



Now it's easier to provide care under the
Prime Employee Health Plan

Updates for Prime Medical Groups



Saving hospitals. Saving jobs. Saving lives.



Your Vital Role in Our Employee Health Plan (EHP)

Prime Healthcare provides compassionate, quality care **to our patients.**

It is an honor to provide that same care **to our employees and their dependents** as part of our Prime family.



As our Prime Medical Group physicians, clinicians and staff, **you are at the heart of our EHP.**

Thank you.

Knowing the Basics Makes Everything Easier

The basics you need to know to care for Prime EPO Members

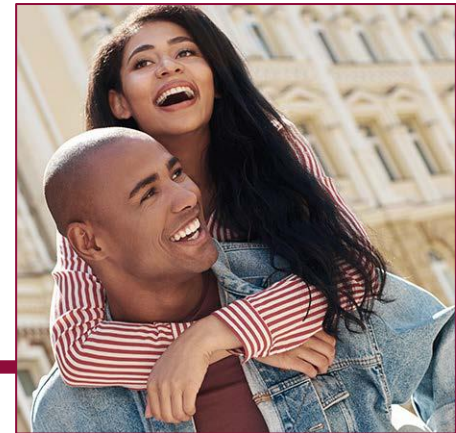
| | |
|--|----|
| Overview and Enhancements | 4 |
| Network Tiers and Benefits | 10 |
| Referrals and Authorizations | 16 |
| Member ID Cards | 28 |
| Claims and Appeals | 31 |
| Avoiding Balance Bills | 36 |
| Provider - Network Relations | 40 |
| Support and Service | 44 |
| Q&A | 47 |
| Additional Information | 49 |
| Authorization Charts, Common Definitions, and Online Resources | |



This presentation and other resources for Prime Medical Group Care Teams are available online. Visit www.primehealthcare.com/EHP or scan here.



Overview and Enhancements



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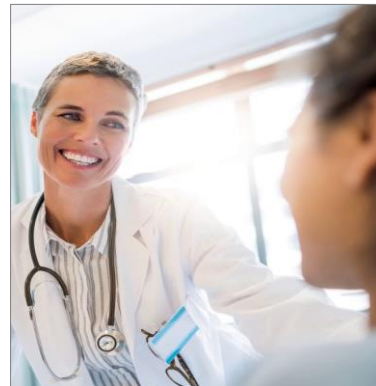


One of the Nation's Best Employee Health Plans

The Resources of a Leading National Health System

| | | | | | | |
|----------------------|---------------|----------------------|------------------------------|-----------------|----------------------------------|--|
| Acute Care Hospitals | Licensed Beds | Outpatient Locations | Annual Unique Patient Visits | People Employed | Physicians with Staff Privileges | Diverse Communities Served: Urban, Suburban, Rural |
| 45 | 8,734 | 300+ | 2.6 M | 50,000 | 15,000 | 600 |

Compassionate, Top-Quality Care from the People of Prime



Member Experiences

"People should really try using our own Prime Tier 1 doctors and services. Not only is there no deductible or copay (for annual wellness visits), but you'll get treated by our own phenomenal care team."

*Peggy K.
Midwest*



Three Choices, One Preference

1. Prime EPO

Our **Exclusive Provider Organization** brings Members the most benefits at the least cost.

2. MERP

Our **Medical Expense Reimbursement Plan** option is for employees covered under another qualified employer health benefit plan.

3. Value Plan

Our **Value Plan** provides essential health benefits as specified under the Affordable Care Act

97% of Prime Employees choose the **Prime EPO**

Prime EPO Structure

Prime EPO is composed of networks of Providers who deliver medical services to EPO Members.

Tier 1



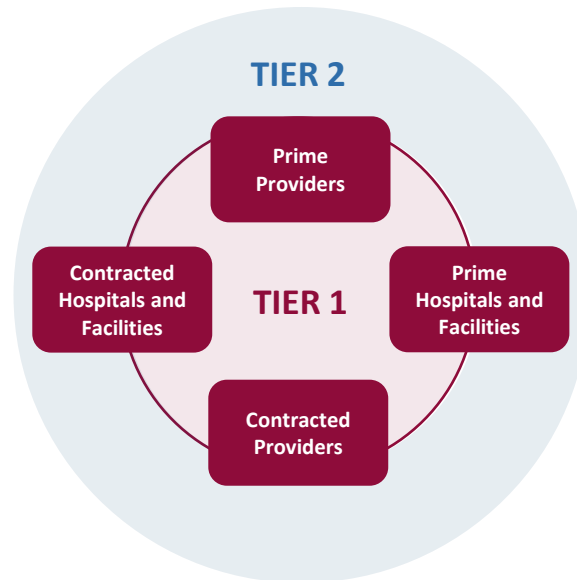
Prime Healthcare Hospitals and Networks

- Prime Medical Groups
- Prime Hospitals and Facilities
- EPO Contracted Providers
- EPO Contracted Medical Groups and Facilities

Tier 2



Blue Cross Blue Shield Contracted Providers



Enhancements for 2022

Prime made **major enhancements** to the EHP Plan to make it easier for you to care for our Members.

**New Online Referral
and Authorization**

Simpler and Faster

**Provider and Member
Communication**

Clearer, More Helpful

**Customer
Support and Service**

Fuller, More Responsive

Great News for Members, too

Prime will **not increase** monthly EPO premiums in 2022 despite rising healthcare costs.

Ongoing Enhancements

New initiatives focus on the Member and Provider experience.

| Initiative | Description |
|--|---|
| Member-Provider Relations Issue Resolution | <ul style="list-style-type: none">• Weekly multidisciplinary committee meetings to resolve Member or Provider issues• Grievance Committee for grievances, complaints, customer service and appeals• Greater collaboration with Keenan TPA leadership to resolve issues• Shared platform for tracking EHP issues (Smartsheets)• New dedicated Member and Provider Relations Team |
| Clinical Support | Our new medical director is ready to address and resolve clinical issues, and meets with EHP staff twice weekly |
| Network Growth and Development | <ul style="list-style-type: none">• New Contracting and Network Development Team• More than 1,789 new Providers and five new facilities added in 2021 |
| Greater Provider Education and Support | Our goal is to make it as easy as possible to use and administer our EHP by providing resources and guidance. |

Network Tiers and Benefits

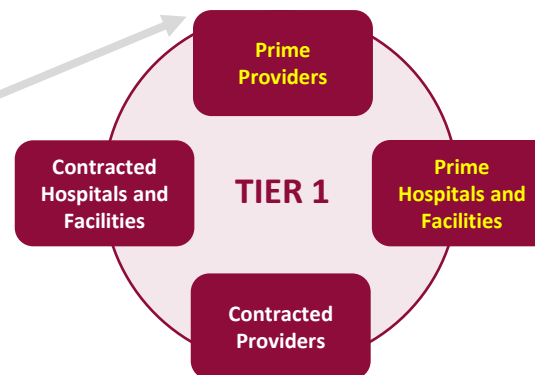
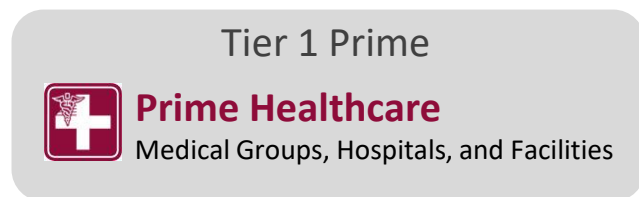


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Tier 1: Prime Physicians and Facilities First

Always **refer first** to Tier 1 Prime Providers, Hospitals and Facilities whenever possible.



