

Providers

CARE IS THE HEART OF OUR WORK

September 13, 2021

**PROVIDER DIGEST** 

### **Provider Digest – September 2021**

AmeriHealth Caritas North Carolina (ACNC) is committed to providing the support you deserve.

You will find the following topics in this email:

- Temporary Provisions for COVID-19 Surge
- Continuity of Care for Disenrolling Members
- Claims Submission
- Claims and Billing Guide Update
- Claims and Billing Office Hours
- Electronic Funds Transfer Enrollment Deadline Extended
- Events and reminders

COVID-19

## **Temporary Provisions for COVID-19 Surge**

To help facilitate hospital discharges and maximize available inpatient capacity during the surge of infections related to the Delta variant, AmeriHealth Caritas North Carolina will follow the guidance issued by NC DHHS to waive prior authorization requirements from September 1 through September 30 for

medically necessary new admissions who are being directly discharged from a hospital setting to a post-acute placement.

To assist with transitions of care, ACNC will:

- Require notification within 3 days of admission to Skilled Nursing Facilities, Home Health Skilled Nursing, Inpatient Rehabilitation, Long-Term Care Hospitals, and an acute facility as part of an acute-to-acute facility transfer.
- Follow inpatient hospital concurrent review processes for members admitted to Hospital at Home. For more information about concurrent review, call our Utilization Management department at 1-833-900-2262.

Providers should bill for **Hospital at Home** as described in the Special Bulletin COVID-19 #178 linked below.

Please see full details from NC DHHS in the SPECIAL BULLETIN COVID-19 #178: Temporary Provisions for COVID Surge: Post-Acute PA Exceptions and Hospital at Home Program (<a href="https://medicaid.ncdhhs.gov/blog/2021/09/01/special-bulletin-covid-19-178-temporary-provisions-covid-surge-post-acute-pa-exceptions-and-hospital">https://medicaid.ncdhhs.gov/blog/2021/09/01/special-bulletin-covid-19-178-temporary-provisions-covid-surge-post-acute-pa-exceptions-and-hospital</a>).

#### **CONTINUITY OF CARE**

## **Continuity of Care for Disenrolling Members**

This communication is issued on behalf of the Division of Health Benefits (DHB):

- As a reminder, a beneficiary currently enrolled with a Standard Plan Health Plan may be later identified as part of a population excluded or exempted from Standard Plan enrollment.
- This will result in the beneficiary's disenrollment from the Standard Plan.
- While this list is not exhaustive, excluded and exempt populations include beneficiaries who
  - become Dually eligible for Medicare and Medicaid;
  - enrolled in foster care;
  - have an extended nursing facility admission; and/or
  - require behavioral health supports, more appropriately provided in Medicaid Direct and through the LME/MCOs.
- The majority of disenrollments will occur on the first of each month.

- AmeriHealth Caritas North Carolina is currently enacting time-limited PA flexibilities that may result in no prior authorization transferring to Medicaid Direct.
- If a disenrolled beneficiary's service requires a PA in Medicaid Direct, the provider may be required to submit a PA request to Medicaid Direct.
- DHB has established additional retroactive review flexibilities to support providers through this transition.
- Providers should confirm the beneficiary's current and future enrollment segment to determine if the member is disenrolling to Medicaid Direct.
- For additional information please review the August 26, 2021 **AHEC Provider Office Hours presentation** available here [ncahec.net].
- DHB will also be publishing a Medicaid Bulletin with additional information, available here [https://medicaid.ncdhhs.gov/blog/2021/09/07/interim-processsubmitting-prior-authorization-requests-beneficiaries-disenrolled-nc-medicaiddirect].
- If you have questions about the status of a current PA, please contact the AmeriHealth Caritas North Carolina Utilization Management department at 1-833-900-2262.

Market Chief Medical Officer, Administration

**CLAIMS AND BILLING** 

#### **Claims Submission**

The Prepaid Health Plans (PHPs) have recognized varied issues impacting claims submission. Please review the <u>ACNC Claims and Billing Guide</u> and the <u>NCDHHS Managed Care Claims and Prior Authorizations Submission: Frequently Asked Questions</u> fact sheet for more information. If you have questions, contact your dedicated Provider Network Account Executive.

