

# Reference Guide for FQHCs, RHCs, and Other Community Health Providers

October 2023

<b>Provider Services</b> Available 7 a.m. to 8 p.m., Monday through Friday, excluding major holidays	<b>1-833-644-6001</b>
For assistance with: <ul style="list-style-type: none"> <li>• Eligibility checking</li> <li>• Claims status inquiry</li> <li>• Electronic data exchange (EDI) technical support</li> <li>• Reporting demographic data changes</li> <li>• Filing a complaint</li> </ul>	
<b>Ohio Provider Network Management (PNM) Portal</b>	
<a href="https://managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing">https://managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing</a>	
<b>NaviNet provider portal</b>	<b>1-888-482-8057</b> navinet.navimedix.com
<b>Member Services</b> (24 hours a day, seven days a week)	<b>1-833-764-7700</b> TTY: <b>1-833-889-6446</b> Fax: <b>1-833-641-3290</b>
<b>Bright Start®</b> (maternity services)	<b>1-833-606-2727</b> Fax: <b>1-833-732-9640</b>
<b>Vision</b>	<b>1-833-764-7700</b>
<b>Dental (DentaQuest)</b>	<b>1-888-278-7310</b>
<b>Emergency room (ER) policy</b>	
AmeriHealth Caritas Ohio does not require prior authorization for emergency services provided by in-network or out-of-network providers when a member seeks emergency care.	
<b>24/7 Nurse Call Line for members</b>	<b>1-833-625-6446</b>

<b>Pharmacy services</b>	
Pharmacy services are managed by the single pharmacy benefits manager (SPBM), Gainwell Technologies. For the most current and complete information on the provision of pharmacy services, visit <a href="https://spbm.medicaid.ohio.gov/">https://spbm.medicaid.ohio.gov/</a> . For questions regarding pharmacy services, Plan members and providers may contact:	
SPBM Pharmacy Member Services.....	<b>1-833-491-0344</b>
SPBM Pharmacy Provider Services.....	<b>1-800-686-1516</b>

<b>Nonemergency medical transportation</b>	<b>1-833-664-6368</b>
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<b>Utilization management</b>	<b>1-833-735-7700</b>
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<b>Fraud and abuse hotline</b>	<b>1-866-833-9718</b>
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<b>Rapid Response and Outreach Team/ Let Us Know</b>	<b>1-833-464-7768</b> Fax: <b>1-833-564-3290</b>
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Call Monday – Friday, 8 a.m. to 5 p.m., for support with care coordination and member access to services.

The Member Intervention Request form is available at [www.amerihhealthcaritasoh.com](http://www.amerihhealthcaritasoh.com) > Providers > Forms.

<b>Arranging electronic services (EDI, EFT, and ERA)</b>	
Contact your practice management or electronic data interchange (EDI) vendor to arrange for electronic claims or remittance transmissions. Or contact ECHO Health, Inc. at <b>1-888-492-5579</b> or visit <a href="http://www.echohealthinc.com">www.echohealthinc.com</a> to arrange:	
<ul style="list-style-type: none"> <li>• Electronic claims submission (via EDI)</li> <li>• Electronic funds transfer (EFT)</li> <li>• Electronic remittance advice (ERA)</li> </ul>	

<b>Peer-to-peer review</b>	<b>1-833-735-7700</b>
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**Timely claims filing**

- Original submission: no more than 365 days from date of service.
- Inpatient hospital claims: Must be received within 365 days of the date of discharge.
- Denied claims: within 365 days of date of service or 180 days from the date the claim was denied, whichever is later. Resubmitted claims beyond 730 days from the date of service or discharge will be denied.
- Adjusted claims must be submitted via EDI within 180 days from the paid claim date.
- Third-party liability (TPL) claims: Claims with prior payment by Medicare or another insurance plan must be received within 180 days from the date the other insurer paid on the claim.

**Claims submission**

AmeriHealth Caritas Ohio works with the third-party fiscal intermediary, Gainwell Technologies, to offer a **single point of entry for all provider claims**.

AmeriHealth Caritas Ohio electronic payer ID number: **35374**

For detailed information, see the AmeriHealth Caritas Ohio claims and billing information available at [www.amerihealthcaritasoh.com](http://www.amerihealthcaritasoh.com).

**Claims inquiry**

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

- Electronic claims submission (via EDI)
- Visiting NaviNet, our secure provider portal. Log on to [navinet.navimedix.com/sign-in](http://navinet.navimedix.com/sign-in) 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 **1-833-644-6001** and following the prompts
- Calling your Account Executive for assistance

**Provider appeals and complaints**

**Providers may file an appeal of an adverse action. Appeals must be submitted in writing to:**

AmeriHealth Caritas Ohio  
 Attn: Provider Appeals  
 P.O. Box 7400  
 London, KY 40742

For provider appeals (on behalf of a member and with written consent), call **1-833-644-6001** and follow the prompts.

