

PCIP FAQs for Providers

Q: As an in-network provider for GEHA, am I automatically an in-network provider for PCIP?

A: In most cases, providers participating with GEHA are also participating with PCIP. You can confirm your participation by visiting www.pciplan.com or contacting customer service at (877) 745-7198. If you are not participating and would like to be an in-network provider, please complete a provider nomination form located on our website www.pciplan.com, on the "Find a Provider" page.

Q: Does the PCIP website show in-network providers?

A: Yes. To locate in-network providers, go to www.pciplan.com and click on "Find a Provider".

Q: Does PCIP have any special credentialing requirements for doctors? If I am credentialed with GEHA, am I considered in-network for PCIP?

A: PCIP does not have additional credential requirements. If you have met credentialing requirements for participation in one of GEHA's preferred provider networks, no further credentialing is required.

Q: Are PCIP plans ever backdated?

A: No. PCIP does not offer retroactive coverage. However, coverage can begin quickly for approved applicants - in some cases, as little as two weeks. Applications that are complete and received on or before the 15th of a month will have an effective date of coverage that is the first day of the next month.

Q: PCIP reimburses providers for most services at 80 and 60 percent of allowable charges. What is the typical payment rate for a 99215?

A: If you are a network provider, the reimbursement would be based on the contracted rate for the PPO network listed on the enrollee's ID card. You may contact customer service at (877) 745-7198 for additional information.

Q: Can providers offer to subsidize premiums for enrollees?

A: At this time, PCIP does not prohibit third parties from paying premiums, deductibles, or cost sharing on behalf of PCIP enrollees. HHS continues to closely monitor third party premium payments for any potential impact on program funding that may arise from third-party payments, and may issue further guidance if needed.

Q: Why do the PCIP applicants have to wait 6 months for coverage?

A: PCIP is designed for persons without other options for health care coverage. The waiting period is meant to prevent employers and health plans from "dumping" patients who currently have a health plan. In 2014, insurance companies will no longer be able to turn down applicants with pre-existing conditions.

Q: If a patient purchased a plan with an exclusion and then dropped the plan, would he or she be eligible after 6 months?

A: If an applicant has been uninsured for at least 6 months, he or she would be eligible for PCIP, provided the applicant meets all other requirements. The applicant would need to provide a letter from a physician, physician assistant or nurse practitioner dated within the past 12 months stating that they have or, have had, a medical condition, disability, or illness; **or** provide proof that he or she has been denied insurance coverage due to a pre-existing condition along with additional application requirements. You can visit www.pcip.gov for more information on all application requirements, including how an applicant may demonstrate that he or she has a pre-existing condition.

Q: What services require precertification?

A: Services that require precertification are located on page 5 of the PCIP plan brochure and include:

- Durable medical equipment
- Inpatient mental health/substance abuse care
- Residential treatment center care
- Intensive day treatment care,
- Outpatient mental health services
(Psychological Testing, Neuro-Physiological Testing, ECT (Electroconvulsive Therapy),
ECT (Electroconvulsive Therapy),
- Radiology (MRI, MRA, CAT, PET, Nuclear Cardiology),
- Home skilled nursing and IV therapy,
- Therapy services (physical and occupational, speech, cardiac or pulmonary
rehabilitation),
- Orthotics and prosthetics,
- Hospice care,
- Transplant care,
- Nonsurgical cancer treatment,
- Certain surgeries and procedures,
- Dialysis services (annual precertification for each dialysis center attended),
- Specialty drugs

Q: What is PCIP's position on clinical trials?

A: Clinical trials must be pre-authorized. Typically, if a clinical trial is authorized, GEHA will cover the "usual" care that an individual would need if they were not participating in trial. Extra studies or expenses specifically associated with the study are not covered. Institutional trials that are comparing already approved drugs or combinations of drugs would need to be reviewed for approval.