MEMBER ELIGIBILITY VERIFICATION
Providers are responsible for verifying member eligibility prior to rendering services. To verify member eligibility, call Simply’s Digital Voice Assistance at 1-877-915-0551 or through Simply’s provider portal www.simplyhealthcareplans.com/providers.

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.

CO-PAYMENTS
Your office will be responsible for collecting any co-payments, if applicable.

REFERRALS/AUTHORIZATIONS
Simply members are allowed five (5) open (direct) access visits/covered services in a calendar year without a referral. For any visits after the five (5) open access visits, please contact HN1 for a referral. For any other inquiries, contact: 800-595-9631 Option 1.
For URGENT/STAT referrals, please indicate this on the HN1 Service Request Form or contact HN1 at 1-800-595-9631, OPTION 1. This authorization is for Part B, professional services only.

NON-COVERED SERVICES
In the event that a member requests that your office perform a non-covered service, it is recommended that your office have the member sign an ADVANCED BENEFICIARY NOTIFICATION (ABN) form advising them of their financial responsibility.

FACILITY AUTHORIZATION
All facility authorizations requested for surgical and diagnostic services require authorization from the Health Plan. You may obtain the authorization by contacting Simply Health Plan’s UM Department at 1-877-915-0551, OPT. 2 or by submitting a request by fax to 1-800-283-2117. Please provide all documentation for medical necessity determination available when making a request.

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.

CLAIMS DISPUTE
A provider may contest a claim decision by submitting the following documentation to our claims P.O. Box:
1. Completed Claims Review/Dispute Form
2. Copy of the denied claim (marked COPY)
3. Health Network One Explanation of Payment (EOP)
4. Any application/supporting documentation

The claims review/dispute request must be received within thirty-five (35) days of your receipt of the Explanation of Payment (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 inquires 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 inquires telephonically at 1-877-372-1273.

LAB/PATHOLOGY
LabCorp — Contact LabCorp at 1-888-LABCORP (522-2677) or www.LabCorp.com

ANCILLARY SERVICES
For DME, Infusion, etc, please direct members back to their PCPs.

DRUGS/PHARMACEUTICALS
INJECTABLES and drugs are NOT COVERED BY HN1 under this Network Agreement.
For any injectables/drugs utilized for covered services provided to Simply Health Plan members, physicians must contact Simply Health Care pharmacy department at: 1-877-915-0551, OPTION 5 or via fax at 305-408-5883.