

# PHP Clean Claim Summary - Count



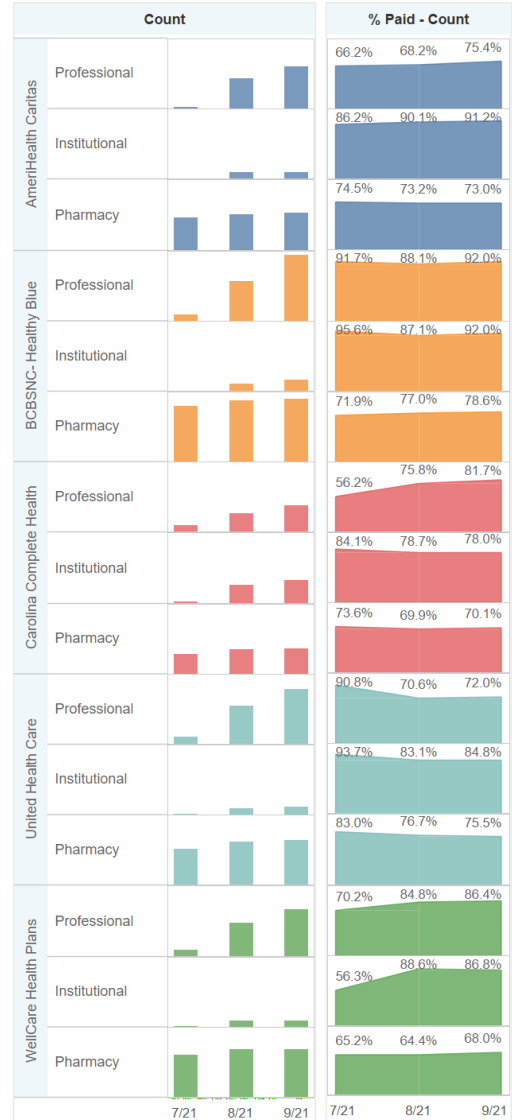
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## PHP Clean Claim Summary

The PHP Clean Claim Summary chart shows the counts and amounts of claims paid and denied by PHP and claim type. Navigation Guide: Select Count to the right to see the number of claims paid and denied for each PHP and claim type. Select Amount to the right to see the dollar amount of claims paid and denied for each PHP and claim type.

Select Claim Count or Amount Count

PHP Name	Claim Type (group)	Status	July 2021	August 2021	September 2021
AmeriHealth Caritas	Professional	Paid	10,188	117,599	180,224
		Denied	5,204	54,864	58,797
		Total	15,392	172,463	239,021
	Institutional	Paid	2,916	33,905	34,609
		Denied	467	3,736	3,325
		Total	3,383	37,641	37,934
	Pharmacy	Paid	137,210	146,416	150,495
		Denied	46,992	53,682	55,711
		Total	184,202	200,098	206,206
Total		202,977	410,202	483,161	
BCBSNC- Healthy Blue	Professional	Paid	36,309	197,195	342,614
		Denied	3,272	26,640	29,630
		Total	39,581	223,835	372,244
	Institutional	Paid	2,663	41,363	60,885
		Denied	122	6,152	5,280
		Total	2,785	47,515	66,165
	Pharmacy	Paid	224,682	262,924	276,710
		Denied	87,958	78,603	75,417
		Total	312,640	341,527	352,127
Total		355,006	612,877	790,536	
Carolina Complete Health	Professional	Paid	23,287	82,678	125,388
		Denied	18,118	26,438	28,020
		Total	41,405	109,116	153,408
	Institutional	Paid	11,890	81,988	102,011
		Denied	2,250	22,125	28,778
		Total	14,140	104,113	130,789
	Pharmacy	Paid	82,389	95,167	100,007
		Denied	29,591	41,046	42,667
		Total	111,980	136,213	142,674
Total		167,525	349,442	426,871	
United Health Care	Professional	Paid	41,595	155,973	226,047
		Denied	4,239	64,819	87,953
		Total	45,834	220,792	314,000
	Institutional	Paid	7,839	33,305	40,932
		Denied	530	6,796	7,335
		Total	8,369	40,101	48,267
	Pharmacy	Paid	172,425	187,659	192,392
		Denied	35,414	56,943	62,594
		Total	207,839	244,602	254,986
Total		262,042	505,495	617,253	
WellCare Health Plans	Professional	Paid	27,806	157,674	224,175
		Denied	11,802	28,222	35,376
		Total	39,608	185,896	259,551
	Institutional	Paid	2,911	33,742	36,567
		Denied	2,258	4,334	5,540
		Total	5,169	38,076	42,107
	Pharmacy	Paid	154,732	176,767	185,634
		Denied	82,441	97,514	87,487
		Total	237,173	274,281	273,121
Total		281,950	498,253	574,779	



