

WELCOME PROVIDER PACKET





Welcome!

Dear Preferred Provider:

We are pleased to welcome you to the Prime Health Services Network, one of the fastest growing provider networks in the United States. We appreciate your willingness to participate in our network to assist us with delivering the highest quality care for our clients and their members. While the volume of our business tends to be workers' compensation and auto injuries we are always looking for new client relationships in all our product offerings.

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 who are ready to assist in servicing your needs as well as those of our clients.

Prime Health Services continues to work with quality clients in order to bring new referrals to your practice. This growth will assist you in servicing a broad variety of patients in your practice.

Thank you for being a part of the Prime Health Services family!

Sincerely,

A handwritten signature in black ink, appearing to read "D. Stovall", written in a cursive style.

Dorrence B. Stovall, MBA, OSB
Vice President of Network & Quality Management



WHO WE ARE TODAY

As a participating provider in the Prime Health Services Network you will be accessible within our managed care organization which offers a full spectrum of services to our clients, including the Prime Preferred Provider Organization (PPO); a claims repricing solution to accurately and efficiently assist our clients in reimbursing claims and provider referral mechanisms, including directories, EDI services, and customized websites. Prime Health's PPO network is accessible for Commercial Group Health, Workers' Compensation, First Party Auto Medical Liability and General Liability clients, Medicare (supplemental plans, Medicare Advantage and Medicare Travel), as well as Indigent Care (prison populations) for providers who are willing and equipped to treat such patients.

Prime Health's clients include insurance companies and self-insured employers. We also work with third party administrators, bill review companies, and software platforms in order to offer our network to our clients' case managers and adjustors that refer patients into your practice.

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HISTORY

Our PPO began in 1996 when a Tennessee hospital determined a need for a regional workers' compensation 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 as Prime Health began its quest to become a strong regional, and eventually a national, PPO network.

Prime Health has since committed itself to maintaining and improving the former hospital owner's tradition. Our mission is to provide the best service in the industry while we continue developing on a state-by-state basis with the goal of becoming the best-positioned national network in the industry.

Today, Prime Health is one of the largest national PPO networks in the country, as we offer access to over 700,000 providers and facilities in all 50 states and the District of Columbia. We are pleased you have made the decision to work with us and look forward to including your practice in our network.

QUALITY PROVIDERS

Prime Health Services offers our clients access to a national network of qualified and credentialed providers. We look forward to adding you!

Attached, please find your initial credentialing application. It is vital that we receive this information back from you in order to process your credentialing for participation.

Prime Health Services works with the Council for Affordable Quality Healthcare (CAQH) and will be happy to accept your CAQH Provider ID Number in lieu of completing the application.

CONNECT WITH US ON SOCIAL MEDIA

Social media is a way for us to connect and engage with our providers digitally. It also allows us to 'like' your posts and even share appropriate ones with our followers to give you the possibility of extra exposure. Each participating provider is encouraged to follow us on any or all of the following social media channels:



Twitter

twitter.com/PrimePPO



Facebook

facebook.com/PrimeHealthServices



Google+

plus.google.com/+PrimeHealthServices



LinkedIn

linkedin.com/company/prime-health

Please pass this information on to the most appropriate person(s) and department(s) within your organization. Questions should be directed to marketing@primehealthservices.com. Feel free to also send us links to your company's social media pages so we can follow you and share appropriate posts. We look forward to connecting with you online!

