

Eligibility

A Quick Guide to Understanding the AmeriHealth Caritas VIP Care Member Eligibility



Member Eligibility – Requirements



Members are eligible to enroll in AmeriHealth Caritas VIP Care if they are:

- Age 21 or older.
 - Entitled to Medicare Parts A, B, and D
 - Enrolled in Medicaid, including individuals who are eligible for Medicaid through expanded financial eligibility limits under a 1915(c) waiver or who reside in a Nursing Facility.
 - Classified as Full-Benefit Dual Eligible under the Medicare Savings Program.
 - Live in our service area which includes the Wayne and Macomb (2026) and Oakland (2027).
 - Not currently enrolled in Hospice care.
 - Not living in a state-operated veteran's home.
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Member Eligibility – Medicare Savings Program

Some individuals can get help from the state in paying their Medicare premiums and Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles, coinsurance, and copayments through the Medicare Savings Programs, if certain conditions are met.

MICH covers Full-Benefit Dual Eligible individuals who are classified under the following Medicare Savings Programs:

Eligibility Category	Coverage	Pays For
Qualified Medicare Beneficiary Plus (QMB+)	Medicare <u>with</u> full Medicaid	Helps pay for Part A & B premium and deductibles, coinsurance, and copayments.
Full Benefit Dual Eligible (FBDE)	Medicare <u>with</u> full Medicaid	
Specified Low-Income Medicare Beneficiary Plus (SLMB+)	Medicare <u>with</u> full Medicaid	Helps pay for Part B premiums only.

Member Eligibility — Why Verifying Member Eligibility Is Critical for Providers and Members

Since members often change plans, providers should verify the eligibility of their patients at each encounter. Some key benefits to checking members' eligibility are:

- Ensuring the member is seeing the appropriate provider.
- Reducing claim issues because you are sending the claim to the right plan.



Member Eligibility — Three Ways to Verify Member Eligibility

Providers can verify members' eligibility by:

- Calling Provider Services at 1-844-964-4767.
- Visiting our website at www.amerhealthcaritasvipcare.com, selecting Michigan, and accessing NaviNet.
- Using the member identification card. However, a member's ID card is not a guarantee of eligibility.

Using the Provider Services Number to verify Eligibility

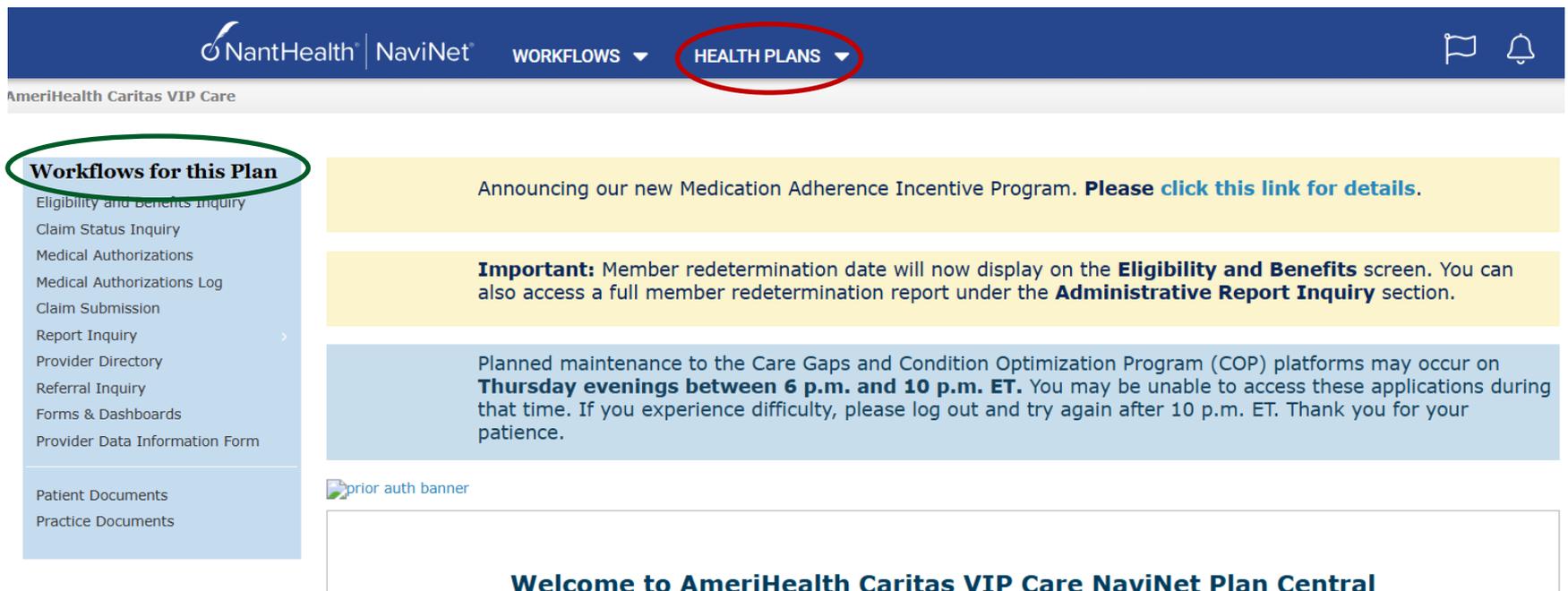
Providers may use our Provider Services number to verify a member's eligibility:



