

Payor Policies & Procedures Guide

Payor Policies &
Procedures Guide

2025

Custom-Health Solutions, LLC.

www.Custom-Health.net



NETWORK ACCESS REQUEST AND APPROVAL

- EMPLOYER SPONSOR**
- ADMINISTRATOR**

Request Date: _____
 Effective Date: _____

- New Request
- Update/Revision
- Termination

CONTACT INFORMATION

User 1

Name: _____
 Company: _____
 E-Mail: _____
 Phone: _____

User 2

Name: _____
 Company: _____
 E-Mail: _____
 Phone: _____

User 3

Name: _____
 Company: _____
 E-Mail: _____
 Phone: _____

User 4

Name: _____
 Company: _____
 E-Mail: _____
 Phone: _____

(Attach separate sheet for additional users)

Network Systems Manager

Implementation Date

HEALTH INSURANCE IDENTIFICATION CARD REQUIREMENTS

Effective Date: January 1, 2010
 Revision Date: July 7, 2025

Policy Purpose: To ensure all members accessing an Custom Health Solutions Network receive a health insurance identification card that includes all required information.

Policy Statement: All health insurance identification cards shall clearly contain the appropriate network logo. All health insurance identification cards shall include required information necessary to assist Network Providers in identifying members.

Administrators: motivhealth, Benefit Administrative Solutions, Mint Health Plans

motivhealth

MEMBER NAME
 Member ID : 000012345
 Group ID : 12345
 Coverage : Family

RX Bin : 015202
 PCN : SGRX
PHARMACISTS CALL SGRX:
 (855) 367-7479

	CO-PAY - MEDICAL	ER Visit	Urgent	MEDICAL	IN	OUT
Office \$10	Specialist \$35	20%	\$200	Deductible	\$2000 / \$4000	\$4000 / \$8000
	CO-PAY - PHARMACY			OOP Max	\$4000 / \$8000	\$8000 / \$16000
Generic \$10	Pref Brand \$35	Non-Pref \$45	Specialty \$200	Coinsurance	20%	40%

*AFTER DEDUCTIBLE
 NOT STATE REGULATED

844-234-4472 motivhealth.com

CREATIVELY SOLVING THE HIGH COST OF HEALTHCARE.

Call Us 6 AM-10 PM M-F / 8 AM-6 PM Sat-Sun - **844-234-4472**
 This card does not guarantee eligibility or coverage or payment for the service of procedure reviewed. Call for Eligibility / Benefits / Precertification. Call us for services that may cost more than \$500 to get the right care at the best price.

PRE-CERTIFICATION IS REQUIRED –
 - Within 48 hours of emergency admission.
 - Before any non-emergent hospital admission, outpatient services or diagnostic testing.

PHARMACISTS call SGRx at:
 855-367-7479 (855-FOR-SGRX)

SEND CLAIMS TO:
 MotivHealth
 P.O. Box 5
 Smithfield, UT 84335
 555123
Payor ID:#U7632

ADMINISTRATION PROVIDER NETWORK OUTSIDE CO

CREATIVELY SOLVING THE HIGH COST OF HEALTHCARE.

