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Dear Preferred Provider:

Welcome to the HealthOne Alliance PPO network. We are pleased that you are participating in a partnership to provide quality health care services to our members. Our primary goal is to enhance the practices of our participating physicians and hospitals while providing high quality, cost effective care to HealthOne Alliance members. You were selected to become a participating provider because of your commitment to providing quality care to HealthOne Alliance members.

We at HealthOne Alliance value our provider partnerships and are dedicated to continually improving our products and services. We are confident that our partnerships will be successful and provide the best health care resources available well into the future.

Thank you for joining HealthOne Alliance's PPO network. We look forward to our on-going partnership with you.

Jeff Myers
Chief Executive Officer



Overview of HealthOne Alliance

HealthOne Alliance is an organization owned and governed by local health care providers focused on community health needs. HealthOne Alliance was formed to work directly with area industry for its health network needs associated with managed group health benefit plans.

HealthOne Alliance traces its beginning to 1986 when Hamilton Medical Center and its physicians began direct contracting with self-funded companies to establish a preferred relationship between the local Dalton, Georgia medical community and the area's carpet industry. Today, that endeavor has developed into one of the largest PPO operations in Georgia, providing network coverage in several counties of Northwest Georgia and Southeast Tennessee.

In addition to the ongoing relationships with self-funded organizations, HealthOne Alliance has been involved in the development of managed care options for the fully insured employers through a regional insurance company called Alliant Health Plans and statewide coverage through First Medical Network.

HealthOne Alliance's goal is to bring health care decision making back to the community by providing a valuable resource that enables providers and their patients to take control of their medical care.



Section 2

ABOUT HEALTHONE ALLIANCE'S PREFERRED PROVIDER NETWORK

HealthOne Alliance is an advocate for clients and patients. We are not a health care provider. With this in mind, HealthOne Alliance's Preferred Provider network is committed to a winning outcome for all concerned. Our network features the following:

Quality Physician and Hospital Providers

HealthOne Alliance will selectively expand its network in response to our clients' demands and needs. Currently, HealthOne has thousands of physician providers in its network, representing virtually all medical specialties. We offer a fully integrated network, which provides the patient with a wide variety of providers from which to choose.

Criteria for Selection of Hospital Providers

The hospitals that are selected for HealthOne Alliance's Preferred Provider Network:

- Are JCAHO accredited
- Are located according to geographical distribution that provides easy access for clients' enrollees
- Maintain appropriate malpractice insurance
- Cooperate with Utilization Management and its determinations
- Accept payment based on negotiated contract rates

Criteria for Selection of Physician Providers

The physicians selected for HealthOne Alliance's Preferred Provider Network:

- Demonstrate professional and ethical competence
- Cooperate with Utilization Management and Cost Management programs
- Maintain appropriate malpractice insurance

- Are Board Certified or Board Eligible



- Meet HealthOne Alliance's credentialing requirements
- Accept payment based on a contracted fee schedule
- Admit HealthOne Alliance members to HealthOne Alliance contracted hospitals, and refer to other PPO providers when necessary, as medically appropriated
- Have admitting privileges or arrangements at a JCAHO accredited participating hospital.

Providers Agree to:

- Provide health care services to Members using generally accepted standards of care.
- Maintain appropriate licensures and maintain appropriate medical staff privileges at a participating hospital.
- Comply with credentialing and re-credentialing policies and procedures.
- Inform HealthOne Alliance immediately of changes in licensure or changes in privileges at participating hospitals.
- Accept payment for covered services according to the agreement and not seek reimbursement from Members other than for co-payments, deductibles, or fees for non-covered services.
- Provide regular office hours.
- Not discriminate in any manner between Members and Non-Members.
- Maintain appropriate insurance coverage and notify HealthOne Alliance immediately of changes.
- Hold medical records confidential and obtain Member's authorization to release information.
- Provide 24/7 call coverage with in-network providers for after hours.

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- Refer and admit Members to participating providers and facilities, except when they are not available or in an emergency.
- Allow Practice or Provider's name to be used in informational materials.
- Adhere to the policies, procedures, and guidelines of HealthOne Alliance.
- Participate in quality assurance and utilization review programs.
- Be responsible for advice and treatment provided to members.
- Comply with federal laws regarding disclosure of member's personal health information.



Section 3
PROVIDERS PROCEDURES

Patient Identification

HealthOne Alliance enrollees are issued an identification card by the payor. HealthOne Alliance will be identified in one of two ways: 1) HealthOne may be printed directly on the card; or 2) A sticker stating "HealthOne" will be affixed to the card. If you are unable to identify the PPO Management Network, please contact the payor at the telephone number located on the patient identification card.

