

AmeriHealth Caritas Next and First Choice Next NaviNet- Secure Provider Portal

NaviNet Plan Central Page and Provider Portal

NaviNet Capabilities

NaviNet is a free, secure portal that gives providers easy access to important administrative, financial, and clinical information for AmeriHealth Caritas Next.



Member Eligibility and Cost-Sharing

- Member eligibility status
- Member cost-sharing amounts
- View the member ID card



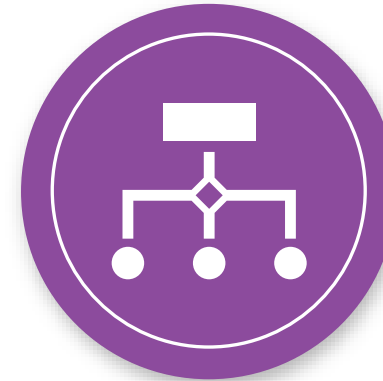
Claim Status Information

- Claim status and detail
- Claim investigations



Prior Authorizations

- Medical and pharmacy electronic prior authorization submissions
- Submit amended authorizations



Patient and Practice Documents

- Care Gap Response Form
- Dispute Status
- Recovery Letters
- Pended Claims



Reporting

- Identified care gaps
- Clinical summaries
- Admissions and discharges
- PCP panel rosters

Registration

Register for NaviNet

NaviNet offers web-based solutions that allow providers and health plans to share critical administrative, financial, and clinical data in one place.

[NaviNet](#) provides a quick, streamlined registration process through its digital documentation system, which supports automated identity and business verification.

When registering for [NaviNet](#), please have the following information ready to be entered into the online registration form:

- Office name
- Address
- Phone number
- Tax identification number (TIN)
- Last four digits of your social security number

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
- Any other IRS or state-issued document that clearly displays your office name and tax identification number (TIN)

Signing Up

Get started by creating a free [NaviNet](#) account.



Sign Up for NaviNet

Already have a NaviNet account?

[Sign In to NaviNet](#)

If you already have a NaviNet account and need to make changes or add services, you must sign in to NaviNet first.

Looking to find out more about NaviNet?

[Learn More >>](#)

If your office is already using NaviNet, please contact your Security Officer, who will create a NaviNet account for you.

Registration Is Free!

Before you begin, gather the following:

- Your Federal Tax ID. [Tell me more >>](#)
- The last 4 digits of your social security number.
- At least one verification document issued by the IRS or your state that clearly displays your office name and Tax Identification Number (TIN). Acceptable examples include, but are not limited to: Certificate of Good Standing, Sole Proprietor SS-4, IRS 147C Letter

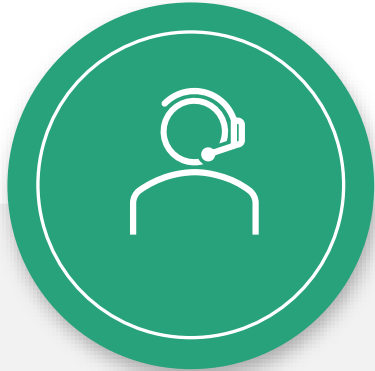
You will be designated as a **NaviNet Security Officer** for your office. [Tell me more >>](#)

[Continue](#)

Have you already submitted a registration request? [Check the status of your registration](#)

NaviNet Security Officer

The person who creates the NaviNet account will serve as the designated Security Officer and manage account access.



The NaviNet Security Officer serves as the office's primary contact for NaviNet security-related matters.



NaviNet-enabled offices must designate at least one Security Officer to support HIPAA compliance related to the electronic storage and transmission of patient information.



