



# PROVIDER ORIENTATION

DELIVERING THE NEXT GENERATION OF MEDICAID MANAGED CARE

# ABOUT US

## Our mission:

We help people get care, stay well, and build healthy communities.

## Our vision:

To be the national leader empowering those in need, especially the underserved and the disabled, across their full life journey, from wellness to resilience, in order to reach their American Dream.

*Owned by two leading Blue companies:  
Independence Blue Cross (majority) and Blue  
Cross Blue Shield of Michigan (BCBSM)*

**5M**

Total Members

**12 + D.C.**

Total States

**\$19B**

2021 Revenue  
Including JVs

**7.3K**

Associates



**Medicaid**



**PerformCare**  
(Behavioral  
Health)



**LTSS &  
Medicare  
Dual Eligibles**



**PerformRx**  
(PBM)

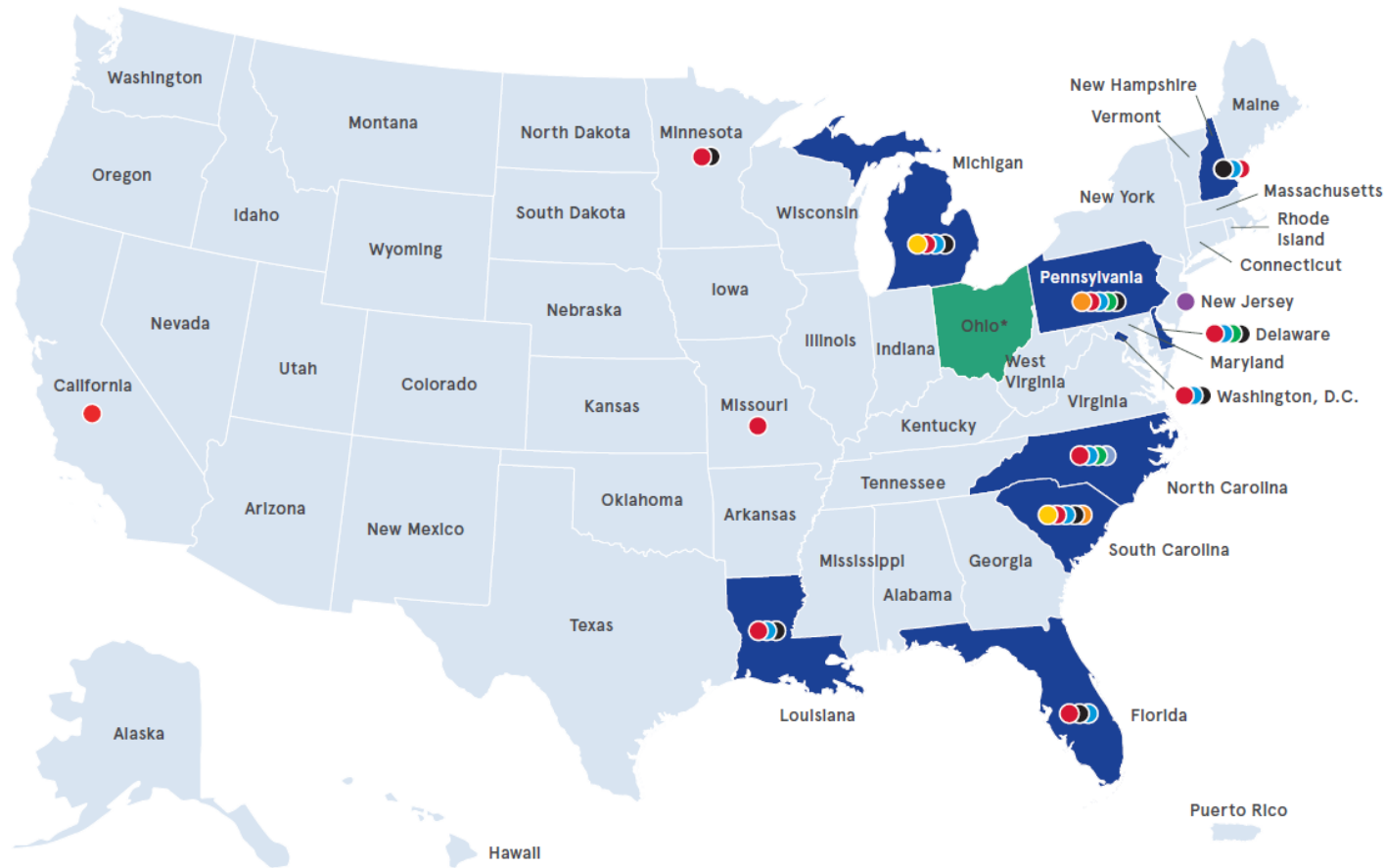


**Perform  
Specialty**  
(Specialty  
Pharmacy)



**AmeriHealth  
Caritas NEXT**  
(Health Insurance  
Marketplace)

# EXPANDING OUR NATIONAL FOOTPRINT

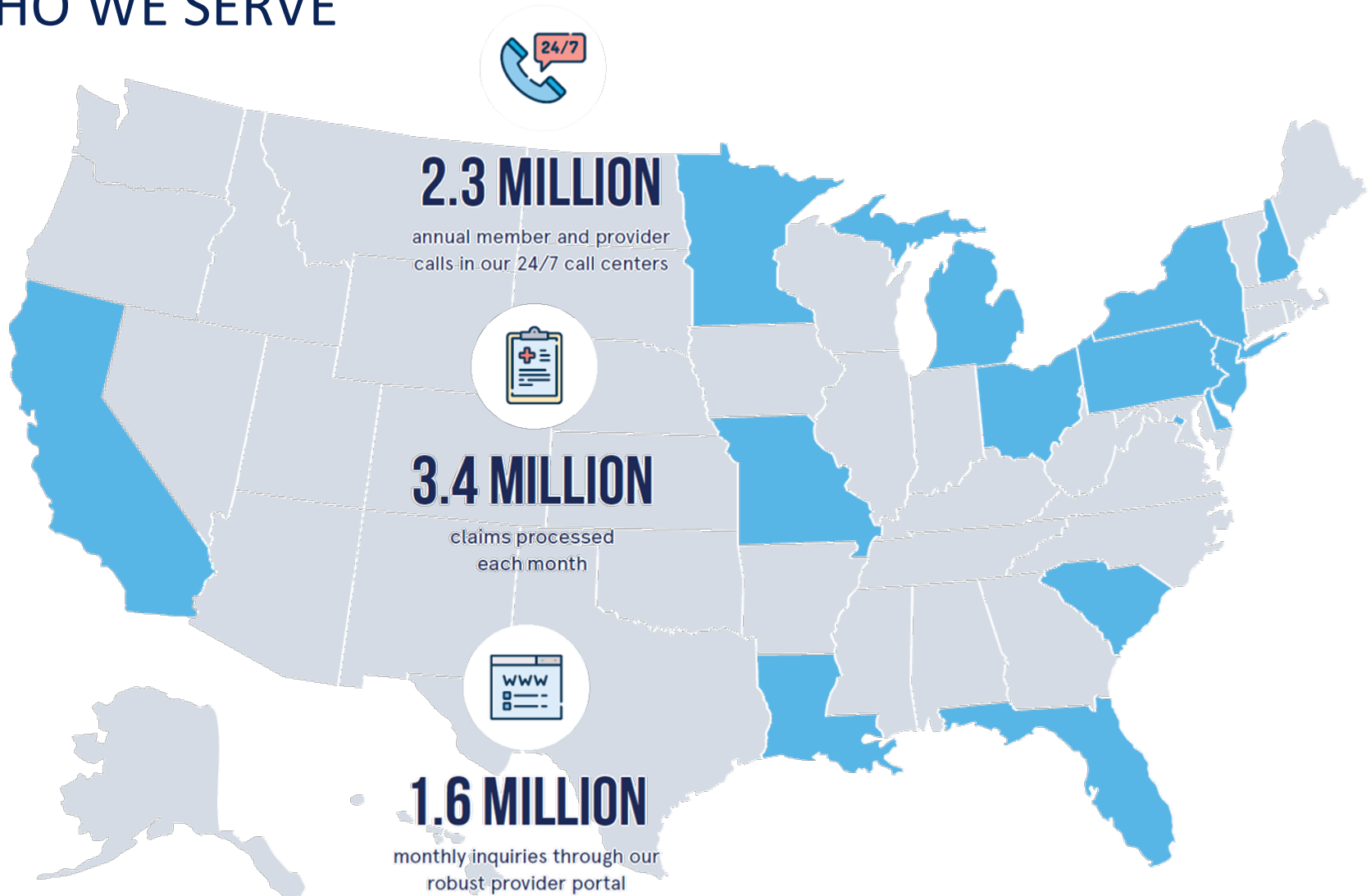


**Blue states** Existing AmeriHealth Caritas Medicaid health plan markets   **Green state** New AmeriHealth Caritas Medicaid health plan market in 2022

● Dual eligible special needs plan (D-SNP)   ● Medicare-Medicaid plan (MMP)   ● Behavioral health managed care   ● Specialty pharmacy  
