

AmeriHealth Caritas North Carolina (ACNC) Provider Orientation Training

(3.7)

Let's Work Together

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



Delivering the Next
Generation
of Health Care

Overview

Mission and Vision

North Carolina Medicaid Managed Care Program

Medicaid Expansion

Resources for Working Together

Care Delivery Model

Together, We Can Improve Quality

Eligibility, Membership Benefits and Member Incentives

Alerting Us: Prior Authorizations and Notifications

Grievances and Appeals

Claims and Billing

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

Medicaid may be available to people who are:

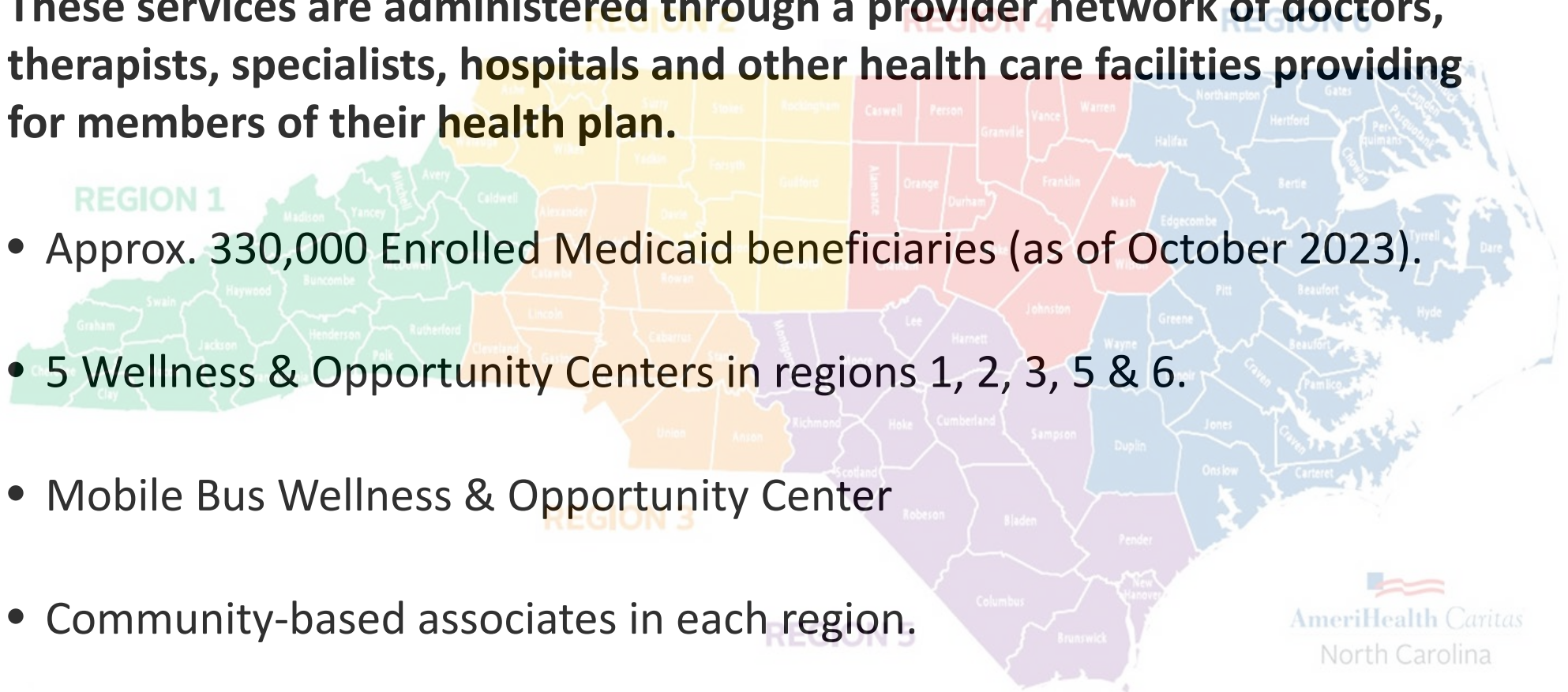
- Age 65 or older
- Blind or disabled
- Infants and children under the age of 21
- Pregnant
- Low-income individuals and families
- In need of long-term care
- Receiving Medicare

