AmeriHealth Caritas Pennsylvania

Coverage by AmeriHealth First.

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Important Plan Telephone Numbers: updated phone and fax numbers, as appropriate.	14 - 19
Definitions: Updated definitions as appropriate.	20 - 36
Referral & Authorization Requirements	
Services that require prior authorization: Added **"**Program Exception Process" to Any service/product not listed on the Medical Assistance fee schedule or services or equipment in excess of limitations set forth by the Department of Human Services fee schedule, benefit limits, and regulation. (Regardless of cost, i.e., above or below the $750 DME threshold).	50
Prior Authorization Lookup tool: Added "Prior Authorization through NaviNet" section	51 - 52
Dental Benefits for Children under the age of 21: updated age of children less than twenty-one years old and up to six times per year for fluoride varnish treatment	57
Dental Benefits for Members age 21 and older: added asterisks on check-ups and cleanings to show that Benefit Limit Exceptions applies. Language added that exceptions may apply if services are requested more frequently than every 180 days.	58
Sterilization and Hysterectomies: added that consent for can either be submitted electronically via Change Healthcare attachments (275 transactions) or mailed to appropriate address.	71 - 73
Nursing Facility Covered Services: language added for days from the 31st day forward, the UM department will review Skilled Nursing Facility admissions based on medical necessity review.	78 & 125
Radiology Services: updated National Imaging Associates, Inc. (NIA) to their new name, Evolent Specialty Services, Inc. (Evolent)	112 - 113
Eye Care Benefits for Adults (21 Years of Age and Older): updated language to reflect updated vision benefit.	116
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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.	134
Primary Care Provider (PCP) & Specialist Office Standards & Requirements	
Responsibilities of All Providers: added notice of nondiscrimination and the taglines must be posted in physical locations where providers interact with the public and attending at least one Provider education training session conducted by the Plan.	138
Vaccines for Children Program: updated Division of Immunizations to Bureau of Communicable Diseases and email address.	141 - 142
Additional Requirements of PCPs: added when a PCP is notified that a Member is transferring or selecting a new PCP, the PCP should forward the Member's medical record to the new Primary Care network.	148
Transfer of Non-Compliant Members: added Panel Transfer Coordinator fax number for written requests.	150
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Member Complaints, Grievances and Fair Hearings: Updated all "What to do to continue getting services" in this section. Member has 15 days to respond to continue current services during this process (previously 10 days).	189 - 200
How Do I Ask for a Fair Hearing?: added additional contact information for a Fair Hearing request	199
Quality Assessment Performance Improvement, Credentialing, and Utilization Management	
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Special Needs and Care Management	
Care Coordination and Special Needs Unit: updated transportation needs to social determinants of health.	230
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