

Eligibility

A Quick Guide to Understanding the AmeriHealth Caritas VIP Care Member Eligibility



Member Eligibility – Requirements



Members are eligible to enroll in AmeriHealth Caritas VIP Care if they are:

- Entitled to Medicare Part A, and enrolled in Medicare Part B.
- Live in our service area which includes the all counties **except**: Philadelphia, Delaware, Chester, Montgomery, and Bucks counties.
- Enrolled in the Pennsylvania Medical Assistance program.

However, individuals with end-stage renal disease (ESRD) generally are not eligible to enroll in AmeriHealth Caritas VIP Care unless the individual meets exceptions to ESRD eligibility rules outlined in Chapter 2, Section 20.2, of the CMS Medicare Managed Care Manual.

Member Eligibility – Medicare Savings Program

Some individuals can get help from the state in paying their Medicare premiums. In some cases, Medicare Savings Programs may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles, coinsurance, and copayments if certain conditions are met.

AmeriHealth Caritas VIP Care covers individuals who are in the following programs:

- Qualified Medicare Beneficiary (QMB) without full Medicaid – helps pay for Part A & B premium and deductibles, coinsurance, and copayments.
- Qualified Medicare Beneficiary Plus (QMB+) with full Medicaid - helps pay for Part A & B premium and deductibles, coinsurance, and copayments.
- Specified Low-Income Medicare Beneficiary Plus (SLMB+) with full Medicaid – helps pay for Part B premiums only.
- Full Benefit Dual Eligible (FBDE) - helps pay for Part A & B premium and deductibles, coinsurance, and copayments.

Member Eligibility — Why Verifying Member Eligibility Is Critical for Providers and Members

Since members are able to change plans monthly, providers must verify the eligibility of their patients monthly. Some key benefits to checking members' eligibility are:

- Ensuring the member is seeing the appropriate provider.
- Reducing claim issues because you are sending the claim to the right plan.

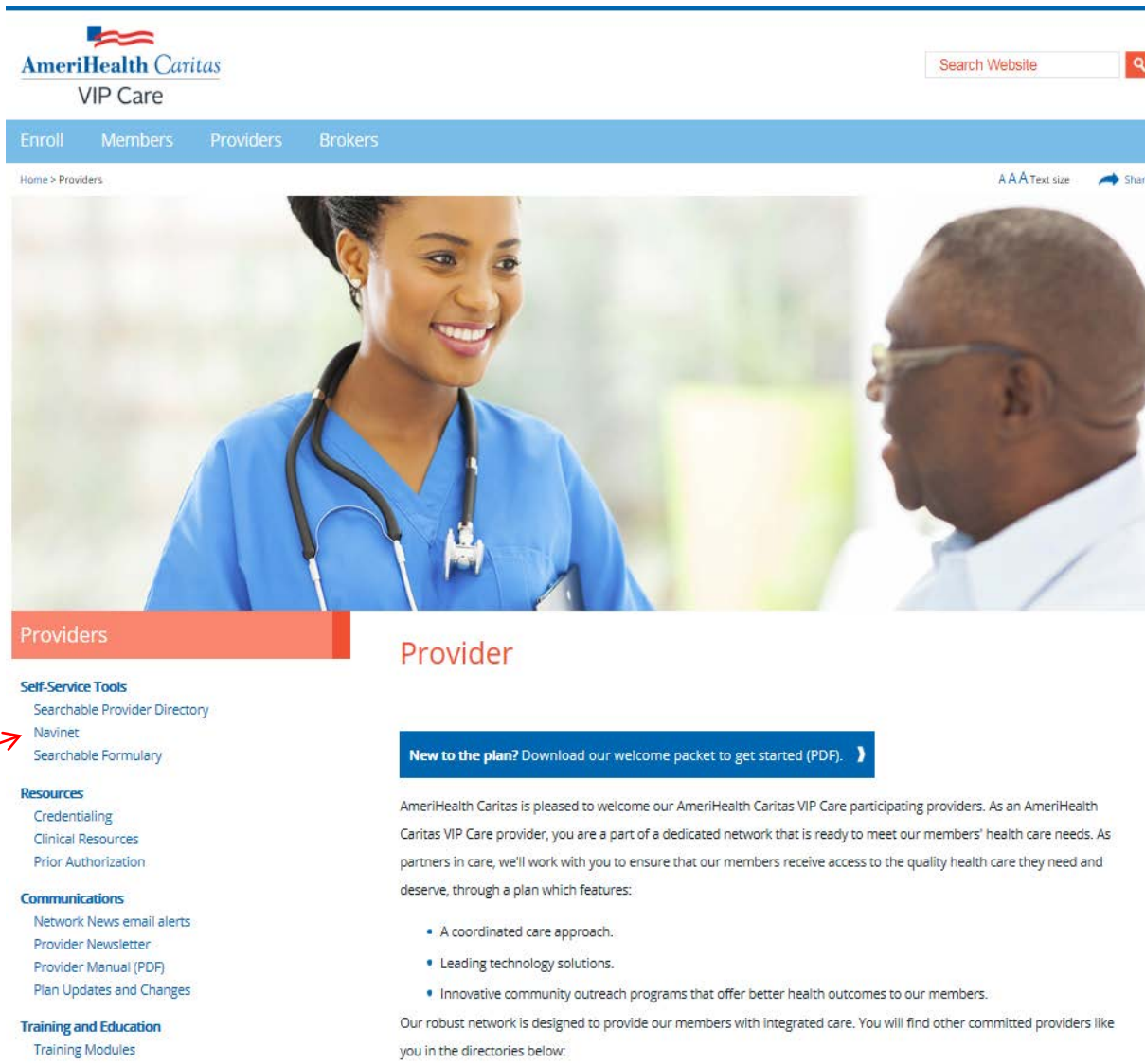


Member Eligibility — Three Ways to Verify Member Eligibility

Providers can verify members' eligibility by:

- Calling Provider Services at 1-800-521-6007.
- Visiting our website at www.amerhealthcaritasvipcare.com and accessing NaviNet.
- Using the member identification card. However, a member's ID card is not a guarantee of eligibility.

