

PLAN AND PROVIDER PARTNERSHIP

The best partnerships are formed by staying in touch.

At AmeriHealth Caritas VIP Care, we are dedicated to ensuring our participating providers have the information and assistance they need to do business with us and provide quality care for our members. Our approach includes:

Local account executives

When you join our provider network, you'll be assigned a local Provider Network Management Account Executive who will routinely meet with you to provide on-site education and issue resolution, solicit your feedback, and address your concerns as they arise.

Ongoing education

You will have access to many ongoing education opportunities, including continuing medical education (CME) credits and continuing education units (CEUs), via webinars, in-person training sessions, and plan-sponsored educational events.

Provider committees

Local provider committees offer avenues for input on program development and processes. Collaborate with medical professionals and providers in your community to identify ways to improve care coordination, health outcomes, patient engagement, and more.

Searchable online tools

Easy-to-use and searchable online provider directories and drug formularies allow you to find what you're looking for — in an instant.

Excellent customer support

Our dedicated customer support staff is available to answer your questions and connect you with the right resources.

Consistent plan-to-provider communication

We're keeping you up to date on important plan and program information, while maintaining an open dialogue.

www.amerihealthcaritasvipcare.com

Our robust, secure provider portal helps you stay informed.

NaviNet, our secure provider portal, is a web-based solution that allows providers and health plans to share critical administrative, financial, and clinical data in one place. With NaviNet, you'll instantly be able to:

- Verify eligibility and benefits.
- Inquire about the status of claims.
- View remittance advices.
- Access and print panel rosters.
- Check member care gaps to identify needed services.
- Refer to at-a-glance member clinical summaries.
- Extract admission and discharge reports.
- Enjoy single-sign-on access to JIVA, enabling you to:
 - Submit clinical and nonclinical requests.
 - Authorize inpatient, outpatient, home care, and durable medical equipment (DME) services.
 - Submit extension of service requests.
 - Verify elective admission authorization status.
 - Receive admission notifications and view authorization history.
 - Submit clinical notes for automatic approval.

To learn more about NaviNet, please visit www.navinet.net or call 1-888-482-8057.

Seamless care management and coordination

The AmeriHealth Caritas VIP Care model of care (MOC) is an integrated care management approach to health care delivery and coordination for dual eligible (Medicare and Medicaid) individuals. AmeriHealth Caritas VIP Care's MOC focuses on improving health outcomes and providing access to essential and preventive services, affordable care, coordination of care, and seamless transitions.

Mission support

The MOC aligns with our mission. AmerHealth Caritas VIP Care understands the most common diagnosis is poverty. We help address limited resources in all aspects of our members' lives that impact medical care and costs. Our MOC is designed to meet the needs and conditions of our members.

Individualized care

Our MOC provides each member with an individualized care plan based upon on the results of an in-depth Health Risk Assessment and other available medical and pharmacy data. Care plans are tailored to each member to improve his or her health while delivering an excellent, member-centric experience. One unique characteristic of our MOC is that all members are placed in care management, with greater or lesser degrees of intervention as determined by the member's individual needs.

Team approach

Our team approach is the cornerstone of the AmeriHealth Caritas VIP Care MOC and relies on joint participation. The Interdisciplinary Care Team (ICT) works collaboratively with the member to create a customized care plan. The model includes support from health care providers, community agencies, and service organizations, ensuring seamless transitions and quality care.

Improved health outcomes

We are dedicated to creating better ways to provide care — a model that allows providers to serve patients in new ways while encouraging members to be more engaged in their own care. AmeriHealth Caritas VIP Care offers chronic care improvement programs to improve health outcomes for members with identified chronic health conditions. These include programs for members with asthma, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, and heart failure.

