# 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:		
<ul> <li>Eligibility checking</li> <li>Claims status inquiry</li> <li>Electronic data interchange (EDI) technical support</li> </ul>	<ul><li>Reporting demographic data changes</li><li>Filing an informal complaint</li></ul>	

# 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<sup>™</sup>)

#### 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<sup>®</sup> (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.<br/>AmeriHealth Caritas Next contracts with Change Healthcare for EDI.Electronic claims submission: Contact your practice management or EDI<br/>vendor to arrange for electronic claims or remittance transmissions.<br/>To submit claims directly to Change Healthcare, sign up for ConnectCenter at<br/>1-800-527-8133, option 2.Electronic payment options<br/>Change Healthcare partners with ECHO Health, Inc. to offer electronic<br/>payment options. To sign up for electronic funds transfer, virtual credit card,<br/>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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