



Provider Manual

PARTNERING TO SUPPORT THE DMEPOS NEEDS OF PATIENTS.

Network Management



INTEGRA PARTNERS | LAST UPDATED: 12/14/23

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About Us

Integra Partners is a leading Durable Medical Equipment Orthotics and Prosthetics (DMEPOS) Healthcare Management Company. With the help of our valued network partners like you, we provide Payers with a single-source solution for home equipment and services.

Through our partnership with quality Providers like you, we help support the entire suite of DMEPOS, including but not limited to Durable Medical Equipment, Respiratory Therapy, Orthotics, Incontinence Supplies, Prosthetics, Custom Mobility Devices, Medical Supplies, and Enteral Nutrition.

Our Payer contracts give our network access to more than 20 million member lives across the country.



20 M+

Lives covered by Integra's Payer Clients



1.6 M

Orders Processed Annually



387K

Members Serviced Annually



60

Payer LOBs Using Integra's Network

An independent network manager, Integra Partners gives Providers the unique opportunity to access multiple Payers through a single contract.



Integra delivers value to Providers through:

Single contract solution

- Streamlined access to dozens of Payers
- Opportunity for growth as Integra expands in new markets

Increased profitability

- Reduced administrative burden
- Immediate access to more Payers and more patients

Group purchasing power

- Lower acquisition costs and increased profit margins
- Access to discounted rates with industry leading vendors

Streamlined payment process

- Single claim submission platform for all contracted Payers
- Efficient claim payment process

Expectations to Maintain a Strong Partnership

The Integra Partners Provider Manual can be accessed online via Que Forms & Training. The manual is updated regularly; providers should always reference the most up-to-date, online manual.

Please reference your Participating Provider Agreement(s) for contractual obligations.



General Overview

It is the responsibility of the Provider to maintain the applicable federal and state licenses and remain compliant with all credentialing standards and contractual obligations as per the Participating Provider Agreement(s). If there are changes to the organization that prevent the Provider from remaining compliant, the Provider must let Integra know within 30 days.

Providers must let Integra know if there are any changes to the organization that may impact its ability to service, including location changes or additions, staff updates, phone number changes and email address changes. Integra Partners prompts Providers to fulfill this contractual obligation quarterly through a data validation questionnaire.



Prior Authorization and Billing

Providers are responsible for obtaining prior authorizations, verifying benefits and eligibility, and accurately entering the member into *Que*, Integra's proprietary billing platform. When verifying benefits and eligibility, Providers should reach out to the member's primary insurance directly for accurate and up-to-date eligibility information.

Providers must collect information from members to determine proper coordination of benefits and abide by all Integra/Payer policies including submitting claims to the entity that has the primary responsibility of payment first.

Providers must submit clean claims to Integra through *Que*, not to a Payer directly, within the published terms defining timely filing as agreed between Integra and a Payer. Providers should not mail paper claims to Integra Partners or to the Payer. Failure to submit any claim through *Que* and within timely filing deadlines may result in an incorrect payment or a claim denial. Integra monitors service quality and billing volume. Providers failing to meet expectations may have their participation terminated.

Integra will remit payment to the Provider for the amount received from the Payer less Integra's fee following the biweekly disbursement cycle. The disbursement cycle falls on Tuesdays and Fridays with exceptions of bank holidays. Providers must accept payment as payment-in-full and cannot seek additional payment from the member or Payer (excluding copayments/deductibles).

If an overpayment is made, the Provider must reimburse Integra within 5 business days of receipt of notice. If a refund is required, but not received from the provider, Integra will withhold this amount from future payments to the Provider. For claims that are underpaid for appropriately rendered and billed services, Integra will work on the Provider's behalf to appeal such claims and work to obtain payment per the terms of the agreement with the Payer (less any applicable member cost share responsibility.)

NPI & TIN Configurations

Integra's Payer clients load the network roster differently in their systems, which ultimately impacts how you should identify yourself when checking eligibility and benefits or requesting prior authorizations.

Using the right combination for the Payer helps ensure the Payer will identify you as an in-network Provider.

For your convenience and to help avoid potential errors, please refer to the following listing of the appropriate TIN and NPI combination to use for each of Integra's contracted Payers. Please note this list is not exhaustive and may be subject to change.

Integra Partners has two different TINs (associated with different subsidiaries) that may not be used interchangeably. Refer to the listing below for guidance on which TIN to use for each Payer.

- Integra's TINs are **421685996** and **272952320**
- Integra's NPI is **1962502229**

Select prior authorization request forms may be found in *Que*, under [Resources / Forms and Training](#).

