



Coverage by Amerikasits First.

| 2024 AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Provider Manual Updates                                                                         | Page                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Important Plan Telephone Numbers: updated phone and fax numbers, as appropriate.                                                                                         | 15-16,<br>throughout<br>manual |
| <b>Definitions:</b> Updated definitions as appropriate.                                                                                                                  | 17 – 31                        |
| Long-Term Services and Supports                                                                                                                                          |                                |
| Personal Assistance Services: Updated circumstances under which a hard copy timesheet may be used and the required fields to be included.                                | 72                             |
| Respite: Included information that Providers billing for personal care services (PCS) and respite services must use the Electronic Visit Verification (EVV) system       | 76-77                          |
| Referral & Authorization requirements                                                                                                                                    |                                |
| Approval of Additional Procedures: If procedure does require authorization, submit via NaviNet Provider Portal Medical Authorizations.                                   | 91                             |
| Prior Authorization Requirements: Updated information for use of NaviNet for Prior Authorization submission                                                              | 96                             |
| Ambulance: Updated ambulance transportation contacts for counties as needed                                                                                              | 98-100                         |
| Behavioral Health Services: Updated Behavioral Health and Substance Abuse MCO information by county                                                                      | 101-103                        |
| Durable Medical Equipment (DME): Clarification for DME purchases and DME/Exceptional DME monthly rental prior authorizations requirements                                | 105                            |
| Sterilization and Hysterectomies: Added that Sterilization consent form can be                                                                                           | 117-118                        |
| submitted electronically via Change Healthcare attachments (275 transactions) or mailed.                                                                                 | and 120                        |
| Critical incident reporting: Requirements for death, serious injury, and hospitalization with clarified definitions.                                                     | 137-138                        |
| Using the Enterprise Incident Management (EIM): Added information for Direct Service Providers on how to obtain EIM user ID                                              | 139                            |
| Radiology services: Updated benefits vendor for Radiology services to Evolent Specialty Services, Inc. (Evolent) from National Imaging Associates (NIA)                  | 141                            |
| Provider Services                                                                                                                                                        |                                |
| NaviNet Supports Back Office Functions: Changed Intensive Case Management Reimbursement program to Condition Optimization Program information                            | 162                            |
| Electronic Data Interchange (EDI) Technical Support: Updated email address for EDI Support: edi.support@amerihealthcaritas.com                                           | 162                            |
| Provider Network Management: added language clarifying the provider change form must be submitted at least 30 days prior to the effective date of the change. Also added | 164-165                        |
| email address option to submit provider change form.                                                                                                                     |                                |
| Primary Care Practitioner (PCP) & Specialist Office Standards & Requirements                                                                                             |                                |
| PCP Role and Requirements: Added Notice of nondiscrimination and taglines must be posted in physical locations where providers interact with the public                  | 170                            |
| Payment in Full: Addition of language explaining when Medical Assistance participating providers have been "paid in full."                                               | 184-185                        |
| Claims                                                                                                                                                                   |                                |





Coverage by Amerikovith First.

| 2024 AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Provider        | Page    |
|------------------------------------------------------------------------------------------|---------|
| Manual Updates                                                                           |         |
| National Provider Identification (NPI) Number: Important note added that LTSS            | 193     |
| Providers are not required to bill with NPI number, enter your Plan Provider (Legacy) ID |         |
| instead.                                                                                 |         |
| The Federal False Claims Act: updated cost of civil penalties                            | 203     |
| Reporting Fraud, Waste, and Abuse: Updated address is PO Box 7317, London, KY 40742      | 205     |
| Provider Dispute/Appeal Procedures; Participant Complaints, Grievances, and Fair         |         |
| Hearings                                                                                 |         |
| Participant Complaints, Grievances and Fair Hearings: Participant has 15 days to         | 216-231 |
| respond to continue current services during this process (previously 10 days).           |         |
| Quality Assurance Performance Improvement, Credentialing, and Utilization                |         |
| Management                                                                               |         |
| Facility Application: Credentialing address updated to 200 Stevens Drive,                | 243     |
| Philadelphia PA 19113                                                                    |         |
| Timeliness of UM Decisions: Home modifications and Pest eradication and assistive        | 251     |
| technology utilization management decision timelines updated                             |         |