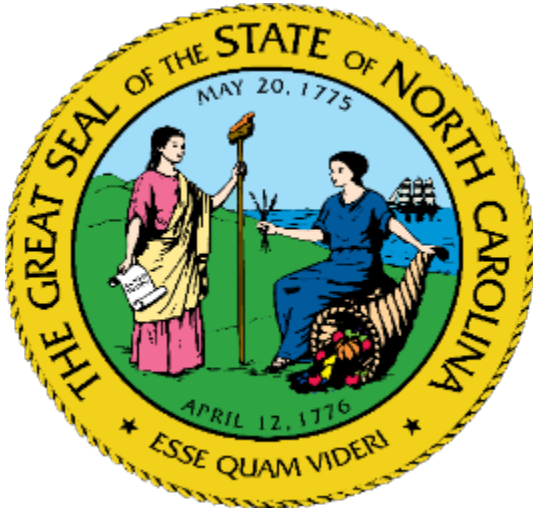


Back Porch Chat



RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionsedtext.com/client/event.aspx?EventID=5065023&CustomerID=324>



Sunday

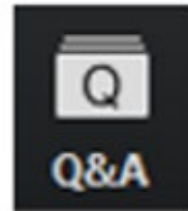


Wednesday

March 17, 2022

Logistics for today's webinar

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01

Telehealth Evaluation & Learnings

02

COVID-19 Strategy Moving Forward

03

Pregnancy Medicaid: 12- Month Postpartum Coverage

04

Public Health Emergency (PHE) Unwinding

05

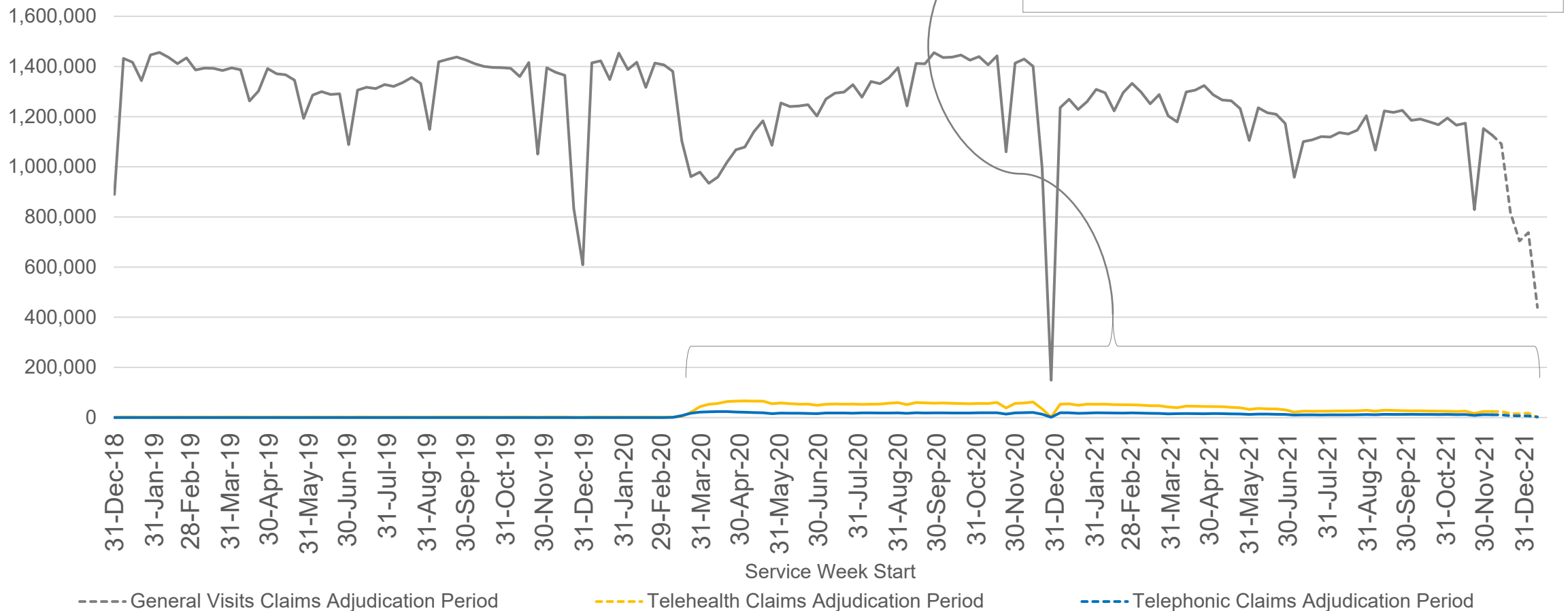
Q&A

Medicaid Transformation Provider Experience Survey

- 2022 survey started March 15!
- Goal: Understand experiences of primary care and obstetrics/gynecology providers with transition to Prepaid Health Plans
 - Survey of organizations (practices, medical groups, health care systems)
- First wave was Spring of 2021
 - We had excellent participation
 - Insights informed policy and discussions between DHHS and PHPs
- Look for email or mail from the Sheps Center for Health Services Research about the Medicaid Survey.
- We hope you will use this mechanism to help us improve the Medicaid Transformation!

Telehealth, Telephonic, and In-person Claims Volume | 12/31/18 - 1/15/2022

- Dramatic decrease in in-person visits at the outset of the Public Health Emergency
- Steep increases in telemedicine during the same period
- All visit types decrease with claims adjudication



Using Teleservices to Close Care Gap

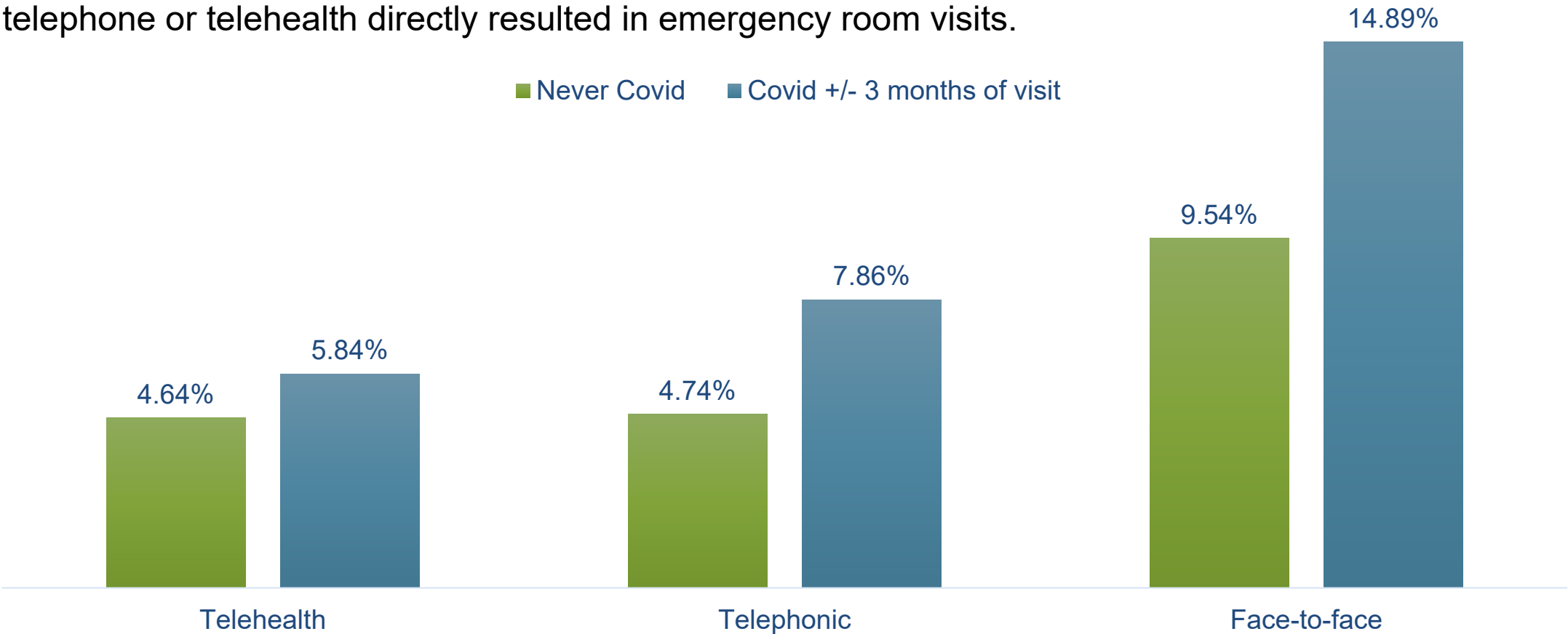
Primary care practices that adopted telemedicine at higher rates saw a much larger proportion of their patients during the first five months of the Public Health Emergency.

Level of Uptake (number of teleservice claims during the pandemic so far)	No. of Practices	No. of Patients Receiving Primary Care During Pandemic	Est. % of Panel Accessing Practice During Pandemic
HIGH (300+)	308	853,392	121%
MED (50-299)	567	431,825	97%
LOW (1-49)	875	315,133	77%
NONE	488	109,272	80%
Grand Total	2,238	1,709,622	101%

Practices see more Medicaid patients than they have in their enrollment. The numerator is the number of unique patients that visit that practice. The denominator is the CA-II enrollment. Beneficiaries in the numerator and may not be the same as those denominator.

