



Provider Quick Reference Guide

Welcome to Partners Direct Health

Who is Partners Direct Health?

Partners Direct Health (PDH) is a rapidly expanding provider network representing over (500) self-funded employer health plans and select third-party administrators (TPA) across the country.

How do we serve the provider community?

At PDH it is our goal to connect quality healthcare providers and local employers to create preferred provider networks through easy to administer contracts, allowing providers to benefit from prompt and predictable reimbursement that helps them grow their practice and build reliable partnerships with local businesses and their employees.

This quick reference guide is designed to help your practice, as a newly contracted provider. It should be used as a guide for you and your office staff to follow when treating PDH members.

Patient Identification

All PDH members are issued an identification card with the employer name and/or logo on the front of the card. Your office staff should request this card from the patient prior to rendering services.

Each card features the following:

- The insured's employer
- The insured's name
- The insured's identification number (group # and member id)
- Information on co-payment and/or deductible
- Pre-certification/notification requirements
- Claim Submission Information and Eligibility Verification
 - EDI Payor ID
 - Address
 - 24/7 health portal for providers
 - Provider call unit

Claim Status and Benefit Information visit www.tpa.com or 800.123.4567	
Member	Medical Plan
Company Name Company Logo	
Group #: ABCD Member: JOHN SAMPLE	In Network Copay: \$20 PCP / \$40 Specialist Out of Network Copay: \$35 PCP / \$60 Specialist
Member ID: SMPL0001 Plan:	Pharmacy Plan
Dependent: JIMMY SAMPLE	RxBIN: 00000 RxPCN: 00000 RxGRP: 00000
Customer Service	Member and Pharmacist Help Line: 800.987.6543 or www.pharmacy.com
Contact Customer Service at 800.123.4567 for help understanding your benefit options or scheduling any procedures	Rx copays: Generic \$15 / Preferred Brand \$40 Non-Preferred Brand \$70

Providers	Medical Claims Submission
For UR Notification, Summary of Benefits and Claims Status, visit www.tpa.com or call 800.123.4567. UR Notification is required for Hospital Admission, Outpatient Surgery, Dialysis, MRIs, CT Scans and PET Scans. Call TPA within 48 hours following an admission or surgical procedure.	Mail Medical Claims to: EDI: Payor ID 12345 Mail: TPA PO Box 98765 City, ST 00000-0000
Telemedicine	NOTICE: Possession of this card or UR Notification does not guarantee coverage or payment for the services or procedure reviewed.
www.telemedicine.com 800.345.6789	

Credentialing

When submitting a signed agreement to Partners Direct Health, a current roster of all covered providers within the practice and a W-9 is required. PDH's receipt of the agreement, roster detail and a W-9 will initiate the credentialing process. This process typically requires 60 days to complete. A welcome letter with your practice's effective date as well as a fully executed copy of your PDH agreement will be returned.

Billing/Payment Procedures

Claims submission:

- Medical claims should be submitted in compliance with industry standard coding logic, NCCI, and Centers for Medicare and Medicaid Services ("CMS") coding standards.
- All claims are to be completed and submitted to the address on the patient's ID card within the timeframe noted in your contract or electronically using the Payor ID number on the card.

Claims Payment:

- The practice will be reimbursed a fee-for-service rate, as outlined in your contract with PDH. As a contracted provider with PDH, the reimbursement rate through this contract will constitute payment in full, less any applicable co-payment, co-insurance or deductible received directly from the patient. You may not bill members for any further difference between your charge and the PDH contracted rate. Any questions regarding claim status or billing procedures should be directed to the billing information number (TPA listed) on the patient's ID card.
- The EOB (explanation of benefits) will reference payment made in accordance with Provider's agreement with PDH.

Specialty Care

No referrals are required for specialists.

Provider Relations

Partners Direct Health supports its contracted providers with a dedicated Provider Relations team to:

- Triage claims inquiries and address questions related to participation
- New providers joining and/or leaving the practice
- Demographic changes and updates (i.e., change in office location, phone number, etc.)

***Please be sure to contact PDH Provider Relations at 888-573-3186
or by emailing providerrelations@partnersdirecthealth.com***

Should you have questions, please contact a PDH associate via

Phone: **888-573-3186** | Fax: **484-200-7122** | Email: **providerrelations@partnersdirecthealth.com**