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

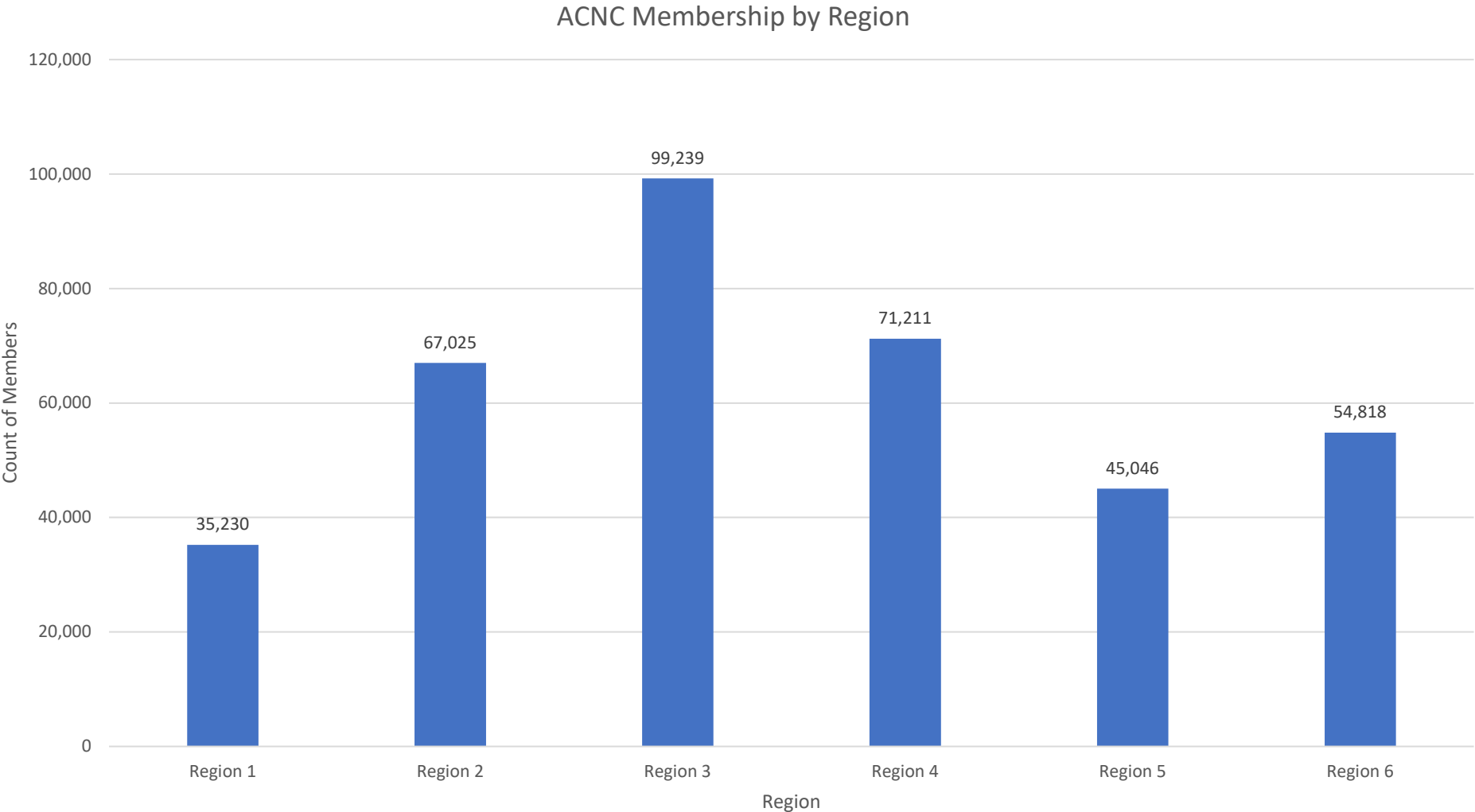
Standard Plan - Medicaid Managed Care

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. 330,000 Enrolled Medicaid beneficiaries (as of October 2023).
- 5 Wellness & Opportunity Centers in regions 1, 2, 3, 5 & 6.
- Mobile Bus Wellness & Opportunity Center
- Community-based associates in each region.
- Since May 2023, 70,000 contracted providers and provider groups.
- More than 400 associates state-wide.



ACNC Membership by Region



Membership data as of 2/12/24

Medicaid Expansion

What Providers need to know.

Content provided by the NC Department of Health and Human Services.



More North Carolinians Can Get Covered

Starting December 1, 2023, more North Carolinians can get health care coverage through Medicaid.

- North Carolina is providing health care coverage to more people through Medicaid.
- Medicaid will cover people ages 19 through 64 years with higher incomes.
- Individuals may be able to get Medicaid even if they didn't qualify before.
- Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to beneficiaries.

