NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Managed Care

June 2021

Key Reminders For Providers

All providers are strongly encouraged to complete the following actions after NC Medicaid Managed Care Launch.

- ❑ Make sure staff know the health plans with which you are contracted, and if you are an Eastern Band of Cherokee Indians (EBCI) Tribal Option provider.
- ❑ Continually review the NCTracks provider record for each applicable individual provider and organization for accuracy and submit changes using the Manage Change Request (MCR) process.
- ❑ Continue to contract with health plans. If your office did not meet the deadline to be included in the initial launch of the Medicaid and NC Health Choice Provider and Health Plan Look-up Tool and health plan provider directories, there is still opportunity to contract with each health plan.
- ❑ Know where you need to submit claims. For each health plan under contract, please ensure enrollment in the Health Plan's Electronic Funds Transfer program is completed.
- ❑ Assist your beneficiaries with their transition to NC Medicaid Managed Care.

Assist Your Beneficiaries With The Transition

As a provider, it is important that all office staff know which plans you participate with and can assist your patients with the transition to managed care.

Follow these steps when a Medicaid or NC Health Choice beneficiary presents at your office:

1. Verify eligibility, health plan, and primary care provider enrollment. This can be done using the NCTracks Recipient Eligibility Verification tool
2. Confirm that your office participates with the member's health plan.
3. If you are not the assigned Primary Care Practice for the beneficiary but are in-network for the health plan, you can render and be paid for Primary Care Services.
4. If the beneficiary would like to have you as their assigned Primary Care Practice, they should call their health plan to have them reassigned to you
5. If you are a non-participating provider for the beneficiary's Medicaid health plan, you may render services.
    - Special protection is afforded non-network providers for the first 60 days after July 1
    - If a good-faith contracting effort has been made by the health plan and you declined to participate, then you are subject to receiving 90% of the Medicaid fee-for-service rate. If no good-faith contracting effort has occurred, or if it is in progress, then you will receive 100% of the Medicaid fee-for-service rate until the contracting effort has been resolved.

How To Check Patient Eligibility / PHP Enrollment

The Recipient Eligibility Verification function of NCTracks now

- includes beneficiary benefit program and managed care assignment information
- allows providers to verify eligibility for the following month, as long as the beneficiary's eligibility segment extends into the following month.

Please always verify coverage and managed care assignment prior to rendering services.

- Recipient Eligibility Verification

  There are **two methods** of Recipient Eligibility Verification available via the NCTracks Secure Provider Portal:

Real Time Eligibility Verification

1. Log into the NCTracks Provider Portal
2. Follow the Eligibility > Inquiry navigation
3. Populate the requested provider, recipient, and time-period information

Batch Eligibility Verification Method

1. Log into the NCTracks Provider Portal
2. Follow the Eligibility > Batch verify
3. Upload the file by selecting browse > load from file

- Additional information is included in the NCTracks Learning Management System (SkillPort) under the Provider Training Folder

How To Read Panel Reports

The AMH Medicaid Direct/Managed Care PCP Enrollee Report ("Enrollee Report") contains a list of all NC Medicaid beneficiaries who have been assigned to the identified National Provider Identifier (NPI) in the past 12 months and is delivered each month to the NCTracks Secure Provider Portal Message Inbox.

The Report Contains:

- NPI/Atypical ID
- Provider name
- Service location address (where the member is assigned)
- Medicaid Identification Number
- Recipient name
- Date of birth
- Active (Y or N) (enrolled in Medicaid and assigned to you)
- Assignment program (i.e. Med-Dir for NC Medicaid Direct)
- Effective date (of assignment)
- End date (of assignment)
- Last office visit (based on paid claims from the billing NPI)
- Total visits (based on paid claims for the past 12 months)

- To effectively use the report, add filters or sort the report based on an Active status of "Y." You can narrow the results to display only those currently enrolled in NC Medicaid and assigned to the identified NPI.
- The report will identify health plan members and the name of the health plan to which each is assigned starting in JULY*
- For more information, see AMH NC Medicaid Direct/Managed Care PCP Enrollee Report – How to Read & Use Your Enrollee Report: https://files.nc.gov/ncdma/NCMT-Provider-FactSheet-Panel-Management-20210521.pdf

How To Select Or Modify Panel Size

For Medicaid Direct

NC Medicaid **providers participating as a CCNC/CA provider** may select their panel size during their initial enrollment application may modify their panel size through the Manage Change Request (MCR) process in NCTracks.