# PHP Clean Claim Summary - Amount



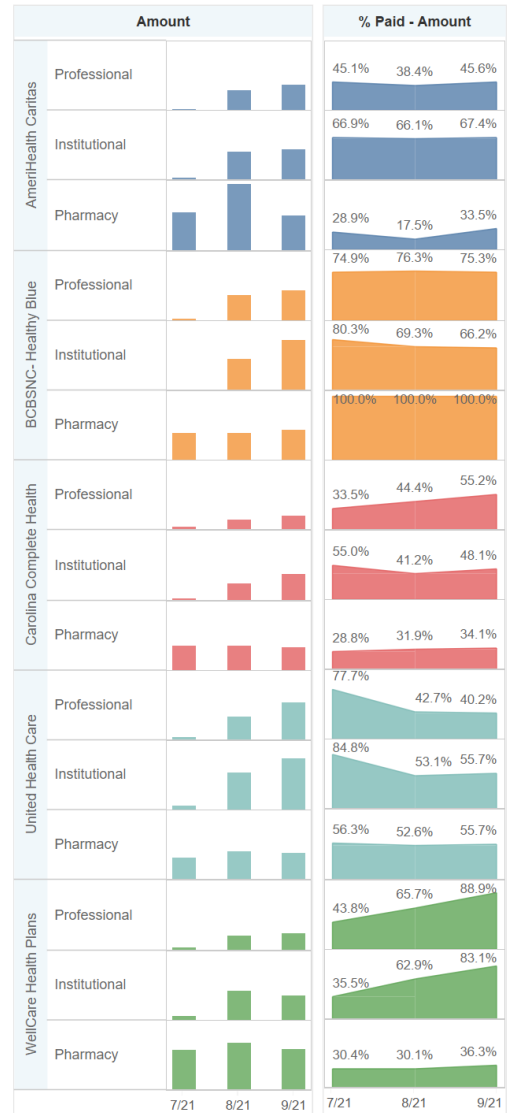
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Select Claim Count or Amount Amount

