

# 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. 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 your 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 Member Advocate 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 Member Advocate 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 Member Advocate 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 her/his 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 800.810.2583 for guidance.

## Important Information

FVM Main Line .....	630.482.9701
Member Advocate.....	630.482.9758
Member Advocate Fax.....	630.482.9764
FVM Toll Free .....	888.482.3865
Behavioral Health Care Services (ERC).....	800.890.7932
Substance Use Disorder Services (ERC) .....	800.890.7932

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  
(Closed for lunch - 12:30-1:30)

## Behavioral Health & Substance Use Services

Behavioral health and substance use services are offered through Employee Resource Centers (ERC) who is affiliated with Presence Health (Presence Mercy Medical Center) in Aurora.

All members seeking behavioral health or substance use services for the first time must register by calling 800.890.7932. You will receive a prompt telephone assessment of your care options and an ERC representative will assist you in finding a behavioral health or substance use professional in your area. A referral or order from a PCP or Ob-Gyn is not needed prior to seeking treatment.

## 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.

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

## 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 'benefit inquiry' by sending FVM a 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.

## Appeals

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.

You may also contact our Member Advocates at 630.482.9758. The role of the Member Advocate is to help with member issues or concerns that cannot be resolved through normal channels. The Member Advocate will facilitate the handling of complaints or grievances in compliance with applicable law, including the Managed Care Reform and Patient Rights Act.

You have the right to appeal any payment or denial of covered services by contacting FVM at 630.482.9758 or in writing at P.O. Box 8200, Westchester, Illinois 60154. Blue Advantage HMO<sup>SM</sup>, HMO Illinois<sup>®</sup> and Blue Precision HMO<sup>SM</sup> (group number on ID card begins with R) members can also initiate the process by contacting BlueCross BlueShield of Illinois at 800.538.8833 (TTY/TDD 711) or in writing at: Claims Review Section, P.O. Box 2401, Chicago, Illinois 60690. Blue Precision HMO<sup>SM</sup> members (group number on ID card begins with an I) can initiate this by contacting the BlueCross BlueShield of Illinois at 800.538.8833 (TTY/TDD 711), in writing at: Claims Review Section, P.O. Box 3122, Naperville, Illinois 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.

## Care Coordination Program

As part of your HMO care coordination benefits, FVM offers Disease Management (DM), Case Management (CM) and Complex Case Management (CCM). Members with a diagnosis of Diabetes or Asthma are automatically enrolled in DM. Members may qualify for CM when additional support is needed for their medical needs. Qualifications for CCM include members with multiple complex medical conditions. You may be contacted by FVM if you qualify for any of the care coordination 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.

## 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 Member Advocate 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.

**CONFIDENTIAL**



## 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.
- **Postcard:** Return to FVM if you wish to receive a mailed copy of the FVM Member Handbook.
- **Urgent Care Locations:** This list is the contracted Immediate/Urgent Care locations that you may seek services when your PCP is unavailable.

## 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 always 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: What is Managed Care?
- A: The Managed Care model of healthcare is directed at providing quality, cost-effective healthcare services. A Health Maintenance Organization (HMO) is one type of managed care organization which meets these objectives by coordinating patient care through a Primary Care Physician.



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