NC Medicaid Managed Care
Provider Playbook

NC Medicaid

To ensure beneficiaries can seamlessly receive care on day one, the North Carolina Department of Health and Human Services (NCDHHS) is delaying the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans). Tailored Plan launch was scheduled for Oct. 1, 2023, **but will now go forward at a date still to be determined.**

Fact Sheet
Enrollee Report Updates for Primary Care Practices in Advance of Tailored Plan Launch

WHAT IS THE ENROLLEE REPORT ?

The Advanced Medical Home (AMH) NC Medicaid Direct/NC Medicaid Managed Care Primary Care Provider (PCP) Enrollee Report contains information on members assigned to primary care practices in Medicaid Direct and managed care.

To support the upcoming launch of the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan, DHHS has updated the PCP Enrollee Report to include members assigned to Tailored Care Management (TCM) providers. The Enrollee Report allows PCPs to know their assigned member list, but *should not be used as verification of eligibility*.

The Enrollee Report is delivered each month to the NCTracks Secure Provider Portal Message Inbox the Monday before the second checkwrite to coincide with the receipt of Community Care of North Carolina/Carolina ACCESS (CCNC/CA) management fees. This began on March 15, 2021. The report has included Tailored Care Management assignment information starting in December, 2022.

WHAT INFORMATION IS SHOWN IN THE ENROLLEE REPORT ?

The 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 contains:

- NPI/Atypical ID
- PCP name

- Service location address (to which the member is assigned)
- Medicaid Identification Number
- Recipient name
- Date of birth
- Active (Y or N) (currently 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)
- Prepaid Health Plan (PHP) name
- TCM Provider name

To effectively use the report, add filters or sort the report based on an Active status of "Y." The provider can narrow the results to display only those currently enrolled in NC Medicaid and assigned to the identified NPI. Changes to member assignment are always effective the first day of the following month and will be reflected on the new monthly report.

The Enrollee Report includes functionality to identify health plan members and the name of the health plan to which each is assigned beginning in future iterations. Future iterations will also contain Tailored Plan information after the launch of Tailored Plans .

HOW DO I SELECT OR MODIFY MY PANEL SIZE BEFORE LAUNCH ?

NC Medicaid providers participating as a CCNC/CA provider may select or modify their panel size during their initial enrollment application, or through the Manage Change Request (MCR) process. This panel size limitation applies to Medicaid Direct enrollees. For NC Medicaid Managed Care, providers are encouraged to establish their panel size during the contracting process with the Tailored Plan. Health plans are contractually required to allow AMHs/PCPs to set limits on panel size and have a process by which to do so. Once contracted, the Tailored Plan must offer information regarding the process to modify the information.

For assistance with modifying the panel size (referred to as the enrollment limit) on your NCTracks record for Medicaid Direct beneficiaries, refer to the user guides available on the NCTracks User Guides & Fact Sheets page or contact the NCTracks Call Center at 800-688-6696. To reach the appropriate health plan for assistance with establishing or modifying panel size, please see the Provider Support Line information for each plan on the NC Medicaid Health Plan Contacts and Resources page.

HOW TO CHECK PATIENT ELIGIBILITY / TAILORED PLAN ENROLLMENT PRIOR TO LAUNCH?

The Recipient Eligibility Verification function of NCTracks has been modified to include the

beneficiary's benefit program and managed care assignment information, and to allow providers to verify eligibility for the following month, as long as the beneficiary's eligibility segment extends into the following month. This is not a guarantee of NC Medicaid coverage or managed care assignment for the following month, but will offer information available at the time of the inquiry. *Please always verify coverage and managed care assignment prior to rendering services.*

WHAT HAS CHANGED ABOUT THE NCTRACKS RECIPIENT ELIGIBILITY RESPONSE?

NC Medicaid Managed Care Tailored Plan information has been added to the Recipient Eligibility Response page, including health plan name and contact information, as well as the health plan's assignment for PCP/AMH. Due to carve-out services and the necessity to display other benefit plan information, it is important for providers to give special attention to the Service Types and Copay section under each benefit plan.

Benefit Plan	What Does it Mean?
Medicaid Managed Care Carve-out Plan (MCCRV)	Health plans are not responsible for carved out services. The Service Types and Copay section under this benefit plan identifies carved out services, including dental, frames, lenses, and case management (for children's developmental services agency (CDSA) services), all of which would continue to be billed through Medicaid Direct - Medicaid's fee-for-service program. See the Health Plan Contracts page for more details on carved out services.
Managed Care for Behavioral Health Services (PHPB)	For Medicaid beneficiaries beginning at age three, Local Management Entities/Managed Care Organizations (LME/MCOs) provide comprehensive behavioral health services under the NC 1915(b)(c) Waiver, This benefit plan identifies the LME/MCO entity offering the Service Type identified (Mental Health - Mntl Hlth) and to which these services would be billed.
Tailored Plan Medicaid Managed Care (TPMC)	Beneficiary is enrolled in the Tailored Plan. The health plan is identified along with the dates of enrollment.
Tailored Plan Innovations Waiver Managed Care (TPINV)	Beneficiary is enrolled in NC Medicaid Managed Care (Tailored Plan Innovation's Waiver). The health plan is identified along with the dates of enrollment.
Tailored Plan Traumatic Brain Injury Managed Care (TPTBI)	Beneficiary is enrolled in NC Medicaid Managed Care (Tailored Plan TBI Waiver). The health plan is identified along with the dates of enrollment.
Innovations Waiver – CAP Services (PHPC)	Beneficiary is receiving Community Alternatives Program (CAP) services from the LME/MCO. The LME/MCO is identified along with the dates of enrollment.