View a more in-depth presentation on our [website](#).

More North Carolinians will be eligible

Individuals will be eligible if they are **19 through 64 years old** AND their income is up to **138% of the Federal Poverty Level**.

| Household Size | Annual Income |
|----------------|---------------|
| Single Adults | ≤ \$20,120 |
| Family of 2 | ≤ \$27,214 |
| Family of 3 | ≤ \$34,308 |
| Family of 4 | ≤ \$41,402 |
| Family of 5 | ≤ \$48,496 |
| Family of 6 | ≤ \$55,590 |

Coverage through Medicaid lets members get the health care they need

Medicaid covers most health services, including but not limited to

- **primary care** so they can go to a doctor for a check-up or when they are not feeling well
- **hospital services** when they need to stay overnight (inpatient) or when they can go home the same day (outpatient)
- **maternity and postpartum care** if they are pregnant and after giving birth
- **vision and hearing services**
- **prescription drug benefits** to pay for their medicines
- **behavioral health**
- **preventive** and wellness services
- **devices** and other therapies

No changes for current Medicaid beneficiaries

If someone was eligible before, they are still eligible. Nothing changes for them.

| Group | Annual Income in 2023 (rounded) |
|--|---|
| Children | 211% of Federal Poverty Level 1 – \$30,800 2 - \$41,600 3 - \$52,500 |
| Pregnant Women | 196% of Federal Poverty Level 1 - \$28,700 2 - \$38,700 3 \$48,700 |
| Older Adults > 65 People with blindness People with disabilities *Asset limits also apply | 100% of Federal Poverty Level 1 - \$14,600 2 - \$19,700 |

Policy Levers to Ease Beneficiary Confusion and Provider Administrative Burden

| Policy Lever | Duration | Timeframe | |
|--|----------------------------------|---------------------|---|
| Honor Existing NC Medicaid Medical PAs | 182 days | 12/1/23 – 5/31/24 | This only applies to Medical Health services (physical, behavioral health and I/DD services) not Pharmacy |
| Honor Existing NC Medicaid Pharmacy PAs | 182 days (or the life of the PA) | 12/1/23 – 5/31/24 | |
| Allow Expedited PA Requests/Review for New Expansion Members | 182 days | 12/1/23 – 5/31/24 | TAT 72 hours This only applies to Medical Health services (physical, behavioral health and I/DD services) not Pharmacy |
| Non-Par Providers Paid at Par Rates | 182 days | 12/1/23 – 5/31/24 | This applies to all Medical (physical, behavioral health and I/DD services) providers and Pharmacy providers |
| Non-Par Providers Follow In-Network Prior Auth Rules | 91 additional days | 6/1/24 – 8/31/24 | This applies to all Medical (physical, behavioral health and I/DD services) providers and Pharmacy providers |
| Ability to Switch PCP Without Cause for All Members | 274 days | 12/1/23 – 8/31/2024 | Not limited to Expansion members, applies to <u>all</u> members |

Resources for Working Together



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

Provider-focused website

- [Claims and Billing Manual](#)
- [Homepage](#)
- [IRIS](#)
- [Medicaid Provider Quick Reference Guide](#)
- [NaviNet](#)
- [NCDHHS Resources and Updates](#)
- [Outpatient Specialized Therapy Guide](#)
- [Provider tools and resources](#)
- [Provider Training](#)
- [Provider Manual](#)
- [Provider Email Notices](#)

Searchable online tools

- [Medication Look Up Tool \(PDL\)](#)
- [Online Provider Directory](#)
- [Prior Authorizations Look Up](#)

| Providers |
|--|
| Claims and billing |
| NCDHHS resources and updates |
| Newsletters and updates |
| Pharmacy |
| Medication Lookup Tool |
| Provider resources |
| Clinical resources and policies |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) |
| Manuals, policies and forms |
| NaviNet Provider Portal |
| Prior authorizations |
| Provider Directory |
| Questions and answers |
| Training |
| Value-based programs |

Providers

Extra Benefits for Our Members

Visit [Extra Benefits](#) and [Member Benefits](#) for more information on the value-added services available for members.

Not a provider yet?

Join us, and together we can improve the lives of North Carolina's Medicaid members.

Become a participating provider

Already a provider?

We look forward to working with you to provide high quality health care to our members. Thank you for choosing us!

Provider Resources

Helpful resources

If you have questions, you can call AmeriHealth Caritas North Carolina Provider Services at **1-888-738-0004**.