**For provider complaints:**

Call Provider Services at **1-833-644-6001**.

**Prior authorization**

Services requiring prior authorization include, but are not limited to, the list below. For the most up-to-date and detailed listing of services that require authorization, please consult the provider pages of our website at [www.amerihealthcaritasoh.com](http://www.amerihealthcaritasoh.com).

- Elective air ambulance
- All out-of-network services, excluding emergency services
- All unlisted miscellaneous and manually priced codes (including, but not limited to, codes ending in "99")
- All inpatient hospital admissions, including medical, surgical, skilled nursing, long-term acute, and rehabilitation services
- Home-based services: (physical, occupational, and speech therapies) and skilled nursing (after 18 combined visits, regardless of modality)
- Durable medical equipment (DME) rentals
- Mental health inpatient admissions
- Electroconvulsive therapy (ECT)
- Mental health partial hospitalization program
- Psychological and neuropsychological testing
- Pain management-external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and nerve blocks
- Pharmacy — contact Gainwell (**1-800-686-1516**)
- Speech, occupational, and physical therapy require prior authorization after the 30th visit. This applies to private and outpatient facility-based services.
- The following radiology services, when performed as an outpatient service, require prior authorization by AmeriHealth Caritas Ohio's radiology benefits vendor, National Imaging Associates Inc. (NIA):
  - Computed tomography angiography (CTA)
  - Coronary computed tomography angiography (CCTA)
  - Computed tomography (CT)
  - Magnetic resonance angiography (MRA)
  - Magnetic resonance imaging (MRI)
  - Myocardial perfusion imaging (MPI)
  - Positron emission tomography (PET)
  - Multiple-gated acquisition scan (MUGA)


**Other important contact information**

Ohio Department of Medicaid (ODM) Provider Hotline:  
**1-800-686-1516**

Report child abuse to the Ohio Department of Job and Family Services (ODJFS) by phone at **1-855-O-H-CHILD (1-855-642-4453)**.

Report adult abuse to the Ohio Department of Job and Family Services (ODJFS) by calling the State of Ohio's Adult Protective Services Hotline at **1-855-644-6277 (1-855-OHIO-APS)** or by online referral via the portal at <https://aps.jfs.ohio.gov/>.






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<p>Member name <b>John L Doe</b></p> <p>AmeriHealth Caritas Ohio ID <b>123456789</b></p> <hr/> <p>Date of birth: <b>MM/DD/YYYY</b></p> <p>State ID: <b>1234567890123</b></p> <hr/> <p>Copays <b>ER: \$0    PCP: \$0    SPEC: \$0</b></p>	<p>Primary doctor <b>PCP first name, PCP last name</b></p> <p><b>Group name</b></p> <p>PCP phone number <b>&lt;X-XXX-XXX-XXXX&gt;</b></p> <hr/> <p>Effective date <b>MM/DD/YYYY</b></p>
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*Limits may apply to some services. Not transferable*



[www.amerhealthcaritasnh.com](http://www.amerhealthcaritasnh.com)

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<p><b>Always carry your AmeriHealth Caritas Ohio card.</b> You'll need it to get your benefits. Go to your AmeriHealth Caritas Ohio primary care provider (PCP) for medical care.</p> <p><b>Emergency room:</b> Go to an emergency room near you if you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.</p> <p><b>Out-of-area care:</b> Report out-of-area care to AmeriHealth Caritas Ohio and your PCP within 48 hours.</p> <p><b>Mental health, drug, and alcohol services:</b> Call Member Services at <b>1-833-704-1177</b>.</p> <p>To file an appeal or grievance, contact Member Services at <b>1-833-704-1177</b>.</p> <p>AmeriHealth Caritas Ohio Claims Processing P.O. Box 7387 London, KY 40742-7387</p>	<p>Member Services <b>1-833-704-1177 (TTY 1-855-534-6730)</b> 24 hours a day, seven days a week</p> <hr/> <p>Provider Services and prior authorization <b>1-888-599-1479</b></p> <p>Report Medicaid fraud <b>1-866-833-9718</b></p> <p>To speak with a nurse anytime <b>1-855-216-6065</b></p> <p>Pharmacy Member Services <b>1-888-765-6383</b> or <b>TTY 711</b></p> <p>Pharmacy RxBIN #<b>019595</b> Pharmacy RxPCN #<b>PRX00800</b> Pharmacy Provider Services: <b>1-888-765-6394</b></p>
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*All other insurance payors must be billed before AmeriHealth Caritas Ohio, payor of last resort.*