



Dear Preferred Provider:

We are pleased to welcome you to the **Prime Health Services PPO Network**, one of the fastest growing PPO Networks in the United States. We appreciate your willingness to participate with our network as well as your willingness to assist us in delivering the highest quality-of-care for our clients and their members.

Prime Health Services is committed to developing meaningful long-term relationships with our Provider community. As a preferred provider within our network, you will have access to a dedicated team of Provider Relations professionals ready to assist you in servicing both your needs as well as our clients.

Prime Health Services will continue to work with the payor community to bring new client relationships to our network. This growth will assist you in servicing a broad variety of patients in your practice.

Again, we thank you for being part of the Prime Health Services family!

Regards,

A handwritten signature in black ink, appearing to read "D. B. Stovall", is written over the typed name.

Dorrence B. Stovall  
Vice President of Provider Relations



## **WHO WE ARE TODAY**

Prime Health Services, Inc. (Prime Health) is a managed care organization that offers a full spectrum of services; including a Preferred Provider Organization (PPO) ready for client access with customizable solutions (i.e. the right mix of providers in given markets to meet our clients' needs), a claims repricing solution for our clients, and provider referral mechanisms (including directories, EDI interfaces, and customized websites for our clients). Prime Health's PPO Network includes access for Commercial Group Health, Workers' Compensation, Liability (including First Party Auto Medical Liability, and General Liability clients), as well as working with Prison Populations (what we call "indigent care" and only with our Providers willing and equipped to treat such patients). In 2007 we began developing national Medicare lines of business (Provider-Fee-For-Service (for Medicare Advantage plans), Medicare PPO access, and Medicare Supplemental Policy type clients) in certain markets.

Prime Health's clients ultimately are insurance companies or self-insured employers. We work with the Third Party Administrators (TPA's), bill review companies, and software platforms that are used today in order to get to these clients the quality network we offer. This also means creating customized websites and data feeds to case managers and adjustors that refer the patient to your practice.

## **HISTORY**

Our PPO service began in 1996 when a Tennessee hospital determined a need for a regional workers' compensation PPO network. This network experienced excellent growth during the next five years while serving clients throughout Tennessee. The owner's goals and direction changed in 2001 and Prime Health Services was formed and our present ownership acquired the network. At that point we set out to become the best possible PPO network in the U.S.A.

Prime Health has since committed itself to maintaining and improving the former hospital owner's tradition. The mission of Prime Health is now to provide the best service in the industry, while continuing to develop on a state-by-state basis with the end-goal of becoming the best-positioned national network in the industry.

Today, Prime Health Services is one of the largest national PPO Networks in the U.S.A., offering access to over 600,000 providers and facilities in all 50 states and the District of Columbia. Our network forms the Prime Health National Deliver System; ready to meet the needs of our many clients.

## **QUALITY PROVIDERS**

Prime Health Services has always based our network development efforts on our client's needs in all markets. We offer excellent coverage (i.e. access to providers) in both metropolitan areas and smaller communities alike.

Our aim is to provide access to quality medical care and services throughout our PPO Network. Also, we offer value added service products to the workers' compensation, group health, and liability communities nationwide.

The Managed Care Community, as well as the Provider Community, recognizes that patients have choice in the providers they seek care. Prime Health believes that the best source of information in determining these providers comes from the patients and our clients who represent them. We are confident that as a preferred provider in Prime Health's network, your services were recommended within the community you serve.

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## **PROVIDER PROCEDURES**

### **CLIENT DIRECTORY**

Each participating provider is encouraged to go to our website to create a login in order to be able to download our current client directory. You may be able (depending on your location) to access this information in one of two ways; First, if you are in a state that has mandated a directory for just their state, we have that information ready to download under the states name. Secondly, if you would like to download our complete national Client Directory you may do this as well.

When creating the login you will be prompted to enter an e-mail address as this is the required method of delivery monthly. Simply put, our Client Directory is too large to print, and delivering this Excel spreadsheet by e-mail is the most efficient means of delivery. You will receive a reminder e-mail around the first of each month to deliver this information and any additions/changes to you.

