NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medicaid Transformation Resources for Providers
Developed Based on Feedback from AHEC Weekly Surveys

The information below was compiled as a resource for providers based on feedback the North Carolina Department of Health and Human Services (NCDHHS) reviewed through the **NC AHEC Coaches' Weekly Surveys**. NCDHHS will continue to update this document based on additional feedback we receive from providers as well as through future weekly surveys.

Accuracy of Information in NCTracks

Over the past several months, the NCDHHS has issued reminders for providers to review their individual and organization provider enrollment record in NCTracks. It is critical that all providers take the time now to review their provider records in NCTracks and submit changes as needed using the Manage Change Request (MCR) process.

Providing the most accurate and complete provider information so Medicaid and NC Health Choice beneficiaries can make the most informed choice for their health plan and primary care provider is a top priority. NCTracks is the "system of record" for provider enrollment data, which is then shared with Health Plans to inform contracting and provider directories. In our review, the primary challenge with accurate data has been encouraging providers to keep their information accurate and current on all applicable enrollment records. If provider information is not current, then the data that flows forward to the Health Plans and the Enrollment Broker will not be accurate.

The Department has encouraged all providers to review and update their provider enrollment record and to assist providers in that effort, has generated interim provider enrollment record reports. A common under or overreported piece of provider data is the individual to organization affiliation. Medicaid and NC Health Choice providers are either reporting no affiliations or have affiliation data that has not been updated in over a year. Various forms of the message below have been offered in Medicaid Provider Bulletins and Provider Playbook Fact Sheets.

Accuracy of PHP listing in Beneficiary look up tool

If the *Health Plans Accepted* field for a particular provider or organization is not displayed as expected, the provider should contact the appropriate health plan to confirm contracting status or correct the error. Contact information for all health plans is available on the DHHS Transformation website (https://medicaid.ncdhhs.gov/providers/provider-contracting-health-plans).

If, after following the guidance, a user continues to identify issues with search functions displaying unexpected results, users are encouraged to use the "Report an Error" link in the top right corner on any page of the Lookup Tool. These errors will be reviewed by the Provider Operations Team who will respond to the user's feedback.

If the unexpected results are related to the Health Plan Accepted information, the Department encourages providers to work with their health plans directly to remediate these discrepancies. If the discrepancies continue, then the Department encourages providers to reach out to the Provider Ombudsman. These types of inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 919-527-6666. The Provider Ombudsman contact information is also published in each health plan's provider manual.

Credentialing and Contracting with PHPs

Health systems and providers are strongly encouraged to continue contract negotiations with health plans and finalize contracts as soon as possible. Once contracts are executed, health systems and providers become in-network providers with that health plan.

For more information on contracting with a health plan, contact them directly. Contact information is available on the Medicaid Health Plan Contacts and Resources web page. Questions and answers relating to provider contracting deadlines are available on the Provider Contracting with Health Plans webpage.

For inquiries and complaints regarding health plans, NC Medicaid has created a Provider Ombudsman to represent the interests of the provider community. Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 919-527-6666. The Provider Ombudsman contact information is also published in each Health Plan's provider manual.

Defining the Role of CINs

In North Carolina, the Department is using the term "CINs and other partners" to mean organizations that provide support to AMH practices including: managing data, supporting analytics and delivering advanced care coordination and care management services, regardless of whether such organizations meet federal standards for clinical integration. CINs and other partners may include hospitals, health systems, integrated delivery networks, Independent Practice Associations (IPAs), other provider-based networks and associations, care management organizations, and technology vendors. The Department expects CINs and other partners to offer a wide range of differing packages of administrative support to AMH practices, clinical staffing resources, care delivery wraparound services, and/or technology services. AMHs can ask CINs to support ANY part of AMH Tier 3 requirements. **Survey "pain point": "Level III requirements"**

A full list of requirements can be found in the AMH Provider Manual located on the Advanced Medical Home page. Practice requirements for Tiers 1, 2 and 3 are the same as requirements for Carolina ACCESS. All AMH practices must:

- Perform primary care services that include certain preventive and ancillary services (for more information on these services, refer to the AMH Provider Manual)
- Create and maintain a patient-clinician relationship
- Provide direct patient care a minimum of 30 office hours per week
- Provide access to medical advice and services 24 hours per day, seven days per week
- Refer to other providers when service cannot be provided by the PCP
- Provide oral interpretation for all non-English proficient beneficiaries at no cost

Under Tier 3, practices assume primary care management responsibility. Practice Requirements for Tier 3 include all of the requirements for Tier 2 and the following care management responsibilities:

- Risk stratify all empaneled patients
- Provide care management to high-need patients
- Develop a Care Plan for all patients receiving high-need care management

- Provide short-term, transitional care management along with medication management to all empaneled patients who are discharged from the ED or an inpatient setting
- Demonstrate that, at a minimum, they have active access to an ADT data source that correctly identifies specific empaneled Medicaid managed care members' admissions, discharges or transfers to/from an ED or hospital in real time or near real time
- Receive claims data feeds (directly or via a CIN or other partner) and meet State-designated security standards for their storage and use.

ADDITIONAL RESOURCES FOR PROVIDERS:

- Provider Playbook Fact Sheets on the Provider Playbook Fact Sheet page.
- New Interim Reports to Assist Providers in Verifying Their Records located on the Provider Playbook Trending Topics page:
    - The Provider Directory Listing Report is available to providers for the purpose of providing transparency about their health plan(s) contracting status, as well as the manner in which their data will appear in the public-facing provider directory once it launches.
    - The Provider Affiliation Report contains all active organizations, their service location and each affiliated individual provider. This report will only display individual to organization affiliations as found in NCTracks.
- NC Provider Directory – Medicaid and NC Health Choice Provider and Health Plan Look Up Tool Now Available bulletin article.
- Provider and Health Plan Contract Deadlines for Inclusion in Open Enrollment and Auto-Enrollment Medicaid bulletin article.
- More information coming soon:
    - Virtual Office Hours Session – NC Medicaid and North Carolina AHEC are offering a virtual office hour session to demo the Provider and Health Plan Lookup Tool and offer a Q&A session.
    - NC Medicaid Help Center Knowledge Base!
- Advanced Medical Home Training Page

ADDITIONAL RESOURCES FOR MEMBERS:

Most questions beneficiaries have about choosing a health plan or Primacy Care Provider (PCP) can be answered by the Enrollment Broker. The Enrollment Broker Call Center will open March 1, 2021, from 7 a.m. to 5 p.m., Monday through Saturday. To select a PCP and health plan through the Enrollment Broker, beneficiaries can:

- Call 1-833-870-5500 (toll free), (TTY: 1-833-870-5588)
- Go online at ncmedicaidplans.gov
- Complete and return a paper enrollment form by fax or mail
- Use the NC Medicaid Managed Care mobile app

The Department also understands it is important for providers to be aware of the materials shared with Medicaid beneficiaries. Links to Medicaid Managed Care beneficiary enrollment notices and resources that have also been provided to local Department of Social Services offices. Notices are specific to each Medicaid beneficiary. If beneficiaries have questions related to the information in the notices, please direct them to the Enrollment Broker by calling 1-833-870-5500 (toll free), or online at ncmedicaidplans.gov.