Plan Name	TIN	TIN #	Which NPI Should Be Used When Verifying Coverage or Requesting Auth?
Aetna Better Health	Integra	421685996	Integra NPI - 1962502229
Aetna NJ	Integra	272952320	Integra NPI - 1962502229
Aetna NY	Integra	421685996	Integra NPI - 1962502229
Affinity	Integra	421685996	Provider NPI
AmidaCare	Integra	421685996	Provider NPI
Anthem Blue Cross Blue Shield	Integra	421685996	Integra NPI - 1962502229
ArchCare	Integra	421685996	Integra NPI - 1962502229
Bright Health	Integra	421685996	Integra NPI - 1962502229
Clover Health	Integra	262877320	Provider NPI
EmblemHealth	Integra	421685996	Provider NPI
Empire Blue Cross Blue Shield	Integra	421685996	Integra NPI - 1962502229
Fidelis Care	Integra	421685996	Provider NPI
Hamaspik	Integra	421685996	Provider NPI
Health Partners Plan	Integra	421685996	Provider NPI
Healthfirst	Integra	421685996	Integra NPI - 1962502229
Highmark Blue Cross Blue Shield of Western New York	Integra	421685996	Integra NPI - 1962502229
Independent Health	Integra	421685996	Integra NPI - 1962502229
This is not a comprehensive list and is subject to change.			

NPI & TIN Configurations (cont.)

Plan Name	TIN	TIN #	Which NPI Should Be Used When Verifying Coverage or Requesting Auth?
Local 1199 National Benefit Fund (Only O&P)	Integra	421685996	Integra NPI - 1962502229
MagnaCare	Integra	421685996	Integra NPI - 1962502229
Molina Complete Care AZ	Integra	421685996	Integra NPI - 1962502229
Molina Complete Care VA	Integra	421685996	Provider NPI
Neighborhood Health Plan of Rhode Island	Integra	453032233	Integra NPI - 1962502229
Northwell Direct	Integra	421685996	Provider NPI
Oscar	Integra	421685996	Provider NPI
Partners Health Plan	Integra	421685996	Integra NPI - 1962502229
Senior Whole Health MA	Integra	421685996	Integra NPI - 1962502229
Senior Whole Health NY	Integra	421685996	Integra NPI - 1962502229
SOMOS	Integra	421685996	Provider NPI
Tufts Health Plan & Public Plans	Integra	421685996	Provider NPI
Point32Health Senior Product Plans	Integra	421685996	Provider NPI
VillageCareMAX	Integra	421685996	Integra NPI - 1669635173
WellCare	Integra	421685996	Provider NPI
This is not a comprehensive list and is subject to change.			

Guide to Payer Portals

Unless otherwise noted, all portals below may be used to check eligibility and benefits only. In order to gain access to any of the Portals below, you must be listed on your organization's Staff Roster in DORI®.

Please note that Integra Partners has multiple TINs (associated with different subsidiaries) that may not be used interchangeably. Each Payer has unique requirements for registration onto the Portal. Please refer to the instructions below for guidance on how to register for each Payer Portal.

Outstanding questions regarding Payer portal access may be submitted to Integra Partners via the Inquiry Webform on the Integra Partners website at <https://accessintegra.com/crmform/>.

Availity

- *Note: In addition to checking eligibility and benefits, Providers may use the Availity Portal to submit authorization requests to participating Payers.*
- **Registration instructions:**
 - To register for the [Availity Portal](#), please submit a Webform inquiry at <https://accessintegra.com/crmform/>. Once registered, you will receive an email from Availity with credentials and instructions for logging in and setting up your account.
 - Please note that you must be listed on your organization's Staff Roster in DORI® in order to register for an Availity account through Integra Partners.
- **Training and support:**
 - Availity offers free on-demand and live training in the Availity Learning Center (ALC).
 - Log in and select Help & Training > Get Trained to search the ALC catalog.
- **Contracted Payers utilizing Availity:**
 - Aetna
 - Aetna Better Health
 - Affinity
 - Anthem
 - Bright Health Plan
 - Empire BCBS HealthPlus
 - Molina
 - Senior Whole Health of Massachusetts
 - Senior Whole Health of New York

NaviNet

- **Registration instructions:**
 - Providers may self-register for the NaviNet Provider Portal. Please refer to the NaviNet User Guide below.
- **Training and support**
 - [NaviNet User Guide](#)
 - [NaviNet Help Center](#)
- **Contracted Payers utilizing NaviNet for eligibility and benefits:**
 - 1199
 - Neighborhood Health Plan
 - Tufts Health Plans

Guide to Payer Portals (cont.)

eviCore

- *Note: In addition to checking eligibility and benefits, Providers may use the eviCore portal to submit authorization requests to Emblem.*
- **Registration instructions:**
 - Providers can self-register for the [eviCore Portal](#).
- **Training and support:**
 - [eviCore DME Portal Guide](#)
 - [eviCore Online Portal Orientation](#)
- **Contracted Payers utilizing eviCore:**
 - EmblemHealth
 - Tufts Health Plan
 - *Note: Tufts Health Plan requires Providers to obtain prior authorization through eviCore for sleep studies, sleep therapy and/or resupplies. Tufts Health Plan utilizes NaviNet for checking eligibility and benefits and a custom portal for authorization requests.*