### **IDENTIFICATION OF PRIME HEALTH COVERED PERSONS**

Each Covered Person can be easily identified depending on the product. The identification methods are as follows:

**WORKERS COMPENSATION:** Upon receipt of a completed Client Directory request form, Prime Health will issue to the Provider a monthly updated client list, which shows all clients currently accessing the Prime Health Services Network. This same information may be accessible on our website (depending on your particular states requirements).

**GROUP HEALTH:** Prime Health Services will provide each Covered Person accessing the Group Health PPO Network and identification care specific to that individual. Identification card will indicate patient is accessing the PPO Network relationship by one or all of the following manners;

1. The "Prime Health Services" or "PHS+" logo will appear on card, and/or
2. Card will provide a toll-free phone number to verify patient is accessing the PPO Network, and/or
3. Explanation of Payment (sometimes called "EOB" or "EOR") received with payment will always note that payment was processed via the PPO Network relationship.

**LIABILITY:** Prime Health Services will also issue identification cards to Covered Persons accessing the PPO Network Casualty Product. All payments processed under this line of business will be identified upon receipt of the Explanation of Payment noting that payment processed accessing the PPO Network Relationship.

**INDIGENT CARE POPULATIONS (i.e. PRISON POPULATIONS):** In certain markets our network is accessed for Prison Populations. These patients will be scheduled only if the Provider is comfortable and equipped to treat such. We genuinely hold no grudges if any Provider feels discomfort in treating such population. Secondly, these patients will arrive at the convenience of the Provider, and arrive pursuant to the instructions given by the Provider (use back entrance, have a secure room to lock Prisoner while waiting, etc). Security for guarding the patient will be provided by the facility. Identification of these patients as accessing the Prime Health Services network will occur when the appointment is made, and will be noted on the Explanation of Payment.

**MEDICARE POPULATIONS:** Prime Health Services works with a variety of companies on a market-by-market basis to provide a comprehensive Medicare Network. We work with companies who offer Medicare Supplemental plans, Medicare Fee-for-Service plans, and Medicare Advantage plans, all which have need for a quality network of providers. In the markets where we work with such clients the clients plan has been reviewed and approved by the Center for Medicare and Medicaid Services (CMS) to operate. All such clients will hold identification cards bearing the "PHS+" logo.

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### **ELIGIBILITY AND BENEFITS**

Each Group Health identification card will bear a toll free number so that your office can verify eligibility and benefits for each Covered Person.

Workers' Compensation eligibility can be verified by the case manager or adjustor scheduling the appointment or by referencing the Prime Health Services Client Directory.

### **PRE-CERTIFICATION/UTILIZATION MANAGEMENT**

Each Prime Health Services Client utilizes pre-certification and utilization management services. Each Group Health identification card will display a pre-certification phone number as well as the services that will need to be pre-certified. The following is an example of some of the typical services;

- Inpatient Hospital admissions
- Surgical Procedures
- Diagnostic Studies
- Maternity

### **CLAIMS SUBMISSIONS PROCESS**

Physicians claims should be submitted on the CMS-1500 (formerly the HCFA-1500) or electronically (depending on the client) or using the most current form as authorized by CMS. Hospital claims should be submitted on the UB-92 or most current CMS form. Claims should include the most recent version CPT-4 procedure codes, Revenue Codes, DRG or S-DRG Codes (including POA codes for Hospital admissions), ICD-9 Codes (Procedure and Diagnostics).

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. Providers name, address, and telephone number
2. Providers Tax Identification Number, individual state license number, and National Provider Identification (NPI) number
3. Patients Name
4. Covered Persons Social Security number
5. Name of Employer or the Group Health Identification Group
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.

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### **CLAIMS INQUIRY, DISPUTE AND APPEAL PROCESS**

Should you ever have questions or concerns, please feel free to contact us directly at 1-866-348-3887. You are also welcome to contact us via e-mail at [customerservice@prime-health.net](mailto:customerservice@prime-health.net).

