

Fact Sheet

Eastern Band of Cherokee Indians (EBCI) Tribal Option Overview

What is the EBCI Tribal Option?

The Eastern Band of Cherokee Indians (EBCI) Tribal Option is a health plan managed by the Cherokee Indian Hospital Authority (CIHA) to meet the primary care coordination needs of federally-recognized tribal members and others eligible for services through Indian Health Service (IHS). Only IHS-eligible beneficiaries associated with the EBCI can participate in this health plan.

The EBCI Tribal Option will build on the Tribe's strong medical model and deliver high-quality care at the local level. The EBCI Tribal Option offers care coordination and management of Medicaid medical, behavioral health, pharmacy, and support services to address the health needs of American Indian/Alaskan Native Medicaid beneficiaries.

The EBCI Tribal Option is primarily offered in five counties: Cherokee, Graham, Haywood, Jackson and Swain. Eligible beneficiaries in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison and Transylvania.

Open enrollment for beneficiaries will begin March 15, 2021 and end May 14, 2021. The EBCI Tribal Option will launch as part of Managed Care on July 1, 2021.

Eastern Band of Cherokee Indians (EBCI):

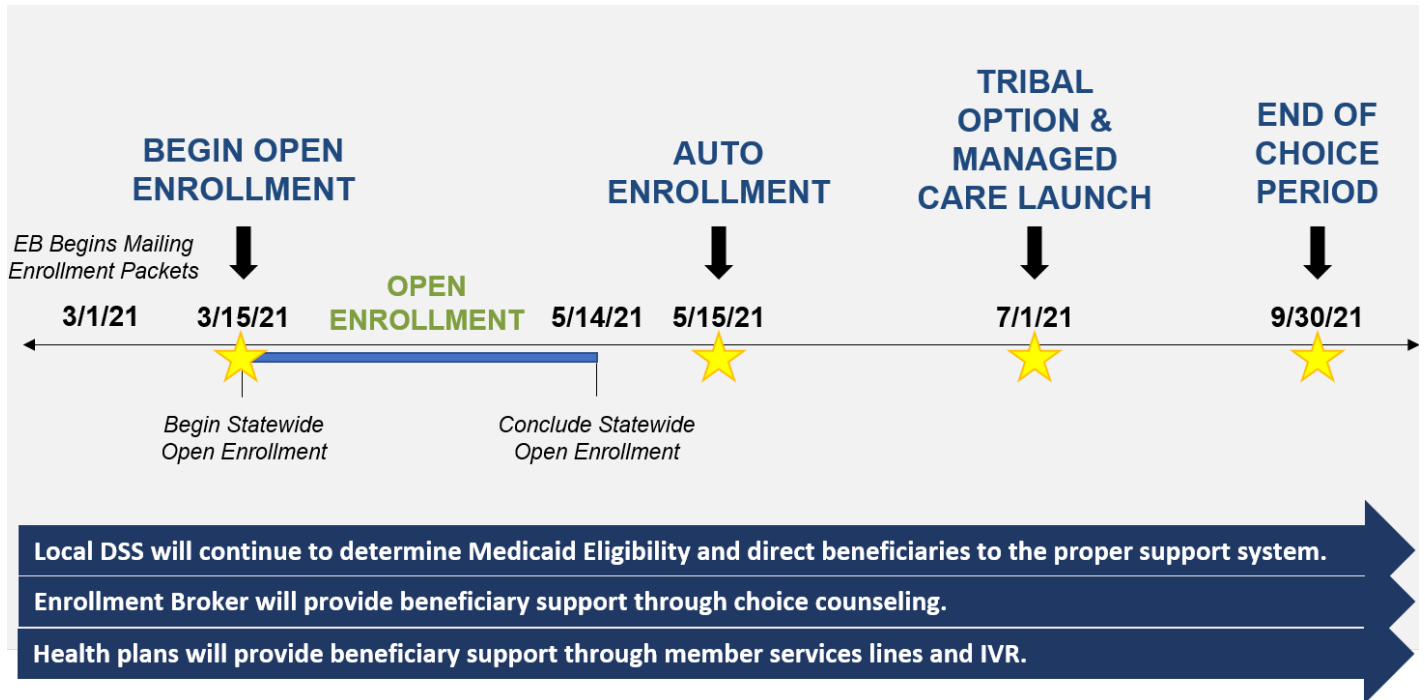
The EBCI is the only North Carolina-based federally-recognized Tribe with a population of approximately 16,000 in the five-county Purchase/Referred Care Delivery Area (PRCDA). The PRCDA is the geographic area in which the EBCI Tribal Option will primarily operate.