Better communication

Keeping the lines of communication open to keep you informed, AmeriHealth Caritas VIP Care consistently communicates updates and outcomes via:

- Single-source contact with a Care Manager.
- Fax and email notifications, including regular provider newsletters.
- Member care gap reports and clinical information, accessible through the online provider portal.
- A dedicated provider area on the plan's website.
- Site visits from your Provider Network Management Account Executive, provider workshops, and interactive presentations.

AmeriHealth Caritas VIP Care offers ongoing provider education and training. MOC training is required annually and is offered online.

Provider Reference Guide



Your Provider Network Management Account Executive: _____

Phone number: _____

Fax number: _____

Email address: _____

AmeriHealth Caritas VIP Care website: www.amerihealthcaritasvipcare.com

Visit us online for the most detailed, up-to-date information regarding member identification and eligibility, model of care, prior authorizations, notifications, benefits, Culturally and Linguistically Appropriate Services (CLAS) standards, claims submission and appeals, ongoing training, and plan updates and changes.

Provider information

Provider Services: 8 a.m. – 8 p.m. **1-800-521-6007**

When dialing Provider Services, it is critical that you get to the correct main menu. When you dial the Provider Services number you will hear:

Thank you for calling Provider Services. For AmeriHealth Caritas Pennsylvania, **PRESS 2**. For the Medicare AmeriHealth Caritas VIP Care plan, **PRESS 2**.

- For general questions regarding member eligibility, benefits, or claim status, **PRESS 1**.
- For detailed questions regarding finalized claims, payment, redetermination, or adjustment, **PRESS 2**.
- For prior authorizations for medical services, **PRESS 3**.
- For questions about Part D drugs, formulary, prior authorizations, and exceptions, **PRESS 4**.
- For care coordination, **PRESS 5**.

Fraud and Abuse Hotline **1-866-833-9718**

Prior authorizations **1-855-294-7046**
(fax) **1-855-859-4111**

Laboratory services (Quest) **1-866-697-8378**
(and contracted hospitals)

Pharmacy services **1-866-543-2657**

Transportation services

Reservation **1-877-659-6137**
Ride assistance **1-877-659-6138**

- 24 one-way trips per year to plan-approved locations.
- Non-emergent transportation to doctor visits and pharmacies.

NaviNet (provider portal) connect.navinet.net

NaviNet Customer Care **1-888-482-8057**

The free NaviNet provider portal is for key systems and patient information such as member eligibility, member primary care provider (PCP) rosters, claim status and updates, electronic copies of remittances, online prior authorization, care gaps, and more.

Additional government resources

Centers for Medicare
& Medicaid Services (CMS) **1-800-MEDICARE (1-800-633-4227)**
TTY/TDD **1-877-486-2048**
Website www.cms.gov

Pennsylvania Department of Human Services www.dhs.pa.gov

Member information

Member Services **1-866-533-5490**
TTY/TDD 24 hours, seven days a week **1-866-428-7583**

Member enrollment **1-855-241-3648**

Member pharmacy **1-866-429-8916**

Nurse Call Line 24 hours, seven days a week **1-855-809-9199**
A confidential line for members to ask health-related questions.

Care Management **1-855-859-4082**

The Care Management team has registered nurses, social workers, and Care Connectors ready to assist members with their most urgent needs. Staff can assist members with a wide array of clinical and nonclinical services; answer questions regarding health conditions and medications; help schedule provider appointments and arrange transportation; and help members locate community resources for housing, food, and clothing.

Claims submission, remittance advice, and electronic funds transfer

AmeriHealth Caritas VIP Care payer ID: **77062**

Contact your practice management system vendor or clearinghouse to initiate electronic claims submission through Change Healthcare (formerly Emdeon).

To submit claims directly to Change Healthcare:

Electronic billing www.emdeon.com
1-877-363-3666

To arrange electronic funds transfer (EFT) through Change Healthcare:

EFT enrollment **1-866-506-2830**

Electronic remittance advice (ERA)

through Change Healthcare **1-877-363-3666**

Paper claim submission:

Please indicate "Resubmitted" or "Corrected Claim" on the claim form (if applicable).

