

Frequently Asked Questions Pertaining to OmniCare Health Plan's Rehabilitation

Member Related Questions

1. What does the Rehab order mean?

The rehabilitation process allows the State of Michigan OFIS to make arrangements to preserve OmniCare's provider network, minimize any disruption of services to members and to work toward preserving OmniCare Health Plan as a health care resource.

2. Do I have health care coverage now?

Yes. Neither the rehabilitation of OmniCare nor the proposed Plan of Rehabilitation will affect your health care benefits. You may continue to go to your physician and you will continue to receive all benefits that you are entitled to under your health care plan.

3. Do I need to find a new health insurance carrier?

No, it is not necessary to find another health insurance carrier.

4. If I need to go to the hospital or receive other emergency care, who will authorize medical treatment?

All procedures required for emergency care under your health care plan are in full force and effect. Neither the rehabilitation proceedings nor the

proposed rehabilitation plan will affect your ability to receive hospital or emergency treatment. There will be no interruption in your health care benefits.

5. Does the Rehab order insure that I will continue to receive coverage from OmniCare Health Plan for future services?

Yes, the rehab order does insure that you will continue to receive uninterrupted coverage. Should you have a problem please do not hesitate to call OmniCare's Customer Care Department at 1-800-477-6664.

6. Will providers continue to accept OmniCare Health Plan patients?

Yes, under the rehabilitation order, providers that were previously contracted under OmniCare, will continue to accept OmniCare members. Should you have any problems do not hesitate in contacting OmniCare's Customer Care Department at 1-800-477-6664.

7. I am an OmniCare member. My current provider has advised me that I should consider enrolling in another HMO what should I do?

Under the Plan of Rehabilitation OmniCare will continue to provide your health care coverage as set forth in your policy. There's no need to switch to another health care plan if you're happy with OmniCare today.

8. Will I still be able to see specialists?

Yes, you will still be able to see a specialist.

9. Will I experience a reduction in services due to the enforcement of the Rehab plan?

No, you will not receive less care. However, should you experience any problems with obtaining services please immediately contact our Customer Care Department at 1-800-477-6664 and provide the name of the doctor who is refusing to provide the care.

10. How soon will my provider be paid amounts due, as indicated in the Rehab order?

Your provider will be paid according to the schedule set forth in the Rehabilitation Plan after it has been approved by the Ingham County Circuit Court.

11. Can providers deny me future services until the Rehab order for provider payment is fulfilled?

No. Enrolled providers are required by the Ingham County Circuit Court's Order of Rehabilitation to continue to provide services to OmniCare members pursuant to the terms and conditions of their contract with OmniCare.

If an OmniCare provider has denied you services or if the provider indicates that they will not provide you with medical services in the future, please contact OmniCare's Customer Care Department at 1-800-477-6664. OmniCare will then contact the provider to resolve this problem.

12. Can providers seek payment from former members or current members for debts owed by OmniCare under the subscriber agreement for medical services received by the members?

No. Providers are prohibited by their contracts with OmniCare and by the Order of Rehabilitation from seeking to recover any monies from the members for covered services provided to OmniCare members.

13. What periods (dates of service) do bills outstanding in the Rehab order cover?

Any provider claims with dates of service before July 31, 2001 will be paid pursuant to the Plan's rehabilitation. For claims with dates of service on or after July 31, 2001 OmniCare is currently processing these claims as they are received.

14. What should I do if I am billed for service received 7/30/01 and prior?

Contact OmniCare's Customer Care Department at 1-800-477-6664 and provide them with the needed information and requested documents for processing.

15. Is there a deadline for submission of any bills I receive with dates of service 7/31/01?

The deadline for submission of members and providers bills is tentatively Thursday April 11, 2002.

16. If my bills for a particular provider are not included in the Rehab document, does this mean I am liable?

No. As long as services were properly authorized and you are covered by your policy the provider should look to OmniCare for repayment. You may however, be responsible for any co-payments allowed by your policy or for services that were obtained without proper authorization as required by your policy.

17. Can a provider balance bill me for any discrepancies in the amount due to him in the Rehab order versus actual billed amounts?

No. The provider who participates with OmniCare is prohibited by contract with OmniCare and also by the Ingham County Circuit Court Rehabilitation Order from balance billing members.

If a health-care provider is balance billing you for the difference between what is paid under the rehabilitation plan or OmniCare contract, please contact OmniCare's Customer Care Department at 1-800-477-6664.

18. Will I receive reimbursements for any bills I have paid that would have been covered in the Rehab order? If so, how do I submit a request for reimbursement?

Yes. Under the proposed Plan of Rehabilitation, members will be paid for those medical bills that should have been paid by OmniCare. Request for reimbursement should be brought to the attention of the Customer Care Department, OmniCare Health Plan, 200 Brewery, Park Blvd. Detroit, Michigan 48207. Please enclose a letter with a copy of the applicable bill and verification of payment

19. Will I receive a full reimbursement for any contracted services I paid for directly?

Yes, if it is a covered service less applicable co-pays.

19.1. What should I do if I have been placed in collection for bills identified in the Rehab order to be paid directly to a provider?

Provide OmniCare's Customer Care Department with a copy of the bill and/ or collection letter indicating who the provider is and the amount they are trying to collect. If the collection agency is attempting to recover for services covered by the provider's contract with OmniCare, the Plan will send a letter to the collection agency and to the provider indicating that such claims must be pursued through the rehabilitation proceedings.

19.2. Will any personal garnishments and or liens be removed from my credit history for medical bills covered under the Rehab plan?

Please contact the Customer Care Department at 1-800-477-6664 and they will make sure that a letter of explanation from our legal council is sent to the applicable parties.

19.3. Who should I contact for assistance with such matters?

You should contact the Customer Care Department at 1-800-477-6664.

19.4. Is it necessary to file a grievance with OmniCare Health Plan to cover bills identified in the Rehab order?

No. Simply contact OmniCare's Customer Care Department at 1-800-477-6664 and provide them with the needed information and requested documents for processing.

20. I have a complaint regarding quality of care. Who should I contact?

Contact OmniCare's Customer Care Department at 1-800-477-6664

21. How do I disenroll from OmniCare and obtain coverage under a new health care plan?

You may wait for your open enrollment period and chose another health plan at that time.

22. Will I have to change my PCP?

No, you will not have to change your primary care provider. All contracted providers will remain providers of OmniCare and will continue to service OmniCare members.