THE CHILDREN'S HEALTH NETWORK



ELECTION PROCESS USERS MANUAL

This manual will take you step by step through making an Election or Declination of new Payor agreements entered into through The Children's Health Network (TCHN).

Step by Step Process:

1. From the TCHN Main page at www.choa.org/tchn, scroll down to "Resources for Members." Click the "View your Fee Schedules (powered through Luviel)" link. You will be redirected to <u>https://fsapp.luvielhealth.com/tchn/fs/index.asp</u>



- 2. Enter your:
- Username
- Password
- Check box to indicate acceptance and click Submit

Note: If you have forgotten your password, please contact us at 404-785-7940.

3. You have now reached the Main Menu as seen below:

A https://fsapp.luvielhealth.com/tchn/fs/selection.asp	133% ***
Children's Healthcare of Atlanta	The Children's Health Network
View Fee S	Schedule Notes Remove a Custom List Change Password Help Log Off
Step 1.	
Select a typical utilization based on your specialty.	Select a representative commercial service distribution for your specialty.
Pediatric Medicine	Create New List
Step 2.	
Review messengered fee schedules a	nd make your election to participate
	Submit
	Licensed by Luviel Health

4. Note in Step 2 you should see a button that says "Review fee schedules and make your election to participate."
(NOTE: this button is only an option while an agreement is being messengered out):



- 5. In Step 1, select your specialty or custom list from the box
- 6. Step 2, Click the button next to "Review fee schedules and make your election to participate"
- 7. Click "Submit"

8. Next you will be taken to a screen with only Medicare. Select the payor you want and you will then be taken to the following screen, with a floating "decision box." Note the screen you see below is only an example and doesn't represent the screen that you will actually see. Also you may choose to export the schedules to Excel for further analysis before making a decision. You may then log off and return at a later time.

Children's Health Netwo	rk X	+											· · · · · ·	-		- 8	- 8
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Refine Specialty: Payor:	The Pedia Ame	Results atric Medicine	 ✓ ● Si ✓ ○ Si 	ort By: CF ort By: Di	PT Code stribution	Export	to Excel					I wisi • Ac • R the A fee s	I wish to: • Accept • Reject the Amerigro fee schedule Submit	I wish to: • Accept • Reject the Amerigroup fee schedule Submit	I wish to: • Accept • Reject the Amerigroup = fee schedule Submit	I wish to: • Accept • Reject the Amerigroup 1 fee schedule Submit	I wish to: • Accept • Reject the Amerigroup 1 fee schedule Submit
Brocoduro			Service	Med	icare	Amerig	jroup 1										
Code	Mod	Description	Distribution	Office	Facility	Office	Facility										
		E	ffective Dates:	2019	GA 01	7/1	/17										
10060		Drainage of skin abscess	0.02%	\$121.65	\$101.52												
10120		Remove foreign body	0.01%	\$155.81	\$106.95												
12001		Rpr s/n/ax/gen/trnk 2.5cm/<	0.01%	\$91.36	\$46.08												
17110		Destruct b9 lesion 1-14	0.19%	\$112.83	\$70.80												
17250		Chemical cautery tissue	0.04%	\$83.28	\$38.01												
24640		Treat elbow dislocation	0.01%	\$103.16	\$80.52												
3008F		Body mass index docd	0.05%	\$0.00	\$0.00												
36410		Non-routine bl draw 3/> yrs	0.02%	\$17.69	\$9.79												
36415		Routine venipuncture	0.98%	\$3.00	\$3.00												
36416		Capillary blood draw	0.31%	\$0.00	\$0.00												
51701		Insert bladder catheter	0.01%	\$45.85	\$26.45												
54150		Circumcision w/regionl block	0.03%	\$159.77	\$102.64												
69210		Remove impacted ear wax uni	0.11%	\$48.44	\$34.07												
80048		Metabolic panel total ca	0.02%	\$9.40	\$9.40												
80050		General health panel	0.01%	\$0.00	\$0.00												

9. Click on the button next to the desired response, and click on "Submit"

10. You will then be taken to the following screen. Note the screen you see below is only an example and doesn't represent the screen that you will actually see.

		Main Menu	Help LogOff
	The Children's Health Network (TCHN)	1	
Please print this form, complete, and	GROUP ELECTION FORM for Coventry Healthcare of Georgia, Inc. d fax to 404-785-9095.		Please print this document and fao to TCHN.
Group Name: TCHN	TIN: <u>99-9999999</u>	\vee	
By signing this document your practice following products to be effective Marc	is <u>ELECTING</u> to participate in the Agreement with Coventry Healthcar h 1, 2008.	re of Georgia fo	r the
	Coventry Health Care of Georgia - HMO/POS/Open Access		
	Coventry Health Care National Network		
	Coventry Health Care Network Lease		
Authorized Legal Signature	Date		

- 11. Click on the printer icon to print this page, then sign and fax it to the TCHN office as specified on the page.
- 12. After completing this step, click on "Main Menu" to return to the main menu for further fee schedule comparisons.

13. Logging Off

IMPORTANT:

14. Once you have finished your work with the fee schedules, log off to prevent unauthorized access to this information. You will be taken back to the login screen. However, it is possible to again access the TCHN Contract site using your browser's "Back" button. For maximum security, please close your browser completely before stepping away from your desk.

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	Childre Healthcare of A	n's [™] The C	hildren's He	alth Netw	vork	
		View Fee Schedule Notes	Remove a Custom List	Change Password	Help Log Off	
	Select a typical utilization base on your specialty.	ed	Select a represen distribution for yo	tative commercia our specialty.	al service	
	Pediatric Medicine		Create New List My List	:	~	

<u>Please remember to complete the printed election or declination</u> form and fax to TCHN (404-785-9140).