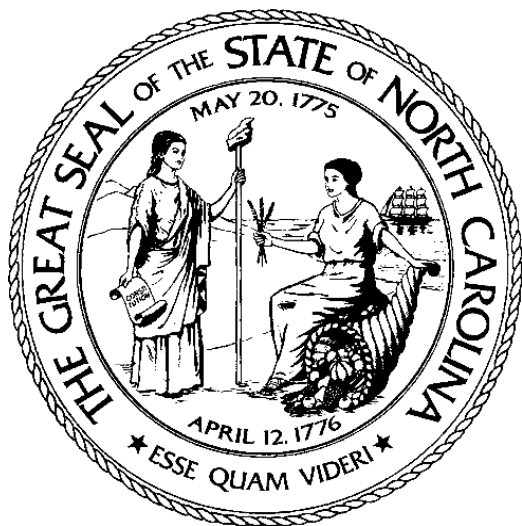


**NC Department of Health and Human Services
Division of Health Benefits**



NC Medicaid Managed Care Update

**Melanie Bush
Chief Administration Officer, NC Medicaid**

**Medical Care Advisory Committee (MCAC) Meeting
September 24, 2021**

Agenda

- **COVID Response**
 - **Don't Wait Vaccinate**
- **Standard Plan Update**
 - **Key Milestones**
 - **Beneficiary Choice Period**
 - **Claims Update**
- **LME-MCO County Transitions**
- **Tailored Plan Updates**
 - **Contract Award**
 - **Regions**
 - **Key Milestones**
- **Resources/Contact Information**

Key Managed Care Milestones

Sept. 29th -

Last date health plan honors existing/prior authorizations

Sept. 30th -

*End of enrollment choice period to change PHP without cause

Nov. 30th -

End of beneficiary choice period to change PCP without cause

Nov. 30th -

Last date out of network claims paid at in-network rates

* Without cause end date; Individuals can change plans with cause beyond this date; Individuals who are exempt may change plans at any time

Standard Plan Update

Important Date to Note **Sept. 30, 2021**

- The deadline for members to change their PHP without cause is **Sept. 30, 2021**
- Beginning **Oct. 1, 2021**, beneficiaries can change their PHP at their Medicaid recertification date, or “with cause”.

With cause reasons include:

- You moved out of your health plan’s service area
- You have a family member in a different health plan
- You cannot get all the related services you need from providers in your health plan, and there is a risk to getting the services separately
- A different health plan may be better for your complex medical conditions
- Your Long-Term Services and Supports provider is not in your health plan
- Your health plan does not cover a service you need for moral or religious reasons
- Other reasons (poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with your health care needs)

To make changes call the Enrollment Broker **833-870-5500** or go to the enrollment website ncmedicaidplans.gov and submit a Health Plan Change Request Form

Standard Plan Update

Extended out-of-network flexibilities to providers until Nov. 30, 2021.

Under this policy, PHPs have agreed to:

- Allow uncontracted, out-of-network providers enrolled in NC Medicaid to follow in-network provider prior authorization rules and continue to get prior authorizations retroactively *(This exception does not apply to concurrent reviews for inpatient hospitalizations which should still occur during this time period.)*
- Reimburse out-of-network providers at the in-network rate of 100% of the Medicaid fee schedule
- Delay implementation of the 90% rate reduction following good faith contracting provision
- Allow beneficiaries to change their Primary Care Provider for any reason
- Extend flexibility for Non-Emergency Medical and Non-Emergency Ambulance Transportation providers through November 2021.

Provider Claims Payment & Timely Filing

- **Within 18 calendar days of receiving the Medical claim Health Plans must notify the provider whether the claim is clean or request all additional information needed to timely process the claim.**
- **Pay clean claims within 30 days of receipt.**
- **Timely filing limits within 180 days of the date of service**
- **Claims not paid within the required timeframe bear interest at the annual rate of 18 percent beginning on the date following the day on which the claim should have been paid or was underpaid.**
- **Additionally, must pay the provider a penalty equal to one percent of the claim per day.**
 - **Providers do not have to make separate requests to the health plan for interest or penalty payments and are not required to submit another claim to collect the interest and penalty.**