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ADMINISTRATION PROVIDER NETWORK OUTSIDE CO

CHS effective 7/1/2026

Town and Country effective 7/1/2025

Benefit Administrative Solutions

<p>Plan Name: Employer Name</p>	<p>PPO NETWORKS</p> <p>Benefit Administrative Solutions</p> <p>Direct Network</p>	<p>Dental Member ID:</p>	<p>Medical, Dental, Vision Claims Administrator:</p>
<p>Medical Member ID: Group Number:</p>	<p>IHC Connect Care: 844.624.4686</p> <p>www.intermountainconnectcare.org</p>	<p>Network Access: </p> <p>Cache Premier Dental Network If residence outside of UT or Franklin County ID - Network: Cache Premier OR Dentemax www.dentemax.com</p>	<p>Benefit Administrative Solutions</p> <p>Customer Service: 435.563.0613 Toll Free: 1.844.676.5540 PO BOX 126, Smithfield UT www.SameraHealth.com</p>
<p>Pharmacy Benefits </p> <p>RXBIN: 004336 Member: 866.818.6911 RXPCN: ADV Pharmacy: 800.364.6331 RXGRP: 7958 www.caremark.com</p>	<p>Deductible:</p> <p>\$1,500 single/ \$3,000 family INN \$3,000 single/ \$6,000 family OON</p>	<p>Vision Member ID: Text Object</p>	<p>Payor ID: U8053 </p>
<p>Out of Pocket:</p> <p>\$3,425 single/ \$6,850 family INN \$5,250 single/ \$10,500 family OON</p>	<p>Network Access: No Network Required</p> <p>Visit www.samerahealth.com/claim-reimbursement to submit an online reimbursement form</p>	<p>For additional providers: First Health Provider Search & Locator Assistance: firsthealthcomplementary.com 1-800 226-5116 </p>	<p>Medical Pre-Certification: 435.563.0613 Failure to call may result in reduced benefits</p>
<p>This card does not guarantee benefits or coverage.</p>			

<p>Dental Member ID:</p> <p>Network Access: Cache Premier Dental Network If residence outside of UT or Franklin County ID - Network: Cache Premier OR Dentemax www.dentemax.com</p>	<p>Medical, Dental, Vision Claims Administrator:</p> <p>Customer Service: 435.563.0613 Toll Free: 1.844.676.5540 PO BOX 126, Smithfield UT www.SameraHealth.com Payor ID: U8053</p>
<p>Vision Member ID: Text Object</p> <p>Network Access: No Network Required</p> <p>Visit www.samerahealth.com/claim-reimbursement to submit an online reimbursement form</p>	<p>For additional providers: First Health Provider Search & Locator Assistance: firsthealthcomplementary.com 1-800 226-5116 </p> <p>Medical Pre-Certification: 435.563.0613 Failure to call may result in reduced benefits</p> <p>This card does not guarantee benefits or coverage. Samera Health, a product of Town & Country Life Insurance Co.</p>

CHS effective 7/1/2026

Town and Country effective 7/1/2025

Mint Health Plans

mint. Health Plans

Member ID
<<Member

NOT STATE REGULATED

Plan Name: <<Group Name>>

<<First / Last Name>>

PPO NETWORK

Pharmacy Benefits

RxBN: <<RxBN>> Member Sam - 5pm: <<Member Phone #>> Includes ALL Intermountain Health facilities
 RYPN: <<RYPN>> Member after hours: <<Member After Hours>>
 <<Rx Website>> Pharmacy: <<Pharmacy Phone #>>

Deductible:

\$<<Ded IND INN>>single / \$<<Ded FAM INN>>family INN
 \$<<Ded IND OON>>single / \$<<Ded FAM OON>>family OON

Out of Pocket:

\$<<OOP IND INN>>single / \$<<OOP FAM INN>>family INN
 \$<<OOP IND OON>>single / \$<<OOP FAM OON>>family OON

Coinsurance:

<<INN Coins>>%AD INN
 <<OON Coins>>%AD OON

www.minthealthplans.com

435-754-7860

Paper Claim Submission:

PO BOX 36, Smithfield UT 84335

Electronic Claim Submission:

Payor ID: U8053

Claim Submission Support:

435-754-7860
info@minthealthplans.com

Medical Prior Authorization:

435-754-7860
 Failure to call may result in reduced benefits

Member In-Network Telehealth:

Connect Care: Intermountain Health
 844-624-4686
www.intermountainconnectcare.org

Network For Members Residing or Traveling Outside of Utah:

First Health Network Complementary
First Health Provider Search and Locator Assistance:
firsthealthcomplementary.com
 1-800-226-5116

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CHS effective 7/1/2026

Town and Country effective 7/1/2025

EOB MESSAGING

Effective Date: January 1, 2010
 Revision Date: July 7, 2025

Policy Purpose: To properly implement new client EOB (Explanation of Benefits and or Payment) message to members and providers.

Policy Statement: To identify key branding on EOB message for members and providers.

