plan (UMP)	21	PPO Network	Yes	No	Administered by Regence.	<b>Yes</b>



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Uniform Medical Plan (UMP) Plus  FSC description is (RUM)	331	Puget Sound High Value Network (PSHVN)  PSHVN network includes: Edmonds Family Medicine, EvergreenHealth Partners, Lakeshore Clinic, MultiCare Connected Care, Overlake Medical Center, Seattle Children's	*Yes	*No	*Administered by Regence. <ul style="list-style-type: none"> <li>• PSHVN will be indicated at the top center of the patients ID card.</li> <li>• Patients selecting PSHVN may receive specialty care via any Virginia Mason and PSHVN providers without an approved referral.</li> <li>• If needing services not available within PSHVN, patients will need an approved referral waiver for in-network benefits.</li> <li>• If patient does not have an approved referral waiver and receives care outside of the network, patient will incur a 50% coinsurance.</li> </ul>	Yes
		University of Washington Medical Network	No	*Yes	Also administered by Regence. UW Med will be on the patients ID card. <ul style="list-style-type: none"> <li>• Patients selecting University of Washington Medical Network must have an approved referral waiver if receiving specialty care and other services within Virginia Mason. If patient does not have an approved referral waiver and receives care within Virginia Mason, patient will incur a 50% coinsurance.</li> </ul>	*Yes
UnitedHealthcare (UHC)	230	Community Plan Healthy Options (HMO)  (VM PCP and Non-VM PCP)	*Yes	*Yes	<ul style="list-style-type: none"> <li>• *Contracted for an agreed upon maximum number of Community Plan primary care patients. Staff will be advised when the number is reached.</li> <li>• Accepting for psychiatry.</li> <li>• Plan requires members to utilize March Vision Care for their routine vision services. <a href="http://www.marchvisioncare.com">www.marchvisioncare.com</a></li> </ul> <p>*Approved referral are required when patient has a PCP under the following groups:</p> <ul style="list-style-type: none"> <li>• Highline Medical Services Organization</li> </ul>	No if patient selected a VM PCP.  Yes if patient selected a NWP or HMSO PCP.

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					<ul style="list-style-type: none"> <li>• NW Physicians Network</li> </ul>	
	266	Unitedhealthcare Options (PPO)	Yes	No		No
		Choice and Choice Plus (PPO)	Yes	No		No
		Signature Value West (HMO)	*Yes	*Yes/No	*This program is geographically specific. For example: If a patient buys the coverage in California, they are only covered in California, if they buy it in Washington state, they are only covered in Washington state (unless emergency). They may only select a VM PCP if they have the coverage in Washington state. If needing specialty care and coming from another state, they must have an approved referral.	<b>Yes – authorization required for all services.</b>
		Navigate/Charter	*No	Yes	<b>*Network exclusive to Swedish/Providence.</b> Virginia Mason is currently <b>only contracted for hospital services.</b> However, if the patient’s PCP will initiate a referral and Navigate/Charter will approve, referrals are accepted for specialty care. <b>Note: if the services is available within their Navigate/Charter network, referral requests will NOT be approved by the plans.</b>	<b>Yes - Contracted for hospital services only.</b>
	322	<b>Medicare Advantage Plans:</b>			*HMO – for the HMO, approved referrals are required when patient has selected those listed below as their *primary care practice:	<b>Yes – for all UHC Medicare Advantage programs.</b>
	AARP Medicare Complete (HMO/POS)	Yes	No	<ul style="list-style-type: none"> <li>• Highline Medical Services Organization,</li> </ul>		

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		AARP Medicare Complete Plans 1 and 3 – (HMO)	Yes	*Yes/No	<ul style="list-style-type: none"> <li>• Physicians Care Network,</li> <li>• NW Physicians Network, or</li> <li>• Everett Clinic Primary Care Provider.</li> <li>•</li> </ul> <p>If not under one of the above mentioned practices, approved specialty care referrals are not required. However, some services may require prior-authorization.</p> <p>*When prior-authorizing for the Medicare programs always use the UHCWest website. Unless the Medicare program is Community Plan Dual Complete. If Community Plan Dual Complete, use UnitedHealthcareonline.</p>	
		Medicare Advantage PPO	Yes	No		
	322	*Community Plan Dual Complete – formerly called Evercare (HMO SNP)	No	*Yes		
		UnitedHealthcare Nursing Home Plan (HMO SNP)				
Uniformed Services Family Health Plan (USFHP)	297	USFHP (HMO)	No	Yes	USFHP is a TRICARE HMO program administered by Pacific Medical Centers.	<b>Yes – authorizations are needed for all services.</b>
Veterans Administration (VA)	146	*Federal Program	No	Yes	*The VA typically requires all services to be provided within VA medical centers. However, at times they will refer to non-VA specialists. This most often occurs when they do not have the needed specialty, or, they have overflow issues. VA personnel MUST have VA authorization for all services within VM.	<b>Yes</b>

