



Provider Manual

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The Culinary Health Fund is a multi-employer Taft-Hartley Health and Welfare Trust governed by a Board of Trustees representing both labor and management. It is funded by employer contributions negotiated in Collective Bargaining Agreements.

The mission of the Culinary Health Fund is to provide health benefits that offer high quality, affordable health care to our participants at better value with better service than is otherwise available in the market. We believe our success depends on innovation and on engaging our participants. The Culinary Health Fund physicians, providers, and facilities play a key role as we pursue our commitment to our Mission Statement.

This manual is intended as a reference manual for those who provide services to our participants.

This manual is reviewed periodically and may be changed by the Culinary Health Fund in its sole discretion. Every effort will be made to keep you updated regarding changes, including notifications of policy changes and updates via our newsletter.

Should you have any questions or need additional information, please see “Section 1: How to Reach Us.”

Section 1: How to Reach Us

By Mail:

Culinary Health Fund Administrative Services, LLC.
1901 Las Vegas Boulevard South, Suite 101
Las Vegas, Nevada 89104

By Telephone:

702-892-7313

By Facsimile:

702-892-7365

Online/Electronic:

www.culinaryhealthfund.org

Providing Official Written Notice:

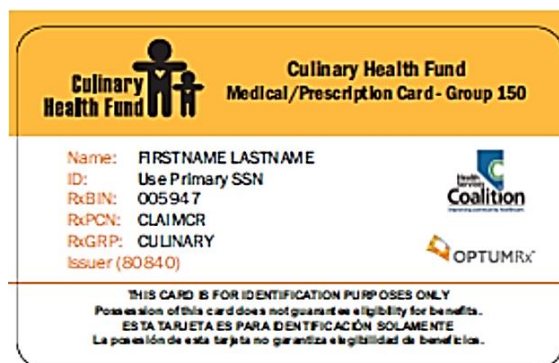
You must notify the Culinary Health Fund Administrative Services, LLC of the following events, in writing, within ten (10) working days of your knowledge of their occurrence. Changes which must be reported include, but are not limited to:

- *Tax Identification Number Changes*
- *Name Changes*
- *Practice Ownership Changes*
- *Billing or Service Address Changes*
- *Additions or Departures of Providers from your Practice*
- *New Locations*

Section 2: ID Cards and Eligibility Verification

Culinary Health Fund Medical/Prescription Card:

The Culinary Health Fund Medical/Prescription ID card will assist you in identifying Culinary Health Fund participants. It is strongly encouraged that you request photo identification in addition to the participant's ID card.



- The name of the Culinary Health Fund covered participant is the only name listed on the ID card.
- The Social Security Number is not listed on the ID card. You will need to request the Social Security Number of the covered employee for your records and billing purposes.
- Possession of a Culinary Health Fund ID card does not automatically certify eligibility for benefits.
- Services should not be denied if a Culinary Health Fund participant does not have an ID card; however, the participant should be required to show photo ID prior to services being rendered.
- Providers should **always** verify participant eligibility at the time services are rendered.

CHFtoo Medical/Prescription Card:

The CHFtoo Medical/Prescription ID card will assist you in identifying participants who are enrolled in the Fund's CHFtoo Plan. It is strongly encouraged that you request photo identification in addition to the participant's ID card.

The CHFtoo plan does not have the same benefits as Culinary Health Fund enrolled participants. All members of this plan are required to access primary care services at the Culinary Health Center. If you are a PCP that provides services to a CHFtoo plan member, you will not be reimbursed nor can you bill the member. The Culinary PPO network may be utilized for specialty care.

Providers will be able to separately identify CHFtoo plan members via our online and telephonic eligibility verification processes. CHFtoo plan members will also have a different identification card. Please see the sample below:



The name of the Culinary Health Fund covered participant is the only name listed on the ID card.

