

Navigating the Provider Automated System

When you have questions, AmeriHealth New Jersey is here to help. With our Provider Automated System, you have the option to access member information 24 hours a day, 7 days a week. 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 most of the transactions available through the Provider Automated System are also available electronically through the NaviNet[®] web portal. All participating providers are required to register with NaviNet. If you have not yet registered for NaviNet, please go to www.navinet.net to sign up. If you have questions regarding the registration process or the NaviNet requirement in general, call the eBusiness Provider Hotline at [609-662-2565](tel:609-662-2565).

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)
- tax ID number
- member's information (member ID number and date of birth)
- your fax number (if you wish to receive faxed information)*

*Please note that the option to have information faxed to you will be available at a later date.

To connect to the Provider Automated System, all [1-888-YOUR-AH1 \(968-7241\)](tel:1-888-YOUR-AH1) and say *Provider* or press 2.

Throughout your call, you will be guided by voice prompts that will help you to complete your desired transaction.

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

Authentication process

Step 1: Say or enter your NPI or tax ID number.

Step 2: Say or enter a valid member ID number. (Use only the numeric portion of the ID number.)

Step 3: If there is only one member found, the system will confirm the name. If there are multiple members found, the system will ask you to enter the date of birth of the member you are calling about.

Step 4: If there are multiple groups associated with the member, the system will ask you to confirm the group name for the member you are calling about.

Once the authentication process is complete, you can select from the following options:

Main menu options
<ul style="list-style-type: none"> • Eligibility • Benefits • Claims • Authorizations

Eligibility

Step 1: You have the option on how eligibility information is delivered. You can say *Fax it*, *Read it*, or *Both*.

Step 2: If you choose “Fax it” or “Both,” say or enter your fax number. Your fax will be sent within one hour.

Step 3: If you choose “Read it,” the system will provide the eligibility status of the member. You will have an opportunity to request a fax later in the call.

Step 4: Once your request is complete, you can choose to repeat the information, fax it, or enter another date to check. You will also have the option to select Benefits, return to the main menu, or switch the member.

Benefits

Step 1: You have the option on how benefit information is delivered. You can say *Fax it*, *Read it*, or *Both*.

Step 2: If you choose “Fax it” or “Both,” say or enter your fax number. Your fax will be sent within one hour.

Step 3: Within the fax call flow, you also have the option to receive a specialty benefit list. Say the name of the benefit list you desire.

Benefit lists:

- Chemical dependency
- DME
- Home services
- Inpatient facility
- Nursing
- Physician services
- Therapies
- Chiropractic
- Dental
- Hospice
- Mental health
- Outpatient facility
- Preventive care
- Vision

Step 4: If you choose “Read it,” the system will provide a benefit summary for the member. You will have an opportunity to request a fax later in the call.

Step 5: Once your request is complete, you can choose from a variety of options. You will also have the option to return to the main menu or switch member.

Claims

Step 1: Say the date of service you are looking for. If you need claim information for a different member, say *Main menu* or *Switch member*. Please note that depending on the date of service, your call may be transferred to a representative for additional assistance.

Step 2: If there is only one claim found, the system will provide a summary of the claim information (i.e., processed claim, pending claim, or if the claim has been rejected). If there are multiple claims found, the system will provide a summary of each claim. To go to the next claim, say *Next claim* or press 2 at any time. You will also have an opportunity to request a fax of the claim information later in the call.

Step 3: To repeat the claim information, you can say *Repeat* or press * at any time.

Step 4: Additional claim detail will be provided, if available.

Step 5: Once your request is complete, you can choose from a variety of options. You will also have the option to return to the main menu or switch the member.

Authorizations

All participating providers and facilities must use the self-service options in NaviNet to initiate the following authorization types:

- medical/surgical procedures
- chemotherapy/infusion therapy
- durable medical equipment
- emergency hospital admission notification
- home health (dietitian, home health aide, occupational therapy, physical therapy, skilled nursing, social work, speech therapy)
- home infusion

Other types of authorizations

Press 1 to be directed to AIM Specialty Health® for C-Pap or Bi-Pap machines and supplies, CT or CTA scans, PET scans, MRI, MRA, nuclear cardiology, or echo cardiology authorizations.

Remain on the line to be directed to a representative for additional assistance.

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