- [Contact your Account Executive](#)

Provider Communications

October Provider Digest

AmeriHealth Caritas North Carolina (ACNC) is committed to providing the support you deserve. You will find the following topics in this October digest:

- [NC Medicaid Expansion Policy Flexibilities Announced](#)
- [Flu Shot Reward for Infants/Toddlers](#)
- [No Co-Pay Required for Adult Vaccine Administration](#)
- [Care Gap Closure Documentation Reminder](#)
- [2023 Provider Satisfaction Survey](#)
- [Timely Filing Requirement Announcement](#)

BENEFITS SPOTLIGHT

- [Member CARE Card Rewards Program](#)

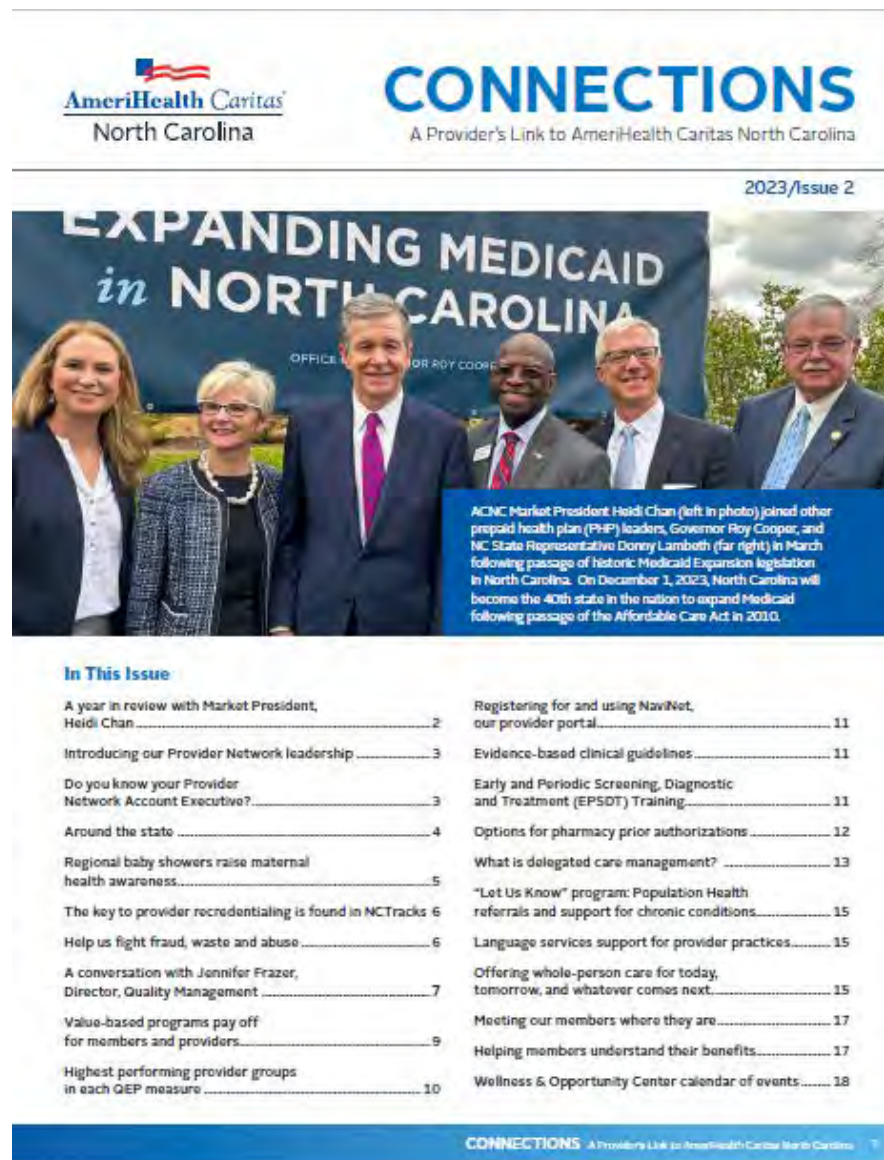
TRAININGS AND FORUMS

- [Childhood Health and Wellness Clinical Leadership Forum](#)
- [Registering for and Using NaviNet, Our Provider Portal](#)
- [Provider Orientation Held Monthly](#)
- [On-Demand Video Training: Electronic Claims and 275](#)

NC Medicaid Expansion Policy Flexibilities Announced

In preparation for the December 1 launch of Medicaid Expansion, North Carolina Department of Health and Human Services (NCDHHS) has announced policy flexibilities to ease beneficiary confusion and administrative burden on providers. NCDHHS may opt to extend any of these flexibilities after the designated time frame, based on plan operations, to ensure the stability of Medicaid operations for Expansion beneficiaries. Review the [September 25, 2023 NCDHHS bulletin](#) and [Frequently Asked Questions](#) for more information. Material in the chart below is subject to change based on NCDHHS guidance.

