

Provider Reference Guide

Your Provider Network Management Account Executive: _____

Phone number: _____

Fax number: _____

Email address: _____

AmeriHealth Caritas VIP Care Plus website: www.amerihealthcaritasvipcareplus.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, plan updates, and changes.

Provider information

Provider Services..... 1-888-667-0318
Hours..... 8 a.m. – 8 p.m.

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

Thank you for calling AmeriHealth Caritas VIP Care Plus, an MI Health Link Medicare-Medicaid plan.

- If you are a doctor, hospital, or provider of care, **PRESS 9** now.
- For prior authorizations for medical services, **PRESS 1**.
- For questions about behavioral health benefits and services, including prior authorizations, **PRESS 2**.
- For questions about Part D drugs, formulary, prior authorizations, and exceptions, **PRESS 3**.
- For questions regarding finalized claims, payment, redetermination, or adjustment, **PRESS 4**.

Fraud, Waste, and Abuse Hotline 1-866-833-9718

Prior authorizations..... 1-866-263-9011
Fax..... 1-866-263-9036

Laboratory services

LabCorp (and contracted hospitals)
Joint Venture Hospital Laboratories (JVHL)..... 1-800-445-4979
Website www.jvhl.org

Pharmacy Services..... 1-855-327-0510

NAVINET (provider portal).....connect.NaviNet.net

NAVINET Customer Care 1-888-482-8057

The free NaviNet provider portal provides access to key systems and patient information, such as member eligibility, member rosters, claim status and updates, online prior authorization, electronic copies of remittance, primary care provider (PCP) information, care gap reports, 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

Michigan Department of Community Health..... www.michigan.gov/mdch

Member information

Member Services

Phone 1-888-667-0318
TTY/TDD..... 1-866-428-7583
Hours 8 a.m. – 8 p.m., seven days a week

Member Enrollment 1-800-975-7630

Member Pharmacy Services 1-855-328-0011

Nurse Call Line 1-855-843-1145
Hours 24 hours a day, seven days a week
A confidential line for members to ask health-related questions.

Care Management..... 1-866-263-9181
Fax 1-866-263-9164

The Care Management team has Care Connectors, who are registered nurses and social workers, along with Community Health Navigators 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 Plus payer ID: **77013**

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

To submit directly to Change Healthcare:

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

To arrange electronic funds transfer (EFT) or electronic remittance advice (ERA) through Change Healthcare:

EFT enrollment 1-877-363-3666
ERA enrollment 1-877-363-3666
General..... 1-866-506-2830

Paper claim submission:

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

AmeriHealth Caritas VIP Care Plus
Claims Processing Department
P.O. Box 853914
Richardson, TX 75085-3914

Claims filing information

- Claims must be filed within 365 days from the date of service (or the date of discharge for inpatient admissions).
- This plan covers both Medicare and Medicaid, but should only be listed as a primary plan and not listed as primary and secondary in your billing system. Therefore, file only one claim to the plan, and it will be processed under both Medicare and Medicaid benefits. Only one payment will be remitted for both benefits.
- 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

Providers may call Provider Services at **1-888-667-0318** to notify AmeriHealth Caritas VIP Care Plus of a complaint, or contact your Provider Network Management Account Executive.

Integrated Care Bridge

The Integrated Care Bridge (ICB) is a web-based care coordination platform that is accessible for members and providers and allows them to have secure access to the member's care plan. Additionally, it allows providers to access and update member information, access referrals, and submit prior authorization requests. Providers can access the ICB through the NaviNet portal located on the AmeriHealth Caritas VIP Care Plus website.

Model of Care

The AmeriHealth Caritas VIP Care Plus 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 members to participate in and attest to completing our annual Model of Care training. Annual Model of Care training is also an AmeriHealth Caritas VIP Care Plus contractual requirement for all participating providers. This required training can be accessed in any of the following ways:

- Through an online interactive Model of Care training module on our website at www.amerhealthcaritasvipcareplus.com/provider/training/index.aspx.
- In person from an AmeriHealth Caritas VIP Care Plus Provider Network Management Account Executive or training seminar.
- By requesting printed Model of Care training materials from Provider Services at **1-888-667-0318** or by calling your AmeriHealth Caritas VIP Care Plus Provider Network Management Account Executive.

Balance billing

For AmeriHealth Caritas VIP Care Plus MI Health Link members, providers **may not bill and/or collect** any Medicare cost-sharing amounts, including deductibles, coinsurance, and copayments, that may or may not be represented on the remit, as they are not members' responsibility.

This practice, known as "balance billing," is prohibited by federal law and as stipulated under your AmeriHealth Caritas VIP Care Plus Provider Agreement. **Please be advised that it is unlawful for providers to balance bill any patient who is a member of this plan for any covered services.**

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 stay.

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

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

- 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 a caesarean section.
 - Inpatient diabetes programs and supplies.

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

- Inpatient medical detoxification.
- Elective transfers for inpatient and/or outpatient services between acute care facilities.
- Certain outpatient diagnostic tests.
- Home health services.
- 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.
 - 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 (inpatient and outpatient).
- 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 Plus.
- Surgical services that may be considered cosmetic, including, but not limited to:
 - Blepharoplasty.
 - Mastectomy for gynecomastia.
 - Mastopexy.
 - Maxillofacial surgery.
 - 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 **1-866-263-9011**

*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 Plus provider manual.

Prior authorization for CT scans, MRIs/MRAs, and nuclear cardiology services are required for outpatient services only. The ordering provider 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 provider. However, the ordering provider must contact the Prior Authorization department within 48 hours or the next business day to obtain proper authorization for the studies, which will be subject to medical necessity review.)