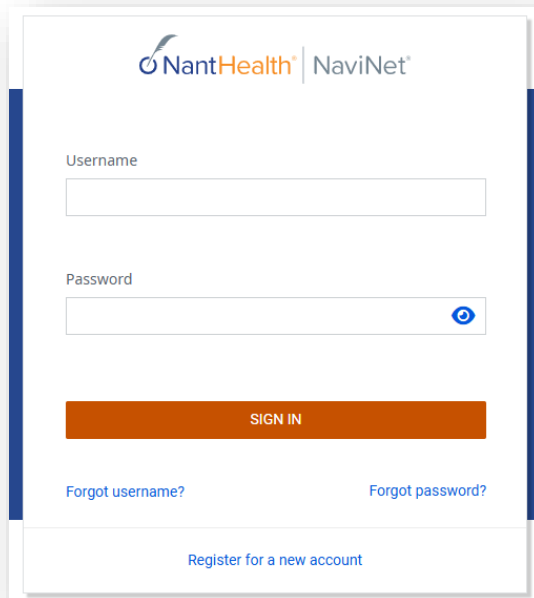
The Security Officer works with office users and NaviNet Customer Support to help ensure users can access and use NaviNet effectively.

Accessing Your Account

Getting Started

Easily log into your provider account through NaviNet.

Enter your assigned credentials:



The login form for NantHealth NaviNet. It features the NantHealth logo and NaviNet text at the top. Below is a 'Username' field, a 'Password' field with an eye icon for toggling visibility, and a prominent orange 'SIGN IN' button. At the bottom, there are links for 'Forgot username?', 'Forgot password?', and 'Register for a new account'.

NantHealth | NaviNet

Username

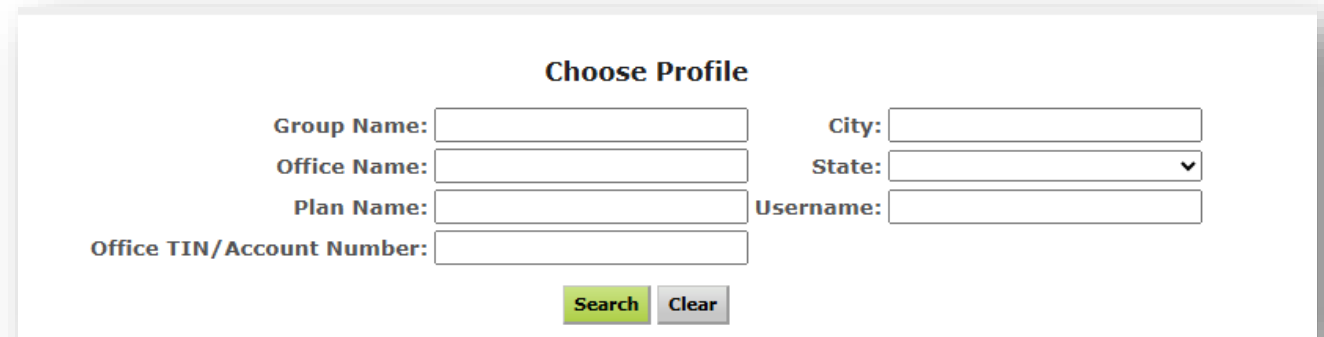
Password

SIGN IN

[Forgot username?](#) [Forgot password?](#)

[Register for a new account](#)

Then enter one of your group's identifiers:



The 'Choose Profile' form. It contains several input fields: 'Group Name', 'Office Name', 'Plan Name', 'Office TIN/Account Number', 'City', 'State' (a dropdown menu), and 'Username'. At the bottom, there are 'Search' and 'Clear' buttons.

Choose Profile

Group Name:

Office Name:

Plan Name:

Office TIN/Account Number:

City:

State:

Username:

Search Clear

Selecting Your Plan

After logging in, select **HEALTH PLANS**, then **AmeriHealth Caritas Next** from the drop down.