AmeriHealth Caritas VIP Care believes in high touch customer service, so representatives are available to offer you this information. However, if you prefer to use an automated phone system to confirm eligibility, this feature will be coming soon.

Using the NaviNet Provider Portal to Verify Eligibility

NaviNet Plan Central Page – After selecting our plan under the “Health Plans” option, you will be taken to our Plan Central page. Here you will find important plan messaging, tutorials, resources, links, and contact information. From here you can navigate to the workflow options located along the left-hand side of the page.



The screenshot shows the NaviNet Plan Central page. At the top, there is a dark blue navigation bar with the NantHealth NaviNet logo on the left. In the center, there are two dropdown menus: "WORKFLOWS" and "HEALTH PLANS". The "HEALTH PLANS" menu is circled in red. On the right side of the navigation bar, there are icons for a flag and a bell. Below the navigation bar, the text "AmeriHealth Caritas VIP Care" is displayed. On the left side, there is a light blue sidebar menu titled "Workflows for this Plan", which is circled in green. The sidebar menu includes the following items: Eligibility and benefits inquiry, Claim Status Inquiry, Medical Authorizations, Medical Authorizations Log, Claim Submission, Report Inquiry, Provider Directory, Referral Inquiry, Forms & Dashboards, Provider Data Information Form, Patient Documents, and Practice Documents. The main content area features three horizontal banners. The first banner is yellow and contains the text: "Announcing our new Medication Adherence Incentive Program. Please [click this link for details](#)." The second banner is also yellow and contains the text: "**Important:** Member redetermination date will now display on the **Eligibility and Benefits** screen. You can also access a full member redetermination report under the **Administrative Report Inquiry** section." The third banner is light blue and contains the text: "Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on **Thursday evenings between 6 p.m. and 10 p.m. ET**. You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience." Below the banners, there is a small icon and the text "prior auth banner". At the bottom of the page, there is a white box with the text: "Welcome to AmeriHealth Caritas VIP Care NaviNet Plan Central".

AmeriHealth Caritas VIP Care

Navigate to the options under
Workflows for this Plan to
gain access to all these
important features:

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Medical Authorizations
- Medical Authorizations Log
- Claim Submission
- Report Inquiry >
- Provider Directory
- Referral Inquiry
- Forms & Dashboards
- Provider Data Information Form

