Managed Care Claims and Prior Authorizations Submission: Frequently Asked Questions – Part 2

Question	WellCare (WCHP) Response	AmeriHealth Caritas (AMHC) Response	Healthy Blue Response	Carolina Complete Health (CCH) Response	United Healthcare (UNHC) Response
How to file a claim with the PHP – what are the options (virtual, fax, paper, etc.)?	WellCare (WCHP) accepts both electronic and paper claims, but not faxes. Electronic submissions can be submitted either by EDI (through a clearinghouse) for both in-network and out-of-network providers. Please see page 6 of WellCare's "Provider Resource Guide Alternative Fee DDE Solutions - for Participating and Non-Participating Providers," and WellCare's "Quick Reference Guide for EDI Claims Submission." Detailed information regarding clean claims and step-by-step filing instructions are at wellcare.com/en/North-Carolina/Providers/Medicaid. Paper claims must be received on original red/white CMS claims forms, so faxes are not considered compliant. **Electronic Claim Submission** Please use **WellCare Payor ID 14163.** **Paper Claim Submission** Submit paper claims to: WellCare Health Plans	**Electronic Claim Submission** To initiate electronic claims, both in-network and out-of-network providers should contact their practice management software vendor or EDI software vendor. They must inform their vendor of **AmeriHealth Caritas North Carolina's EDI Payor ID 81671**. Providers may also contact the AmeriHealth Caritas North Carolina clearinghouse, Change HealthCare (CHC), at 877-363-3666 for information on contracting for direct submission to CHC. AmeriHealth Caritas North Carolina does not require CHC payer enrollment to submit EDI claims. Direct questions to the AmeriHealth Caritas North Carolina EDI Technical Support Hotline at 833-885-2262 and select the appropriate prompts or email edi.acnc@amerihealthcaritasnorthcarolina.com. **Paper Claim Submission** Submit paper claims to: AmeriHealth Caritas North Carolina Attn: Claims Processing Department P.O. Box 7380	**Electronic Claim Submission** Providers may submit claims electronically or by mail. Providers participating and those not participating with Healthy Blue may enroll with its trading partner Availity at availity.com. Healthy Blue's **Payor ID is 00602.** Healthy Blue's clearinghouse vendor is Availity, which has reciprocal relationships with other clearinghouses. Providers should check with the clearinghouse of their choice to ensure there is a reciprocal relationship with Availity. For claim and encounter information, call 844-594-5072 and select the "Claims" prompt. Also, providers who bill electronically should monitor their error reports and electronic remittance advices for payment to ensure all submitted claims and encounters appear on the reports. Providers are responsible for correcting errors and resubmitting claims and encounters. **Paper Claim Submission** Submit paper claims to: Blue Cross NC Healthy Blue Claims	**Electronic Claim Submission** CCH can receive ANSI X12N 837 professional, institution or encounter transactions. CCH can also generate an ANSI X12N 835 electronic remittance advice known as an Explanation of Payment (EOP). Providers who bill electronically have the same timely filing requirements as providers filing paper claims. In addition, providers who bill electronically must monitor their error reports and evidence of payments to ensure all submitted claims and encounters appear on the reports. Providers are responsible for correcting errors and resubmitting affiliated claims and encounters. **CCH's Payor ID is 68069**. CCH clearinghouse vendors include Availity and Change Healthcare (formerly Emdeon). Please visit the CCH website for an electronic Companion Guide that offers more instructions. For questions or more information on electronic filing, please contact: CAROLINA COMPLETE HEALTH C/O CENTENE EDI DEPARTMENT 800-225-2573, ext.	**Electronic Claim Submission** Both in-network and out-of-network providers may submit claims by EDI submission, under **Payor ID 87726.** However, prior to doing so, providers (or their claims processing service) need to enroll with clearinghouse Optum Insight to establish a secure connection by calling 866-367-9778 and selecting option 3. UNHC uses this clearinghouse with both in-network and out-of-network providers. **Paper Claim Submission** Although electronic submission is preferred, an out-of-network provider may also submit a paper claim by mail to: UnitedHealthcare Community Plan P.O. Box 5280 Kingston, NY 12402-5240

	WCHP	AMHC	Healthy Blue	CCH	UNHC
	Attn: Claims Department P.O. Box 31224 Tampa,FL 33631-3224	London KY 40742-7380 Additional details regarding the billing and the claims submission process may also be found within the **Provider Claims and Billing Guide** at ameriheathcaritasnc.com.	P.O. Box 61010 Virginia Beach VA 23466	25525, or by email at EDIBA@centene.com **Paper Claim Submission** Submit paper claims and encounters to: Carolina Complete Health Attn: Claims PO Box 8040 Farmington MO 63640-8040 **Taxonomy Requirements** Please review additional information regarding taxonomy requirements for billing for CCH at https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Current-PDF-Claims-Submission-Reminder-Guide.pdf	