Sign Up for monthly Provider Digests via your AE or by requesting [HERE](#)



CONNECTIONS
A Provider's Link to AmeriHealth Caritas North Carolina

2023/Issue 2

EXPANDING MEDICAID in NORTH CAROLINA

OFFICE OF GOVERNOR ROY COOPER

ACNC Market President Heidi Chan (left in photo) joined other prepaid health plan (PHP) leaders, Governor Roy Cooper, and NC State Representative Donny Lambeth (far right) in March following passage of historic Medicaid Expansion legislation in North Carolina. On December 1, 2023, North Carolina will become the 40th state in the nation to expand Medicaid following passage of the Affordable Care Act in 2010.

In This Issue

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CONNECTIONS A Provider's Link to AmeriHealth Caritas North Carolina

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



The screenshot displays the 'Eligibility and Benefits for JOHN WALKER' page. It includes a 'Patient Details' section with fields for Name, Date of Birth, Address, and Insurance Information. A 'Benefits' table lists various services like Health Benefit Plan Coverage, Brand Name Prescription Drug, Chiropractic, Dental Care, Emergency Services, Generic Prescription Drug, Hospital, Hospital - Emergency Medical, Hospital - Inpatient, Hospital - Outpatient, Medical Care, Mental Health, and Pharmacy. A 'Professional (Physician) Visit - Office' section shows Co-Pay, Co-Insurance, and Deductible information.

| Eligibility and Benefits for JOHN WALKER | |
|--|--|
| Member Status: Active from 01/06/2015 to 12/31/2199 | |
| Benefits | Professional (Physician) Visit - Office |
| Health Benefit Plan Coverage | Co-Pay: \$0 |
| Brand Name Prescription Drug | Co-Insurance: 0% |
| Chiropractic | Deductible: \$0 per Calendar Year |
| Dental Care | |
| Emergency Services | |
| Generic Prescription Drug | |
| Hospital | |
| Hospital - Emergency Medical | |
| Hospital - Inpatient | |
| Hospital - Outpatient | |
| Medical Care | |
| Mental Health | |
| Pharmacy | |

NaviNet®

[Navinet.secure.force.com](https://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](#)



Care Delivery Model



Care Delivery Model

Advanced Medical Homes (AMHs)

Approximately **75-80%** of 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 ensure ALL members are receiving quality care management services and ACNC benefits, Registered Nurses oversee the care management services provided by these delegates.

Our 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)**

Together, We Can Improve Quality.



What is Quality Management?

Engages cross-functional teams to integrate 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).

- It is used by more than 90% of America's health plans.
- HEDIS® reviews are conducted at the same time every year.

Consumer Assessment of Healthcare Providers and Systems Survey

- Standardized questions and data collection protocols.
- Information can be compared across health care settings.
- Measures member experience within last six months:
 - their health plan
 - personal doctor
 - specialist services
 - overall general health

2024 Priority Measures



Childhood Immunization Status Combo 10 (CIS)

Well Child visits first 15 months and 15-30 months (W30)

Well care visits 3-21 years old (WCV), Immunizations for adolescents (IMA)

Early and Periodic screening Diagnostic and Treatment (EPSDT)

Lead Screening in Children (LSC), weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Developmental screening in first 3 years of life (DEV)

Oral evaluation, Dental Services (OEV)

Sealant Receipt on Permanent first molars (SFM)

Topical Fluoride for Children (TFL)

Invitation to Participate in Value-based Programs


ACNC promotes value-based care models that incentivize high-quality, cost-effective care over the traditional fee-for-service system.

Transforming provider compensation to a value-based structure can help increase opportunities for providers to better:

- **Integrate physical and behavioral health services**
- **Address the social determinants of health,**
- **Advance health equity**
- **Enhance patient and provider experiences**
- **Improve quality and efficiency outcomes**

**Total 2022 QEP PCP and BH Program Payments –
Paid out \$3,244,661.00**

Eligibility, Membership Benefits, and Incentives



AmeriHealth Caritas
North Carolina

Member name
[John L Doe]

AmeriHealth Caritas North Carolina ID
[XXXXXXXXXX]

State ID: **[XXXXXXXXXXXXXX]**

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.amerihhealthcaritasnc.com

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

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.