The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes the NantHealth logo, 'NaviNet', and a 'WORKFLOWS' dropdown menu. The 'HEALTH PLANS' dropdown menu is currently open, displaying a list of health plans. A search bar at the top of the dropdown menu allows users to search for a plan. Below the search bar, a message states: 'Can't see the plan you want? Use search to find your plan'. The list of plans is organized into four columns. The first column lists plans by state: AmeriHealth Caritas Delaware, AmeriHealth Caritas District of Columbia (ACDC), AmeriHealth Caritas Ohio, AmeriHealth Caritas Louisiana, AmeriHealth Caritas New Hampshire, and AmeriHealth Caritas North Carolina. The second column lists specific plan names: AmeriHealth Caritas Next (circled in red and highlighted with a red arrow), AmeriHealth Caritas PA Community HealthChoices, AmeriHealth Caritas VIP Care Choice - AmeriHealth Caritas VIP Care, AmeriHealth Caritas VIP Care Plus, AmeriHealth PA Medical Assistance Plan, and Blue Cross Complete of Michigan. The third column lists other plans: First Choice Next, First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP), Keystone First, Keystone First CHIP, Keystone First Community HealthChoices, and Keystone First VIP Choice. The fourth column lists additional plans: New Jersey Children's System of Care, Contracted System Administrator - PerformCare, PerformCare, and Select Health of South Carolina.

State	Plan Name	Other Plans	Additional Plans
AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	First Choice Next	New Jersey Children's System of Care, Contracted System Administrator - PerformCare
AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare
AmeriHealth Caritas Ohio	AmeriHealth Caritas VIP Care Choice - AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina
AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care Plus	Keystone First CHIP	
AmeriHealth Caritas New Hampshire	AmeriHealth PA Medical Assistance Plan	Keystone First Community HealthChoices	
AmeriHealth Caritas North Carolina	Blue Cross Complete of Michigan	Keystone First VIP Choice	

NaviNet Homepage



Available resources on the NaviNet homepage include:

User Guides

Frequently Asked
Questions

Training Videos

Plan Documents
(e.g., Provider Manual,
Provider Reference
Guide, Claims and
Billing Manual)

Hyperlinks to the Plan
Prior Authorization
Lookup Tool

Provider Alerts

Claim Submission Payer
ID's

Provider portal
delinquent status
message examples

Member Eligibility and Cost-sharing

Member Eligibility

The member's eligibility is displayed after submitting the members identifying information on the Patient Search webpage.

Information displayed on the Eligibility and Benefits Inquiry webpage include enrollment status, product details, the member ID card, and the identified PCP.

The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes the NantHealth logo, 'NaviNet', and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the right are icons for a flag, notifications, help, and user profile. Below the navigation bar, a breadcrumb trail reads '< Back to Patient Search Results | Eligibility & Benefits: AmeriHealth Caritas Next'. The main content area is titled 'Eligibility and Benefits for [redacted]' with a 'View Patient Details' link. Below this, it says 'Female born on [redacted]'. A 'Patient Alert Details' box highlights two alerts: 'Member ID Card for [redacted]' and 'PCP History for [redacted]'. To the right is the AmeriHealth Caritas Next logo and the text 'Page viewed: 08/04/202'. A 'View/Print' link is also present. A green banner indicates the member is 'Active from 01/01/2025 to 12/31/2199'. Below this, a table displays member details:

AmeriHealth Caritas Next	No additional payer information on file	INSURANCE DETAILS Product: AHC - APTC AC NEXT NC BRONZE PREMIER ON Type: Commercial	PRIMARY CARE PROVIDER [redacted] Phone: [redacted] NPI: [redacted]	View Member Clinical Summary - Attestation Required Member ID Card for [redacted] PCP History for [redacted]
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At the bottom left, there is a search bar with the text 'I can't find what I need'.



Virtual Member ID Card

The AmeriHealth Caritas Next member ID card displays key member and plan details such as:

- Member name and ID number
- Coverage effective date
- Pharmacy Rx BIN and PCN
- Deductible, coinsurance, and copay information
- Electronic claim Payer ID number
- Important contact information

Member cost-sharing amounts can be viewed under the Eligibility & Benefits Inquiry webpage.

Member Cost-sharing

Benefits

Q Search ...

