

To: AmeriHealth Caritas Florida Providers

Date: January 7, 2025

Subject: Medicaid Health Plan Closure and Transition Information

We recently informed our provider network that effective 02/01/2025, AmeriHealth Caritas Florida will no longer provide Statewide Medicaid Managed Care (SMMC) program coverage for Medicaid enrollees in Indian River, Martin, Miami-Dade, Monroe, Okeechobee, Palm Beach, and St. Lucie counties. Our last date of coverage for Medicaid enrollees will be 01/31/2025.

To ensure continuity of care, the SMMC plans are required by contract to provide services during transition. As always, please remember to continue to verify Medicaid eligibility and SMMC plan enrollment to ensure that those you serve remain eligible for Medicaid and communications are with the appropriate managed care plan. If you have any additional questions or concerns, please call the Florida Statewide Medicaid Managed Care toll-free helpline at 1-877-711-3662.

Providers are reminded to promptly review remittance advices to identify any claim payment issues. Please note that disputes received outside of the plan's timely filing requirements will not be reviewed.

Although AmeriHealth Caritas Florida will no longer manage Medicaid members, **we remain dedicated to serve our AmeriHealth Caritas Next (Marketplace) and AmeriHealth Caritas VIP Care (DSNP) members in the state of Florida.**

Included on the following pages are Plan closure and transition FAQs to help you. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-800-617-5727**.

Thank you,
AmeriHealth Caritas Florida

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Plan Closure and Transition FAQs

- 1. I am a provider contracted with Medicaid, D-SNP, and the Health Insurance Marketplace plans offered by the AmeriHealth Caritas Family of Companies. What should I expect for AmeriHealth Caritas VIP Care (D-SNP) and AmeriHealth Caritas Next (Health Insurance Marketplace) in Florida?**

We will continue to serve members of our AmeriHealth Caritas VIP Care (D-SNP) and AmeriHealth Caritas Next (Health Insurance Marketplace) health plans in Florida. The decision from the Florida Agency for Health Care Administration regarding the Medicaid contract does not impact our D-SNP and Health Insurance Marketplace plans in Florida.

- 2. Can I continue to see my patients who are AmeriHealth Caritas Florida members?**

AmeriHealth Caritas Florida members will continue to have access to health care and services through the end of our Medicaid contract on **January 31, 2025**, or any applicable continuity of care period.

- 3. Do my patients/your members know about this change?**

Yes, the Florida Agency for Healthcare Administration mailed a letter to our members in early November with the effective date of the change and the information they need to choose a new Medicaid plan. AmeriHealth Caritas Florida will also be mailing notifications of this change to our members and providers by **December 30, 2024**.

- 4. How will this affect existing prior authorization requests?**

There is no impact to existing prior authorizations. Any active prior authorization that has an end date beyond **January 31, 2025**, will transition to their new health plan as part of continuity of care.

- 5. How can I check the claim status of a service?**

Go to www.NaviNet.net. For assistance with NaviNet please access the NaviNet Customer Care Line at **1-888-482-8057**.

- 6. Should I continue to submit my claims?**

Yes, AmeriHealth Caritas Florida (Medicaid) will continue to process and pay claims for covered services provided to our members through **January 31, 2025**, in accordance with the terms of your provider contract. Please see information below on important time frames that will continue to be enforced.

Initial claims		
Submission type	Submission time frame	Submission location
AmeriHealth Caritas Florida (ACFL) is primary payer	6 months* from the date of service or date of discharge (inpatient)	EDI: Payer ID 77003 Paper: P.O. Box 7367, London KY 40742
ACFL is secondary to non-Medicare plan	90 days* from the date of the primary payer's final determination	EDI: Payer ID 77003 Paper: P.O. Box 7367, London KY 40742
ACFL is secondary to Medicare plan AND claim submitted by provider	6 months* from the date of the Medicare's final determination or 12 months* from the date of service; whichever is greater	EDI: Payer ID 77003 Paper: P.O. Box 7367, London KY 40742

ACFL is secondary to Medicare plan AND claim is sent electronically by Medicare plan (COBA)	3 years* from the date of service or date of discharge (inpatient)	N/A
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Corrected claims		
Submission type	Submission time frame	Submission location
ACFL is primary payer	6 months* from the date of service or date of discharge (inpatient)	EDI: Payer ID 77003 Paper: P.O. Box 7367, London KY 40742
ACFL is secondary payer to non-Medicare plan	90 days* from the date of the primary payer's final determination	EDI: Payer ID 77003 Paper: P.O. Box 7367, London KY 40742
ACFL is secondary payer to Medicare plan AND claim submitted by provider	6 months* from the date of the Medicare's final determination or 12 months* from the date of service; whichever is greater	EDI: Payer ID 77003 Paper: P.O. Box 7367, London KY 40742
ACFL is secondary payer to Medicare plan AND claim is sent electronically by Medicare plan (COBA)	3 years* from the date of service or date of discharge (inpatient)	N/A

Other documents		
Submission type	Submission timeframe	Submission location
Submission of requested documents (e.g. itemized bill, primary EOB, medical records, sterilization form)	35 days from the date of the remittance advice	EDI: Payer ID 77003 – utilize 275 Claim Attachment Transaction Paper: P.O. Box 7367, London KY 40742
Overpayment dispute	40 days from the date of the overpayment notice	Mail to: P.O. Box 7320, London KY 40742
Authorization dispute	60 days from the Notice of Adverse Benefit Determination (NABD)	Mail to: P.O. Box 7368, London KY 40742
Claim payment dispute	90 days from the date of the remittance advice	Mail to: P.O. Box 7366, London KY 40742

*Provider's contractual time frame will prevail when more advantageous than the time frames outlined above.

7. Who can I contact if I have additional questions?

If you have additional questions, please call Provider Services at **1-800-617-5727**.