

<b>2025 AmeriHealth Caritas Pennsylvania Provider Manual Updates</b>	<b>Page</b>
<b>Important Plan Telephone Numbers:</b> Updated phone and fax numbers where appropriate.	12-14, and throughout the manual
<b>Definitions:</b> Updated definitions where appropriate.	18-34
<b>Covered Benefits</b>	
Deleted Member Copayment Schedule, added Website address to view.	36
<b>Referral and Authorization Requirements</b>	
Dental Services: Updated the Dental Provider Services phone number and Benefit Limit Exception process criteria.	53-54, 56
Enteral Nutritional supplements: Select Enterals and Paraenterals require authorization.	57
Home Health Care: Added All Home Health Agencies are required to validate any home health service provided to Members using Electronic Visit Verification (EVV).	70
Diabetic supplies: Deleted 150 per 34 days limit for glucose tablets and alcohol swabs.	72
Nursing Facility Covered Services: Deleted Options Assessment and replaced with Functional Eligibility Determination (FED).	74
AmeriHealth Caritas PA's Drug Formulary: Updated the Pharmacy and Therapeutics Committee address.	98
Bleeding Disorders Management Program Description: Added Bleeding Disorder Program Contact: <a href="mailto:PerformRXBleedingDisorders@performrx.com">PerformRXBleedingDisorders@performrx.com</a> .	103
Non-Covered Medications: Deleted Single entity and multiple vitamin preparations except for those listed above.	104
Recipient Restriction Program: Updated review criteria.	108-109
<b>Member Eligibility</b>	
Treating Fee-for Service MA Recipients: Updated the PROMISE URL to check eligibility	126
<b>Provider Services</b>	
NaviNet Supports Back Office Functions: Added Provider Directory Information Form details.	129
<b>Primary Care Provider (PCP) &amp; Specialist Office Standards and Requirements</b>	
PCPs are responsible for: Added Provider updates/changes that occur to their provider directory information.	136
<b>Claims</b>	
What to Expect as a Result of SIU Activities: Added If you do not agree with SIU findings in the Overpayment Letter, instructions are included describing how you can submit a dispute to the SIU.	174
<b>Provider Dispute/Appeal Procedures; Member Complaints, Grievances, and Fair Hearings</b>	
Filing a Dispute: Updated dispute address to P.O. Box 7316, London, KY 40742.	178
Time Frame for Resolution: Added If the informal resolution of the Dispute results in a claim adjustment, the Provider will receive a new explanation of benefits (EOB) for the claim(s) addressed in the dispute.	179
First Level Appeal Review: Updated the Provider Appeals Department address.	182
Second Level Appeal Review: Updated the Provider Appeals Department address.	183

2025 AmeriHealth Caritas Pennsylvania Provider Manual Updates		Page
<b>Quality Assurance Performance Improvement, Credentialing, and Utilization Management</b>		
Utilization Management Inpatient Stay Monitoring: Added that Members with Medicare coverage are not required to have admission authorization. The Plan's referral and authorization requirements are applicable if the services are covered by Medicare and the Member's Medicare benefits have been exhausted.		225
<b>Regulatory Provisions</b>		
Cultural Responsiveness: Updated the list of the top 15 written non-English languages in Pennsylvania, referencing DHS MA Bulletin 99-25-01 and noting where it can be found on our website.		254