Provider homepage
[amerihealthcaritasoh.benchurl.com]

Claims & billing
[amerihealthcaritasoh.benchurl.com]

Prior authorization
[amerihealthcaritasoh.benchurl.com]

AmeriHealth Caritas Ohio

Provider Partnerships - August 2026

A newsletter from AmeriHealth Caritas Ohio to better support those who care for our members.

In this issue

Helpful links

Provider alerts and newsletters
[amerihealthcaritasoh.benchurl.com]
Provider manual
[amerihealthcaritasoh.benchurl.com]
Provider claims and billing manual
[amerihealthcaritasoh.benchurl.com]
Prior authorizations
[amerihealthcaritasoh.benchurl.com]

Provider Services

1-833-644-6001
Click to email provider services

Your Feedback Matters – Please Complete Our Provider Satisfaction Survey

At AmeriHealth Caritas Ohio, we are committed to building strong partnerships with our provider community and continuously improving the support and services we deliver.

You may be selected to participate in our 2026 Provider Satisfaction Survey. This survey provides an opportunity to share your experiences and feedback regarding areas such as provider services, claims, utilization management, provider communications, and overall satisfaction with AmeriHealth Caritas

Ohio. Your input helps us identify what is working well and where we can improve to better serve you and your patients.

We take your feedback very seriously, and have made improvements to our UM and provider service processes based on your responses.

The survey should take only a few minutes to complete, and all responses will be reported in aggregate and kept confidential.

We value your partnership and encourage you to take a few moments to share your perspective. Your feedback directly influences our improvement efforts and helps us better support your practice and the members we jointly serve.

Thank you for your continued commitment to providing quality care.

ODM required annual EPSDT education

AmeriHealth Caritas Ohio provides this Healthchek education to all contracted providers on an annual basis.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is key to ensuring that children and adolescents receive appropriate preventative, dental, mental health, developmental, AND specialty services.

Screenings must include:

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Laboratory Tests – including lead toxicity screening as guided by the child's age
- Appropriate and needed immunizations
- Health Education – anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention
- Vision Services – at minimum, diagnosis, and treatment for defects in vision, including eyeglasses
- Dental Services – at minimum, relief of pain and infections, restoration of teeth, and maintenance of dental health
- Hearing Services – at minimum, diagnosis and treatment for defects in hearing, including hearing aids
- Nutrition assessment and education
- Other necessary health care services – diagnostic and treatment services must be provided when a screening examination indicates the need for further evaluation

The Well Child Visit Schedule recommended by American Academy of Pediatrics (AAP) is listed below. To view the comprehensive Periodicity Schedule for Preventative Health Care, click here [amerihealthcaritasoh.benchurl.com].

2 - 5 days old	1 month old	2 months old
4 months old	6 months old	9 months old
12 months old	15 months old	18 months old
24 months old	30 months old	
Every year until age 21		

Use the Quick Reference Guide [amerihealthcaritasoh.benchurl.com] for quick and easy access to ICD-10/CPT codes for EPSDT billing.

Resources:
Provider Claims and Billing Manual [amerihealthcaritasoh.benchurl.com]
Provider claims and billing webpage [amerihealthcaritasoh.benchurl.com]
NaviNet provider portal [amerihealthcaritasoh.benchurl.com]

Member Rights and Responsibilities

AmeriHealth Caritas Ohio members have rights and responsibilities. We believe all members have the right to receive information on the services AmeriHealth Caritas Ohio must provide, the right to be treated with respect, dignity, and privacy.

- Members have the right to receive medically necessary treatment options for their conditions no matter the cost or benefit coverage.
- Members are to take part in decisions about their healthcare.
- Members are to treat healthcare staff with respect, be aware of the benefits and services available to them.
- Ask for more explanations if they do not understand their doctors' instructions.
- To provide their physicians with accurate and complete medical information.

Click for a complete list [amerihealthcaritasoh.benchurl.com] of the members' rights and responsibilities.

Vendor Transition for Retrospective Review Services

AmeriHealth Caritas is enhancing its retrospective review operations to improve accuracy and efficiency. As part of this effort, we are updating our vendor partnerships supporting retrospective data mining and complex chart review activities, with changes occurring throughout 2026.