## Insurance Definitions

<b>HMO - Health Maintenance Organization:</b>	An HMO requires the member to choose a provider network and a Primary Care Provider (PCP) within the chosen network. The designated PCP coordinates the care of the member. An approved referral from his/her PCP must be in place for a member to see a specialist. Most HMO's also require approval by the HMO before service is received (unless emergent). By selecting an HMO members agree to receive all their care within the provider network except for those services which are not available. If a referral is not in place prior to receiving non-emergent care, the HMO may not cover incurred services.
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<b>EPO - Exclusive Provider Organization:</b>	An EPO requires the member to choose a provider network and a Primary Care Provider (PCP) within the chosen network. The designated PCP coordinates the care of the member. An approved referral from his/her PCP must be in place for a member to see a specialist. Most EPO's also require approval by the EPO before service is received (unless emergent). By selecting an EPO members agree to receive all their care within the provider network except for those services which are not available. If a referral is not in place prior to receiving non-emergent care, the EPO may not cover incurred services.
<b>POS - Point of Service Program:</b>	A POS has the same requirements as an HMO. However, members are given the additional option of self-referring outside of their PCP network. Members who choose to self-refer will incur a higher out of pocket cost.
<b>PPO - Preferred Provider Organization:</b>	A PPO offers a network of providers. Members have the freedom to access a number of providers but are given financial incentives (i.e., lower out-of-pocket costs) to use the preferred provider network. PPOs are marketed directly to employers as well as to insurance companies and third party administrators, who then market the network to their employer clients.
<b>PPP – Preferred Provider Plan</b>	Like a PPO, A PPP offers a network of providers. Members have the freedom to access a number of providers but are given financial incentives (i.e., lower out-of-pocket costs) to use the preferred provider network. PPPs are marketed directly to employers as well as to insurance companies and third party administrators, who then market the network to their employer clients.
<b>Insurance Referral:</b>	The process by which primary care physicians (PCPs) determine if they need to refer a patient to another provider as the needed service is outside of their scope. If a referral is necessary, the PCP also needs to decide to whom the referral is made, for how long, and for what services. Most HMO's require their review and approval of the referral. If this is their requirement and their approval is not obtained, they may not cover the services.
<b>Self-refer:</b>	An insurance member's ability to obtain contractually specified services without written referral from member's primary care provider and approval from their insurance. These services, however, may be denied or paid at a lesser benefit.

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<b>Prior-authorization:</b>	A request for payment authorization submitted in advance by a healthcare provider to the insurance plan for their approval to admit a patient, perform a procedure or provide a service.  Pre-authorization/prior-authorization requirements are specific to each insurance plan. The insurance plan will determine medical necessity, appropriateness of services and level of care based upon their guidelines. If Pre-authorization/prior-authorization is required and not obtained, the service not notified or authorized may not be covered by the insurance.
<b>Co-pay</b>	The pre-designated amount a member is required to pay directly to a provider of medical services for certain services. It is due prior to services being rendered. The copayment is not an additional payment. The copayment is included in the insurance allowed amount. <b>For example:</b> Insurance allows \$60 for a service, if there is a copayment for the service, depending upon the copayment amount, if \$10, the insurance will pay \$50 with the patient paying the remaining \$10 at check-in for the service. Copayment amounts are often located in the patients Certificate of Coverage and/or the insurance ID card.
<b>Deductible:</b>	A fixed amount of health care dollars of which a person must pay 100% before his or her health benefits begin. <b>For example:</b> Patient deductible is \$250, patient receives care and allowable for care is \$1,000. Patient would pay \$250 and insurance would pay \$750.
<b>Coinsurance:</b>	The portion of covered health care costs for which the covered person has financial responsibility, usually according to a fixed percentage. Often coinsurance applies after first meeting a deductible requirement. <b>For example:</b> patient's insurance pays 80% and patient pays the remaining 20%. The patient responsibility is most often not known until billing the insurance for their benefit determination.
<b>Established Patient:</b>	A patient who has been seen in primary care within the <i>last three years</i> .
<b>Primary Care:</b>	General Internal Medicine, Family Practice and Pediatrics.