- For assistance with modifying the panel size (referred to as the enrollment limit) on your NCTracks record for NC Medicaid Direct beneficiaries, refer to the user guides available at https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training/fact-sheets.html, or contact the NCTracks Call Center at 800-688-6696.

For Standard Plans

For NC Medicaid Managed Care, providers are encouraged to establish their panel size during the contracting process with the health plan. Health plans are **contractually required to allow AMH/PCPs to set limits on panel size** and have a process by which to do so.

Providers should modify their Managed Care panels with their contracted health plans. Detailed instructions for each plan can be found in your provider manuals.

- To reach the appropriate health plan for assistance with establishing or modifying panel size, please see the Provider Support Line information for each plan at https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources.

For more information see the Panel Management Fact Sheet posted in the Provider Playbook: https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets

Prior Authorizations Submission: What Providers Need to Know

How Prior Authorizations Work

- For standard authorization decisions, the PHP will provide notice as quickly as the member's condition requires and **no later than 14 calendar days** after the receipt of the request of services
- The PHP may receive a possible extension of up to 14 days if the member requests the extension or if the PHP justifies a need for additional information and how the extension is in the member's interest
- If the PHP extends the timeframe beyond 14 days, the PHP will provide the member and provider with a written notice of the reason for the decision to extend the timeline and inform the member of the right to file a grievance if he or she disagrees with that decision

How Expedited Authorization Reviews Work

- The PHP will provide notice no later than 72 hours after receipt of the request for service
- The PHP may extend the 72-hour time period by up to 14 days if the member requests the extension or if the PHP justifies a need for additional information and how the extension is in the member's interest
- If the PHP extends the timeframe beyond 72 hours, the PHP will provide the member and provider with a written notice of the reason for the decision to extend the timeline and inform the member of the right to file a grievance if he or she disagrees with that decision

Know Where To Submit Claims

If there are claims for dates of service prior to July 1, 2021, they should be submitted as they are today, through NCTracks or LME-MCOs.

For dates of service beginning July 1, 2021, claims routing depends on a beneficiary's enrollment at time of service and the services provided. Claims for beneficiaries enrolled in NC Medicaid Direct should continue to be submitted to NCTracks. Claims for members enrolled in Medicaid Managed Care should be submitted to the assigned health plan as shown on their member ID card and validated through the NCTracks Recipient Eligibility Verification methods, unless the service provided is a carved-out service.

Two Claims Submission Provider Fact Sheets are available in the Provider Playbook that address how managed care claims are filed. https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care

Prompt Payment

- Health plans are responsible for **claims processing and timely payments** to providers for claims submitted **within 180 days** of the date of service.
- Health plans must, **within 18 calendar days** of receiving the Medical claim, notify the provider **whether the claim is clean** or request all additional information needed to timely process the claim.
- If the claim is clean, the health plan **must pay or deny within 30 days** of receipt.
- **Health plans that do not pay claims** within the required timeframe according to prompt pay requirements **will bear interest at the annual rate of 18 percent** beginning on the date following the day on which the claim should have been paid or was underpaid.
- **In addition** to interest, a health plan shall pay the provider a **penalty equal to one percent of the claim per day**.

- Pharmacy
  - The PHP shall **within 14 calendar days** of receiving a Pharmacy Claim **pay or deny** a Clean Pharmacy Claim or pend the claim and request from the provider all additional information needed to timely process the claim.
  - A Pharmacy Pended Claim shall be **paid or denied within 14 calendar days** of receipt of the requested additional information.

- Each health plan has specific guidance to follow for enrollment in electronic funds transfers for payments. Your **banking information from NCTracks will not transfer to the health plan(s)**.