AmeriHealth Caritas VIP Care
Claims Processing Department
P.O. Box 7143
London, KY 40742-7143

Filing information

- Claims must be filed within 365 days from the date of service (or the date of discharge for inpatient admissions).
- When submitting an explanation of benefits (EOB) with a claim, the dates and dollars must all match to avoid a rejection of the claim.

Provider complaints

You may call Provider Services at **1-800-521-6007** to notify AmeriHealth Caritas VIP Care of a complaint, or contact your Provider Network Management Account Executive.

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.

CMS requires providers who care for our beneficiaries to annually participate in and attest to completing our Model of Care training. Providers may receive training in the following ways:

- Via an online interactive Model of Care training module on our website at www.amerihhealthcaritasvipcare.com.
- In person from a Provider Network Management Account Executive or training seminar.
- By requesting printed Model of Care training materials from Provider Services at **1-800-521-6007** or calling your Provider Network Management Account Executive.

Providers may find information on the Model of Care and the annual training requirement in the provider manual.

Balance billing

Under the requirements of the Social Security Act, all payments from AmeriHealth Caritas VIP Care to participating plan providers must be accepted as payment in full for services rendered. In the event of a balance from deductible, copayment, or coinsurance, providers should submit appropriate claims to Pennsylvania Medical Assistance. Members may **not** be balance billed for medically necessary covered services under any circumstances.

Prior authorization

Prior authorization is required for all referrals to nonparticipating providers with the exception of emergency services.

Emergency room (ER) policy: Prior authorization is not required for ER visits. Participating providers are not required to obtain prior authorization for an emergent short procedure unit (SPU) or emergent 23-hour observation stays.

The most up-to-date listing of services requiring prior authorization will be maintained in the Providers section at www.amerihhealthcaritasvipcare.com.

Services requiring prior authorization* include, but are not limited to, the list below:

- Elective or non-emergent air ambulance transportation.
- All out-of-network services (excluding emergency services).
- Inpatient services:
 - All inpatient hospital admissions, including medical, surgical, skilled nursing, and rehabilitation.
 - Obstetrical admissions and newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section.
 - Inpatient diabetes programs and supplies.
 - Inpatient medical detoxification.
 - Elective transfers for inpatient and/or outpatient services between acute care facilities.
- Certain outpatient diagnostic tests.
- Home health services.

Services requiring prior authorization* include, but are not limited to, the list below (continued):

- Therapy and related services:
 - Speech, occupational, and physical therapy provided in the home or in an outpatient setting, after the first visit per therapy discipline or type.

(continued in next column)

- Chiropractic services.
- Cardiac and pulmonary rehabilitation.
- Transplants, including transplant evaluations.
- All durable medical equipment (DME) rentals and rent-to-purchase items.
- DME, medical supply, and prosthetic device purchases:
 - Purchase of all items in excess of \$500 in allowable charges.
 - Prosthetics and orthotics in excess of \$500 in allowable charges.
 - The purchase of **all** wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item.
 - Nutritional supplements.
- Hyperbaric oxygen.
- Surgery for sleep apnea (uvulopalatopharyngoplasty [UPPP]).
- Religious nonmedical health care institutions (RNHCIs).
- Medications: 17-P and all infusion or injectable medications listed on the Medicare Professional Fee Schedule. Infusion or injectable medications not listed on the Medicare Professional Fee Schedule are not covered by AmeriHealth Caritas VIP Care.
- Surgical services that may be considered cosmetic include, but are not limited to:
 - Blepharoplasty.
 - Mastectomy for gynecomastia.
 - Mastopexy.
 - Maxillofacial.
 - Panniculectomy.
 - Penile prosthesis.
 - Plastic surgery and cosmetic dermatology.
 - Reduction mammoplasty.
 - Septoplasty.
- Cochlear implantation.
- Gastric bypass and vertical band gastroplasty.
- Hysterectomy.
- Pain management — external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and injections and nerve blocks.
- Radiology outpatient services:
 - Computed tomography (CT) scan.
 - Positron emission tomography (PET) scan.
 - Magnetic resonance imaging (MRI).
 - Magnetic resonance angiography (MRA).
 - Magnetic resonance spectroscopy (MRS).
 - Single-photon emission computed tomography (SPECT) scan.
 - Nuclear cardiac imaging.
- All miscellaneous, unlisted, or not otherwise specified codes.
- All services that may be considered experimental and/or investigational.