Custom

- **EmblemHealth (GHI/HIP)**
 - **Registration instructions:**
 - To register for the [Emblem Portal](#), please submit a Webform inquiry at <https://accessintegra.com/crmform/>.
 - **Training and support:**
 - [EmblemHealth Provider Portal FAQ](#)
- **Fidelis**
 - *Note: In addition to checking eligibility and benefits, Providers may use the Fidelis Portal to submit authorization requests to the Payer.*
 - **Registration instructions:**
 - To register for the [Fidelis Portal](#), please submit a Webform inquiry at <https://accessintegra.com/crmform/>.
- **Healthfirst**
 - *Note: In addition to checking eligibility and benefits, providers may use the Healthfirst portal to submit authorization requests to the Payer.*
 - **Registration Instructions:**
 - Providers can self-register for the [Healthfirst Portal](#). Providers will need a Healthfirst claim # to process the request. This can be found in the Summary Transaction screen of a claim entered into *Que*.
 - When registering for an account, in the 'First name' field: please use your company name. In the 'Last name' field: please use your first initial and last name (i.e., JDoe)
 - Enter Integra's TIN (421685996) and NPI (1962502229).
 - Please note, if you have no Healthfirst claims in the last 180 days, you will need to submit a claim first through *Que*.
 - After receiving authorization and once the Healthfirst Claim No. populates in the claim in *Que*, you can use that claim no. to register with the Healthfirst Portal.
 - If you have not yet submitted claims to Healthfirst, you may check eligibility and benefits and receive authorization assistance by calling Healthfirst Provider Services at 1-888-801-1660.

Guide to Payer Portals (cont.)

- **MetroPlus Health Plan**
 - *Note: Providers may use the MetroPlus Provider Portal to verify member eligibility, review member information, view claims status, access provider orientation, check authorization status, and more.*
 - **Registration instructions:**
 - Providers are able to self-register for the [MetroPlus Portal](#).
- **Oscar**
 - **Registration instructions:**
 - Providers are able to self-register for the [Oscar Portal](#).
 - When creating an account, you must enter Integra's TIN (421685996).
- **Tufts Health Plan**
 - *Note: Tufts Public Health Plans utilizes NaviNet to check eligibility and benefits. The custom portal may be used to submit authorization requests to the Plan.*
 - **Registration instructions:**
 - Providers are able to self-register for the [Tufts Provider Portal](#).
- **VillageCare**
 - *Note: In addition to checking eligibility and benefits, providers may use the VillageCare portal to submit authorization requests to the Plan.*
 - **Registration instructions:**
 - Providers are able to self-register for the [VillageCare Portal](#).
 - When creating an account, you must enter Integra's TIN (1669635173).
 - Enter your organization's NPI.

Our Proprietary Systems

DORI®, Que, and PRISM

At Integra Partners, we recognize that technological innovation in the healthcare space can deliver cutting edge solutions by automating and streamlining processes—placing patient health at the center.

That's why we've developed platforms with efficient payment and order routing processes that perform better than the industry standard.

- **DORI®: Integra's proprietary credentialing platform**
- **Que: Integra's proprietary billing platform**
- **PRISM Order Management Tool**





DORI®

DORI® is Integra's Provider credentialing portal, designed to enhance the initial and re-credentialing process, manage the ongoing monitoring of credentialing documentation, and maintain up-to-date provider details.

DORI allows for increased application status visibility, and efficiency, by collecting all required materials in one secure place. This process is designed to ensure Providers in our network meet CMS accreditation requirements, state and federal regulations, and Payer contractual obligations.

DORI offers a wide array of self-service tools in order to allow Providers to independently manage and update required documentation, staff rosters, product offerings, and more. Please see the DORI Training Manual linked below for more details.

DORI users are responsible for:

- Completing initial and re-credentialing applications
- Maintaining updated staff lists
- Creating and deactivating users for *Que* and PRISM
- Managing credentialing documentation
- Facility management for your organization
- Documenting list of product offerings for each facility

Please note, that is the responsibility of the Provider to update new staff members as you onboard them into your organization. Staff members must be listed on your organization's staff roster in order to obtain access to any proprietary systems, including *Que* and PRISM.

Staying current with documentation is essential to remain compliant and in good standing within the Integra network. Failure to maintain updated documentation will result in suspension of *Que* access for your organization.

Maintaining an up-to-date list of product offerings and states/counties serviced will ensure that your organization is able to receive the highest possible volume of orders via PRISM order routing and/or via fax. Your organization's delivery capabilities may be updated on a facility level in DORI.

DORI Provider Resources:

- [DORI Portal](#)
- [DORI Training Manual](#)

Questions about DORI or Integra's credentialing process can be directed to our Credentialing Team at credentialing@accessintegra.com.



