# AmeriHealth Caritas North Carolina (ACNC) Provider Orientation Training

(4.0)

## *Let's Work Together*

This presentation is subject to change based upon new information received from NC DHHS.

**AmeriHealth Caritas**
North Carolina

Delivering the Next
**Generation**
of Health Care

# Overview

Mission and Vision

North Carolina Medicaid Managed Care Program

Resources for Working Together

Care Delivery Model

Together, We Can Improve Quality

Member Service Information

Mental Health Parity and Prior Authorizations

Grievances and Appeals

Your Claims. Paid Right. The First Time.

Provider Compliance

ACNC Initiatives

Featured Education

# Mission and Vision

AmeriHealth Caritas North Carolina is part of the AmeriHealth Caritas Family of Companies, one of the nation's leaders in health care solutions
for those most in need.

## Our mission

To help people get care, stay well, and build
healthy communities. We have special concern for those who are poor.

## Our vision

To be the national leader in empowering those in need, especially the underserved and the disabled, across their full life journey, from wellness to resilience, in order to reach their American Dream.

# North Carolina Medicaid Managed Care Program

**AmeriHealth Caritas**

North Carolina

# North Carolina Medicaid
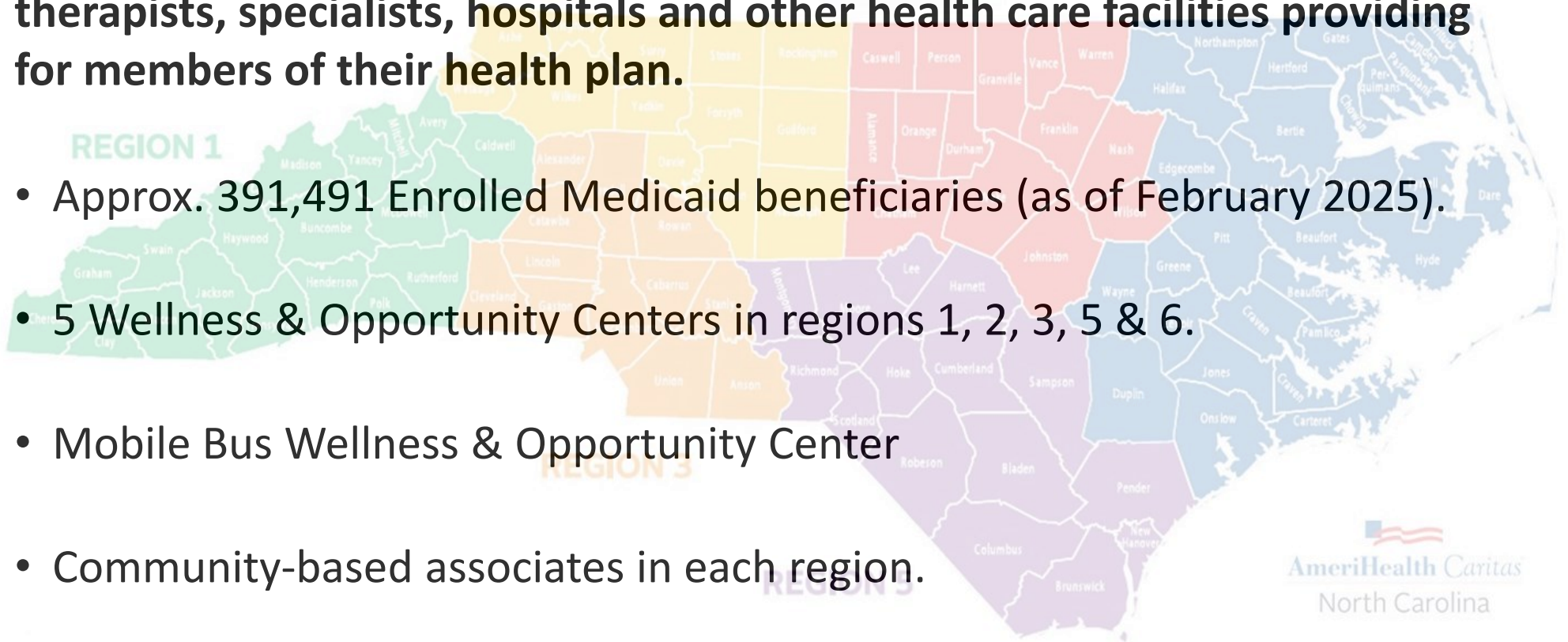
Medicaid may be available to people who are:

- Age 65 or older

- Blind or disabled

- Infants and children under the age of 21

- Pregnant

- Low-income individuals and families

- In need of long-term care

- Receiving Medicare

Source: https://ncgov.servicenowservices.com/sp_beneficiary?id=bnf_eligibility

# Standard Plan - Medicaid Managed Care

**ACNC is a Standard health plan offering integrated physical health, pharmacy, care coordination, basic mental health and wellness programs. These services are administered through a provider network of doctors, therapists, specialists, hospitals and other health care facilities providing for members of their health plan.**

- Approx. 391,491 Enrolled Medicaid beneficiaries (as of February 2025).

- 5 Wellness & Opportunity Centers in regions 1, 2, 3, 5 & 6.

- Mobile Bus Wellness & Opportunity Center

- Community-based associates in each region.

- 70,000 contracted providers and provider groups.

- More than 400 associates state-wide.

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# Resources for Working Together

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# Key Contact Information



**Member Services**

1-855-375-8811

**Providers Services**

1-888-738-0004

**TTY/TDD**

1-833-870-5588

**WEB**

https://www.amerihealthcaritasnc.com

**PORTAL**

NaviNet®

**Find my Provider Network Account Executive**

Contact

ACNC Provider Network Manager, Aja Berry and Account Executive Desiree Bobbitt in exhibit area during the NC Community Health Association Conference.

# The Provider Manual

- Helps you to provide services to our members.

- Comprehensive guide to working with ACNC.

- [Download](#) for search and review.

- Includes important information, but not limited to:
    - Claims submission standards
    - Compliance responsibilities
    - Cultural competency program
    - Member access and availability standards
    - Prior authorization
    - Provider grievances and appeals
    - Provision of services
    - Verifying member eligibility
    - Revision log

# Provider Network Management
## Account Executives (AEs)

**Single Point of Contact**

- Dedicated, live and work in North Carolina.
- Assigned to cities, counties and then by provider type –per region.
- Knowledgeable in behavioral health, physical and substance use disorder benefits.

**Face-to-Face and Telephonic Support**

- Website and NaviNet provider portal navigation.
- Member marketing materials for your office.
- Provider orientations, trainings and Wellness and Opportunity Center events.
- Ongoing education and assistance.

## Direct Contact

# Quick References

AmeriHealth Caritas
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## Provider-focused website

- Claims and Billing Manual
- Homepage
- IRIS
- Medicaid Provider Quick Reference Guide
- NaviNet
- NCDHHS Resources and Updates
- Behavioral Health Webpage
- Provider tools and resources
- Provider Training
- Provider Manual
- Provider Email Notices
- Quality Corner

### Searchable online tools

- Medication Look Up Tool (PDL)
- Online Provider Directory
- Prior Authorizations Look Up



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North Carolina

About Us    Login ▾    Contact    Language ▾    Report fraud

Search Website    Search

Members ▾    Miembros ▾    Providers ▾    Community ▾    Find a Provider

Home > Providers

**Providers**

Hurricane Helene disaster recovery for providers

Behavioral Health

Claims and billing

NCDHHS resources and updates

Newsletters and updates

Pharmacy

Medication Lookup Tool

## Providers

Quality Corner

**It's time to prepare for flu season!**

The SHARE method is a best practice to help increase vaccination rates. Review best practices and additional resources in the September Provider Digest.

