



PHYSICIANS HEALTH PLAN ANNOUNCEMENT

Nov. 1, 2017

Important changes are coming to Physicians Health Plan's (PHP) requirements for submitting claims. PHP is modifying the claims submission requirements to be in line with industry standard timelines.

Ninety-eight percent of all claims received by PHP are received within 180 days from the date of service. PHP processes over 97 percent of all claims within ten days of receipt. Submitting claims quickly is the key to improved efficiencies and a successful revenue cycle.

Beginning with dates of service Jan. 1, 2018 and after, all claims, including adjusted claims, must be received by PHP no later than 180 days from the date health services are rendered. Claims received for dates of service Jan.1, 2018 and after, that are over 180 days from the date of service or the date of discharge, will be rejected for being over the filing time limit. When PHP is not the primary carrier, claims need to be submitted within 180 days from the date on the primary carriers' Explanation of Payment (EOP).

Claims not submitted within the 180-day timeframe are subject to a financial penalty, including non-payment of the claim. The member may not be balance billed unless it is indicated as a member responsibility on the EOP or Explanation of Benefits (EOB).

Please review your claims submission set up and processing timelines to ensure you have all claims submitted to PHP within the appropriate timeframe to meet the new claims submission requirements.

If you have any questions, would like information on how to check eligibility or submit your claims electronically, contact your Provider Relations team at PHPProviderRelations@phpmm.org.

Sincerely,

A handwritten signature in cursive script that reads 'Robin Classens'.

Robin Classens
Manager, PHP Network Services