AmeriHealth Caritas Next North Carolina **Provider Reference Guide**

www.amerihealthcaritasnext.com/nc

| Provider Services | 1-855-266-0219 Fax: 1-833-559-2262 | |
|--|---|--|
| Here is a partial list of the types of assistance you can expect from Provider Services: | | |
| Eligibility checking Claims status inquiry Electronic data interchange (EDI) technical support | Reporting demographic data changesFiling an informal complaint | |

AmeriHealth Caritas Next Member Services

Member Services (toll-free)...... 1-833-613-2262 (TTY 711)

Member Services is available Monday through Friday, 8 a.m. to 8 p.m.

Interpreter Services

1-833-613-2262

24/7 Behavioral health crisis lines

- Members experiencing a mental health crisis can call or text: HOPE4NC: **1-855-587-3463**, or text "hope" to **1-855-587-3463**
- 988 Suicide & Crisis Lifeline.

Pharmacy Services (PerformRx[™])

PerformRx Pharmacy Member Services

PerformRx Pharmacy Provider Services

Hours of operation: 8 a.m. to 6 p.m.

After hours, Saturdays, Sundays, and holidays, please call the 24/7 Pharmacy Member Services number at **1-844-211-0968**.

- Pharmacy prior authorization fax.....
 1-855-756-9901
- Formulary and forms......https://www.amerihealthcaritasnext.com/ nc/providers/forms/index.aspx

Bright Start[®] (maternity services)

1-833-643-2262 Fax: 1-844-411-0577

- Admission notification of obstetric deliveries and neonatal intensive care
- Referrals

Rapid Response and Outreach Team

1-833-643-2262 Fax: 1-844-411-0577

Call Monday through Friday, 8 a.m. to 5 p.m., for support with care coordination and member access to services, including care management and the Let Us Know program.

Mail Health Risk Assessment forms to: **AmeriHealth Caritas Next Rapid Response and Outreach Team** P.O. Box 7418 London, KY 40742-7418

www.amerihealthcaritasnext.com/nc

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

Emergency prior authorization

AmeriHealth Caritas Next does not require prior authorization for emergency services provided by network or non-network providers when a member seeks emergency care.

| Physical health utilization management | 1-833-702-2262 Fax: 1-844-412-7890 | |
|---|---------------------------------------|--|
| Prior authorization | | |
| Discharge planning | | |
| Behavioral health | 1-833-702-2262 | |
| prior authorization | Fax: 1-855-243-6352 | |
| | | |
| Evolent prior authorization | 1-800-424-4792 or www.radmd.com | |
| | | |
| | | |
| Concurrent review | 1-833-702-2262 Fax: 1-844-341-7647 | |
| Concurrent review | | |



Credentialing1-855-266-0219Arranging electronic claim submission and payment options.
AmeriHealth Caritas Next contracts with Change Healthcare for EDI.Electronic claims submission: Contact your practice management or EDI
vendor to arrange for electronic claims or remittance transmissions.
To submit claims directly to Change Healthcare, sign up for ConnectCenter at
1-800-527-8133, option 2.Electronic payment options
Change Healthcare partners with ECHO Health, Inc. to offer electronic
payment options. To sign up for electronic funds transfer, virtual credit card,
or MedPay, contact ECHO at 1-888-492-5579, option 2.• Electronic claims submission(EDI)

- Electronic funds transfer (EFT)
- · Electronic remittance advice(ERA)

EDI Technical Support

1-855-266-0219

Timely claims filing

In-network:

- · Original submission: no more than 180 days from date of service
- · Rejected claims: no more than 180 days from date of service
- · Denied claims: 365 days from date of service

Out-of-network:

• No more than 180 days from the date of service.

Claims submission

AmeriHealth Caritas Next electronic payer ID number: 83148

AmeriHealth Caritas Next Attn: Provider Claims Processing

P.O. Box 7412 London, KY 40742-7412

For detailed information, reference the AmeriHealth Caritas Next Claims Filing Instructions found at https://www.amerihealthcaritasnext.com/nc/ providers/claims-and-billing/claims-billing-payment.aspx.

Provider appeals (on behalf of a member)

Submit the appeal on behalf of a member.

Mail to: **AmeriHealth Caritas Next Attn: Provider Appeal (on behalf of a member)** P.O. Box 7415 London, KY 40742-7415

Fax:1-844-211-0973

Provider complaints and appeals

Providers are encouraged to settle complaints by phone or in person with their dedicated Account Executive, or by calling Provider Services at **1-855-266-0219**.

Submit complaints or appeals by mail to: **AmeriHealth Caritas Next Attn: Provider Complaints and Appeals** P.O. Box 7414 London, KY 40742-7414

Claims inquiry

If a provider has concerns regarding any claim issue, claims status information is available by:

- · Electronic claims submission (EDI)
- Opening a claims investigation via NaviNet, https://www.navinet.net, with the claims adjustment inquiry function
- CallingProviderServicesat 1-855-266-0219 and following the prompts
- · Calling your account executive for assistance

Claims disputes

Use one of the following methods to dispute a claim:

- Open a Claims Dispute via **https://www.navinet.net** using the Forms and Dashboards function in upper left-hand corner of the Plan Central Page.
- Complete the Provider Claim Dispute form found in the forms section of the website and send to:

AmeriHealth Caritas Next

Claim Dispute PO Box 7412

London, KY, 40742-7412

NaviNet

1-888-482-8057 https://www.navinet.net

Log on to **https://www.navinet.net** for web-based solutions for electronic transactions and information.

Other important contact information

https://www.ncdoi.gov/

 NCDOI mailing address: NCDOI 1201 Mail Service Center Raleigh, NC 27699-1201



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