Member Eligibility — Using NaviNet to Verify Eligibility (Log on Directly or from the AmeriHealth Caritas VIP Care Provider Page)



Providers

Provider

Self-Service Tools

- Searchable Provider Directory
- Navinet
- Searchable Formulary

Resources

- Credentialing
- Clinical Resources
- Prior Authorization

Communications

- Network News email alerts
- Provider Newsletter
- Provider Manual (PDF)
- Plan Updates and Changes

Training and Education

- Training Modules

New to the plan? Download our welcome packet to get started (PDF).

AmeriHealth Caritas is pleased to welcome our AmeriHealth Caritas VIP Care participating providers. As an AmeriHealth Caritas VIP Care provider, you are a part of a dedicated network that is ready to meet our members' health care needs. As partners in care, we'll work with you to ensure that our members receive access to the quality health care they need and deserve, through a plan which features:

- A coordinated care approach.
- Leading technology solutions.
- Innovative community outreach programs that offer better health outcomes to our members.

Our robust network is designed to provide our members with integrated care. You will find other committed providers like you in the directories below.

NaviNet
Portal

Member Eligibility — Using NaviNet to Verify Eligibility

Workflows ▾

Action Items 

AmeriHealth Caritas VIP Care

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- Report Inquiry
- Provider Directory
- Pre-Authorization Management
- Forms & Dashboards

Eligibility and benefits inquiry portal

Planned maintenance to the Care Gaps and Intensive Case Management platforms may occur on **Thursday evenings between 6 p.m. and 10 p.m. ET**. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.



Model of Care Annual Training Requirement

AmeriHealth Caritas VIP Care's Model of Care is an integrated care management approach to health care delivery and coordination for dual-eligible (Medicare and Medicaid) individuals. The Model of Care is a program that involves multiple disciplines coming together to provide input and expertise for a member's individualized plan of care. This plan is designed to maintain the member's health and encourage the member's involvement in his or her health care.

Hours of Availability

Mon-Fri: 8:00am-8:00pm ET
Sat-Sun: 9:00am-8:00pm ET

Resources

- [Provider Manual](#)
- [Provider Directory](#)
- [Pharmacy Directory](#)
- [Searchable Formulary](#)
- [Medicare Part D Coverage Determination](#)

Contact Us

AmeriHealth Caritas VIP Care
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Philadelphia, PA 19113-9802
 1-800-521-6007
 VIPProviderComm@amerihealthcaritasvip.com
 www.amerhealthcaritasvip.com

Member Eligibility — Using NaviNet to Verify Eligibility

(NaviNet Health Plan Member Eligibility and Benefits Inquiry Page)

Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

Search by Member ID

Member ID



OR

Search by Name

Last Name

First Name



Date of Birth



Date Of Service



Member Eligibility — Member ID Card

Prescription
Drug Information

Health Plan Information

 <p>Member Name <Member Name></p> <p>Member ID# <123456789></p> <p>Health Plan (80840) 7427051066</p> <hr/> <p>MEMBER CANNOT BE CHARGED Cost sharing/copays: \$0 for doctor visits and hospital stays</p> <hr/> <p>H4227-002</p>	<p>AmeriHealth Caritas VIP Care (HMO-SNP)</p> <hr/> <p>MedicareRx Prescription Drug Coverage</p> <p>Prescription Drug Info: RX BIN 019587 RX PCN 06110000</p> <hr/> <p>PCP <PCP Name></p> <p>PCP Phone <PCP Number></p>	 <p>Members: Call Member Services at 1-866-533-5490 (TTY 711) or visit our website at www.amerhealthcaritasvipcare.com.</p> <hr/> <p>Providers: Call 1-800-521-6007 DO NOT bill Original Medicare.</p> <hr/> <p>Submit Claims To: Processing Center P.O. Box 7139 London, KY 40742-7139</p>	<p>www.amerhealthcaritasvipcare.com</p> <hr/> <p>Pharmacists: RX ID is the Member ID</p> <hr/> <p>For Pharmacy Benefit Information: Members call: 1-866-429-8918 Pharmacies call: 1-866-543-2657</p> <hr/> <p>Submit Prescription Claims To: PerformRx/AmeriHealth Caritas VIP Care P.O. Box 516 Essington, PA 19029</p> <hr/> <p><small>Coverage by AmeriHealth First.</small></p>
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Member Information

PCP Information

Claims Contact Information

Member Eligibility — Helpful Tips

The following is a list of helpful tips to keep in mind when determining a member's eligibility:

- Obtain the Pennsylvania Medicaid card or other Community Health Choices plan ID card for secondary payment.
- AmeriHealth Caritas VIP Care is not a Medicare supplement.
- Verify eligibility before each visit – Dual eligible beneficiaries are in a Special Enrollment class and can change plans more frequently than non-duals.
- Make sure the the correct primary care physician (PCP) is listed on the member's identification card.



More than
30 YEARS
of making
care the heart
of our **work.**

