

Preferred Patient CareSM

A Preferred Provider
Organization by
Blue Cross and Blue Shield
of Florida, Inc.



**Blue Cross
Blue Shield**
of Florida

Preferred Patient Care Network

As of _____

County _____

HOSPITALS _____

**Refer to the Network Directory
for a complete listing
of Participating Physicians**

What Is A PPO?

- A PPO is a select group of physicians and hospitals who have agreed to provide health services, at pre-negotiated rates, to a group of individuals whose health care benefits contain positive incentives for them to use the PPO network.
- A PPO is a means of delivering quality health care in a cost effective manner. It attempts to control the two factors that impact the cost of your health care benefits:
 - Price
(and)
 - Utilization
- A PPO may be carrier based or may be provider based. No two are alike.

Alternative Delivery Systems

- Designed to change providers' and patients' incentives for utilization and reimbursement of health services.
- Blue Cross and Blue Shield of Florida has decided to aggressively pursue PPO programs statewide. The BC/BS program is called Preferred Patient Care.

Preferred Patient Care

Program Goal

- To provide a cost effective means of delivering quality health care benefits.

Objectives

- Statewide Network (17 Market Areas)
- Quality Cost-Effective Provider Network
- Price & Utilization Control

Why Preferred Patient Care?

- Dollar savings of between 10% and 20% or more are realistic.

Your actual savings will vary depending on:

- Current benefit plan design
 - Employee utilization patterns
 - The number of employees who are within a service area
- Allows you to have one plan of benefits for your employees provided through a broad network of quality providers — a key PPC feature.

- The recognized BC/BS I.D. card provides coverage for emergency services anywhere and also provides benefits to employees who may reside outside of a PPC service area.
- PPC hospitals and physicians agree to submit claims directly to BC/BS and to bill the patient only for deductible and coinsurance amounts.

What Are The Major Components Of Preferred Patient Care?

- Benefit Package
- Hospital Services
- Physician Services
- Utilization Management Program

Preferred Patient CareSM

Key Features Of The Standard Preferred Patient Care Benefit Program

- 90% of PPC schedule paid for covered services when using preferred physicians and hospitals.
- 70% of PPC schedule paid when using non-PPC providers. 30% coinsurance does not apply towards stop loss.
- Persons residing outside of the PPC service area will be reimbursed at 90% of reasonable allowance.
- Valid emergency cases paid at 90% of reasonable charges or PPC schedule.
- Deductible options: \$100, \$200, \$300, \$500.
- Coinsurance stop loss options: \$1,000 and \$1,500.
- Other cost containment features include: Skilled Nursing Facilities, Home Health Care and Hospice Care.
- Consult your Preferred Patient Care information package for a listing of exclusions.

NOTE: You may also elect to have benefits paid at 80% of the PPC schedule when using PPC providers, and 60% when using non-PPC providers.

Key Features Of Hospital Services

- Provide geographically distributed network of hospitals to render primary, secondary, and acute care.
- Criteria used to target preferred hospitals:
 - Location
 - Community perception/quality
 - Cost effectiveness
 - Services provided
- DRG-type reimbursement is used for inpatient stays. Based on the patient diagnosis the hospital will be paid a fixed pre-negotiated fee. DRG stands for Diagnosis Related Group and nearly all inpatient admissions can be grouped into one of 467 Diagnosis Related Groups.
- Hospital agrees to file claims directly with BC/BS and to bill patients only for applicable deductible and coinsurance.

Key Features Of Physician Services

- Physicians include MDs and DOs who have staff or admitting privileges at one or more PPC hospitals.
- Provide a comprehensive distribution of physicians by specialty and geographic location in order to provide quality health services.
- Physicians reimbursed on a PPC schedule.
- Physicians must adhere to utilization management program.
- Physicians accept fee schedule as payment in full, exclusive of deductibles and coinsurance.
- Physicians will submit claims directly to Blue Cross and Blue Shield of Florida.

Key Features Of Utilization Management Program

- Help ensure that health care services are delivered in the most appropriate, cost-effective manner.
- Program Aspects:
 - Preadmission Certification
 - Retrospective Monitor
 - Hospital Stay Certification
- PREADMISSION CERTIFICATION involves a review of planned elective admissions for approval of payment of inpatient benefits.