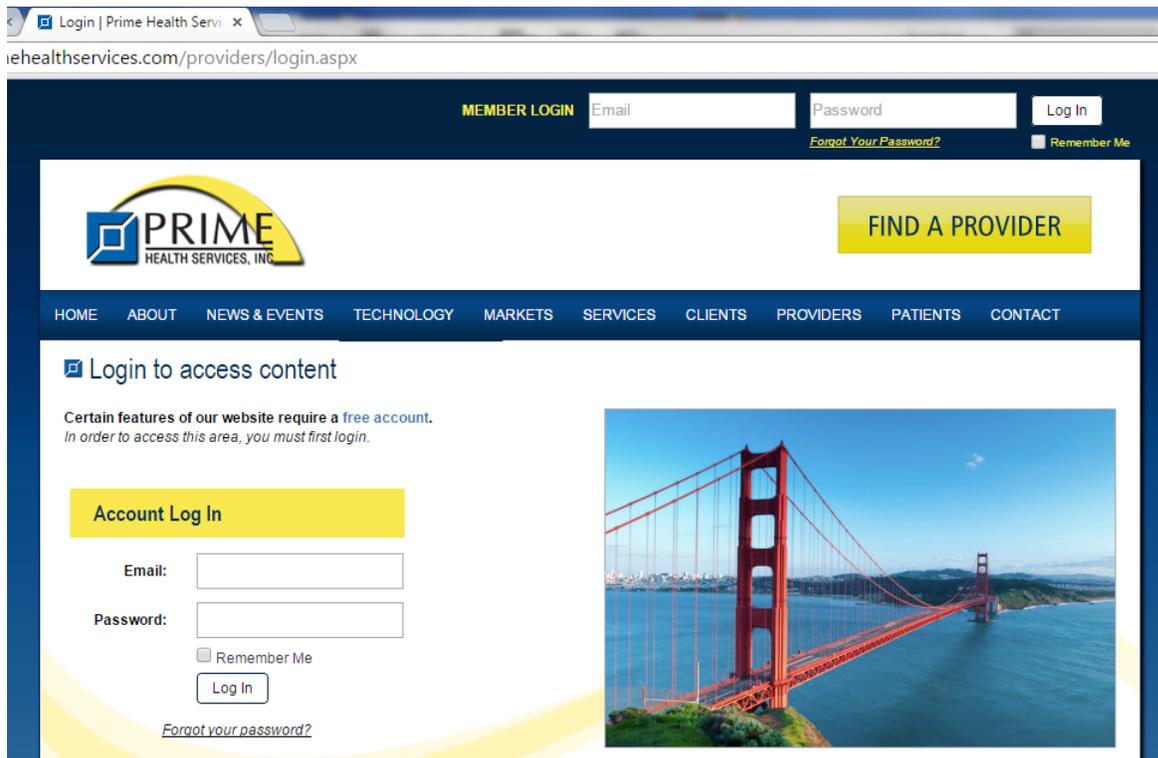
CLIENT DIRECTORY & NEWSLETTER

Each participating provider is encouraged to create a log-in in order to download our current Prime Client Directory by going to the “Providers” tab on our website, www.PrimeHealthServices.com, and clicking “Client Directory.” You will be prompted to create a log-in the first time.

You may be able to access this client information in one of two ways. First, if you are in a state that mandates that we have a directory for just that state alone, the client data can be found under the state’s name. Second, you may download our complete national list of clients.

When creating your provider log-in, you will be prompted to enter an e-mail address, which is required since e-mail is our primary way of communicating with you. The Client Directory is delivered in an Excel format and has multiple tabs for the various product lines (workers comp, liability, etc.). Please make a point of looking at all the provided tabs.

Prime Health Services will use your e-mail address for our own regularly distributed provider newsletters and to stay in contact with you going forward. Please ensure we have a current e-mail address on file at all times. We do not market or give out your e-mail to any other party.



IDENTIFICATION OF PRIME HEALTH'S COVERED PERSONS

Each covered person can be easily identified, depending on the product line, as follows:

Workers' Compensation:

Upon our receipt of your completed client list request form, Prime Health will issue an updated monthly Prime Health Client Directory that lists all clients currently accessing the Prime PPO network. That client information will or may be accessible on our website, depending upon your particular state's regulatory requirements.

Liability:

When requested by a payor, Prime Health will also make identification cards available to covered persons accessing network liability product lines. All payments processed under this line of business will be identified upon receipt of the Explanation of Payment noting the payment was processed accessing the Prime PPO network relationship.

Group Health:

Prime Health provides covered persons accessing the Group Health Prime PPO Network an identification card specific to that individual. The identification card will indicate that the patient is accessing the Prime PPO network relationship by one or all of the following manners:

1. The Prime Health Services or PHS+ logo will appear on the card; and/or
2. The card will provide a toll-free telephone number for verifying that the patient is accessing the Prime PPO network; and/or
3. The Explanation of Benefits (EOB) received with payment will note that payment was processed via the PPO network relationship.

Indigent Care Populations:

Prime Health supports health care for inmates on a local, state, and federal basis; therefore, our network is accessed for inmate populations in certain markets. These patients will be scheduled only if the provider is comfortable and equipped to treat such patients. Additionally, these patients will arrive at the convenience of the provider and pursuant to any instructions given by the provider. Security for guarding the patient will be provided by the prison facility. Identification of these patients as covered persons accessing the Prime Health Services network will occur when the appointment is made and will be noted in the Explanation of Payment.

IDENTIFICATION OF PRIME HEALTH'S COVERED PERSONS (CONTINUED)

Medicare Populations:

Prime Health 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, Medicare Advantage plans, and Medicare Advantage Travel Plans for out of market members. In the markets where we work with such clients, the client's plan has been reviewed and approved for operation by the Center for Medicare and Medicaid Services (CMS). All such clients will hold identification cards bearing the "PHS+" logo.