Traumatic Brain Injury Waiver (TBI)	Beneficiary is receiving TBI services from the LME/MCO. The LME/MCO is identified along with the dates of enrollment.

HOW TO VIEW/UPDATE YOUR PANEL WITH EACH TAILORED PLAN AFTER LAUNCH?

Alliance	• Providers may view their primary care practice panel size through the Alliance secure provider portal and access their primary care practice panel size by access ACS and going to Provider Maintenance/Sites/Details/Site primary care practice Details • Providers may update their primary care practice panel size by completing the online PCP Panel Size Update Form • Information regarding panel management will be provided during a provider's orientation process • For additional assistance, Provider Support can be reached toll-free at 855-759-9700 Monday through Saturday from 7 a.m. – 6 p.m.
EastPointe	Providers submit panel capacity to Eastpointe through formdesk that was created to report this information. The formdesk link can be used to submit initial panel capacity and any changes or new primary care practicess:To complete the forms, PCPs will need the agency's PCP billing NPI, PCP 3-digit location code, Tailored Plan Population Panel limit, age of population served, panel effective date and administrative county site. PCPs have the option to save or print the document and the submitter receives a copy once submitted. PCPs can also view members for PCP assignment. They have the ability to filter by month, year and provider as a function inside the vendor portal. The member can also be searched by their last name initial. PCPs have the option to print the information from the vendor portal.
Partners	Providers can contact Physical Health Provider Relations and Support team at NetworkRelations@CCH-Network.com or 833-552-3876 to obtain their panel size limits and/or request adjustments to those limits.
Sandhills Center	Providers can view and update their Primary Care Pr Panel on the provider portal (Alpha+) by going to Provider Network> Provider Maintenance> details>select a site> details> Site Capacity.

Trillium	PCPs will have access to their current Panel/Member assignments through their Beneficiary Assignment (BA) files. For PCP panel limits, panel limits are not available on the Provider Portal and/or website. PCPs can request details and/or request updates on their current panel limits by contacting their assigned Provider Relations (PR) Representative. "Contact Us" information is available on Carolina Complete Health's website. PCPs can either call 888-552-3876 or email CCHN at *NetworkRelations@CCH-Network.com*
Vaya	• The current panel report is in development.. • PCPs will be directed to email any changes to panel sizes to providerenrollment@vayahealth.com, and the Provider Network team will confirm panel sizes. • The PCP panel roster report will be available to each PCP via the Vaya Provider Portal, and refreshed each month.

DO I NEED AUTHORIZATIONS TO PROVIDE PRIMARY CARE FOR A MEMBER NOT ASSIGNED TO ME ?

Members do **NOT** need an authorization to see an in-network PCP even if it is not the assigned PCP. We encourage all PCPs to help members engage with their assigned practice or help members change their assignment. Members **WILL** need a prior authorization to see a PCP who is **NOT** in network.

If your member is currently receiving ongoing treatment and assigned to a different PCP, the Tailored Plan will work with you and the member to continue to provide those medically necessary services during the transition period for at least six months after Tailored Plan launch. If the member chooses an in-network PCP or chooses to discontinue those services, their continuity of care protections will end.

HOW DO I HELP A MEMBER CHANGE THEIR PRACTICE ASSIGNMENT? HOW LONG BEFORE THE CHANGE GOES INTO EFFECT?

Members should call the health plan's member services phone number on the back of their Medicaid ID card to change their PCP. Members can also call the NC Medicaid Enrollment Broker at 833-870-5500 to change their PCP if they are also changing their health plan enrollment. The member's assignment will change the first of the following month according to NC Medicaid policy. The member can still have services provided by that PCP prior to the reassignment without authorization if the PCP is in network with the health plan.

HOW DO I REMOVE MEMBERS FROM MY PANEL ?

For members in Managed Care (Standard Plan, Tailored Plan or Tribal Option), providers should work with their health plans to assist members with barriers to engagement or to find a better PCP fit if all options have been exhausted.

WHAT IF I HAVE QUESTIONS?

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

For general provider inquiries and complaints regarding health plans, contact the **Provider Ombudsman** at Medicaid.ProviderOmbudsman@dhhs.nc.gov, or 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 NCTracks Call Center at 800-688-6696. To update your information, please log into the NCTracks provider portal to verify your information and submit a MCR.