- Samera Health

 **Samera Health**
 PO Box 126
 Smithfield UT 84335
 (435) 563-0613

Claim #: 202506240679
 Patient Acct:

CACHE VALLEY EAR, NOSE AND THROAT
 JEFFREY G BENNION, MD
 2245 N 400 E STE 301
 NORTH LOGAN UT 84341-1756

Provider Explanation of Payment Statement

Employee: MICKEY MOUSE		Provider Patient ID:							
Employee ID: AE416CB00		First Date of Service: 7/24/2024							
Patient Name: MICKEY MOUSE		Last Date of Service: 7/24/2024							
Group Name: IFIT, INC.		Claim: 202506240679							
Unit Name: IFIT HEALTH UTAH		Check No:							
Print Date: 6/24/2025 3:13:34 PM		DRG:							
Services Description	Billed Charges	Allowed or Contract Amt	Expl. Code	Copay	Deductible	Total Covered Expenses	Plan Pays	Payable By Plan	Employee Responsibility
Office Visit - Specialist	100.00	100.00	NWK	0.00	100.00	0.00	0%	0.00	100.00
Office Visit - Specialist	100.00	100.00	NWK	0.00	100.00	0.00	0%	0.00	100.00
Explanation of Codes:	200.00	200.00		0.00	200.00	0.00		0.00	200.00
NWK: (Samera Health Network discount)									
Other Comments									
This claim has processed at 100% of allowed amount. Both the member and plan responsibility is included in the payment. NO FURTHER PATIENT BILLING REQUIRED. This claim processed in 0 days									
<small>NOTICE: Federal laws governing employee benefit plans give you the right to appeal if you do not agree with the manner in which this benefit payment was made. Your appeal must be in writing and must state clearly the reasons why you believe this payment is incorrect. You must also include any documentation or information which supports your appeal. YOUR WRITTEN APPEAL MUST BE MADE WITHIN 180 DAYS OF RECEIVING THIS STATEMENT. The same federal laws require the Plan to respond to your appeal within 60 days from the date your appeal is received, or within 120 days under special circumstances.</small>									

Samera Health PO Box 126 Smithfield UT 84335 (435) 563-0613

- Mint Health



MINT HEALTH PLANS
PO BOX 36
SMITHFIELD UT 84335
(435) 754-7860

Claim #: 202501220390
 Patient Acct:

TANNER MEMORIAL CLINIC - LAYTON
 HURST, MARIE
 PO BOX 337
 LAYTON UT 84041

Provider Explanation of Payment Statement									
Employee: MICKEY MOUSE		Provider Patient ID: 000120680442							
Employee ID: AFB78B8B3		First Date of Service: 1/9/2025							
Patient Name: MICKEY MOUSE		Last Date of Service: 1/9/2025							
Group Name: BURBACH COMPANIES INC		Claim: 202501220390							
Unit Name: BURBACH COMPANIES INC		Check No:							
Print Date: 1/24/2025 1:20:13 PM		DRG:							
Services Description	Billed Charges	Allowed or Contract Amt	Expl. Code	Copay	Deductible	Total Covered Expenses	Plan Pays	Payable By Plan	Employee Responsibility
Office Misc.	15.00	5.96	NWK	0.00	5.96	0.00	0%	0.00	5.96
Explanation of Codes:	15.00	5.96		0.00	5.96	0.00		0.00	5.96
NWK: (Network Care Provider Discount)									
Other Comments									
This claim processed in 2 days									
<small>NOTICE: Federal laws governing employee benefit plans give you the right to appeal if you do not agree with the manner in which this benefit payment was made. Your appeal must be in writing and must state clearly the reasons why you believe this payment is incorrect. You must also include any documentation or information which supports your appeal. YOUR WRITTEN APPEAL MUST BE MADE WITHIN 180 DAYS OF RECEIVING THIS STATEMENT. The same federal laws require the Plan to respond to your appeal within 60 days from the date your appeal is received, or within 120 days under special circumstances.</small>									

MINT HEALTH PLANS PO BOX 36 SMITHFIELD UT 84335 (435) 754-7860

NEW GROUP FORM

Effective Date: January 1, 2010
 Revision Date: July 7, 2025

Policy Purpose: To properly implement new clients.

