



Provider Quick Reference Guide

About Your Participation

Your participation with Claritev means that you agree to accept our contracted reimbursement rates for patients covered by our client's health plans through any of the provider networks specified in your contract. Please see your provider agreement(s) and amendment(s) for specific network participation. (Note that you may participate with Claritev under multiple agreements.)

Identifying Members

Members accessing providers through our networks may be furnished with ID cards or some other form of identification which indicates the Claritev client name and Claritev network name and/or logo. In addition, health plans may access our networks to support a variety of plan configurations, for example, limited benefit plans, hospital services only, etc. In these cases, a tagline may be included below the logo to describe how the network is used. Please contact the plan indicated on the ID card for clarification. Logos for several of our provider networks are shown here. See our website (www.claritev.com) for additional logos and for more information about our networks.



Maintaining Your Demographic Information

In accordance with our provider agreement and the Centers for Medicare and Medicaid (CMS) guidelines, we require providers participating with Claritev to maintain their demographic information noted below. Changes to any demographic information for providers participating through a group contract must be submitted to Claritev on the group's letterhead.

- Provider's name and group affiliation(s)
- Service address(es)
- Telephone number(s)
- Website address
- Specialty(ies)
- Accepting new patients
- Office hours
- Languages spoken
- Cultural competency training completed
- ADA Accessibility

Commercial and Medicare Advantage Health Plans

Email registrar@claritev.com*

Fax 781-487-8273

Mail Claritev, ATTN: Registrar
16 Crosby Drive
Bedford, MA 01730

Medicaid Managed Care Plans

Email govtcoordinator@claritev.com*

Fax 630-799-3587

Mail Claritev, ATTN: Registrar
16 Crosby Drive
Bedford, MA 01730

*Note: This email address is for data maintenance changes; inquiries will not receive a response and should be directed to the provider portal.

Contacting Claritev

Contact Claritev to obtain information on the following service topics:

- Participation status
- Credentialing status
- Provider Agreement
- Fee Schedules (Please reference the fee schedule noted in your provider agreement, and if appropriate, check the CMS website to review the fee schedule for Medicaid and Medicare Advantage health plans.)
- Billing issues (Please note that when the payer has already been contacted for billing issues, including incorrect application of contracted rates, you must provide Claritev with HCFA and CMS or UB and EOB documentation.)

Phone

- Commercial health plans: 800-950-7040
- Medicaid /Medicare Advantage plans: 866-971-7427

Online Portal

Use our secure online provider portal to:

- Submit, track and manage customer service cases
- Access forms and other resources, including our client list
- Get instant access to claims information **Commercial Only*
- Manage your directory information **Commercial and Medicare Advantage*
- Request to add providers to existing groups **Commercial and Medicare Advantage*

To sign up, go to <http://provider.claritev.com/healthcare-providers/provider-portal-info/> and choose “Click here if you do not have an account” for self- registration options. You’ll need the following information to register: name, TIN, NPI, SSN and date of birth. Note that the portal contains information pertaining to your participation in our networks for commercial health plans and Medicare Advantage only. The portal does not contain information related to our networks for Medicaid managed care.

Websites

Visit our websites for information and resources, including handbooks, provider education schedules, network descriptions, and more.

- Commercial health plans: www.claritev.com/provider
- Medicaid managed care: www.claritev.com/medicaid
- Medicare Advantage: www.claritev.com/medicare

Provider Newsletter

Our provider newsletter, Partnership, is distributed quarterly via email to participating providers for whom we have an email address.

Code of Conduct

Claritev’s Code of Business Conduct and Ethics (our Code) contains the legal and ethical standards of conduct required of all parties with which Claritev contracts. We expect that all business partners, including participating providers, to read and comply with our Code, which is available on our website (www.claritev.com).

Contacting Claritev Clients

For these service topics, contact the Claritev client (the entity responsible for paying or arranging for payment of claims), as instructed on the patient’s ID card or the EOB statement:

- Claims submission, status and payment inquiries
- Fee inquiries
- Provider referrals
- Member eligibility
- Medicaid managed care and Medicare Advantage plan effective dates

Note: Claritev does not have access to payment records and does not make determinations with respect to benefits or eligibility. In addition, Claritev is not liable for the payment of services under plans. For Medicaid managed care and Medicare Advantage plans, your program effective date is separate from your Claritev contract effective date.

Medicare Advantage: General Compliance and Fraud, Waste and Abuse Training

By participating in the Claritev Medicare Advantage Network, you agree to provide health care services to Medicare Advantage beneficiaries in a culturally competent manner and to promote equitable access to all Medicare Advantage beneficiaries, pursuant to 42 C.F.R. 422.122(a)(8).

The Centers for Medicare & Medicaid Services (CMS) and your Claritev network provider agreement mandates all those contracted to provide health care services to Medicare Advantage beneficiaries must complete the applicable Medicare Advantage program compliance trainings. You, including your employees and subcontractors, are required to complete the requisite training within 90 days of hire or contracting, and annually thereafter.

Note: Entities or individuals enrolled in the Medicare program are deemed to have met the CMS compliance training requirement for Fraud, Waste and Abuse (FWA) training. However, these entities or individuals are still required to complete the general compliance training requirements.

It is your responsibility to maintain evidence of completion of the General Compliance and FWA training, such as training materials, training logs and program materials, for 10 years and you must make this evidence available to Claritev upon request.