

Deseret Secure

Terms and Conditions

Deseret Secure is a Medicare Advantage Private Fee-For-Service plan offered by Deseret Mutual Benefit Administrators. It has been approved by the Centers for Medicare & Medicaid Services. Deseret Secure does not have contracts with physicians and providers; rather, they may choose to become deemed. Physicians and providers are considered deemed when they:

1. Have knowledge that a Medicare beneficiary is enrolled in Deseret Secure
2. Have a reasonable opportunity to obtain Deseret Mutual's Terms and Conditions for participating in the Plan (found below) and
3. Provide covered services to that Deseret Secure member

Once the above conditions are met, the providers are considered deemed for the services provided and are therefore subject to these Terms and Conditions. **Deemed providers may not bill the member for services rendered.**

Providers who choose not to accept these Terms and Conditions should not treat Deseret Secure members, unless services are extended on an emergency basis. In this case, a non-deemed Provider is entitled to be paid the amount they would have received for the service under Original Medicare. The non-deemed Provider may only collect any applicable copayments or coinsurance from the member and may not balance bill the member.

Federal health care providers, including the Veterans Administration, are not eligible for payment for services to Deseret Secure members, except when providing emergency care.

Deseret Mutual will pay physicians and providers the equivalent of the current Medicare allowable charge less any member cost sharing. Deseret Mutual adheres to Medicare's Prompt Payment requirements for all clean claims. Payments received from Deseret Mutual are in whole or in part from federal funds. We encourage you to access Deseret Mutual's current payment methodologies, along with other information, on the Deseret Mutual website at www.dmba.com/provider/medicare.

Providers may collect only applicable copayment or coinsurance amount from Deseret Secure members and may not otherwise charge or bill the members.

In addition, you:

- Must be eligible to participate in Medicare, be licensed or certified by the state, be acting within the scope of that license or certification, and not be sanctioned or have opted out of Medicare.

- Must comply with all Medicare and other federal health care program laws, regulations and program instructions that apply to the services furnished to members. This includes standards for confidentiality and patient privacy rights outlined in the Health Insurance Portability and Accountability Act (HIPAA) regulations. For additional information on these requirements, visit the CMS website at www.cms.hhs.gov/home/regsguidance.asp.
- Must issue the Notice of Medicare Non-Coverage (NOMNC) and Detailed Explanation of Non-Coverage (DENOC). Providers can access these notices via the CMS website at www.cms.hhs.gov/BNI.
- May call Deseret Mutual's Claims Processing Center at 1-877-220-0110 if you disagree with a Deseret Mutual payment for service rendered. If this informal process is not satisfactory, you may appeal the payment decision in writing to Deseret Mutual, Attn: Appeals, P.O. Box 45530, Salt Lake City, UT 84145.
- Agree to comply with all Deseret Mutual appeal and grievance procedures, including hospitals, skilled nursing facilities, home health agencies or certified outpatient rehabilitation facilities providing appropriate written notices to members in advance of services ending. Copies of those procedures are available on the Deseret Mutual web site at <http://www.dmba.com/provider/medicare>.
- Agree not to balance bill members and collect from members only the Deseret Secure cost-sharing amounts.
- Agree that if you do not agree to accept the Terms and Conditions stated herein, you may not provide services to a Deseret Secure member, except for emergency services.
- Agree to submit claims to Deseret Mutual within 365 days of the date of service. The plan processes claims following Original Medicare billing rules, including all prospective payment system requirements.
- Agree that in no event, including, but not limited to nonpayment by Deseret Mutual, insolvency or breach of these Terms and Conditions, shall you or your assignees and/or subcontractors bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a member or persons other than Deseret Mutual acting on behalf of the member, for covered services provided to members by you. This provision shall not prohibit collection of payments for any non-covered services or member cost-share amounts.

Billing Information

- All Medicare billing guidelines must be followed when submitting your bill to Deseret Mutual.

- For Medicare Covered Services, submit claims using the same coding rules as Original Medicare and use Medicare CPT codes and defined modifiers. Bill diagnosis codes to the highest specificity.
- **For electronic claims submission, please** refer to Deseret Mutual's EDI Companion Document at <http://www.dmba.com/nsc/provider/hipaaEDI.htm>.
- **Paper claims should be submitted to: Deseret Mutual at P.O. Box 45530, Salt Lake City, UT 84145.**

Deseret Secure/Deseret Secure Plus Cost Sharing Amounts

Senior Advantage covered services	What the member pays for covered services
Inpatient Services	\$400 per admit (\$300 if member pre-notifies)
Inpatient mental health care	\$400 per admit (\$300 if member pre-notifies)
Skilled nursing facility care	\$100 per admission (waived if pre-notified); \$75 per day for days 21 -100 per admit up to \$2000 Out of Pocket Maximum
Home health care	\$15 per day (\$10 per day if member pre-notifies)
Hospice care	Part A benefit – bill directly to Medicare
Physician, specialist, chiropractic and podiatry services – office services	\$5 Primary Care/\$15 Specialist - per visit
Outpatient mental health care	\$15 per visit
Outpatient surgery	\$75 per surgery
Ambulance services	\$25 per day
Emergency room visit	\$50; waived if admitted
Urgently needed care	\$25 per visit
Outpatient rehabilitation services (physical therapy, occupational therapy, cardiac rehabilitation, and speech and language therapy)	\$15 per visit
Durable medical equipment, supplies, prosthetics and orthotics <ul style="list-style-type: none"> • Durable medical equipment includes items such as wheelchairs, crutches, hospital beds, IV infusion pump, oxygen equipment, nebulizer and walkers • Supplies include blood glucose meters, blood glucose test strips and lancets • Prosthetics and orthotics include colostomy bags, pacemakers, braces, prosthetic shoes, artificial limbs and breast prostheses 	10% if less than \$750; 20% if more than \$750 (or 10% if member pre-notifies)

Senior Advantage covered services	What the member pays for covered services
Preventive care and screening tests	
▪ Colorectal screening	\$75 (if performed in a licensed ASC)
▪ Diabetes services	**
▪ Glaucoma testing	**
▪ Immunizations	nothing
▪ Mammography screening	nothing
▪ Pap smears, pelvic exams and clinical breast exams	\$5 Primary Care/\$15 Specialist
▪ Prostate cancer screening exams	**
▪ Physical exams (Limited to 1 exam annually)	\$5 Primary Care/\$15 Specialist

** included in office visit copayment

If you have any questions about your payment, Deseret Mutual's Deseret Secure Terms and Conditions, or would like more information about Deseret Secure, please contact Deseret Mutual at 1-877-220-0110.