

Virginia Mason Insurance Grid

Insurance Company Name	FSC	Plan Names	May Patient Select or See a Virginia Mason (VM) Primary Care Provider (PCP)?	Does Patient need an insurance approved referral authorization for Specialty Services?	General Comments	Prior-Authorization required for advanced imaging (MRI/CT)?
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- **Medicare Advantage:** Please note Regence, United, Humana, Soundpath, Premera and Group Health will all be listed under their individual names, not under Medicare.
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Accountable Health Network (AHN) (Offered via Regence)	326	Evergreen/Virginia Mason Network: <ul style="list-style-type: none"> Includes Bridgespan. *Note: Bridgespan is no longer be available as of 1/1/18. *Note: Effective 1/1/18, the Regence AHN will no longer include Virginia Mason as a Network provider. Even though VM will no longer be an in-network provider, we will accept APPROVED referrals for specialty care. 	No	*Yes	*Regence AHN includes Evergreen Health Partners, University of Washington (UW), Multicare or Everett Clinic. Virginia Mason is considered as out-of-network. Should a patient's non-Virginia Mason PCP refer them to Virginia Mason for specialty care an insurance approved referral is required and will be accepted. Should someone under this program elect to receive care within Virginia Mason without an approved referral they are financially responsible should their claim be denied or paid as out-of-network. Key Points for the AHN: <ul style="list-style-type: none"> May select Evergreen, UW, Multicare or Everett Clinic for their provider network. Virginia Mason is out-of-network for this program. Must have insurance approved referrals to receive full benefits If patient elects to self-refer they will have a much greater out-of-pocket expense. 	Yes
Aetna	186	HMO Plans: <ul style="list-style-type: none"> Aetna Select Elect Choice EPO Open Access 	Yes	*Yes	*Insurance approved specialty care referral is not required if patient has a VM PCP and is seeing a VM specialist.	No
		POS/EPO Plans: <ul style="list-style-type: none"> QPOS Managed Choice POS 	Yes	No		No

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		<ul style="list-style-type: none"> • Choice POS • WEA - Open Access Managed Choice • WEA - Washington Value Network 				
		PPO Plans: <ul style="list-style-type: none"> • Aetna ACO • Open Access Select, Elect and Managed Choice • Open Choice • WEA – Open Choice PPO 	Yes	No		No
	257	Medicare Advantage Programs:			Effective 1.1.18, Virginia Mason is contracted for Aetna Medicare Advantage programs. <ul style="list-style-type: none"> • *If patient is under an Aetna Medicare HMO program and has NOT selected a VM PCP, and approved referral for specialty care IS required. • *If patient is under an Aetna Medicare HMO programs and DID selected a VM PCP, approved referrals for specialty care is NOT required. Please note, no matter the selected PCP, certain services may require prior-authorization by the payer.	No
	Aetna Medicare HMO	Yes	*Yes			
	Aetna Medicare Open Access HMO	Yes	*Yes			
	Aetna Medicare PPO	Yes	No			

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Amerigroup	230	*Healthy Options (HMO)	No	Yes	<ul style="list-style-type: none"> • *VM is non-contracted, but will accept approved referrals for specialty care. • May not select a VM PCP • Unless emergency, specialty referrals and hospital admissions MUST be authorized by Amerigroup. • If no authorization by Amerigroup, services will not be reimbursed. • Not accepting for psychiatry. 	Referral authorization is required for all services.
Apple Health (formerly called Medicaid)	101	Apple Health	*Yes	No	Not Accepting: <ul style="list-style-type: none"> • Not accepting new patients into primary care. • Not accepting self-referrals for new specialty care patients. • Not accepting for psychiatry. Refer to Community Health Centers. Accepting: <ul style="list-style-type: none"> • *Accepting for established primary care patients. (seen in primary care within the last three years). • Children of established patients (including adoptees and foster). • Underage siblings of established patients. • Apple Health is secondary 	Yes
Asuris Northwest Health	21	PPO Network	*Yes	No	*Contracted via Regence <ul style="list-style-type: none"> • In-network for: Asuris Preferred, Classic, Embark, Vantage, HSA (2.0, 3.0), Platinum, gold, silver and bronze. • Not in network for: Asuris HSA EPO/Individual and Family Network program. Or any other program not mentioned under in-network. 	Yes
	311	Medicare PPO	*Yes	No		
Blue Cross/Blue Shield Out-of-State	255	PPO Network	Yes	No		Yes
	311	Medicare Advantage PPO	Yes	No		Yes