PHP Name	Claim Type (group)	Status	July 2021	August 2021	September 2021
AmeriHealth Caritas	Professional	Paid	1,118,119	13,207,179	20,196,704
		Denied	1,359,970	21,208,996	24,061,931
		Total	2,478,088	34,416,174	44,258,635
	Institutional	Paid	2,461,837	32,486,326	36,306,184
		Denied	1,220,010	16,638,377	17,543,720
		Total	3,681,847	49,124,703	53,849,904
	Pharmacy	Paid	19,001,213	20,273,377	20,190,510
		Denied	46,758,572	95,282,178	40,013,658
		Total	65,759,785	115,555,555	60,204,167
Total		71,919,720	199,096,432	158,312,707	
BCBSNC- Healthy Blue	Professional	Paid	3,580,853	35,089,527	41,034,615
		Denied	1,199,317	10,905,170	13,430,626
		Total	4,780,169	45,994,697	54,465,241
	Institutional	Paid	1,389,856	38,597,341	58,832,152
		Denied	340,470	17,132,497	29,993,683
		Total	1,730,326	55,729,837	88,825,835
	Pharmacy	Paid	48,213,634	47,460,092	53,460,702
		Denied	0	0	0
		Total	48,213,634	47,460,092	53,460,702
Total		54,724,129	149,184,627	196,751,778	
Carolina Complete Health	Professional	Paid	2,357,882	8,604,623	14,176,407
		Denied	4,690,363	10,755,455	11,508,442
		Total	7,048,245	19,360,078	25,684,849
	Institutional	Paid	2,080,599	12,733,465	22,339,711
		Denied	1,704,176	18,191,107	24,134,883
		Total	3,784,776	30,924,572	46,474,594
	Pharmacy	Paid	12,211,022	14,030,733	14,273,234
		Denied	30,229,186	29,981,770	27,535,470
		Total	42,440,208	44,012,502	41,808,703
Total		53,273,228	94,297,152	113,968,145	
United Health Care	Professional	Paid	4,525,216	17,820,971	26,589,526
		Denied	1,301,616	23,918,151	39,560,310
		Total	5,826,832	41,739,122	66,149,836
	Institutional	Paid	6,485,786	35,033,121	50,530,528
		Denied	1,159,025	31,003,874	40,258,099
		Total	7,644,811	66,036,994	90,788,626
	Pharmacy	Paid	22,493,470	25,842,948	26,904,081
		Denied	17,481,510	23,310,830	21,365,967
		Total	39,974,980	49,153,778	48,270,048
Total		53,446,623	156,929,895	205,208,510	
WellCare Health Plans	Professional	Paid	2,948,074	16,885,665	26,105,502
		Denied	3,783,542	8,827,455	3,255,287
		Total	6,731,616	25,713,120	29,360,789
	Institutional	Paid	3,123,225	31,944,783	36,567,442
		Denied	5,670,781	18,869,496	7,460,663
		Total	8,794,006	50,814,279	44,028,105
	Pharmacy	Paid	21,130,764	24,654,222	26,179,884
		Denied	48,332,479	57,135,871	45,983,513
		Total	69,463,243	81,790,093	72,163,397
Total		84,988,865	158,317,492	145,552,292	



# PHP Top 3 Claims Denial Reasons - Count



Click tabs above to view other PHP Claims dashboards.

## PHP Top 3 Claims Denial Reasons

The PHP Top 3 Claim Denial Reasons chart shows the most common denial reasons for each PHP and claim type for the most recent month. Select Count to the right to see the highest volume claim denial reasons for each PHP and claim type. Select Amount to the right to see the highest dollar claim denial reasons for each PHP and claim type.

Select Claim Count or Amount Count

PHP Name	Reason	Count	
Professional - Header	AmeriHealth Caritas	Billing Provider not enrolled in Medicaid	19,709
		Billing Prov not enrolled in Medicaid	7,133
		Rendering provider not enrolled in Medicaid	3,833
	BCBSNC - Healthy Blue	Duplicate Claim	200
		Submit via Routine HCPCS, based on state guidelines	161
		Diagnosis Inconsistent With Procedure	111
	Carolina Complete Health	DVARIOUS - EACH SERVICE WAS DENIED FOR VARIOUS REASONS.	272
		DCPTNOTRT - PROCEDURE SUBMITTED IS NOT ALLOWED AS A ROUTINE EXAM B...	67
		DMAXPERDAY - BILLED UNITS OF SERVICE EXCEED THE MAXIMUM ALLOWABLE P...	34
	United Health Care	Missing Taxonomy Billing	44,847
		Missing Taxonomy Code	25,610
		Send Primary Carriers EOB	11,691
	WellCare Health Plans	Procedure Code or Modifier not Payable on Fee Schedule	5,731
		DENIED:Must submit an EOB from the Primary Insurance Carrier	4,784
		DENIED:Exact duplicate of another claim or service	4,553
Professional - Line	AmeriHealth Caritas	Billing Provider not enrolled in Medicaid	36,926
		Billing Prov not enrolled in Medicaid	12,662
		No allowable on fee schedule or contract	8,506
	BCBSNC - Healthy Blue	Disallow-not allowed under contract	79
		NDC, UOM or Qty is missing or invalid.	73
		Charges processed under original submiss	71
	Carolina Complete Health	BILLING PROV TAXONOMY REQUIRED	16,891
		SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE	16,480
		DENY: DUPLICATE CLAIM SERVICE	7,605
	United Health Care	Missing Taxonomy Billing	44,847
		Missing Taxonomy Code	25,610
		Send Primary Carriers EOB	11,691
	WellCare Health Plans	DENIED:Must submit an EOB from the Primary Insurance Carrier	9,811
		Procedure Code or Modifier not Payable on Fee Schedule	8,605
		DENIED:Exact duplicate of another claim or service	8,440
Institutional	AmeriHealth Caritas	EOB from prim carrier required	1,002
		Attending not enrolled in Medicaid Program	231
		Principle Diagnosis incorrectly utilized	220
	BCBSNC - Healthy Blue	PEGA- EOB Required from Primary Carrier	251
		Eligibility transfer to/from FFS	173
		Charges processed under original submiss	169
	Carolina Complete Health	DENY-ATTEND NPI+TAXONOMY NOT ON MEDICAID FILE OR NOT ACTIVE ON SVC D...	10,834
		DENY: BILL PRIMARY INSURER 1STRESUBMIT WITH EOB	2,770
		DENY: CPT OR HCPCS MISSING OR INVALID	2,760
	United Health Care	Missing Taxonomy Code	10,333
		Send Primary Carriers EOB	6,414
		Attending NPI not valid	2,895
	WellCare Health Plans	DENIED:Procedure Inappropriately Coded	1,473
		DENIED: Prior Authorization required but not obtained	913
		DENIED:Must submit an EOB from the Primary Insurance Carrier	908
Pharmacy	AmeriHealth Caritas	79 - Refill Too Soon	11,920
		75 -Prior Authorization Required	11,047
		7X - Days Supply Exceeds Plan Limitation	5,968
	BCBSNC - Healthy Blue	DUR Reject Error	44,053
		Prior Authorization Required	27,980
		Fill Too Soon	23,199
	Carolina Complete Health	NDC NOT COVERED	13,033
		REFILL TOO SOON	8,072
		PLAN LIMITATIONS EXCEEDED	6,145
	United Health Care	DUR Reject Error	17,978
		Prod/Service Not Covered	15,967
		Plan Limitations Exceeded	6,794
	WellCare Health Plans	NDC NOT COVERED	27,558
		REFILL TOO SOON	15,544
		PLAN LIMITATIONS EXCEEDED	9,315

# PHP Top 3 Claims Denial Reasons - Amount



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The PHP Top 3 Claim Denial Reasons chart shows the most common denial reasons for each PHP and claim type for the most recent month. Select Count to the right to see the highest volume claim denial reasons for each PHP and claim type. Select Amount to the right to see the highest dollar claim denial reasons for each PHP and claim type.

Select Claim Count or Amount Amount

PHP Name	Reason	Amount	
Professional - Header	AmeriHealth Caritas	Billing Provider not enrolled in Medicaid	8,477,785
	BCBSNC - Healthy Blue	Billing Prov not enrolled in Medicaid	2,536,141
		No allowable on fee schedule or contract	2,374,318
		Definite Duplicate Claim	2,451,899
	Carolina Complete Health	Disallow-not allowed under contract	1,169,817
		NDC, UOM or Qty is missing or invalid.	1,163,601
		DVARIOUS - EACH SERVICE WAS DENIED FOR VARIOUS REASONS.	17,091
	United Health Care	DCPTNOTRT - PROCEDURE SUBMITTED IS NOT ALLOWED AS A ROUTINE EXAM B...	10,733
		DSUBMHP - SERVICE NOT COVERED BY ENVOLVE VISION. CLAIM SHOULD BE SU...	7,729
Missing Taxonomy Billing		11,397,092	
WellCare Health Plans	Missing Taxonomy Code	6,781,100	
	Please submit medical records for review	3,879,711	
	DENIED:Must submit an EOB from the Primary Insurance Carrier	500,675	
	DENIED: Prior Authorization required but not obtained	194,728	
	DENIED:Exact duplicate of another claim or service	187,052	
	Professional - Line	AmeriHealth Caritas	Billing Provider not enrolled in Medicaid
BCBSNC - Healthy Blue		No allowable on fee schedule or contract	2,873,293
		Billing Prov not enrolled in Medicaid	2,536,746
		NDC, UOM or Qty is missing or invalid.	8,215,122
Carolina Complete Health		Definite Duplicate Claim	7,315,917
		Disallow-not allowed under contract	5,372,704
		BILLING PROV TAXONOMY REQUIRED	4,353,104
United Health Care		SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE	1,336,053
		DENY: DUPLICATE CLAIM SERVICE	1,220,313
	Missing Taxonomy Billing	11,397,092	
WellCare Health Plans	Missing Taxonomy Code	6,781,100	
	Please submit medical records for review	3,879,711	
	DENIED:Must submit an EOB from the Primary Insurance Carrier	511,526	
	DENIED:Exact duplicate of another claim or service	424,470	
	DENIED: Prior Authorization required but not obtained	205,126	
	Institutional	AmeriHealth Caritas	EOB from prim carrier required
BCBSNC - Healthy Blue		Definite Duplicate Claim	1,669,661
		Attending not enrolled in Medicaid Program	1,344,711
		Charges processed under original submiss	6,084,453
Carolina Complete Health		NDC, UOM or Qty is missing or invalid.	4,139,699
		Deny preauth not obtained	4,075,379
		DENY-ATTEND NPI+TAXONOMY NOT ON MEDICAID FILE OR NOT ACTIVE ON SVC D...	6,982,331
United Health Care		DENY: CPT OR HCPCS MISSING OR INVALID	3,518,323
		DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON CMS 1500	3,328,054
	Missing Taxonomy Code	9,392,505	
WellCare Health Plans	Send Primary Carriers EOB	3,490,210	
	Member not eligible	2,977,812	
	DENIED: Prior Authorization required but not obtained	3,384,449	
	DENIED:Must submit an EOB from the Primary Insurance Carrier	605,359	
	DENIED:Exact duplicate of another claim or service	274,567	
	Pharmacy	AmeriHealth Caritas	75 -Prior Authorization Required
BCBSNC - Healthy Blue		79 - Refill Too Soon	5,550,666
		78 - Cost Exceeds Maximum	2,724,618
		Null	0
Carolina Complete Health		PLAN LIMITATIONS EXCEEDED	9,876,588
		NDC NOT COVERED	4,779,178
		PRIOR AUTHORIZATION REQUIRED	3,737,972
United Health Care		Prod/Service Not Covered	6,570,328
		Prior Authorization Reqrd	4,433,301
	DUR Reject Error	3,989,877	
WellCare Health Plans	NDC NOT COVERED	8,373,611	
	PRIOR AUTHORIZATION REQUIRED	5,525,315	
	REFILL TOO SOON	5,247,189	

# PHP Clean Claim Payments Trends

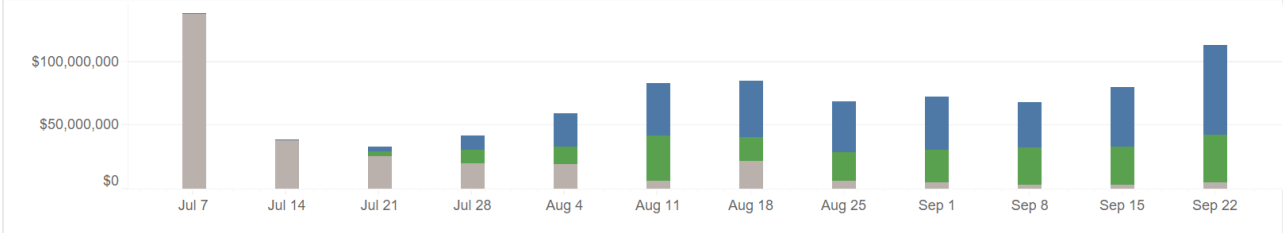


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## PHP Clean Claim Payments Trends with Medicaid Direct Runout

