



Gateway Health Plan® at a Glance!

For Behavioral Health Providers

Community Behavioral HealthCare Network of Pennsylvania (CBHNP)

8040 Carlson Road

PO Box 6600

Harrisburg, PA 17112

Gateway Health Plan *Medicare Assured*SM

Corporate Office:

US Steel Tower, Floor 41

600 Grant Street

Pittsburgh, PA 15219-2704

Gateway Health Plan *Medicare Assured*SM Important Phone Numbers

Call to Inquire About:

Provider Services	Claims Inquiry/Supplies	1-800-685-5205	M-F 8:30am to 4:30pm
Utilization Management	Authorization	1-800-685-5207	M-F 8:30am-4:30pm (voicemail with 800# reference during non-business hours)
DIVA Member Eligibility Line	Member Eligibility	1-800-642-3515	24 hours a day, 7 days a week
Pharmacy	Requests for Non-Preferred Drugs and Prior Authorizations	1-800-685-5215 FAX: 1-888-245-2049	M-F 8:30am-4:30pm
Case Management	Case Management	1-800-685-5212; Option 1	M-F 8:30am-4:30pm
Member Services	Member Appeals/Concerns/Inquiries	1-800-685-5209	24 hours a day, 7 days a week

Additional Helpful Telephone Numbers:

Community Behavioral Healthcare Network of Pennsylvania (CBHNP)	Authorization for Behavioral Health Services	1-866-755-7299
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Mailing address for claims forms: Gateway Health Plan® Claims Processing Center P.O. Box 11-560 Albany, NY 12211-0560	All other correspondence: Gateway Health Plan® US Steel Tower, Floor 41 600 Grant Street Pittsburgh, PA 15219-2704
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Frequently Asked Questions

What is Gateway Health Plan *Medicare Assured*SM?

Gateway Health Plan *Medicare Assured*SM is offered by Gateway Health Plan®, and is an HMO for people with Medicare Part A, Medicare Part B and Medicaid.

Do Gateway Health Plan *Medicare Assured*SM members have any out-of-pocket expense?

As long as a member's Medical Assistance coverage is in effect, they do not have to pay out-of-pocket costs for Medicare premiums, deductibles, co-payments and coinsurances. Medical Assistance will cover these costs, as long as the provider participates with Medical Assistance. The only exception is that members are responsible for Part D prescription drug co-payments and their Medical Assistance co-payments.

Do Gateway Health Plan *Medicare Assured*SM members have to use "plan" providers?

Members of Gateway Health Plan *Medicare Assured*SM, with a few exceptions, must use plan providers to get covered services. At the time of enrollment members must choose a Primary Care Physician (PCP) to provide basic medical care and coordinate the covered services received outside of the PCP's office.

Claims Submission Guidelines

- To be considered timely, claims must be submitted within 365 days from the date of service.
- Corrected claims or requests for review are considered if information is received within the 120-day follow-up period from the date of the remittance advice.
- Practitioners must bill within 180 days from the date of an Explanation of Benefits (EOB) from the primary carrier when Gateway Health Plan® is secondary.
- Correct/Current practitioner information, including Gateway Health Plan *Medicare Assured*SM Provider ID Number and HIC Number must be entered on all claims.
- Correct/Current member information, including Gateway Health Plan *Medicare Assured*SM Member ID Number, must be entered on all claims.
- Gateway Health Plan *Medicare Assured*SM accepts electronic claims through Emdeon (formerly WebMD). To submit claims to Gateway Health Plan *Medicare Assured*SM please note the Payer ID Number is 60550.

Sample Gateway Health Plan *Medicare Assured*SM Card

GATEWAY Health Plan SM Medicare Assured		www.gatewayhealthplan.com	
RxBIN 012353	RxPCN 03740000	Customer Service - 7 Days a Week From 8AM to 8PM	
Issuer (80840)	Grp GHPPAMAPD	MEMBER SERVICES:	1-800-685-5209
ID# XXXXXXXX*01		TTY HEARING IMPAIRED SERVICES:	1-800-654-5988
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXX30		Utilization Review/Inpatient Services:	1-800-685-5207
Effective XX/XX/XXXX SEX X DOB XX/XX/XXXX		Behavioral Health:	1-866-755-7299
PCP XXXXXXXXXXXXXXXXXXXXXXXXXXXX30		Physician's Questions:	1-800-685-5205
PCP Phone XXXXXXXXXXXX12		Pharmacy: Argus Questions:	1-800-522-7487
	Medicare ^{Rx} Prescription Drug Coverage	• Providers should call DVA at 1-800-642-3515 to verify eligibility	
	CMS - H5932 001	Paper Claims:	Electronic Claims:
		GATEWAY Medicare Assured	GATEWAY Medicare Assured
		P.O. Box 11560	Payer ID 60550
		Albany, NY 11211-0560	