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BridgeSpan (Via Cambia, parent company of Regence)	21	<table border="1" style="width: 100%;"> <tr> <td colspan="3">POS Exchange program</td> </tr> <tr> <td>Bronze</td> <td>Silver</td> <td>Gold</td> </tr> <tr> <td>Platinum</td> <td></td> <td></td> </tr> </table>	POS Exchange program			Bronze	Silver	Gold	Platinum			*Yes	No	Bridgespan is no longer be available as of 1.1.18	Yes
POS Exchange program															
Bronze	Silver	Gold													
Platinum															
Champus/ChampVA	800	*Federal Program	No	*No insurance approved referral required – please see comments.	<ul style="list-style-type: none"> • Will accept community provider referrals for medically appropriate specialty care (if it is believed patient would be more appropriately served for their specific medical need elsewhere Virginia Mason will not accept the requested referral or transfer). • VM is unavailable for primary care services. • VM is unavailable for patient self-referrals. • CHAMPVA is an open plan that does not require members to use specific providers – as this is the case we will be looking for a provider to provider referral. • There will be no referral authorization number; persons scheduling should be asked for the name of the referring provider and contact information. 	No									
CIGNA	233	PPO Network	Yes	No	*Insurance approved specialty care referral is not required if patient has a VM PCP and is seeing a VM specialist.	No									
		Managed Care (HMO)	Yes	*Yes		No – however if patient does not have a VM PCP, authorization required all services.									
Community Health Plans of Washington (CHPW)	230	*Healthy Options (HMO)	No	Yes	<ul style="list-style-type: none"> • *VM is non-contracted, but will accept approved referrals for specialty care. • May not select a VM PCP. • Unless emergency, specialty referrals and hospital admissions must be authorized by CHPW. Note: A referral by the patients PCP is always required, however CHPW may now advise an approved CHPW 	Referral authorization is required for all services.									

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					referral is no longer required for consultations. If this is advised, please note the name of the person advising should an issue arise. CHPW approved referrals are always required for all services other than a consultation. <ul style="list-style-type: none"> • If no authorization by CHPW, services will not be reimbursed. • Not accepting for psychiatry. 				
	214	HealthEssentials PPO (Exchange Program) <table border="1" style="margin-left: 20px;"> <tr> <td>Bronze</td> <td>Silver</td> <td>Gold</td> </tr> </table>	Bronze	Silver	Gold	*Yes	No	*HealthEssentials comes to VM via First Choice Health Network.	No due to FCHN Agreement.
Bronze	Silver	Gold							
	257	Community HealthFirst Medicare Advantage HMO	No	Yes		Yes			
Confluence Health	323	Confluence Health	No	Yes	*Molina and Confluence Health: Confluence Health is contracted with Molina and has financial risk for their Molina patient population. Virginia Mason is not contracted for Molina, however due to our Confluence Health relationship, will accept approved for referrals and authorizations. Below outlines authorization processes. <ul style="list-style-type: none"> • Referrals for consultations <ul style="list-style-type: none"> ○ Medical referral from the Confluence Health provider (PCP or specialist) is only required. • Referrals for surgeries/services other than consultation <ul style="list-style-type: none"> ○ If referral/authorization is not already in place, referral requests need to go to Confluence Health for their review and decision determination, Molina will not be involved. • Prior-authorizations <ul style="list-style-type: none"> ○ All prior-authorization requests need to be directed to Confluence Health for review and decision determination, Molina will not be involved 	Yes			

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					<ul style="list-style-type: none"> • Hospital admission notifications <ul style="list-style-type: none"> ○ Hospital admission notifications go to Confluence Health within twenty-four (24) hours after admission or by the end of the next working day if the admissions are on a weekend or holiday, Molina will not be involved. 	
Coordinated Care Corporation (Centene)	230	*Healthy Options (HMO)	No	Yes	<ul style="list-style-type: none"> • *VM is non-contracted, but will accept approved referrals for specialty care. • May not select a VM PCP. • Unless emergency, specialty referrals and hospital admissions must be authorized by CCC. Note: If CCC advises an approved referral is not required for CONSULTATIONS, please note the name of the person advising should an issue arise. Also, if CCC advises approved referrals are not required for consultation, please note this <u>does not</u> include any other services other than the consultation. All other services would require CCC authorizations. • If required and no authorization by Coordinated Care, services will not be reimbursed. • Not accepting for psychiatry. • Note for established patients on the Coordinated Care Foster Care program: <ul style="list-style-type: none"> ○ Even though currently non-contracted for this program, Coordinated has been allowing these established patients to continue with their VM pediatrician at this time. This can change at Coordinated's discretion however. 	Referral authorization is required for all services.
	347	*Ambetter (HMO Exchange Program) Bronze Silver Gold	No	Yes	<ul style="list-style-type: none"> • *VM is non-contracted, but will accept approved referrals for specialty care. • May not select a VM PCP. • Unless emergency, specialty referrals and hospital admissions MUST be authorized by Ambetter. • If no authorization by Ambetter, services will not be reimbursed. 	Referral authorization is required for all services.
Coventry	215	PPO Network	Yes	No		Yes