How is the Visit Modality Associated* with ED Discharge, by COVID Status**?

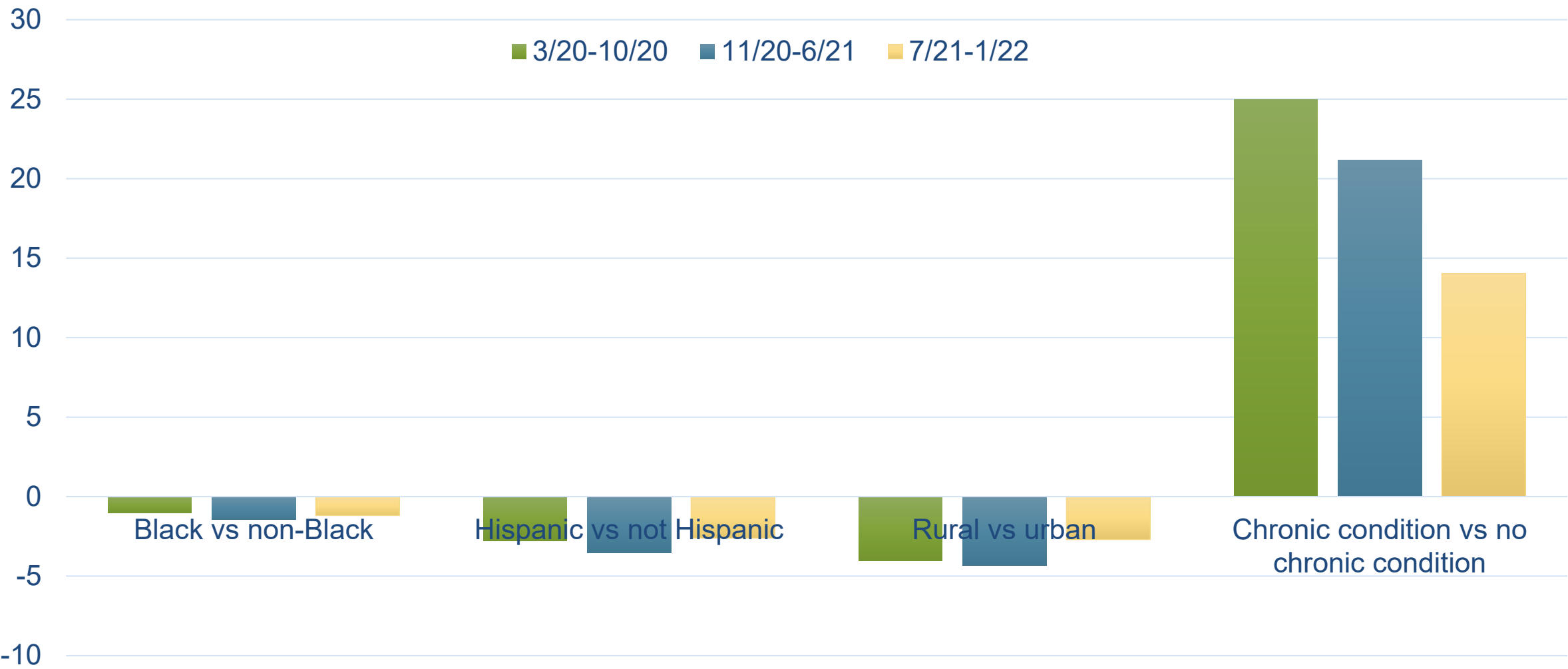
Bottom line: There was no evidence that services provided by telephone or telehealth directly resulted in emergency room visits.



*Marginal probability of use as compared to those with no OP visits in the month. Results from a panel data analyses of use stratified by COVID status, controlling for demographics and comorbidities (CDPS_Rx) in the month.

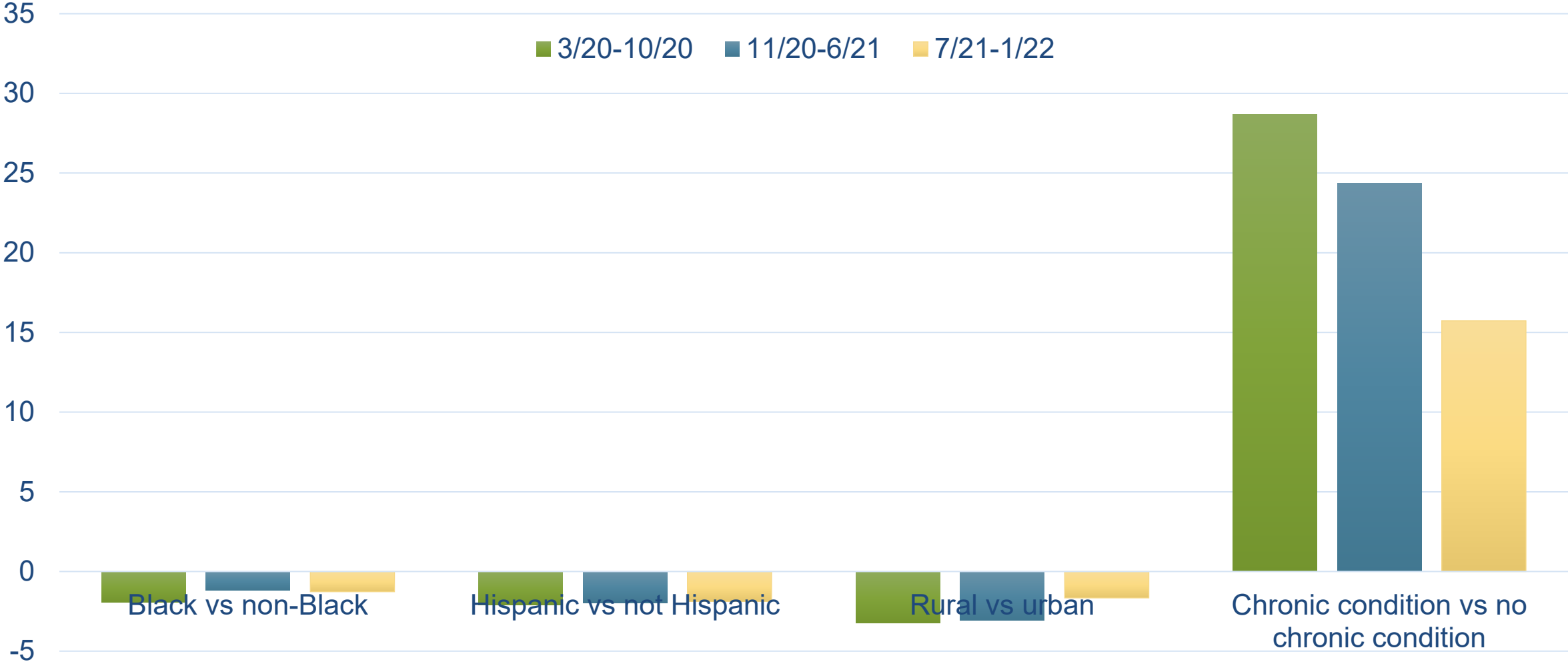
**Claims diagnosis only. Does not include COVID status derived from State Public Health Lab records - Sheps should be receiving those data in the next few months at which point these analyses could be updated.

Relative Probability of Telehealth Use by Adults Over Time from 3/20 – 1/22



From multivariate logit analysis that controls for all reported factors

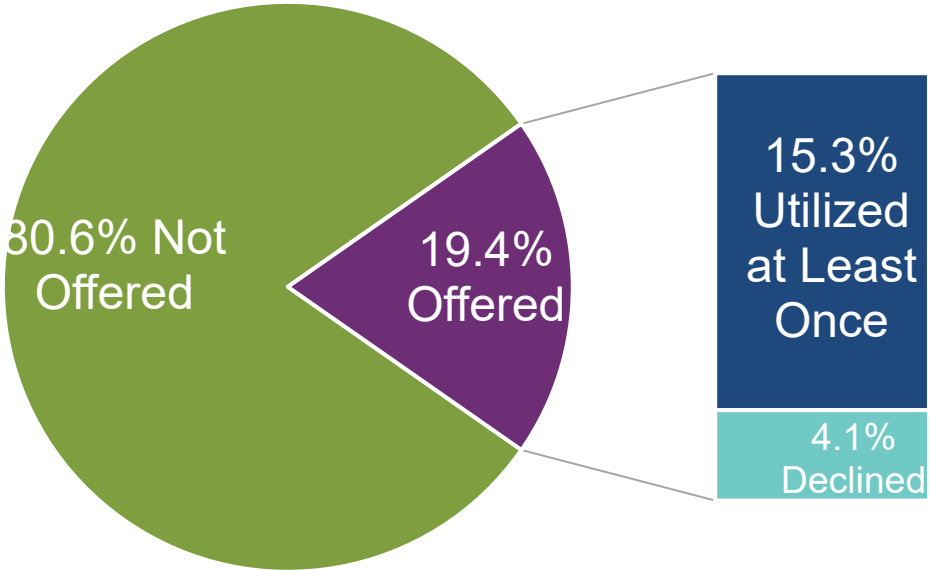
Relative Probability of Telehealth Use by Children Over Time From 3/20 – 1/22