● Long-term services and supports (LTSS) experience   ● Pharmacy benefit management   ● System of Care Administration   ● Health Insurance Marketplace

\*Selected by Ohio Department of Medicaid with anticipated go-live Q4 2022

# WHO WE SERVE



# OUR PERSONALIZED CARE

With over 35 years of experience serving Medicaid populations, AmeriHealth Caritas understands that our members face socioeconomic and health factors that play an important role in access to quality health care and the type of programs required to improve health status. Our innovative approach to serving members identifies and focuses on the unique needs of each individual — from their physical health to the broader range of behavioral, social support, and long-term services, and other needs that impact the member's current and future health.

## Social issues

- Poverty
- Language barriers
- Education
- Homelessness
- Transportation
- Food access
- Personal safety

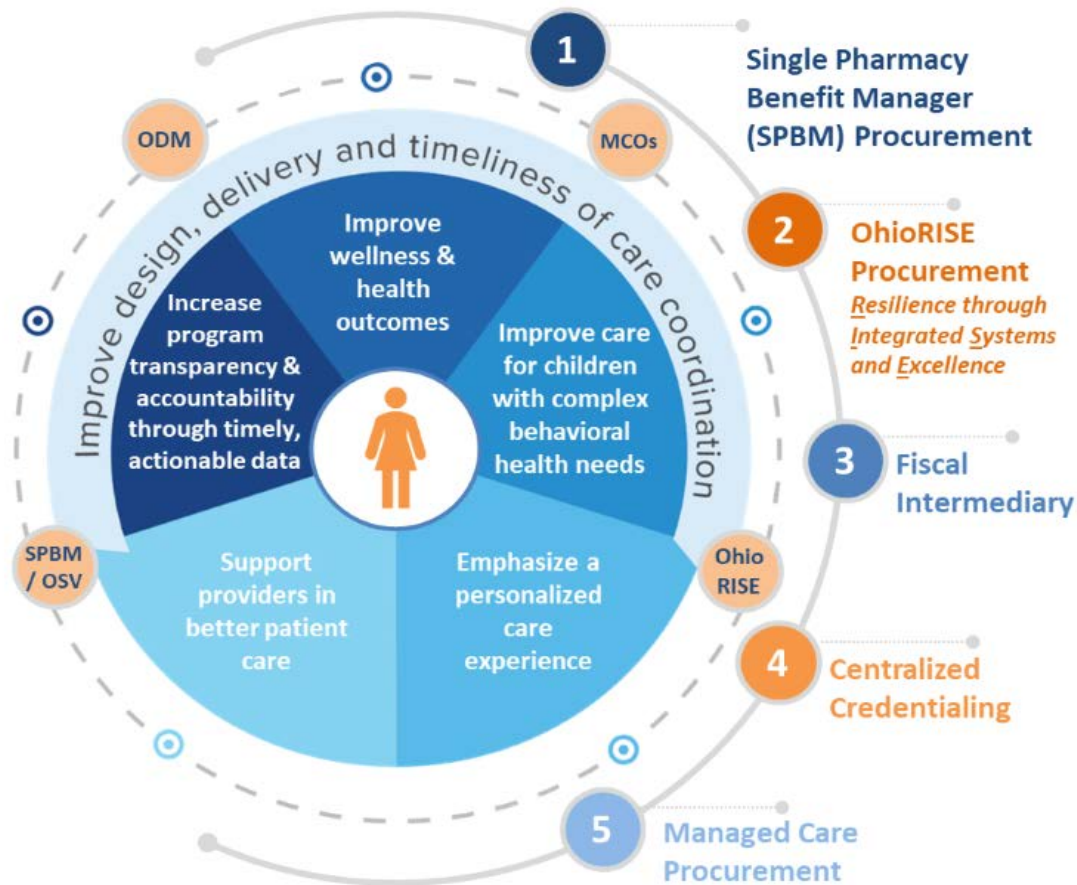
## MEMBERS WE SERVE

## Health issues

- Health literacy
- Comorbidities
- Behavioral health
- Substance use
- Polypharmacy
- Drug adherence

# OHIO DEPARTMENT OF MEDICAID

## *NEXT GENERATION OF MANAGED CARE*



ManagedCare.Medicaid.Ohio.gov

# NEXT GENERATION OF MANAGED CARE

## *ALIGNMENT WITH OUR MISSION*



### **Improve wellness and health outcomes**

Approach all care with a lens of health equity.