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*Crime Victims Fund	170	Crime Victims Compensation Program benefits.	Yes	No	*May apply if Patient sustain bodily injury or severe emotional stress resulting from a crime.	No				
Edison Health	369	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Spinal Services</td> <td>Heart Services</td> </tr> </table>	Spinal Services	Heart Services	No	*Yes	*Spinal and Heart services - a determination made by the Program Administrator that all benefit program conditions have been met for each Participant, procedure, and other care delivered prior or after the admission for a procedure.			
Spinal Services	Heart Services									
First Choice Health Network	214	PPO Network	Yes	No	<ul style="list-style-type: none"> Includes Beech Street who now owns PPONext. 	No				
	349	VM Employee Plan	Yes	No		No				
GreatWest Healthcare	233	PPO Network	Yes	No	Owned by CIGNA, but continues to operate separately.	No				
Health Alliance Medicare	257	Signal Advantage HMO/POS	No	No	*Insurance approved referrals are not required, however there are services that may require prior-authorization's <ul style="list-style-type: none"> Health Alliance Medical Plan Customer Service – (prior-authorizations, claims inquiries, etc.): 1-877-795-6117, HealthAllianceMedicare.org. 					
		Signal Advantage HMO	No	No						
Health Design Plus (HDP)	319	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Spinal Services</td> <td>Heart Services</td> </tr> <tr> <td>Hip/Knee Services</td> <td></td> </tr> </table>	Spinal Services	Heart Services	Hip/Knee Services		No	*Yes	*Spinal and Heart services - a determination made by the Program Administrator that all benefit program conditions have been met for each Participant, procedure, and other care delivered prior or after the admission for a procedure.	Depends upon patient's health insurance if not included in HDP care management authorizations
Spinal Services	Heart Services									
Hip/Knee Services										

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Humana	289	PPO Network	Yes	No		No	
	257	Medicare Advantage Programs:					
		HumanaChoice (PPO)	Yes	No			No
		Humana Gold Plus (HMO)	No/Yes (EFM only)	*Yes	*Contracted (in-network) for specialty care referrals only. *May select Edmonds Family Medicine (EFM) providers ONLY for PCP. Relationship is via Physicians Care Network (PCN), managed care subsidiary of The Polyclinic.	Note for mammogram and other preventive care (referenced in attached links), including DXA scans: <ul style="list-style-type: none"> • When using an in-network provider, referral authorization is not required for preventive services. • If there are findings and the service is coded as medical versus preventive due to the findings, an approved referral authorization is required. Also, if patient is having a repeat imaging or service, approved referrals are required. 	Referral authorization is required for all services with exception of preventive.
		Humana Gold Plus (HMO SNP)					
Humana Polyclinic	No	*Yes	*Contracted for specialty care referrals only.		Referral authorization is required for all		

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		Humana Physicians Care Network (PCN)	No	*Yes	*Referrals are no longer required by PCN for consultation/office visits. However, if patient is in need of imaging, treatment or other additional services, an approved referral IS required.	services. Referral authorization is required for all services.
Indian Health Services	43	HMO program listed by tribe	No	Yes		Referral authorization is required for all services.
Interplan Health Group	283	PPO Network	Yes	No		Yes
Kaiser Permanente Health Plan of Washington. (formerly Group Health Cooperative)	117	Alliant Plus/Connect (POS) (May select a VM or GH PCP).	Yes	No	*Patient may incur higher out-of-pocket expenses if they have a GH PCP and have elected to self-refer to Virginia Mason.	No – however, if patient has a GH PCP and is self-referring an authorized referral is required for all services.
		Alliance (HMO) (May select a VM or GH PCP).	Yes	*Yes	*Insurance approved specialty care referral is not required if patient has a VM PCP and is receiving care within Virginia Mason. *Insurance approved specialty care referral IS required if patient has a GH PCP and is receiving care within Virginia Mason.	No – however, if patient has a GH PCP an authorized referral is

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						required for all services.
		Options POS (May select a VM or GH PCP).	*Yes	No	*Patient may incur higher out-of-pocket expenses if they have a GH PCP and have elected to self-refer to Virginia Mason.	No – however, if patient has a GH PCP and is self-referring an authorized referral is required for all services.
		Options PPO	*Yes	No	*Virginia Mason is available through our First Choice Health Network.	Yes
		Group Health Access PPO	*Yes	No	*Virginia Mason is available through our First Choice Health Network.	Yes
		Group Health Omni PPO	*Yes	No	*Virginia Mason is available through our First Choice Health Network.	Yes
		Group Health Elect PPO	*Yes	No	*Virginia Mason is available through our First Choice Health Network.	Yes
		Group Health Core	No	Yes	*VM is non-contracted, but will accept approved referrals for specialty care. Note: <ul style="list-style-type: none"> • Even though accepted, Group Health will NOT approve a referral to VM unless the services are NOT available within their preferred provider network. • Please do not schedule a patient under Group Health Core unless the patient has a Group Health APPROVED referral. The exception is medical emergencies. 	Referral authorization is required for all services.

