Carolina Complete Health Provider Orientation

Confidential and Proprietary Information

General Information

- View the PHP Streamlined Orientation
  - Recording
  - Slides available through Education and Training: https://network.carolinacompletehealth.com/resources/education-and-training.html
- Access on-demand recorded CCH Orientation Modules
  - https://network.carolinacompletehealth.com/resources/on-demand-new-provider-orientation.html
- Attest to your attendance
  - https://www.surveymonkey.com/r/CCHNPO

Carolina Complete Health Orientation

General Overview

- Who We Are – North Carolina's Provider Led Plan
- Provider Engagement and Relations Support

Important Information

- Website and Secure Portal
- Value Added Services
- Grievances and Appeals
- Prior Authorizations
- Claims
- Provider Compliance Training
- Clinical Policy and Quality Committees
- Specialty Companies and Vendors
- Cultural Competency Resources

Wrap Up

Legal Disclaimer

Please note that contractual terms may include exceptions to the information referenced. Refer to your specific agreement terms for more information.

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Overview

Our Mission

To transform the health of our community, one person at a time.

North Carolina's Only Physician-Led Medicaid Plan

A joint venture between Centene Corporation, the North Carolina Medical Society (NCMS), the North Carolina Community Health Center Association (NCCHCA) and the individual practitioner shareholders in the CCH Network to collaborate on a patient-focused, provider-led approach to Medicaid Transformation.

A first-of-its-kind partnership
Carolina Complete Health is the result of a collaboration between the North Carolina Medical Society, the North Carolina Community Health Center Association, and Centene Corporation.

Provider-led
We give doctors and FQHCs (Federally Qualified Health Centers) a voice in key policymaking. We believe providers are essential to Medicaid Transformation and are committed to helping providers remain strong and viable, especially important during the pandemic.

Patient-centered
Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.

Carolina Complete Health Partners

North Carolina Medical Society

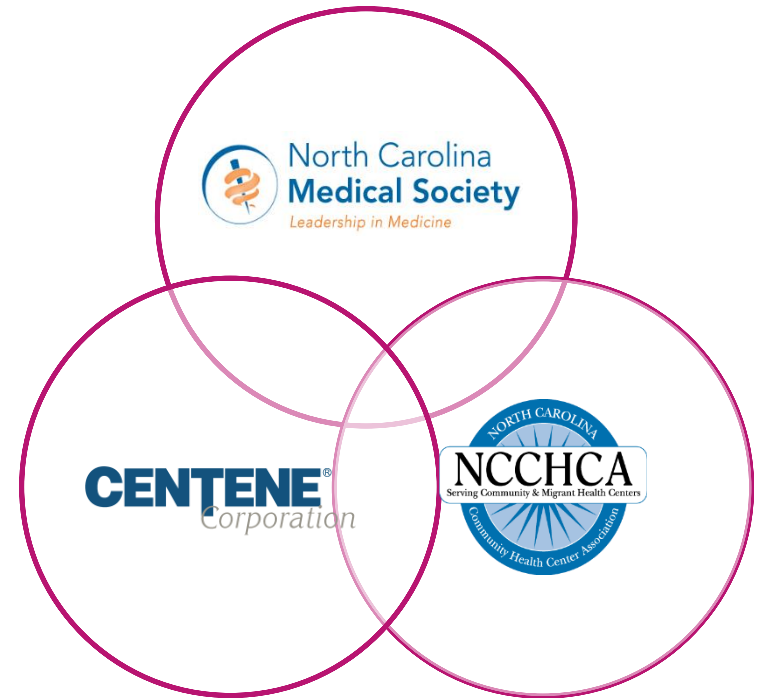
- Approximately **10,000** members
- Leading health policy in North Carolina
- Engaged in practice transformation and provider recruitment strategies
- Advocating for medically underserved and rural populations

North Carolina Community Health Center Association

- **42** health center grantees and look-alike organizations
- Serving over **631,000** underinsured and uninsured
- **300** clinical sites across 84 North Carolina counties

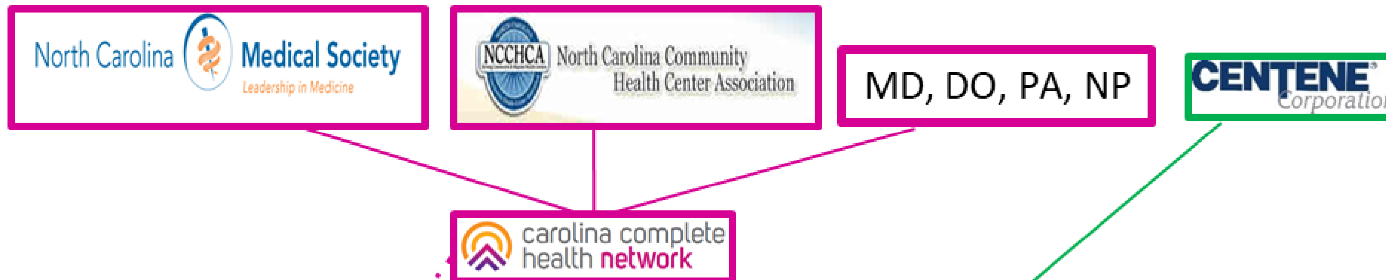
Centene Corporation

- **Fortune 50** company with over 30 years' Medicaid experience
- Operates health plans in **50** states
- Over **24 million** members with Medicaid, Medicare, and ACA Marketplace
- Building new East Coast Headquarters in Charlotte



Provider-led Structure

Physician Leadership



CENTENE Corporation

Board of Directors

Initial: 3 docs … selected by NCMS

Post closing: 5 docs, 2 Centene, 2 Community Leaders … elected by CCHN shareholders

CCH Holding Co. Partnership

Management Committee
2 CCHN, 8 Centene
2+2 cmte nominates CCH Board

Board of Directors
8 docs, 4 Centene, 3 Community Leaders

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Carolina Complete Health Network

WHO WE ARE In May 2016, Carolina Complete Health Network, Inc. was formed to ensure that physicians treating Medicaid beneficiaries in North Carolina have a physician-led, sustainable mechanism to provide Medicaid managed care services

WHAT WE DO Working in partnership with organizations that have demonstrated success in value-based Medicaid services, we are building and operating a physician-led provider network that uses data-driven, outcome-based models-of-care to serve Medicaid beneficiaries in North Carolina

