

PassThruHealth Program Overview

A single point of accountability for your direct-to-employer contracts — so your rates hold, your claims route correctly, and your team isn't managing five broker relationships to get one referral pattern right.

14 States with live provider agreements	1 TPA partner handling all claims routing	90–120 Days to implement a new employer group
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How It Works

01 You set the terms

Your health system defines Provider Rates, covered services, and program requirements directly with PassThruHealth — a single negotiation, not one per employer.

02 We structure and manage the agreement

PassThruHealth acts as program manager: drafting the direct-contract terms, onboarding the employer, and coordinating with all employee benefit brokers and consultants on your behalf. Independence maximizes the distribution of your direct model in the communities you serve.

03 Employer plans gain access

Employer-sponsored plans and their Participants access your network under the terms you set — without you managing each employer relationship individually.

04 Simplicity for employees

Employees have access to your direct contracts and a national BUCA wrap network, enabling easy eligibility confirmation at the provider's front desk and seamless claims processing for members — no friction, just the care they need.

05 Claims route through one TPA

Our third party administrator (TPA) handles claims routing and settlement consistently across every employer group in the program — one process to audit, not dozens.

Why Health Systems Partner With Us

FOR THE CFO

Predictable revenue & no bad debt

Direct-contract terms you set once, with rate integrity protected by exclusivity and audit provisions. Members access care for just a copay, with the employer covering the rest — eliminating bad debt collection.

FOR THE CMO / VP STRATEGY

A defined, governed relationship

Termination-for-cause rights, insurance minimums, and clear program governance mean the relationship is structured like a partnership — not an open-ended vendor arrangement.

FOR LEGAL & COMPLIANCE

HIPAA-conscious by design

Confidentiality terms are built to permit de-identified, operational data sharing for program management — while preserving HIPAA protections throughout.

Compliance & Governance

Every agreement is designed for review by qualified healthcare counsel before execution. Everything starts from an industry norm position focusing on value alignment, not value extraction.

Counsel-reviewed contract terms — Every agreement structure is designed for review by qualified healthcare counsel before execution. Nothing here is a substitute for that review.

Established TPA infrastructure — Claims routing runs through an established third party administrator (TPA) — ensuring consistency of service delivery across all plans.

Defined audit & termination rights — Program agreements include termination-for-cause and audit provisions, giving your health system real recourse — not just a service-level promise.

Considering direct contracting? A first meeting takes 30 minutes and covers how a direct-contract program would work for your specific geographic region, employer base, rate structure, and clinical capabilities. Reach us through the contact form at passthruhealth.com.

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