Health Benefit Plan Coverage

Brand Name Prescription Drug

Chiropractic

Emergency Services

Generic Prescription Drug

Hospital

Hospital - Emergency Medical

Hospital - Inpatient

Hospital - Outpatient

Mental Health

Pharmacy

Professional (Physician) Visit - Office

Urgent Care

Health Benefit Plan Coverage

★ Set as default benefit view

Deductible:	---	
	Individual	\$3,850 per Calendar Year Individual Authorization : Not Required

	Individual	\$3,850 Remaining Individual Authorization : Not Required

	Family	\$7,700 per Calendar Year Family Authorization : Not Required

	Family	\$7,700 Remaining Family Authorization : Not Required
Out-Of-Pocket Max:	---	
	Individual	\$10,600 per Calendar Year Individual Authorization : Not Required

	Individual	\$10,435.71 Remaining Individual Authorization : Not Required

	Family	\$21,200 per Calendar Year Family Authorization : Not Required

	Family	\$20,966.75 Remaining Family Authorization : Not Required
Prior Year History:	Eligibility Begin Date: 01/01/2025 Eligibility End Date: 12/31/2025	--
	Eligibility Begin Date: 01/01/2026	--

GROUP

Claim Status Information

Claim Status Inquiry

Search for claims in NaviNet by entering patient details, such as the member ID or the member's name and date of birth.



Claim Details

- Member name
- AmeriHealth Caritas Next claim ID
- Service date



Remittance Advice

- View electronic remittance advice
- Payment number
- Paid date



Claim and Service Line Details

- Service provided
- Units and service date
- Billed amount and paid amount



Claim Investigation Initiation

- Submit a claim inquiry for a claim that has reached a finalized status.

Claim Investigations

To question a payment or request an adjustment on a finalized claim, providers can open the claim in NaviNet and submit a Claim Investigation Inquiry transaction.



Requests can be submitted within 365 calendar days from the date services were rendered or compensable items were provided



Supporting documents may be attached to support the investigation inquiry.



The investigation inquiry will notify the Plan and the message will appear in the claim Investigation List where it can be tracked.



The submitter will be notified when the Plan provides a response.

For more information, please see the [Claims Investigation User Guide](#) located on the Claims and Billing webpage.

Submit an Investigation

Step 1: While viewing the Claim Status Details, select Investigate.

Claim Status Details

[Investigate](#) [View/Print](#)

Finalized (Claim Status as of 05/29/2026) Claim ID: [REDACTED] Service Dates: 05/14/2026 to 05/14/2026

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

INSURANCE DETAILS
AmenHealth Caritas Next
Member ID: [REDACTED]

BILLING ENTITY
ALL PROVIDER
Tax ID: 000000000
Provider PIN: ALL PROVIDER

Total Billed: \$300.00
Total Paid: \$133.09
Payment Number: [REDACTED]
(Paid on 05/29/2026)

Additional Information
Gender: [REDACTED]
Date of Birth: [REDACTED]
Remittance Advice: [View ERA](#) Can't access ERAs?

Claim and Service Line Details:

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 99214	1.0	05/14/2026 to 05/14/2026	--	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).	\$300.00	\$133.09

Step 2: Complete the form, upload any applicable documents and select Send.

Start Investigation

[Start Investigation](#) [Investigation List](#)

Date of Service: 05/14/2026 to 05/14/2026 Claim ID: [REDACTED] Billed Amount: \$300.00 Finalized

Reason: [Select reason for investigation ...](#)

Enter investigation details ...

2000 characters left

[+ Add Document](#)

Drop Documents here to Attach

When you receive a response from the plan, you'll be notified via the Activity Icon (🔔) on the Menu bar.

Provider Disputes

Claim Dispute Forms and Check Dispute Status are available under Forms and Dashboards. Completing an electronic form submission eliminates administrative burden and saves time.

Appeals and Claims Disputes

Link to submit Appeals and Claims Disputes online.

- [Claims Disputes](#)
- [Submit Appeal on behalf of member](#)
- [Check Dispute Status](#)

A dispute is defined as a request from a health care provider to change a decision made by AmeriHealth Caritas Next related to claim payment or denial for services already provided.