Eligibility Verification

Benefit design and payors vary by client. Contact the payor for verification of eligibility at the telephone number located on the patient identification card. HealthOne Alliance cannot supply information related to the patient's eligibility.

Office Procedure Guide

Ask the patient for his/her identification card and photo ID. Make a copy of the patient's ID card, front and back, to be filed with the patient's record for future reference. Call the payor for the patient's benefits and eligibility verification. The payor is also responsible for supplying information related to the patient's coinsurance, applicable deductible, co-payment and services not covered by plan design. The co-payment and co-insurance amount may be collected at the time of service.

Claim Submission Process

PPO Physician claims should be submitted on the HCFA-1500 form, or other standard industry form. Hospital claims should be submitted on the UB-92 form or the other standard industry form. As appropriate, the most recent version of CPT-4 procedure codes, Revenue Codes, DRGs, ICD-9 Procedure codes, or ICD-9 diagnostic codes must be utilized. The address for submission of claims is located on the back of the identification card.

When submitting claims, the following should be included:



1. Provider's name, TIN, address, phone number;
2. Patient's name;
3. Name and SSN or member ID number of named Eligible Person;
4. Name of Payor (insurance carrier, third-party administrator, etc.);
5. Name of employer, union or other group
6. Policy number;
7. Pertinent CPT and ICD-9-CM codes;
8. Date of Service
9. Executed patient assignments
10. Type, stamp, or write the words "HealthOne Alliance" on the top of the billing form.

TO EXPEDITE PAYMENT, THE APPROPRIATE BILLING FORM WITH EXECUTED PATIENT ASSIGNMENT SHOULD BE SUBMITTED DIRECTLY TO THE APPROPRIATE CLAIMS OFFICE ADDRESS WHICH APPEARS ON THE ID CARD.

Claims Appeal

Contact the payor for questions regarding benefit reduction, reimbursement issues, and questions about the explanation of benefits. Payor information should be written on the reverse side of the patient's identification card.

Coordination of Benefits

HealthOne Alliance considers Coordination of Benefits to be a plan benefit issue, not a provision of the Provider Agreement. In situations where the HealthOne Alliance payor is secondary, reimbursement is subject to the individual's plan design and policy exclusions. At no time will the HealthOne Alliance payor be required to pay more than the contracted rate.

Balance Billing

Under HealthOne Alliance's contract provisions, patients cannot be billed for the difference between the providers's normal billed charge and the HealthOne Alliance negotiated rate, or any fee reduction imposed on the provider due to non-compliance with the program requirements such as not following Utilization Management procedures.

Check the Explanation of Benefits or Explanation of Payment sent by the payor to determine the amount billable to the patient. In addition to collecting the co-payment or the co-insurance or deductible amount, providers may bill for



services not covered by the patient's benefit plan, if the patient has agreed before hand to the non-covered service.

Utilization Management Procedures

Contract terms require HealthOne Alliance providers to comply with Utilization Management requirements. It is the option of our client to select the Utilization Management Company. To obtain instructions regarding Utilization Management, refer to the patient's identification card.

Pre-certification Guidelines

Contact the payor at the telephone number on the back of the patient's identification card for verification of eligibility and benefits, and for procedures/admissions that require pre-certification. The providers should use his/her best effort to pre-certify any procedures that require pre-certification at least ten (10) days prior to the service, except for emergency cases.

Confidentiality of Member Information and Records

Confidential information includes:

- Any communication between a Member and provider.
- Any communication with other clinical persons involved in the Member's health, medical, and mental care.

- This includes all clinical data, diagnosis, and treatments.

All consultations or discussion involving the Member or his/her case should be conducted discreetly and professionally. All Members have a right to confidentially, and any healthcare professional or person who deals directly or indirectly with the member or his/her medical records must honor this right. Information regarding the member or his/her case, including medical, financial, or personal information is considered confidential and must be treated as such.

HealthOne Alliance Physician List

Access to a current list of HealthOne Alliance's physicians may be obtained at our website, www.healthonealliance.com. The list includes the names,

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addresses, telephone numbers and specialties of all participating providers. In addition, you may call the Physician Referral Line: 800-842-5758 for HealthOne Alliance and 800-664-8480 for Alliant Health Plans.



Section 4 DEMOGRAPHIC CHANGES

Any change to the provider profile that was supplied on the original application/contract must be reported in writing or electronically to HealthOne Alliance. All notices should contain both the old and new information.

