



# Welcome to Ambetter of North Carolina Inc.

Your Partner In Better Healthcare  
2024 Provider Orientation



# PROVIDER ORIENTATION

2024

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# AGENDA

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## OVERVIEW

- ~ Who We Are
- ~ Affordable Care Act
- ~ The Health Insurance Marketplace
- ~ Our Networks

## WHAT YOU NEED TO KNOW

- ~ Key Contact Information
- ~ Provider Manual
- ~ Provider Engagement
- ~ Public Website and Secure Portal
- ~ Verification of Eligibility, Benefits and Cost Shares
- ~ Referrals
- ~ Prior Authorization
- ~ Claims, Billing and Payments
- ~ Complaints, Grievances and Appeals
- ~ Specialty Companies and Vendors

## QUESTIONS & ANSWERS





## 2024 Provider Orientation

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# OVERVIEW

# WE ARE AMBETTER

We provide market-leading, affordable health insurance on the marketplace.

**#1 carrier**

on the health insurance marketplace

**2014**

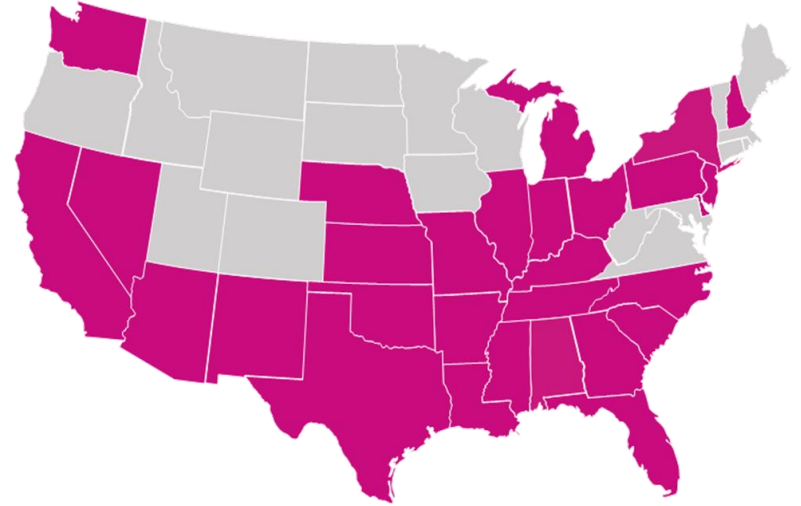
Year that Ambetter began

**3.3M+**

members insured

**29**

states



## LOCAL APPROACH TO CARE

Ambetter delivers high quality, locally-based healthcare services to its members, with our providers benefiting from enhanced collaboration and strategic care coordination programs.

We

~ Target a focused demographic

~ Lower income, underinsured and uninsured

*Confidential and Proprietary Information*



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# Ambetter of North Carolina Inc.

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**2019**

Year that Ambetter of North Carolina Inc. began in just 19 counties!

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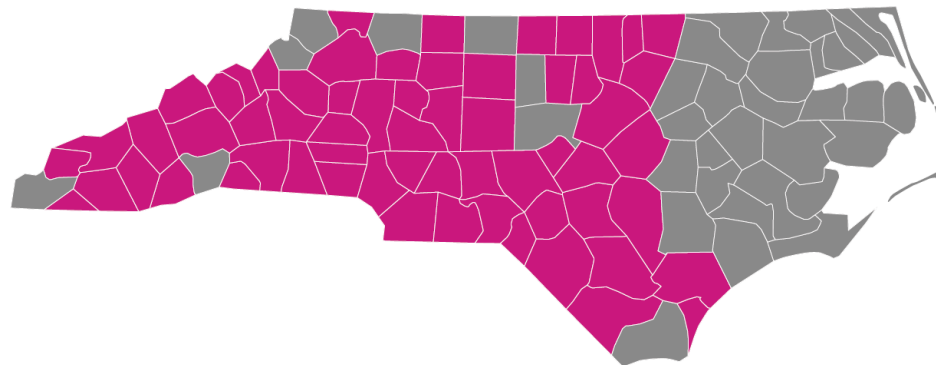
**~158K**

members insured

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**62**

counties



[View our coverage map!](#)



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## PARTNERSHIP

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- The **Ambetter plan design philosophy** is to provide affordable care to individuals or families that need to purchase healthcare coverage on their own.
- **Our products** focus on various cost shares — many with low or no copay amounts — to meet the budget and utilization needs of these consumers. This gives our members the peace of mind that they have full comprehensive medical coverage.
- Additionally, the **emphasis on reducing barriers and improving access to care** mitigates the risk of individuals showing up without insurance (uncompensated care). Ambetter's generous cost-sharing initiatives lower patient financial responsibility while also reducing the amount that providers need to collect at time of service.
- Most importantly, Ambetter plans encourage members to establish relationships with their primary care providers to **achieve favorable health outcomes**.

**We are proud to be your partner.**

# AFFORDABLE CARE ACT

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## AFFORDABLE CARE ACT (ACA): Key Objectives

- Increase access to quality health insurance
- Improve affordability

## ADDITIONAL PARAMETERS:

- Dependent coverage to age 26\*
- No lifetime maximum benefits
- Preventative care covered at 100%
- Insurer minimum loss ratio (80%\* for individual coverage)

*\*May be greater based on state requirements*





# AFFORDABLE CARE ACT

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## REFORM THE COMMERCIAL INSURANCE MARKET – MARKETPLACE OR EXCHANGES

- No more underwriting – guaranteed issue
- There is no longer a federal tax penalty associated with not having minimum essential coverage\*
- Minimum standards for coverage: benefits and cost sharing limits
- The ACA created premium tax credits (also known as subsidies) and cost-sharing reductions (CSR) to help reduce costs for eligible consumers who buy a plan through the Marketplace
- Subsidies may be available to eligible individuals/families who have a household income between 100 and 400 percent of the Federal Poverty Level (FPL), based on the taxpayer's family size
  - ~ Currently, the subsidy cap has been eliminated through Plan Year 2025, but that may be extended
- CSRs are available to eligible individuals/families who have a household income between 100 and 250 percent of the FPL, based on the taxpayer's family size

*\*States may enact tax penalties for not purchasing insurance*



# HEALTH INSURANCE MARKETPLACE

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The Health Insurance Marketplace is a service available in every state that helps people shop for and enroll in affordable health insurance. The federal government operates the Marketplace (HealthCare.gov) for most states, but some states run their own Marketplaces.

