To: **AmeriHealth Caritas Delaware Providers**

Date: **June 26th, 2025**

Subject: **Supporting Documentation for Prior Authorization Requests**

Important Reminder: Requirements for supporting documentation for prior authorization (PA) requests submitted via the NaviNet Provider portal.

To assist with timely review of your PA requests, it is important to ensure:
- Documentation submitted is for the correct member.
- At least three member identifiers are included in the request and on all supporting documentation submitted.

Member identifiers include:
- Member's first and last name, to include any suffix such as Sr. or Jr.
- Date of birth
- Medicaid ID
- Member ID
- Member's address
- Certification number (if there is already a request on file).
- Case reference number given for PA/concurrent review cases.

It is also important to provide a contact name and phone number in case additional information is required to complete the review of the request.

Adhering to these requirements reduces the risk of documentation being reviewed for an incorrect member and helps to ensure timely review of PA requests.

Questions:
If you have questions about this communication, please contact the Utilization Management department at 1-855-707-5818 or your Provider Network Account Executive.

Thank you for your partnership and cooperation as we strive to maintain the privacy of our members while providing efficient and timely services to our providers.