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Thank you for your interest in becoming an online provider for Sendero health plans. For more information about joining our network of vendors, please email us at providers@senderohealth.com or click here to download the vendor interest form. If you have any questions about joining our network, please call our network management team at 1-855-895-0475. COVID-19 Update Sendero Health Plans waives all members' costs for testing and treating COVID-19 with network providers and laboratories. To better protect your health, remember that Sendero offers free telemedicine to all members. For more information click here. Unexpected job or loss of income? Keep your health insurance. We can help. Click here for more information. This guide provides physicians, hospitals, and other practitioners on the Health Plan network with an easy-to-use guide to our business and medical management practices. You can go to certain sections of the manual in the content table. Full MANUAL Sendero Health Plans, Inc. was established in 2011 as a new nonprofit organization in Central Texas to improve public health by providing affordable and quality health insurance. Sendero received an HMO certificate from the Texas Department of Insurance (TDI) and was authorized to start service on March 1, 2012. Backed by the Travis County Health District (D.b.a. Central Health Care), Sendero Health Plans draws on The Central Health's extensive experience in providing affordable quality health insurance for Travis County residents. In addition to providing expertise for Sendero, Central Health has special funding to run HMO and risk capital. Central Health has appointed two members of its own board of managers to Sendero Council. Additional board members are community and business representatives with deep relevant experience and dedication to Sendero's mission to meet the medical and medical needs of the Travis County population. As a community health plan, Sendero is positioned to evolve with the changing healthcare landscape to be the provider of the health plan of choice for a growing number of central Texans, and allow income to stay in Central Texas to further improve our local health care system. IdealCare, Sendero Health Plans' Federal Health Insurance Marketplace proposal has contributed to the overall health insurance for the county by providing competitive-priced insurance coverage for uninsured, low-income residents and their families. If you have for questions regarding the EOC or the information inside, please contact the customer service line at 1-844-800-4693. What does benefit coordination (COB) mean? Benefit coordination means that the participant is covered by a different plan and determines which plan is paid in the first place. How to market the market? You must notify the Exchange if you receive or have access to other coverage, such as the plan offered by the employer. If you have any questions about benefit coordination, please contact customer service at toll-free at 1-844-800-4693. What are disease management programs and can these programs help me? Sendero has many services to help you get an education about your health and manage your medical conditions. We have programs that provide support and education if you have diabetes or asthma. They are called disease management programs. We provide information about diabetes or asthma and help you with the problems that may arise from such diseases. We will help you manage these chronic diseases and learn ways to keep yourself healthy if you have diabetes or asthma. If you want to be considered for diabetes or asthma programs, you or someone who will help you can call us at 1-844-800-4693. How are usage management decisions made? We understand how important it is to make the right decisions about approving coverage for your care. We take this responsibility seriously. When deciding whether to approve coverage, we follow the following rules: our decisions are based only on the appropriateness of the care and care requested and on whether it is covered by insurance. We do not reward practitioners or others in any way for issuing waivers. We have no incentive for decision makers to encourage them to make decisions that could result in you getting less care that you need. Sendero expressly prohibits this kind of incentive. How can I take advantage of the pharmacy? Sendero has a committee of doctors and pharmacists who decide on our medication procedures. They develop our formulas, which are the list of drugs that we prefer our doctors to prescribe. We have a network of pharmacies where you can get the prescription filled. You can get the most up-to-date information about the medications we cover by looking at our formulas by clicking here or by calling customer service at 1-844-800-4693. Our team of physicians and pharmacists reviews available drugs and selects those they consider best for our members. This list of our preferred drugs is the formula. It includes generic and branded drugs that we believe are the most appropriate, safe and effective drugs for our members. We often review formulas to make sure it is current. From time to time we