The Health Insurance Marketplace provides health plan shopping and enrollment services through websites, call centers, and in-person help.

## Potential members can:

- Register for the exchange
- Determine eligibility for all health insurance programs (including Medicaid)
- Shop for plans
- Enroll in a plan
- Exchanges may be state-based, federally facilitated, or a federal-state hybrid — North Carolina ***is a Federally Facilitated Marketplace***

***The Health Insurance Marketplace is the ONLY WAY to purchase insurance and receive subsidies.***



# HEALTH INSURANCE MARKETPLACE

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## FINANCIAL COMES IN THE FORM OF:

- Advanced Premium Tax Credits (APTC)
- Cost-Sharing Reductions (CSR)

## ALL BENEFIT PLANS HAVE COST SHARES IN THE FORM OF COPAYS, COINSURANCE AND DEDUCTIBLES

- Some members qualify for assistance with their cost shares based on income level

*The Health Insurance Marketplace is the **ONLY WAY** to purchase insurance and receive subsidies.*





## 2024 Provider Orientation

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# OUR NETWORKS

## OUR NETWORKS

- ~ Ambetter offers a robust suite of innovative networks that give members more coverage options to fit their needs and budget.
- ~ By offering increased product options, Ambetter also benefits providers by giving them exclusive access to new patient populations.
- ~ Each Ambetter network is designed to offer members a unique type of coverage option specific to their state. This means that member plans and benefits can vary, and there may be referral or prior authorization requirements for certain types of care to be covered.
- ~ As a provider, it is important you confirm which network and plan a member is in before extending care. This information is located on the member's ID card and can also be confirmed when verifying the member's eligibility.

**Networks Build To Offer More**

## OUR NETWORKS

**Bronze | Silver | Gold\***: The Ambetter core network – our broadest network of healthcare providers and hospitals offering affordable care to individuals or families that need to purchase healthcare coverage on their own. Referrals are not required.

**Ambetter Virtual Access\***: This network offers licensed virtual Primary Care Providers (PCPs) for members over the age of 18. Members have the ability to select a brick-and mortar-PCP upon request. In addition, all members can access our core network of brick-and mortar-providers and hospitals for additional healthcare needs when referred, as applicable, by their selected PCP. Ambetter Virtual Access networks can have referral requirements for certain types of care, along with prior authorization requirements for non-Virtual Access providers.

*\*Network availability varies by county.*

# Our Innovative Networks

# HOW TO IDENTIFY A MEMBER'S NETWORK

All members receive an Ambetter member identification card. The ID card includes new information that includes:


- The **Ambetter Plan** the member has selected
- The **Provider Network** the member belongs to
- **Referral requirements** based on the member's plan selection.

**Note:** Presentation of a member ID card is not a guarantee of eligibility. Providers must verify eligibility on the same day services are rendered.



**ambetter** of North Carolina Inc. FULLY INSURED

Subscriber: [Jane Doe] Policy #: [XXXXXXXXXX]  
Member: [John Doe] Member ID #: [XXXXXXXXXXXXXXXXXX]  
Effective Date: [00/00/00]

  
AmbetterHealth.com/copays

PCP: [\$10 copay after ded. [(\$600)]]  
Specialist: [\$25 coin. after ded. [(\$600)]]  
Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]]  
Urgent Care: [20% coin. after ded. [(\$600)]]  
ER: [\$250 copay after ded. [(\$600)]]  
Max Out-of-Pocket: [\$25,000]

Plan: [Plan name]  
[Line 2 if needed]


[Network Name] Network Coverage Only

RXBIN: 003858  
RXPCN: A4  
RXGROUP: 2DEA

**REFERRAL NOT REQUIRED**

**ambetter** of North Carolina Inc. FULLY INSURED

Subscriber: [Jane Doe] Policy #: [XXXXXXXXXX]  
Member: [John Doe] Member ID #: [XXXXXXXXXXXXXXXXXX]  
Effective Date: [00/00/00]

**VIRTUAL ACCESS**   
Teladoc Virtual Access

AmbetterHealth.com/copays  
PCP: [\$0 copay after ded. [(\$600)]]  
Specialist: [\$25 coin. after ded. [(\$600)]]  
Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]]  
Urgent Care: [20% coin. after ded. [(\$600)]]  
ER: [\$250 copay after ded. [(\$600)]]  
Max Out-of-Pocket: [\$25,000]

Plan: [Plan name]  
[Line 2 if needed]

[Network Name] Network Coverage Only

RXBIN: 003858  
RXPCN: A4  
RXGROUP: 2DEA

**REFERRAL REQUIRED**



## OUR NETWORKS

- Ambetter Virtual Access supports the changing dynamics of how providers deliver care, and how members seek care, which increases access to primary and urgent care services in an agile way.
- Ambetter Virtual Access utilizes a robust national network of virtually-based PCPs through Teladoc Health.
- The network focuses on an online and easily accessible medical home offering for members. Key features include:
  - ~ A patient-centered care plan within the app

# Ambetter Virtual Access



## OUR NETWORKS

- Easy to access, member-friendly reminders for follow-up appointments, picking up prescriptions, etc.
- Full incorporation of virtual behavioral health providers
- In some states, Ambetter Virtual Access members will be enrolled in plans where a referral from a PCP is required in order to see a specialists.
- In North Carolina, Ambetter Virtual Access members DO **require referrals**. However, it is possible that you may see Ambetter Virtual Access members from other states with a different referral requirement. Always check the member's ID card to determine if a referral is or is not required. Prior authorizations are required for all non-Virtual Access providers.

