



## PruittHealth Premier Plan Provider Guide

PruittHealth Premier HMO ISNP/DSNP is a Medicare Advantage Institutional Special Needs Plan designed to improve the care for the residents living in one of our contracted Nursing Facilities or in the community. Our Members are either institutionalized Medicare beneficiaries who live in a Skilled Nursing Facility for 90 days or longer or they are members residing in the community who are Dual-Eligibles.

We are a **provider-owned plan**, with strong local roots and a commitment to our Members and the network of physicians, hospitals, and other healthcare professionals who take care of our Members. Let us know if you see things that we are doing well, have ideas for improving our plan, or notice areas where we need to do better.

### Have Questions?

#### Phone:

H3291-PHP GA 855-855-0668

H6345-PHP NC/SC 855-855-0759

**Plan Fax:** 833-610-2390

**Email:** [customerservice@pruithhealthpremier.com](mailto:customerservice@pruithhealthpremier.com)

#### Plan PO Box for Correspondence Only:

P.O. Box 2190 Glen Allen, VA 23058-2190

**Web:** [www.pruithhealthpremier.com](http://www.pruithhealthpremier.com)

**For Providers:** [Providers - PruittHealth Premier](#)

#### Utilization Management:

**Phone:** call the plan's number above and follow the prompts

**Email:** [UMInquiryRequest@pruithhealthpremier.com](mailto:UMInquiryRequest@pruithhealthpremier.com)

**UM Fax:** 833-610-2399

To Chat with a Live UM Agent, visit our plan website's Contact Us page.

#### Provider Network Support:

Provider demographic and billing information updates can be emailed to:

H3291-PHP GA: [networksupport@pruithhealthpremier.com](mailto:networksupport@pruithhealthpremier.com)

H6345-PHP NC/SC: [networksupport@pruithhealthpremier-nc.com](mailto:networksupport@pruithhealthpremier-nc.com)

If you would like to become a PruittHealth Premier plan provider, please reach out to the customer service number listed above and we will be happy to send you our Provider Agreement and Credentialing Packet.



## **Claims Submission**

PruittHealth Premier strongly encourages providers to submit claims electronically and to check the status of claims electronically. While PruittHealth Premier prefers electronic submission of claims, both electronic and paper claims are accepted.

**As of 1/1/2024, the Medical claim clearinghouse is Availity.**

Our Payer IDs are:

PruittHealth Premier - Georgia– Payer ID: PH001

PruittHealth Premier – North Carolina/South Carolina– Payer ID: PHPC1

For those providers submitting paper claims, all completed claims forms should be forwarded to the address noted below:

### **Claims Address:**

As of 1/1/2024, new P.O. Box:

PruittHealth Premier  
P.O. Box 785  
Glen Burnie, MD 21060-0785

## **Timely Filing**

PHP requires providers to submit all claims within twelve months from the date of service.

Claim Format Standards Standard CMS required data elements must be present for a claim to be considered a clean claim and can be found in the CMS Claims Processing Manuals. The link to the CMS Claims Processing Manuals is: [Medicare Claims Processing Manual \(cms.gov\)](https://www.cms.gov/medicare-claims-processing-manuals).

For other questions, please refer to [www.pruitthealthpremier.com](http://www.pruitthealthpremier.com)

To Chat with a Live Provider Services Agent, visit our plan website's Contact Us page for Eligibility Inquiries & Claims Statuses.

### **Physician Responsibilities**

You must treat PruittHealth Premier customers the same as all other patients in your practice, regardless of the type or amount of reimbursement. You may not balance bill a customer for providing services that are covered by PruittHealth Premier. This excludes the collection of standard copays. You may submit crossover claims to Medicaid if they have Medicaid for cost sharing as most of our members are dual eligibles. You may bill a customer for a procedure that is not a covered benefit if you have followed the appropriate procedures outlined in the Claims section of Provider Manual.

### **Provision of Healthcare Services**

Participating providers shall provide health care services to all customers, consistent with the benefits covered in their policy, without regard to race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), genetic information, source of payment, or any other bases deemed unlawful under federal, state, or local law.

