

Medical Foster Care Parent Provider Orientation and Training

Effective 12/1/2018



Delivering the Next
Generation
of Health Care

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Joining AmeriHealth Caritas Florida's Provider Network

All Medical Foster Care parents must be a part of the Medicaid program prior to joining AmeriHealth Caritas Florida's network and have an **active Medicaid number** to be paid.

Medical Foster Care parents will receive a secure email with the items needed to complete and submit to become a participating provider with our network.

- ✓ **Signed Letter of Agreement**
- ✓ **Completed Information Form for Medical Foster Care**
- ✓ **W-9 form**

Please send all 3 documents to AmeriHealth Caritas Florida's Provider Network Department via fax or email:

Fax # 561-283-3400

Scan and email to us, using the secured email you received from AmeriHealth Caritas Florida with the blank documents for you to complete. If you have any questions, email our Provider Network team at:

PNMMFC@amerihealthcaritasfl.com

To prevent problems or delays, please return the signed Letter of Agreement (contract), the completed Information Form, and W-9 **as soon as possible**.

Prior Authorization

**Prior authorization is NOT
required for
Medical Foster Care services
provided by a
Medical Foster Care parent
who is contracted with
AmeriHealth Caritas Florida.**

How to File a Claim

All claims must be billed on a CMS 1500 for submission to AmeriHealth Caritas Florida for payment.

For *line by line* instruction on how to complete a claim form (CMS 1500), go to AHCA's website at this link:

http://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf.

You can submit your claims 2 ways:

Paper Claims Submission:

AmeriHealth Caritas Florida

P.O. Box 7367

London, KY 40742

Electronic Claim Submission:

AmeriHealth Caritas Florida Payer ID # 77003

Timeframe to submit a claim: 180 days from the date of service (unless your contract specifies otherwise).

How to File a Claim Electronically

If you choose to submit claims electronically, you need to set up an account with Change HealthCare, or add AmeriHealth Caritas Florida to your existing account. We suggest you go to our portal at <https://office.emdeon.com/vendorfiles/amerihealth.html> and choose the option to “Enroll Now.”

**Note, if you do not have a National Provider Identifier (NPI) number, please submit the following in Loop 2310C:
REF01=Qualifier G2, REF02=your AmeriHealth Caritas Florida Provider ID. Therefore if your provider ID is 7599999, you would complete Loop 2310C as follows:
REF*G2*7599999~*

If you need additional help, click on “Help” in the portal. You can also call Change HealthCare Customer Service directly at 877-469-3263, Option 2 for step-by-step assistance.

Please be aware, for electronic submissions, the Operating System requirements are Windows Vista (minimum), or 7 or 8. The browser requirements are Internet Explorer v7.0, v8.0, v9.0, v10.0, or Firefox v3 or higher.

Tips to Avoid Claim Denials

Remember:



Bill with the child's ID, name, and DOB exactly as they appear on the child's ID card.



Bill with the service code S5145, and be sure to include the correct service code **modifier** (HA, TF, TG) on the claim; it's required to process the claim.

S5145 HA Level I Medical Foster Care Service

S5145 TF Level II Medical Foster Care Service

S5145 TG Level III Medical Foster Care Service

For claims questions regarding how to bill a service, please reach out to Provider Network Management at PNMMFC@amerihealthcaritasfl.com

You can also talk with Provider Services at **1-800-617-5727** for assistance

How to Submit a Provider Appeal

1. Download the Provider Appeal Form at www.amerihealthcaritasfl.com
2. Submit the completed Provider Appeal Form via mail or fax:
 - Mail: AmeriHealth Caritas Florida
Provider Appeals Dept.
PO Box 7366
London, KY 40742
 - Fax: 1-855-358-5853
3. Please include all relevant information to support your appeal, including but not limited to, fee schedules, copy of contract, Remittance Advice, calculations, or other information to support the request.
4. A provider has six (6) months from the claims payment date to submit an appeal.
5. AmeriHealth Caritas Florida will send an acknowledgement letter within three (3) business days to inform you that we have received your appeal.
6. AmeriHealth Caritas Florida will resolve all provider appeals within 60 days.

Reporting Abuse, Neglect and Exploitation

Everyone is required to report suspected cases of abuse, neglect, or exploitation of children or vulnerable adults to the Department of Children and Families' Central Abuse Hotline in accordance with s.39.201 and Chapter 415, F.S.

Report online at <https://reportabuse.dcf.state.fl.us/>
Report by phone: 1-800-962-2873

**If a child or adult is seriously injured or in imminent danger,
call 911 immediately.**



MFC Parent Contact Reference List

AmeriHealth Caritas Florida Provider Network Management Department:

Fax # (561) 283-3400

PNMMFC@amerihealthcaritasfl.com

Director, Provider Network Management: **Shelley Turcu** at
sturcu@amerihealthcaritasfl.com

AmeriHealth Caritas Florida MFC Case Management Department:

Email: MF_CM@amerihealthcaritasfl.com

Phone: #1-855-371-8076

Fax: #1-855-358-5851

Claims Submissions:

Electronic: Change Healthcare PHC Payer **ID# 77003**

Paper: AmeriHealth Caritas Florida

PO Box 7367

London, KY 40742

Member Services: 1-855-355-9800

Provider Services: 1-800-617-5727

Availity portal:

<https://portal.flmmis.com/FLPortal/Eligibility/tabId/68/Default.aspx>

AmeriHealth Caritas Florida website: www.amerihealthcaritasfl.com

Questions?





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Florida