

PROVIDER Bulletin



July 29,, 2016

This Provider Bulletin applies to the lines of business and provider types checked below:

PHP (Medicare) Primary Care Physicians Specialists
 PHC (Medicaid) Ancillary Hospitals

Reminder - Provider Notification Requirements

PHC/PHP reminds all providers receiving reimbursement from the Plan are required to comply with all requirements in the Plan's Provider Manual and policies. Providers must report all provider changes in writing to PHC/PHP Provider Relations Department sixty (60) days in advance for the following:

Office Relocation

Primary care providers (PCPs) changing office locations require a facility site review. Once the site is approved, the provider's address is updated and members are transferred to the new site. If the PCP moves outside of PHC/PHP geographic service area, PHC/PHP will reassign the members to the PCP of the member's choosing within the service area.

Written notification must be submitted to the Provider Relations Department for Specialist, Allied Professional, Ancillary and Facility changing office locations as well as all telephone, fax number and tax identification number changes.

Prior notice to the plan is required for any of the following changes:

- 1099 mailing address
- Tax identification number or entity affiliation (W-9 required)
- Group name or affiliation
- Physical or billing address
- Telephone and/or fax number
- Medicaid/Medicare Numbers
- National Practitioner Identification Numbers (Individual & Group)

Leave of Absence

Primary care providers (PCPs) must provide adequate coverage for leave of absence or vacation. Absences more than 90 days require transfer of members to another PHC/PHP PCP.

Specialty care providers must provide a written notification to PHC Florida's Provider Relations Department for absences more than 30 days.

Provider Termination

Providers must send written notification to PHC/PHP's Provider Relations Department 60 days in advance of a withdrawal or termination. For continuity of care, PHC/PHP reserves the right to obligate the provider to provide medical services for existing members until the effective date of termination according to the terms of your contract with PHC/PHP.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org