GATEWAY HEALTH PLAN *MEDICARE ASSURED*SM AUTHORIZATION QUICK REFERENCE GUIDE

*This listing of procedures should not be considered all-inclusive and various co-payments and limits may apply.

	Pre-Certification Required	NIA AUTH	CBHNP AUTH
INPATIENT ACUTE CARE (substance abuse care)	X		X
INPATIENT PSYCHIATRIC OR MENTAL HEALTH CARE	X		X
INPATIENT REHAB SUBSTANCE ABUSE CARE	X		X
NON-PAR PROVIDERS	X		X (BH Services)
OUTPATIENT PSYCHIATRIC PARTIAL HOSPITALIZATION	X		X
OUTPATIENT PSYCHIATRIC OR MENTAL HEALTH (Individual, Group, Family, Psychiatric Evaluation and Medication Management)	Registration		X
OUTPATIENT SUBSTANCE ABUSE (Individual, Group, Family, Psychiatric Evaluation and Medication Management)	Registration		X

- Authorizations are the responsibility of the provider.
- Inpatient and Partial Hospitalization level of care require prior authorization. To obtain authorization for inpatient or partial hospitalization, call a CBHNP Care Manager at 1-866-755-7299.
- Non-Par providers must request Outpatient services using the “Outpatient Treatment Registration Form.” Individual, Group, family therapy, medication management and psychiatric evaluation are all considered outpatient services. Forms are available on the CBHNP Website at www.cbhnp.org or at Gateway Health Plan® website at www.gatewayhealthplan.com. Please contact Provider Services at 1-800-685-5205 for further explanation of what services require an authorization.

***Note:** As long as a member’s Medical Assistance coverage is in effect, they do not have to pay out-of-pocket costs for Medicare premiums, deductibles, co-payments and coinsurances. Medical Assistance will cover these costs, as long as the provider participates with Medical Assistance. The only exception is that members are responsible for Part D prescription drug co-payments and their Medical Assistance co-payments.

Member Eligibility

- Newly enrolled members receive an Evidence of Coverage (EOC) and Gateway Health Plan *Medicare Assured*SM Identification Card. The card itself does NOT guarantee that a person is currently enrolled in Gateway Health Plan *Medicare Assured*SM.
- Because of possible changes in a member's eligibility, each participating provider is responsible for verifying a member's eligibility with Gateway Health Plan *Medicare Assured*SM **before** providing services. This can be done by calling Gateway Health Plan® telephonic eligibility system (DIVA), please dial 1-800-642-3515 and follow the prompts (also listed below).

Member Identification Number?

Press 1 To verify eligibility using the patient's social security number, when prompted enter the patient's 9-digit social security number

Press 2 To verify eligibility using the patient's Gateway Health Plan *Medicare Assured*SM member identification number, when prompted enter the patient's 8-digit Gateway Health Plan *Medicare Assured*SM identification number

Press 3 To verify eligibility using the patient's Medical Assistance recipient identification number; when prompted enter the patient's Medical Assistance recipient identification number

Press 0 To speak to a Provider Services Representative

Press 9 To repeat the menu

Verification of Date?

Press 1 To verify whether the patient is eligible TODAY

Press 2 To verify whether the patient is eligible on a specific date (enter date)

Press 9 To listen to the instructions again

Press 0 To speak to a Provider Services Representative

Additional Instructions:

Press 1 To receive additional information about the patient/member

Press 2 To receive the patient's Primary Care Practitioner name and telephone number

Press 3 To fax information regarding the patient whose eligibility is being verified

Press 4 To verify eligibility for another patient/member

Press 5 To exit

Press 0 To speak to a Provider Services Representative