

TSHBP Care Coordinator Notice

Participants must use the Care Coordinator program to access facility services or no benefits will be available under the Plan. These services include routine colonoscopy and related services; hospital providers for MRIs, Cat Scans, and Pet Scans; hospital providers for outpatient Lab/Radiology Services; Inpatient Hospital Admissions; Outpatient Hospital/Ambulatory Surgical Facility Services; Maternity and Newborn Services; Rehabilitation/Therapy Services; Extended Care Services; and Other Services including durable medical equipment/supplies, orthotics/prosthetics, facilities for diabetic self-management training, and sleep disorder services.

For services listed below, members must contact a Care Connect Coordinator in order for any benefit to be available PRIOR to service being rendered:

PREVENTIVE CARE
Routine Colonoscopy and related expenses (age 50 and over or family history of colon cancer-limited to once every 5 years)
OUTPATIENT LAB, RADIOLOGY, and DIAGNOSTIC TESTING
MRI's, Cat Scans and Pet Scans - Hospital Facility
Outpatient Lab/Radiology - Hospital Provider
HOSPITAL/FACILITY SERVICES
Inpatient Hospital Facility (Notification/Pre-Certification to Utilization Review (UR) Company is required)
Outpatient Hospital/Ambulatory Surgical Facility (Notification/Pre-Certification to Utilization Review (UR) Company is required)
Surgeon
Ancillary professional Fees (Anes/Radiology, etc.)
MATERNITY AND NEWBORN SERVICES
Maternity Physician Charges (including prenatal and postnatal care)
Routine Newborn Care (Including inpatient Hospital Nursery charges and pediatric care to date of baby's discharge)
REHABILITATION/THERAPY
Occupational /Speech/ Physical Therapy
Cardiac Rehabilitation
Non-Hospital Based Clinic/Facility
All Other Facilities
Home Infusion Therapy
EXTENDED CARE SERVICES
Home Health Care
Hospice
Skilled Nursing Facility (Pre-Certification Required)
ALL OTHER SERVICES
Durable Medical Equipment/ Medical Supplies
Orthotics/ Prosthetics
All Other Facilities
All Other Covered Services (Including sleep studies/diagnostic testing, surgery, devices and equipment)
All Other Covered Medical Expenses not listed