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Contact information

Important telephone numbers

	Delaware	Pennsylvania
AIM Specialty HealthSM (AIM) Call for CT/CTA, MRI/MRA, PET scans, Nuclear Cardiology, and Precertification requests	1-800-275-2583	
AmeriHealth Administrators Provider Relations (Direct all inquiries or issues directly to AmeriHealth Administrators)	1-800-841-5328 <i>provrelations@amerihealth-tpa.com</i>	
Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707	
Baby FootSteps[®] Perinatal case management Nurse on call 24 hours a day	1-800-598-BABY [2229]	
Care Management and Coordination HMO/PPO (Medicare Advantage and Commercial) Hours: Mon. – Fri., 8 a.m. – 5 p.m.	1-800-313-8628	
ConnectionsSM Health Management Programs (Disease Management and Decision Support) Connections SM Health Management Program Hours: 24 hours a day, 7 days a week Connections SM Complex Care Management Program Hours: Mon. – Fri., 8 a.m. – 4:30 p.m.	1-866-866-4694 1-800-313-8628	
Credentialing Credentialing violation hotline	215-988-1413 <i>www.amerihealth.com/credentials</i>	
Customer Service AmeriHealth HMO Hours: Mon. – Fri., 8 a.m. – 6 p.m. AmeriHealth PPO Hours: Mon. – Fri., 8 a.m. – 6 p.m.	1-800-275-2583	
TTY/TDD	215-241-2944 or 1-888-857-4816	
Customer Service/Provider Services Provider Automated System (eligibility/claims status/Referrals) Connections Health Management Programs Precertification/maternity requests – Imaging services (CT, MRI/MRA, PET, and nuclear cardiology) – Authorizations	1-800-275-2583	
eBusiness Help Desk	215-241-2305 <i>claims.edi-admin@amerihealth.com</i>	

General Information

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Provider Manual – Delaware and Pennsylvania

	Delaware	Pennsylvania
FutureScripts® (pharmacy benefit) Prescription Drug Prior Authorization Hours: Mon. – Fri., 8 a.m. – 6 p.m. FutureScripts® Secure (Medicare Part D) Prescription Drug Prior Authorization Hours: Mon. – Fri., 8 a.m. – 6 p.m. Direct Ship Specialty Pharmacy Program Fax Blood Glucose Meter Hotline	1-888-678-7012 Toll-free fax: 1-888-671-5285 1-888-678-7015 1-888-678-7012	
Mental Health/Substance Abuse Magellan Behavioral Health, Inc. Customer Services/Precertification Hours: 24 hours a day, 7 days a week	1-800-809-9954	
NaviNet® NaviNet customer care (technical issues) Portal registration and questions	1-888-482-8057 215-640-7410	
Precertification Hours: Mon. – Fri., 8 a.m. – 5 p.m.	1-800-275-2583	
Provider Automated System Authorization services are available Monday through Saturday, 5 a.m. to 11 p.m., and Sunday, 9 a.m. to 11 p.m.	1-800-275-2583 www.amerihealth.com/providerautomatedsystem	
Provider Supply Line	1-800-858-4728 www.amerihealth.com/providersupplyline	

Claims mailing addresses

AmeriHealth Administrators* P.O. Box 21545 Eagan, MN 55121	AmeriHealth Service Center (Professional Claim Inquiry) P.O. Box 7930 Philadelphia, PA 19101-7930
AmeriHealth Claims Overpayment Refunds (HMO and PPO) P.O. Box 15075 Newark, NJ 07192-5075	Magellan Behavioral Health, Inc. (HMO and POS Referred) P.O. Box 1958 Maryland Heights, MO 63043
AmeriHealth Processing Center (All HMO, POS, and PPO claims) P.O. Box 41574 Philadelphia, PA 19101-1574	

**Submit AmeriHealth Administrators new claims or adjustment requests directly to AmeriHealth Administrators. Do not submit AmeriHealth Administrators claims to the AmeriHealth HMO, POS, and PPO claims address.*