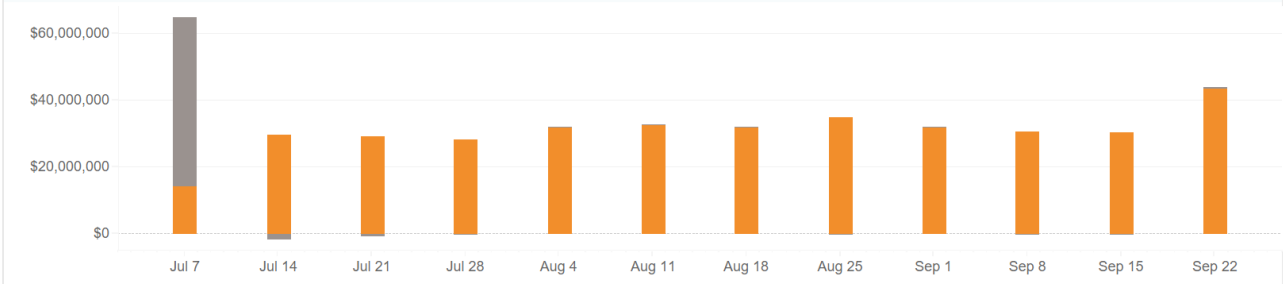
The PHP Clean Claim Payments with Historical Runout chart shows the total weekly payment amount for medical claims and pharmacy claims. This includes the Medicaid Direct Runout Claim Payments which are claim payments for managed care beneficiaries for services provided under Medicaid Direct before managed care launch

### Medical Claims: Amount Paid by Claim Type with Medicaid Direct Runout Trend



	7/7/2021	7/14/2021	7/21/2021	7/28/2021	8/4/2021	8/11/2021	8/18/2021	8/25/2021	9/1/2021	9/8/2021	9/15/2021	9/22/2021
Institutional	\$0	\$62,388	\$3,573,212	\$11,905,704	\$26,399,378	\$40,547,911	\$43,380,997	\$40,466,748	\$42,561,332	\$34,957,438	\$57,542,184	\$69,515,063
Prof - Claim	\$23,924	\$758,723	\$3,461,365	\$10,286,132	\$14,331,420	\$36,233,691	\$19,026,096	\$22,016,758	\$24,711,130	\$28,933,265	\$36,868,248	\$37,590,112
Grand Total	\$23,924	\$821,111	\$7,034,577	\$22,191,836	\$40,730,799	\$76,781,602	\$62,407,093	\$62,483,506	\$67,272,462	\$63,890,702	\$94,410,432	\$107,105,174
Medicaid Direct Runout Claim Payments (M)	\$137,763,551	\$38,136,832	\$26,277,735	\$20,156,046	\$19,180,240	\$6,191,380	\$22,092,664	\$6,768,222	\$5,625,008	\$4,081,257	\$4,082,310	\$5,544,267

### Pharmacy Claims: Amount Paid by Claim Type with Medicaid Direct Runout Trend



	7/7/2021	7/14/2021	7/21/2021	7/28/2021	8/4/2021	8/11/2021	8/18/2021	8/25/2021	9/1/2021	9/8/2021	9/15/2021	9/22/2021
Pharmacy	\$35,928,564	\$29,518,765	\$29,318,004	\$28,284,770	\$32,185,649	\$32,874,930	\$31,994,190	\$35,206,603	\$32,149,236	\$30,926,773	\$34,176,220	\$43,756,181
Medicaid Direct Runout Claim Payments (P)	\$50,726,070	(\$1,597,510)	(\$680,615)	(\$125,586)	\$79,492	\$113,802	\$31,891	(\$36,572)	\$169,310	(\$57,025)	\$226,571	\$66,801

# Notes and Definitions



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### Notes:

Historical Medicaid Direct claim payment rates averaged 96.4% for professional claims, 89.7% for institutional claims, 63.5% for pharmacy claims and 89.5% across all claim types. Historical average information was calculated from claims processed between June 2020 and May 2021.

Percent Paid may be impacted by the temporary COVID flexibilities that eliminate prior authorization validations for the majority of services.

Claim data is reported by PHPs to DHHS and consolidated in the metrics. DHHS is unable to validate the data reported by PHPs prior to posting because claim data sent to DHHS is delayed up to 30 days.

Claim count and amount data reflect claims that were finalized during the reporting period. Additional claims may be rejected during EDI processing, pending for additional information from the provider or within the adjudication process.

CCH volumes are expected to be lower than other PHPs because their contract is for a subset of the regions within the State while other PHPs are contracted statewide.

Medicaid Direct Runout Claim Payments are payments made from NCTracks after 7/1/2021 for members in managed care, for dates of service prior to 7/1/2021. Dental claims were excluded from this amount to generally reflect the carve out services as defined in Section V.C. Table 2: Services Carved Out of Medicaid Managed Care of the PHP contract.

