

11.15.2023


## Carolina Complete Health Claim Processing Update

Effective January 1, 2024, Carolina Complete Health will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for Carolina Complete Health members.

BIN:	003858
PCN:	MA
Rx Group:	2ERA

### Sample ID Card

 1701 North Graham St, Suite 101 Charlotte, NC 28206 Name/Nombre: <MEMBER NAME> Member ID#: <000000000> Date of Birth/Fecha de Nacimiento: <MMDD/YYYY> Effective/Efectivo a partir de: <MMDD/YYYY> AMH/PCP Name/Nombre del AMH/PCP: <PCP NAME> AMH/PCP Address/Dirección del AMH/PCP: Medicaid <PCP ADDRESS> AMH/PCP Phone Number/Número de teléfono del AMH/PCP: <###-###-####>	RXBIN: <b>003858</b> RXPCN: <b>MA</b> RXGRP: <b>2ERA</b> MEMBER PORTAL/PORTAL PARA AFILIADOS: CarolinaCompleteHealth.com	<b>IMPORTANT CONTACT INFORMATION / INFORMACIÓN IMPORTANTE DE CONTACTO</b> Members/Afiliados: Call 1-833-552-3876 (TTY: 711) for Member Services / Servicios para afiliados and 24/7 Nurse Advice Line / Línea de consejo de enfermería que atiende 24/7 Call 1-855-798-7093 for Behavioral Health Crisis Line / Línea de crisis de salud mental Providers: Call 1-833-552-3876 for Provider Service Line - Prescriber Service Line - Prior Authorization Pharmacy Help Desk: 1-833-750-4461 Pharmacy Prior Authorization: 1-833-585-4309 Pharmacy Paper Claims: P.O. Box 989000, West Sacramento CA 95798 All Medical Claims: Carolina Complete Health, PO Box 8040, Farmington, MO 63640-8040 If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 1-919-881-2320. Some services are carved out. A full list of benefits can be found in the Member Handbook at CarolinaCompleteHealth.com. Si sospecha que un médico, clínica, hospital, servicio de atención médica en el hogar o cualquier otro tipo de proveedor médico está cometiendo fraude contra Medicaid, infórmelo. Llame al 1-919-881-2320. Algunos servicios están excluidos. Puede encontrar una lista completa de beneficios en el Manual para afiliados de CarolinaCompleteHealth.com.
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If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4461**.





# WellCare of North Carolina by Celtic Insurance Company Claim Processing Update

Effective January 1, 2024, WellCare of North Carolina by Celtic Insurance Company will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for WellCare of North Carolina members.

BIN:	003858
PCN:	A4
Rx Group:	2DFA

## Sample Card

 	
<b>Subscriber:</b> [Jane Doe] <b>Member:</b> [John Doe]	<b>Policy #:</b> [XXXXXXXXXX] <b>Member ID #:</b> [XXXXXXXXXXXXXXXXXX] <b>Effective Date:</b> [00/00/00]
	<b>PCP:</b> [\$10 copay after ded. [(\$600)]] <b>Specialist:</b> [\$25 coin. after ded. [(\$600)]] <b>Rx (Generic/Brand):</b> [\$5/\$25 after Rx ded. [(\$600)]] <b>Urgent Care:</b> [20% coin. after ded. [(\$600)]] <b>ER:</b> [\$250 copay after ded. [(\$600)]] <b>Max Out-of-Pocket:</b> [\$25,000]
<b>Plan:</b> [Plan name] [Line 2 if needed] <b>[WellCare Network] Coverage Only</b>	<b>RXBIN:</b> 003858 <b>RXPCN:</b> A4 <b>RXGROUP:</b> 2DFA
<b>REFERRAL NOT REQUIRED</b>	
<b>Marketplace.WellCareNC.com</b> <b>Member/Provider Services:</b> 1-833-925-2861 (TTY 711) <b>24/7 Nurse Line:</b> 1-833-925-2861 <b>Numbers below for providers:</b> <b>Pharmacist Only:</b> 1-833-750-3040 <b>EDI Payor ID:</b> 68069	
<b>Medical Claims Address:</b> WellCare of North Carolina Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010	
	
<small>Additional information can be found 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 Marketplace.WellCareNC.com.</small>	
<small>WellCare of North Carolina is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the North Carolina Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Celtic Insurance Company. All rights reserved.</small>	
<small>AMB23-WCNC-C-00048</small>	

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.3040**.

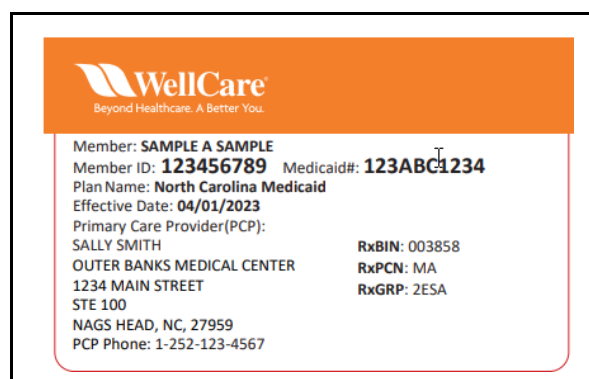
# WellCare of North Carolina Claim Processing Update

Effective January 1, 2024, WellCare of North Carolina will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for WellCare of North Carolina members.

BIN:	003858
PCN:	MA
Rx Group:	2ESA

## Sample ID Card



If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4515**.

# ambetter of North Carolina Inc. Claim Processing Update



Effective January 1, 2024, ambetter of North Carolina Inc. will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for ambetter of North Carolina Inc. members.

