

# PROVIDER Bulletin

Georgia



January 2019

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

PHP (Medicare)       Primary Care Physicians       Specialists  
 Ancillary       Hospitals

## Electronic Claim Submission

To expedite claims processing & payment, providers may submit claims electronically to PHP.

Electronic Claim Submission allows providers to safely submit and track HIPAA-compliant electronic claims to PHP via Change Healthcare without manual intervention.

Electronic claims must be filed through Change Healthcare or send your claims through a billing service or clearinghouse to transmit to Change Healthcare and then route to PHP. Change Healthcare edits transactions according to the HIPAA-AS requirements. A limited number of payer specific edits are also performed before routing transactions to PHP.

If a claim transaction fails either the HIPAA-AS or PHP edits, Change Healthcare will not forward the claim to PHP for processing and adjudication. Change Healthcare will return an error message to the sender (sender is defined as the entity that submitted the claims to Change Healthcare; this may be a provider, billing service, or another clearinghouse) to correct and resubmit the claims electronically. If you use a billing service or another clearinghouse to submit your transactions to Change Healthcare, it is the billing service/clearinghouse's responsibility to return the Change Healthcare file acknowledgements and EBRs to you.

### PHP Payor ID: 95411

**Note:** PHP Payor ID supports professional, institutional & dental claim submissions.

To begin electronic claim submissions, Change Healthcare Eligibility Provider Setup Form and Claims Provider Setup Form must be completed initially. To access Change Healthcare Enrollment Guide as well as aforementioned forms, please visit Change Healthcare's website at [www.CHANGEHEALTHCARE.com](http://www.CHANGEHEALTHCARE.com).

Change Healthcare Customer Service: 866.924.4634  
Website: [www.CHANGEHEALTHCARE.com](http://www.CHANGEHEALTHCARE.com)  
Payor Registration Information: <http://changehealthcare.com/enrollment>

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](mailto:remon.walker@phcplans.org).