Presented by:
DMA Provider Services
Craig Umstead and Donna Whitlock
# Presentation Team

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Definition of an FQHC

- Federally Qualified Health Center (FQHC)
  - FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay.
  - They bring primary health care to underserved/underinsured/uninsured Americans, including migrant workers and non-U.S. citizens.

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Definition of an RHC

- **Rural Health Clinic (RHC)**
  - RHCs are clinics located in a rural, medically underserved area in the United States
  - An RHC must employ a nurse practitioner (NP) or a physician assistant (PA) and have a NP, PA, or certified-nurse midwife available at least 50 percent of the time the RHC operates
Definition of Core Services

- Physician and supplies incident to such services (including drugs & biologicals that cannot be self administered)
- Physician assistant and supplies incident to such services
- Nurse practitioner and supplies incident to such services
Definition of Core Services (Cont.)

- Certified nurse midwifery and supplies incident to such services
- Licensed psychologist and supplies incident to such services
- Clinical social worker and supplies incident to such services
Provider enrollment process

- Obtain all required licensure and certifications from state & federal agencies prior to enrolling into Medicaid
- Submit a Medicaid application with all supplemental documents
- FQHC/RHCs cannot receive payment until:
  - Medicaid provider number is assigned
  - Rates are on file
  - EFT form is submitted to HP
Enrollment Tips

- Do not strikethrough, use correction fluid or alter the documents
- Complete all applicable fields
- If you are unsure how to complete the application or supplemental documents, please contact CSC for assistance
- Complete the W-9 form correctly
Enrollment Tips (Cont.)

- Provide all required ownership & managing employee information on the application
- Complete all required fields
- Provide all titles & signatures where required
- Make sure you submit all of your supplemental documents along with the application

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Enrollment Tips (Cont.)

- Verify that the signer is an authorized agent for the provider
- Submit the most current version of the application
- If you have a dba, please list it on the application, W-9 and all applicable documents
- Please list all affiliated providers and their information
Enrollment Guide for Carolina ACCESS

In addition to the Medicaid Provider Enrollment Application & Supplemental documents, complete the following:

- CCNC/CA Provider Enrollment Application
- Agreement for Participation as a Primary Care Provider in North Carolina’s Patient Access and Coordinated Care Program (Carolina ACCESS)
- Carolina ACCESS Hospital Admitting Agreement/Formal Arrangement
- Health Check Agreement between Primary Care Provider (PCP) and the Local Health Department
- NC DHHS DMA Provider Confidential Information & Security Agreement (optional)
Carolina ACCESS changes

The following CA provider changes must be reported using the Provider Change Form:

- After-hours telephone number
- Restriction information
- Contact person’s name
- Enrollment limits
- Counties served

**NOTE:** Failure to report a change in after hours coverage arrangements, enrollment restrictions, office hours, ownership, contact information including phone & fax lines, practice location, individual providers servicing the location; or any change that impacts requirements or criteria stated in either the NC DHHS Provider Administrative Participation Agreement or the Agreement for Participation in North Carolina’s Patient Access & Coordinated Care Program, could result in a Sanction

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Most common issues that delay the enrollment process...

- CMS certification letter is not submitted with application
- “Ambulatory Services” that will be provided by the facility require additional supplemental documents
- Incomplete/incorrect application and supplemental documents
Enrollment - Best Practices

- Before submitting your application, contact CSC to confirm it is completed correctly. This includes the Carolina ACCESS application (if enrolling in CA)

- Check DMA’s web site to view updates regarding enrollment & policies etc.

- Make a copy of all documents that are submitted to CSC
Quick Tips after enrollment has been completed…

- Contact DMA Rate Setting
- Contact HP for:
  - EFT
  - PDF RA
  - Provider billing inquiries
  - On-site training
  - NCECSWeb Tool (free)

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Changes that must be reported...

- National Provider Identifier (NPI)
- Billing & site addresses
- Contact information
- Individual & Group name changes
- Adding or deleting a service
- Adding a site
Changes that must be reported…(Cont.)

- Adding or deleting a group member
- Tax name and number changes
- Changes of ownership
- Voluntary terminations
How to report a change…

Submit a Medicaid Provider Change Form when changing the following:

- NPI
- Billing address
- Site address
- Contact information
- Individual name changes
- Adding or deleting a group member
- Voluntary termination (also include notice on company letterhead signed by an authorized individual)

**NOTE:** Additional documentation may be required
How to report a change… (Cont.)

Submit a new Medicaid Provider Enrollment Application for the following changes:

- Group name change
- Adding a service
- Adding a site
- Tax name and number changes
- Changes of ownership

**NOTE:** Supplemental and additional documents are required
Provider Enrollment Forms

- Medicaid provider enrollment application
  - [http://www.nctracks.nc.gov/provider/providerEnrollment/](http://www.nctracks.nc.gov/provider/providerEnrollment/)

- Supplemental documents
  - [http://www.nctracks.nc.gov/provider/forms/index.html](http://www.nctracks.nc.gov/provider/forms/index.html)

- Medicaid Provider Change Form (reporting provider changes)
  - [http://www.nctracks.nc.gov/provider/cis.html](http://www.nctracks.nc.gov/provider/cis.html)
Important contact information

- Rate Setting – 919-855-4180 or 919-647-8186
- HP (claims/billing) – 1-800-688-6696 opt. 3
- HP (ECS) – 1-800-688-6696 opt. 1
- AVR – 1-800-723-4337
- NCESWeb Tool – 1-800-688-6696 opt. 1
  - [https://webclaims.ncmedicaid.com/ncecs](https://webclaims.ncmedicaid.com/ncecs)
Important contact information (Cont.)

- CMS (Medicare) – 1-800-633-4227

- CSC (Enrollment) – 866-844-1113
  - NCMedicaid@csc.com
  - [http://www.nctracks.nc.gov](http://www.nctracks.nc.gov)

- DMA Provider Services – 919-855-4050
  - [http://www.ncdhhs.gov/dma/provenroll/](http://www.ncdhhs.gov/dma/provenroll/)
Resolution follow-up

Contact CSC for inquiries related to:

- Medicaid provider enrollment
- Carolina ACCESS enrollment
- Provider change requests
- Enrollment fee
- Provider credentialing & verification

1-866-844-1113
Resolution follow-up (Cont.)

- Contact HP for inquiries related to:
  - Billing
  - Claims
  - NPI
  - Prior approval
  - ECS
  - EFT
  - Trading partner agreement
  - Web Tool
  - EDI

1-800-688-6696
Resolution follow-up (cont.)

- Contact the agencies listed below:
  - To report fraud & abuse:
    - Program Integrity – 877-362-8471
  - For Third Party Insurance:
    - Third Party Recovery – 919-647-8100
  - For rates, fee schedule & reimbursement issues:
    - Rate Setting – 919-647-8170
  - For time limit overrides:
    - DMA claims analysis – 919-855-4045
Resolution follow-up (cont.)

- Contact the agencies listed below:
  - For Payment Error Rate Management (PERM):
    - DMA Program Integrity – 919-647-8000
  - For administrative hearings & appeals:
    - DHHS Hearing Office – 919-647-8200
  - For clinical coverage policies & procedures:
    - DMA Clinical Policy – 919-855-4260
  - NPI and address database
    - http://www.ncdhhs.gov/dma/WebNPI/default.htm
Questions and Answers