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		*Kaiser Permanente – not “Kaiser Permanente of Washington”, (Virginia Mason is not contracted for any other Kaiser programs).	No	Yes	*VM is non-contracted, but will accept approved referrals for specialty care.	Referral authorization is required for all services.	
		PEBB Classic and Value Plan (SoundChoice)	No	Yes	*VM is non-contracted, but will accept approved referrals for specialty care.	Referral authorization is required for all services.	
	77	Medicare Advantage Programs:			*For all services unless a medical emergency.	Referral authorization is required for all services.	
		Medicare Advantage HMO	No	*Yes	*Note when reviewing website for eligibility – Group Health only offers Medicare Advantage HMO – if “GH Employer” is indicated in the eligibility screen, Patient is HMO.		
Labor and Industry (L&I)	61	Federal and State funded work Injury	Yes	*No	*Patient would need to apply for L&I via their employer. If L&I approves as work injury they will pay. If they do not, bills will go to patient’s health insurance.	Notification only	
LifeWise (Contracted via Premera)	96	LifeWise PPO	Yes	No		No	
		LifeWise Essential (Exchange Program) – ID card indicates LifeWise Connect. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Bronze</td> <td>Silver</td> <td>Gold</td> </tr> </table>	Bronze	Silver	Gold	Yes	No
Bronze	Silver	Gold					
*Medicaid Out-of-State	103	DenaliCare (formerly Alaska Medicaid)	No	Yes	*Unless emergency, ALL out-of-state Medicaid (Alaska, Oregon, Montana, Colorado, Florida, Idaho, etc.) requires approved prior authorization via the respective out-of-state Medicaid program). If not prior approved, services will be denied.	Yes	
	193	Out-of-State	No	Yes			

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Medicare	87	Part A and B	Yes	No		No
	97	Part A only	N/A	No		No
	73	Part B only	Yes	No		No
	79	Railroad	Yes	No		No
*Medicare Advantage (in addition to others mentioned throughout this document) (Medicare Advantage programs can be HMO, POS or PPO)	257	PPO <ul style="list-style-type: none"> • Columbia Community Care • Moda Health (formerly ODS) • MVP Care • New West Medicare • Sierra Health and Life Insurance Company (Sierra Optima Choice) • Today's Option PPO and PFFS (by Pyramid) • WellCare (Concert, Serenade, Sonata, Melody) 	*Yes	No	<ul style="list-style-type: none"> • *VM is not contracted, but will accept for established primary care patients. • *If patient is non-established in primary care - accepting for specialty care referrals only. • May be considered as out-of-network if receiving non-emergent care within Virginia Mason. 	Yes – depends upon payor.

Virginia Mason Insurance Grid

Insurance Company Name	FSC	Plan Names	May Patient Select or See a Virginia Mason (VM) Primary Care Provider (PCP)?	Does Patient need an insurance approved referral authorization for Specialty Services?	General Comments	Prior-Authorization required for advanced imaging (MRI/CT)?
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		HMO <ul style="list-style-type: none"> • Amerigroup Amerivantage Classic (HMO) • Amerigroup Amerivantage Specialty (HMO SNP) • Highline Medical Services Organization (HMSO) • Molina Medicare Options • WindsorSterling Medicare Extra HMO and SNP 	No	Yes		Referral authorization is required for all services.
Medicare Select	257	*Medicare Select Networks	No	Yes	<ul style="list-style-type: none"> • *Not accepted (unless emergency). Persons under the select programs are required to use contracted hospitals. • VM is not a contracted hospital and as such cannot admit patient. As this is the case, VM is also not scheduling services under these programs. 	Yes
Medigap Medicare Supplement Plans	387	*Plans identified as Medicare Supplement Programs.	Yes	No	*Always secondary to Medicare.	No
Molina Healthcare	230	*Healthy Options (HMO)	No	*Yes	<ul style="list-style-type: none"> • *VM is not contracted. • May not select a VM PCP. • Unless emergency, specialty referrals and hospital admissions MUST be authorized by Molina. • If no authorization by Molina, services will not be reimbursed. • Not accepting for psychiatry. 	Referral authorization is required for all services.
	347	Molina Gold and Silver (HMO Exchange Programs). Also called Molina Marketplace.	No	Yes		

