

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.

Participating providers, please keep in mind that most of the transactions available through the Provider Automated System are also available electronically through PEAR Practice Management (PM) on the Provider Engagement, Analytics & Reporting (PEAR) portal. All participating providers are required to register for PEAR portal access. If you have not yet registered for PEAR, visit the Provider News Center to [learn more](#). If you have questions regarding the registration process, contact our Provider eBusiness Team through our online [PEAR Portal Inquiry form](#).

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)

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

Step 1: When calling, you will be greeted with “Thank you for calling AmeriHealth New Jersey.”

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 options:

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

Eligibility

Step 1: The system will provide the eligibility status of the member.

Step 2: Once your request is complete, you can choose to repeat the information 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: The system will provide a benefit summary for the member.

Step 2: 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.

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 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: 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 PEAR PM to initiate the following authorization types:

- ambulance (land)
- ambulatory infusion chemotherapy
- ambulatory infusion suite therapy
- chemotherapy
- durable medical equipment – purchase and rental
- emergency hospital admission
- home health
- home infusion
- infusion therapy
- medical surgical procedures
- skilled nursing facility

Other types of authorizations

Select the option for the appropriate service type.

Press 1: For musculoskeletal, joint, and spine surgeries, pain management, high technology radiology services, such as MRIs, CAT, or PET scans, cardiology and ECHO cardiology services, sleep studies, and C-Pap or Bi-Pap machines and supplies.

Press 2: For radiation therapy and genetic or genomic testing.

Press 3: For behavioral health and substance abuse.

Press 4: For hospital-to-hospital transfers, and initial skilled nursing or rehab facility placements.

Press 5: For prescription drugs; oral medications, topical creams, etc.

Press 6: For office administered, direct ship specialty drugs.

Press 7 or remain on the line: To be directed to a representative.

Press 9: To hear the options again.