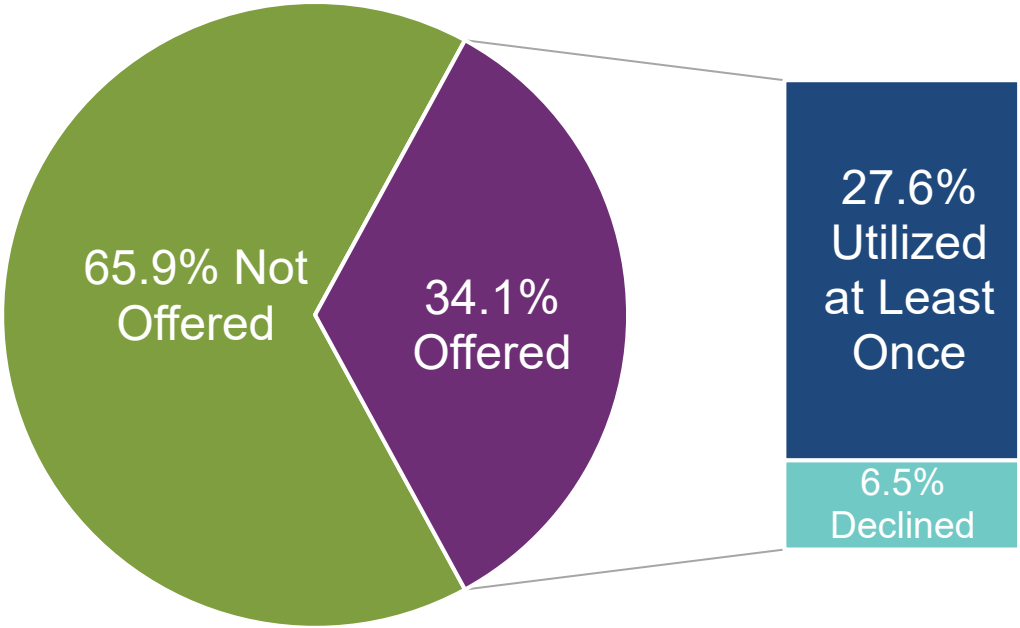
From multivariate logit analysis that controls for all reported factors

CAHPS Responses on Telehealth Offered in the Last Six Months Instead of an In-Person Appointment

Percent of Adult Guardians Reported for their Child

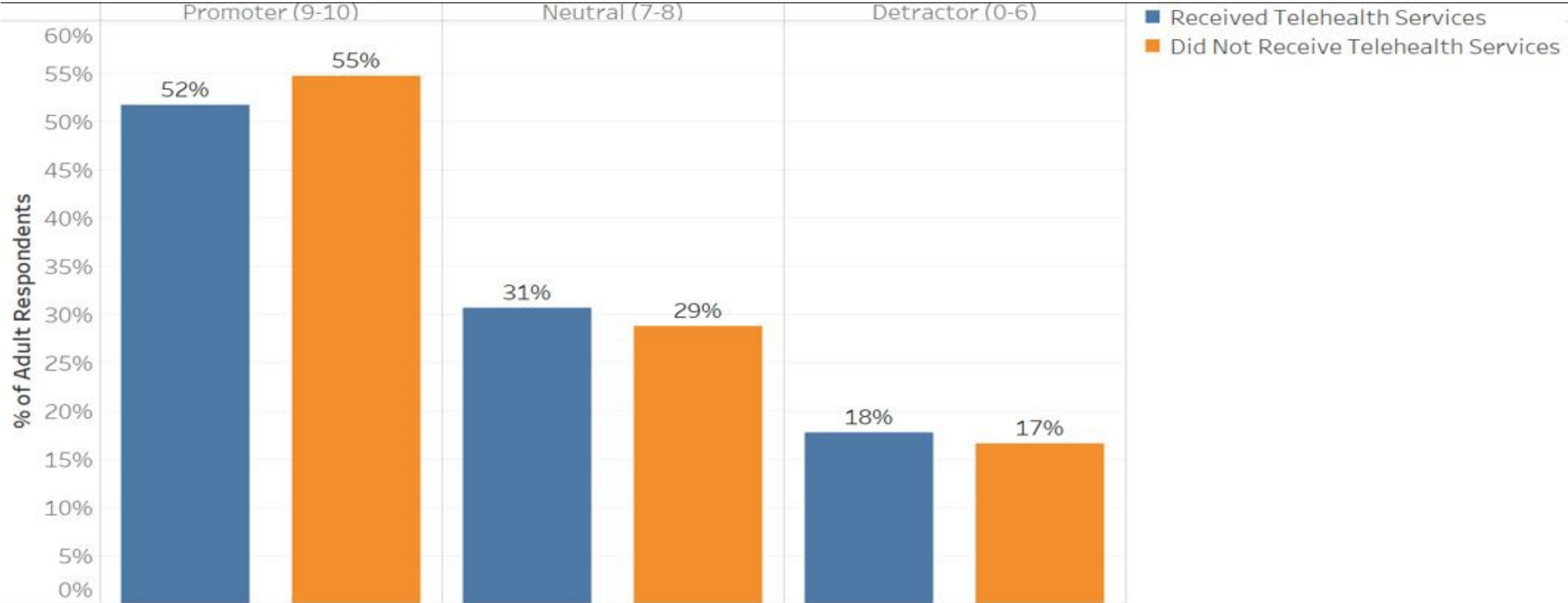


Percent of Adults Self-Reported



CAHPS Adult Patient Experience with Overall Healthcare Received

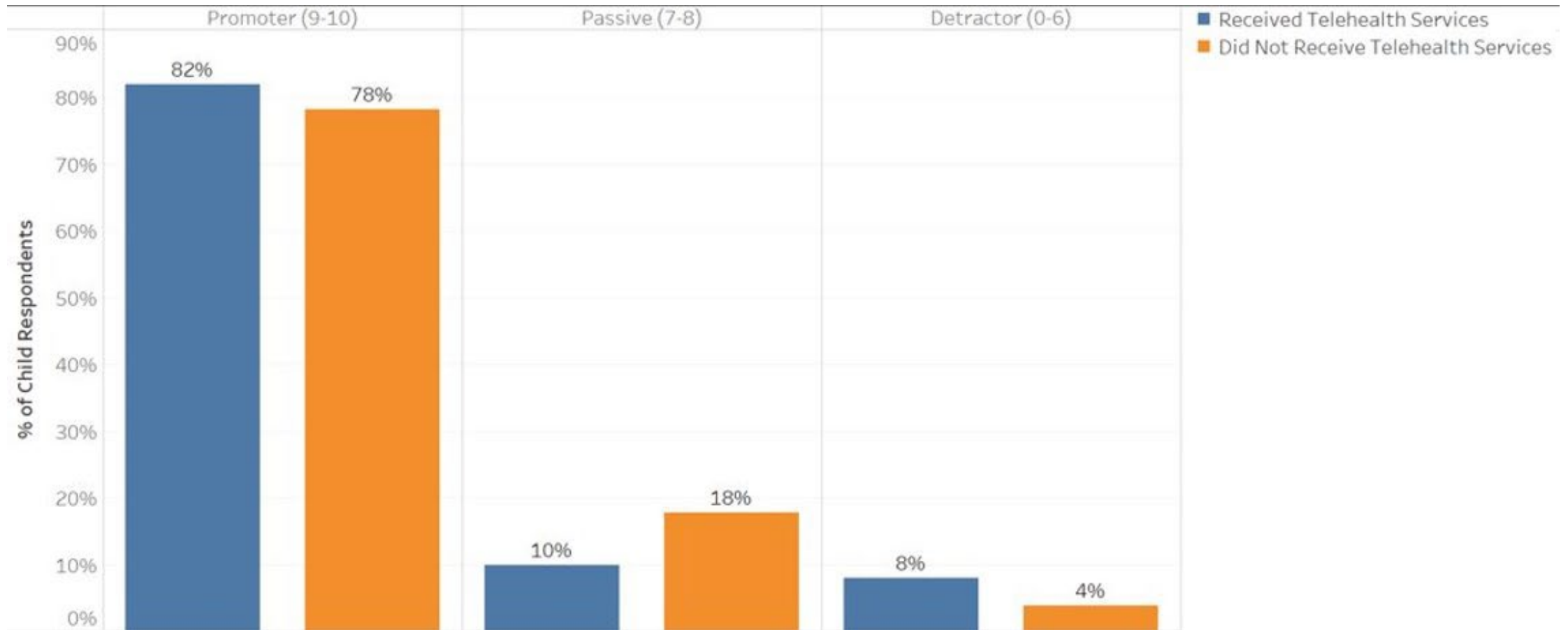
Over 80% of adult beneficiaries report being a very or somewhat positive experience with overall healthcare received, regardless of whether they received telehealth services or not.



Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

CAHPS Child Patient Experience with Overall Healthcare Received

Over 90% of parents or guardians of child beneficiaries report a very or somewhat positive experience with overall healthcare received, regardless of whether their received telehealth services or not.



CAHPS Top Reported Reasons for not Using Telehealth (Among people who did not always use when offered)

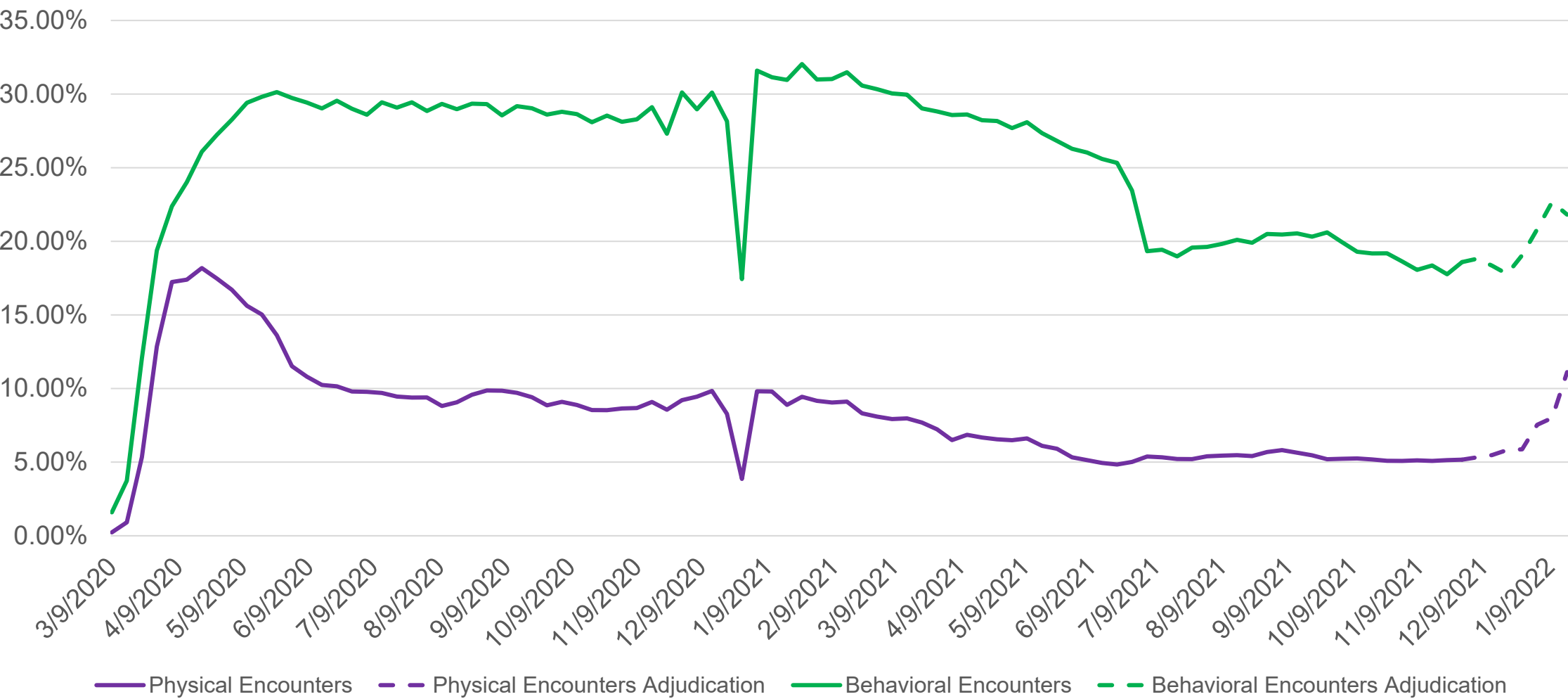
	Adult % (n)	Child % (n)
<i>I felt like the doctor or other health provider should see me/my child in person to do a physical exam</i>	45.8% (65)	37.0% (20)
<i>I do not have a computer</i>	30.3% (43)	*
<i>The health problem was too complicated</i>	14.1% (20)	*
<i>I am concerned about sharing information over the internet</i>	12.7% (18)	*
<i>Some other reason</i>	14.8% (21)	24.1% (13)
Total Beneficiaries	142	54

Provider Responsiveness to Questions when using Telehealth	Adult % (n)	Child % (n)
<i>Always Answered Questions</i>	69.1% (94)	75.4% (40)
<i>Usually Answered Questions</i>	15.4% (21)	*
<i>Sometimes Answered Questions</i>	*	*
<i>Never Answered Questions</i>	*	*
<i>I did not have any questions that needed answering</i>	8.8% (12)	*
<i>No response</i>	*	*
Total Beneficiaries	136	53

Patient Comfort in Knowing what to do after Telehealth Appointment	Adult % (n)	Child % (n)
<i>Always comfortable</i>	59.6% (81)	79.2% (42)
<i>Usually comfortable</i>	25.0% (34)	*
<i>Sometimes comfortable</i>	10.3% (14)	*
<i>Never comfortable</i>	*	*
<i>No response</i>	*	*
Total Beneficiaries	136	53

% Telehealth¹ for Physical vs. Behavioral Health | 3/09/2020 – 1/15/2022

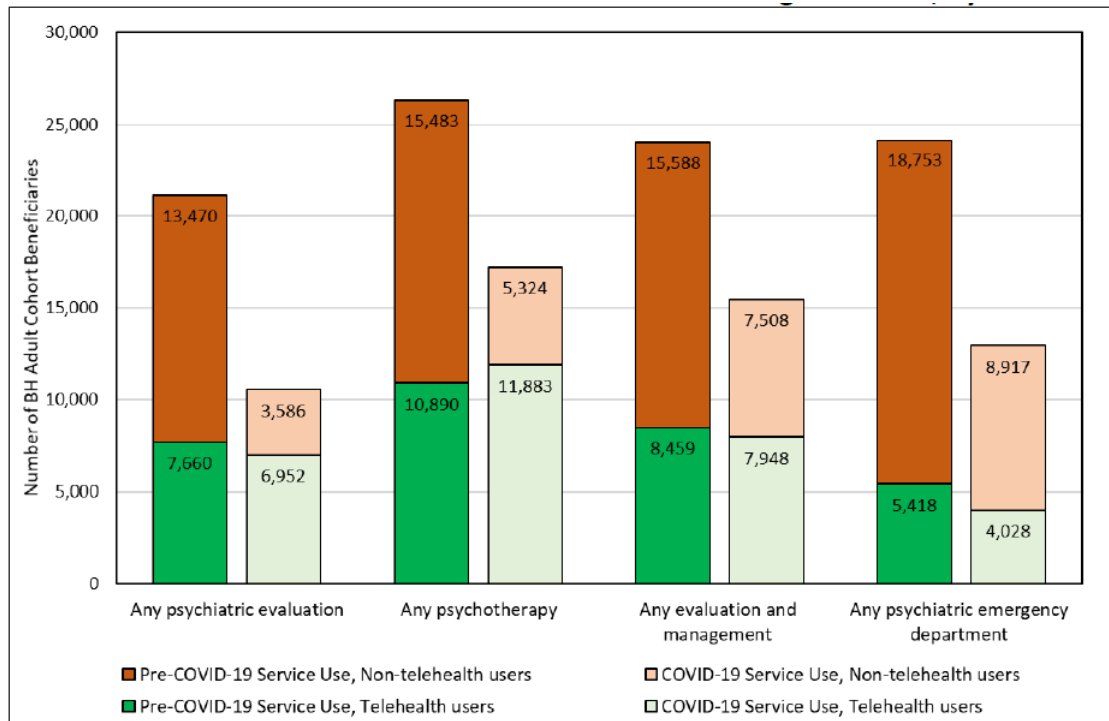
Compared to other types of care telemedicine made up a much larger proportion of behavioral health visits