- **No prior authorization required** for a PCP visit, initial specialist visit, or Prime facility.
- No delay. Provide care or refer as needed.
- Members receive the highest level of benefits at the lowest cost in the Tier 1 Prime Network.

Prior Authorization (PA) is part of the **Utilization Management (UM)** process that verifies the medical necessity and appropriateness of care, setting and services requested.

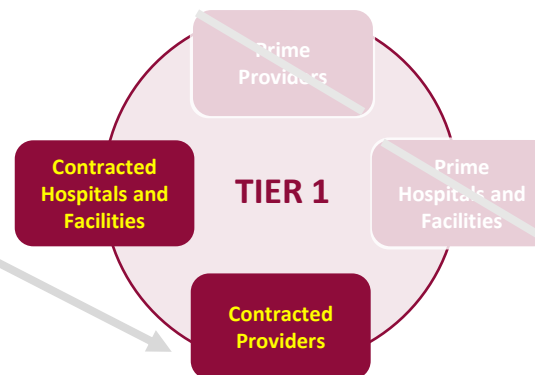
Always refer **first to Tier 1 Prime Providers and Facilities** whenever possible

Tier 1: Contracted Physicians and Facilities Next

If services are **not available** from Tier 1 Prime Providers, then refer to Tier 1 contracted Providers.



- **Any service** that can be provided must be provided or redirected within Tier 1
- No prior authorization required for most services.
- Referrals and Authorizations are covered in detail later in this presentation.



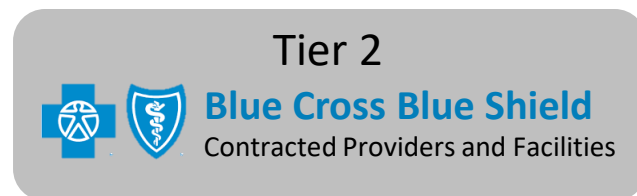
when Prime services are not available, **always** refer next to Tier 1 Contracted Providers and Facilities

Tier 2: Only When Services Are Not Available in Tier 1

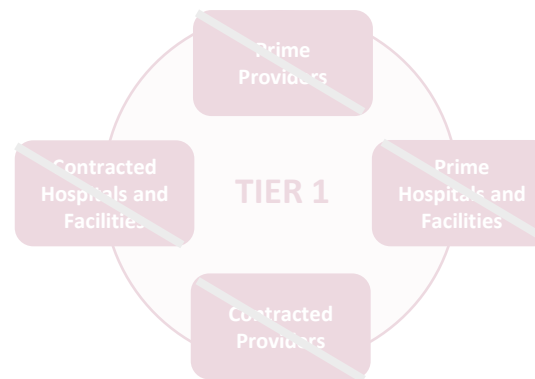
If services are **not available from any** Tier 1 Providers, then refer to Tier 2.



! All Tier 2 Services require Prior Authorization



- Submit a Prior Authorization Request to Prime Utilization Management (UM)
- Please remind Members that their service will **not be covered** until UM approves the request



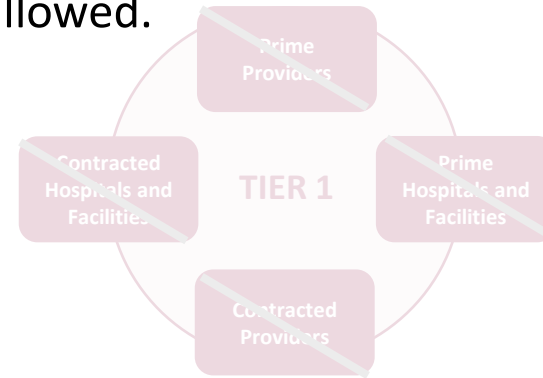
Refer to Tier 2 Providers and facilities **only** when services are not available in Tier 1

Out of Network: Permitted Only When Required

If services are not available from **any Tier 1 or Tier 2 Providers**, then out-of-network referrals are allowed.

Tier 1
 **Prime Healthcare**
Medical Groups, Hospitals, and Facilities

Tier 2
 **Blue Cross Blue Shield**
Contracted Providers and Facilities



 **All Out-of-Network services require Prior Authorization**

Out of Network
Any Non-Prime or Non-BCBSD Provider

- Submit a Prior Authorization Request to Prime Utilization Management (UM)
- Please remind Members that their service will **not be covered** until UM approves the request.

Members may be responsible **to pay for expensive out-of-network services** if they don't have prior UM approval

1.5 Benefit

If approved by UM, Members may access **Tier 2 services at Tier 1 rates** to help reduce their costs. This is known as the 1.5 Benefit.

Tier 1



Prime Healthcare
Medical Groups

 All 1.5 Benefits require **Prior Authorization**

1.5 Benefit



Blue Cross Blue Shield
Contracted Providers

Tier 1 copays and deductibles apply to approved 1.5 Benefits.

Prime UM authorization is required for all 1.5 Benefits.

When authorized, “1.5 Benefit” is printed on the authorization internal notes section.

Contact UM at EHP@primehealthcare.com or 877-234-5227 if you have questions.

1.5 benefits do not apply to all services.

Specific services such as urgent care, SNF, HH, BH, dialysis, and DME are **not eligible** for Tier 1.5 benefits.

See your Summary Plan Description for details or call **Customer Service at 877-234-5227.**

Please **handle 1.5 Benefits carefully**. Always ask if you are unsure about coverage.



Referrals and Authorizations

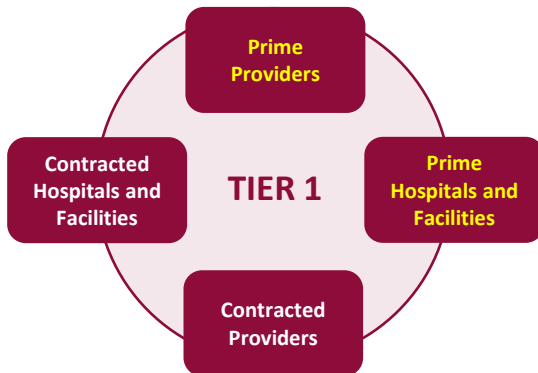
Saving hospitals. Saving jobs. Saving lives.



Tier 1 Referrals

Here's how to ensure your medical group **excels** as a Prime Tier 1 Provider.

Follow these steps to make the Prime EPO experience easier for you and your patients.



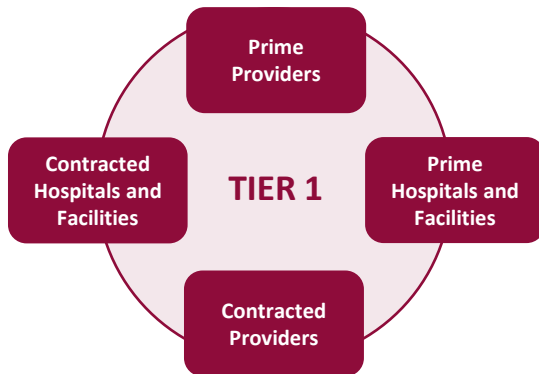
- 1 Refer to **Prime Employed Providers** whenever possible.
- 2 Refer to Tier 1 Contracted Providers only when no Prime Employed Providers are available.
- 3 Refer to Tier 2, the BCBS network, only when the service is not available in Tier 1.
- 4 Remind Members they have an EPO plan with prior authorization requirements and guide them to Tier 1 Providers.
- 5 Let Members know they have the right to request that their care is within Prime Tier 1 to ensure they have the least cost to them.

Refer within Prime Tier 1 and there are no authorizations needed and no delays in care.

