
PROVIDER RELATIONS

1-800-595-9631 Option 2
Marina Gonzalez, Network Manager 1-800-595-9631 Ext. **4212**
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MEMBER ELIGIBILITY VERIFICATION

Providers are responsible for verifying member eligibility prior to rendering services. You may contact Preferred Care Partners at **1-866-725-9334** or via their Web Portal at: www.UHCprovider.com/eligibility.

PRE-AUTHORIZATION

Initial office visit or consultation do not require pre-authorization

MOHs

Providers must submit complete medical documentation supporting the MOHs procedures **POST SERVICES RENDERED.** 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.

CLAIMS SUBMISSION

EDI: HN1 selected Clearinghouse is Change Healthcare (f/k/a Emdeon) **PAYER ID: 65062**
PAPER: HN1, P.O. Box 21608, Fort Lauderdale, FL 33316-1608
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.

CONTESTED CLAIMS DECISIONS

A provider may contest a claim decision by submitting the following documentation to our claims P.O. Box:

1. Brief cover letter describing the reason for the request along with supporting documentation
2. Copy of the originally submitted and adjudicated claim
3. HN1 Explanation of Payment (EOP)

The claims review/dispute request 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 form must be submitted for each patient and claim.

CLAIMS STATUS INQUIRIES

All claims status inquiries must be made via the **HN1 Provider Web Portal.**

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**.

EXCLUDED SERVICES

- 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
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**LAB/PATHOLOGY/DME/
DRUG REPLACEMENT**

Lab/Pathology/DME/Drug Replacement (i.e. injectables) are not covered by HN1. Provider may contact the health plan for additional information at (800) 725-9334.