What's Changing
In June 2026, AmeriHealth Caritas Ohio began transitioning these services previously performed by Cotiviti to a combination of existing and new vendor partners:

HMS Gainwell (*Expansion of Existing Services*)

- **Scope:** Retrospective Data Mining Services (previously performed by Cotiviti)
- **Effective Date:** June 19, 2026
- **Status:** Existing AmeriHealth Caritas vendor (currently supporting TPL/COB services)
- **Provider Impact:** Minimal – this represents an expansion of services already in place
- **Customer Service:** 1-833-907-0661

Apixio (a Machinify Company) (*New Vendor*)

- **Scope:** Retrospective Complex Chart Review
- **Effective Date:** July 17, 2026
- **Status:** New vendor to the AmeriHealth Caritas network
- **Customer Service:** 1-844-308-3781

Codoxo (*New Vendor*)

- **Scope:** Second-Pass Retrospective Complex Chart Review and Data Mining
- **Role:** Provides an additional layer of review after HMS Gainwell and Apixio to support a thorough and consistent evaluation process
- **Effective Date:** August 14, 2026
- **Status:** New vendor to the AmeriHealth Caritas network
- **Customer Service:** 1-866-270-1951

Additional Information
Continuity of Review Concepts: Initial review concepts at go-live are standard industry practices and are consistent with those previously implemented through Cotiviti.

What This Means for Providers
You may begin receiving medical record requests or communications from these vendors aligned with the timelines above. All vendors will operate in accordance with AmeriHealth Caritas policies and regulatory requirements. There is no change to provider contractual obligations.

Questions
If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-833-644-6001**.

Department of Medicaid

Medicaid Group VIII Work and Community Engagement Requirements
Due to federal laws, beginning January 1, 2027, Medicaid eligibility requirements will be changing for individuals eligible for and enrolled in Group VII coverage (also known as MAGI Adult or Ribicoff coverage). The new rules will introduce a Work and Community Engagement Requirement for certain non-exempt individuals to demonstrate ongoing participation in work or community activities for a minimum of 80 hours per month as a condition of coverage.

To learn more visit ODM's Medicaid Group VII Coverage webpage [amerihealthcaritasoh.benchurl.com], which includes ODM's Medicaid Group VIII Work and Community Engagement Requirement Partner Packet [amerihealthcaritasoh.benchurl.com].

Ohio Department of Medicaid (ODM) updates
To stay up to date on ODM news, subscribe to the ODM Press [amerihealthcaritasoh.benchurl.com].

Ohio Department of Medicaid Email Links
Electronic Data Interchange (EDI)
Fiscal Intermediary (FI)
Next Generation Ohio Medicaid program
Ohio Medicaid Integrated Helpdesk
OhioRISE
Provider Network Management module and Centralized Credentialing
Single Pharmacy Benefit Manager

Claims and Billing

Important Upcoming Ohio Medicaid Billing Requirement

The Ohio Department of Medicaid (ODM) is implementing updates to Ordering, Referring, and Prescribing (ORP) requirements that will take effect on **January 1, 2027**. These requirements apply to both managed care and fee-for-service Medicaid claims.

For certain services, claims must include the National Provider Identifier (NPI) of the Ordering, Referring, or Attending provider, as required by ODM. In addition, the ORP provider must be actively enrolled with Ohio Medicaid at the time the service is ordered, referred, or rendered.

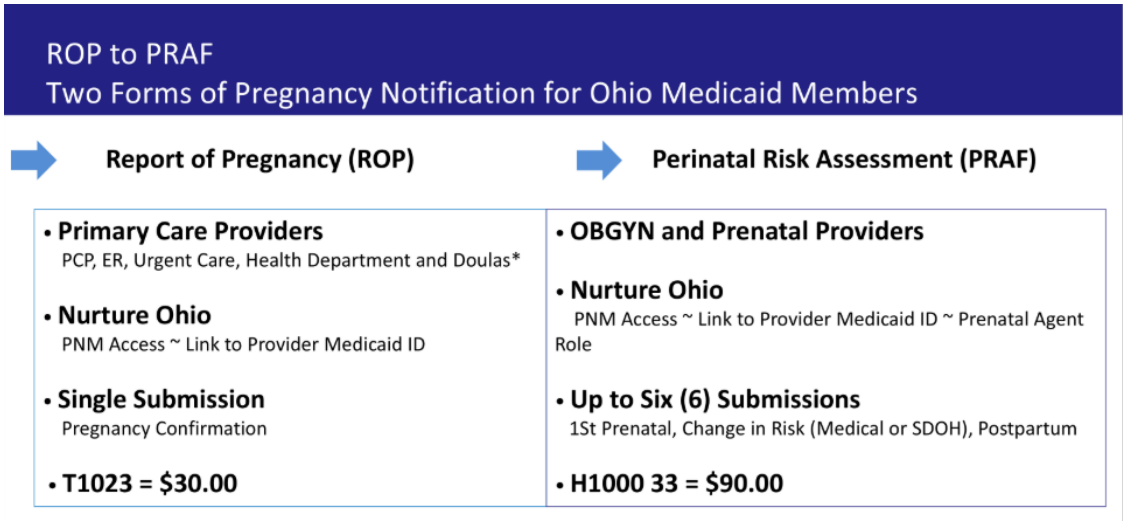
To prepare for this change, providers should:

- Review current billing processes to identify services that require ORP information.
- Verify that ordering, referring, and prescribing practitioners are actively enrolled with Ohio Medicaid.
- Ensure the appropriate ORP NPI is included on applicable claims.
- Encourage practitioners who are not enrolled with Ohio Medicaid to complete enrollment through the Provider Network Management (PNM) portal.

ODM may allow warning messages during the transition period; however, beginning **January 1, 2027**, claims submitted with missing or invalid ORP information may be denied.

AmeriHealth Caritas Ohio is working with providers to support readiness through education, resources, and ongoing outreach. We encourage providers to review their processes now to avoid potential claim impacts once enforcement begins.

Updated Billing Information on the Report of Pregnancy (ROP) and Perinatal Risk Assessment Form (PRAF)



Comprehensive Payment Systems Errors Report

The Claims Payment Systemic Errors (CPSE) report is updated and posted monthly [amerihealthcaritasoh.benchurl.com] with a list of resolved issues.

Electronic Claims Submission

Providers can choose the submission option that works for them. It can be any approved clearinghouse or direct to ODM. Preferred options are:

- Availity (subscription)
- Change Healthcare (no cost)

Best Practices to Ensure Accurate Payment and Directory Information

- Use the PNM portal https://managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing [amerihealthcaritasoh.benchurl.com] for all provider changes.
- ODM can take up to 14 business days to approve and send changes.
- If you are having difficulties getting your claims to AmeriHealth Caritas Ohio through the Fiscal Intermediary (FI), contact ODM's Integrated Helpdesk at IHD@Medicaid.ohio.gov or **1-800-686-1516**.

Questions About Reimbursement or Payment Policies?

Click the appropriate link below for more detailed information.

Clinical Policies [amerihealthcaritasoh.benchurl.com]

Clinical Practice Guidelines [amerihealthcaritasoh.benchurl.com]

Reimbursement Policies [amerihealthcaritasoh.benchurl.com]

Dispute or Appeal?

If a provider disagrees with the outcome of a claim, the first step should always be to submit a claim dispute.

Provider disputes
Provider claim disputes are any provider inquiries or requests for reconsiderations, ranging from general questions about a claim to a provider disagreeing with a claim denial. Provider Dispute Submission Form [amerihealthcaritasoh.benchurl.com] (PDF)

A dispute can be submitted using any of the following methods:

1. NaviNet [amerihealthcaritasoh.benchurl.com] (recommended method):
    - NaviNet > Forms and Dashboards > Provider Dispute Submission Form
    - The turnaround time is 15 days for disputes.
2. Mail the form with your supporting documentation to:
    - AmeriHealth Caritas Ohio
    - Attn: Provider Claim Inquiry
    - P.O. Box 7126
    - London, KY 40742
3. Phone: **1-833-644-6001**. Select the prompts for the correct department and then select the prompt for claim issues.
4. Fax: **1-833-216-2272**

Provider appeals
Providers may file an appeal on a denied pre-service within 30 days of the notice of Adverse Benefit Determination (ABD).

Click here to access the Provider Appeal Form [amerihealthcaritasoh.benchurl.com].

1. Fax: **1-833-564-1329**
2. Mail the form with your supporting documentation to:
    - AmeriHealth Caritas Ohio
    - Attn: Provider Claim Inquiry
    - P.O. Box 7400
    - London, KY 40742

NaviNet

NaviNet® Dispute Letter Access Update

The location of dispute letters in the NaviNet Provider portal has changed. **Effective July 30, 2026**, providers can access dispute letters in NaviNet by:

- Navigating to Plan Central > Workflows > Patient Documents
  - Using the updated location to view all dispute letters by member name.
  - Discontinued: dispute letters will no longer be available under **Practice Documents**.

This update improves efficiency and reduces time spent searching for member-specific letters by:

- Displaying each letter clearly by member name.
- Eliminating the need to open multiple files to identify the correct member.

Overpayment Recovery Enhancement

1. NaviNet now offers the chance to review, approve or dispute claims overpayments and submit supporting documentation electronically in real-time. This functionality allows providers a more efficient way to respond to overpayment letters. It will help reduce the need to mail written correspondence and minimize response times.
2. Forms and Dashboards > Overpayments

Did You Know?