- The Social Security Number is not listed on the ID card. You will need to request the Social Security Number of the covered employee for your records and billing purposes.
- Possession of a CHFtoo ID card does not automatically certify eligibility for benefits.
- Services should not be denied if a Culinary Health Fund participant does not have an ID card; however, the participant should be required to show photo ID prior to services being rendered.
- Providers should **always** verify participant eligibility at the time services are rendered.
- CHFtoo plan members are required to access primary care services at the Culinary Health Center.
- Specialty care does not require a referral.

How to Verify Participant Eligibility

Customer Service Office:

The Culinary Health Fund's Customer Service Office can be reached Monday through Friday from 7:30am to 6pm at 702-733-9938 to answer any questions you may have.

IVR:

IVR, the Culinary Health Fund's automated telephone system, can be used to check participant eligibility and claim status.

- Call 702-733-9938 and select Option 1.
- Services are available 24 hours a day, 7 days a week.
- In most cases eligibility is given for a 2-month period.

Vision IVR:

This is a dedicated IVR for Ophthalmology and Optometry providers and can be used to check participant eligibility and hardware benefit status.

- Call 702-216-1298
- Services are available 24 hours a day, 7 days a week.
- In most cases eligibility is given for a 2-month period.

Website:

Participant eligibility can be accessed on the Culinary Health Fund's website at www.culinaryhealthfund.org. In order to access eligibility verification online, providers are required to register with a user name and password. Simply click on "Provider log-in and sign-up" and follow the prompts to establish an account. The website is secure and all participant and provider information is confidential. In most cases eligibility is given for a 2-month period.

Please note: Only one password is issued for all practices, even those with more than one location. If you become locked out or need a new password, please contact your office account administrator.

Section 3: Billing and Claims

The Culinary Health Fund uses a Third Party Administrator, Zenith American Solutions to process all claims.

Paper Claims Submission:

All claims submitted to Zenith American Solutions go through an Optical Character Recognition process, which turns the paper claim into a scanned image. This process allows Zenith American Solutions to process claims faster. In order to ensure that this process can take place, please be sure to follow the guidelines below:

- Claims submitted should be the finest quality, using the standardized Red CMS 1500 forms.
- All information should be typed, as handwritten forms cannot be scanned into the system.
- The ink should be dark (if it is too light it will not be processed). Information must be properly aligned on the claim form.
- All claims must be submitted under the name of the practitioner that provided services. The Culinary Health Fund does **NOT** recognize “incident to” services.
- All claims must have the following pertinent information:
 - Member/Patients name and identification number
 - Member’s date of birth and address
 - Diagnosis code(s)
 - CPT/HCPC code(s)
 - Date(s) of service
 - Place of service codes
 - Charges (per line and total)
 - Practitioner’s federal tax identification number
 - Practitioner’s name
 - Practitioner’s PIN number and group number as applicable
 - National Provider Identifier (NPI)
 - Vendor name and billing address
 - Name and address of facility where services were rendered
 - Signature

- Paper claims should be submitted to:

Culinary Health Fund
P.O. Box 211471
Eagan, MN 55121

Electronic Claims Submission:

The Culinary Health Fund accepts claims via electronic submission. All providers are encouraged to submit electronically for faster turnaround. Providers interested in submitting claims electronically should contact one of the following clearinghouses to set up an account:

CLEARINGHOUSES:

Name	Phone Number
HCRNET	(702) 735-5525
IMAGENET	(813) 999-8397
WEBMD-now under EMDEON-CHC	(800) 586-6938
PROXYMED (Capario) now under EMDEON-CHC	(800) 880-3032
SSI	(800) 880-3032
RELAY HEALTH	(563) 585-4356

The Culinary Health Fund’s Electronic Payer ID is 59144

Electronic Funds Transfer:

The Culinary Health Fund has teamed up with Zelis payments for EFT. To register for this service, please contact Zelis at (877) 828-8770. If you would like to enroll in a no-fee EFT delivery please call Zelis at (855) 774-4392 or email at help@epayment.center to sign up.

Timely Filing:

All claims for services rendered must be submitted within 90 days from the date of service. It is the provider’s responsibility to ensure claims are received in the 90-day filing limit. Secondary claims must be submitted within 90 days of the primary EOB.

