

Elderly Waiver Obligations and Designated Providers

Waiver obligations owed by PrimeWest Health members should not be billed to the member until PrimeWest Health has processed and reported that the waiver obligation has been withheld from your claim on your remittance advice, and PrimeWest Health members must only be billed by you for the amount of the obligation being withheld from your claim.

Designated providers can be assigned to members based on their eligibility requirements through their financial worker at the county level. PrimeWest Health is not involved in assigning designated providers. If you have a member that would like to request a designated provider for his/her waiver obligation, please refer the member to his/her county financial worker.

Being that not all members have designated providers for their obligation amount, it can vary each month whose claims the obligation is withheld from. Claims are processed based on the order the claims are submitted, so the first claim(s) to come in each month is/are the claim(s) the waiver obligation amount is withheld from until the obligation amount has been met.