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					Molina and Confluence Health: Confluence Health is contracted with Molina and has financial risk for their Molina patient population. Virginia Mason is not contracted for Molina, however due to our Confluence Health relationship, will accept approved for referrals and authorizations. Please see information under Confluence Health on page 6.	
Multiplan	202	PPO Program	Yes	No		Yes
Premera Blue Cross	255	*Blue Cross/Blue Shield (BC/BS) Out-of-State	Yes	No	*The assigned alpha prefix identifies whether the services are billed under BC/BS.	Yes – depends upon payor.
	335	Premera PersonalCare Partner System – Virginia Mason Includes primary care selection through <ul style="list-style-type: none"> • Virginia Mason or • Edmonds Family Medicine • Polyclinic (effective 1.1.18) Please note: Some Patients are continuing to see their provider with Seattle Medical Associates. They will have Dr. Ingrid Gerbino listed as	Yes	*No	*Patients covered under this program must receive services from primary care providers through Virginia Mason (VM), Polyclinic (if after 1.1.18) or Edmonds Family Medicine, and specialty providers through any of the participating organizations listed under Puget Sound High Value Network (PSHVN) unless services are for an emergency. Approved referrals are not required for care received within the network. If a patient covered under this plan is in need of a service that is not available through these participating organizations, they may also be referred to the Premera Heritage Signature/Heritage Prime network of providers. An approved referral is required if they are receiving services outside of their selected PersonalCare System and within the Premera Heritage Signature/Heritage Prime network. If patient receives care out-of-network, patient will have no benefits – claims will be denied.	No

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		their PCP.				
		Premera PersonalCare Partner System: <ul style="list-style-type: none"> • Non-Virginia Mason, non-Polyclinic or non-Edmonds Family Medicine PCP. 	No	*Yes	If patient did not select the Virginia Mason (VM) PersonalCare Partner System and choose a VM, Polyclinic or Edmonds Family Medicine PCP and receives care within VM without a referral waiver from their selected PersonalCare Partner System, the patient will be considered as out-of-network and services will not be covered. Patient would have full financial responsibility for serviced denied as out-of-network.	*Yes
		Premera PersonalCare Partner System (ACO): <ul style="list-style-type: none"> • Northwest Physicians Network (NPN) – their ACO network 	No	No	Virginia Mason is a participant in the NPN ACO network. As VM is considered in network for the NPN ACO, patients in the NPN ACO network via the Premera PersonalCare Partner program are not required to have insurance approved referrals.	
	259	Traditional Indemnity	Yes	No		No
		*Premera Preferred (Exchange program) – ID card indicates Heritage Signature. Bronze Silver Gold	Yes	No	Note: Heritage Premier will be on the ID card.	No
		*Premera Medicare Supplement	Yes	No	*This is a Medigap plan, not the BC/BS Medicare Advantage program. Always secondary to Medicare.	No
		All Dimensions Plans	*Yes	*No	*Including Heritage Networks and Lifewise. Please note: Virginia Mason is out-of-network for Providence Health and Service Plan (alpha prefix - PBQ). Patients under this plan must have an insurance approved referral prior to receiving services via Virginia Mason. (With exception of emergency are, if an approved referral is not in place prior to patient receiving the services,	No

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					patients insurance will deny reimbursement and patient will be financially responsible.	
	257	Medicare Advantage Plans:				
		*Premera Medicare HMO	*Yes	*Yes	<ul style="list-style-type: none"> • *If patient does not have a VM PCP, an approved referral is required for specialty care. 	Yes - exemption does not yet apply to Premera's Medicare programs.
*Private Healthcare Systems (PHCS)	267	PPO Network	Yes	No	*Owned by Multiplan, but operating as a separate organization at this time. *Includes Yakima Valley Memorial Hospital Employee Plan (Memorial High Value) Via Signal Health/Health Alliance . See Virginia Mason Memorial information below.	Yes
Regence Blue Shield (Under the ownership of Cambia Health Solutions)	21	*Boeing PPO	Yes	No	*Traditional medical plan administered via BC/BS of Illinois.	Yes
		*Boeing Selections	Yes	No	*Traditional medical plan administered via BC/BS of Illinois.	Yes
		Boeing Preferred Partnership	No	Yes	This program is a narrow network program and Virginia Mason is not in the network. Unless emergency, Patients will need approved referrals for all services within Virginia Mason. If no approved patient is financially responsible for amounts not paid by insurance.	
		Healthcare Management Administrators (HMA)	Yes	No		Yes
		King Care (KRC)	Yes	No		Yes
		PPO (non-Boeing)	Yes	No		Yes

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		Regence Select Network (EPO)	Yes	No		Yes
		Selections POS (non-Boeing)	Yes	No		Yes
		*Medicare Supplement	Yes	No	*This is a Medigap plan, not the Regence Medicare Advantage program. Always secondary to Medicare.	No
		Innova and Engage	Yes	No		Yes
	224	Federal Employee Plan (FEP)	Yes	No		Yes
	255	*Blue Cross/Blue Shield (BC/BS) Out-of-State	Yes	No	*The assigned alpha prefix identifies whether the services are billed under BC/BS.	Yes – depends upon payor.
	311	Medicare Advantage Plans:			*May select Edmonds Family Medicine (EFM) providers ONLY for PCP. (effective 7.1.18 until 12.31.18)	Yes
		Regence BlueAdvantage Basic and Classic (HMO)	*No/Yes (EFM only)	Yes		
		Regence Medicare Advantage Basic and classic (PPO)	Yes	No		
SoundPath Health (formerly Puget Sound Health Partners)	257	HMO Alpine, Charter+, Peak+, Sound+	*Yes	No	*Contracted with SoundPath Health for primary and specialty care, effective January 1, 2015.	No
		VM PCP				
		Non-VM PCP	No	*Yes	*The referral for specialty care must be initiated by the patient’s non-VM PCP, but is not required to be approved by Soundpath. The referring PCP name must be on the billed claim in order for Soundpath to recognize the patient was referred by their PCP.	No – as long as referred by their PCP
*TRICARE	47	TRICARE Prime (HMO)	No	*Yes	*Non-contracted but will accept approved referrals for specialty care.	Referral

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(UnitedHealthcare Military & Veterans)					*Approved referrals are required for specialty care services provided within VM. TRICARE Prime will not usually approve referrals to VM specialty unless the service is not available within their contracted provider network.	authorization is required for all services.
		TRICARE Extra (POS) TRICARE Standard (POS) TRICARE Reserve Select (POS)	*Yes	No	*Non-contracted but program is a POS so patient may self-refer to non-contracted providers. Patient may incur a greater out-of-pocket expense when self-referring.	Yes
		TRICARE For Life (secondary to Medicare)	Yes	No		No
TriWest	800	TriWest for Department of Veteran Affairs (VA)	No	*Yes	TriWest will provide inpatient and outpatient specialty care, and mental health care services when local VA medical centers cannot, either due to availability of resources or location of the patient. VM is not contracted with TriWest but will accept their approved specialty care referrals.	Yes
Uniform Medical Plan (UMP)	21	PPO Network	Yes	No	Administered by Regence.	Yes
Uniform Medical Plan (UMP) Plus FSC description is (RUM)	331	Puget Sound High Value Network (PSHVN) PSHVN network includes: Edmonds Family Medicine, EvergreenHealth Partners, Lakeshore Clinic, MultiCare Connected Care, Overlake Medical Center, Seattle Children's	*Yes	*No	*Administered by Regence. <ul style="list-style-type: none"> • PSHVN will be indicated at the top center of the patients ID card. • Patients selecting PSHVN may receive specialty care via any Virginia Mason and PSHVN providers without an approved referral. • If needing services not available within PSHVN, patients will need an approved referral waiver for in-network benefits. • If patient does not have an approved referral waiver and receives care outside of the network, patient will incur a 50% coinsurance. 	Yes

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		University of Washington Medical Network	No	*Yes	Also administered by Regence. UW Med will be on the patients ID card. <ul style="list-style-type: none"> • Patients selecting University of Washington Medical Network must have an approved referral waiver if receiving specialty care and other services within Virginia Mason. If patient does not have an approved referral waiver and receives care within Virginia Mason, patient will incur a 50% coinsurance. 	*Yes
UnitedHealthcare (UHC)	230	Community Plan Healthy Options (HMO) (VM PCP and Non-VM PCP)	*Yes	*Yes	<ul style="list-style-type: none"> • * 4.20.18 - We are now open to <u>new patients</u> in primary care who are covered under UnitedHealthcare Community Plan - Healthy Options. However, if/when we hit our agreed upon maximum we will again re-evaluate PCP panel availability for new patients under this program. Exceptions: <ul style="list-style-type: none"> • We continue to accept patients who are <u>established in primary care</u> (seen in primary care within the last three years). • We will accept underage siblings of underage patients who are <u>established in primary care</u>. • We will accept underage children of patients who are <u>established in primary care</u>. • We will accept new underage children with Down syndrome accessing Dr. Rebecca Partridge. • We will accept all newborns into our pediatric panels. Please also note: <ul style="list-style-type: none"> • Accepting for psychiatry. • Plan requires members to utilize March Vision Care for their routine vision services. www.marchvisioncare.com <p>*Referrals for patients with non-VM PCP - If not under one of the below mentioned practices, insurance approved specialty care referrals are not required. However, some services may require prior-authorization.</p>	No if patient selected a VM PCP. Yes if patient selected a NWPN or HMSO PCP (approved referral required).