Provides a financial incentive for PPC physicians to select the most cost-effective settings for care.

 - PPC physicians will be responsible for seeking approval.
 - Notice of approval or denial made prior to the admission.
 - Patient cannot be billed for more than the normal coinsurance amount unless otherwise agreed to in writing.
 - Program will be centrally administered using locally developed criteria.
- RETROSPECTIVE MONITOR involves a quarterly audit of each PPC hospital.
 - Monitors provider's compliance with the utilization management program.
 - Validates DRG reimbursement.
 - Identifies unnecessary inpatient services.
 - Retroactive reduction in reimbursement will occur when 2% or more of services are found to be inappropriate.

- HOSPITAL STAY CERTIFICATION seeks to reduce the number of inpatient days by monitoring length of stay.
 - Implemented only when indicated, based on findings of retrospective monitor (DRG reimbursement).

Employee Education

Your Blue Cross and Blue Shield representative will be available to conduct on-site training for your employees and for your group administrator. In addition to an audio visual presentation, your employees will receive:

- PPC Provider Directory
- Unique I.D. Card
- Benefit Booklet
- Informational brochures
- Claim forms

Your Identification Card

The image shows two documents. The top one is a 'Preferred Patient Care' identification card from Blue Cross Blue Shield of Florida. It includes fields for Subscriber's Name, Contract Number, Group Number, and Contract Benefits. The bottom document is a 'PREFERRED PATIENT CARE PLAN' form. It asks the subscriber to select preferred patient care physicians and hospitals from a directory. It includes fields for Hospital and Physician names and phone numbers. It also provides mailing instructions for claims and a note about preadmission certification.

Blue Cross Blue Shield of Florida

Subscriber's Name _____

Contract Number _____

Group Number _____

Contract Benefits _____

Preferred Patient Care

PREFERRED PATIENT CARE PLAN

PLEASE SELECT YOUR PREFERRED PATIENT CARE PHYSICIANS AND HOSPITALS FROM YOUR DIRECTORY. YOU MAY LIST THEM BELOW FOR YOUR CONVENIENCE. PLEASE CHECK YOUR UPDATED DIRECTORY PERIODICALLY.

HOSPITAL: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

MAIL ALL PREFERRED PATIENT CARE CLAIMS TO:
P.O. BOX 43357, JACKSONVILLE, FLORIDA 32203-3357

NOTE TO PREFERRED PATIENT CARE PHYSICIANS AND HOSPITALS:

YOU MUST SECURE PREADMISSION CERTIFICATION FROM BLUE CROSS AND BLUE SHIELD OF FLORIDA FOR ANY ELECTIVE INPATIENT SERVICES.
CUST. SVC.: 1-800-251-4072 Jacksonville 354-0323

Preferred Patient CareSM

Limitations/Exclusions

This contract does not provide benefits for:

- services or supplies which are not medically necessary;
- dental care — unless needed to repair an accidental injury to natural teeth or to set a broken or dislocated jaw. You must receive treatment within 90 days after the accident;
- cosmetic surgery — defined as surgery solely to improve the appearance of the individual but not to restore bodily function or to correct deformity;
- eye glasses, hearing aids, or examinations for their prescription or fitting;
- routine foot care;
- *diagnostic admissions*. A *diagnostic admission* is a hospital admission for tests which could be performed in a doctor's office, the outpatient department of a hospital, or a lesser skilled facility without adversely affecting the patient's condition or the quality of care;
- illness or injury due to war or act of war, whether declared or not;
- illness or injury as a result of your participation in a felony, riot, or rebellion;
- illness or injury due to your service in the armed forces;
- suicide, attempted suicide, whether sane or insane or intentionally self-inflicted injury;
- *rehabilitative services* provided in a hospital or freestanding facility. *Rehabilitative services* are services to correct functional defects which remain after a catastrophic illness or crippling injury. This includes services related to pain control, pulmonary, cardiac or physical rehabilitation;
- services or supplies related to sexual reassignment;
- exercise programs of any kind;
- routine physical examinations;
- non-prescription drugs;
- services and supplies not specifically covered by this contract.

This is not a contract. Please refer to your Certificate of Coverage for details.