



# Quick Reference Guide For Providers



<b>Health Plan</b>	<p><b>ADDRESS:</b> 700 SE 3<sup>rd</sup> Ave, Fourth Floor Ft. Lauderdale, FL 33316</p> <p><b>MAIN TELEPHONE:</b> (954) 522-3132</p>
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<b>Member Services &amp; Eligibility</b>	<p><b>ELIGIBILITY INFORMATION</b> To verify eligibility or for inquiries regarding eligibility, please call: Member Services Department at <b>(888) 456-4715</b>.</p>
	<p><b>MEMBER GRIEVANCES</b> Members may contact our Member Services Department to file a grievance or appeal, or for help in completing the member grievance form at <b>(855) 456-4715</b>.</p>

<b>Access to Care</b>	<p><b>ACCESS STANDARDS FOR CLINICAL SERVICES</b> The following details the access to care standards for availability of services to members for primary care, specialty care, and after hour emergency services.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0ffe0;"> <th>Type of Care</th> <th>Appointment Standards</th> </tr> </thead> <tbody> <tr> <td>Emergency Care</td> <td>Immediate</td> </tr> <tr> <td>Urgent Care</td> <td>Within 24 hours of request</td> </tr> <tr> <td>Routine Care</td> <td>Within 7 calendar days</td> </tr> <tr> <td>Physical Exam/Preventative Care</td> <td>Within 20 working days of request</td> </tr> <tr> <td>Initial Health Assessments</td> <td>Within 30 days of request</td> </tr> <tr> <td>Specialist – Routine Appointment</td> <td>Within 14 days of the request</td> </tr> <tr> <td>Office Waiting Time</td> <td>Should not exceed 60 minutes</td> </tr> </tbody> </table>	Type of Care	Appointment Standards	Emergency Care	Immediate	Urgent Care	Within 24 hours of request	Routine Care	Within 7 calendar days	Physical Exam/Preventative Care	Within 20 working days of request	Initial Health Assessments	Within 30 days of request	Specialist – Routine Appointment	Within 14 days of the request	Office Waiting Time	Should not exceed 60 minutes
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<p><b>EMERGENCY SERVICES</b> In the case of an <b>emergency</b>, members should call 911 or go to the nearest Emergency Room.</p>																	

<b>Laboratory</b>	<p><b>LABCORP (LABORATORY CORPORATION OF AMERICA)</b> Positive Healthcare utilizes LabCorp, Inc for all lab and draw station services. For the nearest location, please contact LabCorp, Inc. at <b>(888) 522-2677</b> or <a href="http://www.Labcorp.com">www.Labcorp.com</a>.</p>
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<b>Referrals &amp; Authorization</b>	<p><b>REFERRALS</b> Routine referrals are processed by Positive Healthcare within fourteen (14) working days of the request. The Specialty Referral Request &amp; Authorization form must be faxed to <b>(888) 972-5340</b>. If the authorization request is <b>Urgent</b>, please call <b>(866) 990-9322</b>.</p> <p>Members must be referred to a contracted specialist who participates in one of the Positive Healthcare Networks (PHP or PHC). Please reference the Network's Provider Directories for a complete list of contracted providers. If you would like to request an updated Provider Directory for a specific network, please call Provider Relations at <b>(855) 318-4387</b></p>
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**After-Hours  
Nurse Advice  
Line**

**AFTER HOURS NURSE ADVICE LINE**

Plan members who need the help of a nurse when their PCP office is closed should call the After-Hours Nurse Advice Hotline. This service is available after business hours, weekends and holidays.  
**Call (800) 797-1717**

**Claims**

**TO SUBMIT A CLAIM:**

**Electronic Submission:**

**The payer ID for PHP Florida is 95411.** This payer ID supports professional, institutional and dental claim submissions

**Provider Web Portal:**

<https://phpphcportal.org/>

**Paper Submission:**

Claims for Positive Healthcare members must be sent to the following address:

**PHP & PHC Claims  
P.O. Box 472377  
Aurora, CO, 80047**

Contracted providers are required to submit claims in accordance with the time frames specified in the provider contract while Positive Healthcare complies with Florida's Prompt Pay Statute.

All claims must be submitted on a properly completed CMS1500, UB92, or UB04 claim form. The claim must include the following:

- |                         |                       |                                   |
|-------------------------|-----------------------|-----------------------------------|
| ▪ Member Name           | ▪ Member I.D. #       | ▪ Place of Service/Physician Name |
| ▪ Member Address        | ▪ Provider Tax I.D. # | ▪ CPT Code(s)                     |
| ▪ Member Date of Birth  | ▪ ICD-9 Code(s)       | ▪ Billed Charges                  |
| ▪ Member Insurance name | ▪ Date of Service     | ▪ Provider License #              |
| ▪ Provider NPI #        |                       |                                   |

**CLAIM STATUS**

To check status of a claim, please contact the Claims Department at **(888) 662-0626**.

**DISPUTE RESOLUTION PROCESS**

A provider dispute is a written notice to Positive Healthcare challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested. Written disputes must be submitted within 365-days from Positive Healthcare's action that led to the dispute.

Provider must send your dispute to:

**Attention: Claims and Claims Dispute Submission**

**Claims**

**PHP**

**P.O. Box 472377**

**Aurora, CO 80047**

For inquiries regarding the status of a dispute, please call **(888) 662-0626**.

**Provider  
Relations**

**PROVIDER RELATIONS CONTACTS**

The Provider Relations Department is the liaison between the provider office and Positive Healthcare to provide resolution including, but not limited to claims, authorizations, eligibility, provider updates, and Positive Healthcare's policies and procedures. For inquiries, please call **(888) 456-4718 or email [FLPR@phcplans.org](mailto:FLPR@phcplans.org)**

**Provider  
Relations**

**60-DAY NOTIFICATION REQUIREMENT**

Positive Healthcare requires a 60-day notification for provider changes, such as address, phone/fax number, office hours, tax ID numbers, termination, or leaves of absence. Changes must be submitted to Positive Healthcare via fax or mail:

Mail:       **Attention: Provider Relations**  
              **700 SE 3<sup>rd</sup> Avenue, Fourth Floor**  
              **Ft. Lauderdale, FL 33316**

You may also fax your changes to (954) 522-3260, Attn: Provider Relations.

**IN-SERVICING AND PROVIDER TRAINING**

Positive Healthcare will provide an initial in-service to you and/or your office staff about Positive Healthcare's policies and procedures. Additional training may be requested by contacting: Provider Relations Department at **(888) 456-4718** or email **FLPR@phcplans.org**

**PROVIDER MANUALS**

Provider manuals for PHP are available online at the following web addresses:  
PHP – <https://positivehealthcare.net/wp-content/uploads/2019/06/Provider-Manual-PHP-Revised-5.2019-Magellan.pdf>