Claims Inquiries:

If a provider has not received payment for a claim within 45 days, or has concerns regarding any claim issue, claim status can be checked by doing one of the following:

- Log in at www.culinaryhealthfund.org
- Access the Culinary Health Fund's IVR system at 702-733-9938, Option 1.
- Call Culinary Health Fund at 702-733-9938 and speak directly with a Customer Service Representative.

Claims Denial:

In an effort to expedite the administrative process for providers seeking to appeal a decision on a claim, the Culinary Health Fund has established a Provider Reconsiderations Department.

By Mail:

Provider Reconsiderations
P.O. Box 44216
Las Vegas, Nevada 89116

By Telephone:

702-691-5625

By Facsimile:

702-216-9525

To submit a correction to a claim, please clearly indicate that it is a "corrected claim". This will avoid the claim being denied as a duplicate submission. If you feel the claim was submitted correctly and you wish to appeal, please send a copy of the EOP and the Provider Reconsideration Form on our website at www.culinaryhealthfund.org with your request. Please allow 60 days from the date of submission for review.

First level reconsiderations must be received within 180 days of the date on the initial Explanation of Payment (EOP). Second level reconsiderations must be received within 30 days of the processing date of the first level reconsideration, which is located on the EOP.

Balance Billing:

Providers can collect applicable copayments, coinsurance and/or deductibles from the participant at the time of service or bill accordingly. Providers may not, under any circumstance, balance bill the participant for covered services in excess of applicable copayments, coinsurance and/or deductibles. In addition, provider may not charge a

participant for completing any required loss of time, return to work or disability forms, including FMLA requests.

Non Covered Services:

Services rendered by a provider that are not covered by the Culinary Health Fund cannot be billed to the participant. The only exception to this would be if the participant agreed in writing to make payment prior to receiving the service and having specific knowledge that plan reimbursement would not be forthcoming. This is often accomplished by having the participant give written consent after receiving a predetermination of benefits decision from the Culinary Health Fund.

Subrogation/Third Party Liability:

The Culinary Health Fund reserves the legal right to recover benefits paid for a participant's health care services when a third party causes the participant's injury or illness. Subrogation does not change the procedure for processing claims. We process the claim and pay for covered services at established reimbursement. Subrogation activities take place after claims have been processed for payment.

Many subrogation cases result from automobile accidents. Providers can help us identify subrogation cases by using the accident codes found in the ICD-10 book; providers should also use additional information regarding the nature of the injury or illness in the space provided on the claim form.

Overpayments:

When The Culinary Health Fund identifies a claim in which the provider was overpaid, we ask that the provider refund the overpayment within 60 calendar days from the date the overpayment was identified. If the provider does not submit payment by that time, the Culinary Health Fund may apply the overpayment against future claim payments.

Section 4: Credentialing and Contract Information

Provider Credentialing:

The purpose of credentialing and recredentialing is to review and validate practitioners' qualifications to provide health care services for Culinary Health Fund participants. These processes ensure that providers are credentialed and recredentialed consistently and in a non-discriminatory manner, in compliance with accrediting bodies, state and federal laws, rules and regulations.

All licensed independent practitioners and midlevel practitioners must successfully complete our credentialing process prior to being added to our provider network. Once a practitioner has been added to the network, recredentialing is generally conducted every three years to assess and validate the practitioner's qualifications.

The Culinary Health Fund Administrative Services, LLC uses the State of Nevada mandated credentialing and recredentialing applications which can be found on our website at www.culinaryhealthfund.org. All elements in the application must be completed and/or acknowledged. If you feel a section does not apply, you must insert "N/A", as no section can be left blank. For your convenience, if you have an up-to-date State of Nevada application already completed, you may re-sign and re-date that application and submit it to the Culinary Health Fund Administrative Services, LLC, in lieu of completing the new application we have provided to you.

