# 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 changes
- Filing an informal complaint

#### **AmeriHealth Caritas Next Member Services**

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**

# Pharmacy Services (PerformRx<sup>SM</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® (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** prior authorization

1-833-702-2262 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

## Peer-to-peer

1-833-583-2262



Credentialing

1-855-266-0219

# Arranging 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
- Corrected claims: must be submitted within 365 days of the original 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
- Calling Provider Services at **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

North Carolina Department of Insurance (NCDOI)

......**1-855-408-1212** (toll-free)

https://www.ncdoi.gov/

NCDOI mailing address:

**NCDOI** 

1201 Mail Service Center Raleigh, NC 27699-1201



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