

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: January 10, 2020

Subject: Reminder: Member Consent Forms with Member Name Change

Summary: Reminder of member consent form policy when the member's name has changed.

For services requiring a member consent form, the member's name on the Medicaid file for the date of service must be the same as the name signed at the time of consent.

If the member's name is different, a letter from the provider's office from which the consent was obtained must be attached to the claim. The letter must be signed by the physician and must state the member's name has changed and must include the member's social security number and date of birth.

Claims not billed according to this guideline will deny with code **"ZZ1 and/or ZZ2-Supporting documentation missing/invalid."**

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Don't miss important health plan news and updates! Register for our Network News email service!

It's easy and it's free! Sign up for email alerts to get important health plan news and information. Simply complete the [form](#) under News and Updates on the Providers page of our website, click submit, and watch for the confirmation email. It's that simple! Sign up today!

Electronic Funds Transfer (EFT)

Simplify your payment process with EFT from AmeriHealth Caritas Louisiana and Change Healthcare (formerly Emdeon). EFT provides fast, easy and secure electronic payments — without the need for a traditional paper check. Enroll now at [Change Healthcare EFT Enrollment Services](#).