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					*Approved referral are required when patient has a PCP under the following groups: <ul style="list-style-type: none"> • Highline Medical Services Organization • NW Physicians Network (including ACO) 	
	266	Unitedhealthcare Options (PPO)	Yes	No		No
		<ul style="list-style-type: none"> • Choice and Choice Plus (PPO) • WEA – Choice Plus 	Yes	No	Note: All Savers Health Plan – UHC is a Third Party Administrator (TPA) for All Savers. All Savers plans have access to the UnitedHealthcare Choice and ChoicePlus network of doctors and hospitals.	No
		<ul style="list-style-type: none"> • Signature Value West (HMO) 	*Yes	*Yes/No	*This program is geographically specific. For example: If a patient buys the coverage in California, they are only covered in California, if they buy it in Washington state, they are only covered in Washington state (unless emergency). They may only select a VM PCP if they have the coverage in Washington state. If needing specialty care and coming from another state, they must have an approved referral.	Referral authorization is required for all services.
		<ul style="list-style-type: none"> • Navigate/Charter • WEA - Navigate 	*No	Yes	*Network exclusive to Swedish/Providence. Virginia Mason is currently only contracted for hospital services . However, if the patient’s PCP will initiate a referral and Navigate/Charter will approve, referrals are accepted for specialty care. Note: if the services is available within their Navigate/Charter network, referral requests will NOT be approved by the plans.	Yes - Contracted for hospital services only.
	322	Medicare Advantage Plans:			*HMO – for the HMO, approved referrals are required when patient has selected those listed below as their primary care practice:	Yes – for all UHC Medicare Advantage programs.
		AARP Medicare Complete (HMO/POS)	Yes	No	<ul style="list-style-type: none"> • Highline Medical Services Organization, • Physicians Care Network, • NW Physicians Network, (excluding ACO), or • Everett Clinic Primary Care Provider. 	
		AARP Medicare Complete Plans 1 - 3 (HMO)	Yes	*Yes/No		
		Medicare Advantage PPO	Yes	No		

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	322	*Community Plan Dual Complete – formerly called Evercare (HMO SNP) UnitedHealthcare Nursing Home Plan (HMO SNP)	No	*Yes	If not under one of the above mentioned practices, approved specialty care referrals are not required. However, some services may require prior-authorization. *When prior-authorizing for the Medicare programs always use the UHCWest website. Unless the Medicare program is Community Plan Dual Complete. If Community Plan Dual Complete, use UnitedHealthcareonline.	
Uniformed Services Family Health Plan (USFHP)	297	USFHP (HMO)	No	Yes	USFHP is a TRICARE HMO program administered by Pacific Medical Centers.	Referral authorization is required for all services.
Veterans Administration (VA)	146	*Federal Program	No	Yes	*The VA typically requires all services to be provided within VA medical centers. However, at times they will refer to non-VA specialists. This most often occurs when they do not have the needed specialty, or, they have overflow issues. VA personnel MUST have VA authorization for all services within VM.	Yes
Virginia Mason Memorial Employee Plans	214	Memorial Select PPO (Valley Memorial Hospital) Administered via First Choice Health	Yes	No	*Insurance approved referrals are not required, however there are services that may require prior-authorization's <ul style="list-style-type: none"> • FCHA Customer Service: (800) 403-3898, www.fchn.com • Pre-Authorizations: (800) 808-0450 	
	214	Memorial Health Savings (HSA) (Valley Memorial Hospital) Administered via First Choice Health	Yes	No	*Insurance approved referrals are not required, however there are services that may require prior-authorization's <ul style="list-style-type: none"> • FCHA Customer Service: (800) 403-3898, www.fchn.com • Pre-Authorizations: (800) 808-0450 	
	267	Memorial High Value HMO Administered via Health Alliance (Signal Health)	No	No	*Insurance approved referrals are not required when receiving care in-network, however there are services that may require prior-authorization's Health Alliance Medical Plan Customer Service – (prior-authorizations, claims inquiries, etc.): 1-877-714-	

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		<ul style="list-style-type: none"> • Yakima Valley Signal Health • Yakima Valley Memorial Physicians • Yakima Valley Hospital Employees • Yakima Valley Foundation 			7872, www.HealthAlliance.com.	
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Insurance Definitions