### **Emphasize a personalized care experience**

Provide a person-centered, trauma-informed, and culturally responsive model of care.



### **Support providers in better patient care**

Be a partner, not just a payer.



### **Improve care coordination for children with complex behavioral health needs**

Bring behavioral health resources to where our youth live, study, and play.



### **Increase program transparency and accountability through timely, actionable data**

Utilize data with a quality improvement mindset.



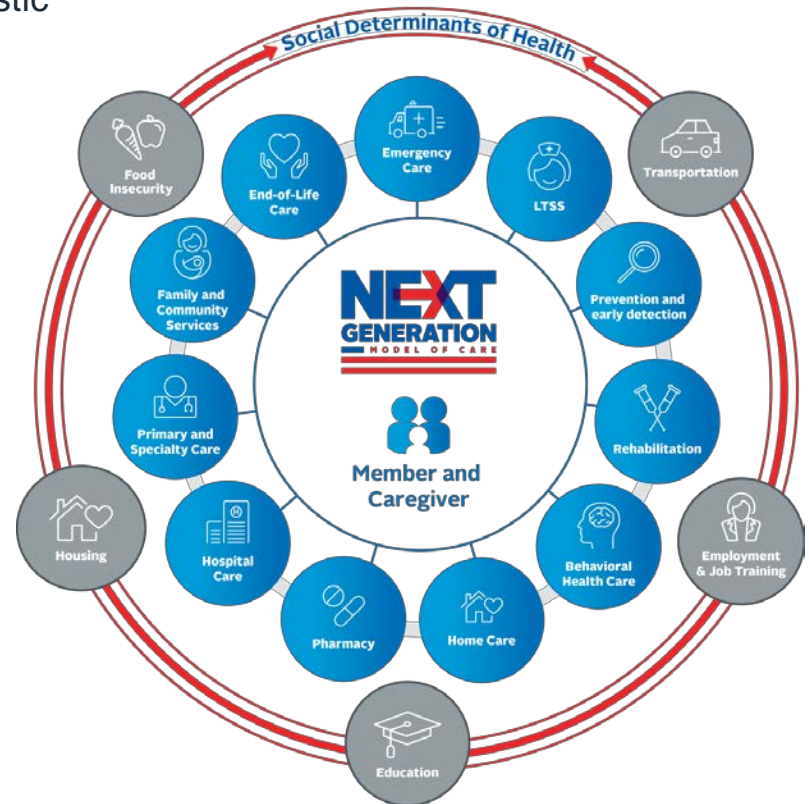
# NEXT GENERATION OF MANAGED CARE

## *ALIGNMENT WITH OUR MISSION*

AmeriHealth Caritas Ohio encourages and supports a holistic approach to health care.

Screenings and assessments should include the following areas and potential needs:

- Behavioral health
- Culture and language
- Demographic
- Education
- Employment and entitlement
- Family and support services
- Housing
- Legal
- Medical
- Substance use disorder
- Trauma and safety
- Risk assessment, including unmet needs, suicide risk, and functional status (e.g., activities of daily living [ADL], instrumental ADL [IADL], and cognitive functioning)





# NEXT GENERATION OF MANAGED CARE *ALIGNMENT WITH OUR MISSION*

The screenshot shows the AmeriHealth Caritas NaviNet patient portal. At the top is the AmeriHealth Caritas logo. Below it, a note states: "Note: Information on this page is based on claim data." The page is divided into several sections:

- Member Information:** Includes fields for Member Name, Date of Birth, Primary Doctor (PCP), Address 1, Address 2, City, State, Zip, Phone Number, and Care Manager Information (Name, Phone).
- My Important Tests & Services (within the last 24 months):** A table with columns: Condition, Service, Status, Last Service, Due By, and Cost.
- Social Determinants (within the last 12 months):** A table with columns: Category, Date Assessed, and Self-reported member information.

Condition	Service	Status	Last Service	Due By	Cost
Preventive Health Vaccine	Hepatitis A Vaccination Series	Missing		Once per Lifetime	
Preventive Health Vaccine	Hepatitis B Vaccination Series	Missing		Once per Lifetime	
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - 23 Valiant Pneumococcal	Up-to-date	10/27/2016	Once per Lifetime	
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Pneumovax 13	Missing		Once per Lifetime	

Category	Date Assessed	Self-reported member information
Housing	12/4/2017	No concern reported
Food	12/4/2017	Food insecurity
Utilities	12/4/2017	Difficulty paying for utilities
Transportation	12/4/2017	No concern reported
Health literacy	12/4/2017	No concern reported
Education	12/4/2017	Lacks Plan/High school equivalency
Phone	12/4/2017	Difficulty paying for phone
Child care	12/4/2017	No concern reported
Employer/Health	12/4/2017	Difficulty getting services/needs
Clothing	12/4/2017	Difficulty getting needed clothing

- Assess, identify, and address health care and social determinants of health needs in the populations we serve
- Results available in NaviNet

# NEXT GENERATION *STAGGERED IMPLEMENTATION*

## Stage 1

- On July 1, 2022, OhioRISE will begin providing specialized services, which will help children and youth with behavioral health needs and help coordinate care for those who receive care across multiple systems.

## Stage 2

- In October 2022, Centralized Provider Credentialing will begin which will reduce administrative burden on providers. Also, the Single Pharmacy Benefit Manager (SPBM) will begin providing pharmacy services across all managed care plans and members.

