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The *Provider Manual for Participating Professional Providers (Provider Manual)* is part of your Professional Provider Agreement (Agreement), as applicable, with AmeriHealth (referred to as "AmeriHealth" or "Plan" throughout this manual). This manual supplements the terms of your contract and is updated regularly to provide you with pertinent policies, procedures, and administrative functions relevant to the daily administration of your practice when providing Covered Services to AmeriHealth Pennsylvania Members.

The *Provider Manual* is one of several communication vehicles that enables us to offer timely, pertinent information to you. We will provide you with regular updates through the following resources:

- **Online:** Our Provider News Center at *www.amerihealth.com/providers* includes real-time news and announcements on various topics such as administrative processes, medical policies, amendments, and other important information to assist you in doing business with AmeriHealth.
- **Provider Engagement, Analytics & Reporting (PEAR) portal:** An online gateway, available at *www.pearprovider.com*, that allows real-time transactions between AmeriHealth and its Providers.
- **Provider Bulletins:** Valuable resources that provide information about policies and procedures that are essential to Participating Providers.

Who is the "Plan"?

As used in the *Provider Manual*, the term "Plan" refers to AmeriHealth HMO, Inc.

Definitions

All capitalized terms in this manual shall have the meaning set forth in either your Agreement or the Member's benefits plan, as applicable.

A Payor is an entity that, pursuant to a Benefit Program Agreement with AmeriHealth, funds, administers, offers, or arranges to provide Covered Services and which has agreed to act as Payor in accordance with the AmeriHealth Agreement with its Participating Providers. AmeriHealth itself is a Payor in certain circumstances. With respect to a self-insured plan covering the employees of one or more employers, the Payor is the employer.

AmeriHealth is not a guarantor of payment for other Payors. In the event a Benefit Program Agreement with a self-insured plan Payor is terminated, for any reason, including, but not limited to, the failure of such Payor to fund its self-insured plan in accordance with the terms of the Benefit Program Agreement, AmeriHealth shall update its electronic Member eligibility database as soon as reasonably possible, to reflect the non-Member status of such self-insured plan's employees. In accordance with your Agreement with AmeriHealth, Provider may directly bill individuals who are not or were not Members on the date of service. Notwithstanding anything to the contrary in your Agreement with AmeriHealth, Provider may also directly bill Members of such self-insured plans for services, which are denied by AmeriHealth, or for any amounts owed, when a self-insured Payor fails to fund its self-funded plan in accordance with the terms of the Benefit Agreement.