

# Provider Connection

A Grand Valley Health Plan Publication

*Serving the Grand Rapids Community Since 1982*

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Grand Valley Health Plan welcomes  
Dr. Nathan Mann to our Beckwith  
Family Health Center.

### Personal Story:

**Nathan Mann, D.O.** — After moving from “down state” when I was three years old, I spent my school years initially in Benzie County, and then in Traverse City. Growing up in Northern Michigan, I developed a great love for the seasons, lakes, trees and trails that provided me with entertainment and adventure. I received my undergraduate degree in Human Biology from Michigan State University, cheering for the Spartans, spending the winters as a snowboarding instructor, and expanding my horizons living with a host family in Costa Rica for study abroad. Medical school was based in Erie, PA (Lake Erie College of Osteopathic Medicine), but provided me the opportunity to do rotations in five states across the country during my clinical years. Binghamton, in beautiful upstate New York, is where I completed my family physician residency, improved my Osteopathic Manipulative Medicine skills, and began studying acupuncture.

From the day it dawned on me to become a doctor, the first in any medical field in my family, I could only see myself as a family doc. The broad scope in patient ages, diversity, and presentations, as well as the opportunity to know my patients from before birth to their golden years, suited my interests for both personal and intellectual interactions in a career.

In my spare time, I enjoy gardening, vegetarian cooking, hiking and backpacking with my wife and dog, and biking. I am also reaping the benefits of having a mechanic for a brother while trying to get a 1983 Mercedes diesel to run well on restaurant's old fryer grease.

# Our Commitment



**Dr. James Kerby – Vice President of Medical Affairs**

Grand Valley Health Plan is committed to providing necessary health care services to its patients. We encourage our Practitioners to make appropriate medical decisions based on evidence based medical care and approved group practice protocols.

All Grand Valley Health Plan employees that make medically necessary determinations are aware of, and practice, the following:

- Utilization management decision-making is based only on appropriateness of medical care, service, and existence of coverage.
- Grand Valley Health Plan does not provide its utilization review staff financial rewards or incentives for denying necessary services.
- Grand Valley Health Plan does not provide incentives that would lead to inappropriate medical care or denying necessary services.

## **Member Rights and Responsibilities**

Grand Valley Health Plan continues to develop new ways to share information with our affiliated providers and practitioners. One of the ways we do this is by making information available to you through our website [www.gvhp.com](http://www.gvhp.com). Even if you have visited this site in the past, please take a moment and stop by again to see our many updates. The following information is available for review on line: the GVHP Member Handbook, GVHP Notice of Privacy Practices, GVHP Member Rights and Responsibilities, Provider Directory, and basics on how patients can access care at Grand Valley Health Plan. GVHP would be happy to send you hard copies of this information as well. (RR 2-A)

## **Quality Improvement**

Grand Valley Health Plan makes our *Quality Improvement Program* available to all practitioners. Please contact (616) 949-2410 to request a copy of the GVHP Quality Improvement Program and a report on GVHP's progress in meeting our goals. (NCQA QI 2-C)

## **Utilization Management**

Grand Valley Health Plan has many different utilization management procedures. These procedures outline how Grand Valley Health Plan makes decisions based on sound clinical evidence. For questions about utilization management decisions or copies of GVHP utilization management criteria documents, please call (616) 949-2410 or (800) 335-1977. GVHP staff is available Monday-Friday from 8:00-5:00 p.m. to answer your questions. In addition, both of the above telephone numbers will accept voice mail messages after hours. Your inquiry will be responded to no later than the next business day. (NCQA UM 2-B, UM 3-A).

## **Case Management**

Grand Valley Health Plan also offers Case Management services. If you believe a Grand Valley Health Plan Member would benefit from our Case Management service, please contact our Managed Specialty Care Team at (616) 949-2410. (NCQA QI 7-B)

## **Credentialing**

Grand Valley Health Plan has a rigorous process for selecting and evaluating Practitioners. Practitioners have the following rights as part of this credentialing process:

- The right to review the information submitted to support your credentialing application.
- The right to correct erroneous information.
- The right to receive the status of your credentialing or re-credentialing application, upon request.
- The right to appeal an adverse decision to the GVHP Credentialing Committee.
- To be informed about these rights.