Que

Que is Integra's proprietary billing platform, where Providers submit and track claims. Que also contains Integra's Help Center, including Que Forms & Training which houses materials such as Fee Schedules, training guides, authorizations forms, and more.

The **Billing System Administrator** for your organization will serve as Integra's primary Que contact. This individual will have access to all functions and screens within Que, including accessing payments. Please note, it is the *DORI Provider Administrator* who is responsible for creating any additional Que users for your organization.

You can identify your organization's Billing System Administrator via DORI®, Integra's proprietary credentialing platform, by following the steps below:

- First, log in to your DORI account.
- Navigate to your organization's Staff List.
- In the "Staff Roles" column, one or more individuals will have the role "Billing System Admin".
- A user labelled as "Billing System Admin" is your organization's Que Billing System Administrator.

Que Billing System Administrators are responsible for:

- Completing required Que training.
- Sharing all required training with additional users within your organization.
- Serving as Integra's main point of contact for all Que updates.
- Checking and working the "Needs Attention" Queue. Claims that fall in this queue require corrections or additional information in order for the Payer to adjudicate your claim. Failure to work these claims timely may result in claim denials due to timely filing limits.

To access important training and resources via **Que Forms & Training**, please follow these steps:

- First, log in to your [Que](#) account.
- Access the Help Center from the Que Homepage by clicking the question mark (?) icon at the top right side of the page.
- Click "*Integra Partners Forms and Resources*," then "*Forms and Training*" twice to continue.
- Click the link at the end of the sentence: "*To access documentation pertaining to the below information, please access the following link, "Click Here"*"
- Click on "*Resources*," "*Forms*," and/or "*Integra Group Purchasing Organization (GPO)*" to expand each section.

Que Provider Resources:

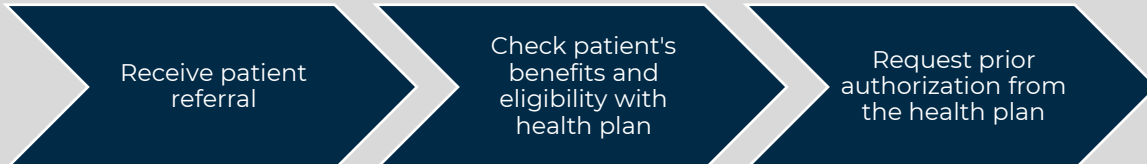
- [Que Portal](#)
- [Que FAQ](#)
- [Que Training Manual](#)

Integra's Claims Process Overview

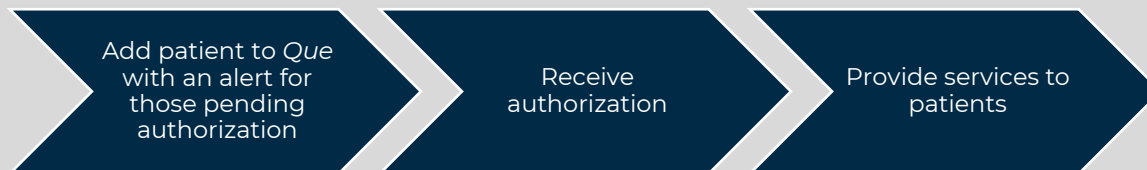
At Integra, our claims processing workflow is designed for ease and accuracy to ensure you get paid as quickly as possible. Here's how the process of receiving referrals, servicing, and submitting claims works.

Please note: If you are interested in submitting claims electronically, rather than manually keying in claims, please review our guide to Electronic Data Interchange (EDI) on the following page.

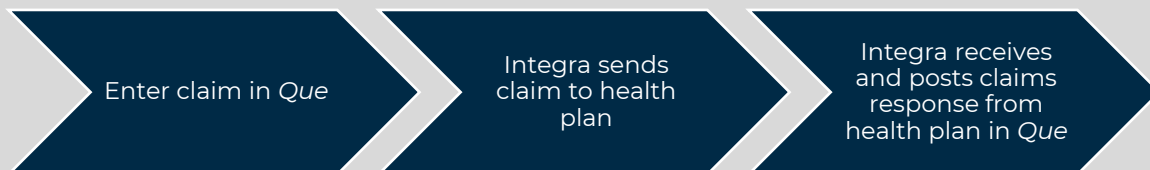
You receive a patient referral, check benefits and eligibility and request a prior authorization (if applicable) directly from the health plan.



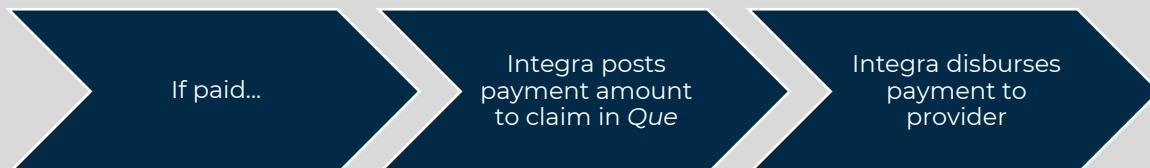
Then, add the patient to *Que*. Be sure to add an alert on the patient profile indicating that the member is pending an authorization. By adding the patient to *Que* we can quickly send the authorization to your office once the health plan sends it to Integra. Once you receive the authorization, you are ready to service the member.