How to Verify Eligibility and Benefits

- 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](#)

Covered Behavioral Health Services

| Covered Behavioral Health Services | |
|---|---|
| Ambulatory detoxification services | Medically supervised alcohol and drug abuse treatment center detoxification, crisis stabilization |
| Diagnostic assessment services | Mobile crisis management services |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) authorized services | Nonhospital medical detoxification services and partial hospitalization |
| Facility-based crisis services for children and adolescents | Outpatient behavioral health services |
| Inpatient behavioral health services | Professional treatment services in a facility-based crisis program |
| Long Term Services and Supports (LTSS) | Research-based intensive behavioral health treatment for Autism Spectrum disorder |

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

Covered Emergency and Primary 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 and counseling and medical lactation services | Hospice |
| Durable medical equipment | Inpatient hospital services |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services | Laboratory and X-ray services |

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

Covered Emergency and Primary Services

| Covered Emergency and Primary Services | |
|---|---|
| Long Term Services and Supports (LTSS) | Physician services |
| Non-emergency medical transportation | Podiatry Services |
| Nursing facility services | Private duty nursing services |
| Obstetrics and gynecology and maternal support services | Respiratory care services |
| Ophthalmology and vision services | 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 |
| Physical and occupational therapy | |

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

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](#).

Long Term Services and Supports (LTSS)

- 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)

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

- Download, complete and fax the appropriate pharmacy prior authorization form to 1-877-234-4274
- Complete the [On-line](#) pharmacy prior authorization request form.
- 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



Member Rewards

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.
- [Extra Benefits: Value-Added Services Information](#) – members' non-medical needs.
- [NC Medicaid Managed Care Member Handbook](#) (October 2023)
- [Member](#) website for further information on CARE Card incentives.
- [Member Engagement and Community Outreach Team](#)
- [Wellness and Opportunity Center](#) events.
- [CARE Card Program](#)

Restrictions apply. See [Provider Manual](#) for details.

Alerting Us: Prior Authorizations and Notifications

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

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



What is a Provider Grievance?

Provider complaint or dispute over any aspect of the operations, activities, or behavior of AmeriHealth Caritas North Carolina, except for any dispute over 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.



Grievance Codes

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

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.)

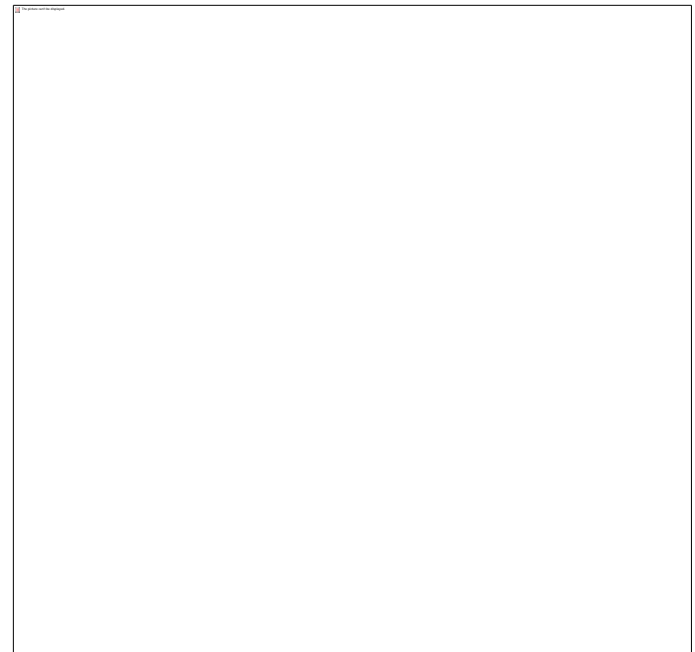
Grievance Codes that have an Appeal process are in green.

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.

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.



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.