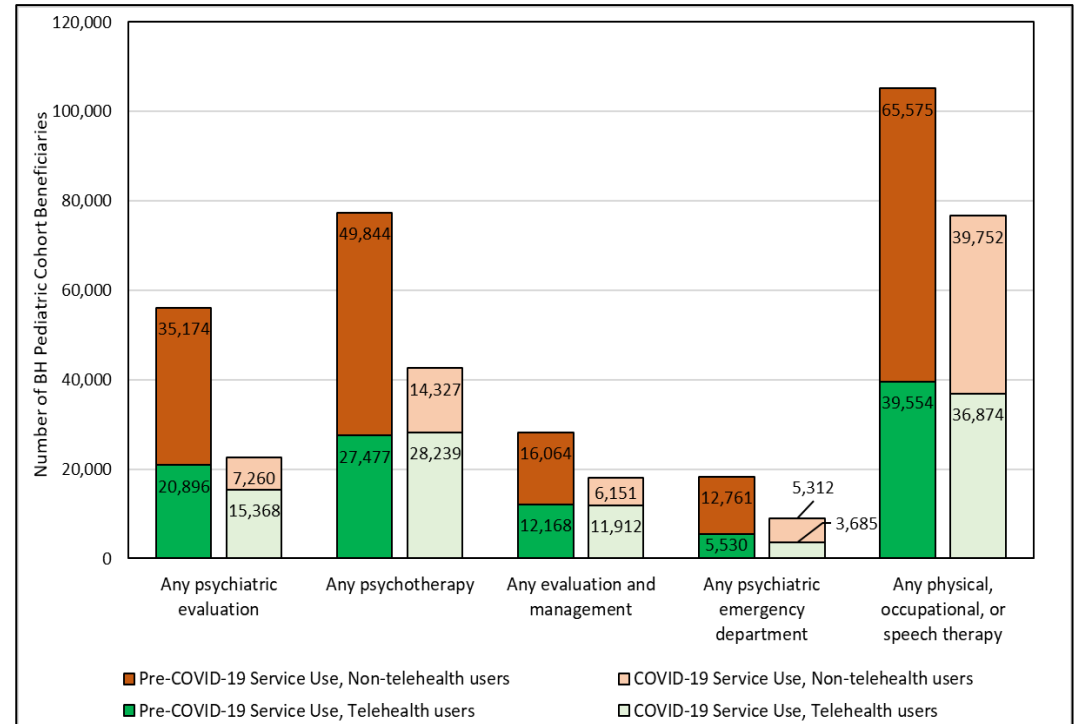
1. Remote encounters that include both audio and video

Changes in Behavioral Health Service Use from Pre- to During-COVID-19 by Telehealth User Status

Changes in Adult Behavioral Health Service Use



Changes in Pediatric Behavioral Health Service Use



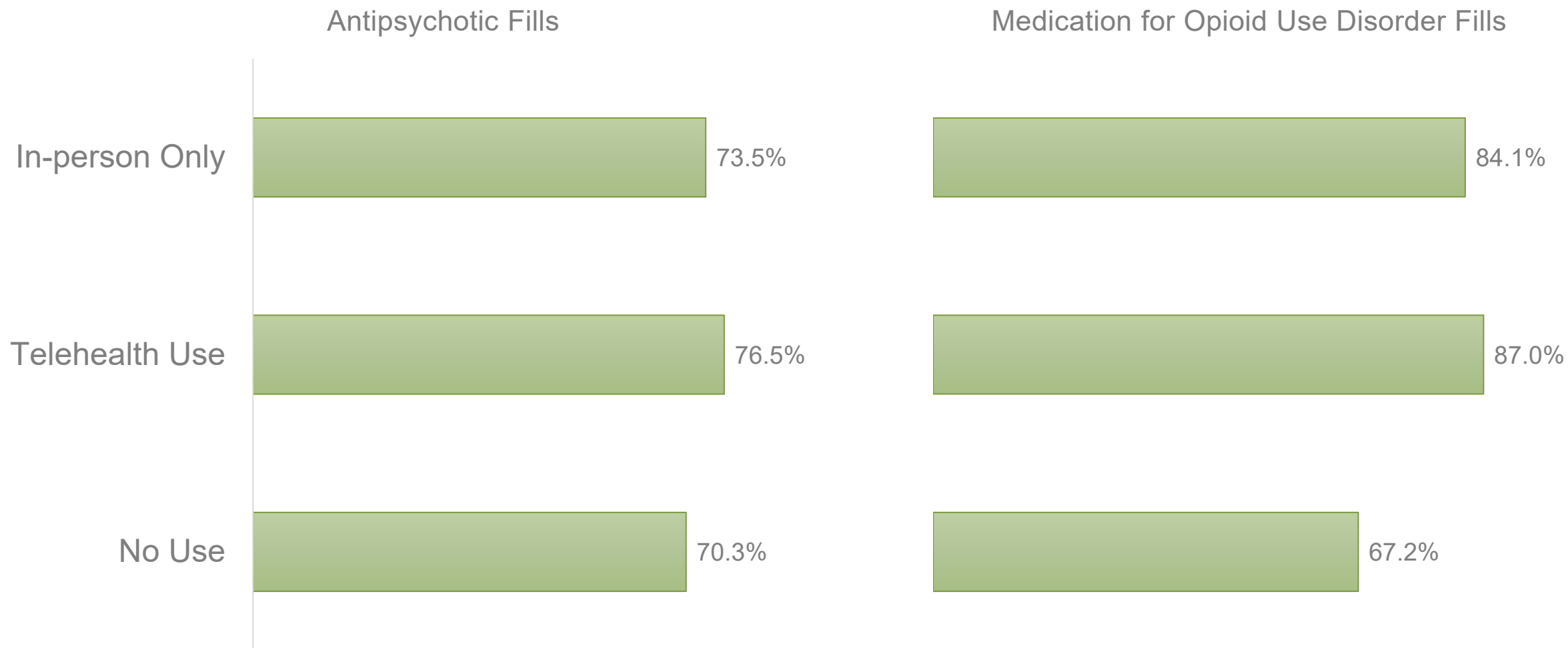
Notes:

1. Pre-COVID-19 includes March 2019-February 2020, and during-COVID includes April 2020-March 2021
2. Telehealth user: At least one BH-related telehealth visits during COVID-19 (Apr 1 2020 – March 31 2021)
3. Excludes beneficiaries who had a 1915(c) waiver or who used intensive behavioral health services during the study period

Behavioral Health (BH) Provider Perspectives

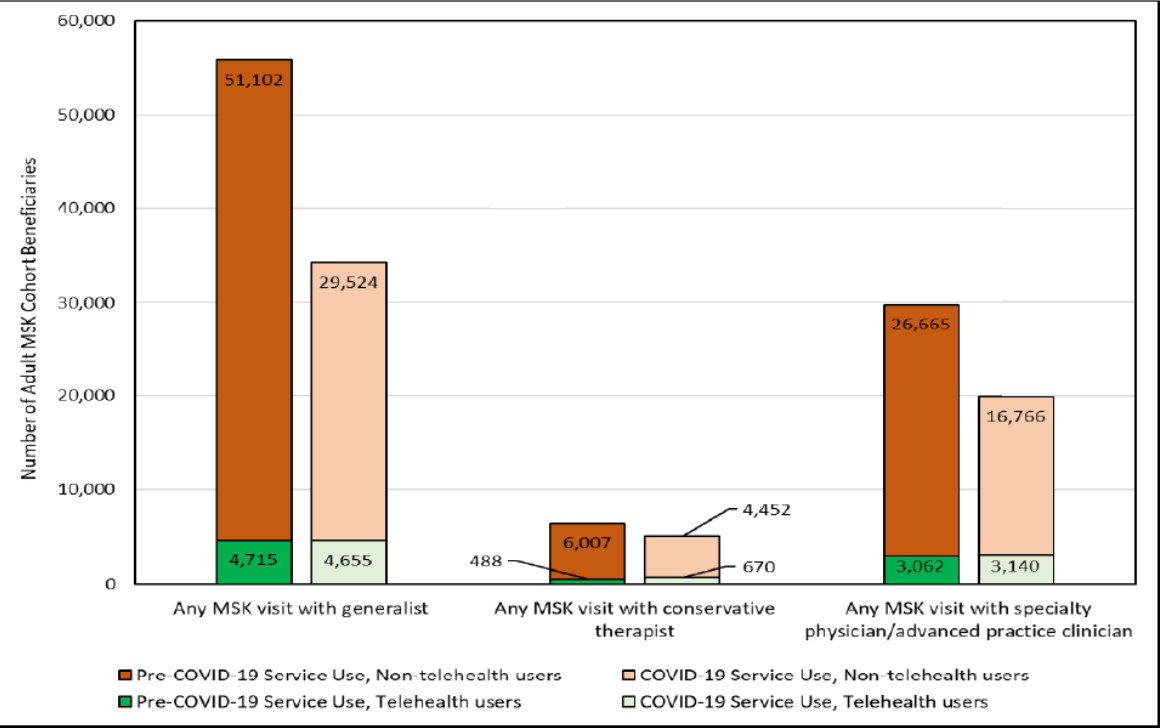
BH providers reported that telehealth assisted many families with overcoming BH access barriers, but noted challenges including initial rapport building, poorer reimbursement for audio-only services, patient access to broadband, and need for interpreter services.

