



**Provider Instructions
for the
InterGroup Network**

March 2017

Welcome,

Congratulations, you are a provider in the InterGroup Network.

The InterGroup Network unites doctors, hospitals and allied professionals with businesses, labor organizations, third party administrators and insurers in a partnership for quality healthcare at a reasonable cost. Our size and independence enables us to customize programs to suit the needs of any health-benefit plan sponsor.

Please take the time to carefully read the enclosed information. It is designed to answer many of the questions you and your staff may have concerning participation. If you or your staff require additional information, please do not hesitate to call our Provider Relations or Customer Service departments. You will find a list of contacts in the back of this manual.

This manual will provide you with answers to commonly asked questions as well as policies and procedures for The InterGroup Network. You may also visit our web site at www.igs-ppo.com for more information such as an on-line provider directory and payer client lists. If you do not have access to the internet, please contact our Provider Relations department with any questions and one of our representatives will be happy to assist you.

As an active participant in our panel of physicians, you may have recommendations for additions to our physician and facility network. If so, please contact our Provider Relations department with your recommendations. We welcome your suggestions and will make every effort to accommodate your request.

Again, welcome to The InterGroup Network.

Kindest Regards,

John A. George
President & CEO

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Overview & Frequently Asked Questions

WHAT IS THE INTERGROUP NETWORK? The InterGroup Network is a Preferred Provider Organization, more commonly referred to as a PPO. The InterGroup Network includes physicians, hospitals and other healthcare providers that provide high quality health services and have agreed to assist employees and employers in their efforts to control the rising costs of healthcare. In turn, employers, insurance companies and unions have incorporated incentives in their medical benefit plans to encourage the use of network providers.

IS THE INTERGROUP NETWORK AN INSURANCE COMPANY? NO, The InterGroup Network is not an insurance company and DOES NOT pay medical bills. The InterGroup Network is the network of healthcare professionals being accessed by various payors.

HOW WILL I BENEFIT FROM PARTICIPATION IN THE INTERGROUP NETWORK? Through the use of our provider directory, online directory or by accessing our phone referral service, InterGroup members look to our providers FIRST in selecting healthcare services. Financial incentives in the medical benefits plan reward the patient for selecting network providers by affording his or her maximum benefit levels. InterGroup payer clients also recognize the benefits of accessing InterGroup contracted providers and have agreed to rapid claims processing for claims submitted by InterGroup providers.

DOES THE PATIENT NEED A REFERRAL? The InterGroup Network is a voluntary network that allows the patient the freedom to select their own physicians without needing a referral. However, it is requested that you refer InterGroup member patients to other InterGroup participating providers whenever possible. Keep in mind that the patient's benefits could be affected if they use non-network providers.

HOW DO I FIND AN INTERGROUP PROVIDER? There are several ways to locate a provider. You may call InterGroup to obtain a provider directory to have on hand. You may call InterGroup and a list of local providers will be provided over the phone or via fax. Finally, you may also visit our web site at WWW.IGS-PPO.COM and go to our provider directory.

WHEN DO I CALL THE PATIENT'S INSURANCE COMPANY AND WHEN DO I CALL INTERGROUP? Call the patient's insurance company or plan administrator using the phone number on the medical benefits card, with the following types of questions:

- What are the patient's benefits?
- Is the patient eligible?
- Pre-certification or Pre-authorization?
- Has the claim been processed/paid?
- What are the deductible or co-payments
- Questions concerning an explanation of benefits (EOB)?



Call InterGroup, at 800-537-9389, with questions such as:

- Is my hospital still participating?
- Is a particular employer or insurance company participating?
- What other network providers should I direct my patients to?
- Issues or concerns about a patient's claims administrator or insurance company?
- What if I add additional physicians to my practice?
- What if I change our tax identification number?

HOW SHOULD I SUBMIT CLAIMS? The best way to submit a bill is via electronic submission. InterGroup currently accepts EDI claims through multiple clearinghouse vendors through our relationship with Emdeon utilizing our payer ID of 23287. Please contact your system vendor or clearinghouse if you have difficulty submitting electronic claims to payer ID 23287. InterGroup also accepts HCFA 1500 or UB 92 claim forms and we strongly encourage you to utilize these forms. The electronic claim, HCFA 1500 or UB 92 must be completely filled out, including the employer name and/or group/plan number. This helps InterGroup and the Payor process the claim quickly to expedite payment to you.

WHERE SHOULD I SEND THE BILL? Follow the instructions on the medical benefits card. If there is no indication where to send the bill you may use InterGroup's payer ID of 23287 or our paper claims mailing address of:

InterGroup Services
PO Box 981806
El Paso, TX 79998-1806

WHEN WILL WE GET PAID? If all the information needed on the claim form is complete, you can expect prompt payment. If information is not complete, including the employer name, it could delay the claim processing and payment.

