

PruittHealth Premier Plan Provider Billing Guide

PruittHealth Premier HMO SNP/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. Our Members are all institutionalized Medicare beneficiaries who live in a Nursing Home for 90 days or longer.

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.

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

Have Questions?

Phone:

H3291-PHP GA 855-855-0668

H6345-PHP NC/SC 855-855-0759

Fax: 833-610-2399

Web: www.pruitthealthpremier.com

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.

Providers will need to sign up to submit claims electronically and for electronic remittance. Once enrolled, providers can submit claims directly through our clearinghouse or through their current system and receive payments electronically. Providers can contact customer support at 800-356-0092 or visit SSI Claimsnet website via the website address below.

- Email Address: HelpDesk_Dallas@ssigroup.com
- Website: <https://thessigroup.com/>

Information is also available on the Providers & Partners page of the PruittHealth Premier website at www.pruitthealthpremier.com.

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

Claims Address:

New P.O. Box
PruittHealth Premier OR
P.O. Box 21593
Eagan, MN 55121

New FedEx Only Address
Smart Data Solutions
Attn: PruittHealth Premier
960 Blue Gentian Road
Eagan, MN 55121

Timely Filing

PHP requires providers 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: <https://www.cms.gov/manuals/downloads/clm104c12.pdf>.

For other questions, please refer to www.pruithhealthpremier.com

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 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 at 844-224-3659 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:

<https://pruithhealthpremier.com/find-a-provider/#/>

Quick Tips for a Smooth Start:

<p>STEP 1: 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: https://pruitthealthpremier.com/wp-content/uploads/2021/12/PHP-Model-of-Care_20211214.pdf</p>
<p>STEP 2: Sign up for Electronic Billing and Payment</p>	<p>You can submit claims through your clearinghouse. Just ask for the payers. Download a companion guide at: https://thessigroup.com/</p> <p>Our Payer ID is: PruittHealth Premier - Georgia– Payer ID: PH001 PruittHealth Premier – North Carolina/South Carolina– Payer ID: PHPC1</p>
<p>STEP 3: Setup your office staff on our Provider Portal</p>	<p>PruittHealth Premier has a Provider Portal that allows you to submit authorization requests, inquire on the status of an authorization or claim, and verify member eligibility/benefit utilization.</p> <p>Get connected here: https://planprovportal.align-360.com/EZ-NET60PHP/Login.aspx</p> <p>Training for the Provider Portal is offered the last Friday of each month. Contact Provider Services to obtain the information to join the training.</p>
<p>STEP 4: 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.</p> <p>Complete the CMS Compliance Training here: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html</p> <p>Read and Acknowledge the Standards of Conduct here: https://pruitthealthpremier.com/compliance/</p>
<p>STEP 5: Understand our Authorization Process</p>	<p>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.</p> <p>A complete list of services that require authorization can be found on the website here: https://pruitthealthpremier.com/for-providers/provider-documents/</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.</p> <p>Registration Link: https://providers.pruithhealthpremier.com/register Portal Link: https://providers.pruithhealthpremier.com/</p>
<p>STEP 6: 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.</p> <p>Read the manual and Print a copy for your office here: https://pruitthealthpremier.com/wp-content/uploads/2022/01/2022-PruittHealth-Premier-Provider-Manual.pdf</p>