

# Fox Valley Medicine, Ltd.

## Welcome to Fox Valley Medicine, Ltd.

On behalf of the Fox Valley Medicine, Ltd. (FVM) Board of Directors, member physician panel and the administrative office, I would like to personally welcome you and your family.

FVM is an Independent Physician Association (IPA) that represents over 80 Primary Care and Obstetrics/Gynecology Physicians in addition to over 400 Specialty Care Physicians who, as members of FVM, provide the highest quality *personalized* medical care for you and your family. FVM member physicians are responsive to your individual needs and dedicated to improving your family's health and well-being. FVM is committed to making sure you receive quality medical care by securing a network of outstanding physicians and centers of excellence.

Understanding your HMO plan can help you get the most out of your health benefits. Your plan provides for preventive services intended to help maintain your health and to promote early detection of disease. We encourage you and each family member to discuss with your physician(s) the screening tests that are appropriate and to follow his/her recommendations.

Managed care insurance benefits may vary depending upon your benefit package. For specific information regarding your benefits, including copayment amounts or limits on care, please see your Description of Coverage or Certificate of Health Care Benefits Manual.

You play a key role in maintaining your health. You have the responsibility to communicate openly, to participate in decisions about diagnostic and treatment recommendations, and to comply with the agreed upon treatment program. Your physician needs your commitment to maintain healthy behaviors and follow his/her recommendations. We look forward to a long and healthy relationship and encourage you to take an active role in managing your health.



Harry Rubinstein, M.D.  
CEO/Medical Director

## Choosing your Primary Care Physician (PCP) and Obstetrics & Gynecology (Ob-Gyn)

**The first ~ and most important ~ step to becoming a FVM member is to select your PCP.** Building a strong relationship with a PCP is an important part of staying healthy. Your PCP is your primary caregiver and medical advisor. He/she will coordinate care, including direction to specialty care physicians when needed. Be sure to contact your PCP whenever you need to seek health care services. Services rendered outside of FVM may not be covered if approval from you PCP has not been obtained. Each covered family member may select a different PCP based on personal preference. Please see the enclosed physician panel booklet for comprehensive PCP panel and profiles.

Female patients also have the option of selecting an FVM Ob-Gyn. If choosing an Ob-Gyn, the provider must be associated with FVM. See the enclosed physician panel booklet to view associated providers. Please note that your Ob-Gyn cannot act as your PCP. To assure coordination of care, inform your PCP of you Ob-Gyn selection and your Ob-Gyn of your PCP selection.

You must notify FVM of your PCP selection by returning the enclosed Physician Selection form or by calling a Customer Service Representative at 630.482.9758. A printable version of the Physician Selection form is also available on our website. To change your PCP at any time you may contact a Customer Service Representative for assistance. FVM limits PCP changes to three within a lifetime to ensure continuity of care.

We strongly encourage you make a "get acquainted appointment" with your newly selected PCP and, if applicable, Ob-Gyn to begin building a strong relationship. Your physician will inform you of his/her availability of hours for routine and immediate medical care.

If you or a dependent on your plan is approaching 18 years old and is currently under the care of a pediatrician, discuss Family Practice or Internal Medicine providers with your current pediatrician and contact a Customer Service Representative at 630.482.9758 for assistance in transferring care.

## Emergency, Immediate Care and After Hours Care



Emergency care saves lives. It is important to know the distinction between the need for emergency care and a visit best handled by your PCP. Knowing in advance how to respond to a true emergency situation can help you avoid unnecessary out-of-pocket expenses and, most

importantly, ensure proper care in the most appropriate setting. Prior to seeking treatment in an emergency room, we recommend you call your PCP for treatment advice.

In situations when you feel you cannot call your PCP, such as when you think you may be having a life-threatening incident such as a heart attack or a stroke, call 911 or go directly to the nearest hospital emergency room. You should contact your PCP within 24-48 hours or as soon as possible after receiving emergency treatment. Your PCP will assist in your follow-up care.

