AmeriHealth Caritas NextFlorida 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 changesFiling an informal complaint	

AmeriHealth Caritas Next Member Services

Member Services is available 24 hours a day, seven days a week.

Interpreter Services

1-833-999-3567

Florida Behavioral Health Crisis Line

- Members experiencing a mental health crisis can call or text:
 1-800-273-TALK or text **NAMI** to **741-741.**

Pharmacy Services (PerformRx[™])

PerformRx Pharmacy Member Services

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 **1-844-211-0968**.

- PerformRx Provider Services......
 1-833-982-7977
- Pharmacy prior authorization fax.....
 1-844-470-2507

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 utilization management	1-833-435-8600 Fax: 1-833-435-3290
Prior authorization	
Discharge planning	
Behavioral health	1-833-435-8600
prior authorization	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	Provider complaints and appeals	
Arranging electronic claim submission and payment options. AmeriHealth Caritas contracts with Change Healthcare for EDI. Electronic claims submission: Contact your practice management or EDI vendor to arrange for electronic claims or remittance transmissions. To submit claims directly to Change Healthcare, sign up for ConnectCenter at 1-800-527-8133, option 2.		Providers are encouraged to settle complaints by phone or in per with their dedicated Account Executive, or by calling Provider S 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	
			Electronic payment options Change Healthcare partners with ECHO Health Inc. to offer electronic payment
 Change Healthcare partners with ECI options. To sign up for electronic fund MedPay, contact ECHO at 1-888-4 Electronic claims submission (El Electronic funds transfer (EFT) Electronic remittance advice (EF 	ds transfer, virtual credit card, or 92-5579, option 2. DI)	 If a provider has concerns regarding any claim issue, claims st information is available by: Electronic claims submission (EDI) Visiting the NaviNet provider website, our secure provider po Logging on to https://www.navinet.net for web-based solution electronic transactions and information 	
		Opening a claims investigation via NaviNet with the claims a	

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

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 7450 London, KY 40742-7450

Fax: 1-833-983-3529

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status

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- tions for
- adjustment inquiry function
- CallingProviderServicesat 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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