# **Claims and Billing Guide Update**

In response to provider questions regarding completion of the Claim Form, AmeriHealth Caritas North Carolina is in the process of updating the Claims and Billing Guide. An important change that will be made is on pages 26 and 27 of the Guide.

#### Field 33b. Other ID#

Providers are now required to enter the Health Plan ID # as well as the G2 qualifier. The G2 qualifier is defined as: OB State License Number, the G2 Provider Commercial Number, or the ZZ Provider Taxonomy. Example: ZZ227900000X. Taxonomy codes for Attending, Billing and Rendering Providers are now required on your claims. Please verify that the NPI and taxonomy codes on your claims match what is in NCTracks. Claims will be denied for incorrect or missing taxonomy codes. For more information, see the July 15 Medicaid Bulletin on this subject.

If you have questions, contact your dedicated Provider Network Account Executive.

## **Claims and Billing Office Hours**

AmeriHealth Caritas North Carolina offers weekly office hours sessions to answer your claims and billing questions. Please register for one of the dates below to attend a session.

To help ensure that your questions are answered during the session, please submit your questions to <a href="ProviderRecruitmentNC@amerihealthcaritas.com">ProviderRecruitmentNC@amerihealthcaritas.com</a> using the subject line "Office Hours" by the Monday before your planned session. You may also submit your questions with your registration submission.

Date	Time	Registration Link
Wednesday, September 15, 2021	5:00 – 6:00 p.m. ET	<u>Register</u>
Wednesday, September 22, 2021	5:00 – 6:00 p.m. ET	<u>Register</u>
Wednesday, September 29, 2021	5:00 – 6:00 p.m. ET	<u>Register</u>

#### **ELECTRONIC CLAIMS PAYMENT SOLUTIONS**

# Electronic Funds Transfer – Enrollment Deadline Extended to December 1<sup>st</sup>

AmeriHealth Caritas North Carolina has contracted with Change Healthcare and ECHO® Health Inc. to administer electronic funds transfer (EFT) payments. There are no fees to receive a direct payment from AmeriHealth Caritas North Carolina via EFT or to receive an Electronic Remittance Advice (ERA).

Any provider who has not registered for EFT by 12/01/2021 will be paid via Virtual Credit Card (VCC). Normal credit card transaction fees will apply to VCC payments.

#### **How to Enroll**

If you already receive payments from another ECHO Health payer, you may be able to enroll for EFT with AmeriHealth Caritas North Carolina using your existing account (\*see note below). Please make sure you have an ECHO Health draft number and corresponding payment amount so your enrollment request can be validated. A draft number is listed as the EPC draft number on ECHO Health's explanation of payments. If you need assistance locating an ECHO payment in order to register or have questions, you can contact ECHO at **1-888-834-3511** Monday-Friday from 8 am – 6 pm ET.

To enroll please visit, https://enrollments.echohealthinc.com/efteradirect/enroll.

If you have never received a payment through ECHO Health for any payer, then you must wait to enroll for EFT after your first ECHO Health payment is received. Your first payment from AmeriHealth Caritas North Carolina will be made via paper check. Please use the information on the Remittance Advice and the check stub to register for EFT by 12/01/2021. To enroll, please visit https://enrollments.echohealthinc.com/efteradirect/enroll.

\*Please note there are two different EFT enrollment options available with ECHO Health:

Option 1 – Single payer enrollment with AmeriHealth Caritas North Carolina. This option can be elected for any payer on the platform, but will require you to register separately for each payer. No fees apply for this option.

Option 2 – All payer enrollment, which consolidates your view of payments from all payers on the Echo Health platform. This option incurs a service fee on each payment.



## **Events and reminders**

Jiva demonstration sessions

• Join us for a demonstration of Jiva, our solution for managing inpatient and outpatient prior authorizations. We offer monthly, two-hour webinar

demonstrations at no cost to you. For more information and to register, visit our <a href="Provider Training">Provider Training</a> page.

#### **Provider Orientation Training**

• Sign up for a September training session

Visit the <u>Provider section</u> of the AmeriHealth Caritas North Carolina website for more information, news and resources for providers. If you need assistance regarding this email or other issues, please <u>contact</u> your Account Executive or AmeriHealth Caritas North Carolina's Provider Network Management leadership.