ELIGIBILITY AND BENEFITS

Each group health identification card will have a toll-free telephone number for your office to verify eligibility and benefits for each covered person.

Workers' compensation eligibility can be verified by the case manager or adjustor that is scheduling the appointment or by referencing our workers' compensation client list.

PRE-CERTIFICATION / UTILIZATION MANAGEMENT

Each Prime Health client utilizes pre-certification and utilization management services. The group health identification card will display a pre-certification telephone number to be used for identifying the services that need to be pre-certified.

While providing each client's pre-cert list in advance is not always feasible due to the quantity that would be generated, the services that require pre-certification remain consistent across the board and are according to generally accepted industry standards. Thus, you will not be overly burdened by any of our clients' pre-cert requirements.

The following are examples of such services common to all clients:

- In-patient hospital admissions
- Surgical procedures
- Diagnostic studies
- Maternity services



CLAIMS SUBMISSION PROCESS

Physician claims should be submitted on the CMS-1500 (or a later version of the form) or any other standard industry form. Hospital claims should be submitted on the UB-04 form (or later version) or any other standard industry form.

Claims should include the most recent version of the CPT-5 procedure codes, revenue codes, DRGs, ICD-9 (ICD-10 as of October 1, 2015) procedure codes, or ICD-9 (ICD-10 as of October 1, 2015) diagnostic codes. Prime Health Services clients are prepared to receive the ICD-10 Coding change as of October 1, 2015.

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. Provider's name, address, and telephone number;
2. Provider's Tax Identification Number, individual State License Number, and National Provider Identification Number;
3. Patient's name;
4. Covered person's name and social security number;
5. Name of the employer on the group health identification card;
6. Policy number; and
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.

Prime Health does not accept electronic submissions of claims at this time.

As a reminder, Prime Health is not the payer of claims, and the individual insurance carriers' claim submission process should be followed.

Prime Health Services will be identified on the EOB/EOR accompanying payment as the contract applied to the claim.

CLAIMS INQUIRY AND DISPUTE PROCESS

Should you ever have any questions or concerns regarding your contract, please feel free to contact us directly at 1-866-348-3887. You are also welcome to contact us via e-mail at: customerservice@primehealthservices.com.

If you wish to appeal the application of a Prime Health discount on a claim, we request that you submit the following:

1. a copy of the EOB,
2. the corresponding claim form, and
3. a brief explanation of your appeal.

You can submit your appeal via e-mail at claimdisputes@primehealthservices.com or via fax at 615-329-4411. The typical turnaround time for us to review and resolve your appeal is five business days.

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

BALANCE BILLING

Pursuant to the terms of your Agreement with Prime Health Services, the contracted rate 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. However, you may collect any applicable co-payments, co-insurance, or deductible amounts and you may bill for services not covered by the covered person's benefit plan. Each EOB sent by the Payor/Client will outline the patient's responsibility, if any.

REFERRALS

Since Prime Health 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 our preferred providers to use their best efforts to refer covered persons to other contracted, "in-network" providers. Further, we encourage our providers to use their best efforts to comply with the requests of our Case Managers and Adjustors.

For a listing of the preferred providers within your geographic area, please call our Provider Relations Department at 1-866-348-3887. Additionally, you may refer to our website at www.primhealthservices.com to obtain a current Prime Provider Directory.

CREDENTIALING AND RECREDENTIALING

As a participating provider with Prime Health Services, you are required to keep your credentialing up-to-date. We have included a copy of our credentialing application in this packet. If you have an active CAQH number, there is a spot on the first page where you can fill in your number and return it to us. If you do not have a CAQH number, please fill out the application and return it to us along with the other items listed on page one of the application.

Once you have completed the credentialing process, you will be required to participate in re-credentialing every three (3) years. When your re-credentialing date is near, a credentialing specialist will contact you letting you know that it is time to resubmit your information.

PHYSICIAN / HOSPITAL / ANCILLARY UPDATES

We strive to maintain a network of accurate data, thus strongly encourage you to notify us immediately of any changes that occur within your practice.

The following are examples of the types of changes that need to be communicated to us:

- New Tax Identification Number (please submit new W9 form with notification)
- Name change
- Addition of another physician or location
- Change in address or telephone number
- Termination of a physician
- Closing of facility

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

E-mail: updates@primehealthservices.com

Fax: 615-329-4751
Attn: Provider Updates

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

NOTE: For large physician groups, IPAs, PHOs, or national provider groups, please submit your changes in an Excel spreadsheet format on a monthly or quarterly basis since our database is capable of doing mass updates.

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