Status of Provider Claims Payment

- **Current Status**

- The total weekly payment to providers for pharmacy and medical claims is like pre-MCL payments
- More pharmacy claims are getting paid, and fewer are getting denied in managed care

- **What We Are Tracking Closely**

- Institutional and professional claims are denying at a higher rate since managed care launch, with missing or invalid taxonomy billing issues contributing to the denials
- PHPs continue to work with providers to address billing and system issues to support individual provider payments

County Transitions

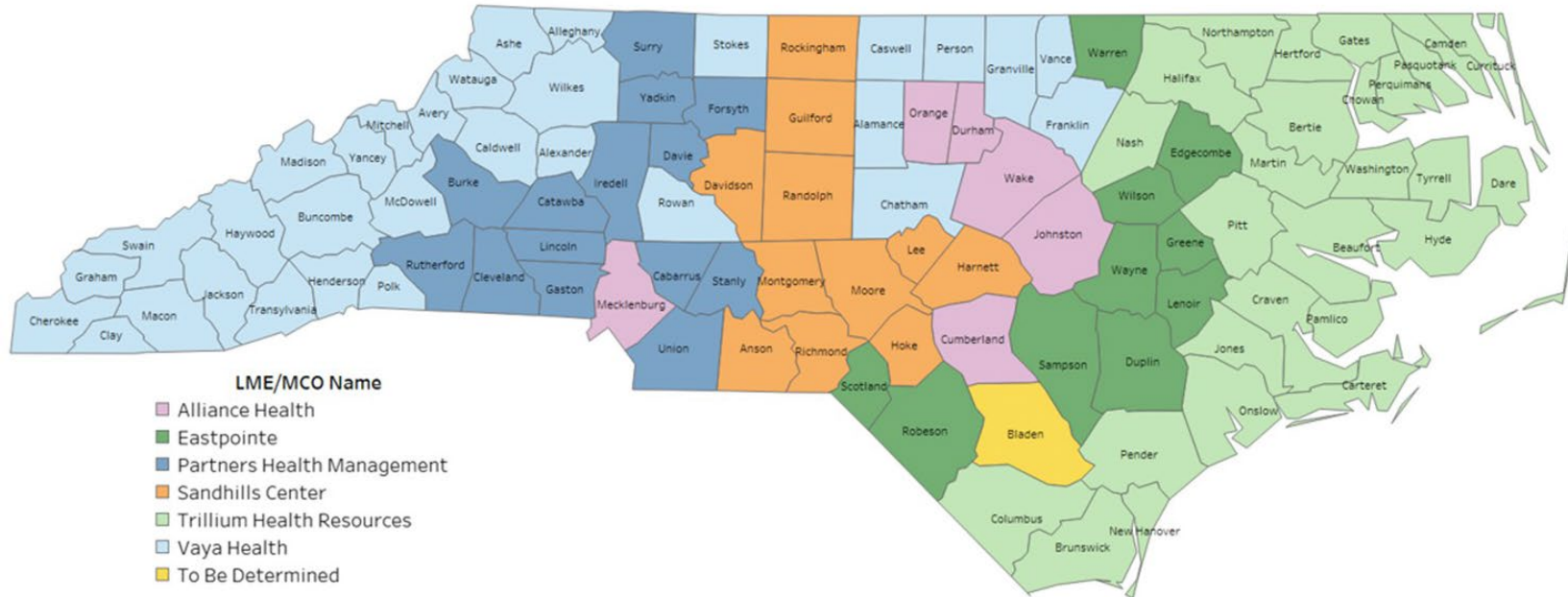
- DHHS working with all LME-MCOs to support county transitions

County	Receiving LME-MCO	Date
Cabarrus	Partners	Sept 1, 2021
Union		
Stanley		
Forsyth	Partners	Nov 1, 2021
Davie		
Warren	Eastpointe	December 1, 2021
Halifax	Trillium	December 1, 2021
Rockingham	Sandhills	December 1, 2021
Davidson		
Orange	Alliance	December 15, 2021
Mecklenburg		
Alamance	Vaya	No later than 4.1.22
Caswell		No later than 4.1.22
Chatham		No later than 4.1.22
Franklin		No later than 4.1.22
Granville		No later than 4.1.22
Person		No later than 4.1.22
Rowan		No later than 4.1.22
Stokes		No later than 4.1.22
Vance		No later than 4.1.22