Claim Disputes

Provider Info

Provider *

Phone *

Tax ID

Contact (if different than above)

Fax

NPI

Email ID

Mailing Address

Address Line1

Address Line2

City

Select State

Zip

Member Info

Member name

Member's ID (copy from member's ID card)

Member DOB

Claim Info

Date of Service From *

Payment Notification Date

Diagnosis Code

Claim ID *

Other

To

CPT/HCPCS CODES

NDC Code

Reason *

Supporting Documents

Choose Files

No file chosen

eg: pdf, doc, docx, jpg, png, xls, xlsx

State your rationale for the appeal and expected outcome. Please attach any supporting documentation that will assist with resolution.

Submit

Clear

Back

Prior Authorizations

Medical and Pharmacy Authorizations

AmeriHealth Caritas Next offers Medical Authorizations through NaviNet, allowing providers to submit and check authorizations online.

Providers can use NaviNet to manage several authorization-related activities, including:

- Confirm when an authorization is not required.
- Receive auto-approvals, when applicable.
- Submit amended authorization.
- Attach supporting documentation.
- Enroll in in-app status-change notifications from the health plan.

- Access a multi-payer authorization log.
- Submit inpatient concurrent reviews online when Health Information Exchange (HIE) capabilities are available, eliminating the need to fax.
- Review inpatient admission notifications and submit supporting clinical documentation.

Video tutorials and step-by-step instructions will be available via the [NaviNet Plan Central](#) page.

Ways to Avoid Errors

Submitting complete prior authorization requests through NaviNet helps AmeriHealth Caritas Next process requests efficiently and support timely payment.



During the initial submission or amendment, providers must enter complete data, including all requested codes, units, diagnosis codes, procedure codes, and modifiers, to help avoid delays in processing the prior authorization request.



Please include complete contact information, including phone and fax numbers, and consider saving default contact details in NaviNet to make future authorization submissions easier.



Amending a request allows providers to extend approved or partially approved services or request additional services on the same authorization; attaching documents alone will not initiate the request.



Reference the Prior Authorization Lookup Tool before submitting requests to determine if an authorization is needed.

Provider Data Information Form

PDIF Attestation

The Provider Data Information Form (PDIF) attestation feature is available through the secure provider portal making it easier to keep your provider directory information current and accurate. This feature allows you to conveniently review the provider directory data we have on file, confirm its accuracy, and make updates as needed.

Managing the Provider Data Information Form electronically offers several important benefits, including:

- Supports more accurate provider directory data for members, your patients, and prospective members and patients.
- Helps meet the No Surprises Act requirement to validate provider data every 90 days.



Important information for our providers

January 1, 2027

Provider Data Information Form (PDIF)

The Provider Data Information Form attestation feature is available in the secure provider portal, NaviNet. This feature allows you to review your provider directory data that we have on file, attest to the accuracy of the information, and make any necessary changes.

You are required to review current provider directory data as it is listed in the directory and submit updates or corrections via the PDIF link on NaviNet. The request for validation occurs every 90 days.

There are many advantages of managing an electronic Provider Data Information Form and we have highlighted a few of those below:

- It promotes more accurate provider directory data for our members, your patients, and potential members and patients.
- It facilitates compliance with the No Surprises Act requirement to validate provider data every 90 days.

Please note: You will be given 30 days to attest to the accuracy of information or submit any changes. Failure to respond in the specified time frame may result in the removal from our provider directory until you validate your data. The validation process is *ONLY* utilized for AmeriHealth Caritas Next & First Choice Next, our Medicaid products are excluded from this process.

