

Dear Preferred Provider,

We are pleased to welcome you to the **Prime Health Services Network**, one of the fastest growing provider networks in the United States.

Our preferred provider network serves the workers' compensation, commercial group health, corrections (indigent care), Medicare, personal injury, and auto liability markets.

We appreciate your willingness to participate in our network to assist us with delivering the highest quality care for our clients, and their members. While the volume of our business tends to be workers' compensation and auto injuries, we are expanding into group health and, of course, are always looking for new client relationships in all our product offerings.

We understand that your interest lies in increasing your patient volume. Prime Health Services works hard to market our network to clients in an effort to broaden your potential patient base. Prime Health's network is available to the insurance carrier, third-party administrator (TPA), self-insured employer, government, funding companies, and captive insurance entities. Our client list is spread across many industries.

Prime Health Services is committed to developing meaningful long-term relationships with our provider community. Being a privately-owned company allows us to be nimble to give our providers prompt service and personal attention. As a preferred provider within our network, you will have access to a dedicated team of provider relations professionals who are ready to assist. If you have any questions at any point in time please do not hesitate to reach out:

ProviderRelations@PrimeHealthServices.com.

Please review and utilize the enclosed checklist as a brief overview of further action needed.

Thank you for your participation, and welcome again. As a provider in the Prime Health Services Network, you will help assure that the best care is provided – yours!

Sincerely,

Haily Roche

Director of Provider Contracting

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Provider Checklist

In order to make your transition into our network as smooth as possible, please adhere to the following checklist:

- Complete the credentialing packet.
- Send in your roster, if you have not already done so.
- Visit www.primehealthservices.com/providers/client-directory to register an account to access the client directory.
- Inform your staff of the new agreement with Prime Health Services and consider updating your training materials so future staff are aware as well.

Contact List

For any Provider Relations needs, email **ProviderRelations@PrimeHealthServices.com**

Updates to Provider Demographics

Send demographic modifications to Updates@primhealthservices.com

Or via fax at 615-329-4751

- Criteria for updates: new tax identification number (TIN), email address change, name change, addition of providers or locations, changes to phone or address, termination of providers, and closing of facilities.

Appeals and Disputes

Send appeals and disputes to claimdisputes@primehealthservices.com

Or via fax at 615-329-4411

- Documentation needed: copy of the EOB, corresponding claim form, and a brief explanation of appeal.

Client Directory

In order to access our most recent Client Directory, you will need to create an account on our website. Please go to PrimeHealthServices.com and find the 'Providers' section of the website to then find the 'Client Directory.'

Communication with You

Newsletter

Our quarterly provider newsletter will be sent to the provided email address. Should you wish to have the newsletter sent to an alternate email, please let us know. Should you not wish to receive the newsletter, you can unsubscribe at any time by clicking the 'unsubscribe' link at the bottom of the newsletter.

Social Media

Social media is a way for us to digitally connect and engage with our providers. Each participating provider is encouraged to follow us on the following social media channels. We would also like to 'follow' you so please reach out online!

Twitter:	twitter.com/PrimePPO
Facebook:	facebook.com/PrimeHealthServices
LinkedIn:	linkedin.com/company/prime-health

Provider Relations

Our Provider Relations team is dedicated to assisting you with answering questions and educating you about being valued providers in our network. Should you have questions, please email ProviderRelations@primehealthservices.com. We look forward to growing our relationship with you and thank you for giving us the opportunity to work with your practice!

Identification of Prime Health’s Clients Covered Persons

Each covered person can be easily identified for the product line as follows:

Workers’ Compensation & Auto Liability

1. Prime Health Services logo and contact information will be present on the Explanation of Benefits or Explanation of Reimbursement.
2. All clients will be listed on our Client Directory.

Group Health

Prime Health provides covered persons accessing the Group Health Prime PPO Network an identification card specific to that individual. The identification card will indicate that the patient is accessing the Prime PPO network relationship by one or all of the following manners:

1. The Prime Health Services or PHS+ logo will appear on the card; and/or
2. The card will provide a toll-free telephone number for verifying that the patient is accessing the Prime PPO network; and/or
3. The Explanation of Benefits (EOB) received with payment will note that payment was processed via the PPO network relationship.

Personal Injury

Our personal injury members will be presented a card similar to the below example. Please note this is not an insurance card. However, this card does confirm the patient’s relationship with PHS and our client GPF and serves as a form of identification to assist office staff.



Indigent Care Populations

Identification of these patients will occur when the appointment is made and will be noted in the Explanation of Reimbursement.