Copies of the following must also be returned with your completed application:

- Current license to practice
- Certificate of Insurance (Malpractice Face Sheet)
- DEA Registration (or Prescription Plan Designation) and CDS certificate, when applicable
- Health Status Form and/or Designation of Credentialing Agent Form, as applicable

Please return completed application along with all other materials to the following:

Culinary Health Fund Administrative Services, LLC
Attention: Credentialing Department
1901 Las Vegas Blvd. South, Suite 101
Las Vegas, NV 89104

Or you may fax to 702-892-7365

(Please keep a copy of the information you submit for review)

Ancillary Provider/Facility Credentialing:

Criteria which are used for initial and ongoing credentialing of hospitals and ancillary providers/facilities include but are not limited to:

- Current, applicable state license
- Accreditation and/or certification
- Appropriate insurance coverage
- In good standing with state and federal regulatory agencies
- State, county and/or city business licenses

Contract Information:

All contracts outline the responsibilities of the plan and its providers. All providers are contracted directly with Culinary Health Fund Administrative Services, LLC. Please contact our Provider Information Line at 702-892-7313, option 1 with any questions pertaining to a contract. Copies of applicable forms can be accessed via www.culinaryhealthfund.org.

Please remember the following requirements per your agreement with the Culinary Health Fund Administrative Services, LLC:

- **Referrals** – Participants and their eligible dependents must be referred to Culinary Health Fund PPO providers. The referring provider will be financially responsible for referrals to non-PPO providers when a PPO provider is available.
- **Copays/Coinsurance/Deductibles** – Culinary Health Fund participants and their eligible dependents are responsible only for applicable copays, coinsurance and/or deductibles for covered services. All other charges for covered services are not the responsibility of the participant or eligible dependent.
- **Prior Authorization** – The provider is responsible for obtaining prior authorization from the Culinary Health Fund’s designated Utilization Review Organization for specified non-emergency inpatient and outpatient covered services. A listing of which services require prior authorization can be found on our website at www.culinaryhealthfund.org or by calling Customer Service at 702-733-9938.
- **Out of Area Services** – Before referring a patient out of the area for any specialized services, please contact the Culinary Health Fund’s designated Utilization Review Organization. New technologies and services are evolving all the time and the Culinary Health Fund wants to assist our providers with the proper access for these services.

Section 5: Accreditation Requirements

Providers agree to comply with the Culinary Health Fund Administrative Services, LLC (CHAS) standard policies and procedures that are necessary for CHAS to obtain, and maintain, accreditation from organizations that CHAS may seek accreditation or recognition from time to time. In order to assist CHAS in obtaining and maintaining these accreditations, providers agree to the following requirements as required by accreditation organizations:

- Provider agrees to cooperate with utilization management and quality improvement activities of the CHAS and/or PPO Hospitals, including, but not limited to, pre-certification and notification requirements, concurrent appropriateness and medical necessity review, case management and peer review as designated by CHAS. The Provider acknowledges CHAS utilization management and quality improvement activities may change from time to time to include additional utilization management and quality improvement activities. CHAS will notify Providers, through posting on the CHAS's website and/or posting in the Culinary Health Fund Provider Newsletter, of changes in the utilization management and quality improvement activities to allow the provider to comply. The Provider agrees that CHAS may use performance data relating to the provider's provision of services, including, but not limited to, data relating to quality improvement activities, publicly reported data, network and/or tier status and cost sharing, as CHAS deems appropriate to assist participants and groups.

- Provider agrees that it will maintain adequate medical and administrative records consistent with the standards of major organizations conducting accreditation and will permit CHAS, or its agents or representatives, to review such medical records and administrative records regarding participants and their eligible dependents. The provider agrees to furnish to CHAS or its agent or representative necessary quality improvement data and will permit CHAS or its agent or representative to perform site visits to inspect and review such records and inspect the provider's office facility and equipment during normal business hours as mutually agreed upon in advance for the purpose of CHAS performing utilization management and quality improvement activities. Provider shall permit CHAS or its designees, upon reasonable notice and during normal business hours, to have, without charge, access to and the right to examine, audit, excerpt and transcribe any books, documents, papers and records relating to participants and their eligible dependent's medical and billing information within the possession of the provider and to inspect the provider's operations, which involve transactions relating to participants and their eligible dependent's and as may be reasonably required by CHAS in carrying out its responsibilities and programs including, but not limited to, assessing quality of care, medical necessity, appropriateness of care, and accuracy of billing and payment.
The provider shall make such records available to state and federal authorities, as well as any accrediting bodies which CHAS is accredited by or from which it is seeking accreditation involved in assessing quality of care, fraud, abusive billing