Fewer Prior Authorizations Simplify Care

No authorizations are required for most care delivered in the Tier 1 Network.

Tier 1 Provider Network → No Authorization Required. No Waiting to Provide Services.



No Authorizations Required for
Any PCP and Specialty Office Visits

No Authorizations Required for
Any U.S. Prevention Task Force Screenings

No Authorizations Required for
Any Auto-Approved Services
Members may receive many services at any Prime facility without waiting for prior approval.

For the full list of Auto-Approved Services visit www.primehealthcare.com/EHP

Faster PAs With the Online PAS Tool

Prime EPO provides **faster PA approval** for care delivered in the Tier 1 Network.
Claim payment is now faster, too.

60% Instant Approval
with the **online PAS tool**

96 to 98% Approval
of **All Authorizations**

92% Approval
within **24 Hours**

85 to 99% of Claims
paid within **30 days**

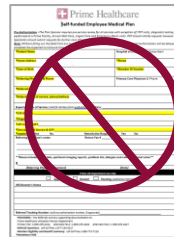
Easier Authorization Requests through PAS

PAS Advantages

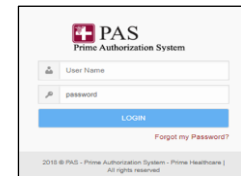
- **60% Approved Instantly**
- Connect directly to the Prime UR team
- Submit additional information at any time
- Print authorizations
- Track the status of requests
- Verify Member eligibility
- Locate Tier 1 Providers and facilities
- Find ICD 10 diagnosis, procedure, CPT/HCPCS

Three Steps to PAS Access

1. Request PAS access at EHP@primehealthcare.com
2. Prime sets your username and password. Only authorized users can access PAS.
3. To log into PAS, enter your assigned URL into any standard web browser.



*Inefficient paper forms are obsolete.
The future is online through PAS.*



PAS sign up, training and use are **required** for all Prime Medical Groups.

Use and Training

- All staff who work with the EHP are required to receive training and use PAS to submit authorization requests.
- Training sessions take just 10 minutes and can be arranged by emailing EHP@primehealthcare.com.
- **At least one representative from each Prime Medical Group must attend a training session.**
- Everyone who works with the EHP is required to complete training on HealthStream.

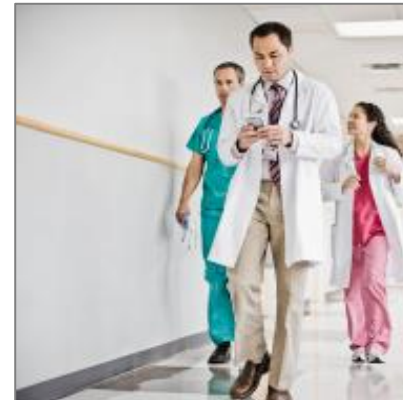
Take the time to **get PAS Training**.
Use it correctly
and referral requests
are easier.

Urgent Prior Authorizations

Even when the need is urgent, any required prior authorization must be approved before Members receive services.

How to Request Urgent Approval for Prior Authorizations

- If the clinical need is urgent, submit a request through the PAS tool for Urgent Prior Authorization. Be sure to properly indicate urgency.
- UM will complete an expedited review, and on average 98% of requests receive a response within 6 hours.
- Members may receive notice simultaneously based on availability of contact information, and all will receive notification by mail.
- For any questions or support, please call Prime Customer Service at 877-234-5227. Listen for the prompts for urgent matters.
- If the Member's situation is life-threatening, advise them to call 911 or go to the nearest emergency department. (A retro PA determination may be required.)



Faster PA Turnaround than Industry Standard

Prime Healthcare EPO Authorizations

Average Turnaround Time (TAT) January 2021 to February 15, 2022

| Routine PA Determination | Volume | Percentage | Avg TAT | Industry Standard |
|--------------------------|--------|------------|-----------|-------------------|
| Approved | 62,991 | 94.86% | 1.71 days | 7 to 10 days |
| Denied | 1,273 | 1.92% | 3.4 days | |
| Closed* | 1,818 | 2.74% | 4.3 days | |
| Pending Review | 322 | 0.48% | In review | |

| Urgent PA Determination | Volume | Percentage | Avg TAT | Industry Standard |
|-------------------------|--------|------------|------------|-------------------|
| Approved | 4,498 | 97.7% | 6 hours | 24 to 72 hours |
| Denied | 34 | 0.74% | 18.5 hours | |
| Closed* | 68 | 1.48% | 17.1 hours | |
| Pending Review | 3 | 0.07% | In review | |

| Retro PA Determination | Volume | Percentage | Avg TAT | Industry Standard |
|------------------------|--------|------------|-----------|-------------------|
| Approved | 2,528 | 73.81% | 6.41 days | 30 days |
| Denied | 599 | 17.49% | 7.9 days | |
| Closed* | 260 | 7.59% | 6.15 days | |
| Pending Review | 38 | 1.1% | In review | |

* Closed: due to lack of minimum necessary information required to process as a prior authorization request, including but not limited to medical record documentations, despite several attempts to the Provider offices

Utilization Management (UM)

Working in partnership with the Utilization Management team makes the EHP experience **better for everyone.**

Prime Clinical UM and Customer Service are available 24/7 at 877-234-5227 to answer questions and help you.

For all inpatient admissions and transfers, notify Prime UM immediately

Prime **UM 24-hour nurse coverage** streamlines inpatient admissions and transfers

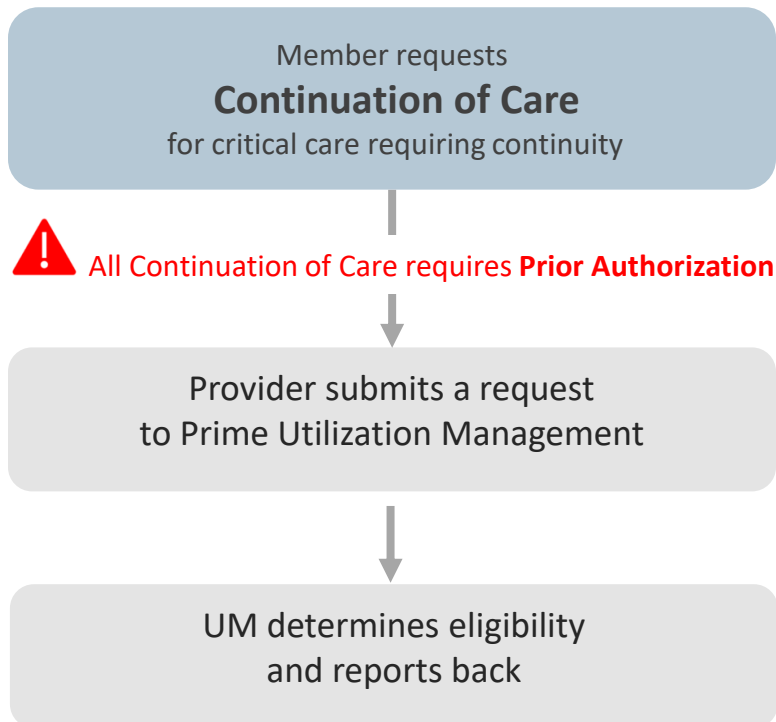
- ✓ Timely receipt of inpatient notification
- ✓ Timely review of authorization determination
- ✓ Opportunity to repatriate to Prime facility
- ✓ Progress of discharge plans



**Improve
Member satisfaction**
by helping them use
their benefits to
the greatest
advantage.

Continuation of Care

When new Members require continuity of care,
prior authorization is required.