How does a PHP determine if a provider made "good faith" efforts in contracting top determine reimbursement?	Per our Good Faith contracting policy NC35-ND-001 (copied here), if within 30 calendar days the potential network provider rejects the request or fails to respond either verbally or in writing, WellCare may consider the request for inclusion in the NC Medicaid Managed Care Provider Network rejected by the provider. If discussions are ongoing, or the contract is under legal review, WellCare shall not consider the request rejected. The 30-day period begins when the provider has received a copy of the contract that is consistent with the version of the contract approved by the Department.	The Good Faith Contracting Policy must be developed in and submitted for approval to fulfill a PHP/DHB contract requirement. If DHB determines appropriate, AmeriHealth Caritas North Carolina (AMHC) is willing to share the policy in redacted form to remove information that is considered proprietary and/or confidential. AMHC will share a redacted version with DHB on request. • AMHC offers to contract with a provider using a NCDHHS approved provider agreement in writing by letter, email or fax; an AMHC Account Executive will follow up the initial outreach within 10 business days and negotiations will continue until both parties agree on contract	Per DHHS contractual requirements and the Good Faith Contracting Policy, Healthy Blue will offer to contract with a provider in writing and will consider all facts and circumstances surrounding a provider's willingness to contract before determining that the provider has refused the health plan's "good faith" contracting effort. • The health plan will make a minimum of three attempts at outreach to providers to solicit their Network participation. • The provider will have (30) calendar days to respond with their intent to join the network either verbally or in writing. • During the 30 days, three outreach attempts will be	Definition of Good Faith Effort: The Good Faith Effort starts from when the provider receives a version of the contract that is consistent with the version approved by the Department and include the standard provisions for provider contracts found in Attachment G. Required Standard Provisions of PHP and Provider Contracts, including the prescribed provisions located therein. The initial contract offering will serve as the first effort. If the provider does not execute the first effort, CCH will make a second effort at least 10 calendar days after the first effort taking into consideration any feedback from the provider. If the provider does not execute the agreement from the second effort, CCH will make a third and final effort	Per contractual requirement, UNHC developed a "Good Faith Provider Contracting Policy" which was submitted for Department review and approval 90 days post contract award. Per those requirements, UNHC included a definition of "good faith" contracting effort and defined it as "United engaged in a good faith effort to contract with a provider of healthcare services but the provider refused, or failed to meet United's objective quality standards." The policy expands on the process for documenting contracting outreach attempts and objective further elaborates on what it means to meet objective quality standards. In summary, Good Faith negotiation and contracting efforts are tracked in our database. We will not reimburse

	WCHP	AMHC	Healthy Blue	CCH	UNHC
		terms or decide not to move forward • If within 30 calendar days of receiving an agreement, the potential network provider rejects the agreement or fails to respond verbally or in writing, AMHC may consider the request for inclusion in the AMHC network rejected; if discussions are ongoing or the contract is under legal review, AMHC shall not consider the request rejected. • AMHC will consider all facts and circumstances surrounding a Provider's willingness to contract, including reviews of non-standard requests, prior to determining that AMHC made a good faith effort which was not accepted.	telephonic and/or electronic and attempts will be tracked which includes task and reminders to ensure all three attempts have been made. • Healthy Blue will give written notice to any provider with whom we decline to contract within five business days after our final decision. The notice will include the reason for the decision, the provider's right to appeal that decision, and how to request an appeal. • Please note: If discussions are ongoing, or the contract is under legal review, the health plan will not consider the request rejected.	at least 10 calendar days after the second effort taking into consideration any feedback from the provider from the previous efforts. CCH will have exhausted all good faith contracting efforts after the third and final effort. The good faith contracting effort period must be at least 30 calendar days, but CCH may allow additional time if discussions are ongoing, contract revisions are being made or negotiated, the contract is under legal review by the provider or if in the opinion of CCH such additional time could lead to an executed contract. If after at least 30 days and the three good faith attempts, the provider fails to respond to the efforts verbally or in writing, the request to join the network will be considered rejected.	the OON provider more than 90% of the Medicaid fee-for-service rate if the provider refuses to contract or fails to meet objective quality standards.
