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Provider Partnerships-September 2026

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

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Provider Services

1-833-644-6001

[Click to email provider services](#)

Tell Us How We're Doing: Complete Our Provider Satisfaction Survey



FEEDBACK

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.

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

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

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

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](#) of the provider manual.

Call for Presenters: 2027 Behavioral Health CEU Program

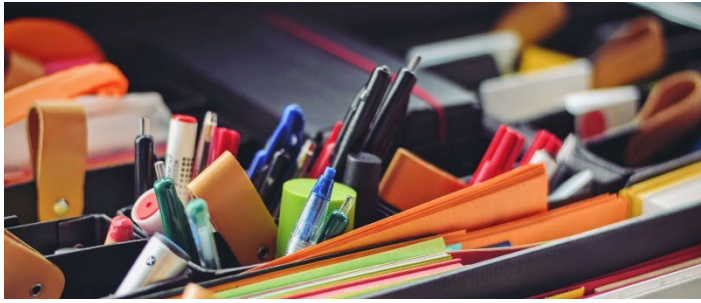
AmeriHealth Caritas Ohio is seeking presenters for our 2027 Behavioral Health Continuing Education (CEU) Program.

The program provides free, evidence-based educational opportunities designed to support provider knowledge, improve quality of care, and address emerging behavioral health needs across the communities we serve. Our program is approved to offer continuing education credits through the Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board and is open to a broad audience of healthcare professionals and community-based providers.

We are seeking presentations on behavioral health best practices, emerging trends, innovative approaches to care, provider challenges, and other timely topics that support the behavioral health workforce. Presenters can receive compensation for accepted presentations. Participant feedback has highlighted ongoing interest in areas such as trauma-informed care, ethics, school based behavioral health support, culturally responsive care, eating disorders and more.

Interested in presenting?

Please submit your topic idea and credentials to Stephanie Cortez at SCortez1@amerihealthcaritas.com by October 23 for consideration in the 2027 program year.



School Uniforms and Supplies

AmeriHealth Caritas Ohio offers up to \$75 per member for school uniforms and school supplies. Members should contact their care coordinator for information on how to access these funds.

For questions, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

Better Conversations, Better Patient Experiences

Every interaction is an opportunity to help patients feel heard, respected, and confident about their care. The Consumer Assessment of Healthcare Providers and Systems, or **CAHPS®**, survey asks members about their experiences with their health plan, personal doctor, specialists, and healthcare overall. Positive patient experiences can contribute to greater satisfaction and improved health outcomes.

This month, we are focusing on two CAHPS measures that reflect the importance of strong provider-patient relationships:

Measure 1: How Well Doctors Communicate

CAHPS survey questions ask members how often their personal doctor:

- Explained things in a way that was easy to understand.
- Listened carefully.

- Showed respect for what they had to say.
- Spent enough time with them.

Communication Strategies

- Maintain eye contact while the patient speaks.
- Sit down during the visit when possible to demonstrate active listening.
- Use open-ended questions and give patients time to respond.
- Explain the reason for tests, treatments, and referrals.
- Include patients in decisions about tests, referrals, and treatment options.
- Encourage patients to bring a written list of questions to appointments.
- Use simple, easy-to-understand language and avoid medical jargon.
- Use the teach-back method to confirm understanding.
- Use interpreter services when needed and demonstrate cultural sensitivity.

Measure 2: Rating of Personal Doctor

Members are also asked to rate their personal doctor based on their overall experience.

Strategies That Make a Difference

- Demonstrate interest, caring, and empathy.
- Take time to listen to questions.
- Provide answers that are easy to understand.
- Confirm that patients understand their instructions before leaving.
- Discuss each patient's personal health goals.

- Identify barriers to treatment, medication adherence, or follow-up care.
- Review available post-appointment survey information to identify opportunities for improvement.

Key Takeaway

Patients remember whether they felt heard, respected, and included. Clear communication can strengthen trust and improve the overall patient experience.

CAHPS Reminder

Focus on providing respectful, patient-centered care. Do not tell patients how to answer CAHPS questions or ask them to provide a particular rating.

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

**All-Provider/All-Managed Care Organization Semi-Annual Meeting**

The seven MCOs are excited to offer an all-provider, all-MCO webinar on Wednesday, October 7. You will learn more about the Comprehensive Primary Care Program (CPC) and the Comprehensive Maternal Care Program (CMC) and have the opportunity to provide feedback.