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.**](#)

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:

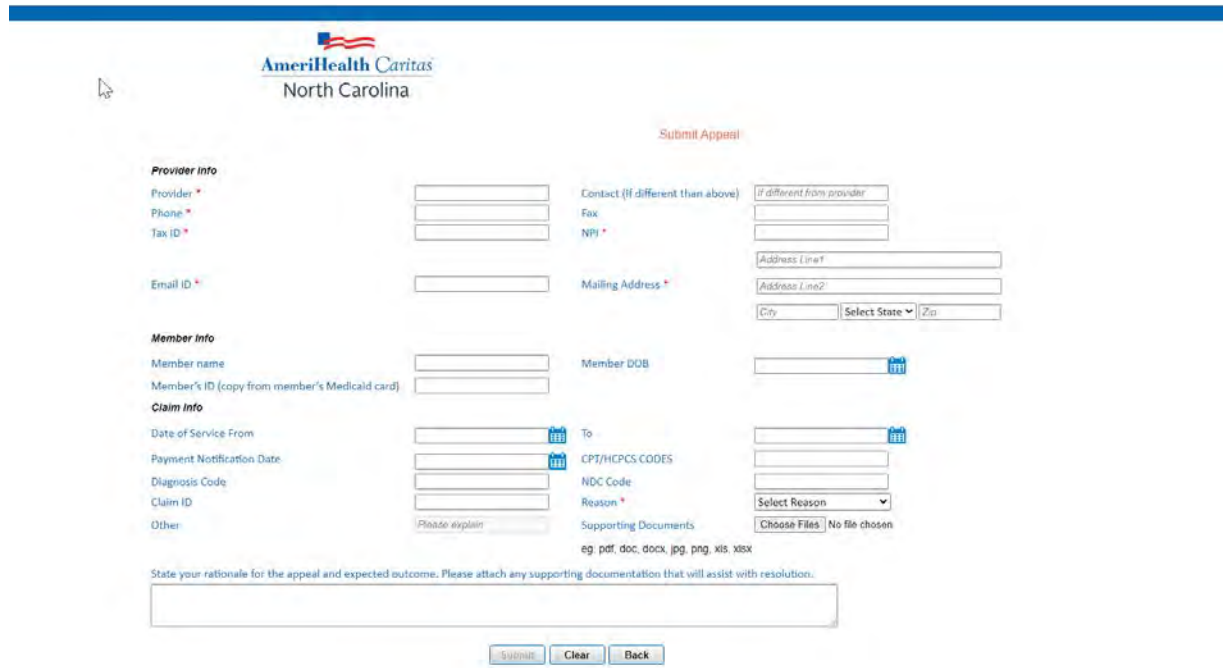
- A. The Provider received written notice from ACNC of the decision.
- B. ACNC should have taken a required action but failed to take such action.

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

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](#).



The screenshot shows the 'Submit Appeal' form on the AmeriHealth Caritas North Carolina website. The form is organized into several sections: Provider Info, Member Info, and Claim Info. Each section contains various input fields for text, dates, and selections. There are also checkboxes for 'If different from provider' and 'Please explain'. At the bottom, there is a large text area for the rationale and expected outcome, and buttons for 'Submit', 'Clear', and 'Back'.

AmeriHealth Caritas North Carolina

Submit Appeal

Provider Info

Provider *
Phone *
Tax ID *
Email ID *

Contact (if different than above) *If different from provider*
Fax
NPI *

Mailing Address *
Address Line1
Address Line2
City Select State Zip

Member Info

Member name
Member's ID (copy from member's Medicaid card)

Member DOB

Claim Info

Date of Service From To
Payment Notification Date CPT/HCPCS CODES
Diagnosis Code NDC Code
Claim ID 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

Grievance or Appeal Sample Submission Acknowledgement

https://q1-trm-we.amerihaitncaritas.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 *

Email ID * Address Line 1

Member Info

Member name

Member's ID (copy from member's Medical Card)

Claim Info

Date of Service From

Payment Notification Date

Diagnosis Code

Claim ID

Other

NDC Code

Reason *

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**

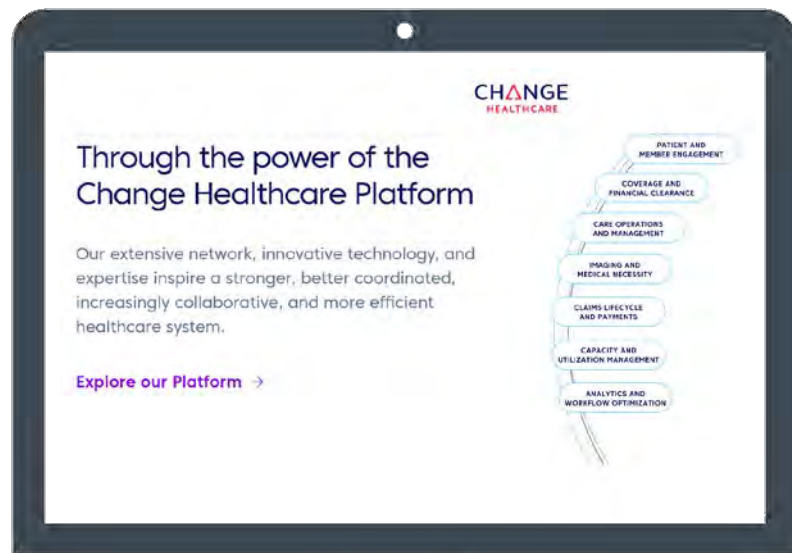
Claims and Billing



Claims and Billing

- [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.