add new drugs and remove others. We also have different levels of drug payments called cost-sharing levels. Exists difference between the branded drug and the general version. Common drugs have the same ingredients as branded drugs. They are usually of different colors and shapes. Generic drugs are not as expensive as branded drugs. Your pharmacy will fill your prescription with generic medication it's available. Common medicines are safe and effective as their branded counterparts and are usually cheaper. If your doctor does not want a general replacement, he or she should contact us and let us know the cause. If we do not confirm the request, you and/or your doctor will be informed of our decision. You can appeal if the request is not approved. We will tell you how to do this when we give you or your doctor our decision. You can view our online formulas by clicking here or by calling Customer Service to check coverage for a particular drug. As a participant, if the drug you are taking is not listed in our formula, you can ask us to cover the drug. This is called an exclusion request. Your doctor will have to tell us the reasons why he or she believes we should make an exception to our formula. Pre-approval For certain drugs, our approval is required. This is called pre-authorization. If your doctor decides that you should take the drug in this group, he or she will contact us to get permission before giving you a prescription for the drug. Step therapy Ne medications require step therapy. This means that you should try the first step of the drug before the second step of the drug is covered. Usually generic drugs are in the first step. Limiting the amount we encourage safe use of drugs by setting a maximum amount per month for certain drugs. These quantity limits are based on the Food and Drug Administration (FDA) guidelines and manufacturer recommendations. There are circumstances that require exclusion from these restrictions. Your doctor may request an exception by contacting us and informing us of the reason for the exclusion. We'll let you know about our decision. If we do not confirm the request for an exemption from the quantitative restrictions, we will tell your doctor how to appeal this decision. Therapeutic Interchange You may be asked to take a drug that is chemically different from the drug originally prescribed. This other drug will have the same therapeutic purpose and will be used for the same fda approved conditions. It's called therapeutic exchange. The pharmacist or your prescriber may ask you to take this drug and explain the reasons why he or she believes it is the best choice of drug for you. You don't have to agree. If you disagree, your original prescription medication will be filled. For more information about our pharmacy treatments and to see if the drug is included in our formula, click here, the formula will tell you about: Drugs included in our formula. Limits on the amount and co-payment for medicines. Restrictions that apply to drugs such as pre-resolution requirements. get prior approval for the drug if necessary. How your doctor can request an exception to our formula, including the documentation we require to review this request. How you or yours yours may appeal our decision not to approve the request for the exclusion. The process of generic drug replacement. Requirements for steppe therapy. Therapeutic exchange requirements. Any other requirements, restrictions, restrictions or incentives that apply to the use of certain drugs. How do I request an exception to my medication (an exception to cover)? Sometimes our members need access to drugs that are not listed in the plan formula (the list of medicines). These drugs are initially considered by Sendero through the process of reviewing the exclusion formula. The following people can request the definition of insurance coverage: the participant, the enrolled participant, or the enroll representative. Your doctor may ask us to determine the insurance coverage for you. You can also have another person, as a family member or friend, make a request for you. This person must be identified as your representative. Call 1-866-333-2757. You can ask for two types of definition: Standard Query - whether requests are not urgent. The response time for your request is 72 hours since we receive the request. Accelerated Requests - Urgent is defined as: There is an imminent and serious threat to your health. The response time for your request is 24 hours since we receive the request. Any of these requests can be made orally or in writing. If you want to submit a request in writing, enter the form of the model coverage request form. You can fill out a form and fax it to 1-855-668-8551 or log on to the member portal and send the form electronically. An exception to cover instructions on how to fill out an exception in the coverage form You may need to send attachments. If so, please fax or mail the form along with what you need to include. If you need a printed copy of the form sent to you, call 1-866-333-2757. You can also ask us to identify coverage orally over the phone. To do this, call 1-866-333-2757. If you think we have rejected the request