It will be held on Microsoft Teams from Noon-1:30 p.m. [Click here to register.](#)

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](#), which includes ODM's [Medicaid Group VIII Work and Community Engagement Requirement Partner Packet](#).

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](#).

Ohio Department of Medicaid (ODM) updates

To stay up to date on ODM news, [subscribe to the ODM Press](#).

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

Collecting Additional Information for Laboratory Services

The Ohio Department of Medicaid (ODM) [issued clarification](#) related to laboratory services, documenting medical necessity, and expectations for managed care entities to contact the ordering provider of laboratory services when additional information is needed to determine medical necessity.

Understanding Balance Billing in Medicaid

As a contracted provider with AmeriHealth Caritas Ohio, it's essential to understand the rules and responsibilities around **balance billing** to ensure compliance and protect our Medicaid members.

 When billing a Medicaid member is not permitted

Providers **may not bill Medicaid recipients** when a claim is denied due to:

- **Unacceptable or untimely claim submission**
- **Failure to obtain prior authorization**
- **Retroactive determination by a Peer Review Organization (PRO)** that the service was not medically necessary

These denials do not transfer financial responsibility to the member.

 When billing may be permitted

A provider may bill a Medicaid recipient **in lieu of submitting a claim to the Ohio Department of Medicaid (ODM)** only if all of the following conditions are met:

- The provider **informs the member** that the service is covered by Medicaid and that other providers may offer it at no cost.
- The provider **notifies the member in writing**—before each date of service—that they will not submit a claim to ODM.
- The member **signs a written agreement** acknowledging financial responsibility **before the service is rendered**.
- The service **is not a prescription for a controlled substance** as defined in Ohio Revised Code §3719.01.

Additionally, **non-covered services** (including those denied for lack of prior authorization) may be billed to the member **only** if the written notification and agreement steps above are followed.

Important reminder

Under the **Social Security Act**, all payments from AmeriHealth Caritas Ohio to participating providers must be accepted as **payment in full**. Members **may not be balance billed** for **medically necessary covered services** under any circumstance.

What this means for you

Balance billing violations can result in compliance actions and member grievances. Please ensure your billing practices align with ODM and AmeriHealth Caritas Ohio policies. If you have questions, contact your Provider Relations representative.

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.

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

ROP to PRAF Two Forms of Pregnancy Notification for Ohio Medicaid Members	
➡ Report of Pregnancy (ROP)	➡ Perinatal Risk Assessment (PRAF)
• Primary Care Providers PCP, ER, Urgent Care, Health Department and Doulas* • Nurture Ohio PNM Access ~ Link to Provider Medicaid ID • Single Submission Pregnancy Confirmation • T1023 = \$30.00	• OBGYN and Prenatal Providers • Nurture Ohio PNM Access ~ Link to Provider Medicaid ID ~ Prenatal Agent Role • Up to Six (6) Submissions 1st Prenatal, Change in Risk (Medical or SDOH), Postpartum • H1000 33 = \$90.00

Comprehensive Payment Systems Errors Report

The Claims Payment Systemic Errors (CPSE) report is updated and [posted monthly](#) 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)

Recovery Letters

Providers may have noticed an increase in letter communication from AmeriHealth regarding changes to member eligibility.

AmeriHealth receives member eligibility information from ODM through daily eligibility feeds allowing the two to better align. When an individual's eligibility information is received from ODM indicating that the member is not eligible for coverage during a period in which services were rendered and claims were paid, AmeriHealth may initiate recoupment of those claim payments.

The information received from eligibility files may result in changes to the member's record and changes to the claim disposition. When this occurs, previously initiated claim adjustments may be reevaluated. Although, the lettering process isn't as dynamic as those processes which support enrollment, you may receive a recovery notification after a change to enrollment has been received.

If you receive a recovery notice that you believe is incorrect, we encourage you to take one of the following steps:

1. Submit a recovery dispute using the Overpayments module under Forms and Dashboards in NaviNet.
2. Follow the guidance outlined in the recovery letter and provide all necessary documentation.