# Provider Communications

AmeriHealth Caritas
North Carolina

## January Provider Digest

AmeriHealth Caritas North Carolina (ACNC) is committed to providing the support you deserve. A Known System Issues Tracker is updated weekly and also available in NaviNet to providers.

You will find the following topics in this January digest:

- Recognizing Highest Earning Independent Practices in Our Network

**YOU ARE INVITED**

- Join Us for Lunch in Greensboro, Region 2
- FREE Behavioral Health Boot Camp with CME Credits

**QUALITY CORNER**

- Prenatal and Postpartum Care (PPC) F Codes and Warn Edits

**REMINDERS**

- Medical Record Data Request for Select Providers
- Issue 3 of *Connections* Is Now Available
- Value-based Programs Include Medicaid Expansion Members
- Can You Spot the Phish?

### Recognizing Highest Earning Independent Practices in Our Network

ACNC's PerformPlus® True Care — Behavioral Health Providers Program provides incentives for high-quality and cost-care, member service and convenience, and health data submission.

Sign Up for monthly Provider Digests via your AE.



CONNECTIONS

A Provider's Link to AmeriHealth Caritas North Carolina    2024/ISSUE 3

AmeriHealth Caritas North Carolina (ACNC) leadership and associates joined volunteers from across the state in stepping up to help our neighbors in western North Carolina following the devastation of Hurricane Helene. Our Mobile Wellness & Opportunity Center made numerous trips to the region as soon as travel was allowed, transporting donated and purchased supplies and serving as a charging station for mobile devices.

Despite power, water and internet outages, ACNC associates living in the region demonstrated amazing resilience in continuing to serve our members and their communities. Within a few weeks, our Asheville Wellness & Opportunity Center resumed programming to support the community with education and resources. Read more about our response and support for impacted providers on page 7.
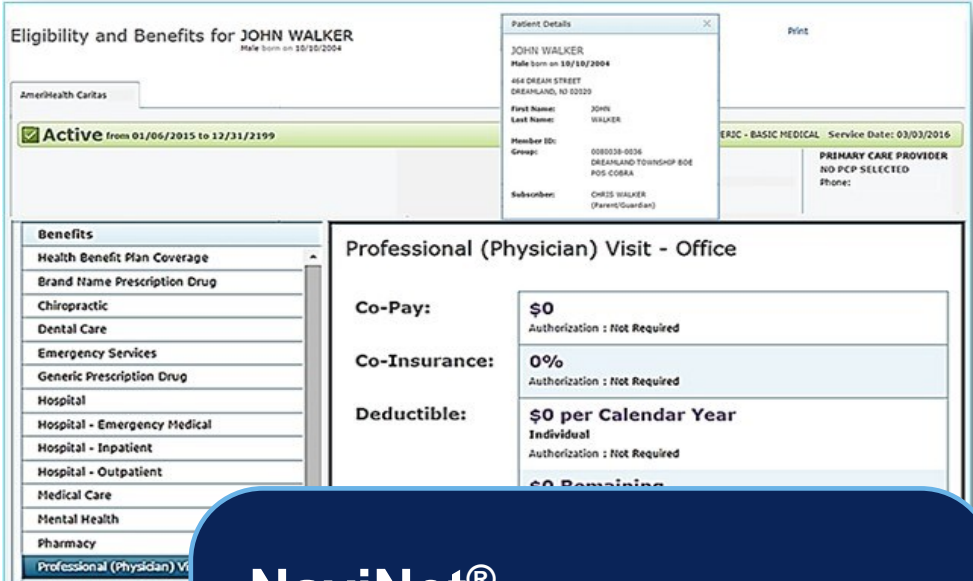
#### In This Issue

A year in review with Market President, Heidi Chan .......... 2
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# PROVIDER RESOURCES
## *SECURE PROVIDER PORTAL*

- Member eligibility and benefits information

- Panel roster reports

- Care gap reports to identify needed services

- Create claims investigations to research or dispute claims

- Member clinical summaries

- Admission and discharge reports

- Medical and pharmacy claims data

- Claims adjustment inquiry

**NaviNet®**

Navinet.secure.force.com

1-888-482-8057

# NAVINET, PROVIDER PORTAL

**Workflows for this Plan**

Eligibility and Benefits Inquiry
Claim Status Inquiry
Medical Authorizations
Medical Authorizations Log
eviCore Authorizations
Report Inquiry
Claim Submission
Provider Directory
Pharmacy Authorizations
Forms & Dashboards
InterQual Transparency

**Training Videos**

ADT Alerts

Care Gap Response Forms

Claims Investigations

Tutorial - Authorization Inquiry Process

Tutorial - Authorization Submission Process

**Quick Links:**

- Billing information (PDF)
- File a Provider Grievance or Appeal
- NCDHHS Provider Fact Sheets
- Provider manual (PDF)
- Provider Quick Reference Guide (PDF)
- Radiology authorizations processed by NIA

Planned maintenance to the Care Gaps and Condition Optimization Program (COP) platforms may occur on **Thursday evenings between 6 p.m. and 10 p.m. ET.** You may be unable to access these applications during that time. If you experience difficulty, please log out and try again after 10 p.m. ET. Thank you for your patience.

Authorizations are here!
## Submit online today
Learn more

## Welcome to the provider portal, NaviNet Plan Central.
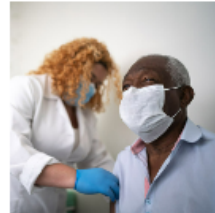
Welcome to Plan Central! AmeriHealth Caritas North Carolina's (ACNC's) secure provider portal homepage of NaviNet. From here you can access the following features: claims submission and status, electronic prior authorization submission, grievance and appeals, member eligibility verification and remit statements.

For Primary Care Providers, member panel rosters are available. AMH providers can pull their capitation reports from the workflow menu under Financial Reports.

Visit our Prior Authorization webpage for details on requesting prior authorization for different services.

### Tools for Quality Outcomes

Our quality tools and resources are designed to support ACNC Medicaid providers and staff in giving members excellent and efficient health care.

Using the Care Gaps Response Forms allows you to close care gaps by entering information electronically, while reducing paperwork and enabling more frequent status updates. Here you can watch the Care Gap Response Form training video, navigate to the form to enter information on services provided and find step-by-step instructions on accessing and completing the response forms inside the provider guide.

**Please note that with this upgraded electronic functionality, faxed submissions of the Care Gap Worksheet will no longer be accepted.**

- Behavioral Health Quality Enhancement Program (BH QEP) Manual (PDF)
- Care Gaps Response Form Provider Guide (PDF)
- Care Gaps Response Form Training Video
- Gaps in Care Reference Guide (PDF)
- Perinatal Quality Enhancement Program (PQEP) (PDF)
- Primary Care Physician Total Cost of Care (PCP TCOC) (PDF)

### Claims submission alert:

Please note that there are two separate plans offered by AmeriHealth Caritas North Carolina, Inc.

- For AmeriHealth Caritas North Carolina **Medicaid claims** please use EDI payer ID number **81671**.
- For AmeriHealth Caritas Next **QHP claims** please use EDI payer ID number **83148**.