## Stage 3

- Implementation of the Next Generation managed care plans. Members will experience benefits that help address their individual health care needs such as increased access to care coordination and care management supports. Also in stage three, ODM will implement additional improvements to streamline the process of claims and prior authorization submission for providers.

## Ohio's Current System for Kids with Multi-System Needs

Over 40% of kids over age 15 in the child welfare system are in congregate care



40%

140 kids per day are receiving care out of state - a 200% increase in kids per year compared to 2016

2016 - 2020 ↑ 200%

38% of Youth with Multi-System Needs have individuals in their families with a history of OUD, SUD, and/or SED primary diagnosis



38%

What The  
Evidence Tells  
Ohio



*Kids with the most complex multi-system needs require a very different type of care coordination.*



## OhioRISE

Resilience through  
Integrated Systems and Excellence

A specialized, statewide managed care program for youth with complex behavioral health and multisystem needs.



### Specialized Managed Care Program

Aetna Better Health of Ohio will serve as the OhioRISE plan.



### Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.



### Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled youth.



### Prevent Custody Relinquishment

OhioRISE will utilize a new 1915(c) waiver to target the most in need and vulnerable families and children to keep families together.

<https://managedcare.medicaid.ohio.gov/ohiorise>

# NEXT GENERATION OF MANAGED CARE *COMMUNITY AND PROVIDER TRAINING*

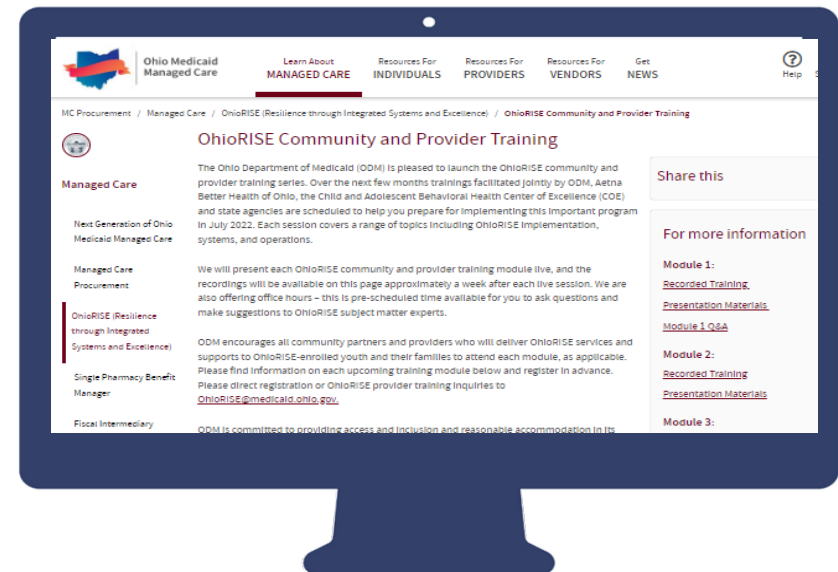
## OhioRISE

### Provider Trainings

- Direct links through [www.amerihealthcaritasoh.com](http://www.amerihealthcaritasoh.com)
- Search on [www.Medicaid.ohio.gov](http://www.Medicaid.ohio.gov)

### Inquiries

- [OhioRISE@medicaid.ohio.gov](mailto:OhioRISE@medicaid.ohio.gov)

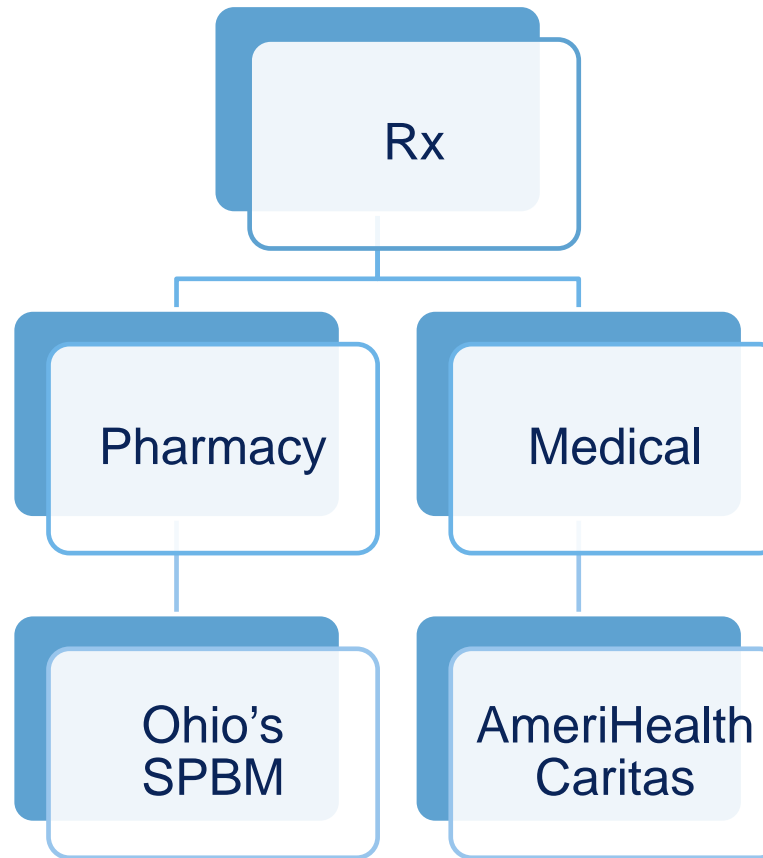


# DRUG COVERAGE

## *GAINWELL & PERFORMRX*

**gainwell**

- [spbm.medicaid.ohio.gov](http://spbm.medicaid.ohio.gov)
- Ohio's single pharmacy benefit manager
- Pharmacies must be enrolled with ODM to contract with the SPBM



***PERFORM*Rx**

- [PerformRX.com](http://PerformRX.com)
- 1-833-644-6001
- AmeriHealth Caritas Pharmacy Benefit Manager
- Medication Therapy Management (MTM)

# ODM'S FISCAL INTERMEDIARY



Department of  
Medicaid

## Fiscal Intermediary (FI)

### Today's Ohio Medicaid Program

Provider claims and authorization requests are handled by each Managed Care Organization (MCO) and data is self-reported to Ohio Medicaid, at times several months after the service or request took place.



