

### Provider Homepage

[[amerihealthcaritasoh.benchurl.com](#)]

### Claims & Billing

[[amerihealthcaritasoh.benchurl.com](#)]

### Prior Authorization

[[amerihealthcaritasoh.benchurl.com](#)]



## Provider Partnerships-October 2026

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

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### AmeriHealth Caritas Ohio Provider Services

**1-833-644-6001**, Monday through Friday, 7 a.m. to 8 p.m.

[Click to email provider services](#)

### Help Patients Prepare for New Ohio Medicaid Requirements

Beginning January 1, 2027, Ohio Medicaid will introduce Work and Community Engagement requirements for certain adults enrolled in Group VIII (Group 8) coverage. Group VIII (Group 8) generally refers to adults ages 19 through 64 who

qualify for Medicaid because their income is at or below 138% of the Federal Poverty Level. This does not apply to all Medicaid members, and many members may meet an exemption.

### **What Is Changing**

For affected Group VIII members:

- Some members may need to complete at least 80 hours each month through one or a combination of qualifying activities, such as work, community service, participation in a work program, or enrollment in an educational program at least half-time, unless an exemption applies.
- Group VIII (Group 8) members will renew Medicaid coverage every six months instead of every 12 months.
- Medicaid members outside Group VIII (Group 8) will continue their regular annual renewal schedule unless Ohio tells them otherwise.

### **What Patients Can Do Now**

Encourage patients to begin with simple readiness steps:

- Keep their home address, email address, and phone number current with Ohio Medicaid.
- Read all mail, email, and text messages about Medicaid coverage.
- Check their coverage group through the Ohio Benefits Self-Service Portal under “View My Benefits” or review a recent Ohio Medicaid notice.

### **How Providers Can Help**

- Share that Work and Community Engagement requirements apply only to certain Group VIII members, not every Medicaid member.
- Encourage patients to keep contact information current and review Medicaid notices.
- Avoid determining whether a patient is affected or exempt; direct eligibility questions to Ohio Medicaid.

Questions about eligibility, exemptions, or compliance? Direct patients to the Ohio Medicaid Consumer Hotline at **1-800-324-8680**.

Ohio Medicaid and county Job and Family Services offices determine Medicaid eligibility, exemptions, and compliance. AmeriHealth Caritas Ohio and providers do

not make these determinations.

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

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### **Prenatal and Postpartum CPT Coding Changes Effective January 1, 2027**

To align with updated CMS guidance, the CPT coding used to support reporting of the Prenatal and Postpartum Care (PPC) measure is being updated. Beginning January 1, 2027, bundled prenatal and postpartum CPT codes will be retired and replaced with revised and new phase-specific codes. [Read the alert and FAQs \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com).

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### **Earn More in Q4 by Closing Blood Pressure Care Gaps**

#### **Earn \$50 for each eligible CBP care gap successfully closed during quarter 4.**

Now is the time to act. October kicks off the fourth quarter window to close open Controlling Blood Pressure (CBP) care gaps. Taking action now can help improve blood pressure control for members while supporting your practice group's incentive opportunity.

Through the PerformPlus True Care for Controlling High Blood Pressure Incentive Program, eligible primary care practices can earn incentive payments for successful CBP gap closures completed during Q4. This opportunity applies to primary care practices with assigned AmeriHealth Caritas Ohio members who have open CBP care gaps.

| <b>At a glance</b>        | <b>What providers need to know</b>                                                                            |
|---------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Incentive</b>          | \$50 for each open CBP care gap successfully closed during Q4                                                 |
| <b>Compliant BP</b>       | Most recent reported blood pressure reading during the 2026 measurement period must be less than 140/90 mm Hg |
| <b>Action window</b>      | October 1–December 31                                                                                         |
| <b>Submission options</b> | Claims, corrected claims, NaviNet entries, or supplemental data                                               |
| <b>Payment timing</b>     | Anticipated in June 2027                                                                                      |

### **Three things to do now**

- Review your personalized gap report in NaviNet or the Value Based Program Monthly Scorecard.
- Complete member outreach and follow-up before December 31, for members who need updated blood pressure documentation.
- Submit accurate claims, corrected claims, NaviNet entries, or supplemental data to support accepted gap closure documentation.

### Key dates

December 31: Complete Q4 gap closure activity

January 15, 2027: Supplemental data due

February 26, 2027: Claims due

**Helpful coding reference:** Use these CPT Category II codes to report the most recent systolic and diastolic blood pressure readings.

| Code  | Description                                                            |
|-------|------------------------------------------------------------------------|
| 3074F | Most recent systolic blood pressure less than 130 mm Hg                |
| 3075F | Most recent systolic blood pressure 130–139 mm Hg                      |
| 3077F | Most recent systolic blood pressure greater than or equal to 140 mm Hg |
| 3078F | Most recent diastolic blood pressure less than 80 mm Hg                |
| 3079F | Most recent diastolic blood pressure 80–89 mm Hg                       |
| 3080F | Most recent diastolic blood pressure greater than or equal to 90 mm Hg |

*Note: This coding reference is provided for informational purposes only and is not a guarantee of payment or gap closure. Providers are responsible for submitting codes supported by the medical record and should verify current CPT, payer, and program requirements before submission.*

**Why it matters.** Closing CBP care gaps supports better blood pressure control for members and helps your practice group maximize available Q4 incentives.

**Take action now.** Review your CBP gap report, complete outreach, and submit documentation by the applicable deadlines.

**Questions?** Contact your assigned Provider Services Account Executive or email [OhioProviderServices@amerihealthcaritasoh.com](mailto:OhioProviderServices@amerihealthcaritasoh.com).

## **Flu Season Is Here: How AmeriHealth Caritas Ohio Can Support You This Season**

### **October Flu Season Support: Resources Available for Your Patients**

As flu season continues, AmeriHealth Caritas Ohio would like to share resources that may support your existing patient outreach efforts and help reduce barriers to vaccination.

Provider teams already play an important role in preventive care conversations. AmeriHealth Caritas Ohio resources are available to help members with transportation, benefit questions, appointment navigation, and care coordination support.

### **AmeriHealth Caritas Ohio Resources for Your Patients**

#### **\$25 Member Incentive**

Eligible members can earn a \$25 reward for receiving their annual flu vaccine.



#### **Transportation Assistance**

[Transportation is available \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com) for immunization appointments. Members may call **1-833-764-7700** and select the Transportation option to arrange a ride.

#### **Care Coordination Support**

Members who need help accessing care, scheduling appointments, arranging transportation, understanding benefits, or connecting with community resources may be referred to our [Care Coordination Team \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com) for additional support.

#### **Resources Available for Providers**

##### **Patient Outreach Lists**

AmeriHealth Caritas Ohio can provide lists of shared patients who may be due for preventive services, including annual flu vaccinations.

**Educational Materials**

Member-facing and staff educational materials are available to support your practice's outreach and engagement efforts throughout flu season.

**We're Here to Support You**

If you have questions or would like assistance with member outreach, transportation resources, Care Coordination referrals, or obtaining patient lists, please contact your Account Executive or Provider Services at **1-833-644-6001**.

Thank you for your continued partnership in helping members get protected this flu season.

**HEDIS Hybrid Season is Almost Here - Connect with us TODAY!**

Soon, we'll begin reviewing medical records to help confirm care your practice has already provided and close quality care gaps.

A supplemental data connection can help streamline this process by reducing manual record requests, minimizing the need to email, fax, or mail medical records, and supporting more efficient data sharing. It can also help reduce administrative time and related costs for your practice.

[Contact your account executive](#) today to learn more about the four supplemental data connection options available.

**Supplemental Data Sharing Options for Providers**

Four secure ways to share clinical and quality data with AmeriHealth Caritas Ohio.



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### **Tell Us How We're Doing: 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.

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## **Timely Access and Helpful Follow-Through**

Patients' experiences are shaped not only by the care they receive, but also by how easily and quickly they can obtain that care. Clear scheduling processes, proactive follow-up, and timely communication can help patients feel supported throughout their healthcare journey. This month, we are focusing on two CAHPS (Consumer Assessment of Healthcare Providers and Systems) access-to-care measures:

### **Measure 1: Getting Needed Care**

CAHPS survey questions ask members:

- How often did they receive a specialist appointment as soon as they needed one
- How often was it easy to get the care, test, or treatment they needed?

### **Strategies to Improve Access and Coordination**

- Confirm coverage requirements for prescribed treatments or tests before the patient leaves the office.
- Determine whether documentation or prior authorization is needed.
- Help patients arrange their next primary care or specialist appointment before leaving.
- Give patients clear instructions about referrals and next steps.
- Communicate delays at the time of the appointment.

### **Measure 2: Getting Care Quickly**

CAHPS survey questions also ask members:

- When they needed care right away, how often did they receive it as soon as needed?
- How often did they obtain an appointment for a checkup or routine care as soon as needed?

### **Strategies to Support Timely Care**

- Keep appointment slots available for urgent, same-day needs.
- Notify patients at check-in when extended wait times are expected.
- Encourage patients to schedule routine checkups and follow-up visits in advance.
- Proactively contact patients to schedule needed tests, screenings, or physicals.
- If electronic check-in is used, make sure patients understand the process.
- Promote telehealth services when available.
- Explain when and how patients can use telehealth.

### **One Small Change to Try This Month**

Before the patient leaves, confirm:

- What happens next.

- Who will contact the patient.
- Whether another appointment is needed.
- What the patient should do if they have questions or if their condition changes.

### **Key Takeaway**

**Patients are more likely to feel supported when they can get care promptly and understand what happens next. Proactive communication and follow-through can make navigating care easier.**

### **CAHPS Reminder**

Focus on improving patients' actual care experiences. Do not coach patients on how to complete the CAHPS survey or request favorable answers.

**Thank you for helping AmeriHealth Caritas Ohio members  
receive timely, coordinated care.**

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### **Access to Care**

AmeriHealth Caritas Ohio providers must meet access standard guidelines as outlined in this publication to help ensure that Plan members have timely access to care.

AmeriHealth Caritas Ohio endorses and promotes comprehensive and consistent access standards for members to assure member accessibility to healthcare services. The Plan establishes mechanisms for measuring compliance with existing standards and identifies opportunities for the implementation of interventions for improving accessibility to healthcare services for members.

Providers are required to offer hours of operation that are no less than the hours of operation offered to patients with commercial insurance or comparable to

the hours of operation offered to Medicaid Fee for Service patients. Appointment scheduling and wait times for members should comply with the access standards. The standards apply to healthcare services and medical and behavioral health providers.

AmeriHealth Caritas Ohio monitors the following access standards on an annual basis per AmeriHealth Caritas Ohio guidelines. If a provider becomes unable to meet these standards, he/she must immediately advise his/her Provider Network Account Executive or the Provider Services department at **1-833-644-6001**.

The details of these [requirements can be found on pages 34, 35 and 36](#) [[amerihealthcaritasoh.benchurl.com](http://amerihealthcaritasoh.benchurl.com)] of the provider manual.

### **Seeking Behavioral Health Experts for Paid 2027 CEU Speaking Opportunities**

Do you have expertise to share with Ohio's behavioral health community? AmeriHealth Caritas Ohio is currently recruiting presenters for our 2027 Behavioral Health CEU Program. We are looking for engaging speakers who can deliver practical, evidence-based content relevant to today's behavioral health landscape. Topics may include clinical best practices, emerging trends, provider challenges, innovative care models, and more.

Presenters selected for the program can receive compensation for their presentation.

Interested individuals should submit a topic proposal and credentials to Stephanie Cortez at [SCortez1@amerihealthcaritas.com](mailto:SCortez1@amerihealthcaritas.com) by October 23. We look forward to hearing your ideas.

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CAHPS survey questions also ask members:

- When they needed care right away, how often they received it as soon as needed.
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**Patients are more likely to feel supported when they can get care promptly and understand what happens next. Proactive communication and follow-through can make navigating care easier.**

### **CAHPS Reminder**

Focus on improving patients' actual care experiences. Do not coach patients on how to complete the CAHPS survey or request favorable answers.

Thank you for your continued commitment to AmeriHealth Caritas Ohio members.



## Department of Medicaid

### Home Health and Hospice Provider Enrollment Moratorium

ODM has implemented a moratorium on the enrollment of Home Health and Hospice providers through November 14. During this period, ODM will not accept new Medicaid enrollment applications for Hospice or Home Health Agencies, Waiver Individuals and Organizations, Private Duty Nurses, Personal Care Aides and Home Care Attendants.

[Read about the announcement and the affected provider types](#)  
[\[amerihealthcaritasoh.benchurl.com\]](http://amerihealthcaritasoh.benchurl.com).