Please see the complete notice (PDF) for more information. **Improper claim submissions could result in payment delays.**

# Help US, Help YOU!

## Visit NCTracks

**Review and update your *Pay To* address information.**

Submit a Manage Change Request (MCR) to update the applicable NCTracks provider record with the Pay To address to indicate where communications, payments and financial data should be sent via US Mail.

[How to Submit a Manage Change Request, Add Service Location, Etc. to NCTracks](#)

[NCTracks Manage Change Request FAQs](#)

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# Care Delivery Model

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# Care Delivery Model
# Advanced Medical Homes (AMHs)

North Carolina

Approximately **75-80%** of ACNC members receive care management services with **AMH Tier 3s.**

- Clinically Integrated Networks (CINs).

- Local Health Departments (LHDs).

- ACNC's Care Management.

**Collaboration with Advanced Medical Homes (AMHs) and Local Health Departments (LHDs) is a component of our local care management model.**

**This model offers providers the opportunity to be rewarded for high-quality care by aligning payment to value.**

- NCDHHS has a centralized process for designating practices into the appropriate tier.

- Practices are compensated within a tier system for maintaining a high degree of access for Medicaid patients.

- Through a team approach, designed to enhance access for Medicaid patients, we provide Care Coordination to increase patient engagement.

# Population Health Management Program

To help ensure ALL members are receiving quality care management services and ACNC benefits, Registered Nurses oversee the care management services provided by these delegates.

The ACNC Population Health Management program consists of:

1. **Care Coordination**

2. **Bright Start® (maternity management)**

3. **Transitional Care Management**

4. **Complex Care Management Team (CCMT)**

5. **Pediatric Preventive Health Care**

6. **Rapid Response and Outreach Team (RROT)**

7. **Long-Term Services and Supports (LTSS)**

8. **Tobacco Cessation**

9. **Opioid Misuse Prevention Program**

Additional information is found in ACNC provider manual V15 2024 state approved.

# Together, We Can Improve Quality.

# What is Quality Management?

**Engages cross-functional teams to integrated monitoring of processes, mechanisms and activities that improve quality and safety of clinical care and services member receive.**

HEDIS® is a performance measurement tool administered by the National Committee for Quality Assurance (NCQA).

- 235 million people - 72% of the US population are enrolled in HEDIS reporting health plans.

- HEDIS® reviews are conducted at the same time every year.

**C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems Plan Survey
- Standardized questions and data collection protocols.
- Information can be compared across health care settings.
- Measures member experience within last six months:
    o their health plan
    o personal doctor
    o specialist services
    o overall general health

National Committee for Quality Assurance (NCQA): About > Accomplishments> https://www.ncqa.org/about-ncqa/

# Member Outreach Events



ACNC has five Wellness & Opportunity Centers and a mobile center that serve members across the state with a wide range of activities and resources.

Visit our community webpage and look for Wellness & Opportunity Centers to find links to event calendars for all of our centers.

If you are interested in partnering with us on a vaccination event at one of our locations or at your facility aimed at reaching more children and closing vaccination gaps, please reach out to your Provider Network Account Executive for partnership opportunities.

# Member Service Information

# Eligibility,
# Member Benefits,
# and CARE Card Rewards



**AmeriHealth** *Caritas*
North Carolina

Member name
**[John L Doe]**

AmeriHealth Caritas North Carolina ID
**[XXXXXXXXX]**

State ID: **[XXXXXXXXXXXXX]**

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

**Always carry your AmeriHealth Caritas North Carolina card.** You'll need it to get your benefits. Go to your AmeriHealth Caritas North Carolina primary care provider (PCP) for medical care.

**Emergency department:** Go to an emergency department near you if you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.

**North Carolina Department of Justice Medicaid Investigation Division (MID): 1-919-881-2320**
(If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 1-919-881-2320.)

AmeriHealth Caritas North Carolina
8041 Arco Corporate Drive
Raleigh, NC 27617

For claims processing mail to:
AmeriHealth Caritas North Carolina
Claims Processing
P.O. Box 7380, London, KY 40742-7380

To access your member portal, visit
**www.amerihealthcaritasnc.com**

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

Provider Services and prior authorization
**1-888-738-0004**

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 #**08010000**

For questions about services not covered by AmeriHealth Caritas North Carolina, please contact the NC Medicaid Call Center at **1-888-245-0179** or **1-919-813-5550**.

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

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North Carolina

# How to Verify Eligibility and Benefits

**North Carolina**

- Timely access to both medical and behavioral health providers is required.

- Members may change their Primary Care Physician (PCP) **twice** a year, without cause.

- *Prior to rendering services,* providers are responsible for verifying member **eligibility**.

- New members are screened to identify needed services.

- Transition plans are available for up to ninety (90) days, including Long Term Service and Supports (LTSS).

**How to verify eligibility?**

1. NaviNet® Secure Provider Portal

2. Provider Services **1-888-738-0004 Member Eligibility** prompts

3. North Carolina Medicaid Management Information Systems (NC MMIS) via NCTracks
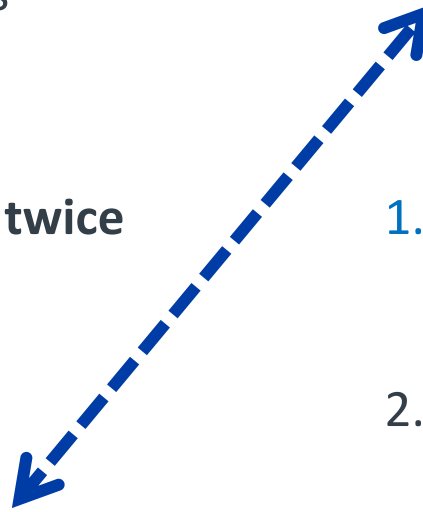
# Member Service Information

**ACNC does not require members to pay for any covered services other than the copayment amounts as specified by NCDHHS.** There are exceptions, so providers are encouraged to see a complete list of services and applicable copays on our website.

**ACNC offers rewards to our members for completing health screenings.**

❖  Small financial reward for completing important health care activities like a well visit.

❖  Aligned with HEDIS measures and important wellness needs.

- CARE Card Program - members earn rewards for doing things that help them stay healthy.

- Extra Benefits - non-medical needs or programs for members.

- Member Intervention Request – to request support from Rapid Response and Outreach team

- Member Engagement and Community Outreach Team

- Wellness and Opportunity Center – links to regional event calendars.

- NC Medicaid Managed Care Member Handbook (2024)

Restrictions apply. See Provider Manual for details.

# Covered Behavioral Health Services

| Covered Behavioral Health Services | |
|---|---|
| Ambulatory Detoxification Services | Mobile Crisis Management Services |
| **Clinically managed residential withdrawal management (Social setting Detox)*** | Non-hospital Medical Detoxification Services and partial hospitalization |
| Diagnostic Assessment Services | Outpatient Behavioral Health Services provided by Direct-Enrolled Providers |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Authorized Services | Professional Treatment Services in a Facility-Based Crisis Program |
| Facility-based Crisis Services for Children and Adolescents | **Substance Abuse Comprehensive Outpatient Treatment (SACOT)*** |
| Inpatient Behavioral Health Services | **Substance Abuse Intensive Outpatient Treatment (SAIOP)*** |
| Medically supervised alcohol and drug abuse treatment center detoxification, crisis stabilization | |

*Represents new services as of 5/1/2024.*
*These tables are not meant to be exhaustive, but only a summary of the services.*

# Covered Emergency and Primary Services

These tables are not meant to be exhaustive, but only a summary of the services.