Now, enter the claim in *Que*. Please be sure to attach all necessary documentation directly to the claim. Integra ensures compliance with health plan requirements so that your claim is properly adjudicated. Integra will post responses from the health plan directly to the claim and work with you should any corrections need to be made.



If the health plan has paid the claim, Integra will disburse payment to your organization, less Integra's administrative fee.



If the health plan denies the claim, Integra's Claims Team will determine, based on the denial reason, if an appeal is warranted. The claim will be sent back to the provider if additional information is required for an appeal. If the denial is correct, Integra will adjust the claim.

If you disagree with a claim adjudication, please submit a claims inquiry at <https://accessintegra.com/crmform/>.

Electronic Data Interchange (EDI)

Simplify your claims submission workflow and shorten your reimbursement timeline with EDI.

What is EDI?



Electronic Data Interchange (EDI) is a secure, standardized method of exchanging documents between organizations. With EDI your organization can automate and streamline claim submission by transmitting data from your PMS system to our claims processing system, *Que*.

Business Benefits



EDI improves efficiency, increases productivity, and reduces administrative burden. With EDI you can eliminate duplicate work, paper trails, and the potential for human error through manual data entry. EDI also allows for faster and more accurate claims processing and payment.

Eligibility



Integra can connect to **any and all** Clearinghouses. Additionally, Integra can connect to any Payment Management System (PMS) that can generate an **ANSI 837** standard claim and that can send a unique four-character Payer ID.

Enrollment



Complete the [Electronic Data Interchange Enrollment Form](#) to express your interest in EDI. A representative from our EDI Team will reach out to you with next steps.

EDI Provider Resources

- [EDI Enrollment & Planning Guide](#)
- [EDI FAQ](#)

*Please note that EDI integration **does not** replace manual claim submission in all circumstances. For submission of claims requiring documentation, “cost invoice” logic, secondary insurance, etc. providers are required to manually key in claims on *Que*.*

*Integra Partners sends out 835s twice per week for all Providers enrolled in EDI that submit 837s. The Electronic Remittance Advice (ERA), or 835, is the end-to-end electronic payment and remittance information from *Que* to your PMS. 835 files reflect all contracted pricing and will match exactly to the standard EOB. Once a Provider has enrolled in EDI and has begun sending Integra 837s, Integra will send 835s back twice per week. Please work directly with your Clearinghouse to bring these 835s into your Practice Management System (PMS).*

Please review the EDI Provider Resources linked above for more information on Integra Partners’ EDI process.

Additional questions about the EDI enrollment process can be directed to our EDI Team at EDIhelp@accessintegra.com.

PRISM Order Management

PRISM Order Management brings you increased transparency into order status while providing detailed reporting and visibility into your organization's orders.

Key features of the PRISM Order Management Tool include:

- Order Status Visibility
- Real-Time Communication Module
- Customized Algorithms for Order Routing
- Order Management
- Automated Recurring Orders
- HCPCS Code Descriptions
- Enhanced Reporting

The Provider Order Management Administrator for your organization will serve as Integra's primary PRISM contact with access to all functions and screens within PRISM.

PRISM Provider Order Management Administrators are responsible for:

- Completing PRISM training.
- Training additional users within your organization.
- Serving as Integra's main point of contact for all PRISM updates.

PRISM Provider Resources:

- [Prism Portal](#)
- [Provider Manual](#)
- [FAQ](#)
- [Order Management Admin Training Video](#) (Password: PRISM-FOR-ALL)
- [Order Viewer Training Video](#) (Password: PRISM-FOR-ALL)
- [Order Manager Training Video](#) (Password: PRISM-FOR-ALL)

Questions about PRISM can be directed to PRISMhelp@accessintegra.com.

Please note that PRISM Order Management is currently limited to a select number of participating Payers, including but not limited to: Empire BCBS Healthplus, Healthfirst, Montefiore HMO, Partners Health Plan, Senior Whole Health MA, Senior Whole Health NY, and VillageCareMax.

For Payers that do not operate on PRISM Order Management, Providers will receive referrals/orders via fax. If you are interested in signing up for PRISM Order Management, please reach out to Integra's Credentialing Team at credentialing@accessintegra.com to begin the training and enablement process.

Please note that eligibility for PRISM is currently limited to Providers able to service NY and/or MA regions.

Integra Group Purchasing Organization (GPO)

Frequently Asked Questions

About Integra Group Purchasing Organization (GPO)

Integra Partners' Group Purchasing Organization (GPO) is available exclusively to Integra network suppliers. Our program offers savings on products and services for DMEPOS suppliers by leveraging our network's aggregate purchasing power to negotiate discounts with manufacturers and other entities on behalf of our partners.

