



September 25, 2015

Subject: Providers contracted with Univita Healthcare Solutions, LLC

Dear Provider:

This letter offers additional information regarding the efforts by Amerigroup to assist providers providing durable medical equipment and medical supply, home health, or home infusion services in the wake of the cessation of operations by Univita Healthcare Solutions, LLC (Univita) and its affiliates.

As you may be aware, effective July 28, 2015, Univita ceased administering these types of services to Amerigroup members.

In the event you contracted with Univita as a provider and have claims for dates of service from January 1, 2015 through July 31, 2015, and were not paid by Univita related to covered services provided to Amerigroup members, we request you submit evidence of unpaid claims to Amerigroup.

We must have a copy of your Univita contract and rate sheet on file in order to process your claims. Submit those documents to FLDMEHHTransition@amerigroup.com.

All claims submissions for claims with dates of service from January 1, 2015 –June 30, 2015 need to be submitted no later than November 30, 2015. Claims submitted after November 30, 2015 will not be considered for payment. All claims submissions for claims with dates of service from July 1, 2015 –July 31, 2015 need to be submitted no later than six (6) months from the respective claim’s date of service.

Each claim packet must have the following supporting documentation included:

- Signed attestation (attached hereto)
- A copy of the claim originally submitted to Univita for payment
- A copy of Univita’s prior authorization approval
- Evidence of service delivery (staff notes by nurse, aide, PT)
- Evidence that Univita did not pay the claim (i.e., denial letter, Evidence of Payment (“EOP”))
- Evidence of claim payment or denial from another primary payor in the form of an EOP, consistent with Florida Medicaid claims processing requirements, if applicable

We encourage all unpaid claims to be submitted at the same time. Please note that unorganized or incomplete submission of documents to Plan will cause delay in review or denial.

Submit claims to:

Paper Claims:

Amerigroup Florida, Inc.
P.O. Box 61010
Virginia Beach, VA 23466-1010

Electronic Claims:

Availity Clearinghouse
Login using Availity ID and Password
www.availity.com

Amerigroup will attempt to verify whether Univita paid these claims and, if appropriate, adjudicate and pay claims for covered services provided to Amerigroup members for which Univita had financial

responsibility but failed to pay. As a reminder, you are required to comply with all applicable state and federal laws and regulations regarding requests for payment and claim reimbursement. If Amerigroup determines that you have already been paid for any claim that is submitted to Amerigroup for payment, Amerigroup may submit a referral to its Special Investigation Unit, Florida's Medicaid Program Integrity Unit and/or the Centers for Medicaid and Medicare Services. In addition, the claim will not be considered in the review process.

If you have any questions concerning this matter, email our designated inbox at FLDMEHHTransition@amerigroup.com or call 813-830-6948.

Sincerely,

Amerigroup Provider Services
Amerigroup Community Care

Enclosure: Attestation

Attachment A

ATTESTATION

The undersigned, _____, (“Provider”)
Provider’s Full Name (PRINT)

attests that:

1. The information being submitted for the payment of this claim is for medically necessary services rendered to this patient.
2. To the best of Provider’s knowledge, information, and belief, all data submitted are accurate, truthful, and complete, and all documents submitted are accurate, truthful, and complete.
3. Provider has not received payment for this claim from Univita (f/k/a All-Med) or any other source (with the exception of first party payors).

Provider acknowledges and understands that knowingly making a false statement or misrepresenting any information concerning this claim is punishable under both state and federal laws and applicable regulations.

Executed this _____ day of _____, 2015.

By: _____
(Signature)

Name: _____
(Print)

Title: _____
(Print)

Address: _____
(Print)

NPI: _____