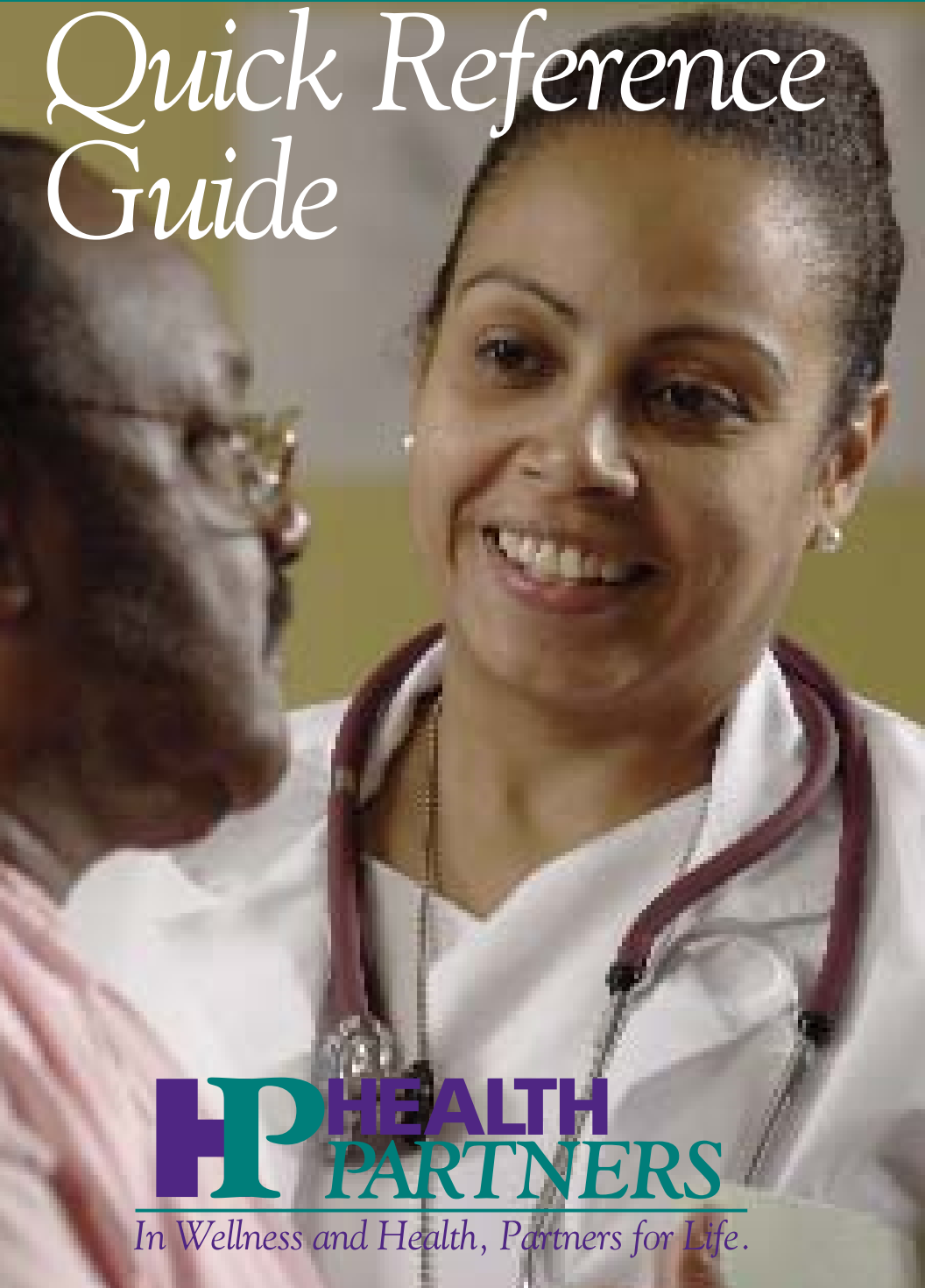


Providers' Quick Reference Guide



In Wellness and Health, Partners for Life.

IMPORTANT NUMBERS

Your Health Partners Provider #

Your Health Partners Physician Network Consultant (PNC)

Baby Partners Perinatal Program

866-500-4571 (toll free)

215-967-4690

prompt #2, #4, #1

Fax: 215-967-4492

Claim Reconsideration

888-991-9023 (toll free)

215-991-4350, prompt #7

Community Education

Computer Healthcare Management/

Education, Fitness and Weight

Watchers® Benefits, Nutrition

and Wellness Education,

ScriptSave Program

215-991-4092

Dental Care (Doral Dental)

800-417-7140 (toll free)

Disease Management - Asthma

(Adult&Pediatric)/CHF (Adult)/

Diabetes (Adult&Pediatric)

866-500-4571 (toll free)