Medicare Populations

In the markets where we work with Medicare clients, the client's plan has been reviewed and approved for operation by the Center for Medicare and Medicaid Services (CMS). All such clients will hold identification cards bearing the "PHS+" logo.

Eligibility and Benefits

Group Health cards will have a toll-free phone number for eligibility and benefits for covered persons.

Workers' Compensation will be verified upon scheduling the appointment done by the case manager or adjustor.

Personal Injury cards (Medical Access Pass) will contain toll-free numbers for customer service, the scheduling department, and patient coverage/authorization.

Pre-Certification & Utilization Management

Our clients utilize pre-certification and utilization management services. Services that require pre-certification are in accordance with industry standards.

Examples of services include:

- In-patient hospital admissions
- Surgical procedures
- Diagnostic studies
- Maternity services

Claims Submission Process

Physician claims should be submitted on CMS-1500 form, or any other standard industry form.

Hospital claims should be submitted on UB-04 form, or any other standard industry form. Claims should include the most recent version of CPT, revenue, DRGs, and ICD 10 procedure and diagnostic codes.

Group health claims should be submitted to the address on the back of the group health identification card and should include the following information:

1. Provider's name, address, and telephone number
2. Provider's Tax Identification Number, individual State License Number, and NPI Number
3. Patient's name
4. Covered person's name and social security number
5. Name of the employer on the group health identification card
6. Policy number
7. Appropriate codes (as referenced above)

Workers' compensation claims should be submitted in the same format as above, but should be submitted to the address requested by the Case Manager or Adjustor.

Prime Health Services will be identified on the EOB/EOR accompanying payment as the contract applied to the claim.

Personal Injury claims:

1. A person files a PI Claim and their attorney contacts our client, who is a funding company for medical and daily expenses
2. The funding company refers the patient to us for treatment
3. Prime Scheduling contacts an in-network provider in order to schedule patient for treatment
4. Prime confirms appointment with patient
5. Provider treats patient and schedules follow up visits with patient as needed
6. Prime follows up with patient to ensure the appointment was attended
7. Provider sends Prime dictation via email or fax within two weeks of treatment date
8. Provider sends bills to Prime and bills are paid by payor (Funding Company) within 30 days from date of receipt (or as few as 5 days with electronic funding)

Billing: Billing can be complete in one of two ways outlined below

- **Electronic Billing** (our preferred route)
 - To set up electronic billing with Prime, visit : <https://www.workcompedi.com/primehealth>
 - Prime Health Payor ID: LV122

- **Email:** PrimeScheduling@primehealthservices.com

Payment: Payment will be made to provider in one of three ways outlined below.

*Payment cannot be issued until dictation and bill are received by Prime.

Payment Type	Required info	Timing
eCheck (serviced by Deluxe)	Valid email eCheck can be sent to	Same-Day Delivery
Wire/ACH	Bank Name, Routing Number, Account Number	24hr-48hr Delivery
FedEx	Confirmed address where checks can be delivered	3 Day Delivery

Claims and Inquiry Dispute Process

If you wish to appeal the application of a Prime Health discount on a claim, please submit the following:

1. A copy of the EOB,
2. The corresponding claim form, and
3. A brief explanation of your appeal.

You can submit your appeal via email at claimdisputes@primehealthservices.com or via fax at 615-329-4411. The typical turnaround time for us to review and resolve your appeal is five business days.

Balance Billing

Pursuant to the terms of your Agreement with Prime Health Services, the contracted rate you receive from a Payer/Client is to be considered as payment in full. The patient may not be billed the difference between billed charges and the contracted rate. However, you may collect any applicable co-payments, co-insurance, or deductible amounts, and you may bill for services not covered by the covered person’s benefit plan. Each EOB sent by the Payer/ Client will outline the patient’s responsibility, if any.

Referrals

PHS recommends for referrals to be made to other contracted “in-network” providers. We encourage our providers to use their best efforts to comply with the requests of our clients’ Case Managers and Adjustors. Covered persons are not restricted to see their primary care physician before seeing a specialist.

Recredentialing

We require that each provider be recredentialled every three years (or two years in Texas). Our team will contact you at the specific re-credentialing date to resubmit necessary information.

Featured Provider Spotlight

We routinely feature our providers on our website and social media outlets to give you the possibility of extra exposure. Should you wish to be a Featured Provider please reach out to your Provider Relations representative. To view current spotlights, visit:

<https://www.primehealthservices.com/providers/featured-providers/>

Each Featured Provider will be posted on our website, as well as our social media outlets.

Please pass this information on to the most appropriate person(s) and department(s) within your organization. Feel free to also send us links to your company’s social media pages so we can follow you and like/share appropriate posts. We look forward to connecting with you online.

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