

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 MEDICA HEALTHCARE at 1-800-348-5548 or via their Web Portal at: www.UHCprovider.com/eligibility.</p>
PRE-AUTHORIZATION	<p>Initial office visit or consultation do not require pre-authorization</p>
MOHs	<p>Providers must submit complete medical documentation supporting the MOHs Micrographic Surgery (MMS) POST SERVICES RENDERED. Health Network One will add MCG Guidelines (formerly known as Milliman Care Guidelines) into the hierarchy of criteria to be used for the review MMS procedures. When submitting a claim for payment you must submit clinical documentation from the patient’s medical record to support the necessity of the procedure performed. For a copy of the MCG Guidelines or the recent MMS bulletin, which outlines the documentation requirements, please contact the HN1 Provider Relations Department at (800) 595-9631, Option 2.</p>
CLAIMS SUBMISSION	<p>EDI: HN1 selected Clearinghouse: Change Healthcare (f/k/a Emdeon) Payer ID: 65062 Paper: HN1, P.O. Box 21608, Fort Lauderdale, FL 33335-1608</p> <p>Medical Notes are required if billing the highest level exam codes: 99204-05, 99214-15, 99223, 99233 and 99274-75; or claim may be adjudicated and reimbursed at a lower level of complexity. All paper claims must be billed on a CMS 1500 claim form and submitted along with the supporting documentation</p>
CONTESTED CLAIMS DECISIONS	<p>A provider may contest a claim decision by submitting the following documentation to claims P.O. Box: Brief cover letter describing the reason for the request along with supporting documentation Copy of the originally submitted and adjudicated claim HN1 EOP</p> <p>The above documentation must be received within thirty-five (35) days of your receipt of the EOP from HN1 or in accordance to applicable network health plan guidelines; otherwise, dispute rights and compensation are waived. A separate claim review 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. If you do not have a web portal account with HN1, please contact providerportal@healthnetworkone.com to get the web portal access form. If you do not have access to the internet, you may also make any claims status inquiries telephonically at (877) 372-1273.</p>
EXCLUDED SERVICES	<ul style="list-style-type: none"> • Medical Equipment • Facility Fees (Hospital, ASC, Surgical Suite, etc.) • Tertiary Services • All diagnostic services that are not performed in a participating provider’s medical office
LAB/PATHOLOGY/DME/DRUG REPLACEMENT	<p>Lab/Pathology/DME/Drug Replacement (i.e. injectables) are not covered by HN1. Provider may contact the health plan for additional information at (800) 348-5548.</p>