HMO - Health Maintenance Organization:	An HMO requires the member to choose a provider network and a Primary Care Provider (PCP) within the chosen network. The designated PCP coordinates the care of the member. An approved referral from his/her PCP must be in place for a member to see a specialist. Most HMO's also require approval by the HMO before service is received (unless emergent). By selecting an HMO members agree to receive all their care within the provider network except for those services which are not available. If a referral is not in place prior to receiving non-emergent care, the HMO may not cover incurred services.
EPO - Exclusive Provider Organization:	An EPO requires the member to choose a provider network and a Primary Care Provider (PCP) within the chosen network. The designated PCP coordinates the care of the member. An approved referral from his/her PCP must be in place for a member to see a specialist. Most EPO's also require approval by the EPO before service is received (unless emergent). By selecting an EPO members agree to receive all their care within the provider network except for those services which are not available. If a referral is not in place prior to receiving non-emergent care, the EPO may not cover incurred services.
POS - Point of Service Program:	A POS has the same requirements as an HMO. However, members are given the additional option of self-referring outside of their PCP network. Members who choose to self-refer will incur a higher out of pocket cost.
PPO - Preferred Provider Organization:	A PPO offers a network of providers. Members have the freedom to access a number of providers but are given financial incentives (i.e., lower out-of-pocket costs) to use the preferred provider network. PPOs are marketed directly to employers as well as to insurance companies and third party administrators, who then market the network to their employer clients.

Virginia Mason Insurance Grid

Insurance Company Name	FSC	Plan Names	May Patient Select or See a Virginia Mason (VM) Primary Care Provider (PCP)?	Does Patient need an insurance approved referral authorization for Specialty Services?	General Comments	Prior-Authorization required for advanced imaging (MRI/CT)?
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- **Comment notes:** Please review comments if an asterisk (*) is present.
- **Prior-authorizations:** Please note for prior-authorizations, insurance companies can take up to 14 days for making decision on a request for prior-authorization. When scheduling it is important to schedule with allowing time for the Virginia Mason Insurance Authorization team to submit the prior-authorization request (if required) and the insurance company reviews for their coverage determination.
- **Medicare Advantage:** Please note Regence, United, Humana, Soundpath, Premera and Group Health will all be listed under their individual names, not under Medicare.
- **Urgent Care:** Please note the same rules outlined in the grid apply for those seeking urgent care. If the patient is covered under a program that is an HMO and we are not contracted, or, we are contracted, but the patient selected a non-Virginia Mason PCP, and the urgent care visit is triaged non-urgent, patient may be redirected.
- **Definitions:** Please also see insurance definitions toward the end of this document.

PPP – Preferred Provider Plan	Like a PPO, A PPP offers a network of providers. Members have the freedom to access a number of providers but are given financial incentives (i.e., lower out-of-pocket costs) to use the preferred provider network. PPPs are marketed directly to employers as well as to insurance companies and third party administrators, who then market the network to their employer clients.
Insurance Referral:	The process by which primary care physicians (PCPs) determine if they need to refer a patient to another provider as the needed service is outside of their scope. If a referral is necessary, the PCP also needs to decide to whom the referral is made, for how long, and for what services. Most HMO's require their review and approval of the referral. If this is their requirement and their approval is not obtained, they may not cover the services.
Self-refer:	An insurance member's ability to obtain contractually specified services without written referral from member's primary care provider and approval from their insurance. These services, however, may be denied or paid at a lesser benefit.
Prior-authorization:	A request for payment authorization submitted in advance by a healthcare provider to the insurance plan for their approval to admit a patient, perform a procedure or provide a service. Pre-authorization/prior-authorization requirements are specific to each insurance plan. The insurance plan will determine medical necessity, appropriateness of services and level of care based upon their guidelines. If Pre-authorization/prior-authorization is required and not obtained, the service not notified or authorized may not be covered by the insurance.
Co-pay	The pre-designated amount a member is required to pay directly to a provider of medical services for certain services. It is due prior to services being rendered. The copayment is not an additional payment. The copayment is included in the insurance allowed amount. For example: Insurance allows \$60 for a service, if there is a copayment for the service, depending upon the copayment amount, if \$10, the insurance will pay \$50 with the patient paying the remaining \$10 at check-in for the service. Copayment amounts are often located in the patients Certificate of Coverage and/or the insurance ID card.
Deductible:	A fixed amount of health care dollars of which a person must pay 100% before his or her health benefits begin. For example: Patient deductible is \$250, patient receives care and allowable for care is \$1,000. Patient would pay \$250 and insurance would pay \$750.

Virginia Mason Insurance Grid

Insurance Company Name	FSC	Plan Names	May Patient Select or See a Virginia Mason (VM) Primary Care Provider (PCP)?	Does Patient need an insurance approved referral authorization for Specialty Services?	General Comments	Prior-Authorization required for advanced imaging (MRI/CT)?
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Coinsurance:	The portion of covered health care costs for which the covered person has financial responsibility, usually according to a fixed percentage. Often coinsurance applies after first meeting a deductible requirement. For example: patient's insurance pays 80% and patient pays the remaining 20%. The patient responsibility is most often not known until billing the insurance for their benefit determination.
Established Patient:	A patient who has been seen in primary care within the <i>last three years</i> .
Primary Care:	General Internal Medicine, Family Practice and Pediatrics.