

# Fact Sheet

# Beneficiary Health Plan Changes

## Providers Guidance

There are several scenarios in which a Medicaid beneficiary changes between Medicaid plans – such as the NC Medicaid Managed Care Standard Plan, Tailored Plans, Medicaid Direct plan, or the Eastern Band of Cherokee Indians (EBCI) Tribal Option. For approved changes in enrollment, NC Medicaid will:

- Disenroll beneficiary from the current or the previous Medicaid plan; and
- Enroll beneficiary in new Medicaid plan.

In most cases, NC Medicaid defines effective dates of the new and previous Medicaid plans as of:

- Approval disposition date of the new Medicaid plan; or
- The first of the month after the approval date.

However, in some situations, NC Medicaid approves changes in plans but defines the start date of the new plan to a retroactive date. In situations with retroactive changes of plans, the active Medicaid plan of a beneficiary for a specific time period changes from the past plan to the new approved plan.

- The possibility exists that during the “specific time period” provider(s) may have rendered services to a Medicaid beneficiary and submitted claims to a Medicaid plan that no longer covers the beneficiary.
- Providers and Medicaid plans should adjust claim payments to recoup by past plan and payment by new plan. Medicaid Plans and providers should work together to ensure recoupment and resubmission of claims to the appropriate plan.

When this occurs, the provider claims submission will change based on the beneficiary’s eligibility. The following guidance outlines the different scenarios that would result in disenrollment from one plan and enrollment in another plan and the related claims submission process.

### WHAT HAPPENS IF A BENEFICIARY IS DISENROLLED FROM NC MEDICAID DIRECT TO A STANDARD PLAN?

There will be instances where an NC Medicaid Direct beneficiary will be disenrolled from NC Medicaid Direct and enrolled into one of the Standard Plans.

Disenrollment from NC Medicaid Direct to an NC Medicaid Managed Care Standard Plan primarily occurs for the following reasons:



1. New applicants – NC Medicaid enrolls new applicant as of the approval disposition date. Enrollment with selected plan becomes effective as of the first of the month of disposition. For the period including the month of application (and any retro period) until the month prior to disposition, NC Medicaid enrolls the approved applicant in NC Medicaid Direct.
2. Beneficiaries with a change of circumstance impacting enrollment - Enrollment or disenrollment with selected plan becomes effective the first of the month following the change.
3. At redetermination - Beneficiaries may choose to remain with their current health plan or make a change. In each case, the beneficiaries' disenrollment will occur the first of the following month. The beneficiary's Medicaid services will then be managed under managed care by the Standard Plan in which the beneficiary is enrolled.

## WHY MIGHT A BENEFICIARY BE DISENROLLED FROM MANAGED CARE TO MEDICAID DIRECT?

There will be instances where a managed care beneficiary will be disenrolled from a Standard Plan and enrolled into NC Medicaid Direct. The beneficiary may meet the requirements of one of the carved-out programs excluded from Standard Plans.

Some Medicaid beneficiaries will not be enrolled in a Standard Plan because of the type of health services they need or their eligibility category. They will stay enrolled in NC Medicaid Direct.

Due to changes in circumstances or situations, beneficiaries may move between Standard Plans and the plans addressed by NC Medicaid Direct.

Examples of situations in which NC Medicaid would enroll beneficiaries in NC Medicaid Direct:

- Beneficiaries receiving Family Planning Medicaid only
- Beneficiaries who are medically needy
- Beneficiaries receiving Health Insurance Premium Payment (HIPP)
- Beneficiaries who are in the Program of All-inclusive Care for the Elderly (PACE)
- Beneficiaries receiving Refugee Medical Assistance
- Beneficiaries in Foster Care
- Beneficiaries receiving Medicaid for Former Foster Care
- Beneficiaries receiving Community Alternatives Program for Children (CAP/C) services
- Beneficiaries receiving Community Alternatives Program for Disabled Adults (CAP/DA) services
- Beneficiaries receiving Medicaid **AND** Medicare
- Beneficiaries receiving Innovations Waiver services
- Beneficiaries receiving Traumatic Brain Injury (TBI) Waiver services

*Note: Beneficiaries receiving Innovations Waiver or TBI services will remain in NC Medicaid Direct until the Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plan launch on Dec. 1, 2022. This population will then be enrolled into a Tailored Plan.*

For example, a beneficiary becomes eligible for dual plans of Medicare and Medicaid:

- Note: The Centers for Medicare and Medicaid Services (CMS) may set the eligibility for Medicare to date prior to approval disposition date (**retroactive eligibility date**)
- Disenroll – Enroll process:
  - i. NC Medicaid disenrolls beneficiary from the active Standard Plan as of the retroactive eligibility date.
  - ii. NC Medicaid enrolls beneficiary in plan for Dual Eligible Medicare-Medicaid (NC Medicaid Direct) as of the retroactive eligibility date defined by CMS.