BIN:	003858
PCN:	A4
Rx Group:	2DEA

## Sample Cards

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px; font-weight: bold;">FULLY INSURED</span> </div> <p style="font-size: 10px; margin-top: 5px;">Subscriber: [Jane Doe]      Policy #: [XXXXXXXXXX]          Member: [John Doe]      Member ID #: [XXXXXXXXXXXXXX]          Effective Date: [00/00/00]</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="font-size: 8px;"> <p>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]</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px; font-size: 8px;"> <div>Plan: [Plan name] [Line 2 if needed]</div> <div>RXBIN: 003858 RXPCN: A4 RXGROUP: 2DEA</div> </div> <p style="font-size: 8px; margin-top: 5px;">[Network Name] Network Coverage Only</p> <p style="text-align: center; font-weight: bold; color: red; font-size: 10px;">REFERRAL NOT REQUIRED</p>	<div style="text-align: center; font-size: 10px; font-weight: bold; margin-bottom: 5px;">AmbetterofNorthCarolina.com</div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <div>Member/Provider Services: 1-833-863-1310 (Relay 711) 24/7 Nurse Line: 1-833-863-1310</div> <div>Medical Claims Address: Ambetter of North Carolina Inc. Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</div> </div> <div style="font-size: 8px; margin-top: 5px;"> <p><b>Numbers below for providers:</b>              Pharmacist Only: 1-833-750-4124              EDI Payor ID: 68069              [Envolve Vision: 1-833-482-2947]              [Envolve Dental Powered by United Concordia: 1-833-482-2947]</p> </div> <hr style="border: 0.5px solid gray;"/> <p style="font-size: 7px; margin-top: 5px;">Additional information can be found 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.</p> <p style="font-size: 7px; margin-top: 5px; text-align: right;">Ambetter of North Carolina is underwritten by Ambetter of North Carolina Inc., which is a Qualified Health Plan issuer in the North Carolina Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Ambetter of North Carolina Inc. All rights reserved.</p> <p style="font-size: 7px; margin-top: 5px;">AMB23-NC-C-00048</p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px; font-weight: bold;">FULLY INSURED</span> </div> <p style="font-size: 10px; margin-top: 5px;">Subscriber: [Jane Doe]      Policy #: [XXXXXXXXXX]          Member: [John Doe]      Member ID #: [XXXXXXXXXXXXXX]          Effective Date: [00/00/00]</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="font-size: 8px;"> <p>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]</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px; font-size: 8px;"> <div>Plan: [Plan name] [Line 2 if needed]</div> <div>RXBIN: 003858 RXPCN: A4 RXGROUP: 2DEA</div> </div> <p style="font-size: 8px; margin-top: 5px;">[Network Name] Network Coverage Only</p> <p style="text-align: center; font-weight: bold; color: red; font-size: 10px;">REFERRAL NOT REQUIRED</p>	<div style="text-align: center; font-size: 10px; font-weight: bold; margin-bottom: 5px;">AmbetterofNorthCarolina.com</div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <div>Member/Provider Services: 1-833-863-1310 (Relay 711) 24/7 Nurse Line: 1-833-863-1310</div> <div>Medical Claims Address: Ambetter of North Carolina Inc. Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</div> </div> <div style="font-size: 8px; margin-top: 5px;"> <p><b>Numbers below for providers:</b>              Pharmacist Only: 1-833-750-4124              EDI Payor ID: 68069              [Envolve Vision: 1-833-482-2947]              [Envolve Dental Powered by United Concordia: 1-833-482-2947]</p> </div> <hr style="border: 0.5px solid gray;"/> <p style="font-size: 7px; margin-top: 5px;">Additional information can be found 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.</p> <p style="font-size: 7px; margin-top: 5px; text-align: right;">Ambetter of North Carolina is underwritten by Ambetter of North Carolina Inc., which is a Qualified Health Plan issuer in the North Carolina Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Ambetter of North Carolina Inc. All rights reserved.</p> <p style="font-size: 7px; margin-top: 5px;">AMB23-NC-C-00048</p>

		<b>FULLY INSURED</b>	
<b>Subscriber:</b> [Jane Doe] <b>Member:</b> [John Doe]		<b>Policy #:</b> [XXXXXXXXXX] <b>Member ID #:</b> [XXXXXXXXXXXXXXXXXX] <b>Effective Date:</b> [00/00/00]	
<b>VIRTUAL ACCESS</b>		<b>AmbetterHealth.com/copays</b> <b>PCP:</b> [\$0 copay after ded. [(\$600)]] <b>Specialist:</b> [\$25 coin. after ded. [(\$600)]] <b>Rx (Generic/Brand):</b> [\$5/\$25 after Rx ded. [(\$600)]] <b>Urgent Care:</b> [20% coin. after ded. [(\$600)]] <b>ER:</b> [\$250 copay after ded. [(\$600)]] <b>Max Out-of-Pocket:</b> [\$25,000]	
	Teladoc Virtual Access App	<b>Plan:</b> [Plan name] [Line 2 if needed]	
<b>[Network Name] Network Coverage Only</b>		<b>RXBIN:</b> 003858 <b>RXPCN:</b> A4 <b>RXGROUP:</b> 2DEA	
<b>REFERRAL REQUIRED</b>			
<b>AmbetterofNorthCarolina.com</b>			
<b>Member/Provider Services:</b> 1-833-863-1310 (Relay 711)		<b>Medical Claims Address:</b> Ambetter of North Carolina Inc. Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010	
<b>24/7 Nurse Line:</b> 1-833-863-1310		<b>Numbers below for providers:</b> <b>Pharmacist Only:</b> 1-833-750-4124 <b>EDI Payor ID:</b> 68069	
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