HOW CAN MY STAFF IDENTIFY AN INTERGROUP NETWORK MEMBER? The InterGroup Network's name will appear on the medical benefits card. It will either be directly printed on the card or on a sticker that has been applied to the card. If our name is not on the card, please refer to the summary list of Affiliated PPO Networks listed in this guide. InterGroup is the network for these Affiliated PPO Networks. In these cases, the affiliate's name should appear on the card. Please review our Payor Client and Employer Client list to give a more detailed explanation as to the identification on the benefit cards.

WHAT IF I ADD ADDITIONAL PHYSICIANS TO MY PRACTICE? Call us at InterGroup, and we will send you application forms for the additional physicians to join.



DO I NEED A PHYSICIAN NUMBER? No, InterGroup does not assign physician or provider numbers. When claims are submitted, the Tax I.D. number and the provider's name will be used to identify network status.

CAN LAB OR RADIOLOGY WORK BE DONE IN OUR OFFICE? Yes, any services that your practice performs and that you bill under your Tax I.D. number will be considered “in-network” by InterGroup.

DO I NEED TO ENROLL P.A.'s or R.N.'s ETC? You will need to enroll any provider, no matter what the degree, if that provider is going to be submitting claims under the practice Tax I.D. and under their own name. When InterGroup receives a claim for processing, the name of the provider must match with the Tax I.D. listed on the claim and in our data. If a claim is submitted under you practice Tax I.D. and the provider listed on the claim is not loaded in our database, the claim will be returned with the required contracting information. If your practice does not submit claims under individual names for these providers but under the physician’s name, then you are not required to enroll these providers.

WHAT IS MY FEE SCHEDULE? The InterGroup Network contracts using several different methods, fee schedules, discounts or per diems. If you would like to verify what your contracted terms are, please contact InterGroup Provider Relations at 800-537-9389. For more information on InterGroup's contracted rates, please see page 7.



Claims Submittal Procedure

There are a few simple steps that are necessary for your office staff to take in order for the claims submittal process to run smoothly and with no delays. The following set of instructions will guide you and your office staff through these steps. If at any time there are questions, please call Customer Service at 800-537-9389 and our staff will assist you.

- 1) The first and most important step for your office staff to take is to determine whether or not the patient is an InterGroup member. When the patient presents his or her medical benefit card, InterGroup's name or that of an affiliated PPO will be printed on the card or appear on a sticker that has been applied to the card. If there are any questions regarding any InterGroup client, please contact our Customer Services department at 800-537-9389 with any questions.
- 2) Once the patient has been established as an InterGroup member, follow the next few steps to ensure that your billing is processed properly and quickly.
 - a) Check the benefits card for instructions regarding co-payment and deductible amounts. You may collect any amounts that are the patient responsibility at the time of service.
 - b) Identify the patient's employer name, group or plan number. Please include this information with any claim submission. If you cannot locate that information and are submitting the claim via paper, you may attach a copy of the ID card to the claim.
 - c) Submitting Paper Claims
 - i) If InterGroup's name or logo is indicated on the ID card, please submit the claim to PO Box 981806, El Paso, TX 79998-1806
 - ii) If one of InterGroup's Affiliated PPO network's name or logo is indicated on the ID card, please submit the claim to the address listed on the ID card.
 - d) Submitting EDI Claims
 - i) If InterGroup's name or logo is indicated on the ID card, please submit the claims to payer ID 23287.
 - ii) If one of InterGroup's Affiliated PPO network's name or logo is indicated on the ID card, please submit the claim to the payer ID listed on the ID card.

Questions Regarding Benefits, Payments or EOB's

- 1) Benefit, Payment and EOB questions should be directed to the patient's benefit administrator. Please see the Payor or Employer client lists for phone numbers in this manual. The InterGroup Network is not an insurance company, thus we do not make payments or structure benefits and cannot answer questions regarding benefits or claim payments.
- 2) Each InterGroup client will have different benefit plans; therefore, each patient will have different co-payments and deductibles. The only benefit that is similar across all benefit



plans is the built-in financial incentives for the patient to remain within The InterGroup Network.