Providers experience frustrations interfacing with multiple MCOs, sometimes leading to payment delays



Grievances and disputes between providers and MCOs are challenging to mediate as data is not consistent or readily available



ODM is constrained in providing the Ohio Legislature and the public with timely data as it can often take over 6 months for MCO data to be transmitted to the state

### The Future Ohio Medicaid Program



#### Easing Administrative Burden

- The FI will serve as a single point of entry for all provider claims and prior authorization requests
- Minimizes missing claims or delays in claim submission

#### Transparency

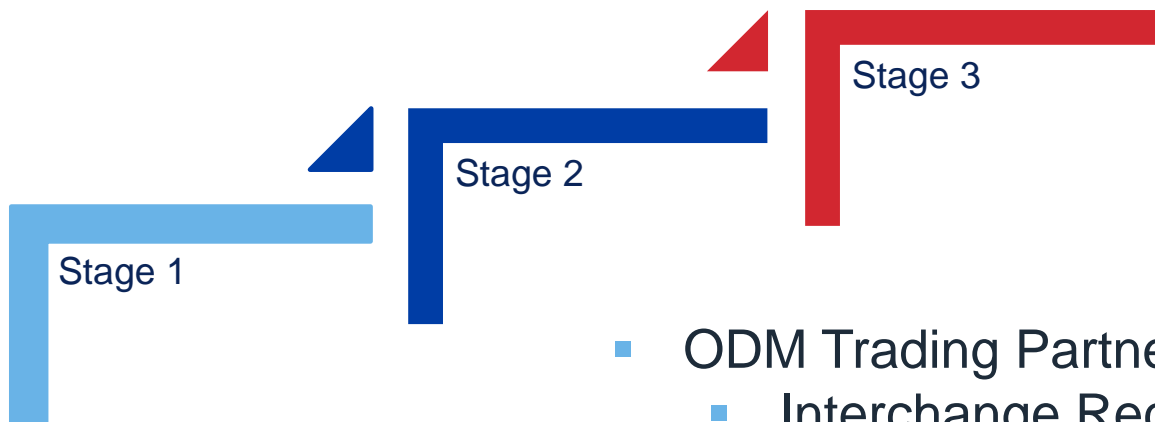
- ODM will have access to consistent and complete claims and authorization data, enabling increased oversight over MCOs
- Claims and payment trends can be identified in a more timely manner (weeks instead of months)

#### Efficiency

- The FI will facilitate processing of and transitioning claims and requests to Ohio Medicaid's future MCOs as well as receive updates back from those organizations and be able to convey these to providers
- Central intake of claims minimizes MCOs' ability to delay payment

# PROVIDER NETWORK MANAGEMENT PORTAL

## *CLAIMS SUBMISSION*



- ODM Trading Partner ID: 0021920
  - Interchange Received ID Field (ISA08)
- AmeriHealth Caritas Ohio's Payer ID: 35374
  - 1000B Receiver Loop
  - 2010BB Payer Name Loop
- Transportation-Only Providers
  - AmeriHealth Caritas Ohio Payer ID: 42435



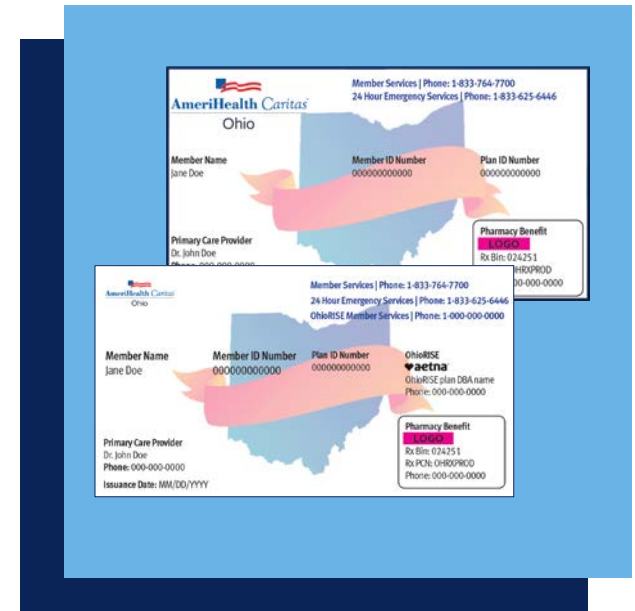
# YOUR PATIENTS, OUR MEMBERS

## HOW DO I VERIFY ELIGIBILITY?

### Verify Eligibility:

- Log in to NaviNet<sup>®</sup>, our secure provider portal <https://navinet.navimedix.com/main.aspx>
- Contact AmeriHealth Caritas Ohio's Provider Services 1-833-644-6001, follow prompts for "member eligibility"
- Use EDI eligibility verification transactions available from your clearinghouse or practice management system

For more information or to sign up for NaviNet<sup>®</sup> access, go to <https://navinet.secure.force.com> or call NaviNet Customer Support at 1-888-482-8057



# YOUR PATIENTS, OUR MEMBERS

## *PCP CHANGES*

### PCP Changes:

- Amerihealth Caritas Ohio will accept the current ALL MCP Primary Care Provider (PCP) Selection/Change Form
- Fax: (833) 329-2164
- <https://partnersforkids.org/wp-content/uploads/2021/08/MCP-Consolidated-PCP-Change-Form-MCP-ODM-approved-v07072021.pdf>



# MEDICAID RE-ENROLLMENT

## Background:

- During the Public Health Emergency for the COVID-19 pandemic, Medicaid re-enrollment was on pause. People could join Medicaid but could not lose their coverage.
- Re-enrollment packets have begun to be distributed. Members will have 60 days to return their packet.
- Members who do not return their completed packet or do not meet eligibility criteria may lose coverage as early as April 2023.

## Next Step:

- **Please encourage your patients to update their contact information** with the Ohio Department of Job & Family Services so they are informed when it's time to enroll in Medicaid.
- A variety of patient and provider-facing resources are available [here](#).



Do you have Medicaid coverage through Buckeye, CareSource, Molina, Paramount or United Healthcare Community insurance?

Has your address or phone changed lately?

Update your contact information with Medicaid, so you can keep your coverage.

### 4 Ways to Update Your Info:

Have your case number or Social Security number available.