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### Ohio Department of Medicaid (ODM) updates

To stay up to date on ODM news, [subscribe to the ODM Press](#)  
[\[amerihealthcaritasoh.benchurl.com\]](http://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 Prescribing 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.

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.

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### **Rendering Provider on Professional Claims Submissions**

ODM is providing additional clarification relevant to EDI-related claims submissions on February 1 and later concerning rendering providers. ODM will require one rendering provider per claim at the header level, rather than the detail level, for professional claims for both fee-for-service (FFS) and managed care recipients in order to ensure claims can be properly priced and paid. Examples of claims submissions with the rendering practitioner are as follows:

- A client receives one service during the visit. The rendering practitioner's NPI is recorded in the header field on the claim. The service is recorded at the detail level on the claim without the rendering practitioner's NPI.
- A client receives multiple services from the same rendering practitioner during the visit. The rendering practitioner's NPI is recorded in the header field on the claim. Each service is recorded at a separate detail level without a rendering practitioner NPI.
- The client receives multiple services, each from a different rendering practitioner during the visit. The billing provider must create separate claims for each service provided by each rendering practitioner during the visit.

Each claim must record the rendering practitioner NPI at the header level on each claim, and the service they rendered to the client is recorded at the detail level. There is one exception to this rule for services provided by FFS Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers. FQHC/RHC claims submitted to ODM for payment may include multiple rendering providers at the detail level because ODM pays FQHC/RHC providers based on an encounter. In these specific scenarios multiple

rendering providers on a claim will not cause a pricing/paying issue because the rendering providers are not utilized in determining payment for FFS FQHC/RHC wraparound claims. For additional guidance related to FQHC/RHC providers, please review the [Medicaid Advisory Letter \[amerihealthcaritasoh.benchurl.com\]](#).

### Fee Schedule

ODM posts [fee schedules and rates on their website \[amerihealthcaritasoh.benchurl.com\]](#) as a courtesy to providers. Providers are to charge their reasonable and customary charge regardless of the anticipated reimbursement from the department.

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

| ROP to PRAF<br>Two Forms of Pregnancy Notification for Ohio Medicaid Members                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ➡ Report of Pregnancy (ROP)                                                                                                                                                                                                                                                                                        | ➡ Perinatal Risk Assessment (PRAF)                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"><li>• <b>Primary Care Providers</b><br/>PCP, ER, Urgent Care, Health Department and Doulas*</li><li>• <b>Nurture Ohio</b><br/>PNM Access ~ Link to Provider Medicaid ID</li><li>• <b>Single Submission</b><br/>Pregnancy Confirmation</li><li>• <b>T1023 = \$30.00</b></li></ul> | <ul style="list-style-type: none"><li>• <b>OBGYN and Prenatal Providers</b></li><li>• <b>Nurture Ohio</b><br/>PNM Access ~ Link to Provider Medicaid ID ~ Prenatal Agent Role</li><li>• <b>Up to Six (6) Submissions</b><br/>1st Prenatal, Change in Risk (Medical or SDOH), Postpartum</li><li>• <b>H1000 33 = \$90.00</b></li></ul> |

### 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)

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### Refunds for Claims Overpayments or Errors

AmeriHealth Caritas Ohio and ODM encourage providers to conduct regular self-audits to help ensure accurate payment. Medicaid Program funds that were improperly paid or overpaid **must be returned**. If the provider's practice determines that it has received overpayments or improper payments, the provider is required to make arrangements to return the funds to AmeriHealth Caritas Ohio or follow ODM protocols for returning improper payments or overpayments within 60 calendar days from the date the overpayment was identified. Overpayments not returned within 60 calendar days from the date the overpayment was identified may be a violation of state or federal law. Contact AmeriHealth Caritas Ohio Provider Services at **1-833-644-6001** and follow the prompts to arrange the repayment.

There are two ways to return overpayments/improper payments to AmeriHealth Caritas Ohio:

1. Have AmeriHealth Caritas Ohio deduct the overpayment/improper payment amount from future claims payments; or,
2. Submit a check for the overpayment/improper amount directly to:

AmeriHealth Caritas Ohio  
Attn: Claims Cost Containment  
PO Box 7104  
London, KY 40742

Note: Please include the member's name and ID, date of service, and Claim ID.

