## AmeriHealth Caritas Next Delaware **Provider Reference Guide**

### www.amerihealthcaritasnext.com/de

Provider Services	1-833-301-3377 Fax: 1-855-329-3377	
Here is a partial list of the types of assistance you can expect from Provider Services:		
<ul> <li>Eligibility checking</li> <li>Claims status inquiry</li> <li>Electronic data interchange (EDI) technical support</li> </ul>	<ul><li> Reporting demographic data changes</li><li> Filing an informal complaint</li></ul>	

### AmeriHealth Caritas Next Member Services

- Member Services...... 1-833-590-3300 (TTY 711)
- Member Services fax ......1-866-329-3367

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

**Interpreter Services** 

1-833-590-3300

### **Delaware Behavioral Health Crisis Line**

- Members experiencing a mental health crisis can call or text: 1-800-969-HELP (4357)

### Pharmacy Services (PerformRx<sup>™</sup>)

### PerformRx Pharmacy Member Services

PerformRx Member Services.....1-833-733-7967

### PerformRx Pharmacy Provider Services

**Bright Start® (maternity services)** 

Hours of operation: 8 a.m. to 6 p.m.

After hours, Saturdays, Sundays, and holidays, please call the 24/7 Pharmacy Member Services number at **1-844-211-0968**.

- PerformRx Provider Services and pharmacy prior authorization
- Pharmacy prior authorization fax.....1-833-981-7979
- Formulary and forms......www.amerihealthcaritasnext.com/de

### 1-866-577-0833 Fax: 1-833-329-7708

- Admission notification of obstetric deliveries and neonatal intensive care
- Referrals

### Rapid Response and Outreach Team

Call Monday through Friday, 8 a.m. to 5 p.m., for support with care coordination and member access to services, including care management and the Let Us Know program.

1-866-577-0833

Fax: 1-833-329-7708

Mail Health Risk Assessment forms to: AmeriHealth Caritas Next Rapid Response and Outreach Team P.O. Box 7418 London, KY 40742-7418

www.amerihealthcaritasnext.com/de

# Fraud, Waste, and Abuse Hotline 1-866-833-9718

### **Emergency prior authorization**

AmeriHealth Caritas Next does not require prior authorization for emergency services provided by network or non-network providers when a member seeks emergency care.

Physical health utilization management	1-833-533-8686 Fax: 1-844-486-3290
<ul><li> Prior authorization</li><li> Discharge planning</li></ul>	
Behavioral health prior authorization	1-833-533-8686 Fax: 1-833-779-3329
Evolent prior authorization	1-800-327-1193 or www.radmd.com
Concurrent review	1-833-533-8686 Fax: 1-844-332-9329
Peer-to-peer	1-833-727-3329



# Credentialing1-833-301-3377Arranging electronic claim submission and payment options.<br/>AmeriHealth Caritas Next contracts with Change Healthcare for EDI.Electronic claims submission: Contact your practice management or EDI<br/>vendor to arrange for electronic claims or remittance transmissions.<br/>To submit claims directly to Change Healthcare, sign up for ConnectCenter at<br/>1-800-527-8133, option 2.Electronic payment options<br/>Change Healthcare partners with ECHO Health, Inc. to offer electronic<br/>payment options. To sign up for electronic funds transfer, virtual credit card,<br/>or MedPay, contact ECHO at 1-888-492-5579, option 2.

- Electronic claims submission (EDI)
- Electronic funds transfer (EFT)
- Electronic remittance advice (ERA)

### **EDI Technical Support**

### 1-833-301-3377

### Timely claims filing

### In-network:

- Original submission: no more than 180 days from date of service
- Rejected claims: no more than 180 days from date of service
- Denied claims: 365 days from date of service
- Corrected claims: must be submitted within 365 days from date of service **Out-of-network:**
- No more than 180 days from the date of service

### **Claims submission**

AmeriHealth Caritas Next electronic payer ID number: 47073

AmeriHealth Caritas Next Attn: Provider Claims Processing P.O. Box 7425 London, KY 40742-7425

For detailed information, reference the AmeriHealth Caritas Next Claims Filing Instructions found at www.amerihealthcaritasnext.com/de.

### Provider appeals (on behalf of a member)

Submit the appeal on behalf of a member.

Mail to: **AmeriHealth Caritas Next Attn: Provider Appeal (on behalf of a member)** P.O. Box 7430 London, KY 40742-7430

Fax: 1-833-337-7329

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### Provider complaints and appeals

Providers are encouraged to settle complaints by phone or in person with their dedicated Account Executive, or by calling Provider Services at **1-833-301-3377**.

Submit complaints or appeals by mail to: AmeriHealth Caritas Next Attn: Provider Complaints and Appeals P.O. Box 7414 London, KY 40742-7414

### Claims inquiry

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

- Electronic claims submission (EDI)
- Visiting the NaviNet provider website, our secure provider portal
- Logging on to https://www.navinet.net for web-based solutions for electronic transactions and information
- Opening a claims investigation via NaviNet with the claims adjustment inquiry function
- Calling Provider Services at 1-833-301-3377 and following the prompts
- Calling your account executive for assistance

### NaviNet

### 1-888-482-8057 https://www.navin<u>et.net</u>

Log on to **https://www.navinet.net** for web-based solutions for electronic transactions and information.

### Other important contact information

- Delaware Department of Insurance......1-800-282-8611 (toll-free) https://insurance.delaware.gov/
- Delaware Department of Insurance 1351 West North Street
- Suite 101
- Dover, DE 19904



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