1. Go to your Medicaid plan's website.  
CareSource: [my.caresource.com/](https://my.caresource.com/)  
Molina: [molinahealthcare.com/members/oh/en-US](https://molinahealthcare.com/members/oh/en-US)  
United Healthcare Community: [member.uhc.com/communityplan](https://member.uhc.com/communityplan)  
Buckeye Health Plan: [buckeyehealthplan.com/members.html](https://buckeyehealthplan.com/members.html)
2. Go to [ssp.benefits.ohio.gov](https://ssp.benefits.ohio.gov) or scan the QR code.  
- Select "Access my cash, food, medical or child care assistance."  
- Select "Report a Change to My Case" from the dropdown and follow the prompts.
3. Call (844) 640-6446
4. Visit your county's Jobs and Family Service Office.



Need additional help?  
Contact Get Covered Ohio at [GetCoveredOhio.org](https://GetCoveredOhio.org)



# AUTOMATIC RE-ENROLLMENT

If patients are currently receiving at least one of these benefits, they will be automatically re-enrolled in Ohio Medicaid. **Please encourage patients who may be eligible to apply.**

## Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The WIC program helps eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to 5 years of age by providing nutrition education, breastfeeding education/support, and access to supplemental, highly nutritious foods such as cereal, eggs, milk, whole grain foods, fruits and vegetables, and iron-fortified infant formula.

### WIC Program Eligibility Requirements:

- 185% of the federal poverty limit
- Ohio resident
- Determined by a medical/nutritional professional to be at medical or nutritional risk

Find your local WIC clinic by [clicking here](#).

## Supplemental Nutrition Assistance Program (SNAP)

The SNAP Program helps eligible low-income Ohioans stretch their food budgets and buy healthy food. These benefits are distributed electronically through the Ohio Direction card, which is similar to a debit card.

### SNAP Program Eligibility Requirements:

- Gross Monthly Income at or below 130% of the Federal Poverty Limit, or Net Monthly Income at or below 100% of the Federal Poverty Limit
- U.S. Citizen or Legal Resident

For more information on the Ohio SNAP program and how to apply, [click here](#).\*

# YOUR PATIENTS, OUR MEMBERS

## *ACCESS AND AVAILABILITY STANDARDS*

- AmeriHealth Caritas Ohio providers must comply with access standard guidelines as outlined in the Provider Manual to help ensure plan members have timely access to care.
- If at any time your practice becomes unable to meet these standards, you must immediately advise your Account Executive or the Provider Services department at **1-833-644-6001**.
- Member access standards are also available on the AmeriHealth Caritas Ohio website at [www.amerihealthcaritasoh.com](http://www.amerihealthcaritasoh.com).



# YOUR PATIENTS, OUR MEMBERS

## VALUE-ADDED BENEFITS

- **CARE Card:** Do things that help you stay healthy. Earn rewards on a reloadable gift card.
- **Food as Medicine:** Qualifying members discharged from a hospital can get up to two meals per day, for seven days, at no cost.
- **Foster care transition:** Care package valued up to \$50 and specialized support for members leaving foster care.
- **Boys & Girls Club:** Membership, at participating clubs, for qualified members younger than age 19.



**Support for you:**

- Our Member Services team can help answer questions about your benefits.
- Call the 24/7 Behavioral Health Crisis Line for help with your behavioral health urgent needs.
- Call the 24/7 Nurse Call Line for health advice at any time.
- Members have access to bilingual staff.
- Our Rapid Response and Outreach Team can help you find a health care provider, schedule appointments, and find transportation.
- Members have access to health education to promote healthier lifestyles.
- Our member portal and mobile apps can help you monitor your health, including care and medicines.
- Members receive a member newsletter with education and information about our programs and services.

**Qualifying members can also get extra benefits like:**

- **Missus GDP:** Qualifying members can receive counseling and services to take a high school equivalency exam at no cost.
- **WFF® Therapy Weight Watchers® online membership:** Members ages 15+ can get 600 membership at no cost for six months.
- **CARE Card:** Earn rewards on a reloadable gift card by doing things that help you stay healthy.
- **Living Beyond Pulse:** Pulse management program to include alternative treatment options. This is in addition to the standard medical benefit.
- **Food as Medicine:** Up to two meals per day, for seven days, at no cost for qualifying members discharged from a hospital.
- **Vision care:** One additional eye exam every 12 months for members ages 21+ diagnosed with diabetes. This is in addition to the standard medical benefit.
- **Dental care:** One additional cleaning and exam per calendar year for members 21 and older (some restrictions and limitations apply). This is in addition to the standard medical benefit.
- **Transportation benefits:** All members can get unlimited non-emergency help for provider visits more than 30 miles from their home. Qualifying members can get up to 10 non-emergency one-way trips per year within 30 miles of their home.
- **Foster Care Transition:** Care package valued up to \$50 and specialized support for members leaving foster care.
- **Boys & Girls Club:** Membership, at participating clubs, for qualified members younger than age 19.
- **Bright Start®:** Members get access to our pregnancy care program.

**We care about your health and offer you access to:**

**Care Managers** who can help you understand your health conditions, they can also help you learn about your medicines and find you support in your community.

**Health programs** for members with asthma, diabetes, heart disease, and weight management concerns. We also have a program to support pregnant members.

**Community Health Navigators** to help you find resources in your community.

**AmeriHealth Caritas Ohio Wellness & Opportunity Centers** located throughout the state. These are great places to visit to learn about our programs and connect to community.

**Community outreach** and access to local groups and providers to help with health information and screenings.

**AmeriHealth Caritas Ohio**

That's not all. For more information about our benefits and services, please visit [www.amerhealthcaritasoh.com](http://www.amerhealthcaritasoh.com) or call Member Services at 1-833-764-7700 (TTY 1-833-889-6446).

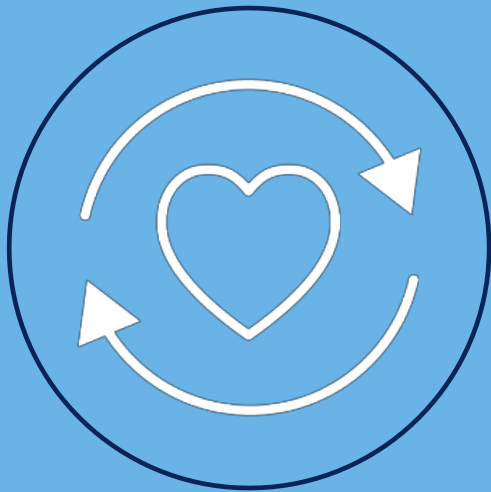
**Tell me more!**  
This brochure tells you about some AmeriHealth Caritas Ohio benefits. Please call us at 1-833-764-7700 (TTY 1-833-889-6446) or visit [www.amerhealthcaritasoh.com](http://www.amerhealthcaritasoh.com) to learn more.

