

Provider Information Letter | Open Access Health Plan

Employer: Heartshare Human Services of New York

Dear Provider,

You are receiving this letter because you provide care for a patient employed by Heartshare Human Services of New York who is enrolled in an **Open Access Health Plan** administered by **Lucent Health**. The patient has access to the optional **MagnaCare Practitioner & Ancillary Provider Network**, but they can also seek care with non-contracted providers at the same patient out-of-pocket responsibility. This plan does not use a traditional contracted network for hospital or facility care — patients may receive services from any licensed facility of their choice. This letter explains the plan structure and how your office can verify benefits and submit claims. You can continue to provide care for the patient without any disruption. If you have any questions, please contact us at the numbers below.

PROVIDER LINE

844-734-3614

Eligibility, benefits & claim status

PAYER ID

65085

Lucent Health · electronic claims

CLAIMS ADDRESS

**P.O. Box 211466
Eagan, MN 55121**

Lucent Health · paper claims

ABOUT THIS PLAN

- No contracted network is required for the patient to access care
- Optional network for physicians, specialists, urgent care & labs: **MagnaCare Practitioner & Ancillary Provider Network**
- Patient copay and other patient responsibility are the same whether or not you are contracted with the optional network
- Network does not apply to hospitals or surgery centers; patients may seek care at the facility of their choice
- Providers are reimbursed per the plan's established benefit level for covered services
- Contract participation status does not affect the patient's eligibility to treat with your office

BENEFITS & ELIGIBILITY

For eligibility verification or benefits information, please call the Provider Number listed on the patient's Benefits ID Card.

The Provider Service Team can assist with:

- Eligibility and coverage confirmations
- Prior authorization or precertification requirements
- Billing guidance and claims submission instructions

LUCENT HEALTH PROVIDER NUMBER

844-734-3614

LUCENT HEALTH MEMBER NUMBER

888.585.3309

BILLING & CLAIMS

Please submit claims using the instructions printed on the patient's Benefits ID Card.

- Claims may be submitted electronically or by mail per plan guidelines
- Payments for covered services are issued in a timely manner
- For reimbursement or claim status questions, call the Lucent Health Provider Number for assistance

HOW TO SUBMIT CLAIMS

Lucent Health
P.O. Box 211466
Eagan, MN 55121

PAYER ID

65085

IMPORTANT NOTES

- 1 This plan does not require that you be a contracted provider. If you participate in the **MagnaCare Practitioner & Ancillary Provider Network**, you will be automatically paid at your contracted rate.
- 2 Non-contracted providers are reimbursed for covered services under the plan's **Index-Based Pricing** methodology, using standardized reference benchmarks rather than a traditional network rate.
- 3 Patients may continue care with their existing providers without requiring a contract.
- 4 If your office is unfamiliar with Open Access plans, call the Member Number on the patient's Benefits ID Card and **select Option 2** for **PERMA FAIR**, or email help@permafair.com, and we'll walk you through billing and payment.

Thank you for supporting the patient's access to care.

If you have any questions, please call the Provider Number on the patient's Benefits ID Card, or call the Member Number and **select Option 2** for **PERMA FAIR**, or email help@permafair.com.