| Covered Emergency and Primary Services | |
|---|---|
| Ambulance Services | Family Planning Services |
| Certified Pediatric and Family Nurse Practitioner Services | Federally Qualified Health Center (FQHC) Services |
| Chiropractic Services | Freestanding Birth Center Services (when licensed or otherwise recognized by the state) |
| Clinic Services | Hearing Aids |
| **Dental Services (Into the Mouth of Babes)** ✕ | **Home Health Services** ✕ |
| Diagnostic, Screening, Preventive and Rehabilitative Services | Home Infusion Therapy |
| Dietary Evaluation, Counseling and Medical Lactation Services | Hospice |
| Durable Medical Equipment (DME) | Inpatient Hospital Services |
| **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services** ✕ | Laboratory and X-ray Services |

✕Represents Additional Trainings

# Covered Emergency and Primary Services

These tables are not meant to be exhaustive, but only a summary of the services.

| Covered Emergency and Primary Services | |
|---|---|
| **Long Term Services and Supports (LTSS)**✕ | Physical and Occupational Therapy |
| **Non-Emergency Medical Transportation**✕ | Physician Services |
| Nursing Facility Services | Podiatry Services |
| Obstetrics, Gynecology and Maternal Support Services | Private Duty Nursing Services |
| Ophthalmology and Vision Services | Respiratory Care Services |
| Opioid Misuse Prevention Program | Rural Health Clinic Services |
| Optometry Services | Speech, Hearing and Language Disorder |
| Outpatient Hospital Services | Telemedicine |
| Personal Care | Tobacco Cessation Counseling for Pregnant Women |
| Pharmacy Services | Transplants and Related Services |

✕Represents Additional Trainings

# Extra Benefits for Members

Care Managers can help members determine which Extra Benefits or non-medical needs or programs can best benefit them.

Qualifying ACNC members may also get enhanced benefits listed to the right:

WW (formerly Weight Watchers) membership

High school equivalency (HSE) diploma assistance

CARE Card, a reloadable reward card that qualified members can use for certain purchases at selected retailers

Home educational visits and supplies for children with asthma

Boys and Girls Club membership at participating clubs, for qualified members ages 18 and under

Rides to non-provider AmeriHealth Caritas North Carolina visits

Up to two meals per day for seven days, at no cost for qualifying members discharged from a hospital

Pain management program that includes alternative treatment options

Adult vision benefits. An extra pair of eyeglasses for adult members in addition to the regular Medicaid benefit.

A one-time flexible benefit at the completion of a nonhospital substance use disorder (SUD) treatment stay

Breast pumps (electric nonmedical breast pumps) for expectant and new moms who are between 28 weeks of gestation and 12 months postpartum. The benefit also includes 270 milk storage bags every three months for up to one year. Limited to one pump per member per lifetime.

Infant car seat to expectant moms that complete at least one prenatal visit in their first trimester.

Baby diapers and wipes to new moms who complete their postpartum visit between 7 – 84 days after delivery.

Support and education for members with high-risk pregnancies.

# Interpretation and Translation Services

Interpretation and translation services for members for whom English is not their primary language, and auxiliary aids and services for the hearing and visually impaired are free to ACNC members.

To access any of these services, providers ~~members~~ may contact Member Services toll-free at: **1-855-375-8811, TTY 1-866-209-6421.**

# Early Periodic Screening, Diagnostic and Treatment (EPSDT)

- Designed to improve the health of members from birth to age 21.

- Goal of increasing adherence to EPSDT guidelines.

- PCPs are responsible for coordinating and managing the medical needs of members.

- Identification of growth and development needs.

- Coordination of appropriate health care services using American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule.

- Use to determine the existence of a physical or mental health condition.

- The most current periodicity schedules are available at the Bright Futures website.

- Into the Mouth of Babes (IMB) program training (required before being permitted to receive reimbursement for IMB program).

**Opportunities for more comprehensive training on EPSDT, including Dental Services "Into the Mouths of Babes" (IMB) are available on our EPSDT webpage.**

# Infection Control & Prevention

The CDC provides training on infection control and prevention.  It is very comprehensive and well presented.  The link to the training is  CDC/STRIVE Infection Control Training | Infection Control | CDC

**Be Aware**

- Evaluate how you are feeling and stay home if you are sick.
- Monitor your surroundings and practice social distancing from those who appear sick or are known to be sick.

**Use Personal Protective Equipment (PPE)**

- The choice of proper PPE depends on they type of patient interaction and potential illness or wound the patient has.
- Use caution when using PPE to not self contaminate.
- Remove PPE properly and wash hands afterwards.

**Wash Hands**

- Hands should be washed prior to and after any patient interaction or contact with bodily fluids.
- Wash hands with soap or another form of antiseptic agent and water or with a 62%-90% alcohol.
- Encourage patients to remind care provider and doctors to wash their hands.

**Vaccines**

- Keep up to date on all vaccines.
- Follow CDC vaccination recommendations for yourself and your patients (Adult vaccine schedule)

**Environmental Cleaning**

- Clean then disinfect objects and surfaces with the proper level of disinfection for noncritical, semi critical and critical equipment as noted by the CDC.
- Periodic retraining of staff (nurses, doctors. technicians) and cleaning services.
- Ensure have proper cleaning supplies available and cleaning is part of the workflow.

# Long Term Services and Supports (LTSS)

North Carolina

- LTSS is often a very personal matter — based on a sense of trust and reliability.

- ACNC offers a holistic, person-centered approach.

- Integrates and coordinates primary, acute and behavioral health care.

- ACNC supports and enhances member-centered care, regardless of the setting in which our members receive services.

- We help develop a care plan to address the care and treatment needs of our members to help ensure their health and safety.

- Proactively address risks members may face when choosing to live independently.

- NCDHHS Division of Health Benefits (DHB) determines initial and continued eligibility for LTSS.

**Opportunities for more comprehensive training on LTSS
are available on our website. It can also be delivered direct to providers upon request from your dedicated AE or the ACNC LTSS expert.**

# PerformRx - Pharmacy Benefit Manager (PBM)

**AmeriHealth Caritas**
North Carolina

**Provides case management and pharmacy network and pharmacy benefits management, including prior authorization and drug utilization review.**

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

- Dedicated pharmacy resources webpage.

- Pharmacy Prior Authorizations webpage.

**Options to submit a request for pharmacy prior authorizations**

- Electronic Pharmacy Prior Authorization (ePA) requests through PerformRx$^{SM}$ via Electronic Health Record (EHR) or CoverMyMeds and Surescripts.

- Complete the On-line Pharmacy Prior Authorization request form.

- Download, complete and fax the appropriate Pharmacy Prior Authorization form to 1-877-234-4274.

- Call PerformRx Pharmacy Provider Services at 1-866-885-1406 to submit a Prior Authorization request.

- Submit an electronic prior authorization (e-PA) through your electronic health record (E.H.R) software.

**PERFORMRX**$^{SM}$

# Mental Health Parity and Prior Authorizations

AmeriHealth *Caritas*
North Carolina

# Mental Health Parity & Prior Authorizations

**Prior Authorization requirements removed for more than 1,900 procedure codes since 2023**

To improve member access to services and reduce provider administrative burden, AmeriHealth Caritas North Carolina has eliminated prior authorization requirements for a wide range of physical and behavioral health procedure codes:

- 1,703 physical and behavioral health procedure codes removed in 2023-24

- 275 additional codes removed as of January 1, 2025, including:
  - DME, PT and OT, surgery
  - Mobile Crisis Management, Outpatient treatments, etc.

