

Family Planning Claims Submission Procedures

To receive timely payment for family planning claims, please follow these steps:

Step 1: Verify Member Eligibility Prior to Providing Services

PHP member eligibility may vary by month, so we encourage providers to verify eligibility by one of the following methods:

1. **Online** – visit www.passporthealthplan.com/providercenter, log in to Secured Services, and go to the Eligibility Inquiry function.
2. **Telephone** – call the Interactive Voice Response (IVR) System at (800) 578-0775, press 1, and follow the voice prompts.
3. **Real-Time** – depending on your clearinghouse or practice management system, real-time eligibility and claims status information is available to participating providers. Both Emdeon and Zirmed products offer member eligibility transactions. If you use another clearinghouse, ask them how they access transactions through Emdeon.

Step 2: Submit Your Family Planning Claim

Paper Claims

Please mail paper claims to the following address:

AmeriHealth HMO, Inc. Family Planning
ATTN: Claims
P.O. Box 42476
1901 Market Street, 29th Floor
Philadelphia, PA 19101-2476

Electronic Claims

If you are not yet submitting family planning claims electronically, please contact the AmeriHealth HMO, Inc. Family Planning Unit at (800) 541-4560 for assistance in setting up electronic claims submission.

Do not submit claims to Passport Health Plan

Family planning claims must be submitted to the Plan's subcontracted vendor, AmeriHealth HMO, Inc. Any family planning claims submitted to PHP will result in a denial stating "Z06 or Z14: carrier of service – AmeriHealth HMO, Inc."

Include Federal Treatment Consent Forms for Sterilization and Termination Procedures

All claims for sterilization and termination procedures must be submitted with the appropriate Sterilization (MAP 250) and Termination (MAP 235) treatment consent forms, available on the Kentucky Department for Medicaid Services (DMS) web site, <http://chfs.ky.gov>, and in this *Medical Office Notes*.

Members and providers must complete and comply with all terms and conditions of the DMS consent forms thirty days prior to a procedure being provided. Providers must also ensure non-English speaking, visually impaired and/or hearing-impaired members understand what they are signing.

Step 3: Check the Status of a Claim

Once you have submitted a family planning claim to AmeriHealth HMO, Inc., you may review the status of your claim via one of the following methods:

1. **Status Report** – review your claim status in the AmeriHealth HMO, Inc. biweekly Acknowledgement Report. This report is distributed by mail, in conjunction with routine reimbursement checks, and lists each claim by member name, including claim number, date of service, date received, and claim status.
2. **Online** – access your claims at the summary or detail level via the AmeriHealth HMO, Inc. web site, which is available 24 hours a day, 7 days a week.

To check your claim status online, follow these steps:

- Visit the following web site: <http://www.amerhealth.com/providers>
- Select “Claims and Billing” from the middle of the page.
- Select “Kentucky Family Planning” from the middle of the page.
- Click “Login Here” to enter the logon screen.
- Use your federal tax ID number (TIN) as your provider ID and provider password.
- From the Group Logon screen, enter your provider ID as the group ID.
- When logon is complete, the “Claims Status Inquiry” will display.
- Follow the prompts to search for claims by Member ID and date of service.

Step 4: Call Us With Questions

We are dedicated to helping you achieve maximum claims processing efficiency. Please contact AmeriHealth HMO, Inc. with any questions or concerns regarding family planning claims and/or services.

AmeriHealth HMO, Inc. Family Planning:

(800) 541-4560

AmeriHealth HMO, Inc. Family Planning Claims Submission and Family Planning Appeals:

AmeriHealth HMO, Inc. Family Planning

ATTN: Claims (or Appeals, respectively)

PO Box 42476

1901 Market Street, 29th Floor

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