Conditions that may qualify include:

- Third-trimester or high-risk pregnancies
- Ongoing behavioral health services
- Surgery/treatment approved to occur within 90 days
- Terminal illness

The request must be approved before the Member continues to receive care from their previous Provider.

Submit online to EHP@primehealthcare.com.

UM will send a letter to the Provider and Member providing approval or denial.

Authorization Charts

Two charts summarize authorization requirements. Here are tips on reading them.


1 Review the definitions at the top of the chart so you can discuss them with your patients if needed.


Referral: Request by a Provider to refer patients to another Provider. Referrals may be verbal, written, or digital.

Physician Order/Prescription: An order a Provider gives patients on paper or as a digital file for them to get a service/medication.

Authorization: Approval for services from Prime Utilization Management. Authorization approvals are sent to Providers by fax or online. Patients also receive approvals by mail at their home.

2 Check the color codes for the blocks.

 Pink means referral or authorization is NOT REQUIRED.

 Blue means referral or authorization IS REQUIRED.

3 Look under the Tier 1 Prime Employed Provider column to learn about required referrals and authorizations.

4 Read the footnotes for details.

We review them in the next few slides.

Authorization for PCP and Specialty Services
 Required Not Required **2** can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

1 Request by a provider to refer member to another provider.
Physician Order/Prescription: An order given by a provider for a service/medication.
Authorization: The Approval for services given by Prime EHP Utilization Management. **3** Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime UM

| Service | Tier 1 Prime Employed 3 | | Tier 1 Prime Network | | Tier 2 Blue Shield of CA/BCBS BlueCard | |
|--|--------------------------------|---------------|----------------------|-----------------|--|---------------------------|
| | Referral | Authorization | Referral | Authorization | Referral | Authorization |
| Primary Care Office Visit: General Practice, Family Practice, OB/GYN, Internal Medicine | N/A | No | N/A | No | N/A | Yes ³ 4 |
| Pediatrician Office Visit | N/A | No | N/A | No | N/A | No |
| Specialist Office Visit¹ Initial visit/Consult and Follow up visits | No | No | Yes | No ² | Yes | Yes ³ |
| PCP Lab Work In Office Preventive, Routine | No | No | N/A | No | N/A | No ⁴ |
| PCP Lab Work In Office Non-Preventive | No | No | N/A | Yes | N/A | Yes |
| Auto-Approved Services Visit www.primehealthcare.com/EHP for a list of these services | No | No | No | No | No ⁴ | No ⁴ |

1. Specialist Office Visits
Initial consults with Tier 1 specialists require a PCP referral, but do not require authorization or Prime UM Review.

2. Tier 1 Prior Authorization Not Required

- Office visits (evaluation and management codes)
- Auto-approved orders (www.primehealthcare.com/EHP)
- US Prevention Task Force Preventive screening services (www.uspreventiveservicestaskforce.org/uspsft)
- Facility-based services provided at a Prime facility

Specialty services not listed above require Prior Authorization.

3. Tier 2 Authorization
If authorization to a Tier 2 provider is approved and Tier 1.5 benefits are applied:
 Three follow-up visits approved within 365 days following the initial approved authorization.
 A new authorization is required for follow-up visits after 365 days of initial approved authorization.

- All other services require prior authorization for each follow-up visit.
- Benefits may vary. Some locations do not need authorization for Tier 2 PCP visits.

4. Tier 2 Lab Work
All labs should be sent to a Prime facility or Prime-contracted LabCorp location. All other labs require an authorization.

Prime Healthcare Saving hospitals. Saving jobs. Saving lives.

Authorization for PCP and Specialty Services

The footnotes are expanded and explained to guide you.

1 Specialist Office Visit

Initial consults with Tier 1 specialists require a PCP referral, but do **not** require authorization or Prime UM review. No need to wait for referral or authorization.

2 Tier 1 Prior: Authorization Not Required

- Office visits
- Auto-approved services listed at: www.primehealthcare.com/EHP
- US Prevention Task Force preventive screening services listed at: www.uspreventiveservicestaskforce.org/uspstf
- Facility-based services provided at a Prime facility

1

| Tier Level Provider | Tier 1 Prime Employed | | Tier 1 Prime Network | | Tier 2 Blue Shield of CA/BCBS BlueCard | |
|---|--------------------------|---------------|-------------------------|-------------------|---|--------------------|
| | Referral | Authorization | Referral | Authorization | Referral | Authorization |
| Primary Care Office Visit: General Practice, Family Practice, OB/GYN, Internal Medicine | N/A | No | N/A | No | N/A | 3 Yes ³ |
| Pediatrician Office Visit | N/A | No | N/A | No | N/A | No |
| Specialist Office Visit ¹ Initial visit/Consult and Follow up visits | No | No | Yes | 2 No ² | Yes | 3 Yes ³ |
| PCP Lab Work In Office Preventive, Routine | No | No | N/A | No | N/A | 4 No ⁴ |
| PCP Lab Work In Office Non-Preventive | No | No | N/A | Yes | N/A | Yes |
| Auto-Approved Services Visit www.primehealthcare.com/EHP for a list of these services | No | No | No | No | No ⁴ | 4 No ⁴ |

3 Tier 2 Authorization

If authorization to a Tier 2 Provider is approved and 1.5 benefits are applied:

- Three follow-up visits approved within 365 days following the initial approved authorization.
- A new authorization is required for follow-up visits after 365 days of initial approved authorization.
- All other services require prior authorization for each follow-up visit.
- Benefits may vary. Some locations do not need authorization for Tier 2 PCP visits.

4 Tier 2 Lab Work

Lab work at a Prime facility or Prime-contracted LabCorp location does not require an authorization. All other labs require an authorization.



Authorization for Facility Services

More information is expanded and explained to guide you.

| Facility Services | Prime Owned Hospitals and Facilities | | | Non-Prime Facilities | | |
|---|--------------------------------------|---------------------------------|-------------------|----------------------|---------------------------------|--------------------|
| | Service | Physician Order or Prescription | Referral | Authorization | Physician Order or Prescription | Referral |
| Imaging MRI/CT/MRA/PET scan/DEXA Hospital Imaging | Yes | No | No | Yes | Yes | Yes |
| Inpatient Hospitalization | Yes | No | No | Yes | Yes | 1 Yes ¹ |
| Outpatient Surgery | Yes | No | No | Yes | Yes | Yes |
| Bariatric Services | Yes | Yes | Yes | Yes | Yes | Yes |
| Sleep Studies | Yes | Yes | No | Yes | Yes | Yes |
| Emergency Room Services | N/A | No | 2 No ² | N/A | No | 2 No ² |
| Urgent Care | N/A | No | 3 No ³ | N/A | No | 3 No ³ |
| Labs⁴ | Yes | No | No | Yes | Yes | Yes |
| Auto-Approved Services Visit www.primehealthcare.com/EHP for a list of these services | Yes | No | No | Yes | Yes | Yes |

1 Inpatient Hospitalization

Prime UM must be notified and authorization is required for post-stabilization care and inpatient hospitalization.

2 Emergency Department Services

Members should go to a Prime facility whenever possible. If they receive services at a non-Prime facility, Tier 2 rates may apply.

4 Lab Work

Members should get lab work at a Prime facility or Prime-contracted LabCorp location whenever possible. If they receive services at a non-Prime facility, Tier 2 rates may apply.

5 Physician Order or Prescription

To receive some services under your plan, you need to get an order from your PCP and present it at the facility when you go for care. The order may be on paper or it may be a digital file. Without the order, you may not get the services or they may not be covered under your plan.