Cherokee Indian Hospital Authority (CIHA):

CIHA is the primary health system for the EBCI. CIHA has delegated authority to manage programs, functions, services, and activities provided by IHS. CIHA provides medical care for more than 13,000 members of the EBCI, including approximately 4,000 Medicaid beneficiaries.



EBCI TRIBAL OPTION BENEFICIARY TRANSITION TIMELINE



MILESTONE	IMPORTANCE	TIMELINE	WHO CAN HELP?
Enrollment Packets mailed from Enrollment Broker	Current beneficiaries will receive details by mail on who in their household may choose to enroll in a health plan, what plans they have to choose from, and how they can enroll. Beneficiaries may select a primary care provider (PCP) and enroll in a health plan.	Beginning 3/1/2021	Beneficiaries can contact the Enrollment Broker for assistance.
Open Enrollment	Beneficiaries may select a PCP and enroll in a health plan.	3/15/2021 – 5/14/2021	Beneficiaries can contact the Enrollment Broker for assistance.
Auto-Enrollment	Beneficiaries will be auto-enrolled in the EBCI Tribal Option if they do not select a different health plan and their current PCP is an EBCI Tribal Option network provider.	5/15/2021	Beneficiaries can contact the Enrollment Broker for assistance.
Day 1 – Health Plan Effective Date	Beneficiaries in NC Medicaid Managed Care will now receive Medicaid services from their health plan.	7/1/2021	Beneficiaries can contact their health plan and/or the Enrollment Broker for assistance.

**Dates are approximate and subject to change*

For more information on the EBCI Tribal Option beneficiary enrollment process including timelines and eligibility criteria, please refer to the [County Playbook: EBCI Tribal Option](#) page.

EBCI TRIBAL OPTION PROVIDER CONTRACTING ELIGIBILITY

To contract with the Tribal Option, providers must be, at minimum:

- i. Enrolled in NC Medicaid;
- ii. Enrolled as a Carolina Access provider or Advanced Medical Home (AMH) Provider

Providers should also be located primarily in the five-county region (Cherokee, Graham, Haywood, Jackson, or Swain County). Primary care providers who live within a reasonable distance from the five-county region (Buncombe, Clay, Henderson, Macon, Madison, or Transylvania County) may also be eligible to contract with the Tribal Option.

PROCESS FOR PROVIDER ENROLLMENT

Providers that meet the three (3) criteria above and want to contract with the EBCI Tribal Option can contact the EBCI Tribal Option by email at Provider.Services@cherokeehospital.org to initiate the contracting process.

WHAT DEADLINES DO PROVIDERS NEED TO KNOW?

Providers may contract with the Tribal Option at any time; there are no deadlines for participation as a Medicaid or NC Health Choice provider with the following exceptions:

- Providers need to have signed contracts with the Tribal Option by **Feb. 1, 2021**, to be included in the initial release of the Medicaid and NC Health Choice Health Plan and Provider Lookup Tool for open enrollment.
- Providers need to have signed contracts with the Tribal Option by **April 12, 2021** to be included in PCP auto-enrollment.

Providers are encouraged to continue contract negotiations with the Tribal Option and finalize the contract as soon as possible. It is important for contracts to be in place prior to July 1, 2021, to ensure that you will be able to continue to serve Medicaid beneficiaries and be reimbursed appropriately on day one.

WHAT ARE REQUIRED PAYMENTS FOR PCPS?

The Department is responsible for paying Network PCPs a monthly Medical Home Fee on a per member per month (PMPM) basis for each assigned Member, consistent with the Carolina Access rates to PCPs and in accordance with the Department's Beneficiary enrollment information.

WHAT IF I HAVE QUESTIONS?

Additional resources for providers on the transition to managed care can be found in the [NC Medicaid Help Center](#), [Provider Playbook](#) and on the [Medicaid Transformation website](#).

For general inquiries and complaints regarding Health Plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each Health Plan's provider manual.

For questions related to your NCTracks provider information, please contact the General Dynamics Information Technology (GDIT) Call Center at 800-688-6696. To update your information, please log into NCTracks (<https://www.nctracks.nc.gov>) provider portal to verify your information and submit a Manage Change Request (MCR) or contact the GDIT Call Center.

For all other questions, please contact the NC Medicaid Contact Center at 888-245-0179.

Fact Sheets will be updated periodically with new information. Updated June 2021.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.