



Provider Contracting Deadline: Nov. 15, 2019

Questions and Answers

What is changing?

For inclusion in auto-enrollment, provider contracts must be signed and mailed to the health plan no later than Nov. 15, 2019.

Why are these changes happening?

It takes health plans at least two to three weeks to process provider contracts and ensure that providers can be paid. Additional time is then needed to transmit information to the Department for inclusion in the auto-enrollment process.

Who is impacted?

All Medicaid providers who want beneficiaries assigned to them as a primary care provider (PCP) during auto-enrollment and to be reimbursed appropriately on day one.

Why is it important to contract with health plans in advance of Nov. 15, 2019?

- PCPs who do not contract with health plans by Nov. 15, 2019, risk losing patients, as health plans will assign beneficiaries to in-network providers.
- Providers who do not contract with health plans in a timely fashion may also miss out on the ability to earn per member per month (PMPM) payments through the Advanced Medicaid Home (AMH) program.
- If a contract is not in place by Feb. 1, 2020, and the provider has not engaged in good faith negotiations, the provider is at risk for being reimbursed at 90% and subject to additional prior authorizations.

Are providers required to contract with all health plans?

No. Providers may contract with as few or as many health plans as they prefer. However, patients will be enrolled with an in-network provider for the health plan that they choose.

What are health plans' responsibilities with respect to contracting with Medicaid PCPs?

- The Department acknowledges that contracts between providers and health systems are long-term agreements with many components, and recognizes that health systems have to exercise due diligence in getting to a contract that is right for both the health system and the health plan.
- The Department expects health plans to negotiate with any willing provider in good faith.
- North Carolina is an "any willing provider" state. Health plans may only exclude eligible providers from their networks under the following circumstances:
 - Provider fails to meet Objective Quality Standards, which can be found in the PHP Provider Manuals; or
 - Provider refuses to accept network rates

What are health plan responsibilities with respect to contracting with Medicaid PCPs that are Tier 3 AMHs?

Health plans are required to contract with **all** AMH Tier 3 practices located in each health plan region.

What are required payments for PCPs and AMHs?

- Health plans must reimburse in-network providers no less than 100% of Medicaid fee-for-service (FFS) rates unless they have mutually agreed to an alternative arrangement.
- In addition to FFS payments, health plans must also make care management payments to AMHs.

What is the timeline for auto-enrollment?

- Beneficiaries in all managed care regions will have the option to choose a health plan and PCP during open enrollment. Open enrollment is currently live in [regions 2 and 4](#), and will open statewide on Oct. 14, 2019.
- Beneficiaries may keep their current provider by signing up for a health plan that contracts with that specific provider and selecting the provider as their PCP
- Open enrollment closes on Dec. 13, 2019.
- After open enrollment closes, beneficiaries who have not chosen a health plan will be automatically enrolled in one by the Department. The majority of beneficiaries will likely be auto-enrolled in a health plan.
- Health plans will then be responsible for auto-enrolling beneficiaries who have not already selected a PCP with an in-network PCP. The Department has prescribed certain elements of the PCP auto-enrollment algorithm in the health plan contract.
- PCP auto-enrollment must be completed before the health plans mail Medicaid ID cards, which must be shared with auto-enrolled members by Jan. 9, 2020. After auto-enrollment, any new members must be assigned within 7 days.

How soon after finalizing a contract with a health plan will I show up in the Enrollment Broker Provider Directory as in-network with that health plan?

- Once the contracting process is complete and the health plan has all the required demographic information from the provider, it typically takes **at least** 2-3 weeks to load a provider into the health plan's system and begin showing as an in-network provider. A provider can help expedite this process by beginning to share physician roster information with the health plans in advance of finalizing their contract. This allows the health plans to begin processing this information and be prepared to enroll a provider most quickly.
- It is important to the Department that a provider not show up as in-network with a health plan until such point that the health plan can make payments to that provider. This ensures that both the beneficiary and provider have the most accurate information about where to seek care and ensure timely payment for services.
- Please ensure that NCTracks provider data are accurate. To make changes to your NCTracks provider record, a provider must submit a Manage Change Request from the Status and Management page of the NCTracks Secure Provider Portal. Providers should review each page and confirm that all service locations (address/phone number), taxonomies, patient restrictions and office hours are correct. There is a minimum of 5 business days after the Managed Change Request is approved before the updates will appear on the Enrollment Broker Provider Directory.

If I am unable to finalize my health plan contract(s) by Nov. 15, 2019, should I still pursue contracting with a Medicaid Managed Care Health Plan?

- Yes. Providers are encouraged to continue contract negotiations with health plans and finalize the contract as soon as possible after Nov. 15, 2019. It is important for contracts to be in place prior to Feb. 1, 2020, to ensure that you will be able to continue to serve Medicaid beneficiaries and be reimbursed appropriately on day one.
- At the point at which health systems or providers successfully execute contracts with a health plan, they become in-network providers with that health plan.

If I am unable to finalize my health plan contract(s) by Nov. 15, 2019, but I do finalize my health plan contracts before Feb. 1, 2020, will my patients be able to select me as their PCP? How?

- After coverage begins on Feb. 1, 2020, beneficiaries have a 30-day Choice Period during which they are able to change PCPs. In addition, beneficiaries can change their PCP twice a year without a special reason. Beneficiaries will be able to call their health plan and select a PCP different from the one they received during auto-enrollment.
- At the point at which health systems or providers can finalize negotiations with a health plan, they become in-network providers with that health plan. For more information on contracting with a health plan, contact them directly. Contact information is located on the Medicaid website at <https://medicaid.ncdhhs.gov/health-plan-contact-information>.