TOGETHER IN PARTNERSHIP WITH CAROLINA COMPLETE HEALTH

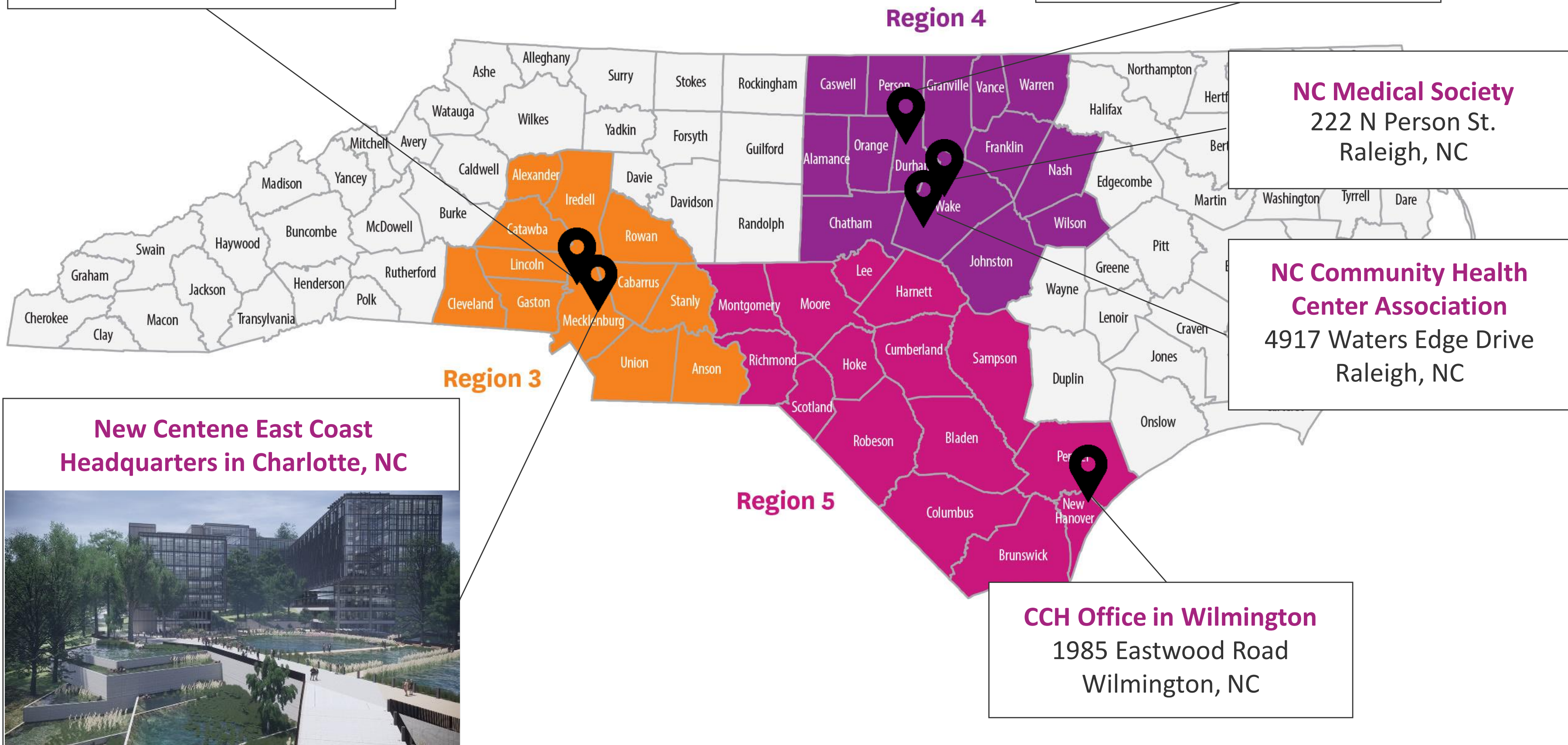
OUR MISSION

- Provide state-of-the-art care to Medicaid beneficiaries resulting in better health at lower cost
- Empower healthcare professionals to optimize care that is outcome-driven, evidence-based, and cost-effective
- Engage healthcare professionals caring for Medicaid beneficiaries in developing best practices and medical policies

OUR FUTURE OWNERS Together the North Carolina Medical Society, Community Health Centers, physicians, physician assistants, and nurse practitioners delivering health care to North Carolina Medicaid beneficiaries

CCHN has filed an offering statement with the Securities and Exchange Commission (SEC) regarding the offering of its securities. The SEC has qualified the offering statement, which only means that CCHN may make sales of the securities described by the offering statement. It does not mean that the SEC has approved, passed upon the merits or passed upon the accuracy or completeness of the information in the offering statement. You may obtain a copy of the offering circular that is part of that offering statement at cch-network.com/invest-in-cchn/sec-filings.html. You should read the offering circular before making any investment.

A Commitment to North Carolina



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Getting Acquainted

KEY CONTACT INFORMATION

PROVIDER RELATIONS AND SUPPORT PHONE

1-833-552-3876

PROVIDER RELATIONS AND SUPPORT EMAIL

networkrelations@cch-network.com

ONLINE

www.network.carolinacompletehealth.com

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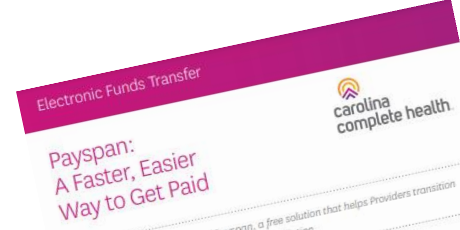
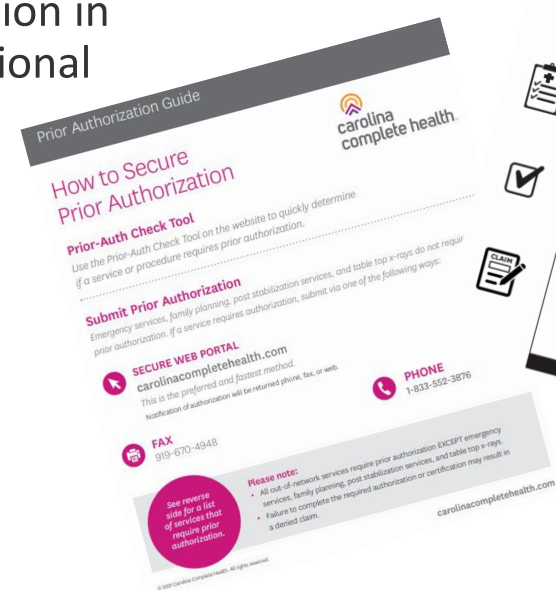
Provider Welcome Toolkit

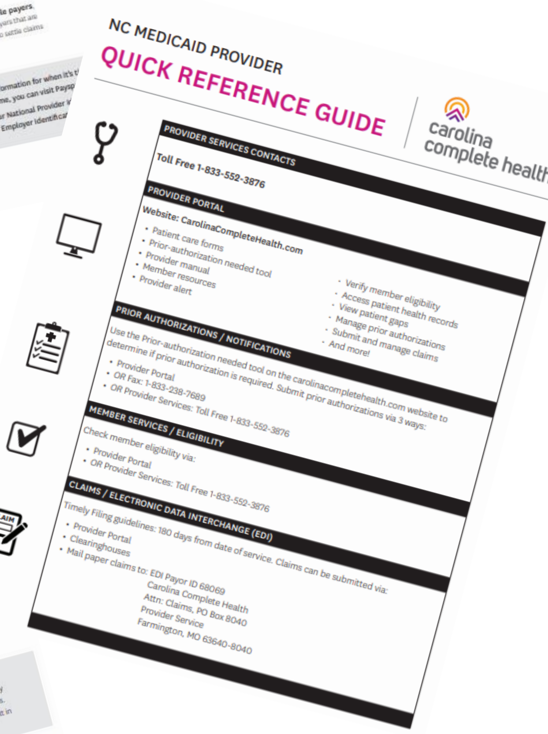
During onboarding, you will receive a provider toolkit. Our tool kit contains useful information for getting started as a Carolina Complete Health provider.

While we'll cover some of that information in this presentation, your toolkit has additional information including:

- Secure Portal Guide
- Payspan Guide
- Prior Authorization Guide
- Quick Reference Guide







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Provider Relations – Provider Support

Provider Support

- First line of defense
- Provider support triage
- Claims, billing, & payment questions, denials
- Contracting questions
- Roster updates
- Credentialing
- Provider Directory
- PA & Coverage Questions
- General questions
- JOC collaboration/support
- Collaboration/partnership with PE team
- Provider Payment Inquiries (Payspan)

PE – Corporate Connections

(Hospital-based Health Systems)

PE - Independents

(Advanced Medical Homes and Local Health Departments)

- Boots on the ground visits
- Provider Education
- Provider Orientation
- Provider Portal Questions
- Care Gap Closure
- P4P & VBP
- Innovation & Transformation
- Performance, Data & Reporting
- Quality, HEDIS
- AMH oversight partnership with CCH
- Coding & Best Practices
- Practice Support
- JOC Meetings
- Stakeholder Meetings
- Collaboration with community partners (SOCs, AHEC, specialty societies, etc;)
- Medical Policy Advisory work
- CIN/ACO Support
- Provider-led customized analytics

Provider Relations and Support

The **Carolina Complete Health Network Provider Relations and Support** team includes trained Provider Relations staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:

- Credentialing/Network status
- Claims
- Request for adding/deleting physicians to an existing group
- Secure Portal registration and Pay Span
- Inquiries related to administrative policies, procedures, and operational issues
- Contract Questions

By calling **Carolina Complete Health** Provider Relations and Support at **1-833-552-3876** providers will be able to access real time assistance for all their service needs

You can also email Provider Relations and Support: networkrelations@cch-network.com

Provider Engagement

Each **Advanced Medical Home and Hospital/Health System** will have a Carolina Complete Health Network Provider Engagement Coordinator assigned to provide boots on the group support with:

- Provider education and orientation
- HEDIS/care gap reviews
- Financial analysis on P4P or risk arrangement in VBC
- Innovation and Transformation
- AMH oversight in partnership with CCH
- EHR utilization
- Facilitate inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns

Your Provider Engagement Team

Provider Engagement – Specializing in Independent Advanced Medical Homes

Donetta Godwin
Sr. Director of Provider Engagement
dgodwin@cch-network.com

Jesse Hardin
Head of Stakeholder Excellence
jhardin@cch-network.com

Debbie Naylor
Manager, Provider Engagement
dnaylor@cch-network.com

Esha Patel
Provider Engagement Coordinator- Region 3
epatel@cch-network.com

Will Bradley
Provider Engagement Coordinator- Region 3
wbradley@cch-network.com

Tiffany Richberg-Holloway
Provider Engagement Coordinator- Region 4
tholloway@cch-network.com

Nora Guerra
Provider Engagement Coordinator- Region 4
nguerra@cch-network.com

Amanda Fisher
Provider Engagement Coordinator- Region 5
afisher@cch-network.com

Your Provider Engagement Team

Corporate Connections – Specializing in Health Systems & Hospitals

Audrey Wallace
Manager, Corporate Connections
awallace@cch-network.com

Christian Gragg
Senior Provider Engagement Coordinator
cgragg@cch-network.com

Andre Gonzales
Provider Engagement Coordinator
agonzales@cch-network.com

Jennifer Sherrill
Provider Engagement Coordinator
jsherrill@cch-network.com

Beth Story
Provider Engagement Coordinator
bstory@cch-network.com

Chandra Green
Provider Engagement Coordinator
cgreen@cch-network.com

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Website, Secure Portals, and Tools

Carolina Complete Health Website

www.carolinacompletehealth.com

Home For Members For Providers Find A Provider Member Login 1-833-552-3876 search

Contrast On Off a a a

FOR MEMBERS | FOR PROVIDERS | ABOUT US | CONTACT US

Welcome to Medicaid Managed Care

Choose the plan you can rely on!

Welcome to Carolina Complete Health

At Carolina Complete Health, we've got you and your family covered with the Medicaid benefits you need – from doctor visits and hospitalization to preventive services and prescription drug coverage.

Carolina Complete Health Website: For Providers

www.network.carolinacompletehealth.com

Home | For Members | Contact Us | Help STAT! | Pre-Auth Tool | Provider Portal Login

Contrast On Off

Search for...

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JOIN THE NETWORK | RESOURCES | ABOUT US | PROVIDER UPDATES

Join the Network | Resources | Updates

Web-Based Tools

- Web-Based Tools
  - Public site at www.carolinacompletehealth.com
  - For Providers: network.carolinacompletehealth.com

- Provider information for medical services
  - Prior Authorization tool
  - Forms
  - CCH's plan news
  - Clinical guidelines
  - Provider bulletins
  - Contract request forms
  - Provider Engagement contact information

- **Carolina Complete Health is committed to enhancing our web-based tools and technology, provider suggestions are welcome!**
  - https://www.surveymonkey.com/r/CCHWEBSITE

Provider and Billing Manuals

- The Manuals includes a wide array of important information relevant to providers including, but not limited to:
  - Network information
  - Billing guidelines
  - Claims information
  - Regulatory information
  - Key contact list
  - Quality initiatives
  - And much more!
- Both can be found in the Manuals and Forms section of Provider Resources on the CCHN Website: https://network.carolinacompletehealth.com/resources.html
- You will be notified of updates via notices posted on our website and/or in Explanation of Payment (EOP) notices.

2021 Provider Manual

carolinacompletehealth.com

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2021 Provider Billing Manual

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Secure Provider Portal

Secure Provider Portal:

- Beneficiary eligibility & patient listings
- Health records & care gaps
- Prior Authorizations
- Claims submissions & status
- Payment history
- Monthly PCP cost reports
- ...and more!

https://provider.carolinacompletehealth.com/

Or simply use the 'Login' button on the upper right hand corner of our Provider website

Registration is free and easy - contact your provider network specialist to get started!

Features | Join Our Network | CREATE ACCOUNT

The Tools You Need Now!
Our site has been designed to help you get your job done.

Login
User Name (Email)
name@domain.com
Password
Login
Forgot Password / Unlock Account

Check Eligibility
Find out if a member is eligible for service.

Authorize Services
See if the service you provide is reimbursable.

Manage Claims
Submit or track your claims and get paid fast.

Need To Create An Account?
Registration is fast and simple, give it a try.
Create An Account

How to Register
Our registration process is quick and simple. Please click the button to learn how to register.
Provider Registration Video
Provider Registration PDF

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Insightful PCP Reports

- PCP reports available on CCH's secure provider web portal are generated on a monthly basis and can be exported into a PDF or Excel format
- **PCP Reports include**:
  - Patient List with HEDIS Care Gaps
  - Emergency Room Utilization
  - Rx Claims Report
  - High-Cost Claims

Interactive Voice Response (IVR) System

Call 1-833-552-3876 from any touch tone phone and follow the appropriate menu options to reach our automated beneficiary eligibility-verification system twenty-four (24) hours a day

Beneficiary Functionality

- Verify PCP demographic information
- Obtain benefit information such as office, emergency, inpatient and outpatient co-payments
- Check claims status

Provider Functionality

- Verify beneficiary demographic information
- Check claim status
- Obtain benefit information such as office, emergency room, inpatient and outpatient coverage, long-term care, and community services
- Obtain co-payment information when checking beneficiary eligibility
- Connect to care coordinators and referral specialist
- Connect with our vendors who supply medically necessary covered services

Non-Emergency Medical Transportation

ModivCare - NEMT

Carolina Complete Health can arrange and pay for member transportation to and from appointments for Medicaid-covered services.

How to Get Non-Emergency Transportation:
Call ModivCare, Carolina Complete Health's transportation provider, up to 30 days before the appointment to arrange for round-trip transportation. There is no limit to the number of trips during the year between medical appointments, healthcare facilities, or pharmacies.

ModivCare Support Numbers:

- **855-397-3601**: Member Reservations
- **855-397-3604**: Provider Line (Non-Emergency Ambulatory Transportation and other transportation subcontractors)
- **855-397-3606**: Facility Line (for Dialysis Centers and other facilities with high utilizing members)

For more information, visit our Transportation Services Page under Resources

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Value Added Services

Value-Added Services (VAS)

Up to $75 per year per child for educational support including backpack with school supplies OR online tutoring (Pre-K-12).

Up to 14 weeks of Weight Watchers including online tools for members age 13+ meeting BMI eligibility requirements.

Up to $100 per year to support new mothers with car seat, diapers, diaper bag, OR breast pump. Plus home visits for high-risk pregnancies.

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Value-Added Services (VAS)

Up to $75 per year per child for after school youth sports/activities including YMCA and Boys & Girls Club (age 6-18).

Up to $75 per year Healthy Rewards card for healthy activities.

Up to $120 per year for approved healthy foods at Walmart® Eligibility requirements apply.

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Value-Added Services (VAS)

Cell phone with 250 minutes per month with free calls and texts for eligible members. Eligibility requirements apply.

Up to $120 per year per household for over-the-counter products such as Tylenol, first aid supplies, and cold medicine.

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Specialty Referrals and Prior Authorizations

Specialty Referrals

When a member need to visit a specialist know that:

- Carolina Complete Health educates them to seek care or consultation with their Primary Care Provider (PCP) first
- When medically necessary care is needed beyond the scope of what a PCP provides, PCPs should initiate and coordinate the care members receive from specialist providers
- ***Paper referrals are not required for members to seek care with in-network specialists***

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How to Secure a Prior Authorization

Emergency services, family planning, post stabilization services, and tabletop x-rays do not require prior authorization.

Use the Prior-authorization needed tool on the network.carolinacompletehealth.com website to determine if prior authorization is required (Available on 07/01/21)

Need a Prior Authorization? It can be requested in the following three ways

1. Secure Web Portal
   This is the preferred and fastest method
   network.carolinacompletehealth.com
   Login in the upper right-hand corner

2. Phone
   1-833-552-3876

3. Fax*
   Medical PA Fax: **1-833-238-7694**
   BH Inpatient Fax: **1-833-596-2768**
   BH Outpatient Fax: **1-833-596-2769**
   Pharmacy PA Fax: **1-866-399-0929**

*There is a specific standardize fax form available online

Is Prior Authorization Needed?

- Use the **Pre-Auth Needed Tool** to quickly determine if a service or procedure requires prior authorization.
- Will be available on the provider section of the Carolina Complete Health website

Are Services being performed in the Emergency Department?

YES ☐ NO ☑

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	○	◉
Is the member having observation services?	○	◉
Are anesthesia services being rendered for pain management or dental surgeries?	○	◉
Is the member receiving hospice services?	○	◉
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	○	◉

Enter the code of the service you would like to check:

69436 | Check

N No | **69436** - TYMPANOSTOMY GEN ANES
No authorization required.

https://network.carolinacompletehealth.com/resources/prior-authorization.html

Service Requiring Prior Authorization

All out-of-network (non-par) services and providers require prior authorization, *excluding emergency services, family planning, post stabilization services, and table top x-rays*

Ancillary Services

- Air Ambulance Transport (non-emergent fixed wing airplane)
- DME purchases costing $500 or more or rental of $250 or more
- Home healthcare services including home hospice, home infusion, skilled nursing, personal care services, and therapy
- Orthotics/Prosthetics billed with an "L" code costing $500 or more or rental of $250 or more
- Hearing Aid devices including cochlear implants
- Genetic Testing

Inpatient Services

- All elective/scheduled admissions at least 5 business days prior to the scheduled date of admit (including deliveries) Note: Normal newborns do not require an authorization unless the level of care changes or the length of stay is greater than normal newborn
- All services performed in out of network facility
- Hospice care
- Rehabilitation facilities
- Skilled nursing facility
- Transplant related support services including pre-surgery assessment and post-transplant follow up care
- Notification for all Urgent/Emergent Admissions:
- Within one (1) business day following date of Admission Newborn Deliveries must include birth outcomes

Procedures/Services

- All procedures and services performed by out-of-network providers (except ER, urgent care, family planning, and treatment of communicable disease)
- Potentially Cosmetic including but not limited to:
    - bariatric surgery, blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures
- Experimental or investigational
- High Tech Imaging (i.e. CT, MRI, PET)
- Hysterectomy
- Oral Surgery
- Pain Management

**This list is not all-inclusive. Use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization.*

Confidential and Proprietary Information

PA, Notification, and Determination Timeframes

Service Type	Timeframe
Scheduled service delivery date	Prior Authorization required at least five (5) business days prior to the scheduled admission date or as soon as the need for service is identified
Emergent inpatient admissions (including observation)	Notification within one (1) business day of the admission for ongoing concurrent review and discharge planning

Authorization Type	Timeframe
Standard service authorization	Within two (2) business days from receipt of necessary medical information and notification within one (1) business day after the decision is made
Urgent/Expedited	For urgent/expedited requests, a decision and notification is made within twenty-four (24) hours of the receipt of the request.

Refer to your CCH Provider Manual for more details on PA, notification, and determination timeframes

Prior Auth Forms and Guides

network.carolinacompletehealth.com/forms

Prior Authorization Form (PDF)

- Prior Authorization Tip Sheet (PDF)
- Behavioral Health UM Prior Authorization Guidelines (PDF)
  - For Behavioral Health, please see state bulletin regarding COVID-19 flexibilities for specifics related to BH prior authorizations.
- Applied Behavioral Analysis Outpatient Treatment Request Checklist (PDF)

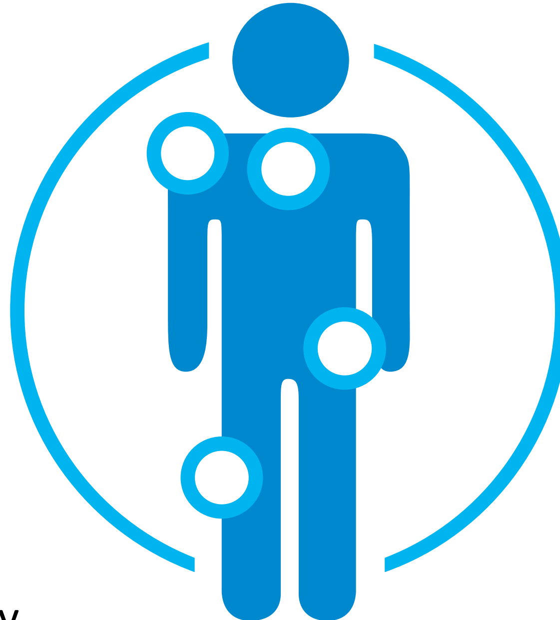
NIA’s Prior Authorization Program

Carolina Complete Health will use National Imaging Associates, Inc. (NIA) to provide the management and prior authorization of **non-emergent, advanced, outpatient imaging services.**

Effective July 1, 2021: Any services rendered on and after July 1, 2021 will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

Procedures Requiring Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Myocardial Perfusion Imaging
- Stress Echocardiography
- Echocardiography



Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Room

NIA's Prior Authorization Program

Item	Key Point(s)
RadMD Access & Features	▪ **Prior authorization requests can be made online at: www.RadMD.com** ▪ RadMD Website – Available 24/7 (except during maintenance) ▪ Request authorization (ordering providers only) and view authorization status ▪ Upload clinical information ▪ View NIA's Clinical Guidelines ▪ Frequently Asked Questions ▪ Quick Reference Guides ▪ Checklist ▪ RadMD Quick Start Guide ▪ Claims/Utilization Matrices ▪ View and manage Authorization Requests with other users (Shared Access) ▪ Requests for additional Information and Determination Letters ▪ Clinical Guidelines ▪ Other Educational Documents To sign up for RadMD Go to: **www.RadMD.com** Click the New User button and set up a unique username/account ID and password for each individual user in your office. NIA-Carolina Complete Health educational documents: **www.RadMD.com**
NIA Provider Relations Support	▪ For provider relations questions, concerns, auth issues, please contact Tony Salvati at 1-800-450-7281 ext. 75537 **or alsalvati@magellanhealth.com**

Please visit NIA's website for Carolina Complete Health to download policies and procedures specific to both ordering providers and imaging facilities. These include quick reference guides and FAQs. You can also view information designed to assist you in using the RadMD Website to obtain and check authorizations

Medical Management

- Carolina Complete Health Med Mgmt department hours are Monday through Friday 8AM-5PM

Medical Management

Phone: 1-833-552-3876

Fax: 1-833-238-7689

Medical Necessity Appeal:

Carolina Complete

PO Box 8040 Farmington, MO 63640-8040

Medical Necessity

As found in your Product Attachment to your Agreement:

- **Medically Necessary Services (also referred to as Medical Necessity)** — means those Covered Services that are, under the terms and conditions of the State Contract, determined through Health Plan or Payer utilization management to be:
  - appropriate and necessary for the symptoms, diagnosis or treatment of the condition of the Covered Person;
  - provided for the diagnosis or direct care and treatment of the condition of Covered Person enabling the Covered Person to make reasonable progress in treatment;
  - within standards of professional practice and given at the appropriate time and in the appropriate setting;
  - not primarily for the convenience of the Covered Person, the Covered Person's physician or other provider; and
  - the most appropriate level of Covered Services, which can safely be provided.
- Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing. **The determination is based on medical information provided by the beneficiary, the beneficiary's family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the beneficiary.** All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.
- **CCH has adopted utilization review criteria developed by McKesson InterQual® products to determine medical necessity for healthcare services.**

Claims

Claims

Clean Claim

- A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment

Exceptions

- If a claim meets the definition above, but either of the following circumstances apply, it will not be considered a clean claim
  - A claim for which fraud is suspected
  - A claim for which a third party resource should be responsible

How to Submit a Claim

The timely filing deadline for initial claims is 180 calendar days from the Date of Service, or in the case of a health care provider facility, within one hundred eighty days after the date of the member's discharge from the facility.

Claims may be submitted in 3 ways:

1. **The Secure Provider Portal located on:** https://network.carolinacompletehealth.com/
2. **Electronic Clearinghouse**
   Three clearinghouses for Electronic Data Interchange (EDI) submission.
   Carolina Complete Health Medical Payer ID **68069**
   - Availity
   - Change HealthCare (Formerly Emdeon)
   - Ability
3. **Mail**
   Carolina Complete Health
   Attn: Claims
   PO Box 8040
   Farmington MO 63640-8040

Timely Filing Guidelines

Initial Filing	**180 calendar days from the date of service (Professional)**
Initial Filing	**180 calendar days from the date of discharge (Hospital)**
Coordination of Benefits (Carolina Complete Health as secondary)	365 calendar days from the primary payer’s determination
Claims Adjustments	180 calendar days from the date of the EOP or ERA
Claims Complaint/Grievance	30 calendar days from the date of the incident's original remit date
Claims Appeal	30 calendar days from CCH's Health Notice of Action filing

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Provider Payments

- Clean claims will be resolved (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim
- Nursing facility and hospice clean claims will be resolved (finalized paid or denied) within 30 days, following receipt of the claim

Medicaid Managed Care Transition
Claims Payout Schedule Update

Carolina Complete Health AMH payments are paid out on:	20th of Every Month (Beginning July 20, 2021)

Claim Type	First Claim Payment	First Claim DOS	Future Forward
Envolve Vision	July 8, 2021	July 1 - 7, 2021	Weekly, Wednesday
NIA	July 13, 2021	July 1 - 9, 2021	Weekly, Monday and Thursday
Medical	July 13, 2021	July 1 - 9, 2021	Weekly, Monday and Thursday
Pharmacy	July 14, 2021	July 1 - 7, 2021	Weekly, Wednesday

Confidential and Proprietary Information

Claims Payment: Electronic Funds Transfer

To contact Payspan: Call 1-877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm est.

Payspan offers monthly training sessions for providers covering the following topics:

- How to Register with Payspan (New User)
- How to Add Additional Registration Codes to an Existing Payspan Account
- How to navigate through the Payspan web portal
- How to view a payment
- How to find a remit
- How to change bank account information
- How to add new users

Electronic Funds Transfer

Payspan: A Faster, Easier Way to Get Paid

Carolina Complete Health offers Payspan, a free solution that helps Providers transition into electronic payments and automatic reconciliation.

Improve cash flow by getting payments faster

Settle claims electronically through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)

Maintain control over bank accounts by routing EFTs to the bank account(s) of your choice

Match payments to advices quickly and easily re-associate payments with claims

Manage multiple payers, including any payers that are using Payspan to settle claims

Eliminate re-keying of remittance data by choosing how you want to receive remittance details

Create custom reports including ACH summary reports, monthly summary reports, and payment reports sorted by date

Payspan will be available 30 days before implementation

Please keep this information for when it's time to set up our Payspan account. At this time, you can visit Payspanhealth.com and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

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1-833-552-3876
carolinacompletehealth.com

Additional Claims Information

- Additional information can be found in the Billing Manual https://network.carolinacompletehealth.com/resources/claims-and-billing.html

- For more information please contact:
    - Centene EDI Department
    - 1-800-225-2573, extension 25525
    - e-mail: EDIBA@centene.com

Confidential and Proprietary Information

Provider Claims Complaint & Appeals

- Providers must exhaust the Claim Complaint Process prior to pursing the Claims Appeal Process.
- The Provider Claim Complaint/Claim Appeal Form is located under Manuals and Forms: https://network.carolinacompletehealth.com/resources/manuals-and-forms.html
- The Provider Claim Complaint/Appeal Form is used if a claim has been processed and a Medicaid Remittance Advice has been issued from Carolina Complete Health.
- A response to an approved adjustment will be provided by way of check with an accompanying Explanation of Payment (EOP)
- Filing a Claims Complaint/Claims Appeal:

  Carolina Complete Health
  Attn: Appeals and Grievances
  P. O. Box 8030
  Farmington, MO 63640-8030

Claims Submissions on the Portal

carolina complete health

Eligibility Patients Authorizations Claims Messaging Help

Bruce Provider

Viewing Authorizations For: TIN 1234567890 Plan Type Carolina Complete Health GO

What you need to know about COVID-19

Quick Eligibility Check for Carolina Complete Health

Member ID or Last Name: 123456789 or Smith
Birthdate: mm/dd/yyyy
Check Eligibility

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
$	01/08/2021	MARKY MARK	U008MOE01111
$	01/08/2021	OSCAR ISAACS	U008MOE02222
$	01/08/2021	PRINCE ALI	U008MOE03333
$	01/08/2021	DAVY JONES	U008MOE04444

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >

Recent Activity

Date
Activity

Claims Submissions on the Portal

carolina complete health

Eligibility | Patients | Authorizations | Claims | Messaging | Help

Bruce Provider

Viewing Claims For:

TIN: 12345678

Plan Type: Medicaid

GO

Upload EDI | Create Claim

Claims | Individual | Saved | Submitted | Batch | Recurring | Payment History | My Downloads | Claims Audit Tool

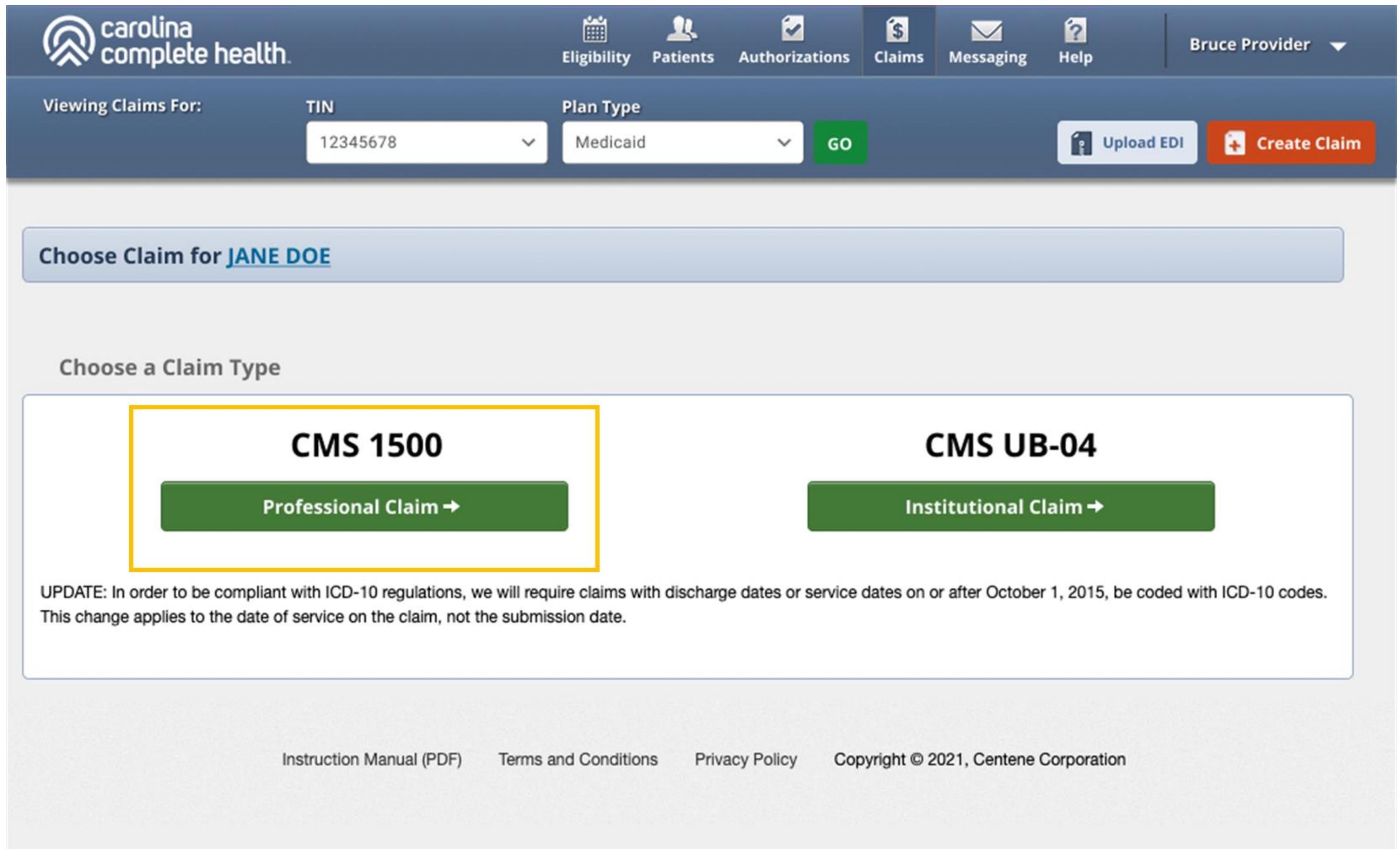
Claims: Recent

Search: Date Range : 12/11/2020 **to** 01/11/2021 Change dates

Filter | Search

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS
T350MOE12345	Institutional	Jane Doe	12/11/2020 - 12/11/2020	$572.00 / $292.11	Paid
T350MOE12346	Institutional	Jane Doe	12/11/2020 - 12/11/2020	$432.00 / $219.11	Denied
T350MOE12347	CMS-1500	Vanessa Hudgens	12/11/2020 - 12/11/2020	$665.00 / $354.11	Paid
T350MOE12348	CMS-1500	Zendaya Coleman	12/11/2020 - 12/11/2020	$432.00 / $219.11	Paid
T350MOE12349	CMS-1500	Chris Evans	12/11/2020 - 12/11/2020	$572.00 / $292.11	Denied
T350MOE12350	CMS-1500	Sarah Doe	12/11/2020 - 12/11/2020	$665.00 / $354.11	Paid

Claims Submission- Professional



Claims Submission – Professional

- In the General Info section, populate the Patient's Account Number, and other information related to the patient's condition by typing into the appropriate fields.
- Then click Next, and follow the prompts to add diagnosis codes, coordination of benefits information, and other required information.

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Eligibility Patients Authorizations Claims Messaging Help Bruce Provider

Viewing Claims For: TIN 12345678 Plan Type Medicaid GO Upload EDI Create Claim

Professional Claim for JANE DOE

THIS SECTION:
General Info
Information about the dates of the claim.

Next →

*Required fields

Patient's Account Number* 123456789

Statement Dates From 12/11/2020 To 12/11/2020

Date of current illness, Injury, Pregnancy (LMP) Select Type... 12/11/2020

CMS 1500 Question #26
Enter the provider's billing account number.

26

14.

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Claims Submission - Professional

- If you have medical records or other documentation that needs to be attached to the claim, submit it using the Attachments screen. You may use the Browse button to attached any documents pertinent to the claim. If you have no attachments, you may skip this section.

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Eligibility Patients Authorizations Claims Messaging Help Bruce Provider

Viewing Claims For: TIN 12345678 Plan Type Medicaid GO Upload EDI Create Claim

Professional Claim for JANE DOE

THIS SECTION:

Attachments

Add attachments to the claim (30MB limit).

Supported types are .jpg, .tif, .pdf and .tiff

Back If there are no attachments, click Next. Next

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File * Choose File No file chosen

Attachment Type* Select Type... Attach

Claims Submission - Professional

- Your final step is to review the entire claim. Once you have confirmed that everything is correct, click the green Validate button, then Submit button

Professional Claim for JANE DOE

THIS SECTION:

Review

Please review your claim and submit.

Back

This claim is eligible for Real Time Editing and Pricing.
Please click on the Validation button to proceed to the next step.

Validate

Almost done!

You can go back to review your claim or submit now.

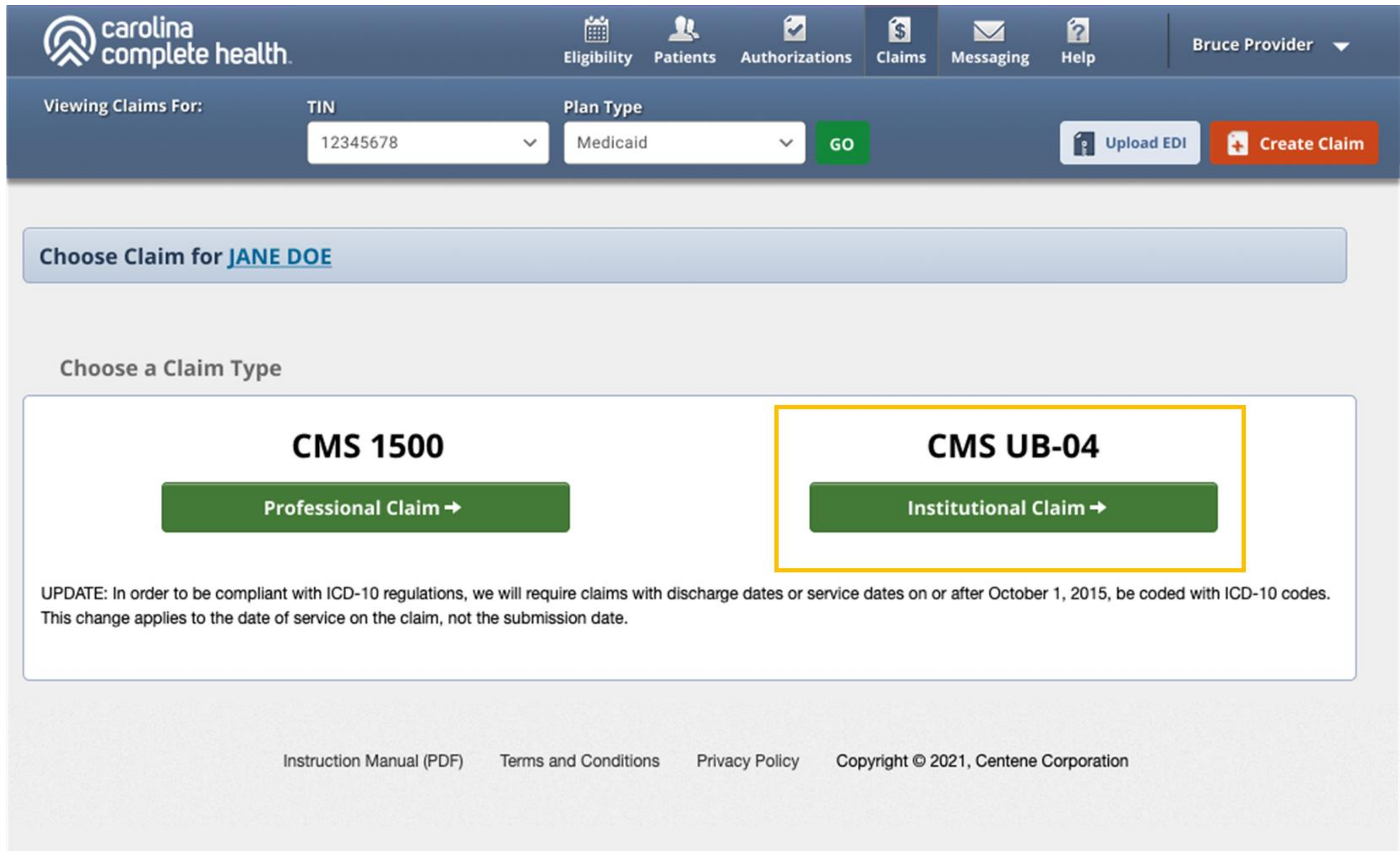
Claim Id: 826118383

Member Record Number: 299732775
Member Claim Amount Paid:
Patient's Account Number: 34343

General Info Edit

Statement From Date: 12/01/2020
Statement To Date: 12/01/2020
Date of current Illness, Injury, Pregnancy (LMP):
Other Date:
Hospitalized From:
Hospitalized To:
Additional Claim Information:
Outside Lab?: No
Outside Lab Amount:
Prior Authorization Number:

Claims Submission - Institutional



Claims Submission - Institutional

- In the General section, populate the admission and condition code information. The fields displayed here reflect those on a UB-04 form.
- Then click Next, and follow the prompts to reflect the Billing Provider, Pay-to Provider, and Attending Provider, etc, and then click Next.

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Eligibility Patients Authorizations Claims Messaging Help

Bruce Provider

Viewing Claims For: TIN 12345678 Plan Type Medicaid GO

Upload EDI Create Claim

Institutional Claim for JANE DOE

Your Progress

THIS SECTION:

General Info Enter Information for the Admission and Condition Codes

*Required fields

Next →

Patient Control #* 123456789 3.a

Medical Record # 123456789 3.b

Type Of Bill* Select... 4.