Managed Care Tailored Plan Regions

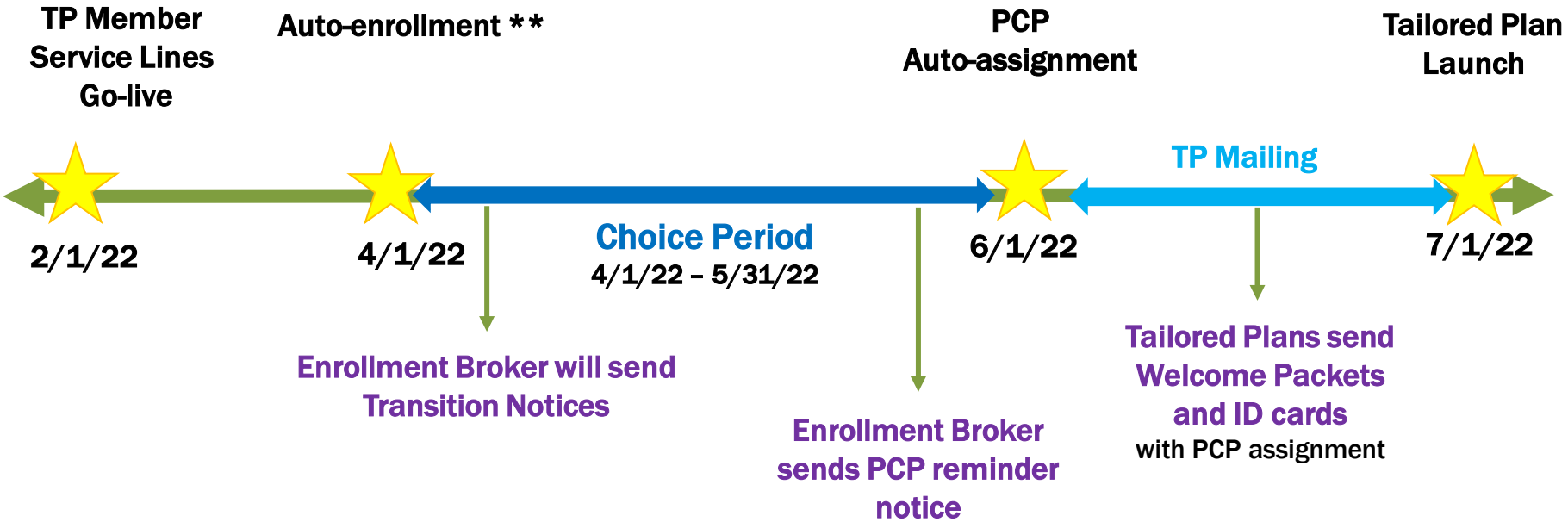
- Tailored Plan contracts awarded to all existing LME-MCOs
- DHHS working with future Tailored Plan to prepare for July 2022 implementation

Regional Behavioral Health and Intellectual/Developmental Disability Tailored Plans -
Projected County Alignments at Tailored Plan Launch for July 1, 2022



Note: This map shows projected county assignments based on disengagements requested or approved as of 9/2/21. County realignment and disengagement requests must go through the process identified in law and rule which ultimately require approval by the DHHS Secretary.

Behavioral Health I/DD Tailored Plan Member Milestones



** Members who no longer have Tailored Plan status and become excluded will be enrolled in NC Medicaid Direct (effective the first day of the next month).

Dates are subject to change

Resources

- NC Medicaid Enrollment Broker website ncmedicaidplans.gov
- NC Medicaid Transformation medicaid.ncdhhs.gov/transformation
 - Includes County and Provider Playbooks
 - Fact Sheets including:
 - Panel management
 - Managed care claims and prior authorizations
 - Day one provider quick reference guide
- NC Medicaid Help Center medicaid.ncdhhs.gov/helpcenter
- Practice Support ncahec.net/medicaid-managed-care
 - Back Porch Chat Webinar Series
 - Hosted by Dr. Dowler on the first and third Thursday of the month
 - Virtual Office Hours for Providers
- Regular Medicaid Bulletins
medicaid.ncdhhs.gov/providers/medicaid-bulletin



Questions
