# AmeriHealth Caritas Next Florida

# **Provider Reference Guide**

### www.amerihealthcaritasnext.com/fl

### **Provider Services**

1-833-983-3577 Fax: 1-833-329-3577

# Here is a partial list of the types of assistance you can expect from Provider Services:

- · Eligibility checking
- · Claims status inquiry
- Electronic data interchange (EDI) technical support
- Reporting demographic data changes
- · Filing an informal complaint

### **AmeriHealth Caritas Next Member Services**

- Member Services...... 1-833-999-3567 (TTY 711)
- Member Services fax ......1-833-329-3567

Member Services is available Monday through Friday, 8 a.m. - 6 p.m.

# **Interpreter Services**

1-833-999-3567

### Florida Behavioral Health Crisis Line

- Members experiencing a mental health crisis can call 1-866-903-3787 or text 988.
- National Suicide and Crisis Lifeline......988

### Pharmacy Services (PerformRx<sup>SM</sup>)

### **PerformRx Pharmacy Member Services**

PerformRx Member Services......1-833-981-7967

### **PerformRx Pharmacy Provider Services**

Hours of operation: 8 a.m. to 6 p.m.

After hours, Saturdays, Sundays, and holidays, please call the 24/7 Pharmacy Member Services number at **1-833-981-7967**.

- PerformRx Provider Services......1-833-982-7977
- Pharmacy prior authorization fax......1-844-470-2507
- Formulary and forms.....www.amerihealthcaritasnext.com/fl

# Bright Start® (maternity services)

1-833-435-7708 Fax: 1-833-770-8329

- · Admission notification of obstetric deliveries and neonatal intensive care
- Referrals

# Rapid Response and Outreach Team

1-833-435-7708 Fax: 1-833-770-8329

Call Monday through Friday, 8 a.m. to 5 p.m., for support with care coordination and member access to services, including care management and the "Let Us Know" program.

Mail Health Risk Assessment forms to:

**AmeriHealth Caritas Next** 

**Rapid Response and Outreach Team** 

P.O. Box 7418

London, KY 40742-7418

www.amerihealthcaritasnext.com/fl

### Fraud, Waste, and Abuse Hotline

1-866-833-9718

# **Emergency prior authorization**

AmeriHealth Caritas Next does not require prior authorization for emergency services provided by network or non-network providers when a member seeks emergency care.

# Physical health 1-833-435-8600 utilization management Fax: 1-833-435-3290

- · Prior authorization
- · Discharge planning

Behavioral health prior authorization	1-833-435-8600 Fax: 1-833-329-3529
Evolent prior authorization	1-800-327-1187 or www.radmd.com
Concurrent review	1-833-435-8600 Fax: 1-833-435-3291
Peer-to-peer	1-833-727-0990



# Credentialing

1-833-983-3577

### Arranging electronic claim submission and payment options

**Electronic claims submission:** For those interested in electronic claim filing, contact your EDI software vendor or one of the clearinghouses:

- Optum/Change Healthcare's Provider Support Line, available via online chat or by calling 1-800-527-8133, option 2, Monday through Friday, 7 a.m. to 5:30 p.m. CT.
- Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday, 8 a.m. to 8 p.m. ET.

#### **Electronic payment options**

Change Healthcare partners with **ECHO Health Inc.** to offer electronic payment options. To sign up for electronic funds transfer, virtual credit card, or MedPay, contact **ECHO** at **1-888-492-5579**, **option 2**.

- · Electronic claims submission (EDI)
- · Electronic funds transfer (EFT)
- · Electronic remittance advice (ERA)

# **EDI Technical Support**

1-833-983-3577

### Timely claims filing

#### In-network:

- Original submission: no more than 180 days from date of service
- Rejected claims: no more than 180 days from date of service
- Denied claims: 365 days from date of service
- Corrected claims: must be submitted within 365 days of the original date of service

### Out-of-network:

• No more than 180 days from the date of service.

# Claims submission

AmeriHealth Caritas Next electronic payer ID number: 45408

AmeriHealth Caritas Next
Attn: Provider Claims Processing

P.O. Box 7344 London, KY 40742-7344

For detailed information, reference the AmeriHealth Caritas Next Claims Filing Instructions found at www.amerihealthcaritasnext.com/fl.

### Provider appeals (on behalf of a member)

Submit the appeal on behalf of a member.

Mail to:

**AmeriHealth Caritas Next** 

Attn: Provider Appeal (on behalf of a member)

P.O. Box 7101

London, KY 40742-7101

Fax: 1-833-983-3529

### Provider complaints and appeals

Providers are encouraged to settle complaints by phone or in person with their dedicated Account Executive, or by calling Provider Services at **1-833-983-3577**.

Submit complaints or appeals by mail to:

**AmeriHealth Caritas Next** 

**Attn: Provider Complaints and Appeals** 

P.O. Box 7351

London, KY 40742-7351

# **Claims inquiry**

If a provider has concerns regarding any claim issue, claims status information is available by:

- Electronic claims submission (EDI)
- · Visiting the NaviNet provider website, our secure provider portal
- Logging on to https://www.navinet.net for web-based solutions for electronic transactions and information
- Opening a claims investigation via NaviNet with the claims adjustment inquiry function
- Calling Provider Services at 1-833-983-3577 and following the prompts
- Calling your account executive for assistance

# NaviNet

1-888-482-8057 https://www.navinet.net

Log on to https://www.navinet.net for web-based solutions for electronic transactions and information.

# Other important contact information

- Florida Office of Insurance Regulation.....1-850-413-314 (toll-free) https://www.floir.com/
- Florida Office of Insurance Regulation 200 East Gaines Street Tallahassee, FL 32399



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