The following are the types of changes that must always be reported as soon as possible to HealthOne Alliance:

- New address
- New telephone number
- Additional office location
- Provider leaves practice
- New ownership of practice
- New Practice Name
- Change in provider name
- New Tax Identification Number
- Change in Hospital affiliation
- Change in board certification status
- Change in liability coverage
- Change in practice limitations
- Change in call coverage (include the date of change)
- Changes in licensure, state sanctions, restriction and malpractice awards

It is imperative that all notices be as clear as possible. This will ensure accuracy and allow for changes to be completed in a timely manner. Please address all written change notices to HealthOne Alliance, Network Operations at the address below:

HealthOne Alliance
Attn: Network Operations
401 S. Wall Street, Ste. 201
Calhoun, GA 30701

Another convenient way to notify HealthOne Alliance of demographic changes is through our website, www.healthonealliance.com. To submit updated information, click on the Provider button located on the home page and then select Provider Update Form located in the drop down menu. From there you can type in the changes on the form, save to a Microsoft Word document and email the form to us. A network representative will contact you to verify the accuracy and confirm your changes.



Adding New Providers

When a new provider joins your practice, please send a written notification on letterhead to HealthOne Alliance's credentialing department. To assure a quick transition for the new provider, include pertinent information concerning the curriculum vitae, provider's tax ID number and a copy of the W-9 form. Please allow 60 days for processing.

Once the information is received by HealthOne Alliance, you will be sent a packet containing an application, and if necessary, a new contract. Make sure all areas of the application are completed and sent back to HealthOne Alliance with credentialing information as outlined in the application materials.



Section 5 PROVIDER CREDENTIALING

All health care professionals go through a credentialing process prior to being accepted as HealthOne Alliance providers. The process ensures that providers in the network meet our standards before they offer services to patients, employers and payors. HealthOne Alliance accepts applications from the following types of providers in our geographical service area:

- Physicians: M.D., D.O., D.P.M.
- Optometrists: O.D.
- Psychologists: Ph.D., Psy.D., Ed.D.
- Social Workers, MSW, LCSW, LISW
- Licensed Marriage and Family Therapists: LMFT

In addition the following are added through the respective practice to which they are located:

- **Physician Assistant: P.A.**
- **Nurse Practitioner: ARNP**
- **Nurse Midwife: C.N.M.**
- **Anesthesiologist: CRNA**

HealthOne Alliance's Credentialing Department verifies information for each applicant, including education, licenses, practice history, professional liability coverage, and any historical sanctions. The provider's hospital affiliation and malpractice history are also verified.

The Membership Credentials Committee meets every month and the Board of Directors meets quarterly. You will be notified in writing of your effective date with HealthOne Alliance once your application has been processed and reviewed by our committee. Effective dates are not assigned retroactively and are not determined by the date you submit your application, sign your contract, or begin your practice. Credentialing on 1st Medical Network or the State Board of Regents (Joint Venture) does not accept the HealthOne effective date. Representatives of that program contact providers directly with effective dates.

HealthOne Alliance conducts an office site survey every three years of primary care physician offices (family practice, internal medicine, pediatrics, OB/GYN) and high volume Behavioral Health facilities as part of the credentialing process. A medical records survey is also conducted every three years.



Visit www.healthonealliance.com for Provider Credentialing Forms or call our Network Operations Department at 800-842-5758.



Section 6
GENERAL INFORMATION

Quarterly Newsletter

HealthOne Alliance publishes a quarterly newsletter that covers issues of interest about the network, and as a means of communication with providers and claims administrators who use HealthOne Alliance or otherwise work with HealthOne Alliance. A copy of the newsletter is distributed to all provider offices.

How are Providers Reimbursed

Providers are reimbursed according to a maximum allowable fee schedule. The fee schedule is revised on an annual basis and is designed to be competitive with other managed care plans as well as fair to providers. Providers accept the fee that is authorized by the plan, plus an office co-payment, co-insurance, and deductible if provided in the plan.

Hospitals or other facilities are reimbursed according to negotiated preferred pricing arrangements, which consist of a discount off billed charges, and/or other arrangements such as per diem pricing for services.

How Will I Be Identified as a HealthOne Alliance Provider

HealthOne Alliance publishes a Provider Directory that is distributed to employee subscribers who are eligible to use the network. The Directory lists the provider's name, office address, telephone number and specialty. In addition, through use of the HealthOne Alliance website (www.healthonealliance.com) members may find the same detailed information for network providers. The website contains the most current information available on providers in the network.