- ACNC Prior Authorization lookup tool updated with latest changes

December 12, 2024, #30-190029-DHB BH I/DD Prepaid Health Plan AmeriHealth Caritas of North Carolina
Revised Notice of Waiver of Contract Requirements and Utilization Management Program Changes to Address Mental Health Parity Requirements

# Alerting Us: Prior Authorizations

- ACNC providers must obtain prior authorization for certain services.

- Utilization Management decisions based on appropriateness of care, medically necessary services and existence of coverage.

- **Referrals are not required.**

- Check out the Prior Authorization Look up tool. Helps all providers determine services needing prior authorization.

- Full list of services needing prior authorization and additional Prior Authorization information found online.

- **Use NaviNet Provider Portal OR**

  - Download Prior Authorization forms, complete and fax to **1-833-893-2262**.

  - Call our Utilization Management department at **1-833-900-2262**.

# Services Requiring Notification



North Carolina

Notify ACNC within **one business day – 24 hours:**

- All newborn deliveries (birthing centers too).
- Maternity obstetrical services (after first visit) and outpatient care (includes observation).
- Continuation of covered services - new member transitioning to ACNC (within first 90 calendar days of enrollment).
- Inpatient admissions following emergency room medical care, emergency short procedure unit services, or an observation stay.

Behavioral Health Services within 48 hours of Admission or Discharge (for assistance with discharge planning).

- SUD detox (residential and ambulatory)
- Crisis intervention
- Crisis stabilization

*Please note that the claim will not pay without a notification reference number.*

# Grievance or Appeal



AmeriHealth Caritas™
North Carolina

# What is a Provider Grievance?

Any oral or written complaint or dispute by a Provider over any aspects of the operations, activities, or behavior of the PHP except for any dispute over for which the provider has appeal rights.

- Claims denials

- Service issues regarding engagement

- Dissatisfaction with process issues

- Contracting, reimbursement rate issues

Review the Provider Manual or website for the written submission process.

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# Grievance Codes

**AmeriHealth Caritas**
North Carolina

**500** Claim Denial

**510** Health Plan Policy

**520** Health Plan Information System

**530** Network Adequacy/Availability

**540** Health Plan Staff Behavior

**550** Interpreter Services

**560** Member Behavior

**570** Member Compliance with Treatment plan

\* Grievance Codes that have an Appeal process are in green.

**580** Member Missed/Late Appointments (appointment log required)

**590** Member Communication

**600** Referral Process

**610** Service Denial

**620** Health Plan Prior Authorization Process

**630** Timeliness of Payment (proof of original submission date required)

**640** Fraud and Abuse Services

**650** Transportation

**660** Other (Please be prepared to explain if not listed in the above options.)

Full list of examples are found in the Provider Manual and at bottom of grievance and appeals webpage.

# Grievance Process - Electronic

## File in NaviNet

- Use for claim denial disputes - submit a grievance.

- Homepage, under forms and dashboards.

- Select Grievance form and hit submit.

- Save Document ID for inquiring with Provider Services: **1-888-738-0004**.

- Review the Provider Manual or website for the written submission process.

# Provider Grievance

## Time Frame for Resolution

ACNC will investigate, conduct an on-site meeting with the Provider (if one was requested), and issue written resolution of a formal grievance within **sixty (60) calendar days** of receipt of the grievance from the Provider.

AmeriHealth *Caritas*™

North Carolina

# One-on-One Support

Do you have between 1-5 claim issues to discuss?
For the quickest resolution, call
Provider Services **1-888-738-0004**.

If the issue(s) is not resolved, an electronic grievance will be created on your behalf.

**AmeriHealth Caritas** ™
North Carolina

# What is a Provider Appeal?

In or Out-of-Network Providers challenging a decision made by AmeriHealth Caritas North Carolina. Few examples are below:

- Program Integrity related findings or activities
- Finding of or recovery of an overpayment by ACNC
- Finding of fraud, waste, or abuse by ACNC
- Determination to lower an AMH provider's tier status
- Adverse decision of a grievance
- Review the Provider Manual or website for the written submission process and for time frames for resolution.

**AmeriHealth Caritas™**
North Carolina

# Appeals Codes

## In-Network Providers

**500** Program Integrity related findings or activities

**510** Finding of fraud, waste, or abuse by the Plan

**520** Finding of or recovery of an overpayment by the Plan

**530** Withhold or suspension of a payment related to fraud, waste, or abuse concerns

**540** Termination of, or determination not to renew, an existing contract based solely on objective quality reasons outlined in the Plan's Objective Quality Standards*

**550** Termination of, or determination not to renew, an existing contract for local health department care/case management services

**560** Determination to lower an Advanced Medical Home (AMH) provider's Tier Status

**570** Violation of terms of the provider contract between the Provider and AmeriHealth Caritas North Carolina

**599** Other for in-network providers – Be prepared to explain if not listed in above options

## Out-of-Network Providers

**700** A determination not to initially credential and contract with a provider based on objective quality reasons outlined in the Plan's Objective Quality Standards

**710** An out-of-network payment arrangement

**720** Finding of waste or abuse by the Plan

**730** Finding of or recovery of an overpayment by the Plan

**799** Other for out-of-network providers. Please be prepared to explain if not listed in the above options

Full list of examples are found in the Provider Manual and at bottom of grievance and appeals webpage.

* Grievance Codes that have an Appeal process are in green.

# Provider Appeal

## Time Frame for Resolution

Providers wishing to file an appeal must do so within **sixty (60) calendar days** from the date on which:
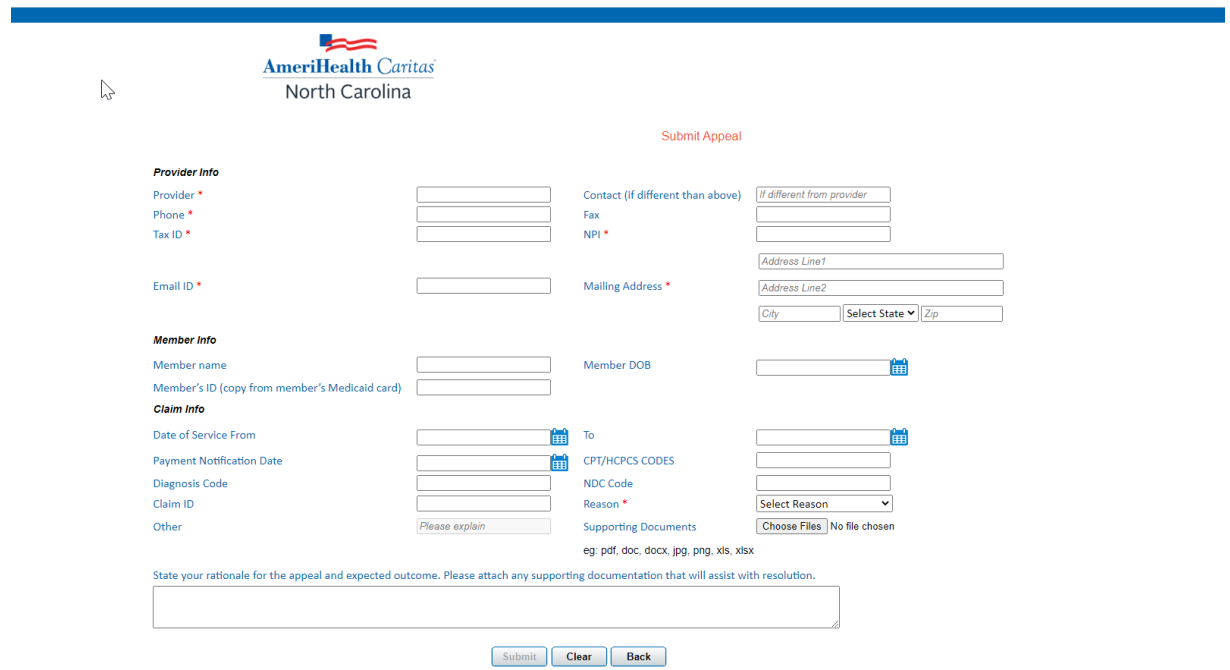
A. The Provider received written notice from ACNC of the decision.