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### Best Practices to Ensure Accurate Payment and Directory Information

- [Use the PNM portal for all provider changes \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com).
  - 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](mailto:IHD@Medicaid.ohio.gov) or **1-800-686-1516**.
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## 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 \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com) (PDF)

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

1. [NaviNet \[amerihealthcaritasoh.benchurl.com\]](https://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**

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## Questions About Reimbursement or Payment Policies?

Click the appropriate link below for more detailed information.

[Clinical Policies \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Clinical Practice Guidelines \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Reimbursement Policies \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

## NaviNet

### NaviNet® Dispute Letter Access Update

The location of dispute letters in the NaviNet Provider portal has changed. 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.

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### 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

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### New to NaviNet?

Register today [[amerihealthcaritasoh.benchurl.com](http://amerihealthcaritasoh.benchurl.com)]. 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**.

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## Prior Authorizations

## 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 \[amerihealthcaritasoh.benchurl.com\]NaviNet \[amerihealthcaritasoh.benchurl.com\]](#) and located on the Workflows menu.

In addition to submitting and inquiring about 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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## Retrospective Authorization Review

AmeriHealth Caritas Ohio adheres to the policy set forth in the Ohio Administrative Code from the Ohio State Contract, [5160.34\(B\)\(9\) \[amerihealthcaritasoh.benchurl.com\]](#).

A retro review is allowed only when all of these are true (see Section B(9)(a)(i)–(iii) and B(9)(b)):

1. There was a related service that already had prior authorization and was performed. (B(9)(a)(i))—the new service must be directly related to that already authorized service.
2. The new service was not known to be needed at the time the original authorized service was done. (B(9)(a)(ii)) it must be something that became necessary later, not something the provider should have anticipated.
3. The need for the new service was revealed at the time the original authorized service was performed. (B(9)(a)(iii)) the reason the new service was needed must have been discovered during the original service.
4. Provider submits a written request for retrospective review and provide all necessary information. (B(9)(b)) Once the department gets the written request and all required documents, it will review coverage and medical necessity and cannot deny the claim just because prior authorization wasn't obtained for the new service.

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### **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 \[amerihealthcaritasoh.benchurl.com\]](https://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 \[amerihealthcaritasoh.benchurl.com\]](https://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**.

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## How to Submit Prior Authorizations

[Behavioral health prior authorizations \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Common electronic prior authorization errors \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Medical necessity \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Pharmacy prior authorizations \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Physical health prior authorizations \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Physician-administered medication prior authorization request form \(PDF\) \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

[Standard and expedited benefit determinations \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com)

## Behavioral Health

### Behavioral Health Service Thresholds Effective October 1

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

AmeriHealth Caritas Ohio will be implementing the changes on **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.

Read about the [services that will be subject to utilization management and excluded from authorization \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com).

### Office hours

During these sessions, we will review the key changes to the service thresholds, discuss which services are impacted, and explain what these updates mean for providers, care teams, and other stakeholders. Attendees will have the opportunity to ask questions.

|            |             |                                                                                                               |
|------------|-------------|---------------------------------------------------------------------------------------------------------------|
| October 28 | Noon-1 p.m. | <a href="https://amerihealthcaritasoh.benchurl.com">Click to register [amerihealthcaritasoh.benchurl.com]</a> |
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### 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 Caritas Ohio 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.

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### CEU Opportunities

Sign up to receive notifications of FREE CEU trainings

[\[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com) provided by AmeriHealth Caritas of Ohio.

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### Submitting Prior Authorization (PA) Requests for Behavioral Health Services

See the tip sheet for guidance on submitting PAs [\[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com) for behavioral health service requests.

## Resources

### Exchange Credentialing Information

#### ANDROS Credentialing Vendor

- **ANDROS** is the vendor we use to support our credentialing process.
- If a provider receives communication from ANDROS or references ANDROS during onboarding, it is legitimate and they should proceed with the requested actions.

### Medicaid vs. ACA/Exchange Credentialing

- Although providers may already be credentialed for **Medicaid**, ACA/Exchange providers must complete a **separate credentialing process** directly with us.
- We are unable to rely on the state's Medicaid credentialing process for ACA/Exchange participation.
- This requirement has been reviewed and validated through our Legal team.

