



Mercy
Managed Care Springfield
3265 S. National Ave
Suite 210
Springfield, MO 65807

Subject: Native Care Health, LLC

A new direct contract has been signed between Mercy and Native Care Health, LLC effective January 27, 2015. The contract is limited to hospital and clinic services received through Mercy Hospital Carthage.

Samples of the group's identification cards are included on the next page. This contract has been scanned into Meditract and is now available for viewing.

Native Care Health, LLC

Claim address: Native Care Health, LLC
P.O. Box 50
Quapaw, OK 74363

Payor ID #: 19191
Claims & Eligibility: 1-877-810-4587
Precertification: 1-877-810-4587

If you have any questions regarding this matter, please contact our office at 417- 820-9868.

MEDTRAK
Your Prescription for A Service
www.medtrakservices.com
PRESCRIPTION CUSTOMER CARE
1-800-771-4648
RX BIN: 800004
RX GRP: 10001737
RX PCN: 008126

NATIVE CARE HEALTH
Group # 00008460 / EDI # 19191
Quapaw Tribe Government Employee Health Plan
Rx Copays:
Generic - \$10
Formulary - \$30
Non-Formulary - \$50

NAME: [REDACTED]
ID: QTF000102

Members and Providers verify Benefits & Eligibility: 1-877-810-4587

MEDTRAK
Your Prescription for A Service
www.medtrakservices.com
PRESCRIPTION CUSTOMER CARE
1-800-771-4648
RX BIN: 800004
RX GRP: 00008450
RX PCN: 008126

NATIVE CARE HEALTH
Group # 00008450 / EDI # 19191
Quapaw Casino Health Plan
Rx Copays:
Generic - \$20
Formulary - \$30
Name Brand - \$50

NAME:
ID:

Members and Providers verify Benefits & Eligibility: 1-877-810-4587

Submit Non-PCC Medical Vision & Dental Claims to:
Native Care Health, LLC
P.O. Box 50
Quapaw, OK 74363
EDI# 19191 / 1-877-810-4587

Preferred Community Choice PPO
PCC Providers Submit Claims to:
PO Box 3270
Tulsa, OK 74101-3270
EDI# 73145 / 1-800-884-4776

PRE-NOTIFICATION
Pre-service notification is required for all scheduled Inpatient admissions and for any Outpatient service that requires overnight hospitalization. Emergency admissions must be reported within 24 hours. Precertification phone #: 1-877-810-4587

stratose www.stratose.com 1-888-266-3053
FREEMAN
MEDCASE, LLC 877-810-4587
Integris Direct

This card is for identification ONLY. It is NOT a guarantee of eligibility

Submit Non-PCC Medical/Dental Claims to:
Native Care Health, LLC
P.O. Box 50
Quapaw, OK 74363
EDI# 19191
1-877-810-4587

Preferred Community Choice PPO
PCC Providers Submit Claims to:
PO Box 3270
Tulsa, OK 74101-3270
EDI# 73145 / 800-884-4776

VSP
Vision care for life
For Vision Services:
www.vsp.com
1-800-877-7195

PRE-NOTIFICATION
Pre-service notification is required for all scheduled Inpatient admissions and for any Outpatient service that requires overnight hospitalization. Emergency admissions must be reported within 24 hours. Precertification phone #: 1-877-810-4587

stratose www.stratose.com 1-888-266-3053
FREEMAN
MEDCASE, LLC 877-810-4587
Integris Direct

This card is for identification ONLY. It is NOT a guarantee of eligibility

DOWNSTREAM CASINO RESORT

NATIVE CARE HEALTH
Group # DS12120 EDI # 19191

NAME:
ID:

MEDTRAK PRESCRIPTION RX BIN: 800004
Your Prescription for A Service CUSTOMER CARE RX GRP: 10002009
www.medtrakservices.com 1-800-771-4648 RX PCN: 008126

Rx Copays: Generic - \$20 Formulary - \$25 Non-Formulary

Members and Providers verify Benefits & Eligibility: 1-877-810-4587

MEDTRAK
Your Prescription for A Service
www.medtrakservices.com
PRESCRIPTION CUSTOMER CARE
1-800-771-4648

QW
EDI# 19191

Quapaw Tribal Member Health Plan
Rx Copays:
Generic - \$0
Name Brand - \$15
Copay applies if this Plan is primary

NAME: _____
ID: t

Submit Non-PCC Medical/Dental Claims to:
Native Care Health, LLC
P.O. Box 50
Quapaw, OK 74363
EDI# 19191

Preferred Community Choice PPO
PCC Providers Submit Claims to:
PO Box 3270
Tulsa, OK 74101-3270
EDI# 73145
800-884-4776

VSP
Vision care for life
For Vision Services:
www.vsp.com
1-800-877-7195

PRE-NOTIFICATION
Pre-service notification is required for all scheduled Inpatient admissions and for any Outpatient service that requires overnight hospitalization. Emergency admissions must be reported within 24 hours. Precertification phone #: 1-877-810-4587

stratose www.stratose.com 1-888-266-3053
FREEMAN
MEDCASE, LLC 877-810-4587
Integris Direct

This card is for identification ONLY. It is NOT a guarantee of eligibility

Quapaw Tribal Member Health Plan - Group # QW12130

Submit Claims To: Native Care Health P.O. Box 50 Quapaw, OK 74363

Verify Benefits & Eligibility: Toll Free 1-877-810-4587 EDI# 19191

Members Contact: Native Care Health Toll Free 1-877-810-4587

PRE-NOTIFICATION
Pre-Notification is required for Inpatient Hospitalization. Please call 1-855-215-4133 for Pre-Notification. Report Emergency Admissions within 24 hours at 1-855-215-4133.

Coalition America
The Leader in Health Care Benefits
Integris Direct **MedCase Direct** 1-855-215-4133
stratose 1-888-266-3053
FREEMAN

This card is for identification ONLY. It is NOT a guarantee of eligibility
This plan is owned by the Quapaw Tribe, a sovereign nation, Section 565, Medicare like rules apply to you