

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:

- Entitled to Medicare Part A, and enrolled in Medicare Part B.
- Live in our service area which includes Kent, New Castle, and Sussex counties.
- Enrolled in the Delaware Medicaid program.

However, individuals with end-stage renal disease (ESRD) generally are not eligible to enroll in AmeriHealth Caritas VIP Care unless the individual meets exceptions to ESRD eligibility rules outlined in Chapter 2, Section 20.2, of the CMS Medicare Managed Care Manual.



Member Eligibility – Medicare Savings Program

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

AmeriHealth Caritas VIP Care covers individuals who are in the following programs:

Eligibility Category	Coverage	Pays For
Qualified Medicare Beneficiary (QMB)	Medicare <u>without</u> full Medicaid	Helps pay for Part A & B premium and deductibles, coinsurance, and copayments.
Qualified Medicare Beneficiary Plus (QMB+)	Medicare <u>with</u> full Medicaid	
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 can change plans quarterly, 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 1-833-433-2177.
- Visiting our website at www.amerhealthcaritasvipcare.com and accessing NaviNet.
- Using the member identification card. However, a member's ID card is not a guarantee of eligibility.

Member Eligibility — Using NaviNet to Verify Eligibility

(Log on directly or from the AmeriHealth Caritas VIP Care Provider Page)



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Self-Service Tools

New to the plan? Download our welcome packet to get started (PDF).

AmeriHealth Caritas VIP Care strives to furnish its provider partners with the tools they need to deliver exceptional, effective, and efficient health care to our members. After all, our members look to you, our participating providers, to help them get healthy and stay healthy.

The following tools are available to help you in the day-to-day care of our members:

Electronic tools

- [NaviNet - log in](#)
- [NaviNet - sign up](#)
- [What is NaviNet?](#)
- [Jiva Authorization Portal Participant Guide \(PDF\)](#)

NaviNet
Portal



Member Eligibility — Using NaviNet to Verify Eligibility

Once in NaviNet:

- Select AmeriHealth Caritas VIP Care from the Health Plans drop down menu.
- Access Eligibility and Benefits Inquiry from the menu on the left-hand side of the AmeriHealth Caritas VIP Care landing page.



The screenshot shows the NaviNet interface. At the top, there is a navigation bar with the NantHealth NaviNet logo, a 'WORKFLOWS' dropdown, and a 'HEALTH PLANS' dropdown. Below the navigation bar is a search bar with the placeholder text 'type here to search' and a message 'Can't see the plan you v'. The main content area is divided into two columns. The left column is titled 'My Plans' and lists various AmeriHealth Caritas plans, including 'AmeriHealth Caritas VIP Care'. The right column is titled 'Eligibility and benefits inquiry portal' and lists various workflows for this plan, including 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Claim Submission', 'Report Inquiry', 'Provider Directory', 'Pre-Authorization Management', and 'Forms & Dashboards'. Below the 'Eligibility and benefits inquiry portal' is a section titled 'Training Videos' which includes 'Providers Filter', 'Claims Adjustment Inquiries', 'Care Gap Response Forms', 'ADT alerts', 'Tutorial - Authorization Inquiry Process', and 'Tutorial - Authorization Submission Process'. Red arrows point from the 'HEALTH PLANS' dropdown to the 'Eligibility and benefits inquiry portal' and from the 'Eligibility and benefits inquiry portal' to the 'Eligibility and Benefits Inquiry' option in the 'Workflows for this Plan' list.

Health Plan Selection

Eligibility and benefits inquiry portal

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- Report Inquiry
- Provider Directory
- Pre-Authorization Management
- Forms & Dashboards

Training Videos

- Providers Filter
- Claims Adjustment Inquiries
- Care Gap Response Forms
- ADT alerts
- Tutorial - Authorization Inquiry Process
- Tutorial - Authorization Submission Process

Member Eligibility — Using NaviNet to Verify Eligibility

(NaviNet Health Plan Member Eligibility and Benefits Inquiry Page)

NantHealth | NaviNet[®] WORKFLOWS ▾ HEALTH PLANS ▾

[← Back to AmeriHealth Caritas VIP Care](#) | Eligibility & Benefits: AmeriHealth Caritas VIP Care

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.

Search by Member ID

Member ID

OR

Search by Name

Last Name

First Name

Date of Birth

Date Of Service 

[Reset Search Fields](#)

Member Eligibility — Member ID Card

PCP Information

Health Plan Contact and Claim Filing Information

 <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>H0738_001</p>	<p>AmeriHealth Caritas VIP Care (HMO-SNP)</p> <hr/> <p>PCP <PCP Name></p> <p>PCP Phone <PCP Number></p> <hr/> <p>Prescription Drug Info: RX BIN 019587 RX PCN PRX01815</p> <hr/> <p>MedicareRx Prescription Drug Coverage</p>	 <hr/> <p>Members: Call Member Services at 1-833-433-3767 (TTY 711) or visit our website at www.amerhealthcaritasvipcare.com/de.</p> <hr/> <p>Providers: Call 1-833-433-2177 DO NOT bill Original Medicare.</p> <hr/> <p>Submit Claims To: Processing Center P.O. Box 7125 London, KY 40742-7125</p>	<p>www.amerhealthcaritasvipcare.com/de</p> <hr/> <p>Pharmacists: RX ID is the Member ID</p> <hr/> <p>For Pharmacy Benefit Information: Members call: 1-833-879-3767 Pharmacies call: 1-833-376-7790</p> <hr/> <p>Submit Prescription Claims To: PerformRx/AmeriHealth Caritas VIP Care P.O. Box 516 Essington, PA 19029</p> <hr/> <p>Coverage by AmeriHealth First.</p>
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Member Information - including no balance billing notice.

Prescription Drug Information

Member Eligibility — Helpful Tips

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

- Obtain the appropriate Delaware Medicaid Managed Care Organization ID card for secondary payment.
- 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.**

