

Dental Provider Reference Guide

Provider website	dentists.amerihealthcaritas.com
Provider Services department	1-855-434-9241 (Monday–Friday, 8 a.m.–6 p.m.)
Provider web portal	For assistance, please email providerservices@skygenusa.com or call 1-855-434-9239 .
Member Services department	1-888-991-7200 (24 hours a day/7 days a week)
Member eligibility	Participating providers may access eligibility information by: <ul style="list-style-type: none"> • Logging in to the Provider web portal via dentists.amerihealthcaritas.com. • Using the Interactive Voice Response (IVR) eligibility hotline at 1-855-434-9241 (24 hours a day/7 days a week). • Contacting the Member Services department at 1-888-991-7200.
Member copayment	Some members may have copayment responsibilities. Copayment amounts will be noted on the member's ID card.
Medical Assistance Transportation Program (MATP) Provides assistance to members in accessing non-ambulance transportation services	To access MATP services, members register for the service by calling the county service number listed at http://matp.pa.gov/ . Members will need to show their Pennsylvania ACCESS card when receiving the services.
Authorizations	Prior authorization decisions are made within two business days from the date the request is received provided all information is complete. Prior authorizations will be honored for 180 calendar days from the date of determination. Authorization requests can be submitted via: <ul style="list-style-type: none"> • Provider website at dentists.amerihealthcaritas.com. • Electronic submission via clearinghouse. • HIPAA-compliant 837D file. • Paper (2012 ADA form) mailed to: AmeriHealth Caritas Pennsylvania Authorizations P.O. Box 654 Milwaukee, WI 53201



<p>Claims</p>	<p>The timely filing requirement is 180 calendar days from the date of service. Non-network and emergency transportation providers have 180 days from the last date of service.</p> <p>Claims submissions can be received in the following formats:</p> <ul style="list-style-type: none"> • Electronic claims via the provider website at dentists.amerihealthcaritas.com. • Electronic submission via clearinghouse. • HIPAA-compliant 837D file. • Paper (2012 ADA form) mailed to: Claims P.O. Box 651 Milwaukee, WI 53201 <p>Reprocessed and adjusted claims should be mailed to: Claims Reprocessing and Adjustment Requests P.O. Box 541 Milwaukee, WI 53201</p>
<p>Provider complaints</p>	<p>To make an inquiry or complaint, contact the Provider Services department at 1-800-521-6007.</p> <p>Mail written complaints to: Complaints P.O. Box 1243 Milwaukee, WI 53201</p>
<p>Provider appeals</p>	<p>To request reconsideration of authorizations or claims, providers may call 1-855-434-9241 or write to: Appeals P.O. Box 1243 Milwaukee, WI 53201</p>
<p>Fraud and abuse reporting</p>	<p>To report member fraud or abuse, please call 1-866-833-9718.</p>