Integra highly values our DMEPOS provider network and understands that various market forces have put downward pressure on margin for our providers. As a committed partner to our network, our goal is to make various products and services available to our providers at discounted rates compared to those available if the products and services were purchased independently.

Participation in the GPO grants you access to over 2,000 contracts across 900+ suppliers including:

- DME
- Medical supplies
- Office products and equipment
- Administrative services

Information about the Integra GPO offering can be found on Integra's Forms & Training site in Que.

Contents

- 1. What is Integra's Group Purchasing Organization (GPO)?**
- 2. Why should I sign up for Integra's GPO? And how does it help my company?**
- 3. Is there a cost to participate?**
- 4. What are the requirements to sign-up?**
- 5. What happens if I leave the Integra network?**
- 6. How can I give feedback on the program?**
- 7. What if I am already participating in another GPO? Does joining the program mean that I can only procure products from the vendors Integra contracts with?**
- 8. How does Integra ensure quality of the products offered?**
- 9. What vendors are currently participating in the program?**

Integra GPO Provider Resources:

- [CyraCom – Vendor FAQ](#)
- [CyraCom – One Pager](#)
- [O&P Solutions – Vendor FAQ](#)
- [O&P Solutions – One Pager](#)
- [Premier – Vendor FAQ](#)
- [Premier – One Pager](#)

Your Questions Answered

1. What is Integra's Group Purchasing Organization (GPO)?

Integra's Group Purchasing Organization (GPO) leverages the aggregated purchasing power of our network to negotiate discounts with product manufacturers and other entities on behalf of our network providers. The program leverages partnerships with market leading vendors to establish discounted rates on products and services.

2. Why should I sign up for Integra's GPO? And how does it help my company?

Our GPO allows your organization to leverage Integra's discounts with manufacturers, distributors, and other vendors to save you money without sacrificing quality. You have the flexibility to choose which products and services are right for your organization, no matter your size and scale, and at no additional cost.

3. Is there a cost to participate?

There is no additional charge to participate in the GPO program. Terms and conditions may vary by vendor.

4. What are the requirements to sign-up?

You or your purchasing department can review the current roster of partners on our [website](#). Should there be interest, contact information for a representative from the vendors are provided. In some cases, the pricing will be readily available, in others contact with the vendor is required to explore options. Should you be interested in exploring ways to lower costs on additional products or services we are open to ideas, and you can contact GPO@accessintegra.com.

To source services from any of Integra's vendor partners you first have to fill out, sign, and submit an [Integra GPO Participation Form](#) via DocuSign. This form can be found by logging into *Que*, selecting the help icon (?) at the top right, and navigating to the Integra Partners Forms & Training page. You only need to fill out this form once so if you have already done so you may skip this step.

The sign-up process for individual vendors varies by company. To sign up please follow the instructions outlined on our Vendor FAQs, which are located on the Forms & Training site by logging into *Que*.

5. What happens if I leave the Integra network?

Only Integra network providers are eligible to participate in the program. Once a provider leaves Integra' network, or the term of the existing agreement they are participating in expires, they will not be able to renew with the vendor partner at the Integra network rate.

6. How can I give feedback on the program?

We welcome and appreciate any feedback you have about Integra's GPO. Please email your feedback to GPO@accessintegra.com.

7. What if I am already participating in another GPO? Does joining the program mean that I can only procure products from the vendors Integra contracts with?

Participating in the GPO program does not preclude a participant from procuring products or services elsewhere. However, individual participating vendors may have restrictions on sourcing products from competitors.

The purpose of Integra's GPO is to offer additional or potentially lower cost options to our network without limiting freedom of choice when it comes to products and services.

8. How does Integra ensure quality of the products offered?

Integra selectively partners with market/category leaders and is a client of some of these vendors. For DMEPOS product vendors specifically, you can work through our vendor partners to source samples.

9. What vendors are currently participating in the program?

The services available through this program are wide ranging and continue to expand. You can find an updated list of available partners on our [GPO webpage](#).

Payer Directory



The following information should be referenced as a guideline and is subject to change. To ensure providers are referencing the most up-to-date information, we recommend visiting the provider manual/and or website specific to the health plan.