- Patient Documents
- Practice Documents

NaviNet - Verifying Member Eligibility and Benefits

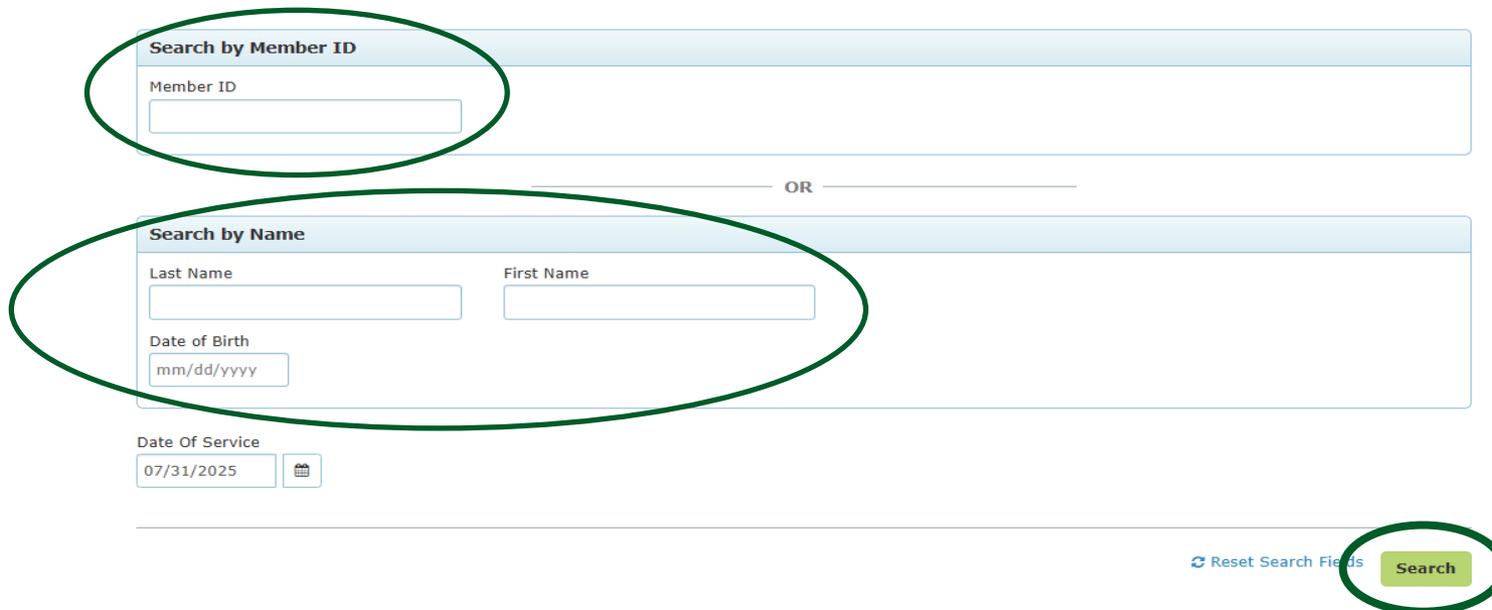
From the Workflow menu select **“Eligibility and Benefits Inquiry”**. Search can be done via the **Member ID** (AmeriHealth Member #, HICN #, Medicaid #, Social Security #) or by **Name with Date of Birth**. Then hit the **Search** button:



Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

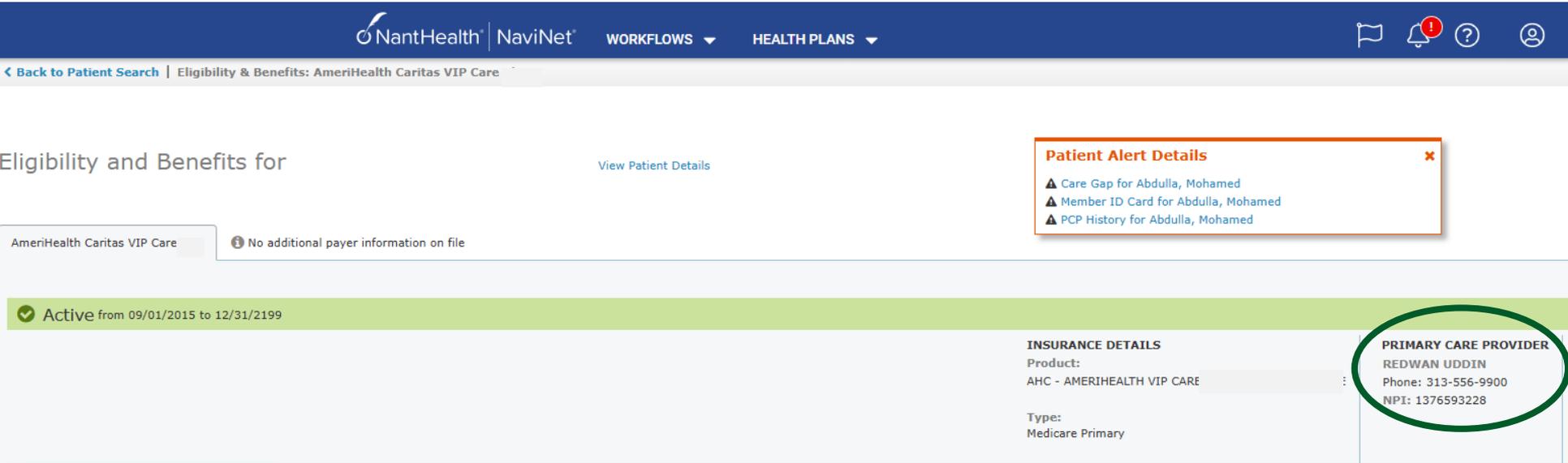
You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.