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Claims Submission - Institutional

- In the Service Lines section, enter the information about the services provided.
- Click **Save/Update**, and to add a new service line click the **+ New Service Line** button on the left to add additional service lines.
- Click the **Next** button.

carolina complete health
Eligibility Patients Authorizations Claims Messaging Help
Bruce Provider
Viewing Claims For: TIN 12345678 Plan Type Medicaid GO
Upload EDI Create Claim

Professional Claim for JANE DOE

THIS SECTION:
Service Lines Enter maximum of 97 service lines.

Back Next

Total: $0.00
Non-Covered: $0.00
New Service Line
Your added service lines will appear here.

* Required field.
Save / Update
Add New Service Line

Revenue Code 0XXX e.g. 867... Lookup 42.
HCPS / Rate / HIPPS Code XX.XX 44.

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Claims Submission - Institutional

- If you have medical records or other documentation that needs to be attached to the claim, submit it using the Attachments screen. You may use the Browse button to attached any documents pertinent to the claim. If you have no attachments, you may skip this section.

carolina complete health

Eligibility Patients Authorizations Claims Messaging Help Bruce Provider

Viewing Claims For: TIN 12345678 Plan Type Medicaid GO Upload EDI Create Claim

Institutional Claim for JANE DOE

THIS SECTION:

Attachments Add attachments to the claim (30MB limit). Supported types are .jpg, .tif, .pdf and .tiff

Back If there are no attachments, click Next. Next

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File * Choose File No file chosen

Attachment Type* Select Type...

Attach

There are no attached files.

Claims Submission - Institutional

- Your final step is to review the entire claim. Once you have confirmed that everything is correct, click the green Submit button

carolina complete health

Eligibility Patients Authorizations Claims Messaging Help

Bruce Provider

Viewing Claims For: TIN 12345678 Plan Type Medicaid GO

Upload EDI Create Claim

Institutional Claim for JANE DOE

THIS SECTION:

Review

Please review your claim and submit.

Back

This claim is not eligible for Real Time Editing and Pricing.
Please click on Submit to process the claim.

Submit

Almost done!

You can go back to review your claim or submit now.

Claim Id: 826118383

General Info Edit

Patient Control #: **1234567890**
Medical Record #: **UBUIVSS**
Type of Bill: **111**
Statement From Date: **01/10/2021**
Statement To Date: **01/10/2021**

Claims Submission – Batch Claims

- Batch claims can be submitted through the portal by selecting the **Claims** tab at the top of the home page.
- On the claims landing page, select **Upload EDI**.

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Eligibility | Patients | Authorizations | Claims | Messaging | Help | Bruce Provider

Viewing Claims For: TIN 12345678 | Plan Type Medicaid | GO | Upload EDI | Create Claim

Claims | Individual | Saved | Submitted | Batch | Recurring | Payment History | My Downloads | Claims Audit Tool

Claims: Recent

Search: Date Range : 12/11/2020 **to** 01/11/2021 Change dates | Filter | Search

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS
T350MOE12345	Institutional	Jane Doe	12/11/2020 - 12/11/2020	$572.00 / $292.11	Paid
T350MOE12346	Institutional	Jane Doe	12/11/2020 - 12/11/2020	$432.00 / $219.11	Denied
T350MOE12347	CMS-1500	Vanessa Hudgens	12/11/2020 - 12/11/2020	$665.00 / $354.11	Paid
T350MOE12348	CMS-1500	Zendaya Coleman	12/11/2020 - 12/11/2020	$432.00 / $219.11	Paid
T350MOE12349	CMS-1500	Chris Evans	12/11/2020 - 12/11/2020	$572.00 / $292.11	Denied
T350MOE12350	CMS-1500	Sarah Doe	12/11/2020 - 12/11/2020	$665.00 / $354.11	Paid

Claims Submission – Batch Claims

- Once on the Batch Claims Upload screen, follow the instructions. There is a Companion Guide and FAQ included if you have any questions.

peach state health plan

Eligibility | Patients | Authorizations | Claims | Messaging | Bruce Provider

Viewing For : TIN 590855412 Plan Type Medicaid GO

Batch Claims Upload

1. Check your codes: ISA05 = ZZ, ISA06 = WebBatch or WEBBATCH, ISA07 = 30, ISA08 = 421406317, GS02 = WebBatch or WEBBATCH, GS03 = 421406317. For additional EDI information, please refer to Resources.

2. File Type: 837I | 837P

Please choose a file format of .dat, .edi, or .txt no larger than 5MB.

3. Upload File: Choose File No file chosen

File name should be 50 chars or less and should not contain any of the following special characters: ~!@#$%^&*()?/{}[]"\|,+:; and be 50 characters or less.

4. Submit

Resources

Please note that we currently accept formatted 837 claims files only. We apply HIPAA level 5 edits. If you are not familiar with generating or submitting an 837 file, please use a clearinghouse or our single claims submission module. We are continually developing new claims submission tools to allow you other formats by which to submit claims to use directly both individually and in bulk.

Companion Guides >

Batch Claims FAQs >

Grievances and Appeals

Provider Grievance and Appeals Process

- A complaint is a verbal or written expression by a provider that indicates dissatisfaction or dispute with Carolina Complete Health policies, procedure, claims, or any aspect of Carolina Complete Health functions.
- Carolina Complete Health establishes and maintains written policies and procedures for the filing of provider grievances and appeals. Providers have the right to file a complaint with us.
- **Provider complaints will be resolved within 30 calendar days, with a status update provided after 15 days. A provider shall have the right to file a complaint with us regarding provider payment issues and/or utilization management decisions.**
- Complaints may be submitted in writing via mail or fax, or orally by contacting provider services.
  Filing a Provider Grievance & Appeal (Non-Claim):
  1. Online through the provider portal provider.carolinacompletehealth.com
  2. Talking to your Provider Engagement or Relations Team Member
  3. Calling our Provider Services: 833-552-3876
  4. Mailing
     Carolina Complete Health
     Attn: Appeals and Grievances
     P.O. Box 8040 Farmington, MO 63640-8040
- **Providers may also submit a complaint to Managed Care Provider Ombudsman Program by phone 1-919-527-6666 or by email: Medicaid.ProviderOmbudsman@dhhs.nc.gov**

Beneficiary Grievance and Appeals Process

- A beneficiary's authorized representative, or beneficiary's provider (with written consent from the beneficiary) may file an appeal or grievance.
- Appeals include, but are not limited to: *quality of care; personal behavior of provider or employee; failure to respect a beneficiary's rights; harmful administrative process or operation.*
- Carolina Complete Health will acknowledge with letter within 5 days and a letter informing the beneficiary of our decision within 30 days.
- In addition to the two levels of grievances, there is a State Fair Hearing process. Beneficiaries should exhaust the complaint or grievance process prior to filing a request for a State Fair Hearing. External review of second level grievances may also occur.
- Beneficiary Appeals and grievances can be filed several ways:
  - Call Beneficiary Services: 1-833-552-3876
  - Send electronically by fax: 1-833-318-7256
  - Send by email to: CCHGrievancesAppeals@carolinacompletehealth.com
  - In person or by mail at:
    Carolina Complete Health
    Appeals and Grievances
    10101 David Taylor Drive Charlotte, NC 28262

Carolina Complete Health Compliance Training

Compliance Training

- As a Carolina Complete Health medical provider, you are provided annual awareness training about the following topics:
  - Privacy and Confidentiality
  - General Compliance and Business Ethics
  - Fraud, Waste, and Abuse
  - Administrative Firewalls
  - Conflict of Interest
  - Gifts, the Workplace, and You
- Please review General Compliance and Fraud, Waste and Abuse Training for Medical Providers Training
  - Available on our Education and Training site
  - Attestation: https://www.surveymonkey.com/r/CCHNPO

Clinical Policy and Quality Committees

Clinical Policies

- Providers contracted with Carolina Complete Health are responsible for upholding CCH clinical policies.
- Providers with questions about any clinical policy should contact their provider relations representative for additional information or ask to be connected with the plan's medical management team.
- Clinical policies are posted to the Provider website https://network.carolinacompletehealth.com/resources/clinical-policies.html

Medical Management

Phone: 1-833-552-3876

Fax: 1-833-238-7689

CCHN Clinical Policy Workgroups

Medical policy work is currently focused on five target groups:

- Primary Care
- Pediatrics
- Behavioral Health
- Emergency Medicine
- OB/GYN

Roles/Responsibilities for Medical Policy Workgroup participation include, but are not limited to:

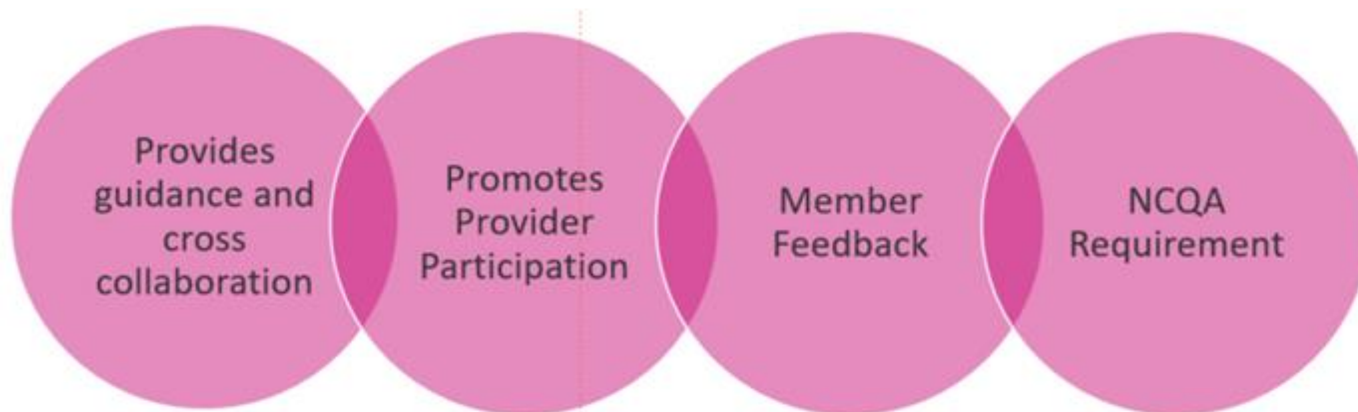
- Participate in parliamentary style run of all workgroup meetings
- *Shaune Williams, Medical Policy Coordinator: swilliams@cch-network.com*
- Support ongoing efforts to identify, develop and maintain necessary medical policies and clinical care guidelines

Provider are encouraged to provide feedback on clinical policies, particularly if providers notice any barriers to treatment due to a clinical policy.

- Feedback will be shared with CCHN clinical policy workgroups

Carolina Complete Health Quality Committees

- Promotes and drives care and quality initiatives
- Evaluates standards and outcomes
- Monitoring of clinical quality indicators, Data and Trends
- Analyzes and evaluates the results of QI activities
- Identify necessary actions and evaluate effectiveness
- Prioritization of quality improvement efforts



Quality Committees with Provider Participation

- Quality Management Committee
- Peer Review Committee
- Pharmacy and Therapeutics Committee
- Medical Management Committee
- Provider Network Participation Committee
- CCHN Provider Advisory Committee

Confidential and Proprietary Information

Care Management and Care Coordination

Care Management

Carolina Complete Health is committed to supporting the success of the local care management model

Carolina Complete Health
Care Management Department
1-833-552-3876

Care Management and Care Coordination

- Carolina Complete Health's Care Coordination model is designed to help beneficiaries obtain needed services from our array of covered service or from the community services at the right time and the right place.
- It is a multi-disciplinary care management team inclusive of **CCH and Advanced Medical Home (AMH) and LHD (Local Health Department) providers,** focused on:
  - A holistic approach to yield better outcomes
  - Promoting continuity of care
  - Increase positive medical outcomes—highest levels of wellness, functioning, and quality of life
  - **Ensuring that each beneficiary receives quality, comprehensive care services within the community**
  - Early identification, needs assessment, person-centered care plans that include beneficiary/family education, evidence-based practices, trauma-informed care, and actively links the beneficiary to providers and support services
  - Rapid and thorough identification and assessment of program participants, especially beneficiaries with special health care needs
  - Discharge planning and personalized treatment plans
  - Contribute to the reduction in costs to the Long-Term Services and Supports Program (LTSS)

Confidential and Proprietary Information

Role of Care Coordinator in LTSS

- The goals of DHHS and Carolina Complete Health are to improve overall health and independent living outcomes while slowing the rate of cost growth over time. This will be accomplished by providing the right service, in the right amount, in the right setting, at the right time. CCH will work with AMHs and will focus on ensuring consumers receive the preventive services, screenings and independent living services they need, helping consumers manage their chronic conditions and reducing any unnecessary or duplicative services.
    - **Care Managers (CM) will work collaboratively with AMH providers and/or co-lead the creation of the Comprehensive Care Plan (CCP) depending on AMH capability for complex Beneficiaries receiving LTSS services**
    - CM will coordinate support AMHs to coordinate and assist beneficiaries in gaining access to needed services—covered, non-covered, medical, social, housing, educational, and other services and supports
    - If CCH is leading Care Management then the CM with support the beneficiary to identify strengths, goals, development of CCP, evaluations, reassessments, and leveling of care. Service Plans are reviewed with beneficiaries during regularly scheduled face-to-face meetings
    - The CM will further support the AMH in providing referrals to community resources if the beneficiary is no longer Medicaid eligible

Role of Care Coordination/ Behavioral Health Coordination

- Our approach includes immediate beneficiary (or parent/guardian, for minors) engagement, from initial assessment through coordination with AMHs for planning and implementation of an individualized, holistic care plan
- **CCH will ensure that Care plans will incorporate both covered and non-covered services to reflect the range of health, behavioral health (BH), functional, social, and other needs that are within the scope of BH population covered (not TBI or severe BH)**
- Work with delegated AMHs on holistic care of eligible beneficiaries
- Pay careful attention both to compliance with prescribed medications as well as potential impact of each medication on all **PH and BH conditions**
- Rapid and thorough identification and assessment of program participants, especially beneficiaries with special health care needs
- To better collaborate and support care efforts for members, **CCH will partner with Quartet,** a technology and services company that makes it easy to connect patients to the behavioral and mental health providers and services they need.

Member Connections®

- Community Health Workers act as liaison between health plan and our beneficiary communities
- Coordinate home visits for high-risk beneficiaries including ConnectionsPlus® phones delivery
- Conduct beneficiary orientations and advisory committees
- Represent Carolina Complete Health in community with key stakeholder groups
- Participate in local boards, task forces, and advisory committees

Specialty Companies and Vendors

Our Specialty Companies and Vendors

Service	Specialty Company/Vendor	Contact Information
High Tech Imaging Services	National Imaging Associates	866-214-2569 www.radmd.com
Vision Services	Envolve Vision Benefits	1-800-334-3937 www.envolvevision.com
Pharmacy Services	Envolve Pharmacy Solutions	1-866-399-0928 (Phone) 1-866-399-0929 (Fax)
EVV Vendor	HHAeXchange	Support@HHAeXchange.com https://hhaexchange.com/nc
NEMT Vendor	ModivCare	Member Reservations: **855-397-3601**

carolina complete health

Cultural Competency Training and Resources

Cultural Competency: Resources for your Practice

- Complimentary Interpretation Services
  - As a CCH provider, you have access to interpretation services:
  - **Language Line:**
Toll Free 1-866-998-0338
Account Number 13982
Medicaid PIN #6329
- All customer service phone lines will be TTY and TDD capable for different languages and the deaf
- CCH material is available minimally in English and Spanish
- For assistance with cultural competency issues and/or educational sessions, please contact provider services at the number above or discuss with you provider engagement specialist
- Cultural Competency training available on Education and Training page

Wrap-up

Evaluation of Course

- We value your feedback!
  - Please take the time to evaluate this course and add any comments you may have.
  - We will tabulate responses and comments. These summaries will be used in the formation of future courses on any specific topic that our participating providers find beneficial.
  - Future courses may be held regionally, face-to-face, or via webinars. Our intent is to keep all of you informed as much as possible.
  - https://www.surveymonkey.com/r/CCHNPO

Carolina Complete Health

- Contact us!
  - Phone Number:
    1-833-552-3876
    TDD/TTY: 1-800-735-2962
  - Email: networkrelations@cch-network.com
- To request copies of training and educational materials:
  - Call provider services: 1-833-552-3876
  - Ask your Provider Engagement Coordinator
  - Visit www.network.carolinacomplete.health.com

Questions?

Thank you!