

## Member Identification:

- To verify eligibility, call Customer Service at **844-535-2000** OR Login to the Friday Health Plans Portal: [www.fridayhealthplans.com/en/nv/provider-hub.html](http://www.fridayhealthplans.com/en/nv/provider-hub.html)
- Possession of the ID card does not guarantee eligibility of coverage. Provider must verify prior to services being rendered for non-urgent or non-emergent services.

Friday Member: <b>MARIA TESTER</b>		
Plan: Friday Silver ID: 200000000-01 Group: Individual OnEx FHP-NV Rx Bin: 610852 Rx PCN: CHM Rx Group: JD27 Deductible: \$1,000	Primary Care Visit: \$0 per Visit Specialist Visit: 15% after Ded. Mental Health Visit: \$0 per Visit Urgent Care Visit: \$50 per Visit In-Patient Hospital: 15% after Ded. Emergency Room: 30% after Ded. VSP Vision: \$0 Effective: 02/01/2022	
EPO		NV/QHP

Pre-auth is required for all hospital admissions and other additional services. Call 844-535-2000 for pre-auth and full list.

<a href="http://fridayhealthplans.com">fridayhealthplans.com</a> <b>Customer Service: 844-535-2000</b> <a href="mailto:questions@fridayhealthplans.com">questions@fridayhealthplans.com</a> Pharmacy--Provider: 855-572-2779 Pharmacy--Member: 855-572-2779 Medical Fax: 888-827-9646	Submit claims to: Friday Health Plans PO Box 21594 Eagan, MN 55121
Call for out-of-network approval. This card does not guarantee benefits or eligibility.	
Friday Health Health Plans of Nevada, Inc.	

## Customer Service Team: 844-535-2000

- Member eligibility
- Claims issues
- Authorization requirements
- Benefit and member questions
- Provider dispute resolution assistance
- Referral and authorization status
- Formulary questions

## Provider Portal:

[www.fridayhealthplans.com/en/nv/provider-hub.html](http://www.fridayhealthplans.com/en/nv/provider-hub.html)

## Preauthorization/Referrals:

- If a specialist will be performing any procedures, they must request authorization by submitting a referral directly to Friday Health Plans.
- Utilization Management review is required, and documentation may be requested for:
  - Request for Authorization Form
  - Non-Covered Services List
  - Notification Preauthorization List



## Claims Submissions:

- Paper Claim Submissions
  - Claims must be on an HCFA1500 or UB-04 with ICD-10 Codes
  - **Mail to: Friday Health Plans, PO Box 21594, Eagan, MN 55121**
- Electronic Claim Submissions
  - Friday Health Plans Payer ID – H0657
  - Clearinghouses Used: ChangeHealth
  - Call Customer Service at **844-535-2000**

## Provider Payment Information:

- All payments go through our payment vendor, Zelis Payments.
- This partnership enables us to offer you secure e-payment options to accelerate settlement of claims payment and add efficiency to your revenue cycle. To obtain remittance advice (EOP) for claims, visit Zelis Payments' website: <https://provider.zelispayments.com/registration>
- To update payment and remittance delivery methods or notification options, please call Zelis Payments at **877-828-8770** or email Zelis at [payerservice@zelispayments.com](mailto:payerservice@zelispayments.com)
- Explanation of Payments (EOPs) are available through the Zelis Provider Portal.
- prior to services being rendered for non-urgent or non-emergent services.

## Frequently Asked Questions

### Is it necessary to contract directly with Friday Health Plans?

No, it is not necessary to contract directly with Friday Health Plans. This client will utilize Hometown Health's PPO contracted rates.

### What services will Hometown Health be handling versus Friday Health Plans?

Friday Health Plans will be handling all member services. Hometown Health will only be pricing claims.

