

## Navigating the Provider Automated System

When you have questions, AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of 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<sup>®</sup> web portal (NaviNet Open). All participating providers are required to register with NaviNet Open. If you have not yet registered for NaviNet Open, please go to [www.navinete.net](http://www.navinete.net) to sign up. If you have questions regarding the registration process or the NaviNet Open requirement in general, contact our Provider eBusiness Team through our online Provider eBusiness Inquiry form, which can be found at [www.amerihealth.com/pnc/navinete](http://www.amerihealth.com/pnc/navinete).

### 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 tax ID number
- Member's information (member ID number and date of birth)

To connect to the Provider Automated System, call **1-888-YOUR AH1** (1-888-968-7241) and follow these steps:

**Step 1.** When calling, you will be greeted, with "Welcome to the Customer Service Center."

**Step 2.** You will then be asked if you are the member – say **No**.

**Step 3.** Then you will be asked if you are calling as a Provider or Other – say **Provider**.

**Step 4.** Your call will then be routed to Provider Services as normal.

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 menu options:

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

### Eligibility

**Step 1:** If you choose eligibility, the system will provide the eligibility status of the member.

**Step 2:** If you need eligibility information for a different member, say *Switch member*. Once your request is complete, you can choose to repeat the information or return to the *Main menu*.

### Benefits

**Step 1:** If you choose benefits, the system will provide the benefits status of the member.

**Step 2:** If you need benefits information for a different member, say *Switch member*. Once your request is complete, you can choose to repeat the information or return to the *Main menu*.

### Claims

**Step 1:** You will be asked to say or enter the date of service you are looking for. If you need claim information for multiple members, say *Switch member* to start a new search. 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 denied). 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.

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

**Step 4:** Once your request is complete, you can choose to repeat the information, return to the *Main menu* or *Switch member*.

## Authorizations

If you select authorizations from the main menu, select from the authorization types below.

### ***Types of authorizations***

**Press 1:** Muscular skeletal, joint and spine surgeries, pain management, sleep study, C-Pap or Bi-Pap machines and supplies, CT or CTA scans, PET scans, MRI, MRA, nuclear cardiology, or echo cardiology authorizations

**Press 2:** Radiation therapy, genetic or genomic testing

**Press 3:** Behavioral Health Substance Abuse

**Press 4:** Hospital-to-hospital transfers, initial skilled nursing facility placement

**Press 5:** Prescription drugs, oral medications and topical creams

**Press 6:** Direct ship specialty drugs

**Press 7:** Speak with a representative

All participating providers and facilities must use the self-service options in NaviNet Open 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

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