For inquiries **1-800-521-6007**

*All requests for services are subject to Medicare coverage guidelines and limitations.

Emergency room, observation care, and inpatient imaging procedures do not require prior authorization.

Providers must meet state requirements and documentation for reimbursement. Please see requirements and documentation necessary in the AmeriHealth Caritas VIP Care Provider Manual.

Prior authorization for CT scans, MRI or MRA scans, and nuclear cardiology services are required for outpatient services only. The ordering physician is responsible for obtaining a prior authorization number for the study requested. Patient symptoms, past clinical history, and prior treatment information will be requested and should be available at the time of the call. (Outpatient studies ordered after normal business hours or on weekends should be conducted by the ordering facility as requested by the ordering physician. However, the ordering physician must contact prior authorization within 48 hours or the next business day to obtain proper authorization for the studies, which will be subject to medical necessity review.)

Fax completed form to 1-855-859-4111.

Patient name: _____

Date of birth: _____ Date of admission: _____ Plan ID number: _____ Benefit days: ____/100

Facility name: _____ Phone number: _____ Fax: _____

Facility case manager: _____

Diagnosis: _____

History of admission or synopsis: _____

Past medical history: _____

Social history: _____

Prior level of function: _____

Discharge plan: _____

Barriers to discharge: _____

Medical review

	Date	Date	Date	Date	Date	Date	Notes
Orientation							
Vital signs							
Respiration							
Oxygen saturation (O₂ sats)							
Tracheostomy (trach)							
Ventilator (vent)							
Nebulizer (nebs)							
Bilevel positive airway pressure (BiPAP)							
Tube feedings							

Prior Authorization Form
Skilled Nursing Facilities



Rehabilitation

	Goals	Current	Date	Date	Date	Date	Notes
Gait		Distance:					
		Assistive device:					
		Level of assistance:					
Stairs							
Bed mobility							
Transfers		Sitting:					
		Standing:					
Feedings							
Grooming							
Bathing		Upper body:					
		Lower body:					
Toilet		Transfer:					
		Hygiene:					
Cues							
Balance							
Strength							
Tolerance							
Home management							
Speech							

Notes:

All fields are **required**. Supporting clinical documentation must be submitted at the time of the request. An incomplete request form and/or missing clinical documentation will delay the authorization process. Please complete and fax to **1-855-859-4111**.

Request expedited determination for processing within 72 hours. **STAT orders only.** STAT/expedited/urgent requests must be supported by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Serious jeopardy to the health of the patient, including a pregnant woman or her fetus.
- Serious impairment to bodily functions; serious dysfunction to any organ or body part.

Member information		
Last name:	First name:	Member ID:
Date of birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of service:

Diagnosis: ICD-10 code and description	
Code	Description

Requested service. Please include supporting chart notes, diagnostic tests, and lab values when appropriate.

Procedure: CPT code and description	
Code	Description

Requesting provider information (primary care provider or specialist)		
Name:		
Provider ID:	Tax ID:	NPI:
Telephone:	Fax:	
Contact person:		

Servicing provider or facility (e.g., hospital, surgical center, durable medical equipment [DME] provider)		
Name:		
Provider ID:	Tax ID:	NPI:
Telephone:	Fax:	
Contact person:		
<input type="checkbox"/> In network <input type="checkbox"/> Out of network		

QuickGuide Signing Up for e-Services

Electronic Claims Submission (EDI)

Electronic claims submission has been proven to significantly reduce costs. Claims are processed faster, consequently payments arrive faster.