B. ACNC should have taken a required action but failed to take such action.

If supporting documentation was not included <u>with</u> the appeal form, it is possible ACNC will **extend** the timeframe by thirty (30) calendar days for "good cause" shown as determined by ACNC.

**AmeriHealth Caritas**™

North Carolina

# Appeals Process - Electronic

## File in NaviNet

- Homepage, under forms and dashboards.

- Select **Appeals** form and hit submit.

- Save Document ID for inquiring with Provider Services: 1-888-738-0004.

- Review the Provider Manual or website for the written submission process.

# Grievance or Appeal
# Sample Submission Acknowledgement

https://q1-frm-we.amerihealthcaritas.com/FormsCloud/AppealsForm/GenerateAppealsPDF/

**AmeriHealth Caritas**
North Carolina

Submit Appeal

**Provider Info**

| | | | |
|---|---|---|---|
| Provider * | | Contact (if different than above) | If different from provider |
| Phone * | | Fax | |
| Tax ID * | | NPI * | |
| | | | Address Line1 |
| Email ID * | | | |

*AmeriHealth Caritas North Carolina acknowledges receipt of your correspondence on 05/12/2023. ... Health Caritas North Carolina is re... ng your inquiry and will respond ... within 30 calendar days... questions while you ... ... ecutive or call the Provider ... Service Department at ... 004.*

OK

**Member Info**

Member name

Member's ID (copy from member's Medic...

**Claim Info**

Date of Service From

Payment Notification Date

| | | | |
|---|---|---|---|
| Diagnosis Code | | NDC Code | |
| Claim ID | | Reason * | Select Reason |
| Other | Please explain | Supporting Documents | Choose Files   No file chosen |
| | | | eg: pdf, doc, docx, jpg, png, xls, xlsx |

State your rationale for the appeal and expected outcome. Please attach any supporting documentation that will assist with resolution.

Submit   Clear   Back

**LOOK for DOCUMENT ID #.**
WRITE it down, to FOLLOW up on your SUBMISSION.

# Call Provider Services to inquire **1-888-738-0004**

**AmeriHealth Caritas**
North Carolina

# Your Claims. Paid Right. The First Time.

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North Carolina

# Claims and Billing Highlights

- [Download](#) Claims and Billing Manual includes, but not limited to:
    - Claim filing instructions.
    - Special instruction examples.
    - Common causes for delays, petitions or denials.
    - Electronic claim submission.
    - Best practices.
    - Paper Claim Submission is available; however not recommended.
    - Claims must be billed on the CMS-1500 or UB-04, or the electronic equivalent (EDI) of these standard forms.
- All requests are processed within ten (10) business days.
- Medical/Behavioral payment cycles every Monday, Wednesday and Friday.
- Pharmacy payment cycles run every four days.
- HIGHLY suggest submitting Electronic Claims. Additional upload feature for supporting medical documentation is now available.
- HIGHLY suggest signing up for [Electronic Funds Transfer](#).
- Live [trainings](#) are available offered by Change Healthcare and ACNC.

# HCFA CMS 1500 CLAIM FORM (TOP)



Image Source: Paper Claim (CMS-1500) Overview: https://knowledge.therabill.com/hc/en-us/articles/360003535151-Paper-Claim-CMS-1500-Overview

*Please note, the information depicted as member information within this document is fictitious and intended solely for testing and demonstration purposes.*

# HCFA 1500 CLAIM FORM (BOTTOM)

*Please note, the information depicted as member information within this document is fictitious and intended solely for testing and demonstration purposes.*

# One Manual/Direct Entry Claim Submission Option

## PCH Global

- **Manual/direct entry claims submission through PCH Global** (No cost to providers): PCH Global Enrollment. Click the Sign-Up link in the upper right-hand corner to register.

- For a detailed walk through of the registration process, refer to the PCH Global Registration Manual.

# Two Electronic Claims Submission Options

## Optum/Change Healthcare

There are two ways 275 unsolicited claim attachments can be submitted:

- **Batch** — You may either connect to Optum/Change Healthcare directly or submit via your EDI clearing house.
- **API (via JSON)** — You may submit an attachment for a single claim.

## Availity Intelligent Gateway

- If you or your clearinghouse do not currently use Availity to submit claims, you must register at: Availity Portal Registration.

- If you are currently registered with Availity for another payor, or if you use another clearinghouse, you must request that they route your electronic claims for ACNC to Availity.

- **Batch** — You may either connect to the Availity Intelligent Gateway directly or submit via your EDI clearing house.

- **Portal** — Individual providers can register at Availity to submit attachments.

# Claim Filing Deadlines

| Type of claims | Description and time frame |
|---|---|
| Original claim | Must be submitted within **365** calendar days from the date service(s) were rendered or compensable items were provided. |
| Rejected claim | A claim not registered in the claim processing system and can be resubmitted as a new claim. Corrected and resubmitted within **365** calendar days from the date of service. |
| Denied claim | A claim that was processed in the claim system and that may have a payment attached or may have been denied. A corrected claim may be submitted within **365** days of the original date of service to have the claim reprocessed. |
| Claims with Explanation of Benefits (EOB) or Third-party Liability (TPL) | Must be submitted to the plan within **60** days from the date on the primary EOB. |

Please refer to the provider manual or the Claims Filing Instruction Guide within the Claims and Billing Manual for more information at www.amerihealthcaritasnc.com. Additional NCDHHS reference materials are found online Provider Payment and Claims Submission Fact Sheets.

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Please refer to the provider manual or the Claims Filing Instruction Guide within the Claims and Billing Manual for more information at www.amerihealthcaritasnc.com. Additional NCDHHS reference materials are found online Provider Payment and Claims Submission Fact Sheets.

# NaviNet - Claim Inquiry Adjustment

- **Providers may file an inquiry about claims no later than 365 days from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claim submission, whichever is latest.**

- Open a claims investigation via NaviNet with the Claim Inquiry Adjustment function.

- Request adjustments by phone to Provider Claims Services **1-888-738-0004**.

- Claim Inquiry Adjustment options are:
  - Updated Eligibility
  - Updated/On File Authorization
  - TPL/COB Changed
  - Duplicate Payment Received
  - Claim Underpaid
  - Claim Overpaid

- All requests are processed within ten (10) business days.

# Top Claim Denial Reasons

North Carolina

Week Ending 12/13/2024

| | |
|---|---|
| EOB data from prim carrier required | 20200 |
| Definite Duplicate Claim | 6473 |
| No MAID on file | 6113 |
| Submitted after plan filing limit | 5364 |
| Termination | 4931 |

EOB = Explanation of Benefits
MAID = XXXXXX

REMINDER:
- Visit NCTracks Review and update your Pay To address information.

- Submit a Manage Change Request (MCR) to update the applicable NCTracks provider record with the Pay To address to indicate where communications, payments and financial data should be sent via US Mail.

