

PROVIDER Bulletin



August, 2016

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

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| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input checked="" type="checkbox"/> PHC (Medicaid) | <input checked="" type="checkbox"/> Ancillary | <input checked="" type="checkbox"/> Hospitals |

Please be reminded that effective January 2016, Member Identification Numbers changed to a 9 digit numeric number. Member ID Numbers will no longer begin with a "PHP" pre-fix.


When submitting claims to PHP/PHC, please use the 9 digit numeric Member ID No. on all claims

Additionally, each participating provider is responsible for verifying member eligibility with PHP and PHC before providing services. Our PHP & PHC ID card have been designed to help participating providers access and verify benefits, eligibility and claim status. Each Member ID card includes a unique identifier that designates the PHP or PHC benefit plan.

PHP and PHC members have been provided with a new Medicare Identification Cards. We encourage participating providers to request a copy for the patient record.

NOTE: Presentation of our ID cards in no way creates, nor serves to verify an individual's status or eligibility to receive benefits. In addition, all payments are subject to the terms of the contract under which the individual is eligible to receive benefits.

Sample PHP ID Card and PHC ID Card

RxBIN 015574 RxPCN ASPROD1 RxGrp AHF02 Plan (80840) 7811991067	
ID/RxID 999999999 Name IMA SAMPLE	Issue Date 01/01/16
Your PCP DANIEL SMITH, DO Phone (954) 555-0000	
<i>This is your medical and prescription drug benefit card.</i>	

Important Member Numbers Member Services: (888) 456-4715 Pharmacy Customer Service: (866) 763-9096 Behavioral Health: (855) 765-9698 Vision Care: (800) 877-7195 Nurse Advice Line: (866) 228-8714 TTY for the Above: 711 Web: www.php-fl.org	Provider Information Eligibility, Authorizations, Pharmacy Technical Help, Claims and Provider Relations: (855) 318-4387 Submit Medical and Pharmacy Claims to: Attn: Claims PHP P.O. Box 7490 La Verne, CA 91750
This card does not guarantee coverage. Check eligibility by calling (855) 318-4387.	

RxBIN 003585 RxPCN 97892 RxGrp AHF04 Plan (80840) 7104820213	
ID/RxID 999999999 Name IMA SAMPLE	Issue Date 01/01/16
Your PCP DAVID JONES, MD Phone (954) 555-1111	
<i>This is your medical and prescription drug benefit card.</i> <small>AHCA 121515 PHC MMA Form 13.1</small>	

Important Member Numbers Member Services: (888) 997-0979 Pharmacy Customer Service: (866) 763-9103 Behavioral Health: (855) 765-9698 Vision Care: (800) 877-7195 Nurse Advice Line: (866) 228-8714 TTY for the Above: 711 Web: www.phc-fl.org Mail: PHC Florida P.O. Box 46160 Los Angeles, CA 90046	Provider Information Eligibility, Authorizations, Pharmacy Technical Help, Claims and Provider Relations: (855) 318-4387 Submit Medical and Pharmacy Claims to: Attn: Claims PHC Florida P.O. Box 7490 La Verne, CA 91750
PHC Florida is a managed care plan with a Florida Medicaid contract. This card does not guarantee coverage. Check eligibility by calling (855) 318-4387.	

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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