

NC Medicaid

FQHC/RHC Provider Enrollment Best Practices

Presented by:
DMA Provider Services
Craig Umstead and Donna Whitlock



Presentation Team

Contributor	Organization	Role
Craig Umstead – Manager	DMA Provider Services	Presenter
Donna Whitlock	DMA Provider Services	Presenter
Connie May	DMA Provider Services	Representative
Deborah Leblanc	H.P. – Billing & Claims	Representative
Craig White	CSC – EVC call center	Representative
Sherrill Johnson	CSC – Enrollment	Representative
Rosa Settle	DMA Clinical Policy	Representative
Beth Kerr	DMA Clinical Policy	Representative
Kimberly Ibrahim	DMA Rate Section	Representative



Definition of an FQHC

- Federally Qualified Health Center (FQHC)
 - FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay
 - They bring primary health care to underserved/underinsured/uninsured Americans, including migrant workers and non-U.S. citizens



Definition of an RHC

■ Rural Health Clinic (RHC)

- RHCs are clinics located in a rural, medically underserved area in the United States
- An RHC must employ a nurse practitioner (NP) or a physician assistant (PA) and have a NP, PA, or certified-nurse midwife available at least 50 percent of the time the RHC operates



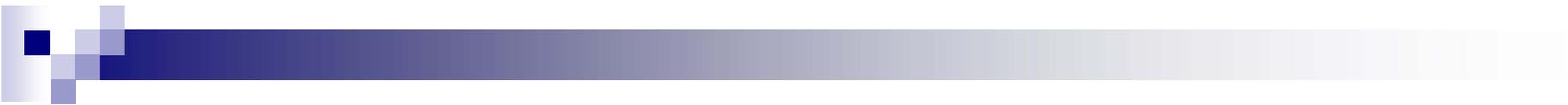
Definition of Core Services

- Physician and supplies incident to such services (including drugs & biologicals that cannot be self administered)
- Physician assistant and supplies incident to such services
- Nurse practitioner and supplies incident to such services



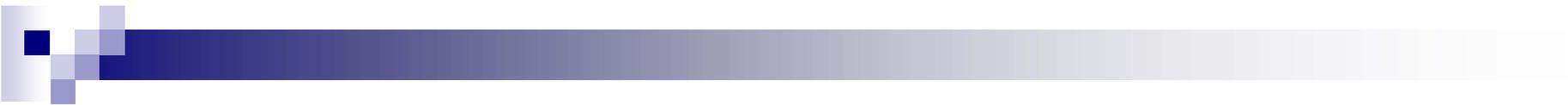
Definition of Core Services (Cont.)

- Certified nurse midwifery and supplies incident to such services
- Licensed psychologist and supplies incident to such services
- Clinical social worker and supplies incident to such services



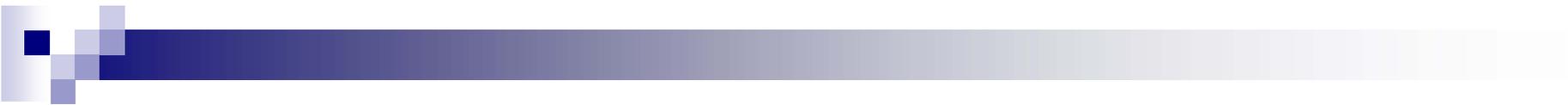
Provider enrollment process

- Obtain all required licensure and certifications from state & federal agencies prior to enrolling into Medicaid
- Submit a Medicaid application with all supplemental documents
- FQHC/RHCs cannot receive payment until:
 - Medicaid provider number is assigned
 - Rates are on file
 - EFT form is submitted to HP



Enrollment Tips

- Do not strikethrough, use correction fluid or alter the documents
- Complete all applicable fields
- If you are unsure how to complete the application or supplemental documents, please contact CSC for assistance
- Complete the W-9 form correctly



Enrollment Tips (Cont.)

- Provide all required ownership & managing employee information on the application
- Complete all required fields
- Provide all titles & signatures where required
- Make sure you submit all of your supplemental documents along with the application



Enrollment Tips (Cont.)

- Verify that the signer is an authorized agent for the provider
- Submit the most current version of the application
- If you have a dba, please list it on the application, W-9 and all applicable documents
- Please list all affiliated providers and their information



Enrollment Guide for Carolina ACCESS

- In addition to the Medicaid Provider Enrollment Application & Supplemental documents, complete the following:
 - CCNC/CA Provider Enrollment Application
 - Agreement for Participation as a Primary Care Provider in North Carolina's Patient Access and Coordinated Care Program (Carolina ACCESS)
 - Carolina ACCESS Hospital Admitting Agreement/Formal Arrangement
 - Health Check Agreement between Primary Care Provider (PCP) and the Local Health Department
 - NC DHHS DMA Provider Confidential Information & Security Agreement (optional)



Carolina ACCESS changes

- The following CA provider changes must be reported using the Provider Change Form:

- After-hours telephone number
- Restriction information
- Contact person's name
- Enrollment limits
- Counties served

NOTE: Failure to report a change in after hours coverage arrangements, enrollment restrictions, office hours, ownership, contact information including phone & fax lines, practice location, individual providers servicing the location; or any change that impacts requirements or criteria stated in either the NC DHHS Provider Administrative Participation Agreement or the Agreement for Participation in North Carolina's Patient Access & Coordinated Care Program, could result in a Sanction



Most common issues that delay the enrollment process...