Should you ever have questions about our clients or the claims they have paid, please feel free to e-mail us at [claimsinquiries@prime-health.net](mailto:claimsinquiries@prime-health.net).

All Workers Compensation claims disputes and/or appeals must be submitted to us at [claimdisputes@prime-health.net](mailto:claimdisputes@prime-health.net) or by fax at 615-329-4751.

Additionally, you may contact the Payor/Client identified on the claim for information about their particular claims dispute process.

### **BALANCE BILLING**

Pursuant to the terms of your Agreement with Prime Health Services, the contracted rate that you receive from a Payor/Client is to be considered as payment in full. The patient **may not** be billed the difference between billed charges and the contracted rate. Such practice may result in your termination from the PPO Network. However, you may collect any applicable co-payment, co-insurance or deductible amount and you may bill for services that are not covered by the Covered Person's benefit plan. Each Explanation of Payment sent by the Payor/Client will outline, if any, the patient's responsibility.

### **REFERRALS**

Since Prime Health Services operates as a PPO, each Covered Person is not restricted to see his or her primary care physician before seeing a specialist. However, we do encourage that our preferred providers use their best efforts to refer our Covered Persons to other contracted "In-Network" providers. Further, we encourage our providers to make best efforts to comply with the requests of Case Managers and Adjustors to direct patients to "In-Network" providers.

In order to obtain a listing of preferred providers within your geographic area, please feel free to logon to our website and request access to our database. You will be prompted to create a login, which will generally be reviewed and approved within 24 hours. This will allow you to search for participating providers within your market. Our database can be accessed off our main website at [www.primehealthservices.com](http://www.primehealthservices.com) or you may call our Customer Service number toll free at 1-866-348-3887 to ask for assistance.

### **CREDENTIALING AND RE-CREDENTIALING**

Upon receipt of your contract your credentialing will be processed and presented to the first available Credentialing Committee for review and consideration. If approved, you will not hear from us. As they say, "no news is good news"! However, if the committee has questions or needs additional information you may be contacted to supply such. It is your obligation under our Agreement to fully cooperate with such process.

Additionally, every 3 years (or perhaps 2 years depending on your state rules) Prime Health Services will conduct a recredentialing effort on you. You will receive this abbreviated application to review, complete and return. Again, the recredentialing efforts are part of your obligations under our Agreement and are much appreciated.

Finally, you need to know that Prime Health Services, like many national PPO Networks, conducts "Continuous Monitoring" on all participating Providers in our network. This effort requires that we check the state licensure monthly on every provider in our network to make sure that no loss of licensure or sanction has been placed on any provider. Those Providers that we find with such issues are pulled and immediately represented to the next available Credentialing Committee to take action. To offset the cost of such expensive process, we collect an annual subscription fee, which generally pays just a portion of the cost incurred to perform this vital service to our clients and their patients. However, we feel this is just another step in assuring a quality network.

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**PHYSICIAN/HOSPITAL/ANCILLARY UPDATES**

Prime Health Services strives to maintain a network of accurate data. We would like to encourage you to notify us immediately of any changes that occur within your practice. Examples of the type of changes that need to be communicated are;

- New Tax ID number (please submit a new W9 form with notification)
- Name Change
- Addition of another physician or location
- Change in address or phone number
- Termination or Retirement of a Physician
- Closing of a practice or location

Notifications should be sent to Prime Health Services by one of the following methods:

**E-Mail:** [updates@prime-health.net](mailto:updates@prime-health.net)

**Fax:** Attn: Provider Updates  
615-329-4751

**Mail:** Prime Health Services, Inc.  
Attn: Provider Updates  
7110 Crossroads Blvd., Ste 100  
Brentwood, TN 37027

**Note:** For large physician groups, IPA's, PHO's, or National Provider groups please submit your changes in an Excel Spreadsheet on a monthly or quarterly basis as we have the ability to do mass updates in our database.

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