3 Urgent Care

Members should get urgent care at a Prime ER or Prime Urgent Care. If care at a Prime facility is not possible then seek care at a Prime-contracted urgent care facility, Carbon Health, whenever possible. If Members receive services at a BCBS contracted urgent care, Tier 2 rates may apply. Urgent care at a non-BCBS contracted center may incur significantly greater rates.

Member ID Cards



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Member ID Cards: Front

Please help Members understand the important information on their ID Cards.

1. Covered Member Name
2. Member ID Number
3. Prescription Benefits
4. **Plan Name: EPO Employee Medical Plan**
5. Plan Group Number
6. Copayments
7. PPO Logo

blue
Blue Cross of California

Prime Healthcare

Participant Name
JANE DOE

Participant ID **PHU79012315P**

Rx Group: JYEA

Rx Bin: 003858

Rx PCN: A4

Retail Pharmacy \$10 Generic / \$30 Formulary

Maintenance Rx \$20 Generic / \$60 Formulary

EPO Employee Medical Plan

Group: W0069774

Coverages: Medical - Pharmacy*

| | Tier 1 Prime | Tier 2 BSC |
|--------------------|-----------------|---------------|
| Primary Care Visit | \$10 | \$30 |
| Specialist Visit | \$10 | \$45 |
| Emergency Room | \$25 | \$100 + 10% |
| Urgent Care | \$10 | \$30 |

Prime Healthcare has hired Keenan to handle member claims and customer service. See back for contact information.

PPO

Although the PPO logo appears on the card, Members are enrolled in an **EPO plan**.

! Please remind Members and Providers this is an EPO plan and prior authorizations are needed. Without required authorizations and approval, Members may be billed by Providers for their care.

Member ID Cards: Back

- 8. Tier 1 Provider Billing Info
- 9. Tier 2 Provider Billing Info
- 10. Services Needing Prior Authorization
- 11. Tier 2 Provider Website
- 12. Prime Customer Service Contact
- 13. Direct Referral Contact
- 14. Keenan Customer Service Contact
- 15. Prescription Benefits Contact
- 16. Date of Issue (on some cards only)

The image shows the back of a Member ID Card with various sections and callouts. Callout 8 points to the Prime Healthcare Providers section. Callout 9 points to the BSC Providers section. Callout 10 points to the disclaimer text. Callout 11 points to the website information. Callout 12 points to the Prime Healthcare Customer Service contact information. Callout 13 points to the Provider UR-Referrals (Fax) contact information. Callout 14 points to the Keenan Customer Service contact information. Callout 15 points to the Express Scripts Pharmacy contact information. Callout 16 points to the date of issue (07/24/2019).

blue
Blue Shield of California

Participants: Use Prime Healthcare providers and facilities to receive maximum benefits.

Prime Healthcare Providers - Submit claims to:
Electronically: EDI Payer ID 95279
Mail: Keenan
P.O. Box 2744 Torrance, CA 90509

BSC Providers** - Submit claims to:
Blue Shield of California
P.O. Box 272540 Chico, CA 95927-2540

**All services require prior authorization from Prime Healthcare UR prior to date of service except: Primary Care, General Pediatric, and ER/Urgent Care visits.

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

Members have no or limited out-of-area benefits, except when receiving service from a BlueCard PPO network provider.

07/24/2019

EXPRESS SCRIPTS

Blueshieldca.com/networkppo
Primehealthcare.com/EHP

Prime Healthcare Customer Service 877-234-5227
EHP@primehealthcare.com
Utilization Review/Prior Authorization, Referral Status, General Inquiries/SPD, Provider Finder, Claim Inquiries

Provider UR-Referrals (Fax) 909-235-4414

For Automated Referrals
Prime PAS Online Platform Referrals/Prior Authorization
EHP@primehealthcare.com for access

Keenan Customer Service 888-773-7218
Keenan.com/benefits
Member Eligibility, Plan Benefits, Claim Inquiries

Express Scripts Pharmacy*
Express-Scripts.com
Customer Service 866-718-7955
TDD 800-899-2114
Physician/Pharmacist Only 800-824-0898

*Contracts separately with group
*Pharmacy Benefits Administrator

Most contact information you need is as close as a Member ID Card.
Keep a copy handy.

Claims and Appeals



Saving hospitals. Saving jobs. Saving lives.



Claims Processing

Prime EHP claims are managed by Keenan, the third-part-administrator, and overseen by Prime.

The Prime EHP Claims Department oversees Keenan's performance. Their role is to:

- Audit claim payment integrity to ensure accuracy in accordance with SPD, including covered and authorized services, contractual reimbursements, and other requirements.
- Evaluate and ensure timely completion of claim adjudication and payment.
- Audit quality of claim processing to reduce claim payment errors and improve process and workflow.
- Perform claim dispute research and resolution.

It's important to remember the roles, especially when seeking claims support.

 *Keenan*
manages the benefits

 Prime Healthcare
oversees Keenan's performance

Keys to Successful Claim Processing

1. Understand the Benefits

Know the benefit coverage, including but not limited to covered services, exclusions/ limitations, premiums, deductibles, co-pays, co-insurance and annual out-of-pocket maximum (OOP).

2. Follow Approval Requirements

Reference the Referral and Authorization charts in this guide whenever you are unsure about what to do.

3. Refer Based on Network Tiers

If you know which Providers are in each tier, you'll help to ensure that Member claims are processed properly.

- ✓ Tier 1 Prime facility
- ✓ Tier 1 Prime contracted Providers
- ✓ Tier 2 Blue Shield network Providers
- ✓ Out-of-network: Does not have a contract or any relationship with Prime (not part of Tier 1 or Tier 2).

Authorization for Facility Services

Required Not Required Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Request by a provider to refer member to another provider. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime UM
Physician Order/ Prescription: An order given by a provider for a service/ medication. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime UM
Authorization: The Approval for services given by Prime EHP Utilization Management

| Service | Prime Owned Hospitals and Facilities | | Non-Prime Facilities | |
|---------------------------|--------------------------------------|----------|-------------------------------|----------|
| | Physician Order/ Prescription | Referral | Physician Order/ Prescription | Referral |
| Imaging | | | | |
| MRI/CT/MRA/PET scan/DEXA | | | | |
| Hospital Imaging | | | | |
| Inpatient Hospitalization | | | | |
| Outpatient Surgery | | | | |
| Diagnostic Services | | | | |
| Sleep Studies | | | | |
| Emergency Room Services | | | | |
| Urgent Care | | | | |
| Labs | | | | |

Auto-Approved Services
Visit www.primhealthcare.com/EHP for a list of these services

- Inpatient Hospitalization**
Prime UM must be notified and authorized
- Emergency Department Services**
Should be provided at a Prime facility
- Urgent Care**
Should be provided at a Prime facility
- Labs**
Any lab services should be sent to a Prime Healthcare

Authorization for PCP and Specialty Services

Required Not Required Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Request by a provider to refer member to another provider. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime UM
Physician Order/ Prescription: An order given by a provider for a service/ medication. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime UM
Authorization: The Approval for services given by Prime EHP Utilization Management

| Service | Tier 1 Prime Employed | | Tier 1 Prime Network | | Tier 2 Blue Shield of CA/NC/NS BlueCard | |
|--|-----------------------|---------------|----------------------|-----------------|---|------------------|
| | Referral | Authorization | Referral | Authorization | Referral | Authorization |
| Primary Care Office Visit: General Practice, Family Practice, OB/GYN, Internal Medicine | N/A | No | N/A | No | N/A | Yes ¹ |
| Pediatrician Office Visit | N/A | No | N/A | No | N/A | No |
| Specialist Office Visit² Initial visit/Consult and Follow up visits | No | No | Yes | No ³ | Yes | Yes ³ |
| PCP Lab Work In Office Preventive, Routine | No | No | N/A | No | N/A | No ⁴ |
| PCP Lab Work In Office Non-Preventive | No | No | N/A | Yes | N/A | Yes |
| Auto-Approved Services Visit www.primhealthcare.com/EHP for a list of these services | No | No | No | No | No | No ⁴ |

