



**Precert and Service Selection – Self Funded Employer Form**

The purpose of this form is to elect services for Sentinel to provide as part of your Self Funded Benefit plan. Please complete the following

Employer Name: \_\_\_\_\_

Group #: \_\_\_\_\_

Administrator: \_\_\_\_\_



Next,  check any of the following below – Precert, Case Management, External Review Facilitation and/or Audit Review.

**PRECERT**  - \$2.50 Per Employee per Month (PEPM)  
The All Inclusive Program includes review of:

**Inpatient Confinements** -

- Acute Care Surgical & Non-Surgical
- No authorization per Fed Regulation Normal Delivery beyond 2 days after delivery or if infant detained
- No authorization per Fed Regulation C-Section delivery beyond 4 days after delivery of if infant detained
- Rehab, Skilled Nursing and Hospice Facility Care
- Psychiatric & Drug (including Partial & Intensive Outpatient)
- Observation Care of 23 hours or greater

**Invasive Diagnostic Tests** -

i.e.: Colonoscopy, Hysteroscopy, Endoscopy, Cardiac Cath

**Outpatient Surgeries** -

i.e.: Lithotripsy, Varicose Vein Surgery, Arthroscopy, Bunionectomy

**PET and SPECT Scans** -

Positron Emission Tomography and Single Photon Emission Computed Tomography

**Therapy Services** -

- Physical, Occupational and Speech Therapies
- Cardiac, Pulmonary and Respiratory Therapies
- Radiation Therapy
- Dialysis Treatment / Therapy
- Hyperbaric Oxygen Therapy
- Phototherapy - Psoralens & Ultraviolet A light PUVA, UVA and UVB
- Home Oxygen Therapy
- Plasmaphoresis Therapy / Treatment

**Infusion and IV Therapies** -

- Chemotherapy - regardless of where (outpatient, doctor's office or home) or type (infusion, injectable, hormonal, oral, etc.)
- IVIG Therapy (intravenous immunoglobulin)
- Infusion Therapies (Remicade, Immunotherapy)
- Pain Management (continuous and epidural analgesics)
- Anti-inflammatory and Antibiotic Therapies
- Total Parenteral and Enteral Nutrition

**Durable Medical Equipment** - Rentals and Purchases over \$1000. Examples: Wheelchairs, Hospital Beds, Custom Braces, Apnea Monitors, CPAP and BiPAP machines, Limb Prosthetics, Insulin Pumps, Custom made Orthotics

**Home Health Care** - Examples: Skilled Nurses, Home Health Aides, Physical and Occupational Therapists, Social Workers, Private Duty Nurses

**High Cost Medical Injectables** -  
 Synagis, Synvisc, Hyalgan, Growth Hormones  
 Blood Clotting Factors (Benefix) and Interferons

**Requests for In-network Benefits for non-participating providers (non-emergent)**

**NOTE: In the event of discrepancy between the Plan Document and the requirements above, the Plan Document will control. Limitations and exclusions apply per Plan Document. Precert IS NOT required for: CT Scans, MRIs, ER Treatment, Elective Sterilization, Doctor Office Procedures and Treatments - Unless Specifically Noted as Required.**

**CASE MANAGEMENT**  - \$3.00 Per Employee per Month (PEPM) , or  
 - \$175 Initial Month Per Case Per Month (PCPM) then \$120 PCPM until case ends

**EXTERNAL REVIEW FACILITATION**  
 Access Sentinel’s URAC Accredited independent review organizations (IROs) for final external review decisions to be made on behalf of the Benefit Plan. Variable costs apply based on reviewer specialty.

**AUDIT REVIEW**  A comprehensive, medical and coding review of: hospitalizations, chemo and radiation therapies, multiple surgeries and assistants, doctor office visits (upcoding), ER visits (upcoding) and medical necessity questions. Variable costs apply per review - \$ 15 - \$ 60.  
**NO ADDITIONAL COST IF PRECERT & CASE MANAGEMENT ELECTED!**

**Request and Agreement:**

By your signature below, you request the above Services for the Self Funded Employer. You understand Sentinel must be notified promptly of any changes to this information (i.e. Plan amendments). At **no additional cost** the Precert Guide is available at [www.sentinel4health.com](http://www.sentinel4health.com) for healthcare providers and members. A Business Associate Agreement must also be completed and, if elected, an Employer Sign-On form to access de-identified information securely online at [www.sentinel4health.com](http://www.sentinel4health.com). For purposes of this Agreement, your signature on this form when communicated by facsimile transmission or as a scanned document sent via email shall be binding if transmitted in either fashion with electronically reproduced signatures treated as original.

**This form must be signed by a designated representative of the Self Funded Employer:**

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Fax to 717-581-8841  
Mail to Sentinel Management - PO Box 8377, Lancaster, PA 17604  
Email to [bhettrick@sentinel4health.com](mailto:bhettrick@sentinel4health.com)