215-967-4690

prompt #2, #6

Eligibility Verification

800-225-2978 (toll free)

215-849-4791

(please also see website services listing)

EPSDT (including dental referrals)

866-500-4571 (toll free)

215-967-4690

Healthcare Management

866-500-4571 (toll free)

215-967-4690, prompt #2

(Members, prompt #1)

High Medical Needs Program

215-991-4241

Member Relations

800-553-0784 (toll free)

215-849-9600

TTY: 877-454-8477 (toll free)

215-849-1579

Pharmacy Department

215-991-4300

Fax: 866-240-3712 (toll free)

Prior Authorization

Inpatient Services

866-500-4571 (toll free)

215-967-4690

Elective Admissions, PET Scans,

Non-Par Services prompt #2, #1, #3

Transplants prompt #2, #1, #2

Acute Rehab and Inpatient Skilled

Rehab Services prompt #2, #1, #5

Maternity Admissions prompt #2, #1, #4

Outpatient Services

866-500-4571 (toll free)

215-967-4690

DME, Transportation prompt #2, #2, #1

Home Care Services, PT/OT/ST,

Shift Care prompt #2, #2, #2

Provider Services Helpline

888-991-9023 (toll free)

215-991-4350 (Philadelphia area)

Claim Reconsideration prompt #7

Quality Management

215-991-4346

Special Investigations Unit

866-HP-SIU-4U (866-477-4848)

(toll-free line for confidential reporting

of suspicious activity)

Special Needs Unit

866-500-4571 (toll free)

215-967-4690

(available to help with coordination

of care issues)

Vision Care (Davis Vision)

800-933-9371 (toll free)

PRIOR AUTHORIZATION

Prior authorization is required for all elective hospital admissions, shift care, home care, transportation and PET scans, and DME and supplies that cost more than \$500 per claim line item.

All services from non-participating providers require prior authorization, regardless of cost.

Emergency admissions notification must be completed within two business days. Contact Inpatient Services at 866-500-4571 or 215-967-4690.

CLAIMS SUBMISSION

Submit professional services on CMS-1500 (versions 12/90 and 8/05) forms and facility claims on UB-92 and the newer UB-04 forms.

Health Partners recommends electronic claims submission (EDI). For electronic claims, Health Partners' Payer ID# is 80142.

Mail Medicaid (Health Partners) Claims to:

Attn: Medicaid Claims
Health Partners
P.O. Box 1220
Philadelphia, PA 19105-1220

Mail Claim Reconsiderations to: *

Attn: Claim Reconsideration
Health Partners
901 Market Street, Suite 500
Philadelphia, PA 19107

* For faster service, contact our Claim Reconsideration call center at 215-991-4350, prompt #7.

Mail Requests for Retractions of Overpayment to:

Attn: Claims Recovery Unit
Health Partners
901 Market Street, Suite 500
Philadelphia, PA 19107

If you experience a problem with your claim payment, claim reconsideration or provider dispute, please call our Provider Services Helpline at 888-991-9023 or 215-991-4350.

LABORATORY SERVICES

Use only Quest Diagnostics (Some exceptions by contract)
Providers: 800-825-7320
Members: 888-277-8772
www.QuestDiagnostics.com

WEBSITE SERVICES AT WWW.HEALTHPART.COM

Provider Connect/HP Connect
Quickly check the most up-to-date member eligibility and claim status.

PROVIDER Plus+
Health Partners' online provider directory for providers and members.

ELIGIBILITY

ID Card is for identification purposes only and does not establish eligibility. Always verify eligibility by checking the PCP monthly member panel or Health Partners Provider Connect at www.healthpart.com.

If the Health Partners member does not appear on the monthly panel or our Provider Connect site, call Eligibility Verification at 215-849-4791 or 800-225-2978. Providers can also refer to the Pennsylvania State Eligibility Verification System (EVS) for Health Partners Medicaid member eligibility. Specialists must confirm patient's eligibility on the date of service.

REFERRALS

Prior authorization is required for any referral to a non-participating provider. PCPs and specialists are required to keep a copy of the referral form or prescription in the member's medical record. Providers are not required to submit a referral form along with their claim.

Please use the Health Partners Specialist Directory or our PROVIDER Plus+ online directory to select participating providers when making referrals for Health Partners members.

BEHAVIORAL HEALTH PROVIDERS

No PCP referral is required for behavioral health services.

Health Partners (Medicaid)

Philadelphia County

Community Behavioral Health of Philadelphia County
215-413-3100
888-545-2600

Bucks County

Magellan Behavioral Health
877-769-9784

Chester County

Community Care Behavioral Health
888-251-2224 (Providers)
800-553-7499 (Members)

Delaware County

Magellan Behavioral Health
888-207-2911

Montgomery County

Magellan Behavioral Health
877-769-9782



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