

Gateway Health Plan *Medicare Assured*[®] Provider Manual 2011

PRODUCT DESCRIPTION

Summary of the Gateway Health Plan *Medicare Assured*[®]

Gateway Health Plan *Medicare Assured*[®] is a Medicare-approved Special Needs Plan for persons who are eligible for both Medicare (Parts A and B) and Medical Assistance (full and QMB). Gateway Health Plan *Medicare Assured*[®] covers all the benefits of Original Medicare and Prescription Drug benefits.

Gateway Health Plan *Medicare Assured*[®] has contracted with Community Behavioral HealthCare Network of Pennsylvania (CBHNP) to manage Gateway Health Plan *Medicare Assured*[®]'s behavioral health services in twenty-seven (27) counties. Counties served are:

Adams	Dauphin	Mercer
Allegheny	Erie	Northampton
Armstrong	Fayette	Northumberland
Beaver	Indiana	Perry
Berks	Lancaster	Schuylkill
Blair	Lackawanna	Somerset
Butler	Lawrence	Washington
Cambria	Lebanon	Westmoreland
Cumberland	Lehigh	York

Summary of Responsibilities of CBHNP and Contracted Providers

Gateway Health Plan[®] has retained the responsibility for the claims processing and payment process. This will assure accuracy of cumulative totals and administration of benefit periods.

CBHNP will perform the following administrative services:

- Build and maintain a network of behavioral health providers in the service area as now designated and as it may be expanded during the course of business.
- Credential and re-credential all network providers.
- Provide Medical Management and Utilization Management Services (Care Management).
- Provide Crisis Intervention hotline and referral services (Member Services).
- Perform Quality Improvement Activities

Contracted Providers will perform the following:

- Provide medically necessary Medicare Part A and B covered behavioral health services to Members.
- Request authorization and follow utilization management protocols as required in this Provider Manual and written notices. CBHNP will provide thirty (30) days notice of any changes in authorization protocols.
- Submit claims for services provided in standard formats with service specific encounter data to Gateway Health Plan[®] according to timeframes specified in the Provider Agreement.
- Abide by all applicable Medicare rules for service delivery, contracting and service provisions.

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- Assist in audits, Quality Improvement activities, investigating Member appeals, claims processing and other managed care operations functions by providing records timely, within the requirements of Medicare, HIPAA and the Mental Health Procedures Act.