Appeals mailing addresses

Delaware	Pennsylvania
Inpatient Facility Appeals – DE P.O. Box 13985 Philadelphia, PA 19101-3985	HMO Provider Appeals P.O. Box 41453 Philadelphia, PA 19101
Member Administrative Appeals – DE HMO/PPO Member Appeals Department P.O. Box 41820 Philadelphia, PA 19101-1820	Inpatient Facility Appeals P.O. Box 13985 Philadelphia, PA 19101-3985
Member Medical Necessity Appeals – DE HMO/PPO Member Appeals Department P.O. Box 41820 Philadelphia, PA 19101-1820	Member Appeals P.O. Box 41820 Philadelphia, PA 19101-1820
Provider Claims Appeals – DE HMO Claims Appeals Unit P.O. Box 7930 Philadelphia, PA 19101	Provider Claims Appeals – PA HMO Claims Appeals Unit P.O. Box 7930 Philadelphia, PA 19101

General mailing addresses

Magellan Behavioral Health, Inc. P.O. Box 1958 Maryland Heights, MO 63043	Provider Data Administration (PDA) P.O. Box 41431 Philadelphia, PA 19101-1431
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Network Coordinators

Network Coordinators play a critical role in educating our network Providers and their office staff on policies, procedures, and specific billing processes. Network Coordinators also serve as a liaison for the Provider’s office and may promote or suggest workflow solutions.

In an effort to build and sustain a strong working relationship with Participating Providers, Network Coordinators:

- contact Primary Care Physician (PCP) offices and select specialists on a regular basis to help resolve issues, review medical and claims payment policies, discuss new policy implementation, review utilization reports, recommend sources for more efficient utilization, and explain new products and programs;
- investigate and assist in providing resolution to Provider inquiries;
- identify policy and procedural issues that your office experiences and recommend potential resolutions;
- conduct initial orientation with your staff about our managed care network;
- explain procedures for requesting claims adjustments or initiating appeals.

Note: Network Coordinators cannot revise claims submissions.

We encourage you to contact your Network Coordinator for help in making day-to-day office operations run as smoothly as possible and to help you work efficiently and effectively with us.

Network Coordinators serve multiple Provider offices in the network. All calls and issues regarding your office are important to us. Your Network Coordinator will address your call in as timely a manner as possible.

Please note that some practices are part of health systems that have designated specific AmeriHealth personnel as their contact.

Network Coordinator Locator Tool

The Network Coordinator Locator Tool identifies your Network Coordinator, his or her direct telephone number, fax number, manager, and the Medical Director who supports your practice or facility. Inquiries can also be submitted directly to your Network Coordinator through this tool.

To use the Network Coordinator Locator Tool, go to www.amerihealth.com/providers, select the *For Providers* tab, and then select *Contact Information* from the left navigation menu. When you open the tool, you will be prompted to enter either your AmeriHealth corporate ID number or your tax ID number. Your Network Coordinator's contact information will be displayed. If you receive an error message, or if your Network Coordinator's information is unavailable, contact Customer Service for assistance.

Provider Services

Provider Services also serves as a valuable resource to you, in addition to your Network Coordinator. The role of Provider Services is to:

- service Provider telephone inquiries in an accurate and timely manner;
- educate Providers and facilitate effective communications between Providers and AmeriHealth by providing timely, accurate responses to telephone inquiries;
- educate Providers with self-service utilization;
- assist Providers in the identification and resolution of claim inquiries.

To reach Provider Services, call Customer Service at 1-800-275-2583 and follow the voice prompts.

Provider Communications

To access the most current and updated information regarding AmeriHealth and our policies, procedures, and processes, refer to our monthly newsletter, *Partners in Health Update*, our website at www.amerihealth.com/providers, the Provider News Center, NaviNet Plan Central, and this *Provider Manual*. These resources are designed to work in unison to provide your office with timely informational updates.

