



PRIME

Maryland Health Plan Partners with PRIME Hub To Ensure Provider Data Accuracy

PRINCETON, NJ (March 30, 2020)

PRIME Hub (PRIME) is pleased to announce a new 2-year PRIME Provider Data Validation contract with a major Maryland Health Plan. This Plan provides the largest network of Medical, Vision, and Dental insurance through its dual headquarters in Baltimore, Maryland, and Washington D.C.

This multi-year contract enables PRIME to assist the Plan with achieving their provider data accuracy goals across their medical, behavioral health and facility networks, and also assesses provider appointment availability in support of their consumerism agenda.

PRIME offers health plans innovative solutions like Provider validation services, CMS mock audit preparation, Special Needs Plan MOC, and print-ready Provider directories. Through its direct outreach data verification model, PRIME helps avoid common provider directory inaccuracies such as incorrect in-network information or erroneous provider data.

"Atlas looks forward to working together in support of improving the quality of their provider data as well as their overall consumer experience" noted Bob Branchini, CTO of PRIME.



ABOUT THE MARYLAND HEALTH PLAN

Now in its 83rd year of service, this Maryland Health Plan is an independent licensee of the BlueCross/BlueShield Association and is the largest health care insurer in the Mid-Atlantic region. A not-for-profit healthcare company, it currently serves 3.3 million individuals and employers in Maryland, Washington, D.C., and Northern Virginia. For the past consecutive eight years it has earned recognition as one of the World's Most Ethical Companies.

ABOUT PRIME HUB

PRIME Hub offers innovative solutions that help health plans improve interoperability between health plans, health systems, and healthcare providers. PRIME provides a combination of technological innovation, including AI and ML, along with highly trained staff to conduct direct provider outreach that results in verified provider data with the completeness, timeliness and quality that enables health plans to achieve their compliance, accuracy, and consumerism goals.

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