Transition Of Care Protections Impacting Providers

As a provider, it is important that you are aware of the transition of care protections that impact providers.

The PHP will **honor existing and active prior authorizations** on file with the North Carolina Medicaid or NC Health Choice program for services covered by the health plan for the **first 90 days after launch (Sept. 29, 2021)** or until the **end of the authorization period**, whichever occurs first.

The health plan will pay claims and authorize services for Medicaid enrolled out-of-network providers **equal to that of in-network providers until end of episode of care or for 60 days (Aug. 30, 2021)**, whichever is less (extended transition periods may apply for circumstances covered in N.C. Gen. Stat. § 58-67-88(d), (e), (f), and (g).).

If a member transitions between health plans after July 1, 2021, a prior authorization authorized by their original health plan **will be honored for the life of the authorization by their new health plan**

- Additional transition of care-specific guidance will become available at: **https://medicaid.ncdhhs.gov/transformation/care-management/transition-care**

What should Beneficiaries do?

1

Check to see what health plan you are enrolled in

Beneficiaries were mailed a health plan welcome kit that includes their Medicaid ID card

If you still have questions or didn't receive the welcome kit you can call the Enrollment Broker at 833-870-5500

2

Call your health plan if you have questions about benefits and coverage

The number is listed on your Medicaid ID card, or you can find a list at medicaid.ncdhhs.gov/transformation

3

If you still have questions, you can reach out to the NC Medicaid Ombudsman

Call 877-201-3750 or visit ncmedicaidombudsman.org

What should Providers do?

1

Check in NCTracks for the Beneficiary's enrollment (Standard Plan or Medicaid Direct) and Health Plan

If you still have questions, call the NCTracks Call Center: 1-800-688-6696

2

Call the Health Plan (PHP) for coverage, benefits, and payment questions.

You can find a list of health plan contact information at https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources

3

Contact the Provider Ombudsman with unresolved problems or concerns.

Call 1-866-304-7062 or visit Medicaid.ProviderOmbudsman@dhhs.nc.gov

Appendix: Provider Playbook

Provider Playbook

Draft

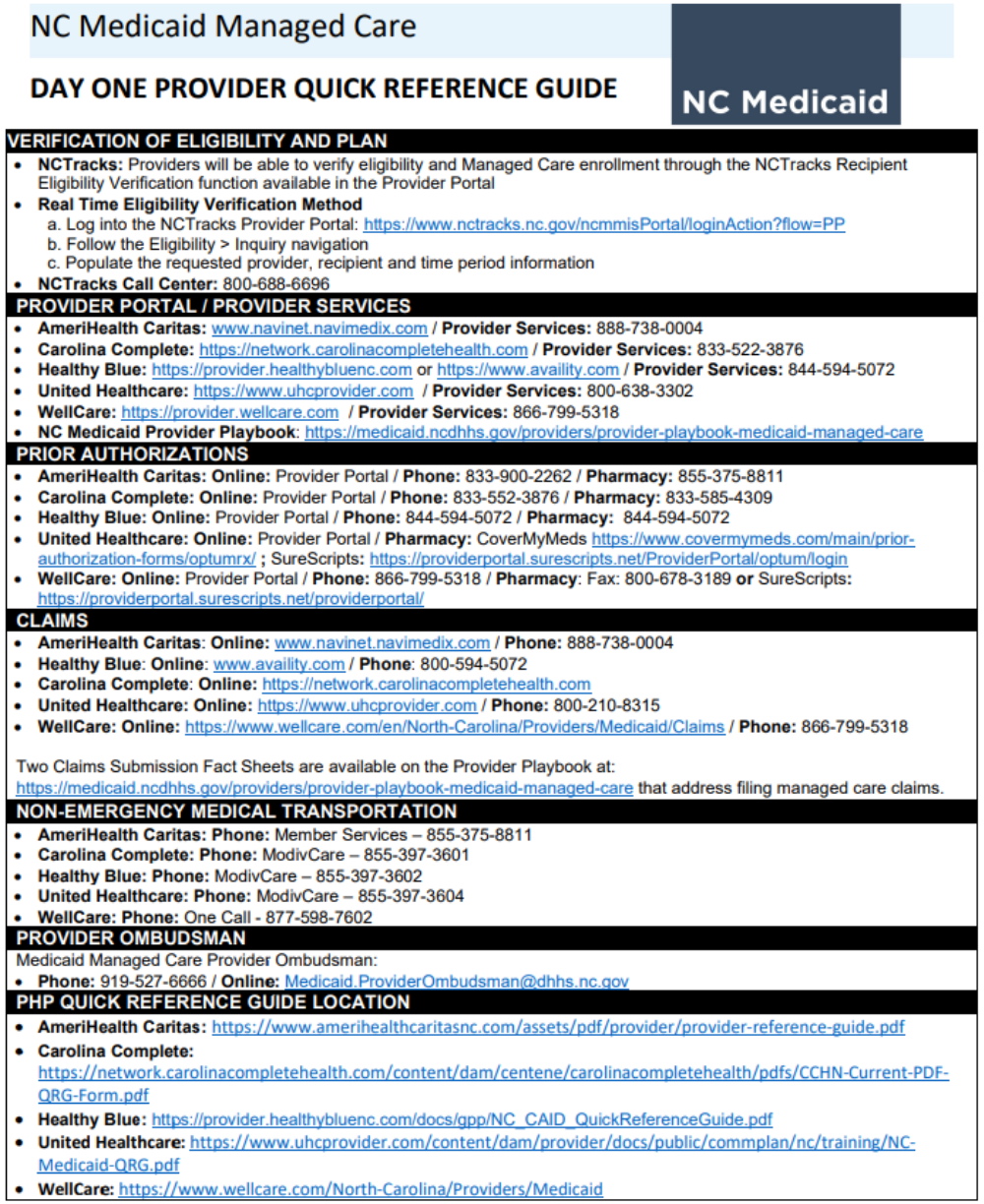
https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care

