AmeriHealth

MEMORANDUM

TO: All Contracting Ancillary Providers who bill on HCFA 1500 format

FROM: Kathleen Sullivan, R.N.
Director, Ancillary Contracting, North NJ

DATE: July 1, 2004

SUBJECT: **10-Digit HMO Provider ID Number Conversion**

In September 2002, AmeriHealth advised you that your organization should utilize your new 10-digit provider ID number when submitting claims for AmeriHealth HMO members. The 10 digit format was developed with HIPAA regulations in mind. The 10 digit number adds three zeros to the front and back of your traditional 4-digit AmeriHealth Provider number.

This bulletin shall advise you that as of July 2004, HMO claims submitted without the 10-digit ID number will reject from our front end processing system. If you bill electronically, you will receive a rejection message through your vendor. If you bill on a paper format, the claim will be returned to you with an error message.

Please utilize your 10-digit provider number for all AmeriHealth HMO claim submissions! If you do not know your provider number, please call your Ancillary Coordinator:
NJ North/Central /Shore counties: 732-726-6700
Western/South NJ counties: 856-778-6500

The body of the September 2002 bulletin is shown below as reference.

Since 1999, AmeriHealth has migrated our HMO products to a new managed care information system, Power MHS (MHS). The system conversion, designed to improve service and expedite claims payment, affects claims submissions for our HMO members. The new MHS system and upcoming HIPPA regulations require certain changes. We encourage you to prepare for these changes as outlined below.

New 10-Digit HMO Provider ID Numbers
This bulletin is to advise you of the new 10-digit HMO provider ID number for your organization. The 10-digit number format has been developed with upcoming HIPPA regulations in mind. Only your HMO provider ID number is changing – **your PPO provider ID number will not change.**

Preparing Your Organization
You should begin using the new 10 digit HMO provider ID number effective November 1, 2002, for HMO (and referred POS) claims. **Please note, our claims processing system will not accept the new 10-digit number prior to the November 1st start date.** We have established a transition period of November 1, 2002 to December 31, 2002 to facilitate this change. It is very important that you adjust your system/processes to accommodate the 10-digit number during the transition period.

The provider ID numbers that you currently use for Personal Choice, BlueChoice, and non-referred POS related services are not affected and continue to be valid for Personal Choice, and non–referred POS claims and related correspondence.

Please note that this change only applies to claims billed on a CMS 1500 claim form.

Unless your system already accommodates a 10-digit field, please contact your software vendor, billing office, or any other necessary party to adjust the HMO provider ID number field of your claims submission system to ensure that it is 10-digit compliant. Please do not delay in adjusting your claims submission system to accommodate the new 10-digit number.

Providers should submit their provider ID # in **both** the "GRP #" and "PIN #" fields of box 33. This is a **required** data element in conjunction with upcoming HIPPA compliance and other requirements. Effective November 1, 2002, claims submitted without information in both of these fields will be rejected and returned as non-clean claims.

When submitting electronic claims, the provider ID number should be entered in the rendering provider identification field (FA023) and in the group ID number field (CA028).

As always, the provider ID numbers entered on electronic and paper-based claims should directly reflect the member's benefit plan. Please enter your HMO provider ID number on all HMO/POS referred claims and related correspondence. Enter your PPO provider ID number on all PPO, BlueChoice, and POS non-referred claims and related correspondence.

NAIC Codes for Electronic Billing:

At this time, not all services can be billed electronically. We are currently working to accommodate the billing of all services electronically and will inform you when this becomes available for all providers.

When submitting HMO/POS and PPO claims electronically through NaviNet Claims[sm] or Datastream, the appropriate National Association of Insurance Commissioners (NAIC) code must be used to identify the line of business. The following are the codes assigned by NAIC:

60061 – Amerihealth New Jersey Personal Choice
93688 – Amerihealth Delaware Personal Choice
23037 – Amerihealth HMO New Jersey and Delaware

It is critical that you use the product-specific NAIC code listed above when submitting claims electronically. Using an incorrect number could delay processing and payment.

As a reminder, please begin using the new number effective 11/1/02.

We recognize that this may be a challenging endeavor and appreciate your cooperation. If you have any questions regarding the conversion, please contact the Ancillary Contract team.