without the formula incorrectly, you can ask us to submit the case for external review by an impartial, third-party reviewer who knows how to request an external HHS review. We should follow the HHS-Managed Federal External Review Decision. HHS-Managed Federal External Review may be requested by a member, member representative or prescribing provider by mail, calling or faxing request: HHS-managed Federal External Review Request Form Mail To: MAXIMUS Federal Services State Appeal East3750 Monroe Avenue, Suite 705Pittsford, NY 14534Toll-free phone: 888-866-6205.5 3326Fax: 888-866-6190Website: If you consider waiting for an independent review will seriously jeopardize your life or health, or your ability to achieve, maintain or maintain support The maximum feature you, an individual acting on your behalf or a record provider may ask for expedited review by writing or calling MAXIMUS Federal Services, Inc. MAXIMUS Federal Services State Calls East3750 Monroe Avenue, Suite 705Pittsford, NY 14534Toll-free phone: 888-866-6205 ext. 3326Fax: 888-866-6190Website: Should I pay out of my own pocket for medical care or medicine? If you want to know if a particular service, procedure, or medication requires co-payment, coinsurance or deductible; refer to your Insurance Benefits Summary (SBC) for a detailed explanation of what the co-payment requires, coinsurance and/or deductibles. If you need emergency services while travelling, go to the nearest hospital and then call us at 1-844-800-4693. When you or your indoor family member will be temporarily away from home, you should contact your PCP in advance to schedule appointments or receive prescriptions to last for the duration of your stay. Non-emergency services are not covered by IdealCare when you are out of the IdealCare service area. If you receive non-emergency services outside the service area, you will be responsible for paying for the balance provided by the facility or the service provider. Did you know that IdealCare provides language aid? If you need to talk to a customer service representative about your benefits, access to care, or any other issues or concerns, we have bilingual representatives who can help you. Our representatives speak English and Spanish. We also offer translators in other languages over the phone. When you call us, you can ask to speak to someone in the language you speak. We have translation services. Services are free. If you need help understanding your benefits or how to get care or services, please call us. If you need face-to-face help with your provider, IdealCare Customer Service is free at 1-844-800-4693. For U.S. interpretation you will have to call at least 48 hours before your destination. What if I receive an account and/or a claim? Most providers will file claims for you. If your isp does not file a claim against you, please send a detailed invoice or receipt within 95 days of the last day you received the service. No payment will be made on any claim that we receive more than a year after the last day on which you received the service. If you have any questions about how to file a claim, please call Customer Service at toll-free at 1-844-800-4693. Send your claim to: Sendero Health PlansAttn: Box 16493Austin, TX 78761You can also send your claim by email: customerservice@senderohealth.com If you decide to get medical care from a service provider, not online or on an off-network facility, or you receive non-emergency treatment in the emergency room, emergency centers, care. Other objects without permission from Sendero, you will be responsible for the expense (s). If you receive emergency services from an off-network facility you will be responsible for any balance of paid services not paid for by Sendero. If you receive a lab bill or other service that should have been sent to Sendero, contact customer service and they will help you. Customer service can also help you if you have paid for services that they believe should be reimbursed. Click here for a claim form. How do I request a refund if I overpay? Participants can call to request a refund of overpaid premiums. Refunds can be processed in two ways, electronically or by manual verification. The type of refund that is issued depends on the payment method. Payments made by debit/credit card on our website/website, IVR and/or automatic payment may be cancelled on your debit/credit card. Payments made by check/cash order to our lockbox or automatic payment using a check or savings account are returned manually through a live check. Please contact Customer Service at 1-844-800-4693 to request a refund. What is the Explanation of Benefits (EOB)? EOB is a statement that we (IdealCare) send to participants to explain what treatment and/or services we have paid on your behalf, the payment we made, and/or your financial liability. EOB mailed to members as soon as we processed the claim. Participants receive a copy of the EOB by mail and can also be viewed on the members' portal. How to Read and Understand Explanation of Benefits (EOB) EOB is a notice that gives you a summary of your prescription and medical expenses. The summary tells you how much your provider is billed, the approved amount