Plan Family	Plan Name	Phone #	Timely Filing for Initial Submission	Timely Filing for Appeal Submission
1199/National Benefit Fund	Local 1199 National Benefit Fund	888-819-1199	365	180
Aetna	Aetna Better Health Medicaid (NY)	866-638-1232	120	90
Aetna	Aetna Better Health (NY) - DUAL	866-638-1232	60	90
Aetna	Aetna NJ - Fully Insured Products *TIN: 272952320, NPI: 1013256320	800-624-0756	120	90
Aetna	Aetna NJ - Self Insured Products *TIN: 272952320, NPI: 1013256320	800-624-0756	120	90
Aetna	Aetna NY	800-624-0756	120	90
Affinity	Affinity Managed Medicaid	866-729-8818	60	180
Anthem	Empire BlueCross BlueShield HealthPlus - Medicaid	800-600-4441	90	45
Anthem	Empire BlueCross BlueShield HealthPlus - Medicare	800-600-4441	90	45
Anthem	Empire BlueCross BlueShield HealthPlus - Essential Plan	800-600-4441	90	45
Anthem	Empire BlueCross BlueShield HealthPlus - FIDA Plan	800-600-4441	90	45
Anthem	Empire BlueCross BlueShield HealthPlus - MLTC	800-600-4441	90	45
Anthem	Anthem BCBS of ME	800-600-4441	90	180
Anthem	Anthem BCBS of Connecticut	800-600-4441	90	180
Anthem	Anthem BCBS of New Hampshire	800-600-4441	90	60
Anthem	Anthem BCBS of New Hampshire - Medicare Advantage	800-600-4441	90	180
Amida Care	Amida Care	800-556-0674	120	60
ArchCare	ArchCare - Catholic MLTC	800-373-3177	90	60
BC/BS Western NY	BCBS of Western NY	716-887-6900	120	60
BC/BS Western NY	BCBS Medicaid Managed Care	716-887-6900	90	45
Bright HealthCare	Bright HealthCarev Individuals & Family Plans	855-453-0434	90	60
Bright HealthCare	Bright HealthCare Medicare Advantage	844-201-0677	90	60
Centivo	Centivo	833-514-5044	90	180
Clover Health	Medicare Advantage	877-853-8019	90	180
Empire BC/BS	BCBS Bluecard - (Non NY Plans)	800-552-6630	180	60
Empire BC/BS	Empire BC/BS - Commercial	800-552-6630	180	180
Empire BC/BS	Empire BC/BS - Medicare Advantage	800-552-6630	180	60
Evolutions Healthcare	Evolutions Healthcare - Commercial	727-938-2222	180	365
Fidelis	Fidelis Care NY - FIDA	800-343-3547	90	60
Fidelis	Fidelis Care NY - Health Benefit Exchange	800-343-3547	90	60
Fidelis	Fidelis Care NY - Medicaid	800-343-3547	90	60
Fidelis	Fidelis Care NY - Medicare	800-343-3547	90	60
Fidelis	Fidelis Care NY - MLTC	800-343-3547	90	60
Fidelis	Fidelis Care NY - QHP	800-343-3547	90	60

Payer Directory (cont.)

Plan Family	Plan Name	Phone #	Timely Filing for Initial Submission	Timely Filing for Appeal Submission
GHI	GHI PPO	800-624-2414	120	45
Hamaspik	Hamaspik	855-552-4643	90	45
Health Care Partners	HealthCare Partners	800-877-7587	45	60
Health Care Partners	HealthCare Partners - Medicaid	800-877-7587	45	60
Health Partners Plans	Health Partners Plans Medicaid	1-888-991-9023	180	10/30 (dispute)
Health Partners Plans	Health Partners Plans CHIP	1-888-991-9023	365	180
Health Partners Plans	Health Partners Plans Medicare	1-888-991-9023	180	180
Healthfirst	Healthfirst NY - Commercial	888-801-1660	180	60
Healthfirst	Healthfirst – Complete Care	888-801-1660	180	60
Healthfirst	Healthfirst NY - Medicaid	888-801-1660	180	60
Healthfirst	Healthfirst NY - Medicare	888-801-1660	180	60
Healthfirst	Senior Health Partners - MLTC	888-801-1660	180	60
HIP	HIP MLTC	877-842-3625	120	60
HIP	HIP MLTC - Partial	877-842-3625	120	60
HIP	HIP of NY	877-842-3625	120	60
HIP	Vytra Health Plan	877-842-3625	120	60
Independent Health	Independent Health Association - Employer Sponsored Insurance	800-501-3439	120	60
Independent Health	Independent Health Association - Medicare Advantage	800-501-3439	120	60
Independent Health	Independent Health Association - Medicaid	800-501-3439	120	60
Independent Health	Independent Health Association - Commercial	800-501-3439	120	60
Molina	Molina Florida	800-327-8613	180	90
Molina	Molina Arizona	800-424-5891	60	60
Molina	Molina Virginia	800-424-4524	180	60
Molina	Senior Whole Health Massachusetts	855-838-7999	90	45
Molina	Senior Whole Health New York	877-353-9819	120	45
MagnaCare	MAGNACARE	516-282-8000	365	180
MultiPlan	Multiplan/PHCS	800-546-3887	60	30
Neighborhood Health Plan of Rhode Island	Neighborhood Dual	800-963-1001	180	180
Neighborhood Health Plan of Rhode Island	Neighborhood Exchange	800-963-1001	180	180
Neighborhood Health Plan of Rhode Island	Neighborhood Medicaid	800-963-1001	180	180
Northwell	Northwell Direct	855-340-7737	120	45
Oscar	Oscar CA	855-OSCAR-55	90	365
Oscar	Oscar NY	855-OSCAR-55	120	180
Oscar	Oscar QualCare	855-OSCAR-55	180	90
Oscar	Oscar TX	855-OSCAR-55	95	365
Oscar	Oscar, OH, AZ, FL	855-OSCAR-55	180	365
Oscar	Oscar MI	855-OSCAR-55	365	365
Oscar	Oscar TN	855-OSCAR-55	90	45

Payer Directory (cont.)

