

# NORTH CAROLINA MEDICAID PROVIDER QUICK REFERENCE GUIDE



## PROVIDER SERVICES CONTACT NUMBER

Toll Free 1-833-552-3876



## PROVIDER PORTAL

Website: [provider.carolinacompletehealth.com](https://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](https://carolinacompletehealth.com) website to determine if prior authorization is required. Submit prior authorizations via 3 ways:

- [Secure Provider Portal](#)
- 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/](http://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/pharmacy>

## PHARMACY, CONTINUED

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

- [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



1701 North Graham St, Suite 101  
Charlotte, NC 28206

Name/Nombre: JANE Q. SAMPLE  
Member ID#: XXXXXXXXXXXX  
Date of Birth/Fecha de Nacimiento: MM/DD/YYYY  
Effective/Efectivo a partir de: MM/DD/YYYY  
AMH/PCP Name/Nombre del AMH/PCP: XXXXXXXX  
AMH/PCP Address/Dirección del AMH/PCP: XXXXXXXX  
AMH/PCP Phone Number/Número de teléfono del AMH/PCP: XXX-XXX-XXXX

RXBIN: 004336  
RXPCN: MCAIDADV  
RXGRP: RX5480

MEMBER PORTAL/PORTAL PARA AFILIADOS:  
CarolinaCompleteHealth.com

Medicaid

### IMPORTANT CONTACT INFORMATION / INFORMACIÓN IMPORTANTE DE CONTACTO

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

**Providers:** Call 1-833-552-3876 for  
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

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 in the Member Handbook at [CarolinaCompleteHealth.com](http://CarolinaCompleteHealth.com).

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](http://CarolinaCompleteHealth.com).

## PATIENT CARE GAPS

Find recommended services that a member has not completed.

1. Visit the [Secure Provider Portal](#).
2. Review patient information for any gaps in care.
3. Plan to address care gaps during future appointments.