CHANGE HEALTHCARE (PART OF OPTUM®) IS THE LARGEST HEALTH ADMINISTRATIVE NETWORK IN THE UNITED STATES THAT PROCESSES CLAIMS AND PHARMACY REQUESTS. THE ACNC CLEARINGHOUSE. (EDI 81671)



Change Healthcare partnered with ECHO® Health, Inc. for electronic payment solutions.

ECHO Health, Inc., was founded in 1997. Partners with Change Healthcare to provide the payment function.

ECHO Health, Inc.

1-888-834-3511

www.echohealthinc.com

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](#).

NaviNet - Claim Inquiry Adjustment

- 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 option 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.

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](#)



Provider Compliance



Definitions and Provider Compliance Responsibilities

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.

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

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

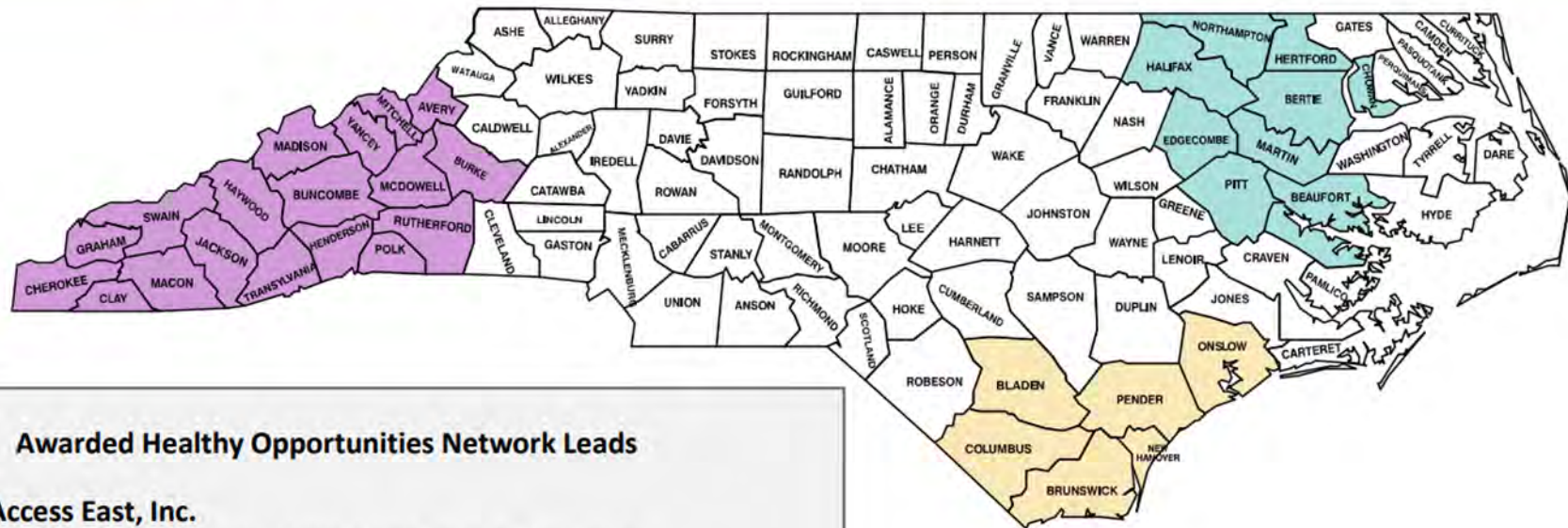
ACNC Initiatives

Healthy Opportunities Pilots
Tobacco Cessation



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

Tobacco-Free Policy and Cessation Programs

Tobacco-Free Policy requirement for Providers to develop and implement by April 1, 2024. 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](#)



Featured Education



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

Medicaid Expansion

Starting December 1, 2023, more North Carolinians can get health care coverage through Medicaid.

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.

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.

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.

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.



AmeriHealth *Caritas*TM

North Carolina

ACNC_19532741

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