What information is needed from the provider to file a claim?	Paper claims must be received on original and complete red/white CMS claim forms. Please see the provider manual, provider resource guide, and quick reference guide. All of these resources including detailed information regarding clean claims and step by step instructions can be found on the public Provider Portal, which does not require a username and password, by going to: https://www.wellcare.com/en/North-Carolina/Providers/Medicaid/Forms Generally speaking, all claims must have complete and compliant data including:	AMHC is required by applicable contract requirements with the Department and by applicable North Carolina and federal regulations to capture specific data regarding services rendered to its members. A detailed list of data elements, as listed here, are needed in order for a claim to be paid. This information is found in the AMHC Provider Claims and Billing Manual that can be accessed at www.amerihealthcaritasnc.com. The following mandatory information is required on all claims, both institutional and professional: • Member's (patient's) name • Member's Plan ID number • Member's date of birth and address	Electronic claim submissions will adhere to specifications for submitting medical claims data in standardized Accredited Standards Committee (ASC) X12N 837 formats. Electronic claims are validated for Compliance SNIP levels 1 to 4: • Professional claims that meet standardized X12 EDI Transaction Standard: 837P - • Professional Claims • Institutional claims that meet standardized X12 EDI Transaction Standard: 837I - • Institutional Claims Claim submissions, whether electronic or paper, must include the following information: • Member's ID number including alpha prefix	CCH follows Centers for Medicare & Medicaid Services (CMS) rules and regulations, specifically the Federal requirements set forth in 42 USC § 1396a(a)(37)(A), 42 CFR §447.45 and 42 CFR § 447.46; and in accordance with State laws and regulations, as applicable. Providers must bill with their NPI number in box 24Jb. Providers must also bill their rendering and billing taxonomy code in box 24Ja and the Member's Medicaid number in box 1a to avoid possible delays in processing. Claims missing the required data will be returned, and a notice sent to the provider, creating payment delays; Such claims are not considered "clean" and therefore cannot be accepted into our system.	In terms of data elements needed for a provider to file a claim - this information is available in our provider administrative guide and located on UNHC's provider website: https://www.uhcprovider.com/en/admin-guides/administrative-guides-manuals-2021/ch10-our-claims-process-2021/claims-enc-data-sub-ch10-guide.html • Billing provider name, address, telephone number • Type of bill • Statement Covers Period • Patient Name • Patient Birth Date • Patient Sex • Admission date • Admission Hour • Admission Type/Visit • Source of Referral for admission

	WCHP	AMHC	Healthy Blue	CCH	UNHC
	• Current CPT and ICD-10 (or its successor) codes • TIN • NPI number(s) • Provider and/or practice name(s) matching the W-9 initially submitted to WellCare • Valid Taxonomy Code Please be advised that if the provider submits claims through the WellCare portal, all required fields for submission will be marked with an asterisk.	• Other insurance information: company name, address, policy and/or group number • Amounts paid by other insurance (with copies of matching EOBs) • Information advising if member's condition is related to employment, auto accident or liability suit • Date(s) of service, admission, discharge • Primary, secondary, tertiary and fourth ICD-10-CM/PCS diagnosis codes, coded to the full specificity available, which may be 3, 4, 5, 6, or 7 digits. • Name of referring physician, if appropriate • HCPCS procedures, services or supplies codes • CPT procedure codes with appropriate modifiers • CMS place of service code • Charges (per line and total) • Days and units • Physician/supplier Federal Tax Identification Number or Social Security Number • National Practitioner Identifier (NPI) of billing and rendering provider, or Atypical Provider Identification Number, where applicable • Taxonomy codes of billing provider, attending and rendering provider when submitted on claim • Physician/supplier billing name, address, zip code, and telephone number • Name and address of the facility where services were rendered	• Member's name • Member's date of birth • ICD-10-CM diagnosis code • Date of service • Place of service • Procedures, services or supplies rendered with CPT-4 codes/HCPCS codes/ • disease-related groups • Itemized charges • Days or units • Provider tax ID number • Provider name according to contract • Billing provider information, and rendering provider information when different than billing or when billing a group taxonomy • NPI of billing and rendering provider when applicable, or API when NPI isn't • appropriate • Taxonomy of billing provider, attending and rendering provider when submitted • Coordination of benefits/other insurance information • Precertification number or copy of precertification • NDC, unit of measure and quantity for medical injectables	Claims eligible for payment must meet the following requirements: • The member must be effective on the date of service (see information below on identifying the member) • The service provided must be a covered benefit under the member's contract on the date of service, and Referral and prior authorization processes must be followed, if applicable. • Payment for service is contingent upon compliance with referral and prior authorization policies and procedures, as well as the billing guidelines outlined in this manual. When submitting your claim, you need to identify the member. There are two ways to identify the member: • The CCH member number found on the enrollee ID card or the provider portal. • The Medicaid or NC Health Choice number provided by the State and found on the member ID card or the provider portal	• Discharge Status • Condition Codes, if applicable • Occurrence Codes and Dates, if applicable • Value Codes and Amounts, if applicable • Revenue Code • Revenue Code Description • HCPCs, CPT Codes • Service Date • Service Units • Total Charges • Payer Name • NPI • Insured Name • Patients Relationship to Insured • Insured's Unique Identifier • Principal Diagnosis Code • Other Diagnosis Code • Admitting Diagnosis Code • Principal procedure code and date • Other procedure codes and dates • Rendering care provider name, NPI, taxonomy and TIN • Referring provider name, NPI, and TIN, if applicable • Attending provider and Identifiers • Other providers, if applicable In summary, similar to an INN, an OON claim will require certain data field to be completed accurately and the claim that is submitted to UNHC must pass basic NC Provider Validation rules. However, there is no rule validation surrounding the address or provider names so the rules will not deny based on abbreviations for address or name alone.

	WCHP	AMHC	Healthy Blue	CCH	UNHC
		• NDC's required for physician administered injectables that are eligible for rebate • Invoice date • Provider Signature			
Are there any clearinghouse or EFT fees?	WCHP has provided solutions for providers to submit claims with no fee. Please follow the link below for additional information as well as guidance on registering for PaySpan for EFT. There is no charge for this service through PaySpan. https://www.wellcare.com/-/media/PDFs/North-Carolina/Provider/2020/NC_Caid_Provider_Resource_Guide_Eng_6_2020.ashx	AMHC uses Change Healthcare (CHC) as their electronic claim clearinghouse. AMHC utilizes the Connect Center tool provided by CHC to allow providers to submit electronic claims via direct entry or upload at no cost to the provider. CHC does charge providers if they wish to use CHC as their own electronic claims clearinghouse and fees are negotiated directly between the provider and CHC. There are no fees to receive an Electronic Remittance Advise (ERA) or to receive payment via EFT to a bank account or paper check. They could also be paid by MedPay if they choose to. There is only a fee if the provider chooses to be paid via virtual card – that fee is charged by the card merchant (Visa/Mastercard). https://www.amerihealthcaritaschc.com/assets/pdf/provider/eft-enrollment-guide.pdf	Healthy Blue uses Availity for their clearinghouse. Availity does not charge transaction fees to utilize their portal/services. Additionally, Availity will offer training and or orientations for the provider's and or provider groups that are new to using Availity. To register or manage account changes for EFT only, use the EnrollHub,™ a CAQH Solutions™ enrollment tool (caqh.org/solutions/enrollhub), a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows providers to register with multiple payers at one time. There is not a fee to register with EnrollHub. https://provider.healthybluenc.com/docs/gpp/HBNC_MedicaidEDIOverview.pdf?v=202104062036	If a provider chooses to use PaySpan for EFT, there will be no additional cost to that provider. If a provider chooses to use Availity or Change Healthcare as their clearinghouse, there will be no additional cost to that provider. If a provider chooses to use a different vendor for EFT or for a Clearinghouse, they will need to negotiate costs, transaction limits/types individually with that vendor.	Clearinghouse fees can be different depending on the clearinghouse, size of the provider, and volume of EDI coming through. The following link leads to a payment comparison guide https://www.uhcprovider.com/content/dam/provider/docs/public/claims/electronic-payment-solutions/Optum-Pay-Comparison-Guide.pdf
