Identification Card:
All members will have an identification card.

Quality Plan I – Select

Quality Plan I Select – High Deductible Health Plan

Quality Plan II

Medical Benefits Administrator: HealthSmart

Medical Plan

Quality Plan II

Medical Claims Submission

Eligibility & Prior Authorization

Travel Network

For assistance locating an urgent care facility or hospital out of area contact PHS Healthy Directions 800-619-4271

www.nwphl.com

For assistance locating a provider when out of area contact PHS Healthy Directions 800-619-4271

www.nwphl.com
Quality Plan Out of Area – Indiana Resident

Member
Indiana University Health
Employee Health Plan
Group #: 2023100
Member: JOHN SAMPLE
Member ID: SMPL0001
Plan: PCP

Medical Benefits Administration:
HealthSmart
www.healthsmart.com/healthhp

Medical Plan
www.encorehealth.com
Customer Service 800-228-3613

Pharmacy Plan
SN: 000022
RxM: 00100000
RX Member ID: 00000000
Member Services: 877-729-6180 (1-877-729-6365)
Pharmacy Services: 888-745-0575 (after hours)

Medical Claims Submission
EDI: 077293
Mail: HealthSmart Benefit Solutions, Inc.
PO Box 93670
Lubbock, TX 79495-3670

Eligibility & Prior Authorization
This card does not guarantee coverage. For medical claim questions, verification of coverage, PPO Network questions, and Hospital pre-authorization please contact HealthSmart Benefit Solutions, Inc.

Documentation must be made prior to any hospital admission (Emergency admission within 48 hours) and other services listed in denial plan document. Failure to call may result in reduced benefits.

To verify coverage or find a network provider:
www.healthsmart.com/healthhp
800-228-3613

Travel Network
For assistance locating an urgent care facility or hospital out of area contact PPO Healthy Choices 888-476-7427 / www.multplan.com

Quality Plan Out of Area – Residents Outside Indiana

Member
Indiana University Health
Employee Health Plan
Group #: 2023100
Member: JOHN SAMPLE
Member ID: SMPL0001
Plan: PCP

Medical Benefits Administration:
HealthSmart
www.healthsmart.com/healthhp

Medical Plan
www.encorehealth.com
Customer Service 800-228-3613

Pharmacy Plan
SN: 000022
RxM: 00100000
RX Member ID: 00000000
Member Services: 877-729-6180 (1-877-729-6365)
Pharmacy Services: 888-745-0575 (after hours)

Medical Claims Submission
EDI: 077293
Mail: HealthSmart Benefit Solutions, Inc.
PO Box 93670
Lubbock, TX 79495-3670

Eligibility & Prior Authorization
This card does not guarantee coverage. For medical claim questions, verification of coverage, PPO Network questions, and Hospital pre-authorization please contact HealthSmart Benefit Solutions, Inc.

Documentation must be made prior to any hospital admission (Emergency admission within 48 hours) and other services listed in denial plan document. Failure to call may result in reduced benefits.

To verify coverage or find a network provider:
www.healthsmart.com/healthhp
800-228-3613

Travel Network
For assistance locating an urgent care facility or hospital out of area contact PPO Healthy Choices 888-476-7427 / www.multplan.com

Quality Plan-Out-of-Area High Deductible Health Plan

Member
Indiana University Health
Employee Health Plan
Group #: 2023100
Member: JOHN SAMPLE
Member ID: SMPL0001
Plan: PCP

Medical Benefits Administration:
HealthSmart
www.healthsmart.com/healthhp

Medical Plan
www.encorehealth.com
Customer Service 800-228-3613

Pharmacy Plan
SN: 000022
RxM: 00100000
RX Member ID: 00000000
Member Services: 877-729-6180 (1-877-729-6365)
Pharmacy Services: 888-745-0575 (after hours)

Medical Claims Submission
EDI: 077293
Mail: HealthSmart Benefit Solutions, Inc.
PO Box 93670
Lubbock, TX 79495-3670

Eligibility & Prior Authorization
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To verify coverage or find a network provider:
www.healthsmart.com/healthhp
800-228-3613

Travel Network
For assistance locating an urgent care facility or hospital out of area contact PPO Healthy Choices 888-476-7427 / www.multplan.com
## Contact Information:

| **Eligibility/Benefits Verification/Claims Inquiry:** | HealthSmart  
1-800-228-3613  
www.healthsmart.com/iuhealthhep.aspx  
To register for website access, go to:  
http://www.healthsmart.com/HealthSmartCustomers/Providers.aspx |
|------------------------------------------------------|-------------------------------------------------|
| **Medical Prior Authorization:** | IU Health Medical Management  
Phone: 317-962-2378 or 866-492-5878  
Fax: 317-962-6219 or 317-962-4005 |
| **Claims Submission:** | HealthSmart Benefit Solutions  
PO Box 93670  
Lubbock TX 79493-3670  
EDI Submission #37283 |
| **Rx Formulary:** | IU Health Pharmacy Benefit Management  
Phone: 317-963-3347 or 877-769-0191  
Formulary and list of drugs included in Select $4 Generic Drug Program available at  
www.healthsmart.com/iuhealthhep.aspx  
Certain drugs require prior authorization or have step therapy requirements. Requirements are noted on formulary list (PA or ST). |
| **Claim Disputes and Appeals:** | HealthSmart Benefit Solutions  
Phone: 800-228-3613  
or  
Submit in writing to:  
PO Box 93670  
Lubbock TX 79493-3670 |
| **Drug Prior Authorization:** | IU Health Pharmacy Benefit Management  
Fax: 866-429-8920  
Phone: 317-963-3347 or 877-769-0191  
List of drugs requiring prior authorization can be obtained at www.healthsmart.com/iuhealthhep.aspx  
To obtain authorization call or fax Universal Prior Authorization Form to the number above |
| **Provider Directory:** | HealthSmart  
www.healthsmart.com/iuhealthhep.aspx |
| **Member Services:** | Refer member questions to:  
HealthSmart  
Phone: 800-228-3613 |
Indiana University Health Employee Health Plan
Services Requiring Prior Authorization

ALL SERVICES PROVIDED BY OUT OF NETWORK PROVIDERS REQUIRE PRIOR APPROVAL

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Prior Approval Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance (non-emergent transport)</td>
<td>Yes</td>
</tr>
<tr>
<td>ABA Therapy</td>
<td>Yes</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
<td>Partial Hospitalization Only</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Yes</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Yes, except items with charges &lt; $500</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Yes</td>
</tr>
<tr>
<td>Infertility Diagnosis</td>
<td>Yes</td>
</tr>
<tr>
<td>Injectable Drugs (in physician office)</td>
<td>Contact Pharmacy PA Coordinator</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>Phone:317.963.3347 or 877.769.0191</td>
</tr>
<tr>
<td>Observation Stays</td>
<td>Yes</td>
</tr>
<tr>
<td>Orthotic/Prosthetic</td>
<td>Yes, except items with charges &lt;$500</td>
</tr>
<tr>
<td>Out of Network Services</td>
<td>Yes</td>
</tr>
<tr>
<td>Plastic/Reconstructive Surgeries including but not limited to:</td>
<td></td>
</tr>
<tr>
<td>Blepharoplasty</td>
<td>Yes</td>
</tr>
<tr>
<td>Chin Implant</td>
<td></td>
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<tr>
<td>Diastasis Recti Repair</td>
<td></td>
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<tr>
<td>Liposuction</td>
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<tr>
<td>Mammaplasty</td>
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<tr>
<td>Mentoplasty</td>
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<tr>
<td>Osteoplasty Mandible</td>
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<tr>
<td>Panniculectomy</td>
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<tr>
<td>Prosthetic Material Collagen Implants (insertion or injection)</td>
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<tr>
<td>Rhinoplasty</td>
<td></td>
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<tr>
<td>Rehabilitation Services - physical and occupational therapies</td>
<td>Yes, if treatment plan is &gt;24 visits</td>
</tr>
<tr>
<td>Skilled Nursing Facility Services</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Services – Outpatient</td>
<td>Partial Hospitalization Only</td>
</tr>
</tbody>
</table>

Please contact IU Health Medical Management via phone for authorization request or fax Authorization Request form to:

IU Health Medical Management
Phone: (317) 962-2378 or (866) 492-5878
Fax: (317) 962-6219 or (317) 962-4005
Hours: 8:30 to 4:30 Monday-Friday

Authorization Request Form is available at www.healthsmart.com/iuhealthhp.aspx
Indiana University Health Medical Management
Authorization Request Form
Forward completed form via FAX to IUHMM at (317) 962-6219 or (317) 962-4005

REQUESTING PHYSICIAN INFORMATION
Ordering MD: ____________________________________
**TAX ID: ____________________________________
Address: _______________________________________
Phone: __________________ Fax: _________________
Contact: ______________________________________

REQUESTING VENDOR INFORMATION
Vendor: ________________________________________
**TAX ID: ____________________________________
Address: _______________________________________
Phone: __________________ Fax: _________________
Contact: ______________________________________

MEMBER INFORMATION
Name: _______________________________________
ID#: _______________________________
DOB: ______/______/______
SS#: ________/________/________
Phone: ____________________________

******IUHMM USE ONLY******

AUTHORIZATION NUMBER
□ Services APPROVED As Requested
□ Request MODIFIED (see below for detail)
□ Request DENIED, Letter To Follow
Modifications
Made: _______________________________________
IUHMM Staff: __________________________________
Date: _______________________________________

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>CPT or HCPC Code</th>
<th>Requested Service</th>
<th>Place of Service</th>
<th>INP</th>
<th>OP</th>
<th>OBS</th>
<th>Units</th>
<th>Diagnosis / ICD9 Code</th>
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CLINICAL SUMMARY (Form will be rejected if CLINICAL SUMMARY is NOT completed). (Send attachments, if needed).
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

SIGNATURE OF REQUESTING MD: ____________________________________ DATE: __________________