

# NC MEDICAID PROVIDER QUICK-REFERENCE GUIDE

www.amerihealthcaritasnc.com



## PROVIDER SERVICES CONTACTS

1-888-738-0004 (TTY 1-866-209-6421)

Fax: 1-833-581-2262

- Member eligibility checking and claims status inquiry
- Reporting demographic data changes
- Electronic data interchange (EDI) technical support
- Filing a provider grievance

## PROVIDER PORTAL

NaviNet: 1-888-482-8057

Log on to <https://register.navinet.net> for web-based solutions for electronic transactions and information.

## PRIOR AUTHORIZATIONS/NOTIFICATIONS

Emergency: Prior authorization is not required for emergency services when a member seeks emergency care.

Providers are asked to **notify** ACNC within one business day for newborn deliveries, maternity obstetrical services, continuation of services and inpatient admissions following emergency room medical care.

See our **Prior Authorization** web page

(<https://www.amerihealthcaritasnc.com/provider/resources/physical-prior-auth.aspx>) for service-specific guidance, as well as links for online submission.

Our **Prior Authorization Lookup** tool contains

(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) additional guidance.

## MEMBER SERVICES/ELIGIBILITY

Eligibility is most quickly found by using <https://register.navinet.net>.

Member Services is available 24 hours a day, seven days a week.

Member Services: 1-855-375-8811 (TTY 1-866-209-6421) Fax: 1-833-580-2262

Rapid Response and Outreach Team: 1-833-808-2262

## CLAIMS/EDI

Claims Inquiry: If a provider has concerns regarding any claim issue, please:

- Log on to <https://register.navinet.net>, click on **My Health Plans** and choose **AmeriHealth Caritas North Carolina**. Under **Workflows for this Plan**, select **Claim Submission** from the left-hand navigation menu.
- Call Provider Services at 1-888-738-0004 and follow the prompts.
- Call your **Account Executive** for assistance.

EDI Technical Support: 1-833-885-2262

[oredi.acnc@amerihealthcaritasnc.com](mailto:oredi.acnc@amerihealthcaritasnc.com)

### Timely claims filing

#### In-network and out-of-network providers:

- Original submission: 365 days from date of service
- Rejected claims: 365 days from date of service
- Denied claims: 365 days from date of service
- Third-party liability (TPL) claims: 60 days from the date of the primary insurer's explanation of benefits (EOB)

#### Arranging electronic services (EDI, EFT and ERA)

Contact your practice management or EDI vendor to arrange for electronic claims or remittance transmissions. Or contact Change Healthcare at 1-877-363-3666 or visit [www.changehealthcare.com](http://www.changehealthcare.com).

**AmeriHealth Caritas North Carolina**  
**Attn: Claims Processing Department**  
P.O. Box 7380, London, KY 40742-7380

#### Claims submission

AmeriHealth Caritas North Carolina  
electronic payer ID number: 81671

For detailed information, reference the AmeriHealth Caritas North Carolina Claims Filing Instructions found at [www.amerihealthcaritasnc.com](http://www.amerihealthcaritasnc.com).

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## PROVIDER GRIEVANCES AND APPEALS

Providers are encouraged to discuss grievances by calling Provider Services at **1-855-738-0004**.

Providers may file a grievance or appeal online. Log onto <https://register.navinet.net> homepage, click on **My Health Plans** and choose **AmeriHealth Caritas North Carolina**. Under **Workflows for this Plan**, choose **Forms and Dashboards** and select **Submit a Grievance**. Save Document ID for following up with Provider Services.

Additional information is found on the Provider Grievance and Appeals (<https://www.amerhealthcaritasnc.com/provider/grievances-appeals/index.aspx>) section of our website.

Submit grievances or appeals by mail to:  
**AmeriHealth Caritas North Carolina**  
**Attn: Provider Grievances and Appeals**  
 P.O. Box 7379, London, KY 40742-7379

## NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) AND NON-EMERGENCY AMBULANCE TRANSPORTATION (NEAT)

ModivCare Member and Provider Services: **1-833-498-2262**

## PHARMACY SERVICES

PerformRx<sup>SM</sup> Member Services: **1-855-375-8811**

PerformRx Provider Services hours of operation: 8 a.m to 7 p.m.

- PerformRx Provider Services: **1-866-885-1406**
- Pharmacy prior authorization fax: **1-877-234-4274**
- Formulary and forms: [www.amerhealthcaritasnc.com](http://www.amerhealthcaritasnc.com)

## NURSE LINE

24/7 Nurse Line for members: **1-888-674-8710**

## BEHAVIORAL HEALTH CRISIS

Behavioral Health Crisis Line: **1-833-712-2262**

## INTERPRETER SERVICES

Interpreter Services: **1-855-375-8811 (TTY 1-866-209-6421)**

## CARE COORDINATION

**Bright Start (maternity services):** **1-833-475-2262** Fax: **1-833-463-2262**

**Long Term Services and Supports (LTSS) Case Manager:** **1-833-900-2262**

**Rapid Response and Outreach Team:** **1-833-808-2262** Fax: **1-833-816-2262**

Call Monday through Friday, 8 a.m. to 5 p.m., for care coordination services, including HealthCheck, EPSDT services and the “Let Us Know” program.

Mail Health Risk Assessment forms to:  
 AmeriHealth Caritas North Carolina  
 Rapid Response and Outreach Team  
 P.O. Box 7375, London, KY 40742-7376  
[www.amerhealthcaritasnc.com/provider](http://www.amerhealthcaritasnc.com/provider)

## ADDITIONAL RESOURCES

**Credentialing:** **1-800-688-6696**

To access information on the NCDHHS centralized credentialing/recredentialing process, please contact the NCTracks Call Center at **1-800-688-6696, 1-855-710-1965 (fax)**.

**Fraud, Waste and Abuse Hotline:** **1-866-833-9718**

### Member ID card

**AmeriHealth Caritas**  
North Carolina

Member name  
[John L. Doe]

AmeriHealth Caritas North Carolina ID  
[XXXXXXXXXX]

State ID: [XXXXXXXXXXXXXXXXXX]

Primary doctor  
[PCP first name, PCP last name]  
[Group name]

PCP/Group address  
[Street Address]  
[City, State ZIP]

PCP/Group phone number  
[X-XXX-XXX-XXXX]

Effective date  
[MM/DD/YYYY]

Limits may apply to some services. Not transferable

**AmeriHealth Caritas**  
North Carolina

To access your member portal, visit [www.amerhealthcaritasnc.com](http://www.amerhealthcaritasnc.com)

Member Services: **1-855-375-8811**  
TTY: **1-866-209-6421**

Provider Services and prior authorization  
**1-866-209-6421**

To speak with a nurse anytime  
**1-888-674-8710**

Behavioral Health Crisis Line  
**1-833-712-2262**

Pharmacy Provider Services  
**1-866-885-1406**

Pharmacy RxBIN #019595  
Pharmacy RxPCN #PRX00801

For claims processing mail to:  
AmeriHealth Caritas North Carolina  
80th Area Corporate Drive  
Raleigh, NC 27617

For questions about services not covered by AmeriHealth Caritas North Carolina, please contact the NC Medicaid Call Center at **1-888-245-0179** or **1-919-813-5556**.

All other insurance payers must be billed before AmeriHealth Caritas North Carolina, payer of last resort.