To receive email updates that provide you with the latest information, including *Partners in Health Update* and news alerts, simply complete our email address submission form at www.amerihealth.com/providers/email. Allow up to two weeks for us to process your request, and remember to add AmeriHealth (providercommunications@amerihealth.com) to your email address book. We respect your privacy and will not make your email address available to third parties. For more information about our privacy policy, go to www.amerihealth.com/privacy.

amerihealth.com/providers

Find important information and resources, such as forms, bulletins, and billing guidelines, specific to our Provider network. Simply choose from the menu that appears on the left. Information in this menu is broken out as follows:

- Communications
- Policies and Guidelines
- Claims and Billing
- Interactive Tools and Resources
- Pharmacy Information
- Resources for Patient Management
- Contact Information

Provider News Center

The Provider News Center is our Provider-dedicated website, located at www.amerihealth.com/pnc, which features up-to-date news and information of interest to Providers and the health care community. The site has a user-friendly interface that allows you to easily navigate the latest news and information of interest to you and your office:

- **Latest News.** All Provider news published within the previous month is listed conveniently on the home page.
- **Spotlight.** Promotional banners located along the top of the website highlight the most important news.
- **Dedicated News.** The home page features dedicated sections for important topics (e.g., ICD-10) with significant impact to our Participating Providers.
- **Sortability & Searchability.** All news is grouped into convenient categories (such as Billing & Reimbursement, NaviNet[®], and Products) and broken out by Provider type (Professional, Facility, or Ancillary) so you can quickly find news that's relevant to you and your office staff. You can also conduct keyword searches to pinpoint specific content.

Additionally, the Provider News Center includes a Quick Links section that gives easy access to our traditional AmeriHealth resources, such as AmeriHealth forms, the AmeriHealth Medical Policy portal, NaviNet, and our annually published Provider publication indices.

NaviNet Plan Central

In addition to fast, secure, and HIPAA-compliant access to Provider and Member information and real-time transactions, NaviNet-enabled Providers have access to a valuable source of information on our NaviNet Plan Central page. This page contains important tools and resources, including:

- the latest Provider news and announcements;
- the most current version of our publications and Provider manuals;
- information about upcoming ICD-10 changes;
- helpful documents, including user guides, frequently asked questions, enrollment forms for our Medicare Advantage plans, and health and wellness tools;
- contact information.

The Provider Supply Line

To replenish office supplies such as Provider Manuals, allergy stickers, directories, and maternity questionnaires, call the toll-free Provider Supply Line at 1-800-858-4728 or use the online request form available at www.amerhealth.com/providersupplyline. Have the following information ready so your order can be processed in an error-free, timely manner:

- 10-digit legacy Provider ID number and/or NPI
- office name
- office address
- office telephone number

Orders are normally shipped within 24 hours and should arrive at your office within 3 – 5 business days.

Note: Calls to the Provider Supply Line should be for supply requests only. All other Provider inquiries should be directed to Customer Service or your Network Coordinator. Supply orders will not be accepted through Customer Service.

Privacy and confidentiality

Provider obligations

Contracted Providers are required to maintain confidentiality of Member protected health information (PHI) and records, in accordance with applicable laws.

Access to PHI

The Health Insurance Portability and Accountability Act (HIPAA) and its implemented privacy regulations permit a HIPAA-Covered Entity, such as AmeriHealth, to request and obtain our Members' individually identifiable health information from third parties. An example of "third party" would be a HIPAA-Covered Entity such as a health care Provider. When such PHI is requested for purposes of treatment, payment, and/or health care operations, the Member's authorization is not required. HIPAA specifically permits health care Providers to disclose PHI to health plans for treatment, payment, or health care operations and includes disclosure of Members' medical records. AmeriHealth uses this information to promote Members' ready access to treatment and the efficient payment of Members' claims for health care services.

Other AmeriHealth activities that can be categorized as "treatment, payment, or health care operations" under HIPAA include, but are not limited to, the following:

- Treatment includes the provision, coordination, and management of the treatment. It also includes consultation and the Referral of a Member between and among health care Providers.
- Payment includes review of various activities of health care Providers for payment or reimbursement; to fulfill the health benefit plans' coverage responsibilities and provide appropriate benefits; and to obtain or provide reimbursement for health care services delivered to its Members. Activities that fall into this category include, but are not limited to, determination of Member eligibility, reviewing health care services for Medical Necessity, and utilization review.
- Health care operations includes certain quality improvement activities, such as case management and care coordination, quality of care reviews in response to Member or State/federal queries, and prompt response to Member complaints/grievances; site visits as part of Provider credentialing and recredentialing; medical record reviews to conduct clinical and service studies to measure compliance; administrative and financial operations, such as conducting Healthcare Effectiveness

Data and Information Set (HEDIS®) reviews and Customer Service activities; and legal activities, such as audit programs, including fraud and abuse detection, and to assess Providers' conformance with compliance programs.

