

April 13, 2026

Provider Self-Service through NaviNet®, our secure provider portal

NaviNet is an easy-to-use, no-cost to providers, secure portal that links providers to health plan resources, including information on Plan members. Our secure provider portal (<https://navinet.net/>) offers web-based solutions that allow providers and AmeriHealth Caritas Next/First Choice Next to share critical administrative, financial, and clinical data in one place. This tool can help you manage patient care with quick access to:

- Member eligibility and benefits information, including Member in pending status.
- Panel roster reports.
- Care gap reports to identify needed services.
- Member clinical summaries.
- Social determinants of health information.
- Admission and discharge reports.
- Medical and pharmacy claims data.
- Electronic submission of prior authorization requests.

Provider Self-Service Options:

- **Eligibility and claims status-** All Participating Providers and facilities are required to use NaviNet to verify Member eligibility and obtain Plan claims status information. The claim detail provided through NaviNet includes specific information, such as check date, check number, service codes, paid amount, and Member responsibility.
- **Authorizations-** All Participating Providers and facilities should use NaviNet to initiate authorization requests that require prior authorizations, such as certain medical/surgical procedures, chemotherapy/infusion therapy, durable medical equipment (DME), home health (dietitian, home health aide, occupational therapy, physical therapy, skilled nursing, social work, speech therapy), home infusion, behavioral health inpatient admission, and substance use disorder inpatient rehabilitation. NaviNet can also be used to notify AmeriHealth Caritas Next of an emergency hospital admission.

***Note:** If the authorization is in a pended status, it is not yet approved. Providers should not submit any claims or claim inquiry requests that relate to the pended authorization until it has an approved status of “certified.” If claims are submitted prior to the authorization being

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approved, they may be rejected.

- Claims investigation inquiry- Providers may question a claim payment or request a claim adjustment by submitting the request via NaviNet using the Claim Investigation Inquiry transaction. Requests can be submitted for dates of service up to 365 days prior to the current date of service.

If you do not already use NaviNet to keep you informed of your member accounts, go to <https://register.navinet.net/> to register. All you need is a Federal Tax ID. For more information call NaviNet Customer Support at 1-888-482-8057.

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Account Executive.

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Delaware | 1-833-301-3377 | www.amerihealthcaritasnext.com/de
Florida | 1-833-983-3577 | www.amerihealthcaritasnext.com/fl
Louisiana | 1-833-315-2252 | www.amerihealthcaritasnext.com/la

North Carolina | 1-855-266-0219 | www.amerihealthcaritasnext.com/nc
South Carolina | 1-833-986-7277 | www.firstchoicenext.com