The availability of early morning, evening and weekend hours vary by PCP. Your PCP will advise you how to access medical care for routine appointments and provide guidance for when his/her office is closed. Immediate/Urgent Care services are available when your physician's office is closed or as directed by your PCP. Please note that routine visits, immunizations, and sports physicals are not a covered benefit at an Immediate/Urgent Care location. Enclosed is a list of contracted Immediate/Urgent Care locations. No referral or authorization is required to utilize one of FVM's contracted Immediate/Urgent Care facilities.

If you are traveling outside of our service area and need medical attention for an unexpected illness or injury that is *not* an emergency but treatment is necessary, please call 800.810.BLUE (2583) for guidance.

## Important Information

FVM Main Line .....	630.482.9701
Customer Service .....	630.482.9758
Customer Service Fax.....	312.283.3546
FVM Toll Free.....	888.482.3865
Behavioral Health Care Services (Pathways) .....	888.477.1300
Substance Use Disorder Services (Pathways).....	888.477.1300

Please be aware that co-payment amounts vary by HMO plan and are payable at the time of the visit. Be sure to bring your current HMO identification card with you to all appointments.



Please scan using your Smartphone to be directed to our website.

### FVM Hours

Monday through Friday - 8:30-4:30

## Utilization Management Process

Pre-Admission Certification and Concurrent Review are two programs established to ensure that you receive the most appropriate and cost effective health care. Prior to inpatient hospital admission, your PCP must submit and receive a FVM approved pre-admission certification. This does not apply to emergency situations. Your PCP and FVM may recommend courses of treatment that could help avoid an inpatient stay. It is your responsibility to cooperate with your PCP's recommendations. Concurrent Review ensures that your length of stay is appropriate given your diagnosis and treatment.

Utilization management (UM) decisions are based on medical necessity, which includes appropriateness of care and services, and available benefits. FVM does not reward providers or other individuals for issuing denials of coverage, care or service or provide financial incentives for UM decision makers that encourage decisions that result in underutilization. FVM also confirms that there is no conflict of interest between FVM and their UM decision makers.

You may contact FVM to discuss the Utilization Management Process, or concerns regarding it, by calling 630.482.9701 or our toll-free number 888.482.3865.

## Access to Utilization Management Staff

Utilization Management (UM) staff is available at least eight hours a day during normal business hours for inbound collect or toll free calls. UM staff can receive inbound communication regarding UM issues after normal business hours by calling 630.482.9701 where an after hours answering service is available and may be routed to an on-call UM nurse if needed. UM staff is identified by name, title and organization name when making or returning calls regarding UM issues. If needed, the TDD number for assistance for the State is 711 Relay Services. If needed, the TTY for English is 800.526.0844 and for Spanish 800.501.0864. Language assistance is available, free of charge, for members to discuss UM issues. (Please note that language assistance does not apply to after-hours calls.)

## Referrals/Authorizations

Your PCP will coordinate your overall health care and determine the need of specialty care referrals/authorizations for medically necessary services. Your PCP initiates the referral process by sending FVM an inquiry request for services. This inquiry is reviewed and becomes a referral/authorization once it is processed. All referrals/authorizations must undergo a review process.

If a referral/authorization is denied, you will receive written communication providing the reason for the denial, alternative options, and a contact number to call if you have questions and the process to appeal. Always verify the provider, approved procedures and effective dates on all referrals/authorizations.

Due to the rules of confidentiality, FVM cannot disclose the status of a referral/authorization directly to you. Please contact your PCP for questions regarding your referral/authorization.

## Medical Records and Patient Confidentiality

If you have medical records that need to be copied or transferred, please contact the appropriate provider for instructions. Medical records are held in strict confidence.

Due to HIPAA, we are only able to discuss your protected health information (PHI) with you personally. In order for us to discuss or release PHI to any other individual, you must complete a FVM *Authorization for Uses and Disclosures of Protected Health Information* form. This will authorize a Customer Service Representative to discuss claims, concerns, benefit inquiries and/or authorizations with the individual designated. The form has been enclosed for your convenience and may also be found on our website. If you wish for others to discuss information on your behalf, you must complete the form and mail it to the address listed or fax it to 630.482.9764. Also, if you have a dependent over the age of 18, they must complete the form to have information released to anyone on their behalf.

We have also enclosed a copy of our privacy practice.

## Frequently Asked Questions

Q: If I selected my PCP on the enrollment application with BlueCross BlueShield of Illinois (BCBSIL), why do I still have to register with FVM?

