Member Eligibility



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

- AmeriHealth Caritas VIP Care Plus covers both traditional Medicare and Michigan Medicaid Services.
- MI Health Link members can change plans each month.
- Verify eligibility before each visit.
 - > Ensure member is seeing the appropriate provider.
 - > Ensure that plan requirements are met. (Prior Authorizations)
 - ➢ Reduce claim issues because you are sending claim to the right plan.
- Make sure the the correct primary care physician (PCP) is listed on the member's identification card.
- Call Provider Services at 1-888-667-0318 with any questions.

Providers can verify members' eligibility by using the following provider resources:

- Calling Provider Services at 1-888-667-0318.
- NaviNet.
- Using the Member Identification Card. However, a member's ID card is not a guarantee of eligibility.

Individuals who want to enroll in one of the MI Health Link plans should contact Michigan ENROLLS at:

- 1-800-975-7630 to speak with an enrollment counselor Monday through Friday from 8 a.m. - 7 p.m.
- TTY users should call 1-888-263-5897.

If individuals who want to enroll have questions they can:

- Call the plan they are interested in directly.
- Call Michigan ENROLLS at 1-800-975-7630 to speak with an enrollment counselor Monday through Friday from 8 a.m. 7 p.m.

MI Health Link Plans have no ability to enroll or dis-enroll individuals.

Member Eligibility – Using NaviNet to Verify Eligibility (log on directly or from the AmeriHealth Caritas VIP Care Plus Provider Page)





Member Eligibility – Using NaviNet to Verify Eligibility (NaviNet Health Plan Page)

\rm 🐙 NaviNet Home | Help | Contact Support Workflows ~ AmeriHealth Caritas VIP Plans Workflows for this Plan Eligibility and Benefits Inquiry Claim Status Inquiry 1 Claim Submission Report Inquiry **Provider Directory** Referral Submission Referral Inquiry Pre-Authorization Management Forms

Eligibility and Benefits Inquiry Portal



Welcome to NaviNet

This easy-to-use portal will provide you with the latest plan updates and other pertinent information that will enable you to provide the best care possible to our members. You can search our provider directories, view prior authorization criteria, download forms, and more.

Member Eligibility – Using NaviNet to Verify Eligibility (NaviNet Health Plan Member Eligibility and Benefits Inquiry Page)

Eligibility and E	Benefits: Patient Search
insurance plans under which t	esort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other the member is currently insured. D #, 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	
	Search

Member Eligibility – Using NaviNet to Verify Eligibility (NaviNet Health Plan Page)



AmeriHealth Caritas VIP Plans

Workflows for this Plan

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





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Panel Roster



Member Eligibility – Member ID Card