Probability of medication use between June 2020-January 2021 was higher for beneficiaries that received some services during March 2020 – May 2020

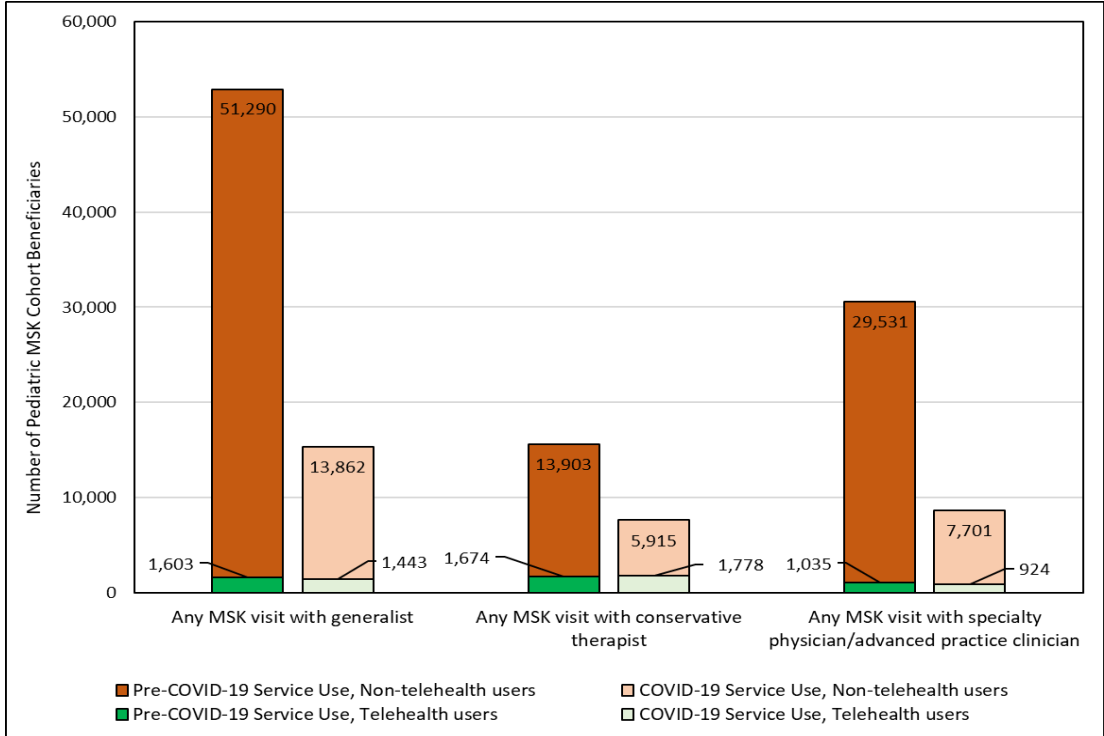


Changes in Musculoskeletal Service Use from Pre- to During-COVID-19 by Telehealth User Status

Changes in Adult Musculoskeletal Health Service Use



Changes in Pediatric Musculoskeletal Health Service Use



Notes:

1. Pre-COVID-19 includes March 2019-February 2020, and during-COVID includes April 2020-March 2021
2. Telehealth user: At least one MSK-related telehealth visits during COVID-19 (Apr 1 2020 – March 31 2021)

Musculoskeletal (MSK) Health Provider Perspectives

MSK providers reported that the advantages of providing care via telehealth for patients with MSK conditions outweighed the disadvantages. In particular, MSK providers noted that telehealth improved patient adherence to care plans due to care being delivered in their environment. For these reasons, allied health professionals providing MSK services via telehealth also expressed concern that these telehealth services should remain covered by Medicaid.

Telehealth to Access Musculoskeletal (MSK) Services

	Pediatric (0-20 years)	Adult (21-64 years)
Total Cohort (N)¹	136659	122840
GENERALISTS		
<u>Primary Care</u>		
Beneficiaries who utilized this provider type (N)	72196	62695
Beneficiaries who utilized this provider type (% of total cohort)	52.8%	51.0%
Telehealth users with this provider type (N)	4569	8756
Telehealth users with this provider type (% of total cohort)	3.3%	7.1%
Telehealth users with this provider type (% of beneficiaries who used this provider type)	6.3%	14.0%
Number of telehealth visits among telehealth users with this provider type (Median(Q1,Q3))	1(1,1)	1(1,2)
Percent of audio-only visits among telehealth visits with this provider type (%) ^b	19.1%	40.5%

¹ Beneficiaries with at least one claim with a pre-existing MSK diagnosis during a visit with a MSK provider from April 2020 through March 2021. This cohort includes individuals under age 65, not dually enrolled in Medicare, and not institutionalized (100 or more cumulative days residing in a long-term facility).

Telehealth to Access Musculoskeletal (MSK) Services

	Pediatric (0-20 years)	Adult (21-64 years)
Total Cohort (N)¹	136659	122840
SPECIALISTS		
Orthopedics		
Beneficiaries who utilized this provider type (N)	29086	28659
Beneficiaries who utilized this provider type (% of total cohort)	21.3%	23.3%
Telehealth users with this provider type (N)	537	715
Telehealth users with this provider type (% of total cohort)	0.4%	0.6%
Telehealth users with this provider type (% of beneficiaries who used this provider type)	1.8%	2.5%
Number of telehealth visits among telehealth users with this provider type (Median(Q1,Q3))	1(1,1)	1(1,1)
Percent of audio-only visits among telehealth visits with this provider type (%) ^b	37.6%	25.3%

¹ Beneficiaries with at least one claim with a pre-existing MSK diagnosis during a visit with a MSK provider from April 2020 through March 2021. This cohort includes individuals under age 65, not dually enrolled in Medicare, and not institutionalized (100 or more cumulative days residing in a long-term facility).

Telehealth to Access Musculoskeletal (MSK) Services

	Pediatric (0-20 years)	Adult (21-64 years)
Total Cohort (N)¹	136659	122840
SPECIALISTS		
Other Specialists (Pain Medicine, Physical Medicine and Rehab, Sports Medicine, Other, etc.)		
Beneficiaries who utilized this provider type (N)	3440	14460
Beneficiaries who utilized this provider type (% of total cohort)	2.5%	11.8%
Telehealth users with this provider type (N)	264	2679
Telehealth users with this provider type (% of total cohort)	0.2%	2.2%
Telehealth users with this provider type (% of beneficiaries who used this provider type)	7.7%	18.5%
Number of telehealth visits among telehealth users with this provider type (Median(Q1,Q3))	1(1,1)	2(1,3)
Percent of audio-only visits among telehealth visits with this provider type (%) ^b	15.3%	11.8%

¹ Beneficiaries with at least one claim with a pre-existing MSK diagnosis during a visit with a MSK provider from April 2020 through March 2021. This cohort includes individuals under age 65, not dually enrolled in Medicare, and not institutionalized (100 or more cumulative days residing in a long-term facility).

Telehealth to Access Musculoskeletal (MSK) Services

	Pediatric (0-20 years)	Adult (21-64 years)
Total Cohort (N)¹	136659	122840
CONSERVATIVE THERAPISTS		
<u>Occupational Therapist or Occupational Therapist Assistant</u>		
Beneficiaries who utilized this provider type (N)	2756	622
Beneficiaries who utilized this provider type (% of total cohort)	2.0%	0.5%
Telehealth users with this provider type (N)	812	*
Telehealth users with this provider type (% of total cohort)	0.6%	*
Telehealth users with this provider type (% of beneficiaries who used this provider type)	29.5%	*
Number of telehealth visits among telehealth users with this provider type (Median(Q1,Q3))	7(2,15)	*
Percent of audio-only visits among telehealth visits with this provider type (%) ^b	8.9%	*

¹ Beneficiaries with at least one claim with a pre-existing MSK diagnosis during a visit with a MSK provider from April 2020 through March 2021. This cohort includes individuals under age 65, not dually enrolled in Medicare, and not institutionalized (100 or more cumulative days residing in a long-term facility).

Telehealth to Access Musculoskeletal (MSK) Services

	Pediatric (0-20 years)	Adult (21-64 years)
Total Cohort (N)¹	136659	122840
CONSERVATIVE THERAPISTS		
<u>Physical Therapist or Physical Therapist Assistant</u>		
Beneficiaries who utilized this provider type (N)	11399	4404
Beneficiaries who utilized this provider type (% of total cohort)	8.3%	3.6%
Telehealth users with this provider type (N)	2114	86
Telehealth users with this provider type (% of total cohort)	1.5%	0.1%
Telehealth users with this provider type (% of beneficiaries who used this provider type)	18.5%	2.0%
Number of telehealth visits among telehealth users with this provider type (Median(Q1,Q3))	4(1,10)	1(1,2)
Percent of audio-only visits among telehealth visits with this provider type (%) ^b	5.4%	0.5%

¹ Beneficiaries with at least one claim with a pre-existing MSK diagnosis during a visit with a MSK provider from April 2020 through March 2021. This cohort includes individuals under age 65, not dually enrolled in Medicare, and not institutionalized (100 or more cumulative days residing in a long-term facility).

