

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./ UR	Primary & Wrap Networks
Anesthesia Associates of Gainesville	01/01/2013	\$30 Co-Pay	8664	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)
Big Creek Foods, LLC	08/01/2018	\$20 Co-Pay	8686	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support 770-532-2690	Managed Care Concepts 866-750- 2723	HP (Primary) First Health (Wrap)
Brenau University	01/01/2020	\$25 Co-Pay	00475	EBMS PO Box 21367 Billings, MT 59104	EBMS PO Box 21367 Billings, MT 59104 Payor#81039	EBMS Member- 866-326-7574 Provider- 406-869-5555	<u>MAP</u> 877-573-5745	HP (Primary) Veracity (CHOA only)
City of Gainesville	01/01/2017	*Call Payor	359	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	Healthgram https//providers.health gram.com	800-446- 5439	HP (Primary) Healthgram & PHCS (Wrap)
Cottrell, Inc	01/01/2021	\$25 Co-Pay	424	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	Healthgram https//providers.health gram.com	<u>800-446-</u> 5439	HP (Primary) Healthgram & PHCS (Wrap)
Gainesville Radiology Group	12/01/2013	\$30 Co-Pay	8668A	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	Managed Care Concepts 866-750- 2723	HP (Primary) First Health (Wrap)



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Georgia Truss, LLC	01/01/2016	\$25/\$50 Co-Pay	8680	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)
Habersham County BOC	07/01/2018	\$25/\$50 Co-Pay	HM0000	Trustmark Health Benefits PO Box 2920 Clinton, IA 52733- 2920	Trustmark Health Benefits PO Box 2920 Clinton, IA 52733- 2920 EDI # 35182	<u>Trustmark Health</u> <u>Benefits</u> 800-554-4491	<u>Care</u> <u>Management</u> 800-480- 6658	HP (Primary) Aetna (Wrap) Multiplan (Wrap)
Indigo Energy Partners	07/01/2014	\$40/\$40 Co-Pay	8673	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)
J & J Foods	07/01/2005	*Call Payor	8642	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)
Local Personnel, LLC	12/01/2019	\$25 Co-Pay	8690	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)



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Mar-Jac Poultry	10/01/2001	\$35 Co-Pay	G1094	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	<u>Administrative</u> <u>Solutions</u> 678-339-0211	<u>Ineticare</u> 877-608- 2200	HP (Primary) First Health (wrap)
Northeast Georgia Health System	01/01/2019	See ID Card	3342065	Claims Processing PO Box 182223 Chattanooga, TN 37422-7223	NGHS PO Box 182223 Chattanooga, TN 37422-7223 Payer ID #62308	Cigna www.CignaforHCP.com	<u>Cigna</u> 877-852- 6138 (SEE BACK OF CARD)	HP (Primary) Cigna (Wrap)
Northeast Georgia Plastic Surgery Associates	12/01/2020	\$40 Co-Pay	8691	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	Managed Care Concepts 866-750- 2723	HP (Primary) First Health (Wrap)
Original Appalachian Artworks	11/01/2010	*Call Payor	G1096	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	<u>Administrative</u> <u>Solutions</u> 678-339-0211	<u>Ineticare</u> 877-608- 2200	HP (Primary) First Health (Wrap)
Protein Products	06/01/2005	\$20 Co-Pay	8544	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)



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Specialty Management, Inc	11/01/2018	See ID Card	8687	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)
Stephens County Hospital	01/01/2020	\$25 Co-Pay	925	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202- 0090 NEIC # 58231	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202- 0090	Core Administrative Services, Inc 478-741-3521 or 888-741-2673	Core Administrative Services, Inc 478-741- 3521 or 888-741- 2673	HP (Primary) PHCS (Wrap)
Union County, GA	07/01/2015	\$20 Co-Pay	8567	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)
Union General Hospital, Inc	04/01/2020	See ID Card	76- 413450	UMR P.O. Box 30541 Salt Lake City, UT 84130-0541	UMR P.O. Box 30541 Salt Lake City, UT 84130-0541 EDI #39026	<u>UMR</u> 800-207-3172	<u>UMR Care</u> <u>Management</u> <u>800-207-</u> <u>3172</u>	HP (Primary) UHC Choice Plus Network (Wrap)



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Young Harris College	10/01/2019	\$30 Co-Pay	8689	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed</u> <u>Care</u> <u>Concepts</u> 866-750- 2723	HP (Primary) First Health (Wrap)



Medicare Advantage Contracts are as follows:

Network	Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./ UR	Primary & Wrap Networks
Cigna Healthspring	Varies by provider	N/A	N/A	See ID Card	Cigna Healthspring/CMS	See ID Card	See ID Card	Network Contract— Medicare Advantage
Aetna Medicare Advantage (HP2)	Varies by provider	N/A	N/A	See ID Card	Aetna Medicare Advantage	See ID Card	See ID Card	Network Contract— Medicare Advantage

Medicaid Contracts are as follows:

Employer/ Network	Contract Effective Date	Employee/ Member Obligation	Group #	Send Claims to:	Claims Paid By:	Verification/ Customer Service #	Pre-Cert./ UR	Primary & Wrap Networks
CareSource	07/01/2017	See ID card	N/A	CareSource Attn: Claims Dept PO Box 803 Dayton, OH 45401	CareSource Attn: Claims Dept PO Box 803 Dayton, OH 45401 Payor ID# GACS1	See ID Card	Medical Management 855-202-1058	Network Contract- CareSource CMO



Fully-Insured Contracts are as follows:

Employer/ Network	Contract Effective Date	Employee/ Member Obligation	Group #	Send Claims to:	Claims Paid By:	Verification/ Customer Service #	Pre-Cert/ UR	Primary & Wrap Networks			
Alliant Health Plans	Varies by contract	See ID card	See ID card	Alliant Health Plans PO Box 2667 Dalton, GA 30722 NEIC# 58234	Alliant Health Plans PO Box 2667 Dalton, GA 30722	Alliant Customer Service 800-811-4793	Alliant Medical Management 800-865-5922	Network Lease (no HP logo will be on the ID card)			
CareSource Marketplace	01/01/2021	See ID Card	See ID Card	CareSource PO Box 803 Dayton, OH 45401-0803 NEIC# GACS1	CareSource PO Box 803 Dayton, OH 45401- 0803	CareSource Customer Service 833-230-2030 Caresource.com /Marketplace	CareSource Medical Management 833-230-2155	Network Lease (no HP logo will be on the ID card)			
Cigna HealthSprir	Note: Health Partners' other contracts utilize the Health Partners Network. All the contracts use the HP Fee Schedule for reimbursement to physicians, except Cigna HealthSpring, which reimburses at a percent of Medicare (depending on provider). Please refer to the patient's insurance card for additional information; if patient does not have an insurance card, they should be handled as self-pay.										

*Call Payor- Call for Benefit Information