Privacy policies

Protecting the privacy of our Members' information is very important to us. That is why we have taken numerous steps to see that our Members' PHI, whether in oral, written, or electronic form, is kept confidential.

We have implemented policies and procedures regarding the collection, use, and disclosure of PHI by and within our organization and with our business associates. We continually review our policies and monitor our business processes to ensure that Member information is protected, while continuing to make the information available as needed for the provision of health care services. For example, our procedures include processes designed to verify the identity of someone calling to request PHI, procedures to limit who on our staff has access to PHI, and policies that require us to share only the minimum necessary amount of information when PHI must be disclosed. We also protect any PHI transmitted electronically outside our organization by using only secure networks, or by using encryption technology when the information is sent by email.

We do not use or disclose PHI without the Member's written authorization unless we are required or permitted to do so by law. If use or disclosure of a Member's PHI is sought for purposes that are not specifically required or permitted by law, the Member's written authorization is required. To be deemed valid, Member authorizations must include certain elements required by State and/or federal law.

Members may print a copy of our *Authorization to Release Information* form from www.amerihealth.com/privacy or request a copy by calling Customer Service.

For more detailed information about our Members' privacy rights and how we may use and disclose PHI, review our *Notice of Privacy Practices* on our website at www.amerihealth.com/privacy.

Email

New software that secures outbound email containing PHI encrypts the email so that it is unintelligible to unauthorized parties. Instead of receiving an email with Member PHI directly to your inbox, you will receive an email stating that there is a secure message waiting for you on a secure server. A link will take you, via a secured browser, to that server, where you will receive instructions for opening the email.

We have implemented this secured email system to meet the requirements of HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH). While this process requires some extra steps, we are making every effort to ensure that there is no significant disruption to your communications with us.

Providing PHI for Member appeals of enrollees in self-insured group health plans

Employers and health and welfare funds are called "Plan Sponsors" when they sponsor self-insured group health plans that have a large number of enrollees. When they make elections about claim fiduciary status, they also determine the entity ultimately responsible for final decisions on benefits and other issues in Member appeals for these plans. Sometimes their elections require special arrangements for processing Member appeals for their self-insured group health plans. Because self-insured group health plans are HIPAA-covered entities, we have summarized the following points that network Providers need to know about requests for PHI for Member appeals of enrollees in self-insured group health plans.

- Network Providers may receive requests for PHI for the Member appeals of enrollees in self-insured group health plans offered through AmeriHealth from (1) AmeriHealth, (2) employers or health and welfare funds that sponsor the self-insured group health plan, and/or (3) other entities.

- A response to these PHI requests satisfies HIPAA privacy requirements when the PHI is released to an authorized entity as part of the self-insured group plan's treatment, payment, and/or health care operations (TPO).
- Requests by AmeriHealth for PHI of enrollees involved in these Member appeals will always qualify for release as TPO because AmeriHealth is a HIPAA-authorized entity for these self-insured group health plans. Plan Sponsors authorize the initial filing of all Member appeals for self-insured group plans that they offer through AmeriHealth to be submitted to AmeriHealth. Beyond that, the Plan Sponsor's claims fiduciary election determines whether AmeriHealth acts in these Member appeals in (a) its full, standard role as processor and decision-maker for all internal levels of review or (b) a more limited role that facilitates review by other designated entities.
- Employers, health and welfare funds, and other designated entities may only obtain PHI for enrollees involved in Member appeals of self-insured group health plans if they have proper authorization. The Plan Sponsor may authorize them to obtain PHI for these Member appeals by designating them to handle processing and/or decision-making at certain levels of the self-insured group plan's Member appeals process. When this occurs, PHI may be released to them as TPO consistent with the Plan Sponsor's authorization.

Network Providers should rely on their own internal resources and established protocols for handling PHI requests. Provider Services and other AmeriHealth departments will only be able to give you limited information about the role of AmeriHealth in processing Member appeals for self-insured group health plans that are offered through AmeriHealth.