- Specialist Office Visits**
Initial consults with Tier 1 specialists require a PCP referral, but do not require authorization or Prime UM Review.
 - Office visits (evaluation and management codes)
 - Auto approved codes (www.primhealthcare.com/EHP)
 - US Prevention Task Force Preventive screening services (www.uspreventiveservicetaskforce.org/uspstf/)
 - Facility-based services provided at a Prime facility
 Specialty services not listed above require Prior Authorization.
- Tier 1 Prior Authorization Not Required**
- Tier 2 Authorization**
If authorization to a Tier 2 provider is approved and Tier 1.5 benefits are applied:
 - Three follow-up visits approved within 365 days following the initial approved authorization.
 - A new authorization is required for follow-up visits after 365 days of initial approved authorization.
 - All other services require prior authorization for each follow-up visit.
 - Benefits may vary. Some occasions do not need authorization for Tier 2 PCP visits.
- Tier 2 Lab Work**
All labs should be sent to a Prime facility or Prime-contracted LabCorp location. All other labs require an authorization.

Prime Healthcare 19 Saving hospitals. Saving jobs. Saving lives.

You can improve claims processing by how you handle referrals and authorizations

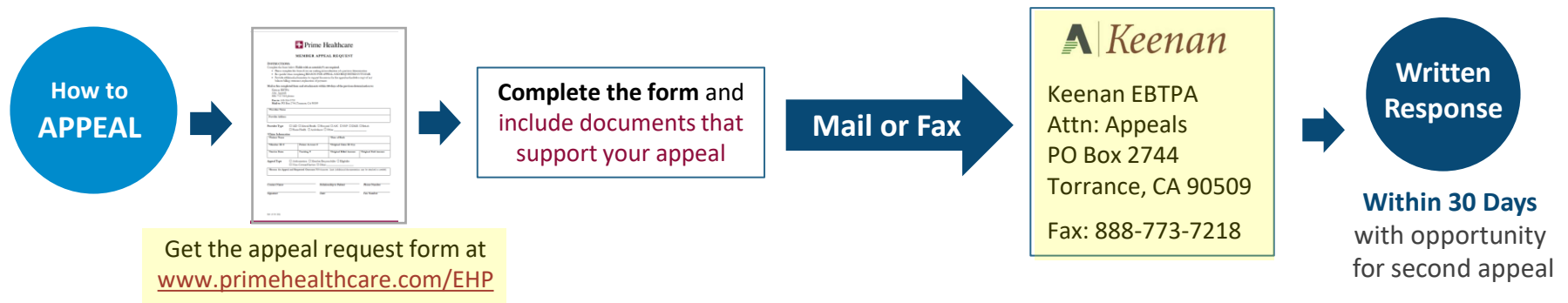
Member Appeals

Sometimes Members may **not agree** with benefit decisions. They may appeal.

Their appeal **must be received in writing by Keenan within 180 calendar days** from the date of the decision they are appealing. Even if they make a verbal request, they must submit it in writing within the 180-calendar-day timeframe.

How Members Submit an Appeal

1. The Member Appeal Request Form is available online at www.primehealthcare.com/EHP
2. Download it. Follow the directions and fill it out completely.
3. Mail or fax the completed form and any supporting documents, such as an explanation of payment or balance billing statement to the address below.
4. The request will be reviewed, and a written response will be completed within 30 days.
5. If the Member still disagrees, they may submit a Second Appeal. It will be processed within 30 days.
6. Keenan Customer Service is available at 310-533-5755 if you have any questions or concerns.



Provider Dispute Resolution

Sometimes Providers may not agree with benefit decisions. You may dispute them.

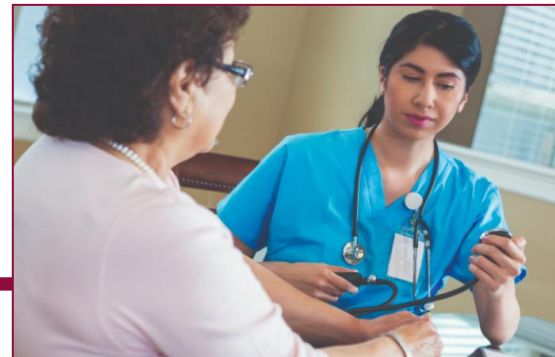
For reconsideration of a previous determination, you must submit a Provider Dispute Resolution Request form to Keenan. Submission of the form constitutes your agreement **not to bill the patient** during the dispute resolution process.

How to Submit Your Dispute

1. The Provider Dispute Resolution Request form is available online at www.primehealthcare.com/EHP.
2. Download it. Follow the directions and fill it out completely. Be specific about your dispute and requested outcome.
3. Provide supporting information, including applicable bills and explanations of payment, such as an initial denial letter.
4. Mail or fax the completed form and all supporting information to the address below.
5. Your request will be reviewed, and a written response will be completed within 45 days.
6. If you still disagree, you may submit a Second Appeal. It will be processed within 45 days.
7. Contact Keenan Customer Service at 310-773-7218 if you have any questions or concerns.



Avoiding Balance Billing



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Balance Billing

Balance billing is upsetting to Members because they receive a bill for medical services after they believe everything is paid for under their plan.

- A balance bill occurs when Members are billed by Providers or facilities after deductibles, coinsurance or copayment are paid, and Prime has paid allowable costs. Prime works to protect and defend Members from balance billing.
- **If prior authorization or required referrals are not obtained**, then Prime is unable to prevent the Providers and facilities from billing our patients. Like all Health Plans, Prime is obligated to follow the terms of our SPD and its equal application across all our Members. We can't make exceptions.

Top Reasons for Balance Billing

Balance bills are most likely when Members receive services:

- outside Prime's Provider network: A doctor, hospital, or other facility that has no contract or relationship with Prime.
- that are *not* covered by Prime benefit plan, even if they are from a Prime Network Provider.
- without required referral and prior authorization approval.
- from out-of-network Providers who may be working at in-network facilities.



Help Members Avoid Balance Billing - 1

Helping Members avoid balance billing in a two-part process.
First is the action you take. Second is how you guide Members.

1. Please ensure that your medical group:

- ✓ Understands the procedures for referral, prior authorization, and other requirements under the EPO plan, and follows them **before the Member receives care**.
- ✓ Knows that all labs rendered outside of Prime hospital facility at Tier 2 BCBS contracted lab vendor require authorization. Also, that lab services rendered by a non-par (neither Tier 1 nor Tier 2) lab vendor is **not** a covered benefit and **is denied**.
- ✓ Refers and directs Members always to Tier 1 Prime Network Providers whenever possible. Use the current Provider directory available online.
- ✓ Works closely with Prime UM as they assist Members by redirecting the referral to Prime Tier 1 Providers when available and appropriate.
- ✓ Encourages use of only Prime facilities and the Prime Tier 1 Provider Network to protect Members from higher cost care.

Help Members Avoid Balance Billing - 2

By guiding Members to better understand the employee health plan, you improve their EHP experience – and yours.