- **Trending Topics** https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/trending-topics
- **Fact Sheets** https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets
  - Introduction to Medicaid Transformation (Parts 1 and 2)
  - What to know Before Managed Care Launch
  - What to Know After Managed Care Launch
  - Contracting with Health Plans
  - Member Enrollment – Health Plan Autoenrollment and PCP Assignment
  - Medicaid and NC Health Choice Provider and Health Plan Lookup Tool (Provider Directory)/ Provider Directory Data Flow
  - NEMT
  - Panel Management
  - Prompt Payment
  - Health Equity Enhanced Payment Initiative
  - Managed Care Eligibility for Newborns: What Providers Need to Know
  - Managed Care Claims and Prior Authorizations Submission: what Providers Need to Know (Parts 1 and 2)
  - Telehealth Program
  - Transition of Care for Beneficiaries receiving LTSS
  - Advanced Medical Homes
  - Early Intervention Services in Medicaid Managed Care
- **AHEC Guides**
  - AHEC Practice Support guides
- **Health Plan Resources**
  - Health Plan Contacts and Resources
- **Quick Reference Guides**
  - Day One Provider Quick Reference Guide
  - Amerihealth
  - CCH
  - Healthy Blue
  - United
  - WellCare
- **Frequently Asked Questions** https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/frequently-asked-questions-and-answers-medicaid
- **Training Courses** https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/provider-playbook-training-courses
- **Beneficiary Materials** https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/beneficiary-materials

Provider Quick Reference Guide (QRG)

A consolidated QRG a provider can turn to on Day 1 of Managed Care go-live to assist with:

- Verifying a beneficiary is eligible and identifying their plan
- Locating health plan provider portals and contact numbers
- Requesting a prior authorization
- Submitting a claim
- Arranging NEMT
- Contacting the Provider OMBUDSMAN and
- Finding detailed health plan QRGs.