A: FVM does not have immediate access to your completed enrollment application. Registering your PCP/Ob-Gyn selection with us ensures smooth care coordination. It is important to call us at 630.482.9758 or complete and mail/fax the enclosed Physician Selection Form.

Q: Do I need an authorization/referral for Immediate/Urgent Care?

A: An authorization/referral is not required to seek services at Immediate or Urgent Care as long as you are utilizing one of FVM's contracted facilities. Please note that routine visits, immunizations and sports/school physicals are NOT covered at Immediate/Urgent Care.

*Please visit our website to view more frequently asked questions.*

## Population Health Management Program

As part of your HMO benefits, FVM offers Population Health Management services which include:

- **Condition Management**—Available to members with a diagnosis of Diabetes or Asthma.
- **Case Management (CM)**—Members may qualify for CM when additional support is needed for their medical care such as transitioning to home after a hospital stay or in navigating the health care system. You or your caregiver may ask to enroll in the program. You may also be referred to the program through hospital or other discharge planners. Your PCP or another referring provider may also refer you to CM.
- **Complex Case Management (CCM)**—Available to members with multiple complex medical or behavioral health conditions.
- **Wellness & Prevention Programs**—Includes the following programs: influenza vaccine; breast, cervical and colorectal cancer screening; childhood and adolescent immunizations; and depression screening program.

You may be contacted by FVM if you qualify for any of the Population Health Management programs. For more information about qualifying for these programs or to opt out of a program, please contact the UM Department at 630.482.9701.

## Inquiries, Complaints and/or Grievance Process

Communication with your physician is an important part of your health care. If you do not understand any course of your care, please discuss this with your PCP.

If you have an inquiry, you may also contact our Customer Service Representative at 630.482.9758. The role of the Customer Service Representative is to help with member questions or concerns that cannot be resolved through normal channels.

If you have a complaint or grievance, you should contact your Health Plan via the phone number on the back of your ID card.

## Appeal Process

As an HMO member, you have the right to appeal any payment or denial of covered services by contacting BlueCross and BlueShield of Illinois at the number located on the back of your ID card or in writing at the address listed below.

- If you are an HMO Illinois®, Blue Advantage HMO<sup>SM</sup>, or a Blue Precision HMO<sup>SM</sup> (group number on ID card begins with R) send to: BlueCross and BlueShield of Illinois, Claims Review Section, P.O. Box 2401, Chicago, IL 60690-1364.
- If you are a Blue Precision HMO<sup>SM</sup> member (group number on your ID card begins with an I) send to: BlueCross and BlueShield of Illinois, Claims Review Section, P.O. Box 3122, Naperville, IL 60566-9744.

Any party involved may request an external independent review following an adverse determination for a clinical service or treatment procedure that is not reviewed as medically necessary.

## Behavioral Health & Substance Use Services

Behavioral health and substance use services are offered through Pathways Behavioral Health (formerly Employee Resource Centers (ERC)).

All members seeking behavioral health or substance use services for the first time must register by calling 888.477.1300. You will receive a prompt telephone assessment of your care options and a Representative will assist you in finding a behavioral health or substance use professional in your area. You can also visit their website at [www.pathwaysbhn.org](http://www.pathwaysbhn.org) to find a provider in your area. A referral or order from a PCP or Ob-Gyn is not needed prior to seeking treatment. We encourage you to discuss any Behavioral Health care services that you are receiving with your PCP.

## Enclosed Documents

- **Physician Panel Booklet:** Please select a PCP and/or Ob-Gyn from one of these physicians.
- **Physician Selection Form:** Use this form to designate a PCP/Ob-Gyn for each family member under your insurance plan and return to FVM by mail or fax.
- **Authorization for Uses and Disclosures of Protected Health Information:** Please complete this form if you wish to designate an individual to discuss your protected health information on your behalf.
- **Privacy Practice:** This notice describes how medical information may be used or disclosed.
- **Immediate/Urgent Care Locations:** This list is the contracted Immediate/Urgent Care locations that you may seek services when your PCP is unavailable.

*If you have any questions regarding the enclosed documents, please contact a Customer Service Representative at 630.482.9758.*