*For questions about the credentialing process contact our Customer Service team at (616) 949-2410. (NCQA CR 1-B)*

# Grand Valley Products & Plan Design

*Grand Valley Health Plan is a regional Health Management Organization dedicated to providing and managing the services, products and information that our customers value to maintain or optimize their health. One of the ways that we accomplish this is by offering a diverse selection of plans and products to employer groups and patients at varying levels of flexibility in benefit coverage and provider access. In addition, Grand Valley Health Plan offers products directly to the general public that are not HMO products. A summary of each product is listed below. For additional information please, contact Customer Services at (616) 949-2410.*



## **Grand Valley Health Plan HMO**

Grand Valley Health Plan provides benefits and coverage for a comprehensive set of health care services when provided or arranged by a Grand Valley Health Plan Family Health Center Practitioner. Services are either covered in full or with patient coinsurance, co-payment, and/or deductible. HMO patients have plans with varying levels of cost sharing, which is listed on the patient's card. The patient's employer group chooses the level of coverage. There is no coverage for out-of-network services except in the case of emergency or urgent care services.



## **Grand Valley Grand Choice II**

Grand Valley Health Plan offers a Point-of-Service plan that offers both Enhanced/in-network and Choice/out-of-network benefits. This type of plan offers the patients the most flexibility in obtaining care and coverage.

*Enhanced services* are services that are provided or arranged by a GVHP Family Health Center. Enhanced services are covered at a higher benefit level.

*Choice services* are sought when a patient chooses to self refer for a service. The patient may seek services from either a GVHP participating or non-participating provider. Services are covered at a reduced benefit level and the patient incurs greater cost sharing. In addition, the patient is at risk for charges that exceed GVHP's reasonable and customary fee schedule.

Under the Choice benefit there is still a list of services that are only covered with prior-authorization. These services are listed on the back of the patient's Grand Choice identification card.



## **Grand Valley MI-Child**

Grand Valley Health Plan is proud to partner with the Michigan Department of Community Health in offering comprehensive health coverage and services through MICHild. MICHild provides comprehensive benefits, including dental, vision, and mental health services to uninsured children of working families.

**REMINDER:** *The GVHP Provider Manual is part of the Purchase of Services Contract. Periodically, the Provider Manual is updated to reflect changes in legal obligations, such as HIPAA, or updating on claims submission and other provider information. If you would like an updated copy, please contact GVHP Contracting at (616) 949-2410.*



**Grand Valley Health Plan**  
 829 Forest Hill Ave. SE,  
 Grand Rapids, MI 49546

RETURN SERVICE REQUESTED

## Grand Choice II Patients

### CLAIMS

There are two different levels of payment and patient responsibility available depending on whether a patient is using their "Choice" benefit or their "Enhanced" benefit.

When a patient utilizes their Enhanced option, a patient is choosing to receive the highest level of coverage. This care is provided, arranged or coordinated by their Family Health Center.

When a patient utilizes their Choice option, a patient chooses to direct their own health care and self refer to a Primary Care Physician or specialty care provider. Keep in mind, that surgeries, maternity care, therapies and many procedures require prior authorization. In addition, the out of pocket expenses are greater for this option and may include deductibles, co-pays and co-insurance.

It is best to always call our Customer Service team at (616) 949-2410 to confirm benefits prior to rendering services so that you are aware of patient responsibility or call the pre-certification telephone number on the back of the patient's Member Identification card.

In addition to Grand Valley's primary insurance card, our patients have a National Access Network card. This card is used when services are provided out of our service area or if you currently are not directly contracted with GVHP.

### CERTIFIED CASE MANAGERS



*Laurie Loose, L.P.N. — Discharge Planner*  
*Patti Seipel, R.N., C.C.M. — Certified Case Manager*

Just like Grand Valley's HMO patients, Grand Choice II patients have access to certified case managers. GVHP's case managers are responsible for:

- Coordinating care with specialists
- Facilitating care plans between Primary Care Providers & Specialists
- Accompanying patients to their specialist appointments
- Serving as a liaison between multiple specialty groups
- Arranging patient care conferences
- Visiting hospitals, rehabilitation facilities and skilled nursing facilities.
- Arranging home care and hospice services

Please feel free to contact the Managed Specialty Care team at the corporate office with any Case Management needs or questions. (616) 949-2410.

### Avoid Delayed Payments

If there have been changes in the providers practicing within your office or the office location, please let us know as soon as possible. Simply fax a list of current providers and practice locations on your letterhead to **Martha Forman at (616) 949-9948**. Your prompt attention to this detail will help avoid delay in payments to you.

#### Who to call with questions:

#### CLAIMS

Kim Budde  
 (616) 949-2410 ext: 172

#### CONTRACTS

Martha Forman  
 (616) 949-2410 ext: 121

#### NURSE CASE MANAGEMENT

Patti Seipel  
 (616) 949-2410 ex 101

#### SPECIALTY CARE COORDINATORS:

(Questions about referrals)

North: Sue (616) 224-1515

South: Denise (616) 532-1100