A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

MEMORANDUM

TO: All AmeriHealth Contracting Ancillary Providers

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: November 12, 2003

SUBJECT: maxMC

AmeriHealth is pleased to announce the implementation of a new managed care authorization system, maxMC.

All new precertification requests will be entered into maxMC. Please note that you will notice a change in the format of authorizations you receive from maxMC. Authorizations from the Common Optimed System (COS) are eight character alphanumeric strings, where the first six characters are unique to an individual member (i.e. ZZZ3Z3-A1). Authorizations from maxMC can be up to twelve numbers (i.e. 123456789-123), with three numbers always following the dash. The numbers preceding the dash will not be unique to an individual member.

Requests for authorization extensions received on or after October 29, 2003 will be processed using one of the two methods listed below:

- If the services authorized are expected to end by November 30, 2003, the extension will be entered into COS.

- If the services authorized are expected to continue beyond November 30, 2003, a **new** case will be entered into maxMC.

Please note that all new cases entered into maxMC will also have a new start of care date. For providers billing on UB-92 forms, it is important that you adjust your start of care date and billing to reflect the new maxMC authorization.

When billing for services using the new maxMC authorization number, you need to include all digits of the authorization on your claim form.

Please share this information with your staff. Should you have any questions regarding this information, please contact your Ancillary Coordinator or Provider Relations at 856-778-6500.