

<b>PROVIDER RELATIONS</b>	<p><b>1-800-595-9631 Option 2</b>  <b>Marina Gonzalez, Network Manager</b> 1-800-595-9631 Ext. <b>4212</b>  <b>gonzalezm@healthnetworkone.com</b></p>
<b>MEMBER ELIGIBILITY VERIFICATION</b>	<p>Providers are responsible for verifying member eligibility prior to rendering services. You may contact MMM of Florida at 1-888-722-7559 or via their Web Portal at: <b>https://mmm-fl.innovamd.com</b></p>
<b>MOHs</b>	<p>Providers must submit complete medical documentation supporting the MOHs procedures <b>POST SERVICES RENDERED.</b></p> <p>Health Network One uses Milliman Care Guidelines for the review of MOHs procedures. For a copy of this document, please contact HN1 provider relations department at (800) 595-9631 OPTION 2.</p>
<b>PRE-AUTHORIZATIONS</b>	<p><b>Routine office visits do not require</b> a pre-authorization from HN1.</p> <p><b>Surgical and diagnostic procedures</b> must be requested from HN1 by faxing the HN1 Service Request Form to <b>866-646-1772</b> or via Phone at 800-595-9631, Option 1 .</p> <p>For surgical procedures and diagnostics <b>not performed in office</b>, the specialist must obtain a facility authorization from MMM of FL via phone, fax or web portal.</p> <p><b>Phone:</b> 833-992-9909 <b>Fax:</b> 833-523-2627 <b>Web Portal:</b> https://mmm-fl.innovamd.com</p>
<b>CLAIMS SUBMISSION</b>	<p><b>EDI:</b> HN1 selected Clearinghouse is Change Healthcare (f/k/a Emdeon) <b>PAYER ID: 65062</b></p> <p><b>PAPER:</b> HN1, P.O. Box 21608, Fort Lauderdale, FL 33316-1608</p> <p>Medical Notes are required if billing the highest level exam codes: <b>99204-05, 99214-15, 99223, 99233 AND 99274-75;</b> or claim may be adjudicated and reimbursed at a lower level of complexity. <b>ALL PAPER CLAIMS</b> must be billed on a CMS 1500 claim form and submitted along with the supporting documentation</p>
<b>CONTESTED CLAIMS DECISIONS</b>	<p>A provider may contest a claim decision by submitting the following documentation to claims P.O. Box:</p> <ol style="list-style-type: none"> <li>1. Brief cover letter describing the reason for the request along with supporting documentation</li> <li>2. Copy of the originally submitted and adjudicated claim</li> <li>3. HN1 EOP</li> </ol> <p>The above documentation must be received within thirty-five (<b>35</b>) 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>
<b>CLAIMS STATUS INQUIRIES</b>	<p>All claims status inquires must be made via the <b>HN1 Provider Web Portal.</b></p> <p>If you do not have a web portal account with HN1, you can request an account at: <b>healthnetworkone.com/pwp.</b> If you do not have access to the internet, you may also make any claims status inquires telephonically at <b>(877) 372-1273.</b></p>
<b>EXCLUDED SERVICES</b>	<ul style="list-style-type: none"> <li>• Medical Equipment</li> <li>• Facility Fees (Hospital, ASC, Surgical Suite, etc.)</li> <li>• Tertiary Services</li> <li>• All diagnostic services that are not performed in a participating provider’s medical office</li> </ul>
<b>LAB/PATHOLOGY/DME/DRUG ACQUISITION</b>	<p><b>LAB/PATHOLOGY/DME/DRUG ACQUISITION (I.E. INJECTABLES): THESE SERVICES ARE NOT COVERED BY HN1.</b></p> <p>Please contact MMM of Florida at <b>1-888-722-7559</b> or via their website at: <b>https://www.mmm-fl.com</b> for a listing of the participating providers.</p>