Pharmacy point of sale claims are expected to process and pay faster than professional and institutional claims because edits are performed while a prescription is being processed. PHPs are required to follow the Prompt Payment Standards of the PHP contract including N.C. Gen. Stat. § 58-3-225 requirements.

Historical Medicaid Direct payments averaged between \$51-\$55M per week for medical claims. This was calculated as +/- 5% of the average weekly Medicaid Direct payment amounts for 6/1/2020 – 5/31/2021 for beneficiaries enrolled in managed care as of 7/1/2021. Note that this is an average measure and does not capture fluctuations in paid claims from week-to-week that the Standard Plans and providers will experience. The historical claims do not reflect the new hospital base rates and thus result in a benchmark that is lower than expected payments by PHPs. The following claim types were excluded from this amount to generally reflect the carve out services as defined in Section V.C. Table 2: Services Carved Out of Medicaid Managed Care of the PHP contract: Medicare Part B Crossover, Dental, CDSA, Optical, Local Education Agencies, Capitation

Historical Medicaid Direct payments averaged between \$25-\$28M per week for pharmacy claims. This was calculated as +/- 5% of the average weekly Medicaid Direct payment amounts for 6/1/2020 – 5/31/2021 for beneficiaries enrolled in managed care as of 7/1/2021. Note that this is an average measure and does not capture fluctuations in paid claims from week-to-week that the Standard Plans and providers will experience.

% Paid – Amount compares paid amounts from paid claims to billed amounts for denied claims. Billed amounts may be significantly higher than the allowed amount which may dilute the % paid.

The common billing error for missing/invalid taxonomies that is currently causing a high volume of claims to deny (detailed in the Claims Denied – Taxonomy Codes Missing, Incorrect, or Inactive bulletin at <https://medicaid.ncdhhs.gov/blog/2021/08/27/claims-denied-taxonomy-codes-missing-incorrect-or-inactive>) may result in EDI rejections instead of denials for some PHPs. EDI rejections are not included in the denial counts.

Pharmacy denials may not represent the final claim outcome since the pharmacy may override or resubmit the pharmacy claim after receiving a denial

### Definitions:

**Paid claims** are claims that have passed claim edits and payment has been sent. Payment may be sent through EFT or check. Providers receive an electronic remittance advice (ACS X12 835) or a paper remittance advice indicating a claim has been paid.

**Denied claims** are claims that were not rejected but failed an edit and will not be paid. Providers receive an electronic remittance advice (ACS X12 835) or a paper remittance advice indicating a claim has been denied, and would need to resubmit a corrected claim for payment. Note that billed amount is used for denied claims which may be significantly higher than allowed amount.

**Institutional claims** are claims submitted on an ASC X12 837-I Health Care Claim: Institutional Transaction or a UB-04 institutional paper claim form.

**Professional claims** are claims submitted on an ASC X12 837-P Health Care Claim: Professional Transaction or a CMS 1500 professional paper claim form.

**Pharmacy claims** are claims submitted on a National Council for Prescription Drug Programs (NCPDP) pharmacy claim form, including pharmacy point of sale claims. Physician drug claims are included in institutional or professional claim counts, not pharmacy claims.

**Clean Claim:** A claim for services submitted to a PHP by a Medicaid Managed Care medical or pharmacy service provider which can be processed without obtaining additional information from the submitter in order to adjudicate the claim. This excludes claims from providers who are currently suspended.

o Clean claim metrics above reflect processed claims that have been paid or denied. Additional submitted claims that have not been fully processed are not reflected in the denominator of the metrics above.