**We Care About Your Health!**  
AmeriHealth Caritas Ohio's added benefits for Medicaid managed care members.

**To enroll today:**  
Call the Ohio Medicaid Hotline at 1-800-324-8680 (TTY 1-800-292-3572) or visit [www.ohioh.com](http://www.ohioh.com).

# YOUR PATIENTS, OUR MEMBERS

## *EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SCREENS*



Healthchek is Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Under EPSDT, state Medicaid agencies must provide and/or arrange for the promotion of services to eligible children under age 21 that include:

- Comprehensive, periodic, preventive health assessments.
- All medically necessary immunizations.
- Age-appropriate screenings as defined on the state's periodicity schedule.
- Additional examinations to treat/address health issues.

Treatment for all medically necessary services discovered during a Healthchek screening is also covered.

For access to Healthchek/EPSDT resources, including billing and documentation reference tools, and EPSDT training and education, please visit [www.amerhealthcaritasoh.com](http://www.amerhealthcaritasoh.com). Click on Providers/Resources/EPSDT/Healthchek.



# NON-EMERGENCY TRANSPORTATION

## *FEWER MISSED APPOINTMENTS*



Make transportation  
arrangements by calling Veyo  
at **1-833-664-6368**

# YOUR PATIENTS, OUR MEMBERS

## DENTAL



AmeriHealth Caritas Ohio contracts with a third-party vendor, DentaQuest, for dental services.

- To join the DentaQuest network, please visit <https://dentaquest.com/state-plans/regions/ohio/dentist-page/> to get started.
- 1-833-530-6466
- <https://dentaquest.com/state-plans/regions/ohio/dentist-page/>.

# YOUR PATIENTS, OUR MEMBERS

## *OUTPATIENT LABORATORY SERVICES*

- AmeriHealth has contracted with Quest and DrugScan and continues to negotiate with other national laboratories
- Members can also use the outpatient services at our contracted facilities.

Laboratory	Type	Phone	Website
Quest Diagnostics	General lab services	See website for locations and contact information	<a href="http://www.questdiagnostics.com/">www.questdiagnostics.com/</a>
DrugScan	Specialty lab services	See website for locations and contact information	<a href="http://www.drugscan.com/">www.drugscan.com/</a>

# IMAGING

## NATIONAL IMAGING ASSOCIATES

- **The following radiology services, when performed as an outpatient service, require prior authorization:**
  - Computed tomography (CT) scan
  - Positron emission tomography (PET) scan
  - Magnetic resonance imaging (MRI)
  - Magnetic resonance angiography (MRA)
  - Nuclear cardiac imaging
- The ordering provider is responsible for obtaining a prior authorization number for the requested radiology service.
- NIA will request patient symptoms, past clinical history, and prior treatment information, and the ordering provider should have this information available at the time of the call.

Ordering providers	Rendering providers
<ul style="list-style-type: none"><li>• To initiate a request for an authorization, please contact NIA via their website at <a href="http://www.radmd.com">www.radmd.com</a>, or via ODM portal</li><li>• To check the status of an authorization, please contact NIA via their website at <a href="http://www.radmd.com">www.radmd.com</a>, or via interactive voice response (IVR) system at 1-800-642-7835</li></ul>	<ul style="list-style-type: none"><li>• To check the status of an authorization, please contact NIA via their website at <a href="http://www.radmd.com">www.radmd.com</a>, or via IVR system at 1-800-642-7835</li></ul>

# PROVIDER RESOURCES

## *PROVIDER MANUAL*



**[www.amerihealthcaritasoh.com](http://www.amerihealthcaritasoh.com)**

- Contacts
- Resources
- Important links
- Prior authorization process information
- Covered services
- Claims and billing guidance
- Care coordination program descriptions, and more

# PROVIDER RESOURCES

## OSMA WELL-BEING CARE

The Ohio State Medical Association's Well-Being **C**heckup **A**nd **R**eferral **E**ngagement Service is a checkup of mental and emotional health for:

- *Licensed medical professionals · Medical school students*
  - *Licensed training program participants*

Through this free, anonymous tool, health care workers can:

- Take the 10-minute questionnaire designed to help you assess your current state of mental health and well-being
- A licensed mental health professional will review the answers and you will receive a personalized response with recommendations
- You can choose whether you'd like to connect with the licensed mental health professional to establish a helpful relationship for further action

*Participation is free, voluntary and anonymous*

[WellBeingCARE.org](https://WellBeingCARE.org)

# PROVIDER RESOURCES

## PROVIDER PORTAL

- Member eligibility and benefits information
- Panel roster reports
- Care gap reports to identify needed services
- Member clinical summaries
- Admission and discharge reports
- Medical and pharmacy claims data
- Claims adjustment inquiry

The screenshot displays the 'Eligibility and Benefits for JOHN WALKER' page. The patient is male, born on 10/10/2004, and resides at 444 DREAM STREET, DREAMLAND, NJ 08030. He is currently active from 01/06/2015 to 12/31/2199. The page lists various benefits including Health Benefit Plan Coverage, Brand Name Prescription Drug, Chiropractic, Dental Care, Emergency Services, Generic Prescription Drug, Hospital, Hospital - Emergency Medical, Hospital - Inpatient, Hospital - Outpatient, Medical Care, Mental Health, and Pharmacy. A 'Professional (Physician) Visit - Office' section shows a co-pay of \$0, co-insurance of 0%, and a deductible of \$0 per calendar year. The primary care provider is listed as 'NO PCP SELECTED'.

Eligibility and Benefits for JOHN WALKER	
Male born on 10/10/2004	
AmeriHealth Caritas	
<input checked="" type="checkbox"/> Active from 01/06/2015 to 12/31/2199	
Benefits	
Health Benefit Plan Coverage	
Brand Name Prescription Drug	
Chiropractic	
Dental Care	
Emergency Services	
Generic Prescription Drug	
Hospital	
Hospital - Emergency Medical	
Hospital - Inpatient	
Hospital - Outpatient	
Medical Care	
Mental Health	
Pharmacy	
Professional (Physician) Visit - Office	
Co-Pay:	\$0 Authorization : Not Required
Co-Insurance:	0% Authorization : Not Required
Deductible:	\$0 per Calendar Year Individual Authorization : Not Required \$0 Remaining Individual

**NaviNet®**

[Navinet.secure.force.com](http://Navinet.secure.force.com)

1-888-482-8057



# PROVIDER RESOURCES

## *CLAIMS PAYMENT*



Change Healthcare partnered with ECHO<sup>®</sup> Health, Inc. for electronic payment solutions.

