



Provider Bulletin



11/13/2020

Applicable lines-of-business and provider type:

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

Required Use of National Standard Procedure Code Transactions

In accordance with State and Federal Data Reporting requirements, all in network providers are required to submit complete, accurate and timely claims and encounter data for services provided to members enrolled in PHC and PHP Health Plans (collectively referred to as “the Plans”).

Beginning 01/01/2021, all contracted hospitals are required to utilize National Standard Procedure Codes when submitting claims and encounter data to the Plans.

All providers are required to submit claims and encounter data using current HIPPA compliant codes, which include the national CMS codes for ICD-10, CPT, HCPCS, NDC, and CDT, as appropriate. Claims and Encounter data submitted to the Plans after the effective date identified above using prior coding formats (i.e. local code formats) will be denied.

Please begin utilizing National Standard Procedure codes upon receipt of this Bulletin but no later than 01/01/2021.

A couple reminders:

- Timely filing of all claims is required as per your contract with PHC and/or PHP.
- The Plans are required to submit encounter information to State agencies within ninety (90) days following the date of service. To meet this requirement, contracted providers must submit encounter data to the Plans within sixty (60) days from the date services were rendered.
- The Plans encourages all contracted providers to utilize electronic billing. Our payer ID is 95411 and is compatible with any clearinghouse platform.

The Plans have included the following file path for additional information concerning State of California Claims and Encounter reporting requirements:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2014/APL14-009.pdf>

If you have any questions regarding this Bulletin, please contact the Provider Relations Department at capr@aidshhealth.org.

Thank you for your cooperation.

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