SOURCE: SXSSXSXSX

# *Avoid Pended Claims using a* 275 Transaction

A 275 is an electronic data exchange (EDI) transaction that sends additional information to a payer. **To avoid a pend**, we recommend using this feature. Common attachments include:

- Itemized bills
- Invoices
- Medical records
- Discharge summaries

**HOW to use this feature**

**Electronic 275 unsolicited**

Availity Intelligent Gateway Connectivity

After logging in, providers can access training demos for the submission process.

A maximum of 10 attachments, each not to exceed

10 megabytes (MB), are allowed per submission.

A complete submission of 10 attachments cannot exceed 100MB.

# Solicited 277 RFAI Transaction

If we are missing something, we will alert you via a solicited 277 notice in NaviNet or via US Postal letter. We recommend you utilize NaviNet:

**Solicited 277 RFAI (Request For Additional Information)**
NaviNet to upload requested documents

**Claims Pend, most often when the following documentation is missing:**

- Sterilization and Hysterectomy forms
- Skilled Nursing Facility Claims – SPELL OUT (PML) needed
- High dollar claims – itemized bills required

# HOW TO BILL A CORRECTED CLAIM
## *AVOID DUPLICATE DENIALS*



Box 22: Include "7" to indicate correction to a previous claim.

Box 22: Include Original Claim # of denied claim.

Note: Do not use corrected claim process if original claim was rejected.

# Help US, Help YOU!

## Visit NCTracks

**Review and update your *Pay To* address information.**

Submit a Manage Change Request (MCR) to update the applicable NCTracks provider record with the Pay To address to indicate where communications, payments and financial data should be sent via US Mail.

[How to Submit a Manage Change Request, Add Service Location, Etc. to NCTracks](#)

[NCTracks Manage Change Request FAQs](#)

AmeriHealth *Caritas*™
North Carolina

# Provider Compliance



AmeriHealth Caritas™

North Carolina

# Definitions and Provider Compliance Responsibilities

**AmeriHealth Caritas** North Carolina

**Fraud** is intentional deception or misrepresentation by a person with knowledge that the deception could result in unauthorized benefit to self or another person. 42 CFR § 455.2.

**Waste** is the overutilization of services or other practices that result in unnecessary costs. Waste is generally not considered caused by criminally negligent actions, but rather misuse of resources.

**Abuse** means provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program.

Also includes reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. 42 CFR § 455.2

**As a network provider, you have the following compliance responsibilities:**

- Implement a compliance program that meets the requirements of 42 CFR § 438.608.

- Implement policies and procedures that meet the requirements of the Deficit Reduction Act of 2005.

- Recognize through a formal policy that Medicaid is "the payer of last resort."

- Notify us when a change in circumstances may affect your eligibility to participate in the Medicaid Managed Care program.

- Report and promptly return to us any overpayment that you identify within sixty (60) days of identification.

# Fraud Prevention Programs

AmeriHealth Caritas
North Carolina

**As a network provider, you are responsible for reporting suspected fraud, waste and abuse issues. Report to ACNC in the following ways:**

- Fraud, Waste and Abuse Tip Line at **1-866-833-9718**, available 24/7 and allows for anonymous report.

- Emailing fraudtip@amerihealthcaritas.com

- Mailing a written statement to:

  **Special Investigations Unit**
  **AmeriHealth Caritas North Carolina**
  **200 Stevens Drive**
  **Philadelphia, PA 19113**

**Alternative ways to report:**

- NC Attorney General's Medicaid Investigations Division (MID)

- North Carolina Medicaid Division of Health Benefits

- Comprehensive list and information on reporting found on Fraud, Waste and Abuse.

# Advance Directives

**Federal regulations require that the following advance directives information be furnished by providers:**

- **Hospital** - At the time of the individual's admission as an inpatient.

- **Skilled Nursing Facility** - At the time of the individual's admission as a resident.

- **Home Health Agency** - In advance of the individual coming under the care of the agency. The home health agency may furnish information about Advance Directives to a patient at the time of the first home visit, as long as the information is furnished before care is provided.

- **Hospice Program** - At the time of initial receipt of hospice care by the individual from the program.

**More information:** North Carolina Advance Directives  on NCDHHS website

# ACNC Initiatives

Healthy Opportunities Pilots
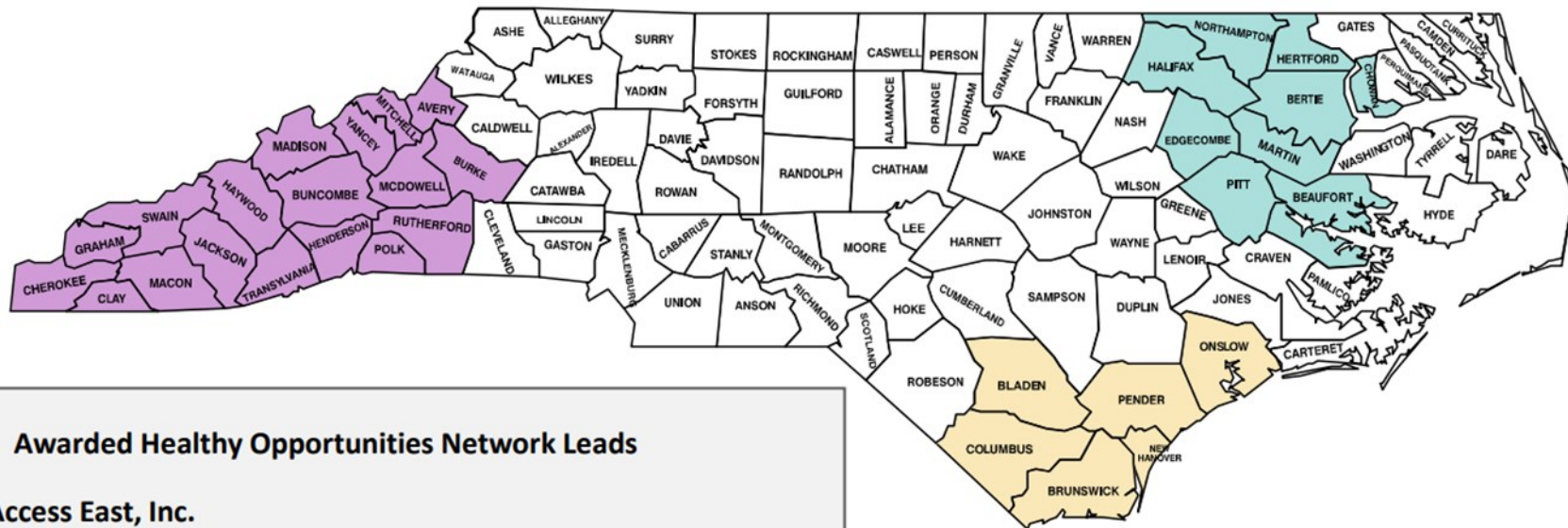Tobacco Cessation
ACNext Health Plan

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North Carolina

# Healthy Opportunities Pilots



**Network Leads (NLs), PHPs, and HSOs will work with communities in three geographic areas of the state to implement the Pilots, as approved by the federal government.**

**Awarded Healthy Opportunities Network Leads**

**Access East, Inc.**
Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt

**Community Care of the Lower Cape Fear**
Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender

**Impact Health**
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

NLs – Network Leads
PHP – Prepaid Health Plan
HSO – Health Services Organization

Graphic from NC DHHS website

# Tobacco-Free Policy and Cessation Programs

**AmeriHealth Caritas**
North Carolina

**Tobacco-Free Policy requirement for Providers to develop and implement by July 1, 2025.** Review the Provider Manual for additional specifics.