Potential Impact on claims previously paid by a Standard Plan due to retroactive eligibility of Dual Medicare-Medicaid:

- A Standard Plan may have paid for claims of the plan's member (beneficiary) because the date of service aligned beneficiary's eligibility with the Standard Plan, but the retroactive date of Medicare-Medicaid may change the identified plan responsible for processing the claim.

- However, with the new retroactive eligibility as Dual Eligible for Medicare-Medicaid, NC Medicaid Direct is responsible for paying for the previously paid claim.
  - For those previously paid claims impacted by the retroactive eligibility date, the Standard Plan and NC Medicaid Direct will subsequently reprocess previously paid claims.
    - i. Standard Plan will recoup payments

NC Medicaid Direct will reprocess the impacted claims.

Disenrollment from NC Medicaid Managed Care to NC Medicaid for nursing facility beneficiaries primarily occurs for the following reasons:

- The beneficiary Medicare eligibility takes effect.
- The beneficiary admission extends beyond 90 days.
- The beneficiary discharges to the CAP/DA waiver (or other 1915 (c) waiver) or PACE program.
  - In each case, the beneficiary’s disenrollment will occur effective the first of the month of disposition.

The beneficiary’s Medicaid services will then be managed under NC Medicaid Direct, as they are today.

To assist in tracking the length of stay, the beneficiaries plan is responsible for communicating the beneficiary’s admissions to and discharges from the facility by submitting a Change in Circumstance Report to Department of Social Services.

Under the NC Medicaid Managed Care transition of care protocol, the beneficiary’s’ managed care plan is required to coordinate with the resident and the beneficiary’s facility in supporting pending disenrollment.

- What Happens if a Beneficiary is Disenrolled from the Tribal Option into NC Medicaid Direct or Managed Care?

The EBCI Tribal Option only serves beneficiaries in the Western part of North Carolina. The EBCI Tribal Option Service Area comprises five counties in the EBCI Purchase/Referred Care Delivery Area (PRCDA), which includes Cherokee, Graham, Haywood, Jackson and Swain Counties (counties that span the Qualla Boundary and Tribal Trust lands). Eligible beneficiaries in the following counties may enroll into the Tribal Option: Buncombe, Clay, Henderson, Macon, Madison and Transylvania.

There will be instances where a Tribal Option beneficiary will be given the option to enroll in NC Medicaid Managed Care with a Standard Plan or Tailored Plan (if they are Tailored Plan eligible).

Disenrollment from the Tribal Option to NC Medicaid Direct primarily occurs for the following reasons:

- Tribal beneficiaries or other Indian Health Services beneficiaries disenrolled from the Tribal Option, if eligible for Tailored Plans, would have an additional option.

## WHERE TO SUBMIT CLAIMS?

If there are claims for dates of service prior to July 1, 2021, for NC Medicaid Direct enrollees, the claims should be submitted as they are today, through NCTracks.

If there are claims for any date of service for LME-MCO enrollees the claims should be submitted as they are today to the LME-MCO.

For dates of service beginning July 1, 2021, claims routing depends on a beneficiary’s enrollment at time of service and the services provided. Claims for beneficiaries enrolled in NC Medicaid Direct should continue to be submitted to NCTracks. Claims for members enrolled in Medicaid Managed Care should be submitted to the assigned health plan as shown on the member ID card and validated through the NCTracks Beneficiary Eligibility Verification methods, unless the service provided is a carved-out service.

Two Claims Submission Provider Fact Sheets are available on the [Provider Playbook: Medicaid Managed Care | NC Medicaid \(ncdhhs.gov\)](#) that address how managed care claims are filed.

All providers, regardless of network status, should submit the claims to whichever health plan/payer was active for that date of service. It is the provider's responsibility to check for eligibility status changes in the NCTracks Provider Portal prior to rendering a service and submitting a claim. It is also the provider's responsibility to verify prior authorizations if the service requires a prior authorization.

If the payer for the date of service retroactively changes from the Standard Plan or Tailored Plan to NC Medicaid Direct **before** the provider has submitted the claim and NC Medicaid Direct is the primary payer, the provider should submit the claim through NCTracks.

If the payer for the date of service retroactively changes from the Standard Plan or Tailored Plan to Medicaid **after** the provider has submitted the claim to the Standard Plan or Tailored Plan, the Plan may recoup this payment and the provider will resubmit the claims for date of service to NC Medicaid Direct.