your plan will pay, and how much you have to pay the provider. If the EOB shows that the product or service is not covered, look for a section that includes notes, comments, footnotes, or comments to find out the cause. You may have to look at the next page to find this information. You can access EOB on sendero's member portal. Contact Sendero if you have any questions about EOB. You should also contact Sendero for more information if any of your services or items have not been covered. Try to keep your EOBs. You may need them in the future to prove that certain expenses have been covered/paid. For example, you may need old EOBs if the billing department provider makes a mistake or if you claimed a medical tax deduction. How do I find out about my provider's professional qualifications? Sendero has a network of different practitioners to provide you with care and care. Information about these practitioners is in our catalog. We will tell you the name, address, phone number and specialty of each practitioner in our network. If you are you As well as more information about the professional qualifications of our practitioners, please call Customer Service for free at 1-844-800-4693. Customer Service will notify you of your medical school attendance, completed residence, and board certification status for any of our primary care practitioners and professionals. How to choose a primary health care provider (PCP)? Once you have chosen an IdealCare plan, your next choice is to choose a health care provider that will provide the most health care for you and your family. Your primary care physician (PCP) will be the one you call when you need medical advice, when you are sick and when you need preventive care such as immunization. Each participant can choose their own PCP. You will select PCP from the IdealCare Plan family or general provider, therapists, and pediatricians. Choosing PCP is critical to immediate access to emergency and preventive care. For a list of Sendero service providers that provide services to IdealCare members, visit our www.senderohealth.com/idealcarenetwork website. You can also call our Customer Service for free at 1-844-800-4693. Your PCP is your personal health care provider that will provide and/or coordinate all aspects of your health care and monitor your course of treatment to make sure that proper care is maintained. Sendero uses standardized processes to evaluate and approve vendors for inclusion in the Sendero network. Network service providers are regularly reviewed to ensure that they continue to meet Sendero standards. Your PCP is your primary source of care and reference to specialists, hospitals and other health care providers. Please help your PCP: Request that your previous medical records be transferred to your PCP's office. Present an IdealCare ID every time you receive a medical. Payment by the provider of the applicable deductible (s), co-payments (s), and coinsurance at the time of service. Contact your PCP as soon as possible after a medical emergency so he or she can arrange follow-up treatment. Getting referrals from your PCP before you seek non-emergency specialty medical care, except when you have access to care from an obstetrician/gynecologist (OB/GYN) or behavioral health services. Your PCP is available, directly or through arrangements to cover with other providers, 24 hours a day, 7 days a week. If you are admitted to an inpatient facility, a health care provider other than your PCP may manage control your treatment. If you have a chronic, disabling or life-threatening condition, you can request the use of a dedicated health care provider as your PCP. In order for a dedicated health care provider to be named your PCP, he or she must meet all Sendero PCP requirements and be prepared to take responsibility for coordinating all of your care needs. If you want to request a specialist service provider as a PCP, call the customer to request a change. How do I access specialized services? The IdealCare plan covers the full range of specialized services. If your PCP determines that your condition requires treatment from a specialist, it will refer you to the appropriate network specialist. NOTE: You are not required to receive referrals from your PCP to access medical care from OB/GYN or Behavioral Health Services in the IdealCare Network Plan. The list of dedicated care providers on the IdealCare Plan network is available on our www.senderohealth.com/idealcarenetwork website. This list is updated every two weeks. You can also call Customer Service for information at 1-844-800-4693. How can I access behavioral health services? If you or a family member needs treatment for mental or emotional distress or have a drug or addiction disorder, call customer service toll-free at 1-844-800-4693 or 1-855-765-9696. The IdealCare Plan network includes mental health and substance abuse professionals who can see you and help you get treatment. Some substance abuse or mental health problems, such as severe depression, may also require urgent attention. You can access the behavioral health care provider online directly. You don't need a referral from your PCP. How do we get care after a normal