Participating providers shall provide covered services in a culturally competent manner to all customers by making a particular effort to ensure those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds, and physical or mental disabilities receive the health care to which they are entitled.

Examples of how a provider can meet these requirements include but are not limited to translator services, interpreter services, teletypewriters or TTY (text telephone or teletypewriter phone) connection.

PruittHealth Premier offers interpreter services and other accommodations for the hearing-impaired. Translator services are made available for non-English speaking or Limited English Proficient (LEP) customers. Providers can call PruittHealth Premier customer service to assist with translator and TTY services if these services are not available in their office location.

For a full list of contracted providers with PruittHealth Premier please visit the Interactive Provider Directory:

[Find a Provider - PruittHealth Premier](#)

## Quick Tips for a Smooth Start:

<p><b>STEP 1:</b> Review our Model of Care</p>	<p>Learn about the services, care coordination, and extra support we provide for our Members and physician partners. Review our Model of Care at: <a href="https://pruithhealthpremier.com/model-of-care-training-attestation/">https://pruithhealthpremier.com/model-of-care-training-attestation/</a></p>
<p><b>STEP 2:</b> Sign up for Electronic Billing and Payment</p>	<p>You can submit claims through your clearinghouse. The Medical claim clearinghouse is Availity. Our Payer ID is: PruittHealth Premier - Georgia– Payer ID: PH001 PruittHealth Premier – North Carolina/South Carolina– Payer ID: PHPC1</p>
<p><b>STEP 3:</b> Setup your office staff on our Provider Portal</p>	<p>PruittHealth Premier has a new Provider Portal that allows you to submit authorization requests, inquire on the status of an authorization or claim, and verify member eligibility/benefit utilization for 2024 DOS going forward.  <a href="https://secure.healthx.com/PruittHealthPremier.provider">https://secure.healthx.com/PruittHealthPremier.provider</a>  Credentials to the legacy provider portal will not work. To gain access to this portal, providers will need to register by clicking on “Create Account” and follow the prompts. Once registered successfully, providers can access the portal immediately.</p>
<p><b>STEP 4:</b> Understand our Authorization Process</p>	<p>The Provider Portal is an automated, easy, user-friendly way to initiate an authorization for a service, check on status of an authorization, request additional days, etc. The Portal functionality enables Users to access the authorization information at almost any location, making the Utilization Management (UM) process quicker and more efficient.  Prior authorization is designed to promote the utilization of medically necessary services, to prevent unanticipated denials of coverage, to ensure that participating providers are utilized, and that all services are provided at the appropriate level of care for the member’s needs. Primary Care Physicians and Nurse Practitioners are actively involved with all referrals and treatment recommendations and should be notified of recommendations prior to submitting requests for prior authorization. A complete list of services that require authorization can be found on the plan website: <a href="https://pruithhealthpremier.com/for-providers/provider-documents/">https://pruithhealthpremier.com/for-providers/provider-documents/</a></p>
<p><b>STEP 5:</b> Be compliant</p>	<p>CMS requires all providers to complete Fraud, Waste and Abuse Training. Additionally, PruittHealth Premier has a Standards of Conduct for all Providers and Vendors.  Complete the CMS Compliance Training here: <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html</a>  Read and Acknowledge the Standards of Conduct here: <a href="#">Compliance - PruittHealth Premier</a></p>
<p><b>STEP 6:</b> Learn More!</p>	<p>The PruittHealth Premier Provider Manual is an easy reference document for all things related to the Plan - Member Rights, Provider Responsibilities, Claims Payment, Appeals and Grievances, Utilization Review, and more.  Read the manual and Print a copy for your office here: <a href="https://pruithhealthpremier.com/wp-content/uploads/2021/07/PruittHealth-Provider-Manual-2024">https://pruithhealthpremier.com/wp-content/uploads/2021/07/PruittHealth-Provider-Manual-2024</a>.</p>