Policy Statement: To identify key information to implement new clients.

NEW GROUP FORM			
Effective Date:		Total Employees: UT ____	
Renewal Date:		ID ____ CO ____	
		Group Number:	
Name of Group:			
Group Address:			
Network Regions Sold:	Standard Utah Standard Idaho Standard Colorado		
BROKER INFORMATION			
Agency			
Broker/Consultant			
Phone:			
ADMINISTRATOR INFORMATION			
Claims Administrator:			
Claims Address:			
EDI Payor ID:			
Customer Service Information:	Website		CS phone:
			Pre-auth. phone:
Claims Contact:			
	E-Mail:		Phone:
Eligibility Contact:			
	E-Mail:		Phone:
Account Manager Contact:			
	E-Mail:		Phone:
Medical Mgt Company			
(for Physicians)	E-Mail:		Phone:
Reinsurance Contact:			
	E-Mail:		Phone:

PROVIDER NETWORKS

Effective Date: January 1, 2010

Revision Date: July 7, 2025

Policy Purpose: To properly identify participating providers.

Policy Statement: To identify key participating providers to ensure services are referred to participating providers.

Samera Health: <https://www.samerahealth.com/select-network>

Motiv Health Colorado: <https://findprovider.motivhealth.com/?networkId=TAC>

CLAIMS FLOW PROCESS

- The Claims Administrator submits the Claim in an 837 formatted file encrypted with PGP encryption to our SFTP site.
- Claims Pricing shall decrypt and import the File from the SFTP site into our re-pricing system.
- Claim Pricing shall map claims to the correct providers/contracts and check to make sure that they are pricing correctly.
- Claims Pricing shall process the claim file and then encrypt and export the file back to the SFTP site. (Done within 24 hours of the claims submission on M-Th., excluding holidays.)
- Claims Administrator shall download the file from the SFTP site and process it in their system.

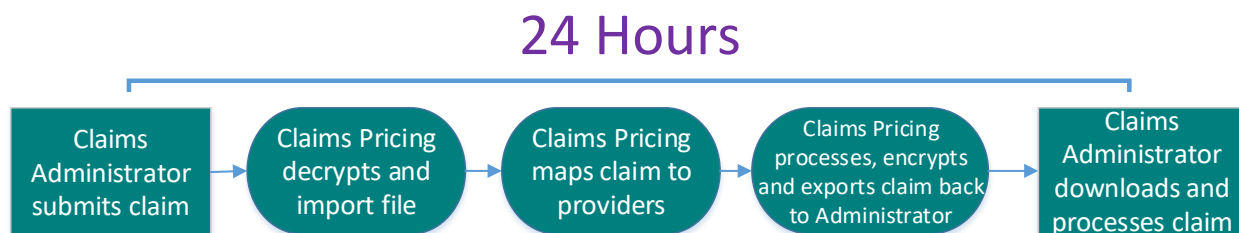


Figure 1: Claims Flow Process

CPT MODIFIER PRICING

Effective Date: January 1, 2010
 Revision Date: July 7, 2025

Policy Purpose: Pricing professional claims billed with selected two-digit CPT Modifiers to ensure consistent claim processing and maximize savings potential for Clients.

Policy Statement: Claims will price the attached limited list of Modifiers in accordance with CMS and industry guidelines.

Modifier	Description	Pricing Rule/ Percentage of base allowed amount
26	Professional Component	CMS % for Professional Component of Global Allowable
TC	Technical Component	CMS % for Technical Component of Global Allowable
RR, NU, UE	DME*, Standard CMS and RBRVS Modifiers	Based on CMS and RBRVS Rules listed on www.cms.gov/

CPT MODIFIER PRICING SCHEDULE

Effective Date: January 1, 2010
 Revision Date: July 7, 2025

Policy Conditions:

*DME provider will consider 10 months of capped rental rates as payment in full for the full purchase price.

* These payment modifiers are not limited to the first position. (If there is another pricing modifier submitted that is required to be in the first modifier field, these modifiers should be in the second, third or fourth modifier position.)