practices or investigating participants and their eligible dependent's grievances or complaints. The provider agrees to provide CHAS or its designees with appropriate working space. Upon reasonable request, photocopies of such records shall be provided to CHAS or their designee at no charge.

- Provider shall obtain, analyze, store, transmit and report protected health Information in accordance with all state and federal laws. As applicable, provider shall abide by all laws and CHAS procedures regarding privacy, confidentiality and accuracy of participant and their eligible dependent's medical and prescription records and other health and enrollment information.
- Provider agrees that it shall freely communicate all appropriate treatment options, including medication treatment options to participants and their eligible dependent's, regardless of cost or benefit coverage for such options.
- Provider agrees to allow CHAS to use practitioner performance data.

Section 6: Quality Improvement Program

Provider Participation:

Provider participation is an integral component of the Culinary Health Fund's Quality Improvement Program. Network providers are given a structured forum for input through representation on the committees described below. In addition, individual providers are encouraged to give feedback to the Culinary Health Fund.

Credentialing and Quality Improvement Committees:

Committees meet on a regular basis. These committees review provider applications and retention information and make recommendations for acceptance, rejection or termination. They also advise on and influence programs to measure, monitor, analyze and apply interventions to improve the quality of health care coverage and services.

Components of Program:

Providers are expected to cooperate with our quality assessment and improvement activities and to comply with our clinical guidelines, patient safety (risk reduction) efforts and data confidentiality procedures. The Quality Improvement Program is a comprehensive program which may include the following components:

- Preventive health services monitors
- Current preventive health guidelines
- Quality improvement measures and studies
- Risk management
- Health promotion activities
- Compliance with all external regulatory agencies
- Care coordination
- Ongoing monitoring of key indicators (e.g. mortality review, cesarean section rates, over and under utilization, continuity of care)
- Service measures and studies

Provider Office Site Quality:

A comprehensive site visit of the provider's contracted location(s) will be conducted no more than every four years to ensure compliance with NCQA regulations. Items reviewed during the site visit will include but are not limited to:

- Physical Access and Appearance (interior and exterior)
- Patient's Rights/Privacy/Confidentiality
- Medical Record Keeping
- Access and Availability
- Clinical Setting (laboratory/x-ray/infection control/equipment)
- Pharmacy and Emergency Services

Additionally, participant complaints are monitored on an ongoing basis. If a participant complaint is received regarding any aspect of the areas listed above, a full investigation will be initiated by the Healthcare Services Department. A comprehensive site visit review will immediately be conducted regardless of the date of the last site review.

Cultural, Ethnic, Racial and Linguistic Needs of Members:

The Culinary Health Fund has processes in place to ensure that the cultural, ethnic, racial and linguistic needs of members are met. Examples of functions performed to measure needs:

- Annual review of membership demographics (preferred language, ethnicity, race)
- Local and National geographic population demographics and trends derived from publicly available sources
- Network assessment
- Health status measures such as those measured by HEDIS as available
- Evaluation of member satisfaction survey

The Quality Improvement Program is under the leadership of the Culinary Health Fund's Medical Director, Quality Improvement Committee and Healthcare Networks Management.

Section 7: Administrative Forms

The following forms and other administrative guidelines are available via www.culinaryhealthfund.org:

- *Address Change Form*
- *Group Add Request Form*
- *Initial Credentialing Application*
- *Recredentialing Application*
- *Provider Reconsideration Form*
- *Healthy Pregnancy Certification*
- *Loss of Time/Disability Form*