**% Paid** =  $X/(X+Y)$  where X = Count or Paid Amount of Claims Paid and Y = Count or Billed Amount of Claims Denied.

## PHP Denial Reason Comments



## PHP Denial Reason Comments

### PHP Comments:

PHPs provided the following information on denial reason definitions and resolution actions for providers:

- o **AmeriHealth Caritas North Carolina:** Our providers will receive the details that are included with the CARC and RARC denials. We also refer them to the ACNC Provider Claims and Billing Manual, page 73, Common Causes of Claim Processing Delays, Rejections or Denials. <https://www.amerihhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>
- o **BCBSNC - Healthy Blue:** Our EOPs contain the denial codes and reasons along with the RARC/CARC codes. The EOP contains the denial specifics for each claim. Healthy Blue does not post their denial reasons. The RARC/CARC can be publicly found @ <https://x12.org/codes>. Providers should submit a dispute/reconsideration for claims that they are questioning payment, or lack of payment, on. This information is available on the EOP, in the provider manual and there are options to file a dispute through Availity as well which is outlined on the Healthy Blue website.
- o **Carolina Complete Health:** On the CCH Provider Website, we have a Claims Submission Reminder Guide which shows common reasons for denials. We also have a posted reminder "Please verify that the Rendering Taxonomy, Billing Taxonomy, and Attending Taxonomy (for institutional claims) are completed fields and align with what is in NCTracks." To access the guide, click the link: <https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Current-PDF-Claims-Submission-Reminder-Guide.pdf>
- o **United Health Care:** United Healthcare displays HIPAA compliant codes on the Claims, Billing and Payment page. We refer providers to the industry standard page which provides all HIPAA CARC/RARC codes at <https://urldefense.com/v3/ http://www.wpc-edi.com/reference/codelist/healthcare/remittance-advice-remark-codes/> .!!HYmSToo!L7-8E48MVd-hBeV0a3R037HAXv2pHuoMnwEneJohl\_6kuLO2u3jvRc1COuacJkn3DNF4E6\_mffulD2w\$. United Healthcare provides the following page <https://urldefense.com/v3/ https://www.uhcprovider.com/en/claims-payments-billing.html> .!!HYmSToo!L7-8E48MVd-hBeV0a3R037HAXv2pHuoMnwEneJohl\_6kuLO2u3jvRc1COuacJkn3DNF4E6\_niU9YV9w\$with tools and resources for claims, billing and payment information as well as what providers can do if they are not satisfied with the outcome of a claim reconsideration request <https://urldefense.com/v3/ https://www.uhcprovider.com/en/health-plans-by-state/north-carolina-health-plans/nc-comm-plan-home/nc-cp-claims.html> .!!HYmSToo!L7-8E48MVdhBeV0a3R037HAXv2pHuoMnwEneJohl\_6kuLO2u3jvRc1COuacJkn3DNF4E6\_mXg6ciw\$ (also listed below). If you aren't satisfied with the outcome of a claim reconsideration request, you may submit a formal claim dispute/appeal using the process outlined in your Care Provider Manual (<https://urldefense.com/v3/ https://www.uhcprovider.com/en/admin-guides/cp-admin-manuals.html> .!!HYmSToo!L7-8E48MVdhBeV0a3R037HAXv2pHuoMnwEneJohl\_6kuLO2u3jvRc1COuacJkn3DNF4E6\_I2QWib4w\$). A formal claim dispute/appeal is a comprehensive review of the disputed claim(s), and may involve a review of additional administrative or medical records by a clinician or other personnel. UnitedHealthcare Community Plan generally completes the review within 30 calendar days. However, depending on the nature of the review, a decision may take up to 60 days from the receipt of the claim dispute documentation. We'll contact you if we believe it will take longer than 30 days to render a decision. Additional state requirements may apply. Please consult your state's Care Provider Manual for more details (<https://urldefense.com/v3/ https://www.uhcprovider.com/en/admin-guides/cp-admin-manuals.html> .!!HYmSToo!L7-8E48MVdhBeV0a3R037HAXv2pHuoMnwEneJohl\_6kuLO2u3jvRc1COuacJkn3DNF4E6\_I2QWib4w\$). Please allow 10 business days from the submission date before requesting a status update to enable us to begin processing the review.
- o **WellCare PHPs:** Claims | WellCare (<https://urldefense.com/v3/ https://www.wellcare.com/North-Carolina/Providers/Medicaid/Claims> .!!HYmSToo!ONzrxp3vTfH8eNcWKx\_hlKm-flF4mTx-6fOewR3zEMuTMaBui5OCf08WmDZ\_UwlkL8WJCApy7kH0w\$) .