The first step is to contact your practice management system vendor or clearinghouse to initiate the process. Electronic claim submissions for AmeriHealth Caritas VIP Care should follow the same process as other **electronic commercial submissions that you already submit.** All AmeriHealth Caritas VIP Care claims will be routed through Change Healthcare by your vendor/clearinghouse, which may be an existing process utilized today by your practice. AmeriHealth Caritas VIP Care does not require Change Healthcare payer enrollment to submit EDI claims. This step does not need to be followed.

Change Healthcare will review and validate the claims for HIPAA compliance and forward them directly to AmeriHealth Caritas VIP Care. Electronic claims are submitted via the Change Healthcare Payer ID 77062 for AmeriHealth Caritas VIP Care.

AmeriHealth Caritas VIP Care is pleased to announce a free of charge online portal for claims submission. Please visit <https://office.emdeon.com/vendorfiles/amerihealth.html>.

Providers can also submit directly to Change Healthcare. Change Healthcare will provide information on their various electronic solutions, the requirements for connectivity, and set-up instructions. Providers should call **877-363-3666** and follow the appropriate prompts or go to www.changehealthcare.com for information on contracting for direct submission to Change Healthcare.

Real-time Eligibility Inquiry, Benefits Inquiry, Claims Inquiry, Authorization Inquiry, Authorization Submission.

These services are available through Change Healthcare. Change Healthcare has various provider products, which include a web-based portal, Change Healthcare Office. Change Healthcare Office Suite is a multi-payer portal that provides submission of the above transactions for AmeriHealth Caritas VIP Care as well as other payers. For more information on Change Healthcare Office Suite please call 877-469-3263 or go to www.changehealthcare.com. These real-time transactions may also be available through a variety of practice management/hospital information systems. Please contact your software vendor to see what information is available within your software.

Electronic Remittance Advice (ERA)

AmeriHealth Caritas VIP Care now offers ERA through Change Healthcare. Check with your practice management/hospital information system for the ability to process the Electronic Remittance Advice file (also referred to as an 835 file) and for instructions on how to receive ERA's for AmeriHealth Caritas VIP Care. Many of these systems utilize this file to generate reports and auto-post payments.

If you are not receiving any payer ERA's, please contact your practice management/hospital information system vendor to inquire if your software has the ability to process ERAs. Your software vendor is then responsible for contacting Change Healthcare to enroll for ERAs.

If your software does not support ERAs, you may contact Change Healthcare at **877-363-3666** and follow the appropriate prompts for alternative ERA options.

Electronic Funds Transfers (EFT)

Electronic funds transfers allow you to receive your payments faster and safer by sending them directly to the bank account you designate. AmeriHealth Caritas VIP Care encourages providers with high claim volumes to sign up for ERAs if they intend to receive EFTs. Utilizing both provides timely remittance information after the EFT payment arrives. Paper remittance advices will arrive via mail after the EFT payment.

Please follow the links below to access the EFT online enrollment forms:

New Change Healthcare EFT

Receiver: <http://www.changehealthcare.com/legacy/resources/enrollment-services/medical-hospital-enrollment> and select "Medical/Hospital Enrollment" and then select "Learn More" under EFT Enrollment. Select "EPayment Enrollment Authorization" to initiate the enrollment process.

Existing Change Healthcare EFT

Receiver: <http://www.changehealthcare.com/legacy/resources/enrollment-services/medical-hospital-enrollment> and select "Medical/Hospital Enrollment" and then select "Learn More" under EFT Enrollment. Select "EFT Payer Add/Change/Delete Authorization Form" to add to existing enrollment process.

The phone number for online Enrollment Support is: 866.506.2830 , Option 1.