- CMS certification letter is not submitted with application
- “Ambulatory Services” that will be provided by the facility require additional supplemental documents
- Incomplete/incorrect application and supplemental documents



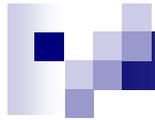
Enrollment - Best Practices

- Before submitting your application, contact CSC to confirm it is completed correctly. This includes the Carolina ACCESS application (if enrolling in CA)
- Check DMA's web site to view updates regarding enrollment & policies etc.....
- Make a copy of all documents that are submitted to CSC



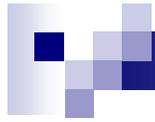
Quick Tips after enrollment has been completed...

- Contact DMA Rate Setting
- Contact HP for:
 - EFT
 - PDF RA
 - Provider billing inquires
 - On-site training
 - NCECSWeb Tool (free)



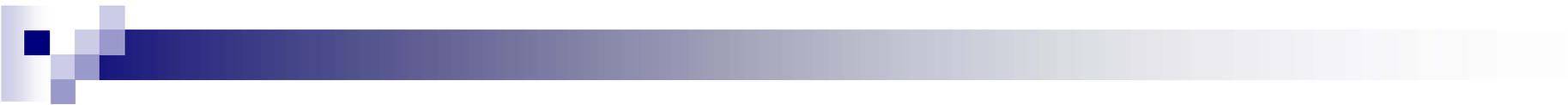
Changes that must be reported...

- National Provider Identifier (NPI)
- Billing & site addresses
- Contact information
- Individual & Group name changes
- Adding or deleting a service
- Adding a site



Changes that must be reported...(Cont.)

- Adding or deleting a group member
- Tax name and number changes
- Changes of ownership
- Voluntary terminations



How to report a change...

- Submit a Medicaid Provider Change Form when changing the following:
 - NPI
 - Billing address
 - Site address
 - Contact information
 - Individual name changes
 - Adding or deleting a group member
 - Voluntary termination (also include notice on company letterhead signed by an authorized individual)

NOTE: Additional documentation may be required



How to report a change... (Cont.)

- Submit a new Medicaid Provider Enrollment Application for the following changes:
 - Group name change
 - Adding a service
 - Adding a site
 - Tax name and number changes
 - Changes of ownership

NOTE: Supplemental and additional documents are required



Provider Enrollment Forms

- Medicaid provider enrollment application

- <http://www.nctracks.nc.gov/provider/providerEnrollment/>

- Supplemental documents

- <http://www.nctracks.nc.gov/provider/forms/index.html>

- Medicaid Provider Change Form (reporting provider changes)

- <http://www.nctracks.nc.gov/provider/cis.html>



Important contact information

- Rate Setting – 919-855-4180 or 919-647-8186
- HP (claims/billing) – 1-800-688-6696 opt. 3
- HP (ECS) – 1-800-688-6696 opt. 1
- AVR – 1-800-723-4337
- NCESWeb Tool – 1-800-688-6696 opt. 1
 - <https://webclaims.ncmedicaid.com/ncecs>



Important contact information (Cont.)

- CMS (Medicare) – 1-800-633-4227
 - <http://www.cms.gov>
- CSC (Enrollment) – 866-844-1113
 - NCMedicaid@csc.com
 - <http://www.nctracks.nc.gov>
- DMA Provider Services– 919-855-4050
 - <http://www.ncdhhs.gov/dma/provenroll/>



Resolution follow-up

- Contact CSC for inquiries related to:
 - Medicaid provider enrollment
 - Carolina ACCESS enrollment
 - Provider change requests
 - Enrollment fee
 - Provider credentialing & verification

1-866-844-1113



Resolution follow-up (Cont.)

- Contact HP for inquiries related to:
 - Billing
 - Claims
 - NPI
 - Prior approval
 - ECS
 - EFT
 - Trading partner agreement
 - Web Tool
 - EDI

1-800-688-6696



Resolution follow-up (cont.)

- Contact the agencies listed below:
 - To report fraud & abuse:
 - Program Integrity – 877-362-8471
 - For Third Party Insurance:
 - Third Party Recovery – 919-647-8100
 - For rates, fee schedule & reimbursement issues:
 - Rate Setting – 919-647-8170
 - For time limit overrides:
 - DMA claims analysis – 919-855-4045



Resolution follow-up (cont.)

- Contact the agencies listed below:
 - For Payment Error Rate Management (PERM):
 - DMA Program Integrity – 919-647-8000
 - For administrative hearings & appeals:
 - DHHS Hearing Office – 919-647-8200
 - For clinical coverage policies & procedures:
 - DMA Clinical Policy – 919-855-4260
 - NPI and address database
 - <http://www.ncdhhs.gov/dma/WebNPI/default.htm>

Questions and Answers