The screenshot displays the 'Eligibility and Benefits: Patient Search' form. The form is divided into two main sections: 'Search by Member ID' and 'Search by Name'. The 'Search by Member ID' section has a single text input field for the Member ID. The 'Search by Name' section has two text input fields for 'Last Name' and 'First Name', and a date input field for 'Date of Birth' with a placeholder 'mm/dd/yyyy'. Below these sections is a 'Date Of Service' field with a date picker set to '07/31/2025'. At the bottom right of the form, there is a 'Reset Search Fields' link and a green 'Search' button. Green circles are drawn around the 'Search by Member ID' section, the 'Search by Name' section, and the 'Search' button.

Verifying the Member's Primary Care Physician

The Eligibility and Benefits screen allows providers to see who the member's Primary Care Physician is:



NantHealth | NaviNet WORKFLOWS HEALTH PLANS

Back to Patient Search | Eligibility & Benefits: AmeriHealth Caritas VIP Care

Eligibility and Benefits for [View Patient Details](#)

AmeriHealth Caritas VIP Care ⓘ No additional payer information on file

Active from 09/01/2015 to 12/31/2199

Patient Alert Details

- ▲ Care Gap for Abdulla, Mohamed
- ▲ Member ID Card for Abdulla, Mohamed
- ▲ PCP History for Abdulla, Mohamed

INSURANCE DETAILS

Product:
AHC - AMERIHEALTH VIP CARE

Type:
Medicare Primary

PRIMARY CARE PROVIDER
REDWAN UDDIN
Phone: 313-556-9900
NPI: 1376593228

Member Eligibility — Member ID Card Sample

Prescription
Drug Information

Health Plan Contact and
Claim Filing Information

 <p>AmeriHealth Caritas VIP Care</p> <hr/> <p>Member Name <Member Name></p> <p>Member ID# <123456789></p> <p>Health Plan (80840) 7427051066</p> <hr/> <p>MEMBER CANNOT BE CHARGED Cost sharing/copays: \$0 for doctor visits and hospital stays</p> <hr/>	<p>AmeriHealth Caritas VIP Care (HMO-SNP)</p> <hr/> <p>MedicareRx Prescription Drug Coverage</p> <p>Prescription Drug Info: RX BIN 019587 RX PCN 06110000</p> <hr/>	 <p>AmeriHealth Caritas VIP Care</p> <hr/> <p>Members: Call Member Services at 1-866-533-5490 (TTY 711) or visit our website at www.amerhealthcaritasvipcare.com/pa.</p> <hr/> <p>Providers: Call DO NOT bill Original Medicare.</p> <hr/> <p>Submit Claims To: Processing Center P.O. Box London, KY 40742</p> <hr/> <p>Pharmacists: RX ID is the Member ID</p> <hr/> <p>For Pharmacy Benefit Information: Members call: Pharmacies call:</p> <hr/> <p>Submit Prescription Claims To: PerformRx/AmeriHealth Caritas VIP Care P.O. Box 516 Essington, PA 19029</p> <hr/> <p><small>Coverage by AmeriHealth First.</small></p>
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Member Information -
including no balance
billing notice.

Member Eligibility — Helpful Tips

The following is a list of helpful tips to keep in mind when determining a member's eligibility:

- AmeriHealth Caritas VIP Care is not a Medicare supplement.
- Verify eligibility before each visit – Dual eligible beneficiaries are in a Special Enrollment class and can change plans more frequently than non-duals.
- Make sure the correct primary care physician (PCP) is listed on the member's identification card.



More than
30 YEARS
of making
care the heart
of our **work.**