In what instances would a provider/PHP need to agree to a single case agreement?	Single case agreements are usually reserved for services provided by an out of network provider when no in network provider is available. This would only likely occur for a delivery out of state or mother/baby requires highly specialized care at OON facility. These are handled on a case by case basis and are not a normal occurrence.	If a non-participating provider offers needed services that a participating provider cannot offer in the member's service area, a single case agreement would be needed.	In order for provider/PHP to develop a Single case agreement, several criteria must be present: • A member is enrolled with NC Medicaid and Healthy Blue • The provider is not in-network • The member cannot be redirected to an in-network provider • The out-of-network request has been approved as medically necessary	Single case agreements (SCA's) may be required for a Carolina Complete Health enrolled member for: • Cover services rendered by an Out-of-Network Provider (i.e. continuity of care) • Cover services when the existing network providers are at capacity	Single Case Agreements (SCAs) are negotiated on a case by case basis, and there is no default process to a SCA if a provider decides not to enter a contractual agreement with UNHC through a good faith contracting effort. With that said, at times (SCAs) are created in order to ensure the member's needs are met. In such instances, UNHC would typically expect a referral from INN to an OON provider to meet particular medical needs, review the network to ensure

					there is no INN provider that can render that same service in the proximity.
What is the first date the PHP intends to start issuing medical and pharmacy payments after Managed Care Launch? What is the payment cycle for medical and pharmacy claims?	WCHP will issue the first medical claims payment on July 6, 2021. Pharmacy payments are issued at the point of sale and the first pharmacy payment will be issued on July 1, 2021. Both medical and pharmacy claims will be paid daily, thereafter. Check runs take place daily except for Sundays, last day of the month and national holidays.	AMHC will issue the first payment for medical and pharmacy claims on July 7, 2021. After the first payment runs on July 7, medical payment cycles will be every Monday and Wednesday, while Pharmacy cycles will run every four days.	Medical claims submitted on July 1, 2021 will be paid by July 30,2021 or sooner. Pharmacy claims that are submitted on July 1, 2021 will be paid by July 14, 2021 or sooner. Payment disbursements for both medical and pharmacy claims are sent on Wednesdays. For medical claims, check runs will take place daily for the first 6 months post go-live and then transition to weekly.	CCH will be running medical check runs each Tuesday and Friday beginning on July 9, 2021. Pharmacy claims received by July 7, 2021 will be paid on July 14, 2021 and weekly payment cycle will be on Wednesdays.	UNHC's first check cycle will be on July 12, 2021. • Check cycles take two days to complete. One day for ERA (electronic remittance advice)/PRA (paper remittance advice) generation and one day for check payment either through paper or electronic EFT. Therefore, the first payment for North Carolina Medicaid will be completed on July 14, 2021. • Payment cycle for both medical and pharmacy claims will be a daily check cycle.
What is the first date the PHP intends to start issuing vision and NEMT payments after Managed Care Launch? What is the payment cycle for vision and NEMT claims?	WCHP anticipates issuing first payment to NEMT providers on July 10, 2021. Check runs for NEMT will take place twice a week. For vision claims, the first payment will be released on July 8, 2021. Check runs are weekly on Thursdays.	AMHC will issue the first payment for vision claims on July 7, 2021, and the first payment for NEMT claims will be July 16, 2021. After first payments are issued, check run cycle for vision claims will be every Monday and Wednesday, while NEMT will run weekly.	Healthy Blue will issue the first payment for vision and NEMT claims on July 16, 2021 or sooner. After first payments are issued, check run cycle for vision claims will be every Tuesday, while NEMT will run weekly on Fridays.	CCH will issue the first payment for vision claims on July 8, 2021, and the first payment for NEMT claims will be on July 16, 2021. After first payments are issued, check run cycle for vision claims will be every Thursday or Friday, while NEMT will run weekly.	UNHC will issue the first payment for vision claims on the week of July 5, 2021 (July 30, 2021 at the latest), and the first payment for NEMT claims will be on July 16, 2021. After first payments are issued, check run cycle for vision claims will be every Tuesday, Wednesday, and Friday, while NEMT will run weekly.
What message will providers see in the Provider Portal regarding individual claim status prior to first payments being released?	WCHP's provider portal will display a banner with the date they intend on executing their first check run (July 6, 2021 for medical claims and July 1, 2021 for pharmacy claims).	There will be no provider messaging prior to first payments being released.	The claims status in our secure Provider Portal (Availity) will return the status at the time of the inquiry. Claim status will show as Pending/Paid or Denied.	CCH portal returns an EMS message queue, which includes the claim number, rejection code/message and etc. The providers will see a message displaying the claim has been accepted. The CCH portal displays each step, as the claim is being processed: Claim Accepted, In Process, Paid or Denied. After the claim has been fully adjudicated, the Payment or Rejection Codes will display in the portal.	The claim will show as **Acknowledged** until the claim is processed. It will show **Pending** if: • We are waiting on additional information from the provider or • The claim is still being worked on It will show **Payable** if it is processed but waiting for the payment to be posted.
How can I determine which services require	WCHP provides a Prior Authorization look-up Tool to	AMHC provides a Prior Authorization look-up Tool to determine if a PA is	Healthy Blue provides a Prior Authorization look-up Tool to	CCH provides a Prior Authorization look-up Tool to determine if a PA is	UNHC provides a Prior Authorization look-up Tool to determine if a PA is

	WCHP	AMHC	Healthy Blue	CCH	UNHC
prior authorization for a health plan?	determine if a PA is required prior to rendering services. WCHP's Provider Look-up tool can be found at: https://www.wellcare.com/North-Carolina/Providers/Authorization-Lookup	required prior to rendering services. AMHC's Provider Look-up tool can be found at: https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx	determine if a PA is required prior to rendering services. Healthy Blue's Prior Authorization Look-up tool can be found at: https://provider.healthybluenc.com/north-carolina-provider/prior-authorization-lookup	required prior to rendering services. This tool is available on our website under provider resources: https://www.carolinacompletehealth.com/providers/preauth-check/medicaid-pre-auth.html	required prior to rendering services. UNHC's Provider Look-up tool can be found at: https://UHCprovider.com/priorauth
How can I submit a prior authorization to a health plan?	WCHP submission methods: **Standard**: Online via Provider Portal: https://provider.wellcare.com/ Via fax to the numbers listed on the associated forms: https://www.wellcare.com/North-Carolina/Providers/Medicaid/Forms **Urgent**: Call 866-799-5318 and follow the prompts. **Pharmacy**: Via Fax to 800-678-3189 Online via Surescripts portal: https://providerportal.surescripts.net/providerportal/	AMHC submission methods: **Standard and Urgent (call or fax for urgent)**: Online via Provider Portal: https://navinet.navimedix.com Via Fax to 833-893-2262 Call: 833-900-2262 **After hours and holidays:** Call 855-375-8811 **Pharmacy**: Via fax to 877-234-4274 Call 866-885-1406 Emergency: Prior authorization is not required for emergency services when a member seeks emergency care.	Healthy Blue submission methods: **Standard**: Online via Provider Portal: https://provider.healthybluenc.com/north-carolina-provider/prior-authorization Via Fax to: 800-964-3627 (Inpatient) 844-445-6649 (Outpatient) **Urgent**: Call 844-594-5072 **Pharmacy**: Via Fax to 844-376-2318 Call 844-594-5072	CCH submission methods: **Standard**: Online via Secure Provider Portal: http://carolinacompletehealth.com/ Call 833-552-3876 Fax: Medical PA Fax: 833-238-7694 BH Inpatient Fax: 833-596-2768 BH Outpatient Fax: 833-596-2769 **Pharmacy:** Call 833-585-4309 Pharmacy PA Fax: 866-399-0929	UNHC submission methods: **Standard**: Online via Prior Authorization and Notification Tool on Link: https://UHCprovider.com/priorauth If you're unable to use Link, call Provider Services at 877-842-3210. **Urgent**: Call Provider Services at 877-842-3210 and follow the prompts. **Pharmacy**: Online via CoverMyMeds portal: https://www.covermymeds.com/main/prior-authorization-forms/optumrx/ Online via SureScripts portal: https://providerportal.surescripts.net/ProviderPortal/optum/login
What member ID should be used when submitting claims?	Providers should use the WellCare member ID number when submitting claims. Please be advised that if the practice is not aware of the member's WellCare ID, they can check eligibility on the WellCare web portal using the state issued Medicaid ID, and it will populate the member's unique WellCare ID.	Prior authorizations and claims do not require the use of a separate PHP ID, rather a NC Medicaid or NC Health Choice ID.	For prior authorizations, best practice is to use the PHP assigned ID (subscriber ID). The prefix of the member's PHP assigned ID is needed to route the provider to Interactive Care Reviewer (ICR) from Availity. Once in ICR, providers can use either the PHP assigned ID or the Medicaid ID on the Patient Details screen. For claims, providers should use the PHP assigned ID (subscriber ID).	Providers are able to submit authorizations and claims with either the NC Medicaid or NC Health Choice ID.	Claims expects to receive the PHP ID on the claim submission, but there is member pick logic set in the system to select the appropriate member based on either the NC Medicaid or NC Health Choice ID, or the Name and Date of Birth if the PHP ID is not available.

PHP Claims Schedule July – October 2021

July 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 WCHP[3]: First Pharmacy payment	2	3
4	5	6 WCHP[3]: First Medical payment	7 AMHC: First Pharmacy, Medical & Vision payment	8 CCH: First Vision payment WCHP: Vision payment	9 UNHC: First Vision payment	10 WCHP: First NEMT payment
11 AMHC: Pharmacy payment	12 AMHC: Medical & Vision payment WCHP: NEMT payment	13 CCH: First Medical payment UNHC: Vision payment	14 AMHC: Medical & Vision payment CCH: First Pharmacy payment HB: Pharmacy payment UNHC: First Medical and Pharmacy payment UNHC: Vision payment	15 AMHC: Pharmacy payment CCH: Pharmacy & Vision[1] payment WCHP: NEMT & Vision payment	16 AMHC: First NEMT payment CCH: First NEMT payment CCH: Medical & Vision[1] payment HB: First Vision & NEMT payment UNHC: First NEMT payment UNHC: Vision payment	17
18	19 AMHC: Medical, Pharmacy & Vision payment WCHP: NEMT payment	20 CCH: Medical payment HB: Vision payment UNHC: Vision payment	21 AMHC: Medical & Vision payment HB: Pharmacy payment UNHC: Vision payment	22 AMHC: NEMT payment CCH: Pharmacy & Vision[1] payment WCHP: NEMT & Vision payment	23 AMHC: Pharmacy payment CCH: NEMT, Medical & Vision[1] payment HB: NEMT payment UNHC: Vision & NEMT payment	24
25	26 AMHC: Medical & Vision payment WCHP: NEMT payment	27 AMHC: Pharmacy payment CCH: Medical payment HB: Vision payment UNHC: Vision payment	28 AMHC: Medical & Vision payment HB: Pharmacy payment UNHC: Vision payment	29 AMHC: NEMT payment CCH: Pharmacy & Vision[1] payment WCHP: NEMT & Vision payment	30 CCH: NEMT, Medical & Vision[1] payment HB: NEMT payment UNHC: Vision & NEMT payment	31

August 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 AMHC: Medical, Pharmacy & Vision payment WCHP: NEMT payment	3 CCH: Medical payment HB: Vision payment UNHC: Vision payment	4 AMHC: Medical & Vision payment HB: Medical & Pharmacy payment UNHC: Vision payment	5 AMHC: NEMT payment CCH: Pharmacy & Vision[1] payment WCHP: NEMT & Vision payment	6 AMHC: Pharmacy payment CCH: NEMT, Medical & Vision[1] payment HB: NEMT payment UNHC: Vision & NEMT payment	7
8	9 AMHC: Medical & Vision payment WCHP: NEMT payment	10 AMHC: Pharmacy payment CCH: Medical payment HB: Vision payment UNHC: Vision payment	11 AMHC: Medical & Vision payment HB: Medical & Pharmacy payment UNHC: Vision payment	12 AMHC: NEMT payment CCH: Pharmacy & Vision[1] payment WCHP: NEMT & Vision payment	13 CCH: NEMT, Medical & Vision[1] payment HB: NEMT payment UNHC: Vision & NEMT payment	14 AMHC: Pharmacy payment
15	16 AMHC: Medical & Vision payment WCHP: NEMT payment	17 CCH: Medical payment HB: Vision payment UNHC: Vision payment	18 AMHC: Medical, Pharmacy & Vision payment HB: Medical & Pharmacy payment UNHC: Vision payment	19 AMHC: NEMT payment CCH: Pharmacy & Vision[1] payment WCHP: NEMT & Vision payment	20 CCH: NEMT, Medical & Vision[1] payment HB: NEMT payment UNHC: Vision & NEMT payment	21
22 AMHC: Pharmacy payment	23 AMHC: Medical & Vision payment WCHP: NEMT payment	24 CCH: Medical payment HB: Vision payment UNHC: Vision payment	25 AMHC: Medical & Vision payment HB: Medical & Pharmacy claims payment UNHC: Vision payment	26 AMHC: Pharmacy & NEMT payment CCH: Pharmacy & Vision[1] payment WCHP: NEMT & Vision payment	27 CCH: NEMT, Medical & Vision[1] payment HB: NEMT payment UNHC: Vision & NEMT payment	28
29	30 AMHC: Medical, Pharmacy & Vision payment WCHP: NEMT payment	31 CCH: Medical payment HB: Vision payment UNHC: Vision payment				

1. CCH Vision payments will be made on either Thursday or Friday weekly after the initial July 8, 2021 payment.
