

PROVIDER BULLETIN

#04-2014

TO: Participating hospitals and ambulatory surgical centers

in Pennsylvania and Delaware

FROM: Linda Paterson

Senior Director, Provider Network Services

DATE: February 3, 2014

SUBJECT: Resources to assist you in doing business with AmeriHealth

At AmeriHealth we value your expertise, care, and commitment to the health of our members. This is a busy time for our industry and we are experiencing a significant increase in call volumes due to new business processes, benefit changes, and new members. We apologize for any inconvenience you may have experienced. As issues are brought to our attention, we are dedicated to quickly identifying and resolving them, and we will continue to work diligently to make sure that you have a successful business transaction experience with AmeriHealth.

We are also in the process of transitioning AmeriHealth Pennsylvania members to a new operating platform – a process that began on January 1, 2014. Please continue to visit our dedicated System and Process Changes site, www.amerihealth.com/pnc/changes, regularly to stay informed during this transition. We encourage you to also check the NaviNet® web portal daily for important alerts and updates.

Below is an outline of important information to assist you in doing business with AmeriHealth.

Member ID cards

- It is imperative that you obtain a copy of the member's current ID card at every visit to ensure that you submit the most up-to-date information to AmeriHealth.
- As AmeriHealth Pennsylvania members are migrated to the new platform, they will be issued a new ID card. For these migrated members, AmeriHealth will assign a new 12-digit member ID number, called a "unique member ID" (UMI). The subscriber and all members covered under the subscriber's policy will share the same ID number. Each member ID card will include the member's name and subscriber UMI.
- **Reminder:** The current 3-character alpha prefix, along with the coinciding numeric values, must be used when billing for services rendered.

continued on next page

Contacting AmeriHealth

Here are some additional ways to get information from AmeriHealth so that we may work together to resolve any issues you may be experiencing.

- NaviNet. To the extent you are able to perform these transactions, NaviNet should be your primary source for eligibility, claims status inquiries, and authorization submissions. As a reminder, once an AmeriHealth Pennsylvania member is migrated to the new platform, you will no longer be able to use the Provider Automated System for that member. This includes all additional functionality, such as eligibility and claims status. You need to use NaviNet to obtain this information.
- Customer Service. When calling 1-800-275-2583, please be sure to follow the voice prompts – do not wait for a representative to answer your call and then transfer you. Select from one of the following provider prompts:
 - Prompt 1 is for Eligibility.
 - Prompt 2 is for Claim Status.
 - Prompt 3 is for Authorizations (Health Resource Center/Patient Care Management).

To help mitigate the increase in call volume, we have also extended the hours of our Customer Service Center. Through the month of February, Customer Service will be available until 8 p.m. on weekdays, as well as on Saturdays from 9 a.m. to 2 p.m., EST.

Website. Visit www.amerihealth.com/providers to find valuable information in order to
conduct business with us. Please take time to navigate through our Provider News Center
and familiarize yourself with all of the resources, guides, and information available.
Specifically, the System and Process Changes page of our Provider News Center includes
the announcement we sent to our entire network in June 2013 conveying the changes that
began toward the end of 2013, as well as a communication archive and frequently asked
questions.

Should you continue to have issues that you feel can't be resolved using the information we have provided here, please contact your Network Coordinator.

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