- Log on to NaviNet.
- Select appropriate Health Plan (AmeriHealth Caritas Next/First Choice Next)
- Click the **Provider Data Information Form (PDIF)** link.
- On the **Provider Selection** screen, click the **"Please Select a Provider"** menu and select a **Provider**, and hit **"Submit"**.
- You will be taken to the **"Provider Self Service"** screen; in the bottom right portion of the page, click the box entitled **"Proceed to Provider Updates"**.
- Click the box entitled **"PDIF Update"**
- Click the **Location Selection**

AmeriHealth Caritas Next and First Choice Next are individual and family health plans offered both on and off the Health Insurance Marketplace by certain companies within the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas Next is offered by AmeriHealth Caritas VIP Next, Inc. in Delaware; AmeriHealth Caritas Florida, Inc. in Florida; AmeriHealth Caritas Indiana, Inc. in Indiana; AmeriHealth Caritas Louisiana, Inc. in Louisiana; AmeriHealth Caritas North Carolina, Inc. in North Carolina; AmeriHealth Caritas Ohio, Inc. in Ohio; and First Choice Next by Select Health of South Carolina, Inc. in South Carolina.

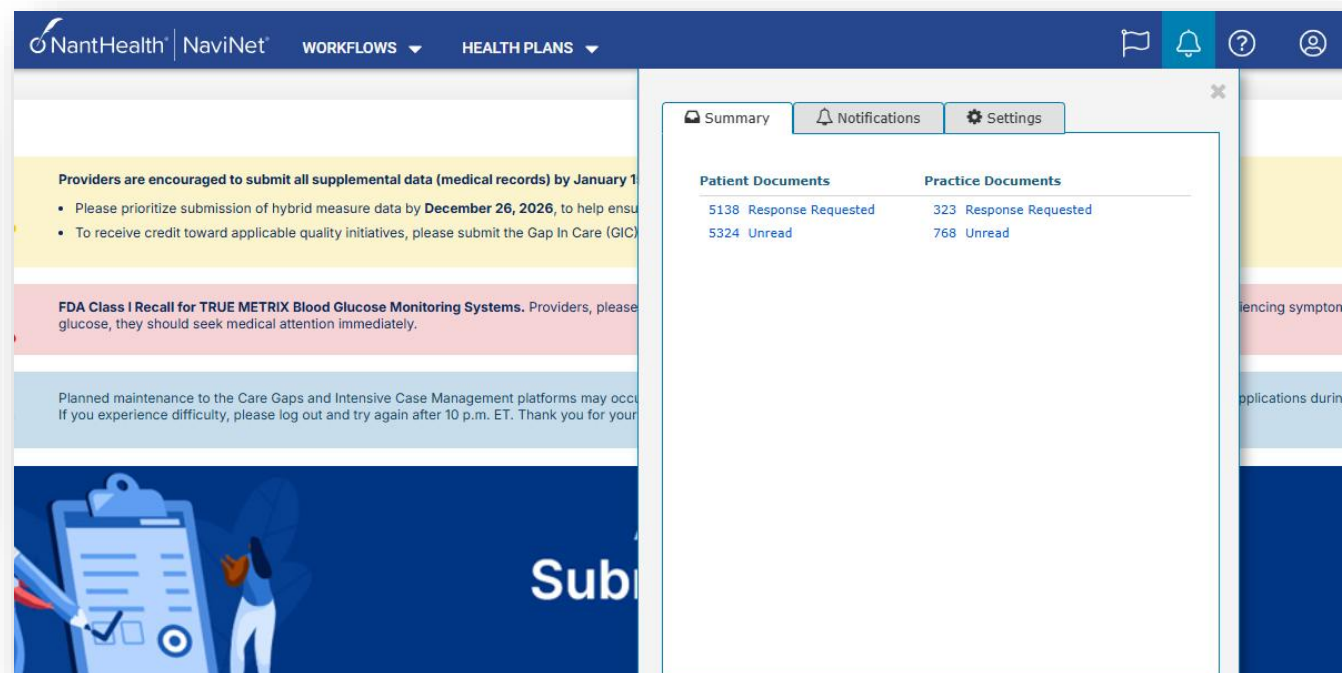
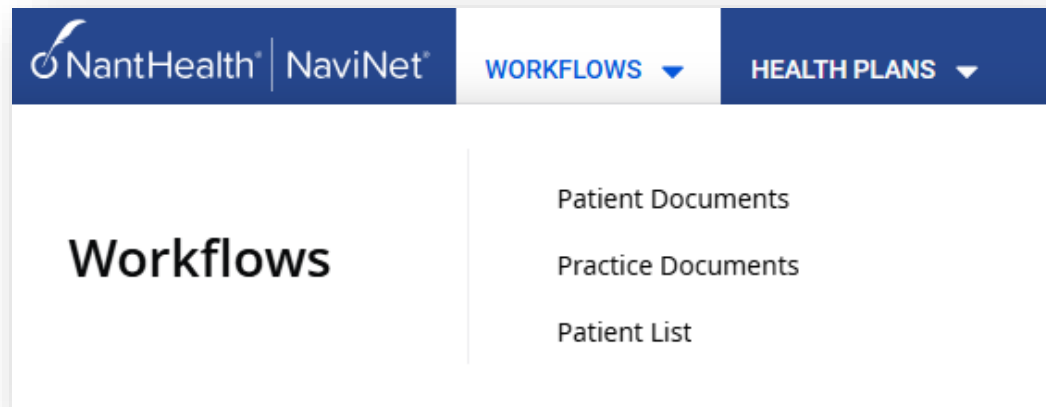
Delaware | 1-833-301-3377 | www.amerhealthcaritasnext.com/de
Florida | 1-833-983-3577 | www.amerhealthcaritasnext.com/fl
Indiana | 1-844-280-9130 | www.amerhealthcaritasnext.com/in
Louisiana | 1-833-315-2252 | www.amerhealthcaritasnext.com/la