- You can submit prior authorization requests electronically on our secure provider portal NaviNet, and in some instances receive auto-approval. Turnaround times are faster when using NaviNet.
- In the event you are unable to request a prior authorization, you can request a retro authorization if there is no claim on file. **If no claim is on file, UM will review retro requests**. Please contact your dedicated Account Executive with questions.

NaviNet Claim Disputes Status Check Update

AmeriHealth Caritas Ohio and NantHealth | NaviNet expanded the functionality for the submission of disputes regarding claim issues and supporting documentation to include the capability of viewing the status of the dispute and a copy of the determination letter. Click to read [amerihealthcaritasoh.benchurl.com] the entire notice.

New to NaviNet?

If you do not have access to the NaviNet provider portal, please visit: https://register.navinet.net/ [amerihealthcaritasoh.benchurl.com] to sign up. When registering for NaviNet, please have the following information ready to be entered into the online registration form:

- Office name
- Address
- Phone number
- TIN

You will also be asked to attach one of the following documents for verification:

- Certificate of Good Standing
- Sole Proprietor SS-4
- IRS 147C Letter

If you have questions, please contact your Provider Account Executive or the Provider Services department at **1-833-644-6001**.

Prior authorizations

Q3 2026 CMS Quarterly Code Update

Click the link to review the CMS changes to prior authorization requirements that took effect on 7/1/2026 https://amerihealthcaritasoh.bmeurl.co/14170BBC. [amerihealthcaritasoh.benchurl.com]

Helpful Prior Authorization Information

The most up-to-date list of services requiring prior authorization [amerihealthcaritasoh.benchurl.com] is on our website. The Plan's Utilization Management (UM) department hours of operation are 8:30 a.m. to 5 p.m. ET, Monday through Friday, except for holidays. The UM department can be reached at:

- Utilization Management telephone: **1-833-735-7700**
- Utilization Management prior authorization fax: **1-833-329-6411**

For prior authorizations after hours, weekends and holidays, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

AmeriHealth Caritas Ohio offers our providers access to our Medical Authorizations portal for electronic authorization inquiries and submission. The portal is accessed through NaviNet [amerihealthcaritasoh.benchurl.com] and located on the Workflows menu.
In addition to submitting and inquiring on existing authorizations, you will also be able to:

- Verify if **No Authorization is Required**
- Receive **Auto Approvals**, in some circumstances
- Submit **Amended Authorization**
- **Attach supplemental documentation**
- Sign up for **in-app status change notifications** directly from the health plan
- Access a **multi-payer Authorization log**
- Submit inpatient concurrent reviews online if you have Health Information Exchange (HIE) capabilities (fax is no longer required)
- Review inpatient admission notifications and provide supporting clinical documentation

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How to Submit Prior Authorizations

Behavioral health prior authorizations [amerihealthcaritasoh.benchurl.com]
Common electronic prior authorization errors [amerihealthcaritasoh.benchurl.com]
Medical necessity [amerihealthcaritasoh.benchurl.com]
Pharmacy prior authorizations [amerihealthcaritasoh.benchurl.com]
Physical health prior authorizations [amerihealthcaritasoh.benchurl.com]
Physician-administered medication prior authorization request form (PDF) [amerihealthcaritasoh.benchurl.com]
Standard and expedited benefit determinations [amerihealthcaritasoh.benchurl.com]

Prior Authorization Lookup Tool

To find out if a service needs prior authorization, type a Current Procedural Terminology (CPT) code or a Healthcare Common Procedure Coding System (HCPCS) code into the tool.

- Go to: Prior Authorization Lookup Tool [amerihealthcaritasoh.benchurl.com]
- Enter a CPT or HCPCS code.
- Click Submit.
- The tool will tell you if that service needs prior authorization.

Important notice
This tool provides general information for outpatient services performed by a participating provider. Prior authorization requirements also apply to secondary coverage.
The following services always require prior authorization:

- Inpatient services (elective and urgent)
- Services with a non-participating provider — join our network [amerihealthcaritasoh.benchurl.com]
- Codes not on the Ohio Medicaid Fee Schedule

If you have questions about this tool, a service, or to request a prior authorization, contact Utilization Management at **1-833-735-7700**.

Submit All Medical Pharmacy Prior Authorizations (PA) to PerformRx

Prior authorization requests for prescriber administered medications should be submitted to PerformRx via fax. See our website [amerihealthcaritasoh.benchurl.com] for more information and the form.