## CAQH Requirements

- **CAQH** (Council for Affordable Quality Healthcare) serves as the primary credentialing database and houses provider applications and supporting documentation.
- Providers participating in ACA/Exchange credentialing are expected to have a CAQH profile.
- If a provider does not have a CAQH profile, they have not completed the credentialing process.
- Key Message for Providers: Being credentialed through Ohio Medicaid does not eliminate the requirement to complete ACA/Exchange credentialing directly with AmeriHealth Caritas. Providers should complete all credentialing requests, including those received through ANDROS and CAQH.

## Provider PNM Portal Assistance

If you are experiencing technical issues with the [PNM module](#) [\[amerihealthcaritasoh.benchurl.com\]](#) or have questions, please contact the ODM Integrated Helpdesk at **1-800-686-1516**, Monday–Friday from 8 a.m.–4:30 p.m. You may also email questions to [IHD@medicaid.ohio.gov](mailto:IHD@medicaid.ohio.gov).

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## 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](#) [\[amerihealthcaritasoh.benchurl.com\]](#) to request a change to a member's PCP.

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## Training

### Virtual Provider Orientation

AmeriHealth Caritas Ohio invites you and your staff to join us for a virtual New Provider Orientation session.

[Register](#) [\[amerihealthcaritasoh.benchurl.com\]](#) for the November 17 session.



## Language Access: Interpreting and Translation

Professional interpreters and translators play a critical role in providing equitable, safe, and effective healthcare for diverse populations. AmeriHealth Caritas Ohio provides interpreting and translation services to support members' language access needs. [Learn the difference between interpretation and translation \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com). For more information, or to access these services, see the [Provider's Guide to Securing Interpretation Services \[amerihealthcaritasoh.benchurl.com\]](https://amerihealthcaritasoh.benchurl.com) for guidance on arranging services for your patients, our members.

## Employee Spotlight



Heather Howse, MBA  
Provider Network Operations Analyst Senior

[Tell us a bit about where you're from and where you went to school.](#) *I was born in Chicago, raised in San Antonio, and in 1993 moved to Columbus, Ohio with a couple of stops in between including Waldbüttelbrunn, Germany and Cincinnati. My father worked for the government and we moved due to his position. For school, I went to University of Cincinnati for my undergraduate degree in Healthcare Administration and Franklin University for my MBA.*

[Everyone at AmeriHealth Caritas Ohio has a story about why they joined the team. What's yours?](#) *I learned about*

*to name few. I love learning about different cultures, trying new foods, as well as getting outdoors.*

[If you could have dinner with anyone in the world, dead or alive, who would it be? Why?](#) *That's a hard one because there are so many people! I would say my maternal Grandmother Nancy Synder Triblet. She was my "girlfriend" and I loved our girl time together. She is most resilient woman I know. Migrating from Tallulah, Louisiana to Chicago as a young woman in search of better opportunities. I am amazed at her accomplishments! She raised*

*AmeriHealth Caritas of Ohio and the open position from a former coworker in 2021. In my previous role, I served as an auditor and delegation oversight corporate liaison. I was primarily in the field, traveling to various sites. The travel made it hard for a work-life balance, especially after COVID. I was looking for a fresh start and to transition to operations so this was the perfect opportunity. I am glad I made the leap as I have learned so much about all the various departments inner workings and have met some truly amazing people!*

*What drew you to this profession? I have always had a soft spot for healthcare and being of service to our community. My mother is a nurse so it has been instilled in me from birth to have a heart and passion for service. There were many times while growing up that I volunteered as a candy striper at the hospitals where she worked. I would pass along treats, read, or just sit and chat with patients.*

*How do you like to spend your free time? In my free time, I love walking in various parks with my miniature pinscher, Lamar. He is my favorite shopping "partner" and his favorite stores are Ross, T.J. Maxx, and Marshalls. I have been enjoying attending different festivals this summer: Tomato Festival, Sweet Corn Festival, Latin Festival, Asian Festival, and the Italian Festival,*

*seven children and obtained her master's degree in 1950. The legacy that she has left serves as reminder that anything is possible.*

