

CARE IS THE HEART OF OUR WORK

Claims Payment Accuracy

AmeriHealth Caritas North Carolina (ACNC) is obligated to ensure the effective use and management of public resources in the delivery of services to its members. ACNC does this in part through our Payment Integrity department, whose programs are designed to ensure the accuracy of claims payments and to detect and prevent fraud, waste, and abuse.

Our payment integrity efforts include prospective (pre-claims payment) and retrospective (post-claims payment) review of claims submissions in support of compliant claims coding and accurate provider reimbursement. A medical record and/or itemized bill may be requested in some instances prior to claims payment to substantiate the accuracy of the claim. We use both internal and external resources, including third party vendors, to help ensure claims are paid accurately and in accordance with your provider contract, and with state and federal law.

Claims edits are updated regularly according to medical practice, coding principles, proprietary clinical and reimbursement policies, and industry guidelines/standards from the following sources:

- Centers for Medicare & Medicaid Services
- The American Medical Association
- NC Department of Health and Human Services

ACNC Network providers are encouraged to refer to [the Claims and Billing page](#) on our website for guidance on accurate claims submission in our Claims and Billing manual as well as important plan and state-directed updates. Additional guidance may be found on our [Reimbursement Policies page](#) as well as our [Clinical Policies page](#).

If you have any questions about this notification, please contact your [ACNC Account Executive](#) for support.