

November 11, 2022

PROSPECTIVE CLAIMS PAYMENT REVIEW THRESHOLD UPDATE

AmeriHealth Caritas North Carolina (ACNC) would like to clarify language used in the Prospective Claims Payment Review Process Update article from the [August 17, 2022, Provider Digest](#).

In support of efforts to reduce administrative burden on providers, ACNC has updated the thresholds for high dollar pre-payment reviews requiring itemized bills. Effective November 11, 2022, ACNC will require that providers submit an itemized bill with any claim type with a **total billed amount greater than:**

Claim Type	Threshold amount
Hospital Inpatient claims	\$250,000
Hospital Outpatient claims	\$75,000
Professional claims	\$25,000

To simplify the submission process, ACNC has added functionality for network providers to submit electronic attachments (275 transactions) to support medical claims via Change Healthcare, our electronic data interchange (EDI) clearinghouse. The process is also outlined in our [Provider Manual](#) and [Claims and Billing Manual](#). Visit our [claims and billing webpage](#) for additional information.

Once the claim and itemized bill are received, Optum, our medical claim review vendor, will conduct a prospective review and submit its findings to AmeriHealth Caritas North Carolina for claim adjudication. Your remittance advice will reflect any payment differences resulting from Optum's review. If billing issues have been identified, Optum will send a facility packet, which includes the Forensic Review Report outlining review findings within 20 business days of the date of your remittance advice.

General questions regarding these prospective reviews should be directed to Optum by phone at **1-800-985-2357** or via secure email to: ClaimsResolution@Optum.com to discuss any inquiries you may have regarding the report's findings or the documentation and explanations necessary to clarify the charges in question.

Alternatively, if your facility believes that a billing issue identified by Optum may be inaccurate, you must appeal the findings directly to AmeriHealth Caritas North Carolina. Your appeal request must be submitted in writing to the address listed below within 30 days from the date of the facility packet letter.

**Provider Appeals Department
AmeriHealth Caritas North Carolina
P.O. Box 7379
London, KY 40742-7381**

Optum is an AmeriHealth Caritas North Carolina business associate, as defined by the regulations implementing the Health Insurance Portability and Accountability Act of 1996. Pursuant to its agreement with AmeriHealth Caritas North Carolina, Optum. is authorized to request, receive, document, and discuss any medical information including, but not limited to, itemized bills and medical record information regarding the diagnosis and plan of care for AmeriHealth Caritas North Carolina's members. Please call Optum at **1-800-985-2357** if you have any questions regarding Optum's authorization.

If you have any questions about this change, please contact your dedicated [Provider Network Account Executive](#).

Thank you for your cooperation and assistance in our efforts to ensure the integrity of the Medicaid program.

Sincerely,

A handwritten signature in black ink that reads "James King". The signature is written in a cursive style with a large, sweeping "J" and "K".

James King
Interim Director, Provider Network Management

Visit the [Provider section](#) 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 [contact](#) your Account Executive or AmeriHealth Caritas North Carolina's Provider Network Management leadership.