



# PROVIDER Bulletin



December 2, 2020

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

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

## AHF's Paperless Initiative

As a result of AHF's 2021 "Go Green" initiative, AHF's Managed Care Plans (PHP and PHC) will be going paperless for provider claims submissions and will require all contracted providers to submit claims electronically effective January 1, 2021.

Claims submitted electronically will be adjudicated in a significantly fast turnaround time to ensure faster claims payment to the provider.

### TO SUBMIT A CLAIM

Option 1: Providers may submit claims electronically via Change Healthcare  
PHP & PHC Payor ID: 95411  
(preferred method of submission)

OR

Option 2: PHP and PHC's [Provider Web Portal](#)

Contracted providers are required to submit claims in accordance with the timeliness provisions set forth in the Service Agreement between the provider and the Plan.

For claim inquiries including claim submission, status, and disputes.

Email (PHI must be securely sent to the Plan):

[Claims@positivehealthcare.org](mailto:Claims@positivehealthcare.org) or

Call:

(888) 662-0626

Monday through Friday, 8:30 a.m. – 5:30 p.m. PST.

Closed weekends and holidays.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHC or PHP. If you have any questions contact the Provider Relations Department. Florida providers please email Provider Relations Department [FLPR@phcplans.org](mailto:FLPR@phcplans.org). California providers please email the California Provider Relations Department at [CAPR@aidshhealth.org](mailto:CAPR@aidshhealth.org). Georgia providers please email [GAPR@positivehealthcare.org](mailto:GAPR@positivehealthcare.org).



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## New Claims Address

Effective July 21, 2020, PHP/PHC Plans have changed the address for hardcopy correspondence. The limited hardcopy communication that the Plans will accept includes claim disputes, and claim appeals. Please submit to the following address:

Claims  
P.O. Box 472377  
Aurora, CO 80047

Any communications sent to the previous address (P.O. Box 7490 LaVerne, CA 91750) will not be received by the Plans as this PO Box is no longer operational.

*Thank you for your cooperation and being a participating provider of PHP/PHC.*

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