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The *Provider Manual for Participating Professional Providers (Provider Manual)* is part of your Professional Provider Agreement, as applicable, with AmeriHealth (referred to as “AmeriHealth” or “Plan” throughout this manual). This manual supplements the terms of your contract and is updated regularly to provide you with pertinent policies, procedures, and administrative functions relevant to the daily administration of your practice.

The *Provider Manual* is one of several communication vehicles that enables us to offer timely, germane information to you, our Participating Physicians. We also publish updates through our monthly *Partners in Health Update*SM newsletter, the NaviNet[®] web portal, and our website, www.amerihealth.com/providers. These communications are designed to provide you with the information you need, when you need it.

This *Provider Manual* has been organized and designed to be an easy-to-use reference tool for daily use in your practice. Our color-coded and indexed system helps you to easily locate the information you need.

Who is the “Plan”?

As used herein, the term “Plan” refers to the AmeriHealth affiliate companies, including but not limited to, AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey. Refer to the [Administrative Procedures](#) section of this Manual for a complete list of products.

Navigating through the *Provider Manual*

This *Provider Manual* has been published in the Adobe[®] Acrobat Portable Document Format (PDF). The PDF offers time-saving, Web-like functionality that makes locating information quick and easy. For optimal performance, we suggest that you visit the Adobe[®] website at www.adobe.com/downloads and download the latest edition of Adobe[®] Reader at no cost.

A brief overview of some of the time-saving enhancements is listed below.

Keyword search function

Every word in the *Provider Manual* can be found by conducting a keyword search. There are several simple ways to start a search. Each of the following methods will produce the same results:

- Choose *Edit* and then *Search* from the main menu drop-down.
- Press CTRL + F.
- Type directly into the “Find” field that may already appear on your toolbar.
- Right-click your mouse, and choose *Search*.

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A hyperlinked Table of Contents is provided at the beginning of each section. Just click on a topic of interest, and you will be taken directly to that information.

Reference links

For your ease of reading and navigation, many sections of the *Provider Manual* refer to a particular page or section within the manual where additional information is located. These reference links are displayed in *green*. Whenever you come across one of these reference links, simply click the *green* text to view the page or section indicated.

Example: Refer to the [General Information](#) section for additional contact information.

Note: Each section of the online edition of the *Provider Manual* has been split into separate PDF files in order to reduce download times. When you click a green reference link, a separate PDF will open.

Hyperlinked websites

All websites mentioned in the *Provider Manual* are hyperlinked. If the *Provider Manual* refers to a website — either an AmeriHealth or third-party website — you can click the *italicized* web address, and the website will open in your Web browser. All links are current as of the date indicated at the bottom of each section.

Note: You must have an Internet connection to view these sites.

Definitions

All capitalized terms in this manual shall have the meaning set forth in either your Provider Agreement or the Member's benefits plan, as applicable.

A Payor is an entity that, pursuant to a Benefit Program Agreement with AmeriHealth, funds, administers, offers, or arranges to provide Covered Services and which has agreed to act as Payor in accordance with the AmeriHealth Agreement with its Participating Providers. AmeriHealth itself is a Payor in certain circumstances. With respect to a self-insured plan covering the employees of one or more employers, the Payor is the employer.

AmeriHealth is not a guarantor of payment for other Payors. In the event a Benefit Program Agreement with a self-insured plan Payor is terminated, for any reason, including, but not limited to, the failure of such Payor to fund its self-insured plan in accordance with the terms of the Benefit Program Agreement, AmeriHealth shall update its electronic Member eligibility database as soon as reasonably possible, to reflect the non-Member status of such self-insured plan's employees. In accordance with your agreement with AmeriHealth, Hospital may directly bill individuals who are not or were not Members on the date of service. Notwithstanding anything to the contrary in your agreement with AmeriHealth, Hospital may also directly bill Members of such self-insured plans for services, which are denied by AmeriHealth, or for any amounts owed, when a self-insured Payor fails to fund its self funded plan in accordance with the terms of the Benefit Agreement.