Plan Family	Plan Name	Phone #	Timely Filing for Initial Submission	Timely Filing for Appeal Submission
Partners Health Plan	Partners Health Plan - FIDA-IDD	855-747-5483	120	60
Point32Health	Tufts Health Direct (Exchange)	888-257-1985	90	60
Point32Health	Tufts Unify (Duals)	888-257-1985	90	60
Point32Health	Tufts Health Together (Medicaid)	888-257-1985	90	60
Point32Health	Tufts Care Partners of Connecticut (Medicare)	888-341-1508	60	2 years from current year
Point32Health	Tufts Senior Care Options (Duals)	800-279-9022	60	2 years from current year
Point32Health	Tufts Medicare Advantage (HMO & PPO) (Medicare)	800-279-9022	60	2 years from current year
Point32Health	Harvard Pilgrim NH STRIDE (Medicare)	888-609-0692	365	90 from EOB
Qualcare	Qualcare *TIN: 272952320, NPI: 1013256320	800-254-0130	180	180
Troy	Troy Medicare	888-494-8769	365	180
VillageCareMax	VillageCare Max	800-469-6292 Fax: 718-517-2709	90	45
WellCare	Harmony Health Plan - Wellcare IL (Medicaid)	855-538-0454	180	90
WellCare	Harmony Health Plan - Wellcare IL (Medicare)	855-538-0454	180	90
WellCare	Missouri care Incorporated - Wellcare MO (Medicaid)	855-538-0454	180	90
WellCare	Ohana Health Plan - Wellcare HI (Medicaid)	888-505-1201 (888-846-4262)	180	90
WellCare	Ohana Health Plan - Wellcare HI (Medicare)	888-505-1201 (888-846-4262)	180	90
WellCare	Wellcare Health Plans of NJ (Medicaid) *TIN: 262877320, NPI: 1669635173	855-538-0454	180	90
WellCare	Wellcare Health Plans of NJ (Medicare) *TIN: 262877320, NPI: 1669635173	855-538-0454 (888-453-2534)	180	90
WellCare	Wellcare Health Plan of CT (Medicare)	855-538-0454	180	90
WellCare	Wellcare Health Plan of Louisiana (Medicare)	855-538-0454	180	90
WellCare	Wellcare NY – MLTC	855-538-0454	180	90
WellCare	Wellcare of NY – Medicaid	855-538-0454	180	90
WellCare	Wellcare of NY – Medicare	855-538-0454	180	90
WellCare	Wellcare of TX (Medicare)	855-538-0454	180	90
WellCare	Windsor Health Plan - Wellcare MS (Medicare)	855-538-0454	180	90
WellCare	Windsor Health Plan - Wellcare SC (Medicaid)	855-538-0454	180	90
WellCare	Windsor Health Plan - Wellcare SC (Medicare)	855-538-0454	180	90
WellCare	Windsor Health Plan - Wellcare TN (Medicare)	855-538-0454	180	90
WellCare	Windsor Health Plan- Wellcare AR (Medicare)	855-538-0454	180	90

Contact Us

Have questions? Please reach out to one of our dedicated teams and we'll be happy to assist you.

Customer Service:

For general inquiries, please contact Integra's Customer Service team by submitting an inquiry via the Webform on the Integra Partners corporate website at <http://accessintegra.com/crmform>.

Order Routing and PRISM

For assistance with PRISM, which contains Integra Partners' proprietary order routing system, please contact our PRISM Help team at PRISMhelp@accessintegra.com.

Claims & Que

For technical support with Que, Integra Partners' proprietary claims processing system, or for general claims inquiries, please navigate to <http://accessintegra.com/crmform>.

Please note, you must include the claim number for which you are inquiring.

Credentialing & DORI®

For assistance with DORI, Integra Partners' proprietary credentialing platform, please contact credentialing@accessintegra.com.

Electronic Data Interchange (EDI)

For questions about the EDI enrollment process, please contact EDIhelp@accessintegra.com.

Please note that our EDI team is unable to assist with any specific claim inquiries.

Disbursement Support

For questions regarding invoices, payments, and recoupments, please contact accounting@accessintegra.com.

Bank Information Support

For questions about ACH forms, bank information changes, etc. please contact ap@accessintegra.com.

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