ECHO Health, Inc.

1-888-834-3511

[www.echohealthinc.com](http://www.echohealthinc.com)

# PROVIDER RESOURCES

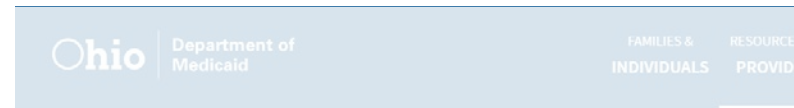
## *ELECTRONIC VISIT VERIFICATION (EVV)*

EVV is a system that captures the following visit details:

- Identity of the direct caregiver.
- Identity of the individual receiving services.
- Service(s) rendered.
- Location where service is rendered.
- Start/stop times of service.

There are 3 ways to capture a visit: mobile app (preferred), dedicated phone line, or manual entry.

Ohio offers the EVV Sandata system to all providers at no cost. An agency provider may use an alternate system.



Medicaid / Resources for Providers / Programs & Initiatives / Electronic Visit Verification

### Electronic Visit Verification

Electronic Visit Verification (EVV) is used by caregivers for some home and community based services to document the begin and end. The Ohio Department of Medicaid provides an EVV system at no cost to all providers. Agency providers may use an alternate EVV system.

What does EVV mean for agency and non-agency providers?

Ohio Administrative Code  
5160-1-40 requires Ohio Medicaid  
providers to use EVV.

# MEMBER SERVICES



## **Member Services Hotline**

- 1-833-764-7700
- TTY: 1-833-889-6446

## **Health Advice Line**

- 1-833-625-6446

## **Member Portal**

- [www.amerihealthcaritasoh.com](http://www.amerihealthcaritasoh.com)

## GRIEVANCES & APPEALS



### **Member Grievances & Appeals**

- 1- 833-764-7700
- TTY: 1-833-889-6446
- To file an appeal by mail:  
Member Appeals  
P.O. Box 7346  
London, KY 40742-7394

### **Provider Appeals on Behalf of a Member**

- 1-833-735-7700
- Peer-to-peer line
- With member's written consent

# PROVIDER RESOURCES

## *MEDICAL RECORD REQUIREMENTS*



Current, detailed, organized and permits for effective and confidential patient care and quality review



Retain all medical records, whether electronic or paper, for 10 years



Make medical records accessible to government agencies (such as ODM, CMS, Inspector General) to conduct fraud, abuse, waste and/or quality improvement activities



Members/patients have the right to request and receive a copy of their medical records, free of charge, and to request that they be amended or corrected

# REPORTING REQUIREMENT



## **AmeriHealth Caritas Special Investigations Unit**

- 1-866-833-9718
- [FraudTip@AmeriHealthCaritas.com](mailto:FraudTip@AmeriHealthCaritas.com)
- Mail a written statement:

*Special Investigations Unit  
AmeriHealth Caritas Ohio  
200 Stevens Drive  
Philadelphia, PA 19113*

## **State of Ohio Office of the Attorney General**

- 1-614-466-0722
- [www.OhioAttorneyGeneral.gov/ReportMedicaidFraud](http://www.OhioAttorneyGeneral.gov/ReportMedicaidFraud)
- Mail a written statement to:  
Medicaid Intake Officer  
Office of the Attorney General  
30 E. Broad Street, 23rd Floor  
Columbus, OH 43215

# PROVIDER RESOURCES

## *COMPLIANCE RESPONSIBILITIES*

As a network provider, *your compliance responsibilities* include the need to:

- Implement a compliance program that meets the requirements of 42 CFR § 438.608
- Implement policies and procedures that meet the requirements of the Deficit Reduction Act of 2005
- Implement a policy and procedure that recognizes Medicaid is “the payer of last resort”
- Notify us when a change in circumstances may affect your eligibility to participate in the Medicaid managed care program
- Report and promptly return to us any overpayment that you identify within 60 days of identification

### **Compliance or Privacy Concerns**

1-866-833-9718

[www.amerihealth.ethicspoint.com](http://www.amerihealth.ethicspoint.com)

[corpcompliance@amerihealthcaritas.com](mailto:corpcompliance@amerihealthcaritas.com)

[privacy@amerihealthcaritas.com](mailto:privacy@amerihealthcaritas.com)



# PROVIDER RESOURCES



## Provider Services

- Phone: 1-833-644-6001

## Website

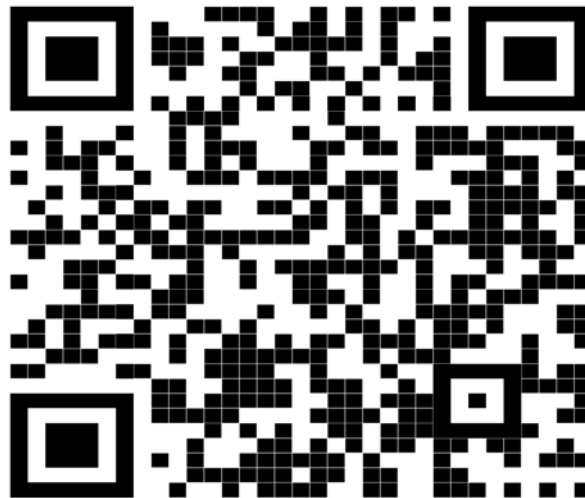
- [amerihealthcaritasoh.com/provider](http://amerihealthcaritasoh.com/provider)

## Ohio Department of Medicaid

- [managedcare.medicaid.ohio.gov/providers](http://managedcare.medicaid.ohio.gov/providers)
- [ODMNextGen@medicaid.ohio.gov](mailto:ODMNextGen@medicaid.ohio.gov)
- Sign up for newsletter updates and trainings

# Thank You

We look forward to partnering with you to improve the lives of Ohioans



**AmeriHealth** *Caritas*<sup>TM</sup>

Ohio