First ChoiceNext Provider Reference Guide

www.firstchoicenext.com

Provider Services	1-833-986-7277 Fax: 1-833-727-7329	
Here is a partial list of the types of assistance you can expect from Provider Services:		
 Eligibility checking Claims status inquiry Electronic data interchange(EDI) technical support 	Reporting demographic data changesFiling an informal complaint	

First Choice Next Member Services

- Member Services is available Monday through Friday, 8 a.m. to 8 p.m.

Interpreter Services

1-833-983-7272

South Carolina Behavioral Health Crisis Line

Members experiencing a mental health crisis can call **1-833-364-2274** or text **Hope4SC** to **741741**

Pharmacy Services (PerformRx[™])

PerformRx Pharmacy Member Services

PerformRxMemberServices......1-833-779-7229

PerformRx Pharmacy Provider Services

Hours of operation: 8 a.m to 6 p.m.

After hours, Saturdays, Sundays, and holidays, please call the 24/7 Pharmacy Member Services number at **1-844-211-0968**.

- Pharmacy prior authorization fax:.....
 1-844-470-2508
- Formulary and forms......
 www.firstchoicenext.com

Bright Start[®] (maternity services) | 1-833-472-7708 | Fax: 1-<u>866-477-7229</u>

- Admission notification of obstetric deliveries and neonatal intensive care
- Referrals

Rapid Response and Outreach Team

1-833-472-7708 Fax: 1-866-477-7229

Call Monday through Friday, 8 a.m. to 5 p.m., for support with care coordination and member access to services, including care management and the Let Us Know program.

Mail Health Risk Assessment forms to: First Choice Next Rapid Response and Outreach Team P.O. Box 7418 London, KY 40742-7418

www.firstchoicenext.com

Fraud, Waste, and Abuse Hotline 1-866-833-9718

Emergency prior authorization

First Choice Next does not require prior authorization for emergency services provided by network or non-network providers when a member seeks emergency care.

Physical health utilization management	1-877-486-7229 Fax: 1-833-329-8686
Prior authorization	
Discharge planning	
Behavioral health	1-877-486-7229
prior authorization	Fax: 1-833-472-3290
Evolent prior authorization	1-800-327-1209 or www.radmd.com
Concurrent review	1-877-486-7229 Fax: 1-833-334-7229
Peer-to-peer	1-844-486-7272



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Provider complaints and appeals Credentialing 1-833-986-7277 Arranging electronic claims submission and payment options. at 1-833-986-7277. First Choice contracts with Change Healthcare for EDI. Submit complaints or appeals by mail to: First Choice Next Electronic claims submission: Contact your practice management or EDI **Attn: Provider Complaints and Appeals** vendor to arrange for electronic claims or remittance transmissions. P.O. Box 7201 To submit claims directly to Change Healthcare, sign up for ConnectCenter at London, KY 40742-7201 1-800-527-8133, option 2. **Electronic payment options Claims inquiry** Change Healthcare partners with ECHO Health, Inc. to offer electronic payment options. To sign up for electronic funds transfer (EFT), virtual credit card, or MedPay, contact ECHO at 1-888-492-5579, option 2. information is available by: Electronic claims submission(EDI) · Electronic claims submission · Electronic funds transfer · Electronic remittance advice(ERA) • Logging on to **https://www.navinet.net** for web-based solutions for electronic transactions and information · Opening a claims investigation via NaviNet with the claims **EDI Technical Support** 1-833-986-7277 adjustment inquiry function Calling Provider Services at 1-833-986-7277 and **Timely claims filing** following the prompts In network: · Calling your account executive for assistance · Original submission: no more than 180 days from date of service · Rejected claims: no more than 180 days from date of service 1-888-482-8057 NaviNet https://www.navinet.net · Denied claims: 365 days from date of service · Corrected claims: must be submitted within 365 days of the original date of Log on to https://www.navinet.net for web-based solutions service for electronic transactions and information. **Out-of-network:**

• No more than 180 days from the date of service

Claims submission

First Choice Next electronic payer ID number: 57103

First Choice Next Attn: Provider Claims Processing P.O. Box 7186 London, KY 40742-7186

For detailed information, reference the First Choice Next Claims Filing Instructions found at www.firstchoicenext.com.

Provider appeals (on behalf of a member)

To submit the appeal on behalf of a member:

Mail to: **First Choice Next** Attn: Provider Appeal (on behalf of a member) P.O. Box 7202 London, KY, 40742-7202

Fax: 1-833-722-9329

Providers are encouraged to settle complaints by phone or in person with their dedicated Account Executive, or by calling Provider Services

If a provider has concerns regarding any claims issue, claims status

- Visiting the NaviNet provider website, our secure provider portal

Other important contact information

- South Carolina Department of Insurance......1-803-737-6160 https://www.doi.sc.gov/
- Mailing address: **South Carolina Department of Insurance** 1201 Main Street. Suite 1000

Columbia, SC 29201



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