## **Provider Quick Reference Guide**

## **Submitting Demographic & Provider Changes**

It is critical that you notify HealthSmart when you have any changes to your demographics and/or rosters.

Submit changes to your Regional Provider Relations team

(see Provider Relations Contacts below)

### **Joining Our Network**

Providers must be registered with CAQH to apply with HealthSmart Preferred Network

Register with CAQH at https://proview.cagh.org/

Join our Network form Join Our Network

**DENTAL PROVIDER APPLICATIONS** – Email <u>pr.west@healthsmart.com</u>

- + Subject Line: Dental Provider Application 'Provider Name'
- + Please include the following in email
  - Provider Name
- Phone
- Specialty
- Tax ID
- Address
- NPI

### **Eligibility**

Refer to the member ID card on eligibility instructions as details vary by client

#### **Prior Authorization**

Refer to the member ID card for precertification instructions as details vary by client

### **Submitting Claims**

#### Refer to EDI instructions on member ID card

HealthSmart EDI Payor Routing Numbers:

- + 37283
- + 75237 (Accel)
- + HSPC
- + 87815 (C-8 Program)
- + HSPC1

# Claim Status & Appeals

**HealthSmart Online Claims Status Portal (OCS)** provides 24/7 access on claim status, claim detail and repricing

Set up account at Sign up

OCS Login https://secure.healthsmart.com/ocs/ocslogin.aspx

Payments, Remittance Advice & Explanation of Benefits We partner with Zelis for payment processing

**Electronic Funds Transfer Enrollment:** <u>zelispayments.com</u>

For more information on Zelis Payments:

- + Visit zelispayments.com
- + Email membership@zelispayments.com
- + Call 877.828.8834



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Provider Lookup	HealthSmart Provider Lookup tool is available to everyone from HealthSmart.com		
	HealthSmart Provider Center: <a href="https://healthsmart.com/Service-Centers/Provider-Center">https://healthsmart.com/Service-Centers/Provider-Center</a>		
	HealthSmart Member Center: https://healthsmart.com/Service-Centers/Member-Center		
	Direct Link: https://providerlookup.healthsmart.com/searchproviders.aspx		
Client List	Request client list at https://healthsmart.com/Contact-Us		
C-8 Program Identifying	Participants must submit a C-8 Medical Monitoring Program packet by mail or fax to:		
Eligible Class Members	C-8 (PFOA) Medical Monitoring Program c/o GCG		
	PO BOX 10030		
	Dublin, OH 43107-6630		
	Fax: 614.553.1222		
	Laboratory Corporation of America (LabCorp)		
	To find a Lab Corp in your area go to <a href="https://www.labcorp.com/">https://www.labcorp.com/</a>		
<b>Customer Service</b>	800.687.0500		

# **Provider Relations Contacts**

We have regional Provider Relations teams here to support you

Region	State in which provider practices	<b>Provider Relations Team</b>
Central	IA, IL, IN, KS, MO, MN, ND, NE, SD, WI	pr.central@healthsmart.com
East	CT, DE, KY, MA, MD, ME, MI, NH, NY, OH, PA, TN, VA, VT, WV, RI, NJ	pr.east@healthsmart.com
South	AL, AR, FL, GA, LA, MS, NC, NM, OK, SC, TX	pr.south@healthsmart.com
West	AZ, CA, CO, ID, MT, NV, OR, UT, WA, WY, HI, AK	pr.west@healthsmart.com

#### **Provider Relations Mail**

### **HealthSmart**

Attn: Provider Relations

222 W. Las Colinas Blvd., Suite 500 N

Irving, TX 75039

### **Provider Relations Fax**

214.574.2368

Attn: HealthSmart Provider Relations