3. Call our dedicated AmeriHealth Caritas Ohio Provider Services team at **1-833-644-6001**, Monday through Friday, 7 a.m. to 8 p.m.

Best Practices to Ensure Accurate Payment and Directory Information

- [Use the PNM portal 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**.

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](#) (PDF)

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

1. [NaviNet](#) (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](#).

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

Questions About Reimbursement or Payment Policies?

Click the appropriate link below for more detailed information.

[Clinical Policies](#)

[Clinical Practice Guidelines](#)

[Reimbursement Policies](#)

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.

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

New to NaviNet?

[Register today!](#) 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

Helpful Prior Authorization Information

The most up-to-date list of [services requiring prior authorization](#) 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](#) 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

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](#)
- 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](#)
- 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**.

How to Submit Prior Authorizations

[Behavioral health prior authorizations](#)

[Common electronic prior authorization errors](#)

[Medical necessity](#)

[Pharmacy prior authorizations](#)

[Physical health prior authorizations](#)

[Physician-administered medication prior authorization request form \(PDF\)](#)

[Standard and expedited benefit determinations](#)

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.](#)

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 8	Noon-1 p.m.	Click to register
October 28	Noon-1 p.m.	Click to register

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.

CEU Opportunities

[Sign up 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 for guidance on submitting PAs](#) for behavioral health service requests.

Resources

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.](#)

Links

[Provider claims and billing manual](#)

[Provider claims and billing webpage](#)

[NaviNet provider portal](#)

[Training and education](#)

[EPSDT Billing](#)

[Quick Reference Guide](#)

Training

Virtual Provider Orientation

AmeriHealth Caritas Ohio invites you and your staff to join us for a virtual New Provider Orientation session. [Click here to register 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.](#) For more information, or to access these services, see the [Provider's Guide to](#)

[Securing Interpretation Services](#) for guidance on arranging services for your patients, our members.

The Importance of Syphilis Screenings During Pregnancy

In 2024, The American College of Obstetricians and Gynecologists (ACOG) underscored a report from the Centers for Disease Control and Prevention (CDC) that revealed a 755% increase in cases of congenital syphilis had occurred between 2012 and 2021. As the rates of congenital syphilis in the U.S. continue to rise, it is imperative that birthing people are tested regularly throughout their pregnancy journey. ACOG's latest advisory updated their syphilis testing advisory, recommending "all pregnant individuals [be tested] serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth, rather than use a risk-based approach to testing."

Additionally, The American Academy of Pediatrics (AAP) has updated its guidance as well. Despite varying testing mandates across the country, the AAP Red Book states, "No newborn infant should be discharged from the hospital without confirmation of the birthing parent's serologic status for syphilis."

A 2024 report from the CDC found significant disparities in congenital syphilis rates across different racial and ethnic groups. For example, "Infants born to American Indian/Alaska Native parents had a rate of about 681 cases per 100,000 live births, while rates were lowest for Asian families at nine cases per 100,000 births. Data also showed Black infants represented 30% of all cases while making up just 14% of live births." The same report revealed that "about 43% of birth parents had no documented timely test, and about 23% had no documented treatment."

As gatekeepers of health, providers have a vital role in reducing congenital syphilis rates and mitigating its risks and effects. Providers also have the task of educating patients on the risks associated with congenital syphilis and stressing the importance of regular testing. Adverse pregnancy outcomes occur in 50% to 80% of pregnancies affected by syphilis.

Serious complications of congenital syphilis may include:

- Miscarriage or stillbirth

- Premature birth
- Low birth weight
- Severe anemia
- Blindness or deafness

Many factors can influence pregnancy and birth outcomes, but consistent syphilis screening offers a practical step toward prevention. It remains vital for all professionals involved in obstetric care to prioritize frequent patient testing throughout the birthing journey.