Key Similarities in Telehealth Use for Medicaid Beneficiaries with either Behavioral or Musculoskeletal Health Conditions

Adult

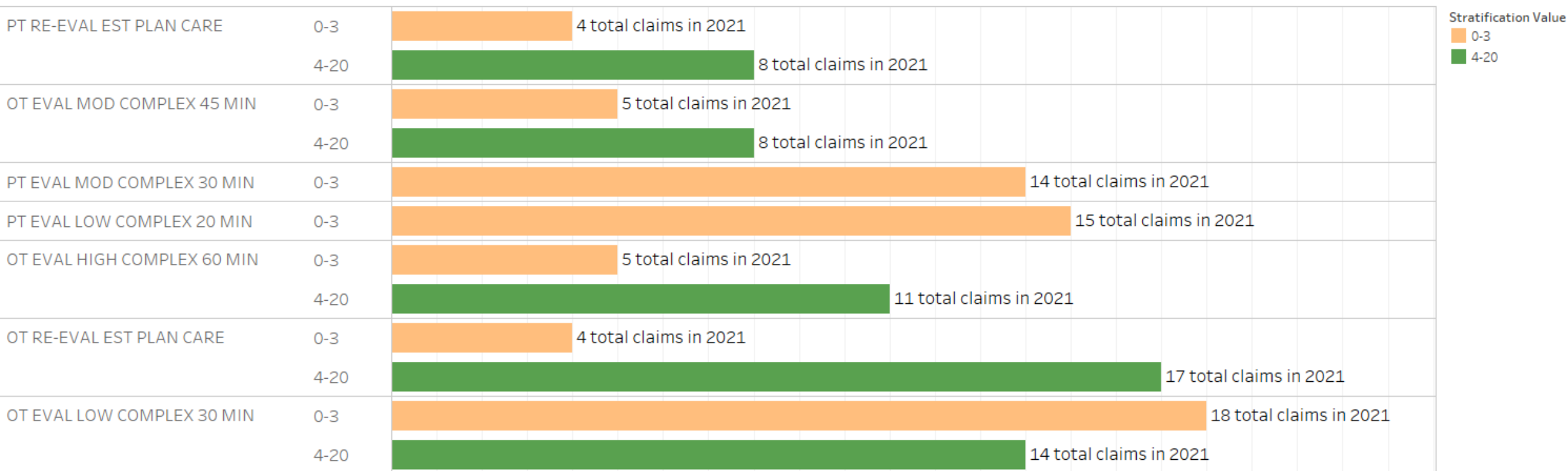
- Telehealth use did not vary meaningfully across age, sex, race, ethnicity, and rurality
- Condition-specific service utilization did not change much for telehealth users in both cohorts during the pandemic; however, there was a large decrease in condition-specific service use among non-telehealth users

Pediatric

- Telehealth use did not vary meaningfully across sex, race, ethnicity, and rurality
- Condition-specific service utilization did not change much for telehealth users in both cohorts during the pandemic; however, there was a large decrease in condition-specific service use among non-telehealth users
- Audio-only use was more common among 18-20-year-olds

2021 PT/OT

Claims by Code



*

DHHS COVID-19 Strategy: Looking Forward

A SHOT IN EVERY ARM ISN'T POSSIBLE WITHOUT



Moving from mass vaccination → routine, practice-based vaccination

Ensuring all populations have vaccine access and never missing an opportunity to have vaccine conversations or administer vaccine

77%

Of **parents** say they trust their child's **pediatrician** to provide **reliable information** on vaccines for children*

44%

Of unvaccinated persons report that would feel **most comfortable** getting vaccinated at their **doctor's office****

46%

Of parents with an unvaccinated child aged 5-11 say hearing from people they trust would make them much more likely to get their child vaccinated

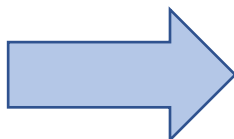
100%

Of locations with vaccine on hand means no missed opportunities to counsel, validate, and vaccinate

DHHS COVID-19 Strategy: Looking Forward

Focus 2020-2021

Acute
Response



Focus 2022-2023

Practice-based, routine vaccination
"A Vial in Every Fridge"

We want to inform you of our key initiatives and may be reaching out for your help with:

1

Normalizing COVID-19 Vaccination

Integrating COVID-19 into comprehensive primary care reduces missed opportunities for all staff to have vaccine conversations or administer vaccine

2

0-4 Vaccine

Relying on relationships with trusted providers rather than mass vaccination strategies for this age group

3

Long-term care

Performing direct outreach to LTCFs and forging partnerships with vaccine vendors.

4

Equity

Consistent availability of vaccine products, relevant data, and strong partnerships to reach vulnerable populations

Complex and changing guidance + transition to endemic state =
tailoring recommendations to the individual

Pregnancy Medicaid: 12-Month Postpartum Coverage

- The American Rescue Plan Act of 2021 (ARPA) offered states the option to extend post-partum coverage to 12 months
- NC General Assembly approved the option in Session Law 2021-180 (SB 105)
- Pregnant women receive 12-month post-partum coverage, regardless of Medicaid program
- Will implement effective **April 1, 2022**

Pregnancy Medicaid: 12-Month Postpartum Coverage

Who is eligible?

- Pregnant women receiving Medicaid under **any program that covers pregnancy and birth**
- A pregnant woman remains eligible through the 12-month post-partum period regardless of changes, such as income or household size
- If the pregnant woman is receiving Medicaid coverage under a program other than MPW and becomes ineligible for that program, she will be transferred to MPW through the 12-month post-partum period
- If the woman reports another pregnancy during the 12-month post-partum period, she is automatically eligible for the new pregnancy and new 12-month post-partum period

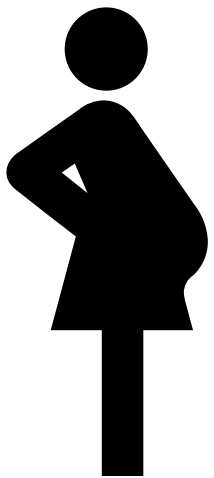
Eligibility

- Current expectant Medicaid beneficiaries **or** beneficiaries who gave birth between Feb. 1, 2022, and March 31, 2022, will automatically be enrolled to receive the extended coverage.*
 - This includes beneficiaries in the Medicaid for Pregnant Women Program
- Eligible members will be notified regarding the expanded benefit.
- The postpartum coverage begins on the date the beneficiary's pregnancy ends and will end on the last day of the month of the their 12-month postpartum period.
- Beneficiaries will remain eligible even if certain changes occur that may affect eligibility (such as a change in income or household/family unit).
- Providers can verify eligibility through NCTracks.

* **NOTE:** Eligible Medicaid beneficiaries must report their pregnancy and the end of the pregnancy to their local Department of Social Services, no matter what Medicaid program/category they have.

Meet Marisa. Marisa is pregnant with her third baby! (Congrats, Marisa!) She is due to deliver 8/3/22 and when she applies for Medicaid coverage she qualifies for Medicaid for Pregnant Women.

When Marisa applies, her certification period will run from the month of application to the end of the postpartum period based on the due date that she shares. All she has to do is have the baby! So, if she qualifies for MPW based on her application on 5/5/22, with a due date of 8/3/22, her coverage will be dated to end 8/31/23.



What if Marisa delivers her baby 9/2/22?

If Marisa delivers her baby later than anticipated, she should let her county DSS know so her postpartum coverage can be adjusted to end 9/30/23.

What if Marisa qualified for the full Medicaid benefit and not MPW?

Great question! Since her application is approved 5/5/22 and she qualifies for “Parent-Caretaker”, this is for a 12-month certification period, and she will be certified through 4/30/23. At the next determination in April 2023, she might qualify for the full parent-caretaker coverage for an additional year. If her income changed and she does not qualify, she will move to MPW and get coverage through August of 2023 for the postpartum period.

What if Marisa qualified for full Medicaid and didn't even mention she was pregnant?



Marisa needs to contact her county DSS to let them know she delivered her baby so the 12-month extension can be applied if she does not qualify for full Medicaid at redetermination. Otherwise, her Medicaid re-enrollment will be required 12 months from her application date.

Maria is pregnant with her first baby! (Congrats, Maria!) She applies for Medicaid and qualifies for Medicaid for Pregnant Women. Sadly, Maria has a miscarriage at 12 weeks of pregnancy. Will she still get the 12-month postpartum coverage?



When a pregnancy ends, it is important to let the DSS team know so her certification period can be updated. Her coverage will end 12 months after the miscarriage (unless she is eligible for other Medicaid coverage).

If Maria does not notify the DSS that the pregnancy ended, she is at risk for fraud investigation. If she were to get pregnant again in the coming months, her new due date would trigger an investigation.

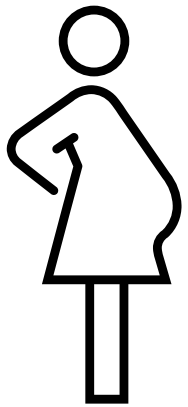
Colleen is 16 weeks pregnant and still has severe nausea and vomiting and decides to quit her job and she loses her insurance benefit. She goes to the local DSS but does not meet the income limits for coverage. What are her options?

When Colleen applies, and her income exceeds the income level for Medicaid for Pregnant Women coverage, DSS calculates a medical deductible that has to be met before she qualifies for Medicaid.

If Colleen waits to apply when she is unemployed, she might meet the criteria for coverage.



Ex. Colleen needs to hit \$2200 or below but her income is \$2500, so her 6-month deductible would be \$16044. The day she meets the deductible, she qualifies for 6 months of “medically needy”.