NC Medicaid Managed Care

DAY ONE PROVIDER QUICK REFERENCE GUIDE

NC Medicaid

VERIFICATION OF ELIGIBILITY AND PLAN

- **NCTracks:** Providers will be able to verify eligibility and Managed Care enrollment through the NCTracks Recipient Eligibility Verification function available in the Provider Portal
- **Real Time Eligibility Verification Method**
  a. Log into the NCTracks Provider Portal: https://www.nctracks.nc.gov/ncmmisPortal/loginAction?flow=PP
  b. Follow the Eligibility > Inquiry navigation
  c. Populate the requested provider, recipient and time period information
- **NCTracks Call Center:** 800-688-6696

PROVIDER PORTAL / PROVIDER SERVICES

- **AmeriHealth Caritas:** www.navinet.navimedix.com / **Provider Services:** 888-738-0004
- **Carolina Complete:** https://network.carolinacompletehealth.com / **Provider Services:** 833-522-3876
- **Healthy Blue:** https://provider.healthybluenc.com or https://www.availity.com / **Provider Services:** 844-594-5072
- **United Healthcare:** https://www.uhcprovider.com / **Provider Services:** 800-638-3302
- **WellCare:** https://provider.wellcare.com / **Provider Services:** 866-799-5318
- **NC Medicaid Provider Playbook**: https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care

PRIOR AUTHORIZATIONS

- **AmeriHealth Caritas: Online:** Provider Portal / **Phone:** 833-900-2262 / **Pharmacy:** 855-375-8811
- **Carolina Complete: Online:** Provider Portal / **Phone:** 833-552-3876 / **Pharmacy:** 833-585-4309
- **Healthy Blue: Online:** Provider Portal / **Phone:** 844-594-5072 / **Pharmacy:** 844-594-5072
- **United Healthcare: Online:** Provider Portal / **Pharmacy:** CoverMyMeds https://www.covermymeds.com/main/prior-authorization-forms/optumrx/ ; SureScripts: https://providerportal.surescripts.net/ProviderPortal/optum/login
- **WellCare: Online:** Provider Portal / **Phone:** 866-799-5318 / **Pharmacy**: Fax: 800-678-3189 **or** SureScripts: https://providerportal.surescripts.net/providerportal/

CLAIMS

- **AmeriHealth Caritas**: **Online:** www.navinet.navimedix.com / **Phone:** 888-738-0004
- **Healthy Blue**: **Online**: www.availity.com / **Phone**: 800-594-5072
- **Carolina Complete**: **Online:** https://network.carolinacompletehealth.com
- **United Healthcare: Online:** https://www.uhcprovider.com / **Phone:** 800-210-8315
- **WellCare: Online:** https://www.wellcare.com/en/North-Carolina/Providers/Medicaid/Claims / **Phone:** 866-799-5318

Two Claims Submission Fact Sheets are available on the Provider Playbook at: https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care that address filing managed care claims.

NON-EMERGENCY MEDICAL TRANSPORTATION

- **AmeriHealth Caritas: Phone:** Member Services – 855-375-8811
- **Carolina Complete: Phone:** ModivCare – 855-397-3601
- **Healthy Blue: Phone:** ModivCare – 855-397-3602
- **United Healthcare: Phone:** ModivCare – 855-397-3604
- **WellCare: Phone:** One Call - 877-598-7602

PROVIDER OMBUDSMAN

Medicaid Managed Care Provider Ombudsman:

- **Phone:** 919-527-6666 / **Online:** Medicaid.ProviderOmbudsman@dhhs.nc.gov

PHP QUICK REFERENCE GUIDE LOCATION

- **AmeriHealth Caritas:** https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-reference-guide.pdf
- **Carolina Complete:** https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCHN-Current-PDF-QRG-Form.pdf
- **Healthy Blue:** https://provider.healthybluenc.com/docs/gpp/NC_CAID_QuickReferenceGuide.pdf
- **United Healthcare:** https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/nc/training/NC-Medicaid-QRG.pdf
- **WellCare:** https://www.wellcare.com/North-Carolina/Providers/Medicaid

AHEC Virtual Office Hours

AHEC Virtual Office Hours Site

- Providers can register for virtual office hours
- Providers can view upcoming and prior sessions
- Providers can view questions and answers from previous sessions
- Providers can download a copy of slides presented