2. Please help Members understand that:

- ✓ if services are provided by Tier 2 facilities, Tier 2 costs are often **significantly higher** than Tier 1 costs.
- ✓ they should ask Providers to provide **options for care** within the Prime network.
- ✓ their **Summary Plan Description (SPD)** tells them about required referral and prior authorization, Member costs for non-Prime utilization, exclusions and limitations, and Member responsible cost share.
- ✓ their **Explanation of Benefits (EOB)** is not a bill. It is an explanation of the benefit and how it was applied. It can help them know the costs that are the Member's responsibility and plan for them.



Provider - Network Relations



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Prime Provider Network Goals

We are working to build a Prime network that meets the needs of all our Providers and Members through two major goals.

Improve access by expanding the Tier 1 Network

- We seek to fill “provider gaps” in the nationwide Tier 1 Prime Provider Network by securing Tier 1 contracts with Providers who can make our network more robust in its services and scope.
- The EHP Committee, together with local HR departments, medical offices, and our business development team , are creating outreach plans to welcome new Providers to Tier 1. We also are encouraging local leaders to direct Providers to the Prime EHP.

Reduce Tier 2 Utilization to sustain low costs

- Our goal is to provide Members with the best possible care for the least out-of-pocket costs.
- By helping our Prime Medical Group Providers to keep referrals within the Tier 1 Prime Network, we can continue offering services in the Tier 1 Prime Provider network at little or no cost to Members.



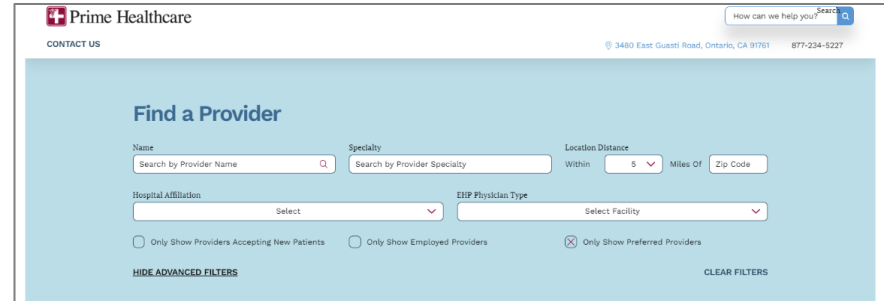
More than 1,789 new Providers and five new facilities added in 2021

Provider Directory: Finding A Doctor or Service

Find A Provider

You can search for Tier 1 Providers on local Prime Hospital and Corporate websites through the Find a Provider tool.

You can also access Find a Provider tool directly at <https://ehp.primehealthcare.com/find-a-Provider/>



The screenshot shows the Prime Healthcare website's 'Find a Provider' search tool. At the top, there is a search bar with the text 'How can we help you?' and a magnifying glass icon. Below this, the page title 'Find a Provider' is centered. The search form includes several fields: 'Name' with a search box labeled 'Search by Provider Name' and a magnifying glass icon; 'Specialty' with a search box labeled 'Search by Provider Specialty' and a magnifying glass icon; 'Location Distance' with a dropdown menu set to '5' miles, and a 'Zip Code' field. Below these are two dropdown menus for 'Hospital Affiliation' and 'EHP Physician Type'. At the bottom of the form, there are three radio button options: 'Only Show Providers Accepting New Patients', 'Only Show Employed Providers', and 'Only Show Preferred Providers' (which is selected). There are also links for 'HIDE ADVANCED FILTERS' and 'CLEAR FILTERS'.

Be sure to keep the Tier 1 Provider Directory updated.

Correct Provider information is essential to ensuring a smooth process for the referrals, authorizations, claims, and other processes that enable Members to receive their full benefits without avoidable delays or complications.

Any changes during the year or issues with Provider availability should be shared with EHP Provider Contracting at EHPProvidercontracts@primehealthcare.com

Excel files by state are updated monthly and are available at www.primehealthcare.com/EHP

The online Find-A-Provider tool is updated monthly. <https://ehp.primehealthcare.com/find-a-provider/>

Add Trusted Providers to the Prime Network

If you would like to refer your patients to trusted colleagues who are not in the Prime Tier 1 network, **please invite them to join.**

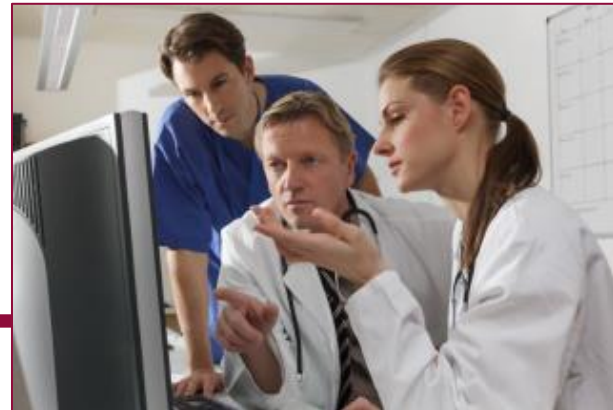
How to nominate a colleague to join Tier 1

- Email a request to nominate a colleague with the name of the physician or clinician and their contact information to EHPprovidercontracts@primehealthcare.com.
- The Prime EHP team will reach out to your nominated Provider and request their participation in the Tier 1 Network
- You will be notified if/when your colleague joins the network.

Please note: Nomination is not a guarantee of the Provider becoming contracted.



Support and Service



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Customer Service: Three Companies Serve You

Knowing who to call makes it easier to get the help you need.

1 Prime Healthcare: Your Benefits Plan

Prime Customer Service: 877-234-5227

Prime EHP Website: <https://www.primehealthcare.com/EHP>

Prime provides authorization, coordinates referral and clinical care, and oversees inpatient admissions. We also manage discharge planning, transfers, and clinical disputes. Call anytime or email EHP@primehealthcare.com.

For urgent clinical needs, call Prime Customer Service anytime at 877-234-5227.



2 Keenan: Your Benefits Manager

Keenan Customer Service: 888-773-7218

Call Center Support M-F 6:00 am to 5:00 pm PST

Keenan oversees Member eligibility, issues benefit verification for Providers, claims, appeals, copay, co-insurance, deductible, EOB questions, Provider Finder assistance and coordinates requests for duplicate medical ID cards.

Keenan MESA 24/7 Online Access: <https://keenan-mesa.javelinaweb.com>

After access is granted, log in anytime to see claims status, benefit summary, and eligibility status or request a new ID card or printable EOBs. Sign up for access at <https://kenan.com/benefits>

3 EXPRESS SCRIPTS®: Your Pharmacy Benefits Manager

Express Scripts Customer Service: 866-718-7955, TDD 800-899-2114

Administers our prescription drug plan.

Customer Service Topics and Contacts

| PRIME CUSTOMER SERVICE | | |
|---|----------------------------------|--|
| Confirm or change your PCP, Non-HIPAA related questions | Prime Customer Service | EHP@primehealthcare.com |
| Referral status, urgent services, eligibility | Prime Customer Service | EHP@primehealthcare.com or 877-234-5227 |
| Benefit-related questions | Benefits | EHPbenefits@primehealthcare.com |
| Urgent referral status, discharge planning, and hospital transfers | Utilization Management | EHP@primehealthcare.com or 877-234-5227 |
| Tier 1 Provider contracts and directory | Bhavya Manugunta | EHPProvidercontracts@primehealthcare.com |
| Prime Authorization Service (PAS) tool | Bhavya Manugunta | EHP@primehealthcare.com |
| KEENAN CUSTOMER SERVICE | | |
| Member eligibility, copay, co-insurance, deductible, EOB questions, benefits fax back for Providers | Keenan Customer Service | 888-773-7218 |
| Appeals | Keenan Customer Service | Phone: 310-533-5755, Fax: 888-773-7218 |
| EXPRESS SCRIPTS CUSTOMER SERVICE | | |
| Pharmacy benefit questions and appeals | Express Scripts Customer Service | 866-718-7955, TDD 800-899-2114 www.express-scripts.com |

Q&A

Prime Employee Health Plan

Not sure? Just ask.