North Carolina | 1-855-266-0219 | www.amerhealthcaritasnext.com/nc
Ohio | 1-855-336-3077 | www.amerhealthcaritasnext.com/oh
South Carolina | 1-833-986-7277 | www.firstchoicenext.com

Patient and Practice Documents

Activity Menu

Care Gaps can be reviewed and resolved in two ways: through the Patient Documents screen or through the Activity Menu.



Gaps in Care

The Care Gaps Response Form functionality allows providers using the NaviNet portal to view and enter Care Gap resolution data online.

Providers may submit closures for the following care gaps:

- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)
- Colorectal Cancer Screening (COL)
- Blood Pressure < 140/90 Evaluation
- Child and Adolescent Well-Care Visits (WCV)
- Childhood Immunization Status (CISQ)
- Immunizations for Adolescents (IMA)
- Prenatal Care and Postpartum Care

The screenshot shows the 'Care Gap Worksheet' form for AmeriHealth Caritas Next. It includes a header with the logo and date (August 06, 2026). The form is divided into sections: 'Member' information (Name, ID#, Age/DOB, SSN, Phone), 'Important Clinical Information' (Print instruction), 'PCP Assigned' (Name, Address, Phone), and 'Alert Service(s) - Due Soon/Over Due/Missing - Response Required'. A table lists a service for Hypertension with details on service due dates, last service, event dates, status (Non-Compliant), and frequency (Ongoing). A footer note states that the data is derived from claims information and may lag behind actual service delivery.

AmeriHealth Caritas Next
August 06, 2026

Important Clinical Information
Print this document and place it at the front of the member's medical record for review by a healthcare professional

Please click on 1 Clinical Document(s) link in the NaviNet E and B screen to resolve the care gaps on this member

Care Gap Worksheet

Member
Name: [Redacted]
ID#: [Redacted]
Age/DOB: [Redacted]
SSN(Last 4): [Redacted]
Phone: [Redacted]

PCP Assigned
Name: [Redacted]
Address: [Redacted]
Phone: [Redacted]

**** Claims Processed Through End of Month June 2026 ****

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

Condition	Service Due	Last Service	Event Dates	Status	Frequency
Hypertension	Controlling High Blood Pressure	10/29/2025	10/29/2025	Non-Compliant	Ongoing

Data source: The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.

Reports

Report Inquiry



Available reports in NaviNet provide information on authorizations, care gaps, and claim status. Some of the available reports are listed below.