Behavioral Health

Behavioral Health Service Thresholds Effective 10/1

The Ohio Department of Medicaid recently approved utilization management policies for certain community behavioral health services, effective July 1.

AmeriHealth Caritas Ohio will not be implementing the changes until **October 1**.

- Any services rendered before July 1 will not count toward the authorization thresholds.

- Services rendered between July 1 and September 30 will count toward the thresholds.

The services that will be subject to utilization management and excluded from authorization can be viewed here: https://content.govdelivery.com/accounts/OHMEDICAID/bulletins/416eeb5 [amerihealthcaritasoh.benchurl.com].

CANS Submission

The Child and Adolescent Needs and Strengths (CANS) assessment plays a vital role in determining eligibility for OhioRISE enrollment. For CANS certified assessors who complete these assessments and submit claims for reimbursement, it is essential to enter completed assessments into the ODM CANS IT Portal within 10 business days. Timely submission not only streamlines the enrollment process but also ensures that children and youth receive critical behavioral health services without unnecessary delays.

Delays in submitting assessments through the portal can significantly impact access to care, potentially postponing the support children, youth and families need for their behavioral health. To promote consistency and provide high-quality care, AmeriHealth requests all CANS certified providers to adopt a standardized process and consistently submit assessments within the 10-day timeframe. By doing so, providers help safeguard timely access to vital services and improve outcomes for those in need. Additionally, delays in submitting CANS assessments in the portal within the 10-day timeframe from the date of service listed on the claim could impact payment of services.

Changes to eligibility for OhioRISE members

The Ohio Department of Medicaid has amended the OhioRISE eligibility and enrollment rule, so that enrollment in OhioRISE will become effective the first day of the calendar

month of eligibility. This change is being made to align with managed care program enrollment and to reduce manual retro-enrollments due to an inpatient behavioral health admission.

Clarification of financial responsibility for behavioral health services provided to children and youth is found in the OhioRISE Mixed Services Protocol [amerihealthcaritasoh.benchurl.com] (Protocol). Managed care plans will still be responsible for CANS assessments completed prior to OhioRISE enrollment. The Protocol will be updated as needed to support the rule change.
This change in retro eligibility to the first day of calendar month that a member becomes eligible for OhioRISE may cause behavioral health claims that paid to be taken back so that the claim can be resubmitted to the OhioRISE plan for processing. Read rule 5160-59-02 | OhioRISE: eligibility and enrollment here [amerihealthcaritasoh.benchurl.com].

CEU Opportunities

Sign up [amerihealthcaritasoh.benchurl.com] to receive notifications of FREE CEU trainings provided by AmeriHealth Caritas of Ohio.

Submitting Prior Authorization (PA) Requests for Behavioral Health Services

See the tip sheet [amerihealthcaritasoh.benchurl.com] for guidance on submitting PAs for behavioral health service requests.

Resources

2026 HEDIS Supplemental Guide

AmeriHealth Caritas Ohio's 2026 HEDIS Supplemental Guide [amerihealthcaritasoh.benchurl.com] has been posted on the resources webpage.

NEW! Tobacco Cessation Member Support and Coding Best Practices

Take a look at AmeriHealth Caritas Ohio's new tobacco cessation CPT guide [amerihealthcaritasoh.benchurl.com], an effective tool that combines recommendations on providing members support and best practices for coding counseling sessions.

PCP Change Form

Do you have a patient whose Member ID card does not have you listed as their assigned PCP? You can use the PCP change form to request a change to a member's PCP. Access the form here [amerihealthcaritasoh.benchurl.com].

Links

Provider claims and billing manual [amerihealthcaritasoh.benchurl.com]
Provider claims and billing webpage [amerihealthcaritasoh.benchurl.com]
NaviNet provider portal [amerihealthcaritasoh.benchurl.com]
Training and education [amerihealthcaritasoh.benchurl.com]
EPSDT Billing [amerihealthcaritasoh.benchurl.com]
Quick Reference Guide [amerihealthcaritasoh.benchurl.com]

Training

Virtual Provider Orientation

AmeriHealth Caritas Ohio invites you and your staff to join us for a virtual New Provider Orientation session. Click here [amerihealthcaritasoh.benchurl.com] to register.

September 15
November 17

National Immunization Awareness Month

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages.

For resources on immunization education and training, recommended immunization schedules, and support for parents and patients, visit the CDC's website https://www.cdc.gov/vaccines/php/national-immunization-awareness-month/index.html. [amerihealthcaritasoh.benchurl.com]

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Visit our website AmeriHealth Caritas Ohio [amerihealthcaritasoh.benchurl.com]