NORTH CAROLINA MEDICAID PROVIDER

QUICK REFERENCE GUIDE





PROVIDER SERVICES CONTACT NUMBER

Toll Free 1-833-552-3876

PROVIDER PORTAL

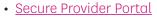
Website: provider.carolinacompletehealth.com

- · Patient care forms
- Prior-authorization needed tool
- Provider manual
- · Member resources
- Provider alert

- · Verify member eligibility
- · Access patient health records
- View patient gaps
- · Manage prior authorizations
- · Submit and manage claims
- · And more!

PRIOR AUTHORIZATIONS / NOTIFICATIONS

Use the Prior-authorization needed tool on the carolinacompletehealth.com website to determine if prior authorization is required. Submit prior authorizations via 3 ways:



• OR Fax: 1-833-238-7694

• OR Provider Services: Toll Free 1-833-552-3876

MEMBER SERVICES / ELIGIBILITY

Check member eligibility via:

- Secure Web Portal
- OR Provider Services: Toll Free 1-833-552-3876

CLAIMS / EDI

Timely Filing guidelines: 365 days from date of service. Claims can be submitted via:

- Secure Web Portal
- Clearinghouses: EDI Payor ID 68069
- Mail paper claims to:

Carolina Complete Health Attn: Claims, PO Box 8040

Provider Service

Farmington, MO 63640-8040







CLAIM RECONSIDERATIONS AND GRIEVANCES

Timely Filing:

- Claim reconsideration: Contracted providers must submit claim reconsiderations within 365 calendar days from the date of the EOP or ERA.
- Claim grievance: Must be filed within 30 calendar days from the date of the EOP or ERA.

Claim reconsiderations and grievances can be filed in one of the following ways:

- Secure Provider Portal
- Mail Claims Reconsideration/Grievance Form to: Carolina Complete Health

Attn: Medicaid Claims Reconsiderations/Disputes Department OR Attn: Claims Grievances PO Box 8040, Farmington, MO 63640-8040

PHARMACY

Outpatient Pharmacy and Home Infusion Therapy Prior Authorizations may be submitted via:

- CoverMyMeds Portal: www.covermymeds.com/ main/prior-authorization-forms/
- Phone: 1-833-585-4309 • Fax: 1-833-404-2393

The Preferred Drug List, Prior Authorization Criteria, and forms can be found by visiting:

https://network.carolinacompletehealth.com/ <u>pharmacy</u>

PHARMACY, CONTINUED

Physician Administered Drug Program (PADP) off-label requests may be submitted for a case-by-case review

- Secure Provider Portal
- Fax: 1-833-465-1703

NURSE LINE

Main Call Center Member Services Toll Free 1-833-552-3876

BEHAVIORAL HEALTH CRISIS

Behavioral Health Crisis Line (24 hours, 7 days/week) Toll Free 1-855-798-7093

TRANSPORTATION

ModivCare can assist with arranging Non-Emergency Transport to and from medical appointments or medically related services.

ModivCare: Toll Free 1-855-397-3601

INTERPRETER SERVICES

For assistance with the following interpreter services. Language Line:

Toll Free 1-866-998-0338 Account Number 13982 Medicaid PIN #6329

ID CARDS



Name/Nombre: JANE Q. SAMPLE Member ID#: XXXXXXXXXXXXX Date of Birth/Fecha de Nacimiento: MM/DD/YYYY

Effective/Efectivo a partir de: MM/DD/YYYY MEMBER PORTAL/PORTAL PARA AMH/PCP Name/Nombre del AMH/PCP:

XXXXXXXX AMH/PCP Address/Dirección del AMH/PCP: Medicaid

XXXXXXXX

AMH/PCP: XXX-XXX-XXXX

1701 North Graham St. Suite 101 Charlotte, NC 28206

RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5480

AFILIADOS:

CarolinaCompleteHealth.com

AMH/PCP Phone Number/Número de teléfono del

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. Some services are carved out. A full list of benefits can be found

Providers: Call 1-833-552-3876 for

in the Member Handbook at CarolinaCompleteHealth.com.

Members/Afiliados:

24/7 Nurse Advice Line / Línea de consejo de enfermería que atiende 24/7 Call 1-855-798-7093 for Behavioral Health Crisis Line / Línea de crisis de salud mental

Provider Service Line - Prescriber Service Line - Prior Authorization

Pharmacy Help Desk: 1-833-992-2785 Pharmacy Prior Authorization: 1-833-585-4309

Pharmacy Paper Claims: PO Box 989000, West Sacramento, CA 95798 All Medical Claims: Carolina Complete Health, PO Box 8040, Farmington, MO 63640-8040

IMPORTANT CONTACT INFORMATION / INFORMACIÓN IMPORTANTE DE CONTACTO

Call 1-833-552-3876 (TTY: 711) for Member Services / Servicios para afiliados

Si sospecha que un médico, clínica, hospital. servicio de atención médica en el hogar o cualquier otro tipo de proveedor médico está cometiendo fraude contra Medicaid, infórmelo. Llame al 1-919-881-2320. Algunos servicios están excluidos. Puede encontrar una lista completa de beneficios en el Manual para

afiliados de CarolinaCompleteHealth.com.

PATIENT CARE GAPS

Find recommended services that a member has not completed.

- 1. Visit the Secure Provider Portal.
- Review patient information for any gaps in care.
- Plan to address care gaps during future appointments.