- Authorization Status Summary Report
- Administrative Panel Roster Report
- Clinical Admittance and Discharge Reports
- Clinical Care Manager Report
- Member Clinical Summary Report
- Claim Status Summary Report
- Claim Recovery Report

- Care Gap Reports:
 - Missing and Overdue Care Gaps All Members
 - Member Alerts Standalone Care Gap Request
 - Missing and Overdue Care Gaps Adolescent Only
 - Missing and Overdue Care Gaps Adult Only
 - Missing and Overdue Care Gaps Pediatric Only

Resources

Plan Quick Links

Providers can access AmeriHealth Caritas Next guidance by selecting the plan-owned quick link PDF's on the NaviNet homepage.

These links include:



AmeriHealth Caritas Next Provider Manual



Claims and Billing Manual



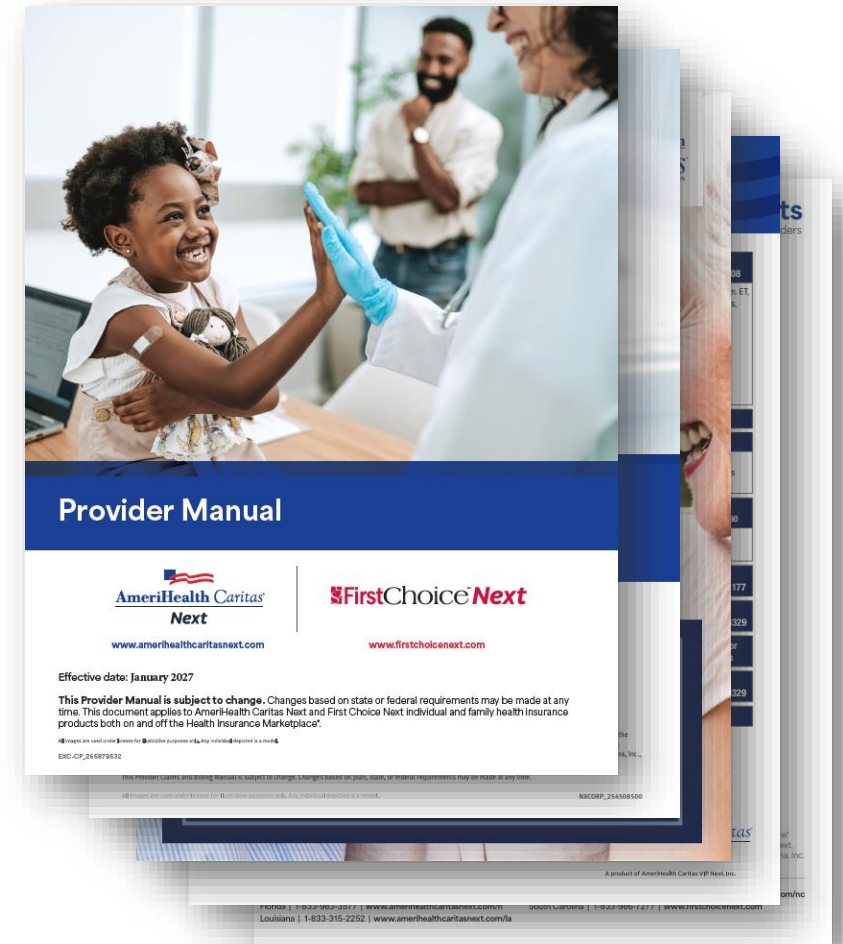
Provider Reference Guide



HEDIS Support and Guidance



Provider Data Information Form (PDIF) attestation instructions



NaviNet Resources



Comprehensive guides, frequently asked questions, and training resources are available to all users to assist with a variety of NaviNet transactions.

- [NaviNet Care Gaps Response Form User Guide \(PDF\)](#)
- [NaviNet Claims Dispute User Guide](#)
- [NaviNet Claims Investigation User Guide \(PDF\)](#)
- [NaviNet Claims Overpayment Recovery User Guide \(PDF\)](#)
- [NaviNet Medical Authorizations Participant Guide \(PDF\)](#)
- [Ways to avoid common errors in electronic prior authorization submissions](#)
- [NaviNet Medical Authorizations FAQ's](#)

Questions