## Ambetter Virtual Access (continued)



## 2024 Provider Orientation

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# WHAT YOU NEED TO KNOW

## KEY CONTACT INFORMATION

**Ambetter of North Carolina Inc.**

**PHONE**

**Phone: 1-833-863-1310  
(Relay 711)**

**WEB**

<https://www.ambetterofnorthcarolina.com/>

**PORTAL**

<Provider.AmbetterofNorthCarolina.com>



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# AMBETTER PROVIDER MANUAL

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**THE PROVIDER MANUAL IS YOUR COMPREHENSIVE GUIDE TO DOING BUSINESS WITH AMBETTER OF NORTH CAROLINA INC.**

The manual includes a wide-range of important information relevant to providers doing business with Ambetter. Key information includes:

- Network information
- Billing guidelines
- Claims information
- Regulatory information
- Key contact list
- Quality initiatives

The Provider Manual can be found in the Provider section of the Ambetter of North Carolina Inc. website at <https://www.ambetterofnorthcarolina.com/>



# PROVIDER ENGAGEMENT

The **Ambetter of North Carolina Inc.** Provider Services team includes trained staff available to respond quickly and efficiently to all provider inquiries, or requests, including:

- Credentialing/Network status
- Claims
- Request for adding/deleting physicians to an existing group

By calling **Ambetter of North Carolina Inc.** Provider Services at **1-833-863-1310**, providers are able to access real time assistance for all their service needs.



# PROVIDER ENGAGEMENT

- As an **Ambetter of North Carolina Inc.** provider, you will have a dedicated Provider Engagement Administrator available to assist you
- Our Provider Engagement Administrators serve as the primary liaisons between our health plan and the provider network
- Your Provider Engagement Administrator is here to help you operate your practice and address needs, such as:



- ✓ **Inquiries related to administrative policies, procedures, and operational issues**
- ✓ **Performance pattern monitoring**
- ✓ **Contract clarification**
- ✓ **Membership/provider roster questions**
- ✓ **Secure Portal registration and PaySpan**
- ✓ **Provider education**
- ✓ **HEDIS/care gap reviews**
- ✓ **Financial analysis**
- ✓ **EHR Utilization**
- ✓ **Demographic information updates**
- ✓ **Initiate credentialing of a new practitioner**



# PROVIDER NETWORK OPERATIONS

- Providers should submit updates to demographic data to [AmbetterNCProviderDirectoryRequest@CENTENE.COM](mailto:AmbetterNCProviderDirectoryRequest@CENTENE.COM) within 30 days of the data change becoming effective.
- Forms to add new practitioners can be found on our website and should be submitted along with all credentialing documentation to [AmbetterNCProviderDirectoryRequest@CENTENE.COM](mailto:AmbetterNCProviderDirectoryRequest@CENTENE.COM)
- Enrollments are effective 30 days from the date all clean documents are received by Ambetter.



Please send the following items to [AmbetterNCProviderDirectoryRequest@CENTENE.COM](mailto:AmbetterNCProviderDirectoryRequest@CENTENE.COM)

- **Contract Clarification**
- **Demographic information updates**
- **Initiate credentialing of a new practitioner**
- **Inquiries related to the status of a new practitioner or Join Our Network request**





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# PUBLIC WEBSITE AND SECURE PORTAL



# AMBETTER PUBLIC WEBSITE

[AMBETTEROFNORTHCAROLINA.COM](https://ambetterofnorthcarolina.com)



[Our Health Plans](#) [Join Ambetter](#) [For Members](#) [For Providers](#) [For Brokers](#) [Shop Our Plans](#)

Enrollment begins  
November 1st.  
Get ready today.

Ambetter of North Carolina Inc. has you  
covered with a range of high-quality,  
affordable plans.

[Compare Plans](#)



As America's #1 Marketplace health insurance\*, we offer benefits such as:

# Ambetter Public Website

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# AMBETTER PUBLIC WEBSITE

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## WHAT'S ON THE PUBLIC WEBSITE?

- Provider Manual
- Quick Reference Guides
- Important Forms (Notification of Pregnancy, Prior Authorization Fax forms, etc.)
- The Pre-Auth Needed Tool
- The Pharmacy Preferred Drug Listing

**Ambetter Public Website**

# SECURE PROVIDER PORTAL

REGISTRATION IS FREE AND EASY!



Contact your Provider Engagement Administrator to get started!

The screenshot shows the login interface for the Ambetter Secure Provider Portal. At the top, the Ambetter logo is displayed. Below it, the text "Log In" is centered. There is a text input field labeled "Username (Email)". Below the input field is a dark blue button with the text "LOG IN" in white. Underneath the button is a link that says "Create New Account". At the bottom of the page, there is a logo for "EntryKeyID" with the tagline "single password reliable security".

# Secure Provider Portal

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# SECURE PROVIDER PORTAL

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## WHAT'S ON THE SECURE PROVIDER PORTAL?

- Member eligibility and patient listings
- Health records and care gap information
- Authorizations
- Claims submissions and status
- Corrected claims and adjustments
- Payment history
- Monthly PCP cost reports
- Provider analytics reports
- PCP Referrals for Value and Virtual plans



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# SECURE PROVIDER PORTAL

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## INSIGHTFUL REPORTS

PCP reports available on [Ambetter PROVIDER.AMBETTEROFNORTHCAROLINA.COM](https://PROVIDER.AMBETTEROFNORTHCAROLINA.COM) Secure Provider Portal are generated monthly 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