** If multiple pricing or payment modifiers are submitted, the KD modifier should be placed in the first modifier position field.

*** Updated as per standard industry guidelines.

**** Multiple procedure reduction will be taken on all applicable procedures as outlined by CMS for facility and physician pricing.

Modifier	Description	Pricing Rule/ Percentage of base allowed amount
50	Bilateral procedure.	150% of contracted amount on eligible procedures
51	Multiple procedure.	For eligible procedures, 100% for first procedure billed and 50% for each additional procedure
52	Reduced services: Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's discretion	50% of contracted amount on eligible procedures
53	Discontinued procedure (only when appended to procedure codes 45378, G0105, G0122).	50% of contracted amount on eligible procedures

54	The surgeon is billing only the surgical care.	60% of contracted amount on eligible procedures
55	Indicate a physician, other than the surgeon, is billing for the outpatient postoperative care or: used by the surgeon when providing only a portion of the	20% of contracted amount on eligible procedures
56	Preoperative Management Only: When one physician performs the preoperative care and evaluation and another physician performs	10% of contracted amount on eligible procedures
59	Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not	100% of contracted amount on eligible procedures
62	Two surgeons (each in a different specialty) are required to perform a specific procedure.	62.5% of contracted amount on eligible procedures
73	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) procedure prior to the administration of anesthesia.	70% of contracted amount on eligible procedures
74	Discontinued Outpatient Hospital/ASC Procedure After Administration of Anesthesia: Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic	70% of contracted amount on eligible procedures

76	Repeat Procedure by Same Physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. *Requires medical review.	100% of contracted amount on eligible procedures
77	Repeat Procedure by Another Physician: The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated.	62.5% of contracted amount on eligible procedures
78	Return to an operating room for a related procedure during the postoperative period	70% of contracted amount on eligible procedures
80	Assistant at surgery service is provided by a medical doctor (MD).	20% of contracted amount on eligible procedures
81	To identify minimum surgical assistant services, and is only submitted with surgery codes.	10% of contracted amount on eligible procedures
82	Assistant at surgery service provided by a MD when there is no	20% of contracted amount on eligible procedures
AA	Anesthesia service personally performed by anesthesiologist.	100% of contracted amount on eligible procedures
AD	Medical supervision by a physician; more than four concurrent anesthesia procedures.	100% of contracted amount on eligible procedures
AS	Assistant at surgery services provided by a Physician Assistant (PA) or Nurse Practitioner (NP).	10% of contracted amount on eligible procedures
KD	Drug administered through a DME infusion pump.	100% of contracted amount on eligible procedures**

QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals.	50% of contracted amount on eligible procedures
QW	Clinical Laboratory Improvement Amendment (CLIA) waived test (modifier used to identify waived	100% of contracted amount on eligible procedures
QX	Certified Registered Nurse Anesthetist (CRNA) service: with medical direction by physician.	50% of contracted amount on eligible procedures
QY	Medical direction of one CRNA by an anesthesiologist.	50% of contracted amount on eligible procedures
QZ	CRNA service: without medical direction by a physician.	100% of contracted amount on eligible procedures
GT	Telehealth services	90% of contracted amount***
95	Telehealth services	90% of contracted amount***

MID-LEVEL PROVIDER PRICING

Effective Date: January 1, 2010

Revision Date: July 7, 2025

Policy Purpose: Reduce payment for mid-level providers.

Policy Statement: Mid-level provider claims shall be re-priced in accordance with the NCCI developed by CMS as listed on schedule B of Provider Agreement.

REQUIREMENTS TO ACCESS NETWORKS

ACCESS REQUIREMENTS

Administrator should meet the following requirements unless otherwise established by written agreement prior to contracting with healthcare providers:

- Reinsurance carrier should be A or A+ rated
- Minimum plan design differentials required for benefits direction(see below)
- Logo must be placed in prominent position (preferably in color) on front of ID card (see below)
- EOB/EOP should have network direction language
- Claims should be paid within 30 days
- Claims coding software programs shall be no more aggressive than the NCCI developed by CMS and used for payment of provider services as a uniform methodology.