Counseling patients who smoke or vape to quit is a billable service under NC Medicaid:

- Include documentation in the medical record.

- Noting the intervention, patients' response and current status.

- Include follow-up plans and referrals.

- Modifiers are required on claim details.

- QuitLine NC e-Referral System

# AmeriHealth Caritas NEXT: (ACNext) North Carolina

A product of AmeriHealth Caritas North Carolina, Inc.

- Expanding its footprint to include **Alamance, Caswell, Person,** and **Vance** counties.

- Inquire - ProviderRecruitmentNext@amerihealthcaritas.com

- Launched January 1, 2022

- Available on and off the Health Insurance Marketplace®

- *Empower* those in need across their full life journey by providing a health insurance option for those who otherwise would have no access to health insurance coverage through their employer, Medicaid, or Medicare.

**We aim to continue to be there for our members as they transition out of Medicaid and can gain coverage through the Health Insurance Marketplace.**

# Coverage Area includes 35 current counties in North Carolina
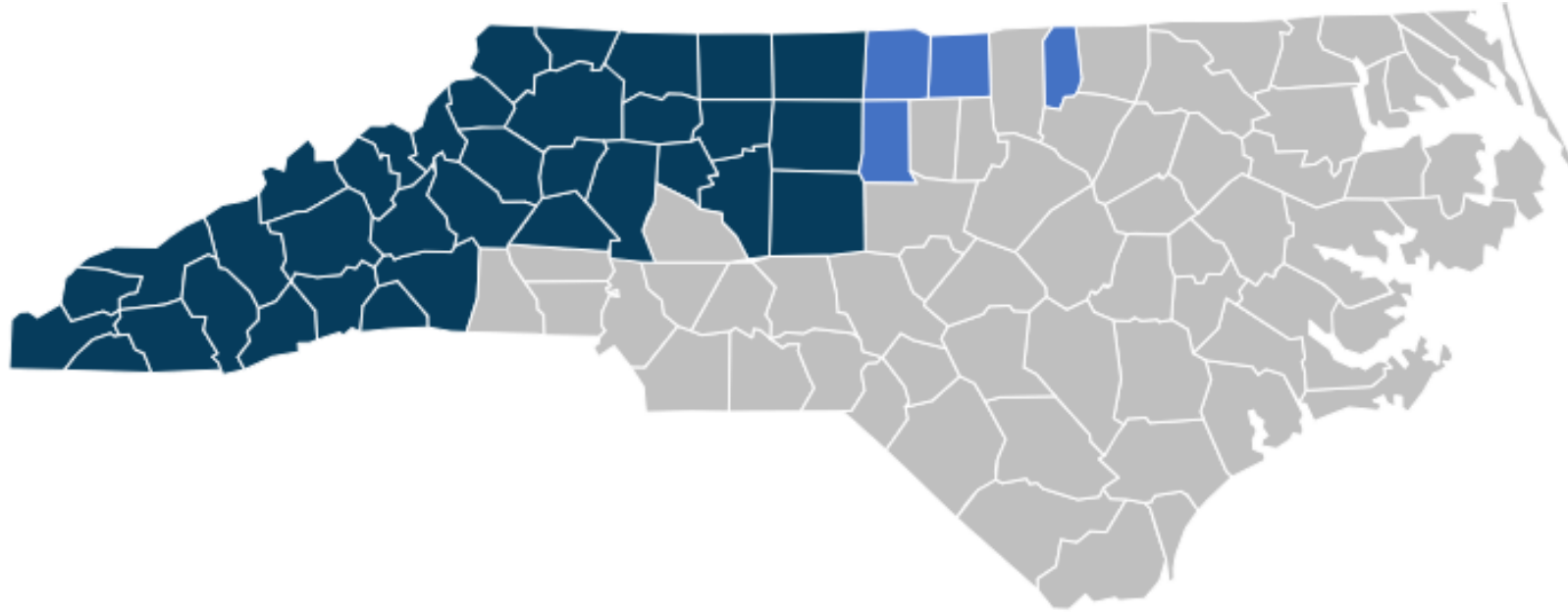


## Current AmeriHealth Caritas Next Counties

Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Davidson, Davie, Forsyth, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Randolph, Rockingham, Rutherford, Stokes, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin, Yancey

## New in 2025 AmeriHealth Caritas Next Counties

Alamance, Caswell, Person, Vance

# Featured Education

![AmeriHealth Caritas North Carolina logo]

# CLINICAL LEADERSHIP FORUMS

- Opportunity for providers to engage with our clinical leaders.
- Discuss quality improvement activities, local challenges, and best practices related to quality and population health outcomes.
- Virtual, open to providers across the state, and are held quarterly, the **third Wednesday** from **Noon to 1 p.m.**, in March, June, September and December each year.
- Check out the schedule and register for the series on our **Provider Training webpage**.

AmeriHealth Caritas
North Carolina

# Featured Education

**1. The National CLAS Standards:**

Culturally and Linguistically Appropriate Services in Health and Health Care were created to advance health equity, improve quality of care and eliminate health care disparities.

**2. Early Periodic Screening, Diagnostic and Treatment (EPSDT):**

PCPs are responsible for coordinating the medical needs of members according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule or upon request at other times in order to determine the existence of a physical or mental condition.

**3. Long Term Service and Supports (LTSS):**

Receiving LTSS is a very personal matter. ACNC has a person-centered approach that integrates and coordinates primary, acute and behavioral health care with LTSS.

**4. Tribes of North Carolina:**

Outlines the American Indian healthcare journey and services available under NC Medicaid.

**5. Provider Orientation Training:**

This training (currently taking or reviewing) is offered monthly within 30-days of joining the ACNC network.

**6. Registering for and Using NaviNet:** demonstration using NaviNet to determine member eligibility and benefits, locate care gaps reports, file a grievance or appeal, inquire about claims status, and how to handle prior authorizations online.

\* Please refer to the provider manual for a list of State trainings and attestation requirements.

# Featured Education

**7. Medicaid Expansion**

Since December 1, 2023, more North Carolinians can qualify for health care coverage through Medicaid.

**8. Non-Emergency Medical Transportation (NEMT)**

ACNC helps to ensure that our members have coordinated, timely, safe, clean, reliable, medically necessary transportation to and from North Carolina Medicaid and NC Health Choice-enrolled providers. Appointments can be scheduled through ModivCare. This short training explains how to arrange transportation for our members.

**9. Into the Mouths of Babes (IMB)**

One-hour Continuing Medical Education (CME) session. Step-by-step guide found at NCDHHS website. Required before submitting for reimbursement.

**10. North Carolina Integrated Care for Kids (NC InCK) and the Alternative Payment Model** Short training explaining the child-centered local service delivery structure and how integrated community-based services for children with an alternative payment model design improves outcomes.

**11. Submitting Electronic Claims**

ACNC accepts ANSI 5010 ASC X12 275 attachments (solicited and unsolicited) via our preferred vendor Change Healthcare. Spend 7 minutes and watch this self-paced Medical Attachments video on how to use the portal, making it easier to submit documentation with your claims.

**12. Support in Navigating Electronic Visit Verification (EVV)**

This webinar is an informal Q&A session specifically for the Home Health Providers that bill taxonomy code 251E00000X. These provides are required to bill with EVV.

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* Please refer to the provider manual for a list of State trainings and attestation requirements.

# AmeriHealth *Caritas*™

## North Carolina