- 3) Co-Payments will be indicated on the patient's benefit card. As a contracted InterGroup provider, you are entitled to collect deductibles, co-insurance and co-payments at time of visit. The benefit administrator pays the remainder of the bill.
- 4) If there is no co-payment indicated on the card, or the co-payment is based on a percentage of the bill, that amount must be based on the contracted rate that you have with The InterGroup Network. This amount is shown in your contract. If you do not know what your contracted rate is, contact Provider Relations at 800-537-9389 and our staff will be able to assist you. If this contracted rate is not offered to the patient at the time of visit, you will be required to refund the patient that amount.
- 5) Once the claim has been received by InterGroup or payor, it will be re-priced according to the contracted rate specified in your contract. When re-pricing your bill, your normal charge for the visit will be adjusted by the contracted rate amount. This new ADJUSTED CHARGE is now the "total amount" of your bill. This is the amount that the payor will use to adjudicate the claim and remit payment.
- 6) To follow-up on claims that have been submitted to InterGroup, you may call InterGroup to determine the status of those claims. The representative will be able to inform you of the date the claim was processed by InterGroup, the re-priced amount of the claim, and the date it was sent to the insurance carrier. To determine payment status, you will have to call the insurance carrier directly; InterGroup is not responsible for payment of claims and cannot provide this status.
- 7) The insurance carrier distributes EOBs. questions about EOB's and payments received should be directed to the insurance carrier. Please use the phone number on the EOB. Because InterGroup is a multi-payor PPO, each EOB will be different depending upon the insurance carrier. The majority of InterGroup's clients do indicate InterGroup on the EOB as the explanation for the PPO discount. This amount is to be written off as your contracted rate with InterGroup and cannot be balanced billed to the patient. Any co-insurance, co-payment or deductible that is indicated on the EOB is the patient's responsibility and can be balance billed to the patient.
- 8) If at anytime you feel that an incorrect discount was taken on a claim, please contact InterGroup at 800-537-9389. We will require a copy of the claim and EOB so that we can review any potential errors. If there is an error, InterGroup will contact the payor to have it corrected.



Contracted Rates

The InterGroup Network contracts with provider under several contract terms. For physician and ancillary facility contracts, fee schedules and discounts are used. For hospitals, per diems and discounts are used.

All discounts are based on the submitted-billed charges and are applied to the total charge.

InterGroup's fee schedule is based on the current year Medicare physician allowable base rate. If your practice is contracted under the fee schedule, it will be a percentage of that Medicare rate. Medicare adjusts the fee schedule annually, thus as Medicare adjusts their fee schedule, so will InterGroup. InterGroup also contracts a "default" discount with each fee schedule. Because Medicare does not establish a rate for each CPT, any claims submitted with a CPT that is not established by Medicare, the default discount will be applied to the billed amount for that CPT. The fee schedule is also based on the geographic area as determined by Medicare. There are two regions in Pennsylvania, two regions in New Jersey and one in Delaware. The InterGroup Network maintains the regional fee schedules for selected areas that are out of InterGroup's main service area of Pennsylvania, New Jersey and Delaware depending upon the number of providers located in that area. If your practice is located in an area whose Medicare region has not been loaded by InterGroup, all claims will be processed under the default discount.

If at any time you would like to verify your contracted rate with InterGroup, please contact the Provider Relations Department at 800-537-9389. If you would like to obtain a fee schedule, please fax a list of your most commonly used CPT's to the Provider Relations Department at 610-695-2531.



Provider Data and Directory Information

The InterGroup Network is committed to keeping all provider information current and accurate. Providers can assist us by notifying us in writing, of any changes within the practice. These may include, but are not limited to, changes in Tax I.D. numbers, billing or service location addresses, and changes in the status of those performing services for the group. It is InterGroup's policy that every member of the group must participate in the network in order for the group to be included. A signed agreement or provider data sheet must be on file for each member participating with InterGroup. This includes every person billing with the Tax I.D., even those on a part-time or consolatory basis. This facilitates the timely processing of claims and eliminates confusion for both patients and providers. Those practices, which do not wish to enroll all of their physicians, must contact InterGroup's Provider Relations department to discuss their continued involvement with InterGroup's network.

Facilities such as hospitals, radiology, diagnostic centers and laboratories need not notify us of individual staffing changes. Facility agreements only require us to update changes in information such as Tax I.D. numbers, or service and billing locations.

Incorrect or out of date information can result in delay of payment, incorrect listing in the directory and incorrect benefit payments. Any time you experience any changes in your practice, please keep in mind that it is your responsibility to inform InterGroup.



Contact Information

Malvern Office

1 S Bacton Hill Rd
Malvern, PA 19355
800-537-9389
610-640-0646
Fax 610-647-5383

Pittsburgh Office

401 Shady Ave Ste B108
Pittsburgh, PA 15206
888-496-8098
412-363-0600
Fax 412-363-0900

Web Site: www.igs-ppo.com

Malvern Office

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