working day? If you or your family members are sick or injured, which is severe or painful enough to require evaluation and/or treatment at night or at weekends, you should first contact your PCP, who will advise you based on your symptoms. Your PCP is available, directly or through arrangements to cover with other providers, 24 hours a day, 7 days a week. IdealCare by Sendero Health Plans also has a 24/7 nurse advice line available to you to use. Number 1-855-880-7019. How can I get emergency care? Emergency care includes those medical services that you receive in a hospital emergency room or a comparable facility to assess and stabilize certain diseases, including behavioral diseases. These conditions have a recent onset and severity (e.g. severe pain) that will lead a person with an average knowledge of medicine and health to believe that a person's condition, illness or injury is such that the inability to receive immediate medical care can lead to the following: Placing a patient's health at serious risk Of severe impairment of bodily dysfunction of any body organ or partSerious deformityIn the case of a pregnant woman, serious risk to the health of the fetus that will also be dealt with in emergencies. If you think you have a medical emergency, go to the emergency room or call 9-1-1. Visible heart attackLos consciousnessHest pain with symptoms of heart attackStrokeStrokeSevere Abdominal pain is sudden onset of trauma or traumaShock from sudden illness or injuryDifficulty in breathing, for example, in severe asthma attackIf you have any questions as to whether the situation is an emergency, please contact your PCP who will guide you based on your symptoms. You can also call Sendero Nurse Consultation for free at 1-855-880-7019 24/7 to get a referral based on your symptoms. Emergency services are covered anywhere, online and offline, 24 hours a day. In the event of an emergency, you should contact the nearest emergency department. You will be provided with the necessary emergency services, including treatment and health stabilization, as well as any medical examination or other assessment required by state or federal law to determine if an emergency exists. If after a medical examination, emergency treatment is not necessary, you should contact your PCP to arrange any non-emergency care needed. If you choose to use the emergency room for non-amiable treatment, you will be responsible for all bills. You should contact your PCP before receiving follow-up treatment, even if you have sought specialized medical care from the emergency department or advised to return to the emergency room by your attending physician. You or someone acting on your behalf should contact your PCP within 24 hours or as soon as possible so that he or she can arrange follow-up treatment. If you seek non-emergency care at a non-day facility, you may be able to balance the bill for an additional fee from the hospital. Are you billed for an off-network emergency services? Texas passed Senate Bill 1264 to protect you from unexpected billing from off-network emergency services when you don't have a choice of vendors or facilities. The bill protects members for services received only in the state of Texas. The new law applies to medical or consumables bills received after January 1, 2020. How do I file or file a complaint? If you have concerns about or are unhappy with the services or care you have received from IdealCare, IdealCare provider or any aspect of benefits under your health plan, please call us. Call IdealCare Customer Service toll-free at 1-844-800-4693. A full investigation into your complaint will be completed and our decisions will be forwarded to you in writing within 30 calendar days of receiving your oral or written complaint and/or complaint form. The complaint form can be found on our website by phone or by calling our customer service at toll-free at 1-844-800-4693. IdealCare will not discriminate or take punitive action against a member or representative of the party to file a complaint, appeal or expedited appeal. IdealCare will not participate in the response, including the refusal to renew or cancel the cancellation against the party, because a member or person acting on behalf of the party has filed a complaint against IdealCare or appealed the decision of IdealCare. IdealCare will not participate in the response, including the refusal to renew or terminate the contract, against the supplier, because the supplier, on behalf of the member, wisely filed a complaint against IdealCare or appealed the decision of the IdealCare. At any time you can file a complaint with the Texas Department of Insurance (TDI) by calling Section MC 111-1AP.O. Box 149091Austin, Texas 78714-9091 1-800-578-4677E-mail: ConsumerProtection@tdi.texas.gov you can appeal a decision that adversely affects coverage, benefits or your relationship with Sendero Health Plans. If you are not happy with our decision, you can appeal by phone or mail. You can call us toll-free at 1-844-800-4693. If you need language help to appeal, let us know and we'll help you appeal. You can send a written message to IdealCare by Sendero Health PlansAttn: Appeals2028 E. Ben White