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# VERIFICATION OF ELIGIBILITY, BENEFITS AND COST SHARES

# MEMBER ID CARD



**FULLY INSURED**

**Subscriber:** [Jane Doe]  
**Member:** [John Doe]

**Policy #:** [XXXXXXXXXX]  
**Member ID #:** [XXXXXXXXXXXXXXXXXX]  
**Effective Date:** [00/00/00]

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VIRTUAL ACCESS



Teladoc Virtual Access

**AmbetterHealth.com/copays**  
**PCP:** [\$0 copay after ded. [(\$600)]]  
**Specialist:** [\$25 coin. after ded. [(\$600)]]  
**Rx (Generic/Brand):** [\$5/\$25 after Rx ded. [(\$600)]]  
**Urgent Care:** [20% coin. after ded. [(\$600)]]  
**ER:** [\$250 copay after ded. [(\$600)]]  
**Max Out-of-Pocket:** [\$25,000]

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**Plan:** [Plan name]  
[Line 2 if needed]

**[Network Name] Network Coverage Only**

**RXBIN:** 003858  
**RXPCN:** A4  
**RXGROUP:** 2DEA

REFERRAL REQUIRED

Plans can include:

- Ambetter Gold / Silver / Bronze
- Ambetter Virtual Access

Provider Services Contact Information

AmbetterofNorthCarolina.com

**Member/Provider Services:** 1-833-863-1310  
(Relay 711)  
**24/7 Nurse Line:** 1-833-863-1310

**Numbers below for providers:**  
**Pharmacist Only:** 1-833-750-4124  
**EDI Payor ID:** 68069

**Medical Claims Address:**  
 Ambetter of North Carolina Inc.  
 Attn: CLAIMS  
 PO Box 5010  
 Farmington, MO  
 63640-5010

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**Pharmacy Benefit Information**

and in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit AmbetterofNorthCarolina.com.

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AM823-NC-C-00048

Certain plans may have a referral requirement. Please note:

1. Referral from PCP is required to see a specialist. Auth may be required.
2. Referral from PCP is not required to see a specialist. Auth may be required.

# Navigating the Member ID Card

# ELIGIBILITY, BENEFITS AND COST SHARE

## PROVIDER MUST VERIFY MEMBER ELIGIBILITY

- Every time a member schedules an appointment
- When the member arrives for the appointment

## PANEL STATUS

- PCPs should confirm that a member is assigned to their patient panel. This can be done via our Secure Provider Portal.
- PCPs can still administer service if the member is not on their panel and they wish to have the member assigned to them for future care.

# Verification of Eligibility, Benefits and Cost Share



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# ELIGIBILITY, BENEFITS AND COST SHARE

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## ELIGIBILITY, BENEFITS AND COST SHARES CAN BE VERIFIED IN THREE WAYS:

- ✓ **The Ambetter Secure Portal:** <https://provider.ambetterofnorthcarolina.com>
- ✓ If you are already a registered user of the **Ambetter of North Carolina Inc.** secure portal, you do NOT need a separate registration!
- ✓ **24/7 Interactive Voice Response System**  
Enter the Member ID Number and the month of service to check eligibility

**Contact Provider Services: 1-833-863-1310**

# Verification of Eligibility, Benefits and Cost Share

# VERIFICATION OF ELIGIBILITY ON THE PORTAL

Viewing Eligibility For: TIN  Plan Type

**We are currently experiencing issues displaying the 'PCP Referrals Made' list. Please search for the Member in order to see their referrals or call provider services for more information.**

**Required Action!** Providers seeing members enrolled in Ambetter VALUE or VIRTUAL ACCESS products will need to ensure that PCP Referrals are created prior to providing care. Providers who are outside of the members Primary Provider Group will require a referral for services to be covered. Claims will deny if the referral is not in place.

### Eligibility Check

Date of Service (mm/dd/yyyy)  Member ID or Last Name  DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	STATE	NETWORK	REFERRAL REQUIRED	RECENT ADT	CARE GAPS	LOG ER VISIT
	08/18/2023	Smith <a href="#">View details</a>	08/18/2023	FL	CMS Exp Bronze Std Core	NO	NO	Non-compliant for annual well visit.	<input type="button" value="ER Visit?"/> <input type="button" value="Remove"/>



# VERIFICATION OF COST SHARES ON THE PORTAL

The screenshot displays the Ambetter patient portal interface. At the top, there is a navigation bar with icons for Manage Practice, Eligibility, Patients, PCP Referrals, Authorizations, Claims, and Messaging. Below this, a search bar allows users to view patients by TIN and Plan Type (Ambetter), with a 'Find Patient' button. The main content area is for a patient named 'Smith', with a 'Back to Patient List' button. A sidebar on the left lists various patient information sections: Overview, Cost Sharing (selected), Benefits Usage, Assessments, Health Record, ADT, Care Plan, Authorizations, Pharmacy PDL, Care Management Referrals, PCP Referrals, Coordination of Benefits, Claims, Benefit Documents, Document Resource Center, and Notes. The 'Cost Sharing' section is expanded, showing a green notification box stating: 'This patient is eligible as of today, Aug 18, 2023. The premium paid through date is Aug 31, 2023 and the claims paid through date is Aug 31, 2023.' Below this, there are sections for Deductible and Out-Of-Pocket Limit, each with a table showing the amount met and remaining for Family and Person categories.

**Overview** [Print Cost Sharing](#)

**Cost Sharing**

**Benefits Usage**

**Assessments**

**Health Record**

**ADT**

**Care Plan**

**Authorizations**

**Pharmacy PDL**

**Care Management Referrals**

**PCP Referrals**

**Coordination of Benefits**

**Claims**

**Benefit Documents**

**Document Resource Center**

**Notes**

**Deductible**

The fixed amount of money that you are responsible for paying before your insurance starts to pay. Whether or not you meet your deductible depends on how much healthcare you need throughout the year.

Type	Total Amount	Meet Year To Date*	Remaining
Family	\$15,000.00	\$0.00	\$15,000.00
Person	\$7,500.00	\$0.00	\$7,500.00

**Out-Of-Pocket Limit**

The total amount you will spend for healthcare, after which the insurance company pays for all your medical care until the year ends.

Type	Total Amount	Meet Year To Date*	Remaining
Family	\$18,000.00	\$163.81	\$17,836.19
Person	\$9,000.00	\$163.81	\$8,836.19

\* These values will start at zero on January 1st. The following counts towards your deductible: medical costs, physician services, hospital services, EHB covered services, including pediatric, vision and mental health services, drug benefits.



# VERIFICATION OF BENEFITS ON THE PORTAL

The screenshot displays the Ambetter patient portal interface. At the top, there is a navigation bar with icons for Manage Practice, Eligibility, Patients, PCP Referrals, Authorizations, Claims, and Messaging. Below this, a search bar allows users to view patients by TIN and Plan Type (currently set to Ambetter), with a GO button and a Find Patient button. The main content area shows a patient profile for 'Smith'. A sidebar on the left lists various patient services, with 'Benefit Documents' highlighted. The main content area displays links for 'Schedule of Benefits' and 'Summary of Benefits and coverage', along with a note directing users to AmbetterHealth.com for more information.

ambetter

Manage Practice Eligibility Patients PCP Referrals Authorizations Claims Messaging

Viewing Patients For: TIN [ ] Plan Type: Ambetter GO Find Patient

Back to Patient List [ ] Smith

Overview  
Cost Sharing  
Benefits Usage  
Assessments  
Health Record  
ADT  
Care Plan  
Authorizations  
Pharmacy PDL  
Care Management Referrals  
PCP Referrals  
Coordination of Benefits  
Claims  
Benefit Documents  
Document Resource Center  
Notes

[Schedule of Benefits](#)  
[Summary of Benefits and coverage](#)  
For additional Benefit Coverage information go to [AmbetterHealth.com](#) or call provider services



## 2024 Provider Orientation

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# REFERRALS

# AMBETTER PCP REFERRAL REQUIREMENTS

- Ambetter Virtual Access has referral requirements.
- For services to be covered under these plans, they must be provided by or referred by a PCP.
- If a referral is not initiated, services performed outside of the member's assigned provider or primary care group will be denied.
- Prior authorization requirements will also apply, as necessary.
- Referral requirements are reiterated throughout the Ambetter Guide and member plan materials to ensure members understand the rules associated with their plan.
- Referring providers can use our Secure Provider Portal to initiate referrals on behalf of members.



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# EXCEPTIONS TO REFERRAL REQUIREMENTS

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## THE FOLLOWING SERVICES ARE EXEMPT FROM REFERRAL REQUIREMENTS:

- Emergency or urgent care services
- In-network mental, behavioral health and substance abuse disorder services
- Obstetrical or gynecological services
- Labs, X-Ray/Imaging, Anesthesiology

***Prior authorization requirements will also apply, as necessary.***



# AMBETTER REFERRAL REQUIREMENTS

Ambetter Plan	Referral Requirement?
Gold / Silver / Bronze	No
Ambetter Virtual Access	Yes, for care outside of PCP





# MAKING AN AMBETTER VIRTUAL ACCESS REFERRAL

The screenshot shows the Ambetter Guide website. At the top left is the Ambetter logo with the text "of North Carolina Inc." and "Guide". To the right are "Sign up" and "Log in" buttons. A language dropdown menu is set to "ENGLISH". The main heading is "Ambetter Guide" with the sub-heading "Find nearby in-network care". Below this, there are two columns. The left column is titled "Log in for the most accurate results" and contains a "Log in" button. The right column is titled "Search without logging in" and contains a dropdown menu with three options: "Your home state", "Ambetter member ID number", and "Last 6 digits of your SSN".

1. Go to Ambetter Guide: <https://guide.ambetterhealth.com/>
2. Click the option for “Ambetter Virtual Access”.
3. On the next screen, set the state field to the member’s home state. If a year field is present (e.g., during Open Enrollment), select the current year. Click the button to advance.
4. On the next screen, select the Ambetter Virtual Access option. Click the button to advance.
  1. If you do not see an Ambetter Virtual Access option, go back to the prior screen and make sure you have the state (and year, if present) set correctly.
5. The next screen includes fields for (1) a search term and (2) the search location.
  1. The search term field has no default. Enter the specialty you wish to search.
  2. The search location field defaults to the location set by your internet service provider. Set the search location to a ZIP or city appropriate for the member.
6. Submit the search. Results will load on the next screen.
7. Click through on any result to see full details about the provider, including their NPI.



# MAKING A REFERRAL: SECURE PROVIDER PORTAL

ONCE YOU IDENTIFY THE SPECIALIST'S NAME AND NPI,  
SUBMIT THE INFORMATION ON THIS SCREEN.

1. Click on **“PCP Referrals”** tab at the top of the screen.
2. Click the **“Create Referral”** button.
3. Complete the fields on the PCP Referral form.

**Tip:** Please utilize the Helpful Information section for assistance / guidance.

The screenshot shows the 'Create Referral' form in a web browser. At the top, there are navigation tabs: 'Manage Patient', 'Referrals', 'PCP Referrals', 'Referrals/Orders', 'Claims', and 'Messaging'. The 'PCP Referrals' tab is active. Below the navigation, there is a search bar for 'Primary Referral For' with a dropdown menu showing 'Ambetter' and a 'Create Referral' button. The main form area is titled 'Create Referral' and contains several sections: 'Patient Information' with fields for Patient Name (Smith), Birth Date, Member ID, Plan (Ambetter Value), and Primary Provider Group; 'Referral Date' with 'Start Date' (10/16/2023) and 'End Date' (11/16/2023) fields, and a 'Helpful Information' section with a list of specialties for which no referral is necessary; 'Referring Provider' with a search field and fields for Name, Title, and Phone; 'Referred To Provider' with a search field and fields for Name, Title, and Phone; 'Referral Type & Visits' with a dropdown for 'Select Referral Type' and a 'Visits' field set to '1'; 'Referred To Provider's Specialty' with a dropdown for 'Select Specialty'; and 'Notes (optional)' with a text area. At the bottom, there is an 'ATTACHMENTS' section with a 'Drag & Drop Files' area and an 'Upload PDF or Word Doc' button. A footer note states: 'Note: Payment of claims is dependent on eligibility, covered benefits, provider contracts, current coding and billing practices. For specific details, please refer to the provider manual.' There are 'CANCEL' and 'NEXT' buttons at the bottom right.



# RECEIVING A REFERRAL

1. Once you receive a referral for care from the member's PCP, the member will schedule an appointment with you.
2. Log in to the Secure Provider Portal.
3. Navigate to 'Referrals' tab at the top.
4. Click on 'Referrals Received' to see the referral tracking table.
5. When you are ready to submit a claim for the referred service, reference this table for the referral ID/REF#.
6. Submit claims form with the REF#.
7. Claim form **MUST** include a REF# if a referral is required for the service. **If no REF# is submitted, the claim will be denied.**

The screenshot shows the 'PCP Referrals' section of the Ambetter provider portal. At the top, there are navigation tabs for 'Manage Practice', 'Eligibility', 'Patients', 'PCP Referrals', 'Authorizations', 'Claims', and 'Messaging'. Below the navigation, there are filters for 'Viewing Referrals For' (ID#) and 'Plan Type' (Ambetter). A 'Create Referral' button is visible on the right.

A notification box states: "What's New: Filter Referrals. You can now filter primary care provider referrals by typing a keyword for Plans, Referral ID#, Status types, Specialties, and Dates. To select specific attributes, including Member Last Name, please use the Filter tool."

The main content area is divided into two tabs: 'PCP Referrals Received' (selected) and 'PCP Referrals Made'. A 'Filter' button and a search box for keywords are present. Below is a table with the following columns: Submitted, Referral ID, Member Name, Plan, Specialty, Visits Left, Start-End Dates, and Status.

Submitted	Referral ID	Member Name	Plan	Specialty	Visits Left	Start-End Dates	Status
07/20/2023	REF01	[REDACTED]	Ambetter Value	Obstetrics & Gynecology 6 Allowed Visits	6	07/20/2023 - 10/18/2023	Active
06/30/2023	REF35	[REDACTED]	Ambetter Value	Obstetrics & Gynecology 12 Allowed Visits	12	06/30/2023 - 09/28/2023	Active
06/02/2023	REF05	[REDACTED]	Ambetter Value	Obstetrics & Gynecology Gynecology 6 Allowed Visits	6	06/02/2023 - 07/31/2023	Expired
03/30/2023	REF44	[REDACTED]	Ambetter Value	Obstetrics & Gynecology 6 Allowed Visits	6	03/30/2023 - 06/28/2023	Expired
03/27/2023	REF02	[REDACTED]	Ambetter Value	General Acute Care Hospital 6 Allowed Visits	6	03/27/2023 - 06/26/2023	Expired
03/24/2023	REF18	[REDACTED]	Ambetter Value	Obstetrics & Gynecology 6 Allowed Visits	6	03/24/2023 - 06/22/2023	Expired
03/22/2023	REF61	[REDACTED]	Ambetter Value	Obstetrics & Gynecology 6 Allowed Visits	6	03/22/2023 - 06/20/2023	Expired
03/07/2023	REF980E0E996	[REDACTED]	Ambetter Value	Obstetrics & Gynecology Gynecology 6 Allowed Visits	6	03/07/2023 - 06/05/2023	Expired
02/23/2023	REF8EDAC4788	[REDACTED]	Ambetter Value	Obstetrics & Gynecology 6 Allowed Visits	6	02/23/2023 - 05/24/2023	Expired

At the bottom of the table, there is a 'DOWNLOAD' button and a pagination indicator: 'Rows per page: 10 1-9 of 9'.

Footnote: "Visits Left" is based on claims processing starting on 1/1/2023. If Ambetter has not received a claim for a date of service, it will not be included in the counts above.

Status Type Explanation:  
ACTIVE: The referral is still within the start date and end date  
EXPIRED: The end date for the referral has passed  
CANCELLED: The referral has been cancelled by the referring provider  
CLOSED: The referral number was submitted with a claim





2024 Provider Orientation

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# PRIOR AUTHORIZATION

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# HOW TO SECURE A PRIOR AUTHORIZATION

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## NEED PRIOR AUTHORIZATION?

It can be requested in the following ways:

- ✓ Secure Web Portal (This is the preferred and fastest method.)  
<https://provider.ambetterofnorthcarolina.com>
- ✓ Phone  
**1-833-863-1310**
- ✓ Fax  
**1-844-536-2412**

*After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line.  
Notification of authorization will be returned via phone, fax, or web.*



# IS PRIOR AUTHORIZATION NEEDED?

- Use the **Pre-Auth Needed Tool** to quickly determine if a service or procedure requires prior authorization.
- Available on the provider section of the **Ambetter of North Carolina Inc.** website at [ambetterofnorthcarolina.com](http://ambetterofnorthcarolina.com).

Are Services being performed in the Emergency Department?  
YES  NO

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member having observation services?	<input type="radio"/>	<input checked="" type="radio"/>
Are anesthesia services being rendered for pain management or dental surgeries?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input checked="" type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	<input type="radio"/>	<input checked="" type="radio"/>

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

69436

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



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# REQUIREMENTS

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## PROCEDURES / SERVICES THAT NEED PRIOR AUTHORIZATION INCLUDE\*:

- Potentially cosmetic
- Experimental or investigational
- High-tech imaging (e.g. CT, MRI, PET)
- Infertility
- 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.*

# Prior Authorization Requirements

# REQUIREMENTS

## INPATIENT AUTHORIZATION IS NEEDED FOR THE FOLLOWING\*:

- All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admit including:
  - ~ All services performed in out-of-network facilities
  - ~ Behavioral health/substance use
  - ~ Hospice care
  - ~ Rehabilitation facilities
  - ~ Transplants, including evaluation
- Observation stays more than 48 hours require Inpatient Authorization
- Urgent/Emergent Admissions
- Within 1 day following the date of admission
- Newborn deliveries must include birth outcomes
- Partial Inpatient, PRTF and/or Intensive Outpatient Programs (IOP)

# Prior Authorization Requirements



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# REQUIREMENTS

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## ANCILLARY SERVICES THAT NEED PRIOR AUTHORIZATION INCLUDE\*:

- Air ambulance transport (non-emergent fixed-wing airplane)
- Durable medical equipment (DME)
- Home health care services, including:
  - ~ Home infusion
  - ~ Skilled nursing
  - ~ Therapy
  - ~ Private duty nursing
  - ~ Adult medical day care
  - ~ Hospice
  - ~ Furnished medical supplies and DME

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

# Prior Authorization Requirements

## Pre-Authorization Programs

- Effective June 2023, Ambetter of North Carolina Inc. will work with Evolent, formerly National Imaging Associations, Inc.(NIA), to provide the management and prior authorization of non-emergent outpatient Interventional Pain Management (IPM) procedures.
- Effective January 2021, Ambetter of North Carolina Inc. will also work with Evolent, formerly National Imaging Associations, Inc.(NIA), for the Utilization Management of outpatient rehabilitative and habilitative Physical Medicine services(Physical, Occupational, and Speech Therapy).
- Effective January 2019, Ambetter of North Carolina Inc. has selected Evolent, formerly National Imaging Associations, Inc.(NIA), to implement a radiology benefit management program for outpatient advanced imaging services
- [For helpful resources such as Quick Reference Guides, FAQs, trainings, tip sheets, and more visit NIA's provider website for Ambetter of North Carolina Inc.](#)
- National Imaging Associates Provider Portal: <https://www1.radmd.com/>

**INTERVENTIONAL PAIN MANAGEMENT,  
RADIOLOGY AND SPECIALTY THERAPIES**

## Pre-Authorization Programs

- Beginning November 1, 2021, all oncology-related infused, oral chemotherapeutic drugs/supportive agents, and radiation treatments will require a prior authorization from New Century Health (NCH), now known as Evolent, before being administered in either the provider's office, outpatient hospital, ambulatory setting, or infusion center.
- This requirement applies to Ambetter of North Carolina Inc. members of all ages
- Program includes pre-authorization management for Oral and Infused chemotherapy agents, supportive and symptom management drugs and Radiation Oncology services
- In scope specialties include:
  - Gynecologic Oncology
  - Hematology
  - Medical Oncology
  - Neurological Oncology
  - Pediatric Oncology
  - Surgical Oncology
  - Radiation Oncology
  - Urology
- Portal users may log in to the NCH provider portal by going to [my.newcenturyhealth.com](https://my.newcenturyhealth.com)
- [For more information and a list of medication this impacts, please view the August 10th news bulletin](#)

# ONCOLOGY/SUPPORTIVE DRUGS

# TIMEFRAMES

Service Type	Timeframe
Scheduled admissions	Prior Authorization required five (5) days prior to the scheduled admission date
Elective outpatient services	Prior Authorization required five (5) days prior to the elective outpatient admission date
Emergent inpatient admissions	Notification within 24 hours
Observation – 48 hours or less	Notification within one (1) business day for non-participating providers
Observation – greater than 48 hours	Requires inpatient prior authorization within (1) business day
Emergency room and post stabilization, urgent care and crisis intervention	Notification within 24 hours
Maternity admissions	Notification within 24 hours
Newborn admissions	Notification within 24 hours
Neonatal Intensive Care Unit (NICU) admissions	Notification within 24 hours
Outpatient Dialysis	Notification within 24 hours

## Prior Authorization Timeframes

# TIMEFRAMES

Type	Timeframe
Prospective/Urgent	Within 72 hours of receipt of all information needed to complete the review.
Prospective/Non-Urgent	Within 3 business days of receipt of all information needed to complete the review.
Emergency services	60 minutes (1 hour)
Concurrent/Urgent	Within twenty-four (24) hours of receipt of request when all necessary information is available.
Retrospective	Thirty (30) calendar days

## Utilization Determination Timeframes

# CORRECT CODING

## PRIOR AUTHORIZATION WILL BE GRANTED AT THE CPT CODE LEVEL

- If a claim is submitted that contains CPT codes that were not authorized, the services will be denied.
- If additional procedures are performed during the procedure, the provider **must** contact the health plan to update the authorization in order to avoid a claim denial.
- It is recommended that this be done within 72 hours of the procedure. However, it **must** be done prior to claim submission or the claim will deny.
- Ambetter will update authorizations but will **not** retro-authorize services.
  - ~ The claim will deny for lack of authorization.
  - ~ If there are extenuating circumstances that led to the lack of authorization, the claim may be appealed.

# CORRECT CODING FOR PRIOR AUTHORIZATION



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# CLAIMS, BILLING AND PAYMENTS

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# CLAIMS

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## WHAT IS A CLEAN CLAIM?

- A clean 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.

## ARE THERE ANY EXCEPTIONS?

- 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 days from the date of service, or date of primary payment, when Ambetter is secondary.

## CLAIMS MAY BE SUBMITTED IN THREE WAYS:

### 1. The Secure Provider Portal

[provider.ambetterofnorthcarolina.com](https://provider.ambetterofnorthcarolina.com)

### 2. Electronic Clearinghouse

~ Payor ID 68069

~ Clearinghouses currently utilized by Ambetter will continue to be utilized

~ For a listing of our clearinghouses, visit our website at [ambetterofnorthcarolina.com](https://ambetterofnorthcarolina.com)

### 3. Mail

Ambetter

P.O. Box 5010

Farmington, MO 64640-5010



# CLAIM RECONSIDERATIONS AND DISPUTES

## CLAIM RECONSIDERATIONS

- For reconsideration requests, providers can use the **Reconsider Claim** button on the Claim Details screen within the Secure Provider Portal
- A written request from a provider about a disagreement in the manner in which a claim was processed. No specific form is required.
- Must be submitted within 180 days of the Explanation of Payment.
- Mail claim reconsiderations to:  
**P.O. Box 5010**  
**Farmington, MO 63640-5010**

## CLAIM DISPUTES

- Must be submitted within 180 days of the Explanation of Payment
- A Claim Dispute form can be found on our website at [ambetterofnorthcarolina.com](http://ambetterofnorthcarolina.com)
- Mail completed Claim Dispute form to:  
P.O Box 5010  
Farmington, MO 63640-5010



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# CLAIM SUBMISSION SUSPENDED STATUS

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## WHAT IF A MEMBER IS IN SUSPENDED STATUS?

- After the first 30 days, the member is placed in a suspended status. The Explanation of Payment will indicate LZ Pend: Non-Payment of Premium
- A provision of the ACA allows members who are receiving Advanced Premium Tax Credits (APTCs) a three-month grace period for paying claims
- While the member is in a suspended status, claims will be pended
- When the premium is paid by the member, the claims will be released and adjudicated
- If the member does not pay the premium, the claims will be released, and the provider may bill the member directly for services



# CLAIM SUBMISSION SUSPENDED STATUS

## EXAMPLE TIMELINE OF A MEMBER IN SUSPENDED STATUS

- **January 1<sup>st</sup>**  
Member pays premium
- **February 1<sup>st</sup>**  
Premium due – member does not pay
- **March 1<sup>st</sup>**  
Member placed in suspended status
- **April 1<sup>st</sup>**  
Member remains in suspended status
- **May 1<sup>st</sup>**  
If premium remains unpaid, member is terminated.  
Provider may bill member directly for services rendered.

Claims for  
members in a  
suspended  
status are not  
considered  
“clean claims.”



# HELPFUL INFORMATION ABOUT CLAIMS

## MAKE SURE TO INCLUDE THE RENDERING TAXONOMY CODE!

- Claims **must** be submitted with the rendering provider's taxonomy code
- The claim will deny if the taxonomy code is not present
- This is necessary in order to accurately adjudicate the claim

## REMINDER: DO NOT FORGET THE CLIA NUMBER!

- If the claim contains CLIA-certified or CLIA-waived services, the CLIA number **must** be entered in **Box 23** of a paper claim form or in the appropriate loop for EDI claims
- Claims will be rejected if the CLIA number is not on the claim



# BILLING THE MEMBER

## COPAYS, CO-INSURANCE AND DEDUCTIBLES

- Copays, co-insurance and any unpaid portion of the deductible may be collected at the time of service
- Deductible information, including the amount that has been paid toward the deductible so far, can be accessed via the Secure Provider Portal at <https://provider.ambetterofnorthcarolina.com/>
- If the amount collected from the member is higher than the actual amount owed upon claim adjudication, the provider must reimburse the member within 45 days



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# CLAIMS PAYMENTS

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## PAYSPAN®: A FASTER, EASIER WAY TO GET PAID

- Ambetter offers PaySpan® Health, a free solution that helps providers transition into electronic payments and automatic reconciliation
- If you currently utilize PaySpan®, you will need to register specifically for Ambetter
- **Set up your PaySpan® account:**
  - ~ Visit [www.payspanhealth.com](http://www.payspanhealth.com) and click Register
  - ~ You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN)

# ELECTRONIC FUNDS TRANSFER



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# COMPLAINTS, GRIEVANCES AND APPEALS



# COMPLAINTS, GRIEVANCES AND APPEALS

## CLAIMS

- A provider must exhaust the claims reconsideration and claims dispute process before filing a complaint/grievance or appeal

## COMPLAINT/GRIEVANCE

- Must be filed within 30 days of the Notice of Action
- Upon receipt of complete information to evaluate the request, Ambetter will provide a written response within 30 days



# COMPLAINTS, GRIEVANCES AND APPEALS

## APPEALS

- For Claims, the Claims Reconsideration, Claims Dispute and Complaint/Grievances process must be exhausted prior to filing an appeal

## MEDICAL NECESSITY

- Must be filed within 30 days from the Notice of Action.
- Ambetter shall acknowledge receipt within 10 days of receiving the appeal.
- Ambetter shall resolve each appeal and provide written notice as expeditiously as the member's health condition requires but not to exceed 30 days.
- Expedited appeals may be filed if the time expended in a standard appeal could seriously jeopardize the member's life or health. The timeframe for a decision for an expedited appeal will not exceed 72 hours.



# COMPLAINTS, GRIEVANCES AND APPEALS

## MEMBER REPRESENTATIVES

- Members may designate a provider to act as their representative for filing appeals related to medical necessity
  - ~ Ambetter requires that this designation by the member be made in writing and provided to Ambetter
- No punitive action will be taken against a provider by Ambetter for acting as a member's representative

## NEED MORE INFORMATION?

- Full details of the claim reconsideration, claim dispute, complaints/grievances and appeals processes can be found in our Provider Manual, located on our website at <https://ambetterofnorthcarolina.com/>





2024 Provider Orientation

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# SPECIALTY SERVICES & VENDORS

## SPECIALTY COMPANIES AND VENDORS

Service	Specialty Company/Vendor	Contact Information
High Tech Imaging Services, Specialty Therapies and Interventional Pain Management	National Imaging Associates	1-866-214-2569 <a href="http://www.radmd.com">www.radmd.com</a>
Oncology/Supportive Drugs	New Century Health (NCH)	1-888-999-7713 <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a>
Vision Services	Involve Vision©	<a href="http://www.involvevision.com">www.involvevision.com</a>
Dental Services	Involve Dental©	<a href="http://www.involvedental.com">www.involvedental.com</a>
Pharmacy Services	Pharmacy Services	1-866-399-0928 (Phone) 1-866-399-0929 (Fax)

# OUR SPECIALTY COMPANIES AND VENDORS



## 2024 Provider Orientation

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# Questions & Answers

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