NC Medicaid Managed Care
Provider Playbook

NC Medicaid

Fact Sheet
Enrollee Report Updates for Primary Care Providers (PCPs)

What is the Enrollee Report?

NC Medicaid Direct and NC Medicaid Managed Care members assigned to primary care providers (PCPs) and allows PCPs to know their assigned members list.[1]

The Enrollee Report is delivered each month to the NCTracks Secure Provider Portal Message Inbox. The report includes members assigned to a provider as of the first day of the month, along with their assignment end dates, and includes Tailored Care Management (TCM) assignment information if applicable. This report has been in production since March 15, 2021.

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 PCP in the past 12 months and contains:

- NPI/Atypical ID
- Provider 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 =NC Medicaid Direct, MED-MGD = Medicaid

- Managed Care, MED-TCM = Medicaid Tailored Care Management)
- Effective date (of assignment)
- End date (of assignment)
- Last office visit date (based on paid claims from the billing National Provider Identifier (NPI))
- Total visits (to your office based on paid claims for the last 12 months)
- Health Plan name for the past 12 months
- TCM Provider Name (as applicable)

To effectively use the report, add filters or sort the report based on an Active status of "Y." This narrows the results to display only those currently enrolled in NC Medicaid and assigned to the

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[1] The member list in the enrollee report should not be used as verification of eligibility.

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 members' Medicaid program aid category, assigned health plan, where applicable, and TCM provider, as applicable.

HOW TO CHECK PATIENT ELIGIBILITY / HEALTH PLAN ENROLLMENT

The Recipient Eligibility Verification function of NCTracks includes the beneficiary's benefit program and managed care assignment information and allows providers to verify current eligibility and eligibility for the following month.

NOTE: Always verify coverage and managed care assignment prior to rendering services because prospective eligibility information may be subject to change.

WHAT HAS CHANGED ABOUT THE NCTRACKS RECIPIENT ELIGIBILITY RESPONSE?

Tailored Care Management information, if applicable, 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/Advanced Medical Home (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?
Standard Plan	Beneficiary is enrolled in NC Medicaid Managed Care. The health plan is identified along with the dates of enrollment. The Service Types and Copay section identify the services covered and billed to the beneficiary's health plan.
NC 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 NC Medicaid Direct. See the Health Plan Contracts page for more details on carved out services.
Managed Care for Behavioral Health Services	Local Management Entities/Managed Care Organizations (LME/MCOs) provide comprehensive behavioral health services under the NC 1915(b)(c) Waiver to Medicaid beneficiaries with MH, I/DD and/or SUD. 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 Innovations Waiver Managed Care	Beneficiary is enrolled in NC Medicaid Managed Care (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 (TBI Waiver). The health plan is identified along with the dates of enrollment.

Benefit Plan	What Does it Mean?
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.
NC Medicaid Direct	Beneficiary remains in NC Medicaid Direct for the dates specified. The Service Types and Copay section identifies the services covered and billed through the NC Medicaid Direct.

As described above, NC Medicaid will continue to post the Enrollee Report in the NCTracks Provider Message Inbox for all health plans, including NC Medicaid Direct. All AMHs/PCPs will receive assigned enrollee panel information from each Standard Plan according to the table below.

AmeriHealth Caritas North Carolina (AMHC)	AMHC's secure provider portal at navinet.navimedix.com offers web-based solutions that allow providers and health plans to share critical administrative, financial and clinical data in one place. This tool can help manage patient care with quick access to: • Panel roster reports • Member eligibility and benefits information • Care gap reports to identify needed services and preventive screenings • Member clinical summaries • Social determinants of health status • Admission and discharge reports • Medical and pharmacy claims data • Electronic submission of prior authorization requests.
Carolina Complete Health (CCH)	Providers may view their current member panel through the secure provider portal at carolinacompletehealth. Information regarding panel management is provided during a provider's onboarding process.
Healthy Blue	Providers will be able to access panel reporting from Availity* or they can contact Provider Services at 844-594-5072 and request a copy (*requires registration with Availity). Providers will be trained on how to pull panel reports from the Healthy Blue secure provider portal at availity.com/.
WellCare (WCHP)	WCHP's internal systems house panel management information and providers can reach out to their assigned Provider Network Specialist for confirmation of same. If the provider closes their panel to new members, they can view this in the WCHP online provider directory at provider.wellcare.com.
United Healthcare (UNHC)	Providers may sign-on to view their panel rosters electronically on the provider portal at uhcprovider.com, via a unique username and password.

All PCPs will receive assigned enrollee panel information from each Tailored Plan according to the table below.

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. - PCP practices can request their PCP assignment information by contacting Provider Support at 1-855-759-9700 Monday through Saturday from 7 am – 6 pm
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. For the assigned enrollee panel, Providers are able to use ProviderConnect, Partners' secure provider portal. If providers would like additional information please visit Partners' website https://providers.partnersbhm.org/category/providerconnect/. If Providers have questions or need more information, call our Provider Services Line at 1-877-398-4145 Monday-Saturday, 7 a.m.-6 p.m. EST
Trillium	Providers can obtain current panel size limits or update their primary care practice panel size by contacting Carolina Complete Health Provider Relations and Support team at NetworkRelations@CCH-Network.com or calling 1-833-552-3876. Providers may also contact the Provider Support Service Line for additional questions by calling 1-855-250-1539 or emailing NetworkServicesSupport@trilliumnc.org Trillium recommends providers utilize reporting through NCTracks for enrollee-level information. However, enrollee panel reports can be made available upon request by calling 1-855-250-1539 or emailing NetworkServicesSupport@trilliumnc.org
Vaya	PCPs may 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.

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 questions related to panel management, see the Panel Management for Primary Care Practices (PCPs) fact sheet.

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, contact the NCTracks Call Center at 800-688-6696. To update your information, log into the NCTracks provider portal to verify your information and submit a MCR.