Blvd., Suite 400Austin, TX 78748DENIALS OR LIMITATIONS OF PROVIDER'S REQUEST FOR COVERED SERVICESendero may refuse medical care that is not considered medical necessity. If Sendero refuses medical services, you will be sent a letter with the reason for the refusal and an appeal form. If you are not happy with the decision, you can appeal by phone or mail. You can also appeal if Sendero is denied payment in whole or in part. Send in appeal form or call us toll-free at 1-844-800-4693. If you regret the phone, you or your representative will need to send us a written signed message. You don't need to do this if you're requesting an expedited appeal. Within 5 days of receiving an oral complaint, Sendero will send you a letter acknowledging the complaint. The confirmation letter will include a description of the procedures and timing of Sendero's complaint, as well as a complaint form for completion and return to Sendero. This form must be returned in order to obtain prompt resolution of your complaint. Your complaint will be investigated and Sendero will respond within 30 calendar days of receiving the completed complaint form. Within 5 days of receiving a written complaint, Sendero will send you a letter acknowledging the complaint; it would include a description of the procedures and timing of Sendero's complaints. Your complaint will be investigated and Sendero will respond within 30 calendar days of receiving a written letter responding to a complaint. Your Complaint will explain the resolution of the complaint; specific medical and contractual reasons for the resolution, specify the specialization of any supplier who on appeal, and include a full description of the appeals process, including the timing for the appeal process and the timing for the final decision appeal. If you are not satisfied with the decision of your complaint, you can initiate the Appeal appeal. The appeals process requires that you must appear before the Appeals Board in person or file a written appeal with the Appeals Board. Sendero will send you a confirmation letter within 5 days of receiving a written request for an appeal. The letter of recognition details your rights and sets out the appeals process. The Appeals Panel will consist of an equal number of staff, suppliers and members of the Sendero program. The members of the Panel may not have been previously involved in the contested decision. Апелляционная коллегия по рассмотрению жалоб будет обсуждать апелляции и консультировать Sendero по разрешению жалобы Appeal. The Апелляционный жалобы резолюции равно будет включать в себя уведомление об окончательном решении и включают в себя конкретные медицинские определения, клинической основы и договорных критериев, используемых в качестве основы для решения апелляции жалобы. The decision on the appeal against the complaint will be completed within 30 working days of receiving a written request to appeal the complaint. If you are not satisfied with your complaint or appeal, you can also file a complaint with the Texas Department of Insurance by calling toll-free at 1-800-252-3439. If you want to make your request in writing, send it to: Texas Department of Consumer ProtectionSeum (MC 111-1A)P.O. Box 149091Austin, Texas 78714-9091 How can I cancel my Health Insurance IdealCare? Go to the health insurance market where you bought a plan and log into your account. If you bought it through HealthCare.gov, log into my account, go to my plans and programs, and select End/Stop All Coverage. Or call the market at 1-800-318-2596 and you can cancel by phone. Click here for more information. How does IdealCare evaluate new technologies? IdealCare by Sendero Health Plans systematically evaluates the timely inclusion of new technologies and new applications of existing technologies as covered services. Your insurance benefit provides coverage only for therapies that have been shown in the scientific medical literature to be safe and effective. The IdealCare evaluation process ensures that coverage is available if there is evidence of safety and effectiveness. A review of modern technologies, as well as reviews of specific health services, will be conducted by the IdealCare Medical Technology Assessment Team using up-to-date data from sources including, but not evidence-based medical literature, certified consultants, medical work groups, professional societies, societies, government agencies. Drugs that are new to the medical community are reviewed and discussed by the pharmacy and therapeutic committee of IdealCare. Case Management is a collaborative process of evaluating, planning, simplifying and promoting options and services to meet human health needs through communication and available resources. What does a claim mean in anticipation? Texas' Fast Payment Act requires Sendero to pay a net claim within 30 days of receiving or the date of the claim is deemed to be clean. Sendero is responsible for denying or approving claims within a 30-day period. Claims pending consideration mean that the claim will not be considered and paid and rejected prior to the decision. Sendero has no claims, no pend. Claims.

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