Please see additional resources on the slides that follow.

The answers to many common questions are also in the Q&A resource on the Prime EHP website.

Visit www.primehealthcare.com/EHP.



With Gratitude

- Thank you for how well you care for our EHP Members.
- Thank you for your ongoing support and partnership as we seek to continually improve the EHP.
- We are honored that the Prime family takes care of each other as we take care of our communities.



Additional Resources

Including Authorization Charts and
Common Health Plan Definitions



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Authorization for PCP and Specialty Services

■ Required ■ Not Required Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Request by a Provider to refer Member to another Provider.

Physician Order/ Prescription: An order given by a Provider for a service/ medication.

Authorization: The Approval for services given by Prime EHP Utilization Management.

Referrals to Prime employed or Tier1 physicians do not need authorization or review by Prime UM

| Tier Level Provider | Tier 1 | | Tier 1 | | Tier 2 | |
|---|----------------|---------------|---------------|-----------------|---------------------------------|------------------|
| | Prime Employed | | Prime Network | | Blue Shield of CA/BCBS BlueCard | |
| Service | Referral | Authorization | Referral | Authorization | Referral | Authorization |
| Primary Care Office Visit: General Practice, Family Practice, OB/GYN, Internal Medicine | N/A | No | N/A | No | N/A | Yes ³ |
| Pediatrician Office Visit | N/A | No | N/A | No | N/A | No |
| Specialist Office Visit ¹ Initial visit/Consult and Follow up visits | No | No | Yes | No ² | Yes | Yes ³ |
| PCP Lab Work In Office Preventive, Routine | No | No | N/A | No | N/A | No ⁴ |
| PCP Lab Work In Office Non-Preventive | No | No | N/A | Yes | N/A | Yes |
| Auto-Approved Services Visit www.primehealthcare.com/EHP for a list of these services | No | No | No | No | No ⁴ | No ⁴ |

1. Specialist Office Visits

Initial consults with Tier 1 specialists require a PCP referral, but do **not** require authorization or Prime UM Review.

2. Tier 1 Prior-Authorization Not Required

- Office visits (evaluation and management codes)
- Auto-approved codes (www.primehealthcare.com/EHP)
- US Prevention Task Force Preventive screening services (www.uspreventiveservicestaskforce.org/uspstf)
- Facility-based services provided at a Prime facility

Specialty services not listed above require Prior Authorization.

3. Tier 2 Authorization

If authorization to a Tier 2 Provider is approved and Tier 1.5 benefits are applied:

- Three follow-up visits approved within 365 days following the initial approved authorization.
- A new authorization is required for follow-up visits after 365 days of initial approved authorization.
- All other services require prior authorization for each follow-up visit.
- Benefits may vary. Some locations do not need authorization for Tier 2 PCP visits.

4. Tier 2 Lab Work

All labs should be sent to a Prime facility or Prime-contracted LabCorp location. All other labs require an authorization.

Authorization for Facility Services

Required Not Required Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Request by a Provider to refer Member to another Provider.

Physician Order/ Prescription: An order given by a Provider for a service/ medication.

Authorization: The Approval for services given by Prime EHP Utilization Management.

Referrals to Prime employed or Tier1 physicians do not need authorization or review by Prime UM

| Facility Services | Prime Owned Hospitals and Facilities | | | Non-Prime Facilities | | |
|---|--------------------------------------|----------|-----------------|---------------------------------|----------|------------------|
| | Physician Order or Prescription | Referral | Authorization | Physician Order or Prescription | Referral | Authorization |
| Imaging MRI/CT/MRA/PET scan/DEXA Hospital Imaging | Yes | No | No | Yes | Yes | Yes |
| Inpatient Hospitalization | Yes | No | No | Yes | Yes | Yes ¹ |
| Outpatient Surgery | Yes | No | No | Yes | Yes | Yes |
| Bariatric Services | Yes | Yes | Yes | Yes | Yes | Yes |
| Sleep Studies | Yes | Yes | No | Yes | Yes | Yes |
| Emergency Room Services | N/A | No | No ² | N/A | No | No ² |
| Urgent Care | N/A | No | No ³ | N/A | No | No ³ |
| Labs⁴ | Yes | No | No | Yes | Yes | Yes |
| Auto-Approved Services Visit www.primehealthcare.com/EHP for a list of these services | Yes | No | No | Yes | Yes | Yes |

1. Inpatient Hospitalization

Prime UM must be notified and authorization is required for post-stabilization care and inpatient hospitalization.

2. Emergency Department Services

Should be provided at a Prime facility whenever possible. If rendered at a non-Prime facility Tier2 rates may apply.

3. Urgent Care

Should be provided at a Prime facility ER or contracted urgent care facility whenever possible. If rendered at a non-Prime facility Tier2 rates may apply.

4. Labs

Any lab services should be sent to a Prime facility lab or Prime-contracted LabCorp location.

Common Health Plan Definitions

Use these definitions to refresh your knowledge and to help Members understand and use their benefits more effectively.

Referral: Request by a Provider to refer you to another Provider. Referrals may be verbal, written, or digital.

Physician Order/Prescription: An order a Provider gives you on paper or as a digital file for you to get a service or medication.

Authorization: Approval for services from Prime EHP Utilization Management. Authorization approvals are sent to Providers by fax or online. You will receive approvals by mail at your home.

Summary Plan Description (SPD): A summary of your health plan benefits and coverage, including but not limited to covered services, excluded and limited services, cost sharing, and prior authorization requirements.

Deductible: A monetary limit paid for health care services before health plan assumes the cost of the medical procedures or services. If the plan covers more than one person, there may have family and individual deductible limits.

Copay: A relatively small, fixed amount that must be paid to the Provider at the time of visit.

Co-Insurance: A percentage of costs of the allowed amount for covered and approved services paid by Member until their out-of-pocket maximum is met.

Out-of-Pocket Maximum (OOP): A predetermined amount that a Member must pay before health plan will pay the entire costs of the allowed amount for covered and approved services for the remainder of the plan year.

OOP is reset every plan year. If the plan covers more than one person, there may have a family and individual OOP. Amounts that are paid for health care services which are not included in the plan's benefit do not go towards their OOP. The monthly premium payments, if applicable, do not go towards your OOP.

Online Benefits Resources

Looking to learn more? Take these opportunities.

- <https://www.primehealthcare.com/EHP>
- **Personal Choices** site for each hospital is customized.

Example for St. Mary's:

<https://app.strivebenefits.com/SaintMary>

Log In: SaintMary | Password: Benefits

<https://app.strivebenefits.com/SaintMaryCWA>

Log In: SaintMaryCWA | Password: Benefits

<https://app.strivebenefits.com/SaintMaryCNA>

Log In: SaintMaryCNA | Password: Benefits



- **SharePoint** in the **Benefits Learning Center** or at your **Prime Hospital**

<https://primehealthcare.sharepoint.com/sites/HR/CorporateBenefits>

This presentation does not set forth any legal or contractual requirements for the Prime Healthcare Employee Health Plan.

Benefit information can change. For the most up-to-date overview and resources, visit www.primehealthcare.com/EHP. For specific benefits, see your Summary Plan Description.

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