



riversidehealth

QUICK REFERENCE GUIDE

www.myriversidehealth.com

MEMBER ID CARD



riversidehealth

Maryland HealthChoice

Name: Test Member - Riverside Member

ID #: 123456789

Effective Date: 02/01/2013

PCP: John Smith

PCP Phone #: 443-555-5555

CO-PAYS

PCP \$0 SPEC \$0 ER \$0

Prescription Drugs

RXBIN: 610084 **RXPCN:** ADV **RXGRP:** RX4209



Member Services

410-779-9369

800-730-8530

Prior Authorization

410-779-9359

800-730-8543

HealthChoice Enrollee Action Line

800-284-4510

HealthChoice EVS

866-710-1447

Please Submit Claims to:

Riverside Health of Maryland, Inc.

P.O. Box 1572

Bowie, MD 20717-1572

Please call Riverside Health prior to all non-emergency inpatient admissions.

IMPORTANT PHONE NUMBERS

Member Services

410-779-9369

800-730-8530

Provider Services

410-779-9359

800-730-8543

Health Services

Utilization Management

Case Management

Disease Management

410-779-9359

800-730-8543

State of Maryland EVS

866-710-1447

Newborn Coordinator

410-779-9371

Pharmacy Authorizations

Call CVS/Caremark at 1-877-418-4133 for PA (Prior Authorization), QL (Quantity Limit), or ST (Step Therapy) review, or Non Formulary Exceptions.

Mental Health/HIV Pharmacy Authorizations

Call the State of Maryland's Specialty Mental Health System at 1-800-932-3918 or the Anti-Psychotic Peer Review Line for children 0-9 years old at 1-855-283-0876

Routine Vision Services

Block Vision

800-879-6901

Dental Services

Adult - DentaQuest

800-341-8478

Children - DentaQuest

888-696-9596



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800-730-8543 or 410-779-9359
www.myriversidehealth.com

CLAIMS SUBMISSION

BILLING ADDRESS

Riverside Health of Maryland, Inc.
P.O. Box 1572
Bowie, MD 20717-1572

- Claims must be submitted on CMS-1500 or UB-04 forms
- Claims must be filed within 180 days of the date of service

ELECTRONIC DATA INTERCHANGE (EDI)

- Claims may be submitted to Riverside through the following clearinghouse

EMDEON: PAYOR ID 45281

AUTHORIZATION GUIDELINES

REFERRAL FORMS ARE NOT REQUIRED

OUT OF NETWORK SERVICES

- All services provided by non-participating providers require prior authorization, except for ER services and state mandated self-referral services

HOSPITAL ADMISSIONS

- All elective hospital admissions require prior authorization
- Riverside must be notified within 24 hours or the next business day of emergency admissions

OUTPATIENT SERVICES

- For a complete summary of authorization guidelines please visit our website at www.myriversidehealth.com

CLAIM ADJUSTMENTS

Riverside Health of Maryland, Inc.
ATTN: CLAIM ADJUSTMENTS
1966 Greenspring Drive, Suite 600
Timonium, Maryland 21093

- Reconsideration of claims must be submitted within 180 days of the date of remittance, and must include a written description of the issue and a reference to the initial claim

LAB SERVICES

QUEST DIAGNOSTICS and LABCORP

MEDICAL APPEALS

Riverside members and their representative(s), including a member's provider with written authorization, may submit a medical appeal relating to an adverse action within 90 calendar days of the decision. Medical appeals can be filed to the following address:

Riverside Health of Maryland, Inc.
ATTN: APPEALS & GRIEVANCES DEPARTMENT
1966 Greenspring Drive, Suite 600
Timonium, Maryland 21093