

Navigating the Provider Services automated telephone system

When you have questions, AmeriHealth is here to help. You now have the option to “speak” with our Provider Services system 24 hours a day, 7 days a week, and simply say what you need. When you want a quick response to a basic question, or need to call after business hours, our Provider Automated System uses voice-recognition to help you in an easy-to-follow conversation.

Keep in mind that many of the transactions available through Provider Services are also available electronically through the NaviNet[®] web portal. NaviNet offers network providers simplified health care administration with fast, secure, and HIPAA-compliant access to provider and member information, enabling real-time transactions. Best of all, NaviNet is free and requires no additional software.

We strongly encourage our providers to become NaviNet-enabled if they are not already. If you would like to register your office location for NaviNet, visit www.navinet.net and select *Sign Up* from the top right.

Connecting to the Provider Automated System

Before you call, make sure you have the following numbers ready, as you will need them to retrieve information through the Provider Automated System:

- National Provider Identifier (NPI) or 10-digit corporate ID number
- tax ID number

Call [1-800-275-2583](tel:1-800-275-2583) and say *Provider*. Throughout your call, you will be guided by voice prompts that will help you to complete your desired transaction.

Choose one of the following menu options:

Provider Automated System menu options
Member eligibility
Claims status
Authorizations
Referrals
More options, which include: <ul style="list-style-type: none"> ▪ Encounter submissions ▪ ConnectionsSM Program ▪ Imaging services ▪ NaviNet

Note: For behavioral health information and services, providers should call the number on the member’s ID card under mental health/substance abuse.

Member eligibility/benefits

Step 1: Say *member eligibility*.

Step 2: Say your NPI *or* corporate ID number.

Step 3: Say the last four digits of the tax ID number associated with the NPI or corporate ID number that you gave.

Step 4: Say a valid member ID number. (Use only the numeric portion of the ID number.)

Step 5: If there is only one member based on the information you entered, the system will confirm the name. If there are multiple members based on the information you entered, the system will ask you to choose the member you are calling about.

Step 6: To receive all member eligibility information, say *all*. You can also say *copay* for copayment information only.

Step 7: Say your fax number to receive information via fax (optional).

Claims status

Step 1: Say *claims status*.

Step 2: Say your NPI *or* corporate ID number.

Step 3: Say the last four digits of the tax ID number associated with the NPI or corporate ID number that you gave.

Step 4: Say a valid member ID number. (Use only the numeric portion of the ID number.)

Step 5: Say the date of service.

Step 6: If there is only one claim based on the information you entered, the system will confirm the claim. If there are multiple claims based on the information you entered, the system will ask you to choose the claim you are calling about.

Step 7: Say your fax number to receive information via fax (optional).

Authorizations

Through the authorizations portion of the Provider Automated System, you can:

- get the status of an existing authorization or maternity prenotification
- get detailed information about your authorization or maternity prenotification

To get the status of an existing authorization or maternity prenotification, be sure to have the NPI or 10-digit corporate ID number *and* the tax ID that is directly associated with the authorization you are attempting to inquiry. Only the provider associated with the authorization will be able to retrieve the status. The more detailed information you are able to provide, the better the search capability will be.

Search criteria include:

- reference number
- authorization number (be sure to say the dash)
- date range (enter a specific month and day or just a month – the year is optional – and search for services with dates that fall within 60 days in the past and 180 days in the future)

To get detailed information about an authorization or maternity prenotification, simply say *hear details*. You can also say *next authorization* or *new search* to skip through authorizations.

Referral submission and inquiry (available for HMO/POS PCPs only)

Step 1: Say *referrals*.

Step 2: To submit a new referral, say *new referral*. To check an existing referral, say *existing referral*.

New referrals

Step 1: Say your NPI *or* corporate ID number.

Step 2: Say the last four digits of the tax ID number associated with the NPI or corporate ID number that you gave.

Step 3: Say a valid member ID number. (Use only the numeric portion of the ID number.)

Step 4: The system will ask if you are submitting an OB/GYN referral. Say *yes* or *no* as it applies to your referral.

Step 5: Say the group provider ID of the location for which the referral is being submitted.

Step 6: Say the name of the service you desire, such as the following:

For non-OB/GYN referrals:

- allergy workup
- bony impacted tooth
- dialysis
- fracture care
- provide required follow-up care
- rehab (PT/OT/hand)

For OB/GYN referrals:

- abdominal X-ray
- amniocentesis
- biophysical profile
- contraction stress test
- dexascan
- Doppler flow study
- endocrinology care
- fetal echocardiography
- fertility consult
- genetic consult
- genetic lab studies
- GI consult
- glucose tolerance test
- GYN oncologic consult
- hysterosalpingogram
- IVP
- non-stress test
- pelvic ultrasound
- perinatal care
- PUBS
- RhoGAM[®]
- surgical consult
- ultrasound – general
- ultrasound – targeted
- ultrasound – vaginal probe
- urogynecologic consult
- urologic consult

Step 7: Say the referral start date.

Step 8: The system will ask if you would like to say the diagnosis code. For example, if your diagnosis code is 779.2, say *7-7-9 dot 2*. If you do not wish to say the diagnosis code, hold for the referral submission number.

Step 9: The system will ask if you would like to fax the referral to the specialist's office. Say *yes* or *no*. If yes, the system will prompt you to say the fax number.

Existing referrals

Step 1: Say your NPI *or* corporate ID number.

Step 2: Say the last four digits of the tax ID number associated with the NPI or corporate ID number that you gave.

Step 3: The system will ask, "Which type of referral would you like to check?" Say *one I sent* or *one I received*.

Step 4: The system will then ask for the referral number or if you would like to search by member instead. If you have the referral number available, say the referral number, including the initial letter. If you do not have it available, say *search by member*. Then say a valid member ID number (use only the numeric portion of the ID number), and say the start and end date of the referral.

Encounter submissions (for HMO/POS PCPs only)

Step 1: Say *encounters*.

Step 2: Say your NPI *or* corporate ID number.

Step 3: Say the last four digits of the tax ID number associated with the NPI or corporate ID number that you gave.

Step 4: Say a valid member ID number. (Use only the numeric portion of the ID number.)

Step 5: Say the date of service, procedure code, diagnosis code, and place of service as prompted.

ConnectionsSM Health Management Programs

The Connections Health Management Program, offered in partnership with Health Dialog, provides 24/7 disease management and decision support to eligible members through Health Coaches and online resources. For providers, it is a resource to help you manage your patients with asthma, coronary heart disease, COPD, heart failure, diabetes, hypertension, cardiometabolic risk, poor medication persistence, chronic pain, and those at risk for falls.

To connect to the Connections Provider Support Line, say *more options* and then *Connections*. You can also reach the Provider Support Line directly by calling 1-866-866-4694.

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