

Claim Submission

Beginning January 1, 2007, please submit claims directly to:

UniCare PFFS Claims Department
P.O. Box 795180
San Antonio, TX 78279

Claims must be submitted in accordance with Medicare guidelines for submission timelines. Providers should follow all standard Medicare claims submission requirements when submitting claims to UniCare, including submitting claims with their National Provider Number (NPI) and tax identification number. In addition, the Medicare billing number and copies of any special Medicare reimbursement rate assignments may be necessary for correct pricing of claims, and will be requested if not already on file or submitted with the claim for processing.

Right to Audit

Upon reasonable notice, Providers will allow UniCare, its authorized representatives and designees, and duly authorized third parties such as government or regulatory agencies, access to Provider's practice site, without charge, during regular business hours to inspect, review and receive copies of records related to services provided to Members.



If you have questions about submitting your claim, your payment, Member copayments, UniCare's Terms and Conditions, or, if you would like more information on the UniCare SecurityChoice family of plans, please contact UniCare at 1-866-364-2374 Monday through Friday, 7 AM to 8 PM CST. Detailed Eligibility and Benefits information is also available 24 hours a day via our Interactive Voice Response (IVR) telephone system in voice-back and fax-back formats. Thank you.

SecurityChoice is a family of Medicare Advantage Private Fee for Service (PFFS) plans offered by UniCare Life & Health Insurance Company (UniCare). The following plans may be offered in your county: Classic, Plus, Enhanced and Enhanced Plus. Individuals enrolled in employer group sponsored plans may also be offered a SecurityChoice plan. Prior to providing services to a SecurityChoice Member, Providers must agree to the Terms and Conditions of the SecurityChoice Plan. When Providers choose to extend services to a SecurityChoice Member, they are acknowledging their agreement and are "deemed" to have a contract with UniCare.

Providers who are aware they are treating a SecurityChoice Member and decline to accept the Terms and Conditions of the Plan may only do so if the services are extended on an urgent or emergency basis. Under any other circumstances, Providers who do not agree to accept these Terms and Conditions must not provide services to SecurityChoice Members and they may not bill our Member if they accept Medicare assignment. If a Provider is unwilling to accept the SecurityChoice Terms and Conditions but renders services for urgent or emergency care, the Provider may collect the copayment from the Member and should submit the remainder of the claim for these services to UniCare at the address provided in this document.*

Federal healthcare providers, including the Veterans Administration, are not eligible for reimbursement under the SecurityChoice Plan, unless the services extended are for urgent or emergency care.

Terms and Conditions for Health Care Practitioners and Suppliers

Under UniCare SecurityChoice, Providers are usually reimbursed at the equivalent of the current Medicare Allowable amount for all Medicare Covered services. Other than applicable Member cost sharing amounts, reimbursement will be made directly by UniCare.

Providers may collect only applicable copayment amounts from SecurityChoice Members and may not otherwise charge or bill the Member. Member balance billing is prohibited by providers who accept Medicare assignment.* Copayments should be collected from the Member at the time of service. If a Provider mistakenly collects more from the Member than the designated copayment amount, the Provider must refund the difference. A Provider Reimbursement Methodology Grid can be accessed on the Internet at www.unicare.com/pffs or upon request by contacting Provider Service at 1-866-364-2374.

Providers must abide by the UniCare appeal and grievance procedures. Copies of the procedures and the provider manual are available on the Internet at www.unicare.com/pffs or upon request by contacting Provider Service at 1-866-364-2374.

UniCare PFFS SecurityChoice Providers are delegated the responsibility to issue Notice of Medicare Non-Coverage (NOMNCs) and Notices of Discharge and Medicare Appeal Rights (NODMARs). Providers that seek deemed status with PFFS plans will thereby be obligated to comply with all notice and case submission requirements effective 1/1/2004. Please visit our website to download the NOMNC letter template.

* Providers who do not accept Medicare assignment may balance bill our Members up to the Medicare limiting rate (15% above the Medicare allowed amount).

Providers must also:

- be licensed or certified by the State for the services being provided
- not have opted out of Medicare or be sanctioned from participation in the Medicare program
- abide by Medicare or other Federal healthcare program laws applicable to the services being provided
- have a Medicare billing number or be eligible to obtain one
- be certified to treat Medicare beneficiaries (if the provider is an institutional provider)
- follow the standards for confidentiality and patient privacy rights outlined in HIPAA regulations
- and, if the provider is a hospital, an advance good faith estimate of the out-of-pocket patient expenses must be provided to Members

In the Event Provider Renders Hospice Services

Providers who render hospice services to Medicare beneficiaries, including SecurityChoice Members, should submit claims directly to Medicare through the Regional Home Health Intermediary.

Occasionally, a Provider may inadvertently submit a hospice claim to UniCare for payment and, unaware that the Member has enrolled in hospice or that the services rendered were hospice services, UniCare may process and pay the claim. Should this situation occur, and UniCare later determines the claim was paid in error, UniCare will notify Provider that a refund is due and that Provider must bill Medicare for claim(s) payment.

Under the above circumstances, UniCare will expect Provider to issue a full refund within 30 days of notification. Instructions for refund will be included with the notification.

If Provider fails to refund the amount due within 60 days of notification, UniCare will withhold all future claim(s) payments due Provider for any and all subsequent services rendered to SecurityChoice Members until the refund amount due to UniCare has been satisfied in full.

2007 Copayment Schedule

2007 SecurityChoice Member costs for Medicare Covered services are detailed in the following chart. Please note that Members who are enrolled in this product through their employer group may have different benefits than those listed below. Please reference the Member's ID card for more information.

Physician Services	Classic	Plus	Enhanced	Enhanced Plus
Office Visits: Primary Care	\$10	\$10	\$10	\$10
Office Visits: Specialist	\$10	\$25	\$10	\$10

Hospital Services

Emergency Room Visits (if not admitted)	\$50	\$50	\$25	\$25
Inpatient Hospital (per calendar year), days 1-5 or per stay	\$150/day	\$200/day	\$50/stay	\$50/stay

IMPORTANT! If the Member does not notify UniCare in advance of a planned inpatient hospital stay, the Member will be responsible for paying an additional \$50 per day (10-day maximum).

Emergency and Urgently Needed Care Services

Emergency Services (if not admitted)	\$50	\$50	\$25	\$25
Urgently Needed Services	\$10	\$25	\$10	\$10

Ancillary Services

Skilled Nursing Facility (SNF) per day (each benefit period, 100 day limit):

days 1-20	\$0	\$0	\$0	\$0
days 21-100	\$25	\$100	\$0	\$0

IMPORTANT! If the Member does not notify UniCare in advance of a planned inpatient hospital stay, the Member will be responsible for paying an additional \$50 per day (10-day maximum).

Diagnostic Radiology & Lab Services	\$0	\$0	\$0	\$0
Complex Diagnostic Tests (i.e. MRI, PET, CT scans, EKG's, Cardiac Stress Tests)	\$25	\$25	\$25	\$25
Durable Medical Equipment (DME)	30%	30%	20%	20%

IMPORTANT! If the Member does not notify UniCare in advance of a DME equipment or device purchase over \$750, the Member will be responsible for 70%.

Prosthetic Devices and Medical Supplies	30%	30%	20%	20%
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IMPORTANT! If the Member does not notify UniCare in advance of a prosthetic device or medical supply purchase over \$750, the Member will be responsible for 70%.

Outpatient Mental Health Services (individual or group visit)	50%	50%	50%	50%
Home Health Care Services	15%	15%	\$0	\$0

Benefits, copayments and coinsurance may change on January 1, 2008.

Members may contact UniCare for details.