



PruittHealth Premier is up and running!

We've been busy enrolling members and starting member welcome visits. You are critical to the success of the Plan and the well-being of our Members! We want to make sure you are involved, know how to bill, and are plugged into our Nurse Practitioner program.

PruittHealth Premier HMO SNP 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.

#### **Have Questions?**

Phone: 844-224-3659

Fax: 800-489-9518

Mail: PO Box 2190  
Glen Allen, Virginia 23058-5850

Web: [www.pruitthealthpremier.com](http://www.pruitthealthpremier.com)



*Take the following steps to ensure 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.</p> <p>Review our Model of Care at: <a href="https://pruithhealthpremier.com/aboutus/model-of-care/">https://pruithhealthpremier.com/aboutus/model-of-care/</a></p>
<p><b>STEP 2:</b> Sign up for Electronic Billing and Payment</p>	<p>You can submit claims through your clearinghouse. Just ask for the payers.</p> <p>Download a companion guide at: <a href="http://exchangeedi.com/quick-links">http://exchangeedi.com/quick-links</a></p> <p>Our Payer ID is:          PruittHealth Premier - Georgia– Payer ID: PH001          PruittHealth Premier – North Carolina/South Carolina– Payer ID: PHPC1</p> <p>You can also receive payment electronically. An EFT Form is included in this packet, for your convenience. Please complete the form and fax it to us at 1-800-489-9518</p>
<p><b>STEP 3:</b> 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: <a href="https://planprovportal.align-360.com/EZ-NET60PHP/Login.aspx">https://planprovportal.align-360.com/EZ-NET60PHP/Login.aspx</a></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><b>STEP 4:</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.</p> <p>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></p> <p>Read and Acknowledge the Standards of Conduct here: <a href="https://pruithhealthpremier.com/wp-content/uploads/documents/PHP_Standards-of-Conduct.pdf">https://pruithhealthpremier.com/wp-content/uploads/documents/PHP_Standards-of-Conduct.pdf</a></p>
<p><b>STEP 5:</b> 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: <a href="https://pruithhealthpremier.com/wp-content/uploads/documents/PHP_Services-Prior-Authorization_2019.pdf">https://pruithhealthpremier.com/wp-content/uploads/documents/PHP_Services-Prior-Authorization_2019.pdf</a></p>



<b>STEP 6:</b> Learn More!	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/documents/PHP_Provider-Manual.pdf">https://pruithhealthpremier.com/wp-content/uploads/documents/PHP_Provider-Manual.pdf</a>
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### **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:

Georgia:

[http://provider.allyalign.com/AllyAlign.ProviderDirectory.Application/en/PruittHealthPremierGA\\_ISNP](http://provider.allyalign.com/AllyAlign.ProviderDirectory.Application/en/PruittHealthPremierGA_ISNP)

North Carolina:

[http://provider.allyalign.com/AllyAlign.ProviderDirectory.Application/en/PruittHealthPremierNC\\_ISNP](http://provider.allyalign.com/AllyAlign.ProviderDirectory.Application/en/PruittHealthPremierNC_ISNP)

South Carolina:

[http://provider.allyalign.com/AllyAlign.ProviderDirectory.Application/en/PruittHealthPremierSC\\_ISNP](http://provider.allyalign.com/AllyAlign.ProviderDirectory.Application/en/PruittHealthPremierSC_ISNP)



## Plan Model of Care

PruittHealth Premier's Model of Care organizes best practices and industry innovations such as the PCP/NFist-Nurse Practitioner care team providing onsite, facility-based primary health care support; a risk-assessment tool designed for a geriatric, nursing home patient population; a comprehensive history and physical assessment that drives an Individualized Care Plan (ICP); a care management platform that helps identify needed preventive health/HEDIS services, ensures the use of evidence based guidelines, and facilitates care team communications for care coordination; and frequent face-to-face member and caregiver/family member interactions that identify member care preferences and allow time for important care decision discussions and counseling.

The Model of Care facilitates the early assessment and identification of health risks and major changes in the health status of members with complex care needs, and the coordination of care to improve members overall health. PruittHealth Premier's Institutional Special Needs Plan (I-SNP) Model of Care has the following goals:

- Improve access to medical, mental health, and social services;
- Improve access to affordable care;
- Improve coordination of care through an identified point of contact;
- Improve transitions of care across healthcare settings and providers;
- Improve access to preventive health services;
- Assure appropriate utilization of services; and
- Improve member health outcomes.