Employee Spotlight



Tell us a bit about where you're from and where you went to school. *I am from Akron, Ohio and have been in Columbus for about 16 years now.*

Everyone at AmeriHealth Caritas Ohio has a story about why they joined the team. What's yours? *I was previously at another MCO and two colleagues I worked closely with were transitioning to AmeriHealth.*

media crafts, and have a face painting and balloon decor business. In addition to birthday parties and local festivals, I do a lot of pro bono work at schools, non-profits, and faith centers. That keeps me busy most weekends. This year I got to paint at the Autism Speaks Empower Walk + 5K Run. As an autism parent myself it was truly such a joy seeing all

Unbeknownst to me, while they were going through the hiring process, I received some outreach from AmeriHealth Caritas Ohio's hiring team through LinkedIn, but I had not yet replied. I had just finished my MBA and wanted to be strategic about my next move. However, after two of my respected, close colleagues made the move, and I learned more about the unique opportunity presented by joining AmeriHealth Caritas Ohio's implementation, I was sold. Both by the chance to continue working alongside people I had grown to consider friends, and the attractiveness of joining a plan building something from the ground up.

What drew you to this profession? I had been in the property and casualty side of insurance for a decade before getting into the medical side of things. I was a claims adjuster, a fire and theft claim investigator, and then pivoted to underwriting. I learned a great deal and loved the investigation and helping people but there was an immense amount of administrative monotony in the roles. Transitioning to the healthcare side of things felt more meaningful and people focused. I also got to do more of what I love, like researching policy

the smiling faces and connecting with that community of parents.

If you could have dinner with anyone in the world, dead or alive, who would it be? Why? There is a podcaster I listen to by the name of Patrice Washington. I love her content and her testimony about her faith and how it intertwines with her business. She is a finance maven and coaches a lot of creatives. I think sitting down with her for insights would be life-changing based on just how awesome and inspiring some of her podcast episodes have been.

What are two apps on your phone you CANNOT live without? Canva. I am always editing something whether it be photo collages of my kids or a face paint design to post on socials, it's just such a great tool. The other is Color Note. It's like digital Post-it Notes and I have a to-do list for every facet of my life lol.

Is there an interesting/unique/unknown fact about yourself that you'd like to share with our readers? My husband is a long-time anime lover which has brushed off on me, and I have recently been dabbling in cosplay. I don't have time as often as I like to do fun character or makeup looks but it's something I find myself longing to do more of. I am hoping to attend some conventions with him next year.

and overseeing its application. Additionally, I come from a long line of nurses and first responders. From hospice to trauma, and labor and delivery, I witnessed their love of serving and caring for others and was inspired. Unfortunately, while I am good under pressure, that only is the case when there is no blood or anything else involved. This career path has allowed me to still feel like I am serving people because our mission is so focused on ensuring members get quality care and successful outcomes.

How do you like to spend your free time? When I am not working, you can find me with my kids. My husband and I have a teenager and a toddler; things are never boring between the two. I am also an artist. I love to draw, do mixed

Jasmyn Rogers-Turner, MBA

Senior Provider Network Analyst

jrogersturner@amerihealthcaritasoh.com



Some of my face painting work 😊

What is Sickle Cell Disease?



AmeriHealth Caritas Ohio has special programs to help our members get and stay healthy. A referral is not needed to join the special program.

Sickle cell disease (SCD) is an illness that affects hemoglobin. These cells are normally flexible and disc-shaped but because of a gene mutation, the hemoglobin is misshapen, rigid, and sticky with SCD. It is typically shaped as a crescent, or a “sickle.” The cells get stuck in blood vessels and block blood flow to the rest of the body, which can lead to pain crisis, also referred to as a sickle cell or vaso-occlusive crisis.

Symptoms of SCD usually appear around 6 months of age, and it is a lifelong illness. SCD can be managed through preventive screenings and treatments. Treatment can help reduce or manage symptoms, and many people can live fulfilling lives and participate in most activities.

The primary goals of the Sickle Cell Disease Program are:

- Minimize reliance on emergency rooms and hospitalizations for SCD-related complications.
- Promote healthy, active lives for members affected by the disease.
- Prevent the onset of life-threatening complications, such as stroke, through early interventions and monitoring.

By addressing the specific challenges associated with Sickle Cell Disease in infants, children, adolescents, and during the transition to adulthood, this program ensures:

- A proactive approach to managing the condition
- A focus on long-term health and well-being while alleviating the burden on families and reducing hospital visits

[Staying Healthy with Sickle Cell Disease](#) is a resource for members to learn ways to take care of themselves.

Any healthcare provider may call us to enroll one of our members by calling Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week. Or the member can [sign in to the member portal](#) and go to **Enroll in Special Program**.



Visit our website [AmeriHealth Caritas Ohio](#)
