

Triple Option and Point Of Service Option
Pre-Certification of Services
QUESTIONS AND ANSWERS

1. What is a Pre-Certification Request?

Certain items and services require FHCP review and certification of FHCP coverage before the service is rendered. Pre-Certification is one of the methods FHCP uses to coordinate and assure necessary care, while protecting Members from unnecessary care. Pre-Certifications also drive quality of care and help manage service efficiencies and cost for our Members by giving your Provider needed clinical data to review before your appointment.

2. Do I need a Referral from my PCP to see a Specialist?

If you are on a Point of Service (POS) or Triple Option plan, you will not need a Referral in order for FHCP to cover your care. However, your portion of the cost of care outside FHCP's network will be higher. Some services will require Pre-Certification. Please see #3 below for additional information.

3. What services need to be Pre-Certified?

In order to obtain the maximum level of coverage under your plan, you or your physician must contact FHCP at (386) 238-3215 or (800) 729-8349 to have the following services pre-certified for FHCP coverage **prior** to the non-emergency/urgent service being rendered.

- Hospital Confinements, including Partial Hospitalization
- Home Health Care
- Skilled Nursing Care
- All Other Admissions for Extended Care
- Outpatient Surgical Procedure
- Outpatient Rehabilitative Services

4. How does the Point of Service (POS) or Triple Option Rider work?

- a. If you have chosen this Rider you have open access to all Providers. You do not need a Referral from your treating Provider for specialty care, and do not need Prior Authorization from FHCP's Utilization Management Physician in order for FHCP to cover your care. However, you will still need a Doctor's Order from your Physician for certain tests and procedures. Your portion of the service's cost will depend upon the Provider utilized. When you use a FHCP Provider that participates in FHCP's HMO network, your claim(s) will be processed at the HMO benefit level, minus your HMO co-pay, coinsurance and /or deductible. Please remember those services listed in #3 above under Triple Option or POS, require Pre-Certification so your care is provided at the best cost to you.
- b. If you choose to utilize a non-HMO Provider, this will result in a higher out of pocket cost to you in the form of a higher co-payment, coinsurance and/or deductible. If your



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Provider has no participating relationship with FHCP, you may also have to pay the difference between the Provider's charges and the amount FHCP allows as payment for the service **plus** higher co-payment, coinsurance and/or deductible. **This can be very costly and we advise you to get an estimate from the non-participating Provider of what you will be expected to pay before obtaining the service.** After giving careful consideration to the out of pocket expense you may incur, if you decide to utilize a FHCP HMO participating Provider or facility and have the entire service covered under the HMO Benefit Level, please call us at (386) 238-3215 or (800) 729-8349 for assistance in accessing HMO Providers.

- c. The only time services would be covered at the HMO Benefit Level when rendered by a non-HMO Provider would be for emergency care inside or outside of FHCP's service area, urgent care outside of FHCP's service area, or upon Prior Authorization by an FHCP's Utilization Management Physician(s). If you require services of a Provider that is not within FHCP's network, a Referral or Prior Authorization must be obtained in order to have the benefits covered at the HMO level.

5. Who reviews services that require Pre-Certification?

Pre-certification Requests by FHCP are reviewed in the FHCP Central Referrals Department by Nurses and FHCP's Utilization Management Physicians. The physician team consists of Primary Care and Specialty Care Providers.

6. How will I know if my Pre-Certification Request is denied?

FHCP's Utilization Management Physician Team will notify you and the referring Provider with a written explanation of the denial. The denial letter will outline the reason for the denial and the denial appeal process available to each party.

7. If my Pre-Certification Request is denied, what course of action can I take?

You have the right to appeal FHCP's decision. After discussing your denial with the referring Provider, you may call Member Services at (386) 615-4022, or 1-877-615-4022 for further direction. If you have a hearing or speech impairment, please call us at TRS Relay 711.