*

Natasha comes to the United States in the second trimester of pregnancy. When she applies for Medicaid, she does not meet the requirements for coverage, but has Presumptive Coverage at application and qualifies for Emergency Medicaid for the delivery. After having the baby, will she qualify for the 12-month postpartum extension?



Unfortunately, Natasha does not have a valid immigrant status. She will not qualify for the extension because Presumptive Medicaid and Emergency Medicaid do not qualify for the postpartum extension.

Wait, what if Natasha came to the United States as part of a Political Refugee program?

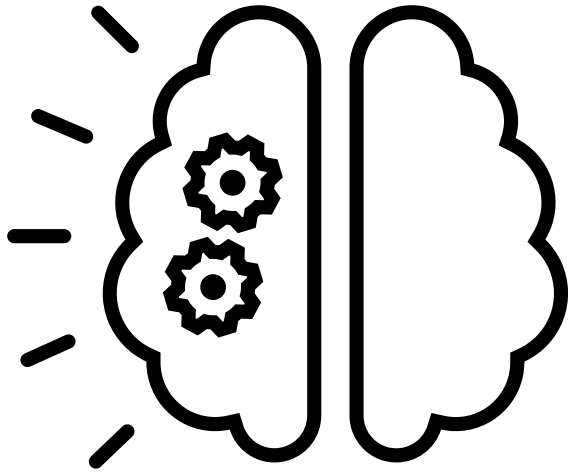
This might meet the lawful immigration status. If so, she would be eligible.



What if Natasha applies for immigration status to become a legal resident and is approved 2 months after having her baby. Would she then qualify for the 12-month postpartum extension?

Because she was not eligible during pregnancy (because she did not have a lawful immigration status) and when she delivered the baby, she would not qualify for the 12-month postpartum extension.

Grace is struggling with postpartum depression and decides to start a medication. She goes to the pharmacy, and they ask for a co-pay. She never paid a co-pay when she was pregnant. Is that right?



There is no co-pay during pregnancy, but the 12-month benefit is the full benefit and co-pays will apply.

Bottom Line

- If a woman becomes pregnant while on Medicaid, she should alert the DSS to the pregnancy and anticipated due date!
- If her due date changes, she should notify the DSS when the pregnancy ends!
- Encourage women to apply for coverage as early as they can as part of your preconception counseling!
- Support women in completing the application as quickly as possible.
 - Share a computer resource for online application.
 - Print out paper applications and have them available.
 - Ask staff to support women who are completing the application.

Provider and Beneficiary Engagement

We will leverage existing communications channels to share information with providers and beneficiaries:

- Stakeholder webinars
- NC Medicaid Provider Bulletins
- Beneficiary Portal
- Media outreach
- Working with multiple partners to disseminate information:
 - Medicaid providers, health plans, hospitals, clinics, Local Health Departments, non-profit and advocacy organizations, early education partners, school districts and more
- Local DSS training and support

PUBLIC HEALTH **EMERGENCY**

Late Breaking Updates

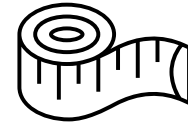
Telehealth Flexibilities Set to Sunset 3/31/22



*

Public Health Emergency (PHE) Unwinding

- Federal PHE currently ends mid-April; expected to be extended through **mid-July**
- CMS will provide a 60-day notice to DHB prior to the end of the PHE to begin unwinding activities
 - DHB is standing up a workgroup to determine overall operational approach
- DHB priorities:
 - Communications strategy/plan
 - Beneficiary redetermination approach
 - State benefit flexibility continuation
 - Provider recredentialing resumption



What can you do to help your patients prepare?

Questions From the Field

What is the current COVID vaccination rate for the Medicaid population?

Would it be beneficial for AMH Tier 3 practices to attend the tailored plan webinars, in addition, to the Back Porch Chat? Our practice in particular does not have a behavioral health counselor at this time, if that mattered.

The county caseworkers are telling us they do not handle managed care eligibility since the state switch over to managed Medicaid on 7/1/2021. **We can't get paid without LTC eligibility and cost of share (Recipient Monthly Liability Date Segment) completed.** Many of our residents come into Long Term Care without LTC Medicaid in place. Many come into our SNF facility and are making an Initial Medicaid application for LTC.

We understand the first 90 days are covered under Managed Medicaid but no one seems to understand the process of transferring Community Medicaid to LTC Medicaid Managed Care. The Managed Medicaid payer segment is in NC Tracks but there is no Recipient Monthly Liability date segment that allows SNF's to bill. It can also take more than 90 days to complete an application.

By the time the application is taken and a Medicaid Managed carrier is assigned we are not able to get a retro authorization from a carrier because of the time frame. Who can help us?

The background of the slide is a close-up, shallow depth-of-field shot of a large pile of wooden question marks. The question marks are made of light-colored wood and are scattered across the frame, with some in sharp focus in the foreground and others blurred in the background. The word "QUESTIONS?" is overlaid in the lower center of the image.

QUESTIONS?

APPENDIX

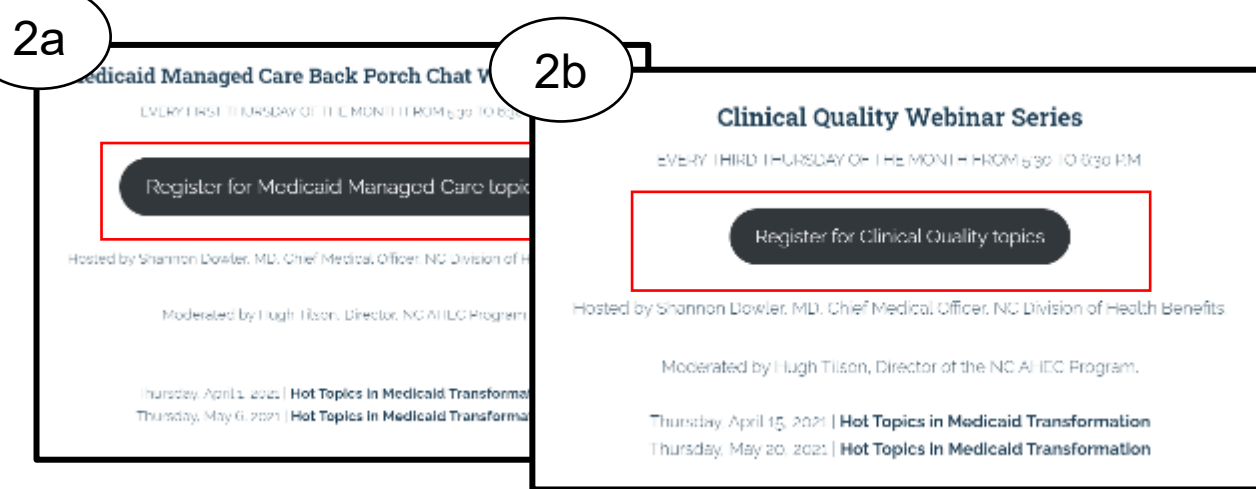
How To Sign up for the Back Porch Chat Webinar Series



1. Navigate to the [North Carolina AHEC Medicaid Managed Care page](#)

A screenshot of the registration form. It includes a date and time selector at the top. The form has fields for 'First Name', 'Last Name', 'Email Address', and 'Confirm Email Address'. There is a 'Register' button at the bottom. A note at the bottom says 'By registering, I agree to the Privacy Statement and Terms of Service.'

3. Fill out all the required information and click register



2. Scroll down to the Fireside Chat Webinar Series of your choice
- 2b. Click on "Register for Medicaid Managed Care topics" or "Register for Clinical Quality topics"

A screenshot of the 'Webinar Registration Agreement' page. It contains a 'Description' of the webinar series, a 'Date' section with dates and times, and a 'Webinar ID' field. It also includes a 'To Join the Webinar' section with a link to join the webinar and a 'To Cancel This Registration' section.

4. When you see this page, your registration is successful.

Provider Resources

- **NC Medicaid Managed Care Website**
 - medicaid.ncdhhs.gov
 - Includes County and Provider Playbooks
 - [Fact Sheets](#)
- **NC Medicaid Help Center**
 - medicaid.ncdhhs.gov/helpcenter
- **Practice Support**
 - ncahec.net/medicaid-managed-care
 - NC Managed Care Hot Topics Webinar Series, hosted by Dr. Dowler on the first and third Thursday of the month
- **Regular Medicaid Bulletins**
 - medicaid.ncdhhs.gov/providers/medicaid-bulletin



What should Providers do if they have issues?

1

Check in NCTracks for the Beneficiary's enrollment (Standard Plan or Medicaid Direct) and Health Plan

If you still have questions, call the NCTracks Call Center: 800-688-6696

2

Connect with the Health Plan (PHP) for coverage, benefits, and payment questions.

You can find a list of health plan contact information at [health-plan-contacts-and-resources](#)
Also, please refer to the [Day One Provider Quick Reference Guide](#) for more information on how to contact PHPs

3

Consult with the Provider Ombudsman on unresolved problems or concerns.

Call 866-304-7062 or email Medicaid.ProviderOmbudsman@dhhs.nc.gov