Importantly, the Model of Care focuses on the individual I-SNP member. I-SNP members receive a comprehensive health risk assessment initially and annually thereafter. Based on this assessment, an individualized care plan is developed, based on evidenced-based clinical protocols. An interdisciplinary care team, which includes practitioners of various disciplines and specialties based on the needs of the member, is responsible for care management. The member may participate in this process, as may all of their healthcare providers. The individual care plan is stored centrally so that it can be shared with all members of the interdisciplinary care team, as indicated. All providers are encouraged to participate in the I-SNP Model of Care and interdisciplinary care teams.

PruittHealth Premier uses a data-driven process for identifying the frail/disabled, members with multiple chronic illnesses and those at the end of life. Risk stratification and protocols for intervention around care coordination, barriers to care, primary care givers, education, early detection, and symptom management are also components of the Model of Care. Based on the needs of Plan members, a specialized provider network is available to assure appropriate access to care, complementing each member's primary care provider.

The NFist is an important and unique part of PruittHealth Premier's provider network. A NFist is a physician who is (1) contracted with PruittHealth Premier, (2) licensed to practice allopathic (MD) or osteopathic (DO) medicine, and (3) is responsible for providing primary care services for PruittHealth Premier members in the Nursing Facility (NF) or Skilled Nursing Facility (SNF) setting, including coordination and management of the delivery of all covered services.



The PruittHealth Premier NFist model ensures that every member has direct access to primary care services onsite in the nursing facility and that the member's primary care physician (PCP)/NFist has experience understanding the special needs of nursing facility residents. NFists provide regular patient care services in the nursing home facilities, working to streamline care and minimize the need for transfers out of the facility for ambulatory services. They work directly with the PruittHealth Premier Nurse Practitioners to provide and oversee all aspects of member care including evaluating, recommending or providing treatments to optimize health status. When possible and clinically appropriate, NFists may decide to treat some acute exacerbations or conditions in place in the nursing facility rather than transferring the member to an external site of care, such as an acute care hospital or emergency room.

PruittHealth Premier uses a gatekeeper model, meaning that all specialist referrals and certain diagnostic tests require a referral to be obtained from a PCP/NFist prior to engaging the specialist or performing the diagnostic test. All members are required to choose or designate a PCP/NFist at enrollment. PruittHealth Premier members are able to choose their PCP/NFist from the list of contracted NFists maintained and published by PruittHealth Premier. Members are able to change their PCP/NFist at any time. Physicians contracted as NFists and available to be chosen as a primary care physician with PruittHealth Premier are clearly identified in PruittHealth Premier's member materials, including the Provider Directory as credentialed at time of publication.

PruittHealth Premier's evidenced-based Model of Care includes the following components:

- The clinical team provides integrated health care management with a strong primary and preventive care focus to treat acute and chronic conditions.
- All members receive a comprehensive history and physical exam and care plan within 90 days of enrollment and comprehensive visits at least once a month, thereafter.
- Nurse Practitioners utilize a health risk assessment tool that rates each member's medical condition as low, moderate, or high.
- Risk scores dictate the Nurse Practitioner's clinical visit/monitoring schedule.
- A risk score framework is used at each clinical visit/monitoring and tracked over time.
- An individualized plan of care having goals and measurable outcomes specific to the targeted special needs of each member is developed.
- An interdisciplinary care team is formed for each member.
- Access to a specialized provider network having expertise pertinent to the targeted special needs of the member population.
- A medication therapy management program.
- Demonstrated cultural competency among staff and providers.
- Members and their caregivers/families engaged in decision making at all times.
- Member and caregiver/family participation in Plan policy and operations through surveys and formal feedback.

Execution of the I-SNP Model of Care is supported by systems and processes to share information between the health plan, healthcare providers and the member. The I-SNP Model of Care includes periodic analysis of effectiveness, and all activities are supported by the Quality Improvement Program.



EFT/ACH REQUEST FORM

**General Information:**

Requested Effective Date:	<input type="text"/>
Provider Name:	<input type="text"/>
Provider Contact Name:	<input type="text"/>
Contact Phone #:	<input type="text"/>
Contact Email:	<input type="text"/>
Tax ID Number:	<input type="text"/>
Billing/Pay to NPI:	<input type="text"/>

**Bank Information:**

ACH Routing Number (ABA#):	<input type="text"/>
Bank Account Number:	<input type="text"/>
Bank Name:	<input type="text"/>
Bank Address:	<input type="text"/>

\*Effective no later than June 1, 2011 plans are prohibited from making payments for Medicaid covered items or services to any financial institution or entity, such as provider bank accounts or business agents, located outside of the United States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, the northern Mariana Islands and American Samoa.

**Comments/Notes:**

Form Completed By:	<input type="text"/>	Date:	<input type="text"/>
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(1) Minimum of 30 days is needed to process a request