NORTH CAROLINA MEDICAID PROVIDER

QUICK REFERENCE GUIDE

carolina complete health

PROVIDER SERVICES CONTACT NUMBER

Toll Free 1-833-552-3876

PROVIDER PORTAL

Providers may use Availity Essentials or the Carolina Complete Health (CCH) Secure Portal:

CCH Secure Provider Portal: provider.carolinacompletehealth.com
Availity Essentials: www.availity.com/

- Submit and manage claims
- Manage prior authorizations
- Verify member eligibility
- Prior-authorization needed tool
- Provider manual
- Member resources
- 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:

- Secure Provider Portal or Availity Essentials
- *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 Availity Essentials
- *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 or Availity Essentials
- Clearinghouses: EDI Payor ID 68069
- Mail paper claims to:

> Carolina Complete Health
> Attn: Claims, PO Box 8040
> Provider Service
> Farmington, MO 63640-8040

CLAIM DISPUTES AND APPEALS

Timely Filing:

- **Claim Disputes**: Contracted providers must submit claim disputes within 90 calendar days from the date of the EOP or ERA.
- **Claim Appeals**: Must be filed within 60 calendar days from the original authorization decision date.

Claim Disputes and Appeals can be filed in one of the following ways:

- Secure Provider Portal
- Mail Claims Disputes and Appeals Form to:
  Carolina Complete Health
  Attn: Medicaid Claim Disputes/Appeals Department
  PO Box 8040, Farmington, MO63640-8040

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/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 1-844-784-8906

TRANSPORTATION

Medical Transportation Management (MTM) 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

carolina complete health.

MEDICAID ID#: [012345678901]
EFFECTIVE DATE: [MM/DD/YYYY]

Member: [Member Full Name]

Member Portal

Plan: Medicaid
Member Date of Birth: [MM/DD/YYYY]
AMH/Primary Care Provider Name:
[AMH Group Name]
[AMH Address Line 1]
<AMH Address Line 2>
[Provider City], [Provider State] [Zip]
AMH/PCP Phone: [1-XXX-XXX-XXXX]

Carolina Complete Health
[1701 North Graham St., Suite 101]
[Charlotte, NC 28206]

RXBIN: [003858]
RXPCN: [MA]
RXGRP: [2ERA]

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carolinacompletehealth.com
For a full listing of details of carved out services, see your member handbook.

Member Services	[1-833-552-3876] (TTY: 711)
24/7 Nurse Advice Line	[1-833-552-3876] (TTY: 711)
24/7 Behavioral Health Line	[1-855-798-7093] (TTY: 711)
Provider Services	[1-833-552-3876] (TTY: 711)
Pharmacist Only	[1-833-750-4461] (TTY: 711)
Pharmacy Prior Auth	[1-833-585-4309] (TTY: 711)

If you suspect a doctor, clinic, hospital, home health services or any other kind of medical provider is committing Medicaid fraud, report it. Call **[1-919-881-2320]**.
All Medical Claims: [Carolina Complete Health, PO Box 8040, Farmington, MO 63640-8040]. **Pharmacy Paper Claims:** [P.O. Box 989000, West Sacramento CA 95798]
FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room

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.