

PROVIDER RELATIONS	<p>1-800-595-9631 Option 2 Marina Gonzalez, Network Manager 1-800-595-9631 Ext. 4212 gonzalezm@healthnetworkone.com</p>
MEMBER ELIGIBILITY VERIFICATION	<p>Providers are responsible for verifying member eligibility prior to rendering services. You may contact CarePlus at (866) 220-5448 for quick eligibility verification or via their Web Portal (https://pws.careplus-hp.com/ProvWS/Home.asp).</p>
REFERRALS/AUTHORIZATIONS	<p>Initial Office Visit or Consultations a Pre-Authorization by HN1 is not required. The member's PCP may complete the referral (Service request, Web Referral or paper referral) for the member to receive services by an HN1 specialist.</p> <p>Follow-Up Visits/Additional Procedures that are requested by a PCP or HN1 Specialist do not require a prior authorization from HN1. For surgical or diagnostic procedures, the HN1 Specialist will submit a HN1 Service Request Form to HN1 via fax to 866-646-1772. HN1 will then issue an authorization with a certification number and fax a copy of this approved authorization back to the HN1 Specialist.</p>
FACILITY AUTHORIZATION	<p>You must first submit an HN1's Service Request Form in order to obtain a certification number. After receiving the certification number from HN1, complete and send to CarePlus their Health Services Referral Request Form. This form can be sent via fax to CarePlus and THEY WILL PROVIDE YOU WITH THE AUTHORIZATION for the facility.</p>
EXCLUDED SERVICES	<ul style="list-style-type: none"> • Medical Equipment • Facility fees (Hospital, ASC, Surgical Suite, etc) • Drugs/Injectables/Lab Services/Pathology) • Tertiary Care
CLAIMS SUBMISSION	<p>EDI: HN1 selected Clearinghouse is Change Healthcare (f/k/a Emdeon) PAYER ID: 65062</p> <p>PAPER: HN1, P.O. Box 21608, Fort Lauderdale, FL 33316-1608</p> <p>Medical Notes are required if billing the highest level exam codes: 99204-05, 99214-15, 99223, 99233, AND 99274-75 otherwise claim may be approved and reimbursed at a lower level of complexity.</p>
CLAIMS DISPUTE	<p>A provider may contest a claim decision by submitting the following documentation to our claims P.O. Box:</p> <ol style="list-style-type: none"> 1. Completed Claims Review/Dispute Form 2. Copy of the denied claim (marked COPY) 3. Health Network One Explanation of Payment (EOP) 4. Any application/supporting documentation <p>The claims review/dispute request must be received within thirty-five (35) days of your receipt of the Explanation of Payment (EOP) from HN1 or in accordance to applicable network health plan guidelines; otherwise, dispute rights and compensation are waived. A separate form must be submitted for each patient and claim.</p>
CLAIMS STATUS INQUIRIES	<p>All claims status inquiries must be made via the HN1 Provider Web Portal.</p> <p>If you do not have a web portal account with HN1, you can request an account at: healthnetworkone.com/pwp. If you do not have access to the internet, you may also make any claims status inquiries telephonically at 1-877-372-1273.</p>
LAB/PATHOLOGY	<p>LabCorp — Contact LabCorp at 1-888-LABCORP (522-2677) or www.LabCorp.com</p>
ANCILLARY SERVICES	<p>For DME, Infusion, etc, please direct members back to their PCPs.</p>
DRUGS/PHARMACEUTICALS	<p>INJECTABLES and drugs are NOT COVERED BY HN1 under this Network Agreement.</p> <p>For any injectables/drugs utilized for covered services provided to CarePlus Health Plan members, please utilize the health plan's drug replacement vendor. For any questions regarding these services, please contact CarePlus at (866) 220-5448.</p>