2. UNHC Medical and Pharmacy payments will occur daily after initial July 14, 2021 payment.
3. WCHP Medical and Pharmacy payments will occur daily except for Sundays, last day of the month and national holidays.

September 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 **AMHC:** Medical & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	2 **AMHC:** NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	3 **AMHC**: Pharmacy payment **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	4
5	6 **AMHC:** Medical & Vision payment **WCHP**: NEMT payment	7 **AMHC**: Pharmacy payment **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	8 **AMHC:** Medical & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	9 **AMHC:** NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	10 **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	11 **AMHC**: Pharmacy payment
12	13 **AMHC:** Medical & Vision payment **WCHP**: NEMT payment	14 **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	15 **AMHC:** Medical, Pharmacy & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	16 **AMHC:** NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	17 **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	18
19 **AMHC**: Pharmacy payment	20 **AMHC:** Medical & Vision payment **WCHP**: NEMT payment	21 **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	22 **AMHC:** Medical & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	23 **AMHC:** Pharmacy & NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	24 **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	25
26	27 **AMHC:** Medical, Pharmacy & Vision payment **WCHP**: NEMT payment	28 **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	29 **AMHC:** Medical & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	30 **AMHC:** NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment		

October 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 **AMHC**: Pharmacy payment **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	2
3	4 **AMHC:** Medical & Vision payment **WCHP**: NEMT payment	5 **AMHC**: Pharmacy payment **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	6 **AMHC:** Medical & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	7 **AMHC:** NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	8 **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	9 **AMHC**: Pharmacy payment
10	11 **AMHC:** Medical & Vision payment **WCHP**: NEMT payment	12 **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	13 **AMHC:** Medical, Pharmacy & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	14 **AMHC:** NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	15 **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	16
17 **AMHC**: Pharmacy payment	18 **AMHC:** Medical & Vision payment **WCHP**: NEMT payment	19 **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	20 **AMHC:** Medical & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	21 **AMHC:** Pharmacy & NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	22 **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	23
24	25 **AMHC:** Medical, Pharmacy & Vision payment **WCHP**: NEMT payment	26 **CCH:** Medical payment **HB:** Vision payment **UNHC**: Vision payment	27 **AMHC:** Medical & Vision payment **HB**: Medical & Pharmacy payment **UNHC**: Vision payment	28 **AMHC:** NEMT payment **CCH:** Pharmacy & Vision[1] payment **WCHP**: NEMT & Vision payment	29 **AMHC**: Pharmacy payment **CCH:** NEMT, Medical & Vision[1] payment **HB**: NEMT payment **UNHC**: Vision & NEMT payment	30
31						