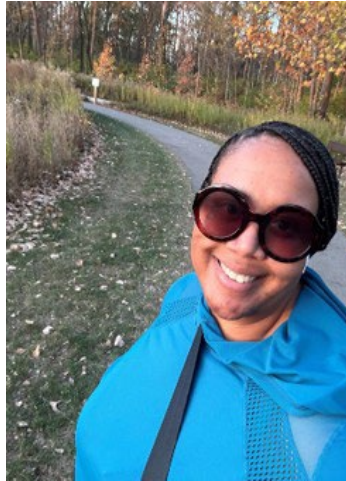
*What are two apps on your phone you CANNOT live without? Maps and Pandora. I have NO sense of direction AT ALL. I even use Maps in Columbus! I will say I have learned several new routes with the ever-growing traffic in Columbus. And, Pandora because, of course, I have to have good vibes while driving.*

*Is there an interesting/unique/unknown fact about yourself that you'd like to share with our readers? I love to bake. From cakes to cookies, poppycock, and candy. Each holiday season, I bake for the family and local senior care facilities. It brings me joy watching people indulge in the homemade treats and is a great reminder of the times baking with my paternal grandmother. She resided in Marvell, Arkansas, and was the town's baker and even had a candy store. As a little girl, I would spend summers with her baking for the church and members of the community. People would come to the house as early as 6 a.m. for sweet treats on their way to work.*

Heather Howse, MBA  
Provider Network Analyst Sr.  
[hhowse@amerihealthcaritasoh.com](mailto:hhowse@amerihealthcaritasoh.com)



Miniature Pinscher, Lamar



Enjoying Wolfe Park



Shopping partner

### What is Breast Cancer Awareness Month?



Breast Cancer Awareness Month is an international health campaign that's held every October. The month aims to promote screening and reduce the risk of the disease, which affects 2.3 million women worldwide. Known best for its pink theme color, the month features a number of campaigns and programs designed to:

- support people diagnosed with breast cancer, including those with [metastatic breast cancer \[amerihealthcaritasoh.benchurl.com\]](http://amerihealthcaritasoh.benchurl.com).
- educate people about [breast cancer risk factors \[amerihealthcaritasoh.benchurl.com\]](http://amerihealthcaritasoh.benchurl.com).
- encourage women to go for [regular breast cancer screening \[amerihealthcaritasoh.benchurl.com\]](http://amerihealthcaritasoh.benchurl.com) starting at age 40 or earlier, depending on personal breast cancer risk.
- raise money for breast cancer research.

### The History of Breast Cancer Awareness Month

The event began in 1985 as a week-long awareness campaign by the American Cancer Society, in partnership with Imperial Chemical Industries, a British company that made tamoxifen. The campaign eventually grew into a month-long event.

In 1992, the pink ribbon came into play after Alexandra Penney, *SELF* magazine's editor-in-chief, partnered with Evelyn Lauder, Estée Lauder's senior corporate vice president and a breast cancer survivor, to distribute pink ribbons after the magazine's second annual Breast Cancer Awareness Month issue.

Other variations of the pink ribbon have emerged in recent years to raise awareness that all people with breast cancer are not the same. These include ribbons for raising awareness about metastatic breast cancer, men with breast cancer, inflammatory breast cancer, and more.

In the month of October, there are also specific dates designed to raise awareness of specific groups within the breast cancer community.

#### **Metastatic Breast Cancer Awareness Day (October 13)**

October 13 is nationally recognized in the U.S. as Metastatic Breast Cancer Awareness Day. About 168,000 women in the U.S. are estimated to have [metastatic breast cancer](#) [amerihealthcaritasoh.benchurl.com] (cancer that spreads beyond the breast to other parts of the body). Some [researchers believe this number will rise to over 246,000](#) [amerihealthcaritasoh.benchurl.com] living with the disease by 2030. Despite the growing numbers of people living with metastatic disease, [most money for breast cancer research doesn't go toward studying it](#) [amerihealthcaritasoh.benchurl.com].

#### **Men's Breast Cancer Awareness Week (October 17–23)**

Although breast cancer is much more common in women, [breast cancer affects men](#) [amerihealthcaritasoh.benchurl.com], too. In 2021, President Joe Biden designated October 17 to October 23 Men's Breast Cancer Awareness Week. According to the [American Cancer Society](#) [amerihealthcaritasoh.benchurl.com], about 2,670 men in the U.S. will be diagnosed with breast cancer in 2026, and about 530 are expected to die from the disease. But lack of awareness and stigma can be barriers to detection and care in men, trans men, and non-binary people.



Visit our website [AmeriHealth Caritas Ohio](#)