

PROVIDER Bulletin

Georgia



May 1, 2019

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"/> Ancillary | <input checked="" type="checkbox"/> Hospitals | |

Below is a sample PHP ID Card. PHP (Medicare Advantage) eligibility may vary by month. Therefore, each participating provider/facility is responsible for verifying member eligibility with PHP before providing services. PHP Cards have been designed to help participating providers access and verify benefits, eligibility and claims status. Each Member ID card includes a unique identifier that designates the PHP benefit plan.

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

Sample PHP Member Identification Card ID

RxBIN	015574	
RxPCN	ASPROD1	
RxGrp	AHF02	
Plan (80840)	7811991067	
ID/RxID	<Member ID No.>	Issue Date 05/01/19
Name	<Member Name>	
Your PCP	<PCP Name>	
Phone	<PCP Phone>	
<i>This is your medical and prescription drug benefit card.</i>		
		H3132-001 (2019)

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Important Member Numbers Member Services: (888) 456-4715 Pharmacy Customer Service: (866) 763-9096 Magellan Healthcare: (800) 480-4464 VSP: (800) 877-7195 Nurse Advice Line: (866) 228-8714 TTY for the Above: 711 Web: www.php-fl.org	Important Provider Numbers Provider Services/Benefits: (888) 456-4718 Eligibility: (888) 456-4715 Authorizations: (866) 990-9322 Pharmacy Technical Help: (888) 554-1334 Claims: (888) 662-0626 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 (888) 456-4715.	

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Member ID Cards have been updated to reflect Plan vendors: Magellan Healthcare and VSP.

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.

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 470.346.1068 or email to remon.walker@phcplans.org