

PROVIDER QUICK REFERENCE GUIDE

Effective Date: x/x/xxxx

Thank you for being an EHN participating provider! It's our mission for employers to choose the right medical plan for themselves and their families. We recognize the critical role you play in providing our members with high quality care and service. Our goal is to provide members with the best healthcare solution through a transparent infrastructure.

CLAIMS, ELIGIBILITY, OR PRECERTIFICATION

Website www.wwwww.com

Address: XXXXXX
XXXXXX
XXXXXX

Phone: XXX.XXX.XXXX

Payor ID: XXXXX

- Verify member eligibility
- Obtain claim payment status
- Verify provider network status
- Request pre-certification

PROVIDER PARTICIPATION

providers@ehnllc.com

All questions or concerns regarding provider related issues

CREDENTIALING QUESTIONS

credentialing@ehnllc.com

All questions or concerns regarding provider credentialing

NON-DELEGATED ROSTER UPDATES

rosters@ehnllc.com

Submit full and updated non-delegated rosters, additions, terminations and changes *

DELEGATED ROSTER UPDATES

delegatedrosters@ehnllc.com

Submit full and updated delegated rosters, additions, terminations, and changes *

* Please submit any changes to your practice information, including adds, terms, demographic, billing, NPI or Tax Identification changes. **This is a requirement of the No Surprises Act and will ensure information is up to date in our directory, thus, helping our members find your providers and ensure timely and accurate claims processing.**

How to Contact Employers Health Network



469.825.4825



providers@ehnllc.com



www.ehnllc.com

PROVIDER QUICK REFERENCE GUIDE

Copay Plan

ABC Company

Call **Xxx-xxx-xxxx** for coverage

Copay Plan

Pharmacy

RXBIN: XXXXX
RXPCN: XXX
RXGRP: XXX

xxx.xxx.xxx
xxxxxxxx.com

Member Information

ID# XXXXXXXX

LAST NAME, FIRST NAME

Medical Cost Share

In-Network / Out-of-Network

PCP:	\$20 / 50
Specialist:	\$40 / 100
Urgent Care:	\$75
ER:	\$500
Per Person Ded.:	\$0 / 3000
Family Deductible:	\$0 / 6000
Per Person OOPM:	\$1600 / 6000
Family OOPM:	\$3200 / 12000

Your PPO Network

Employers Health Network

Providers **MUST** review the back of this ID card for assignment of benefits and payment information.

Pharmacy Customer Service

EHN

Insurance Customer Service

Member services or to Precertify

All other provider calls

Pre-authorization is required, per Plan Document, for all hospital admissions and all services provided at a hospital, surgical center, outpatient facility or dialysis center 7-10 days prior to admission or service via Precertify Services number above. Failure to comply may result in a reduction of benefits. Emergency admissions must be reported within 48 hours or by the next regular working day following admission. Pre-notification of Pregnancy also required prior to delivery via Precertify Services number above.

For Non-EHN Providers:
Providers are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to reference pricing). Only Physician (and ancillary if applicable) services may be subject to a PPO Network. The Plan will only consider an Assignment of Benefits (AOB) valid under the condition that the Provider accepts the payment received from the Plan as consideration in full for the services, supplies and/or treatment rendered, less any required deductibles/copays/coinsurance. Assignment of Benefits (AOB) is a waiver of the Provider's right to balance bill the patient. For non-contracted providers, depositing checks received from the Plan represents accord and satisfaction and will take precedence over any previous terms. Please see the Plan Document or contact HPI CS at the number above.

To locate an EHN provider, visit us online or call

Submit ALL Claims:
Employers Health Network
 PO Box 507
 Arnold, MD 21012
 Payor ID: