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Pended Claims Requiring Additional Information

Frequently Asked Questions

Per North Carolina's prompt pay guidance, if an unpaid claim requires additional information, the claim will be pended for up to 90 days to allow for the receipt of additional information needed for processing.

When will Carolina Complete Health request additional information?

- Providers will receive notice from CCH through a mailed letter by 18 calendars days from the receipt of the claim if additional information is needed.

Will providers need to resubmit the claim?

- No, providers will not need to resubmit the claim. Because of this update, the claim will be pended and no longer denied in accordance with the state requirements. The notice will direct the provider on how they can send in the claim correspondence needed to render the payment decision and move the claim forward.

How will providers know when the claim is pended for 90 days what additional information is needed?

- The notice providers receive will provide details on what additional information is needed and indicates that they have 90 calendar days from the date of the notice to provide the information via Secure Provider Portal or by mail.

How will providers submit additional information for the pended claim?

- Provider can submit the additional information requested via the portal, or by mail.
- Via the Secure Provider Portal: Using the Carolina Complete Health Secure Provider Portal, locate the claim on the Claim Status Page or search using the claim number above. Navigate to the pending claim details and select upload document. Repeat as needed. There is a 5 MB maximum per file and multiple files can be uploaded separately to the pending claim. View our Portal Enhancement Training Deck (PDF) for detailed instructions and screen shots.
- By Mail: Mail additional information, along with a copy of Pended Claim correspondence, to:

  Carolina Complete Health
  ATTN: Claims
  PO Box 8040
  Farmington, MO 63640-8040

Last Revised: October 21, 2023

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Will providers receive a denial?

- Claims that require additional information will pend for 90 days to allow for receipt of additional information. If the additional information is not received, the claim will deny. Receipt of additional information does not guarantee claims payment.

Will providers receive correspondence with what is being requested if not submitted with the claim?

- The letter will indicate what additional information is required.

Additional Provider Resources and Guidance

- Providers can submit COB Info during the claim submission on the portal. See our Coordination of Benefits Entry Guide (PDF).
- If COB information was not submitted during claim submission and/or COB information is requested, providers can submit the additional information using the two methods outlined above.
- Additional EPSDT Claims Guidance, including Pay and Chase information: See our EPSDT Claims and Authorizations Guide (PDF).
- Contracted providers have 365 days to submit first time claims. See our Timely Filing guide for details (PDF).

Support

Please view the Provider section of our website at **network.carolinacompletehealth.com** for additional tools and resources around Claims and Billing. You may also contact your Provider Engagement Administrator directly, connect with the Network Support team via Email at NetworkRelations@cch-network.com, or contact Provider Services for assistance at **1-833-552-3876 (TTY 711)**.

Last Revised: October 21, 2023

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