NC Medicaid Managed Care
Provider Playbook

To ensure beneficiaries can seamlessly receive care on day one, the North Carolina Department of Health and Human Services (NCDHHS) is delaying the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans). Tailored Plan launch was scheduled for Oct. 1, 2023**, but will now launch at a date still to be determined.**

Fact Sheet
What Providers Need to Know:
Part 2– After Tailored Plan Launch

Post-Launch Provider Checklist and Information

The launch of NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan is delayed. Beneficiaries identified as eligible for Tailored Plan enrollment will stay in NC Medicaid Direct. This fact sheet supplements the Part 1 fact sheet to offer more information providers need to know after Tailored Plan launch.

KEY REMINDERS FOR PROVIDERS

All providers are strongly encouraged to complete the following checklist of key actions in preparation for Tailored Plan launch. More information on some of these items are detailed in the following pages.

- Make sure staff know all health plans with which your practice and individual providers are contracted.
- Regularly review the NCTracks provider record for each applicable individual provider and organization for accuracy and submit changes using the Manage Change Request (MCR) process.
- Know where to submit claims.
- For each health plan under contract, be sure enrollment in the health plan's electronic funds transfer program is complete.
- Assist beneficiaries with the transition to Tailored Plans following the guidance below.

PROVIDER CONTRACTING REMINDERS

Health plan contracting is an ongoing process with consequences for non-participation for both providers and beneficiaries. For example, primary care providers (PCPs) who do not contract with health plans risk losing patients, as beneficiaries will choose a PCP from the chosen health plan's in-network providers. Health plans will auto-assign beneficiaries only with their network providers if a beneficiary does not select a PCP.

NC Medicaid strongly encourages PCPs/Advanced Medical Homes (AMHs) to work with the respective Tailored Plans to meet the contracting deadlines to support continuity of service for your assigned patients. For more information on contracting with a health plan, contact them directly. Contact information is located on the Medicaid website at Health Plan Contacts and Resources Page.

ENSURE INFORMATION IS CORRECT

NC Medicaid participating providers are contractually required to update their NCTracks record within 30 days of any change. The obligation to report includes any change in information contained in the NCTracks provider enrollment record, as well as any adverse action against the provider or any of its officers, agents or employees. To remain compliant and maintain accuracy of the information supplied to the health plans and beneficiaries, providers should regularly review their provider record in NCTracks. Changes may be reported using the MCR process available in the NCTracks Secure Provider Portal.

Review the NCDHHS Provider Administrative Participation Agreement here or a recent publication about reporting changes here.

Confirm individual providers are correctly affiliated to organizations billing on their behalf and to each appropriate location within that organization. This is essential to ensure complete and accurate information will display in the Medicaid Provider and Health Plan Lookup Tool. When a beneficiary searches for an individual doctor at a specific organization's location, the affiliated information from NCTracks is used in the search. Therefore, all individual providers should check their affiliations not only to the group NPI, but also to the specific location(s) where services are rendered.

KNOW WHERE TO SUBMIT CLAIMS

Claims for dates of service prior to Tailored Plan Launch, should be submitted as they are today, through NCTracks or LME/MCOs. A limited set of services are carved out of managed care and should continue to be billed through NCTracks even after Tailored Plan launch. These include dental services, eyeglasses and Child Development Services Association (CDSA) services included on an Individualized Family Service Plan (IFSP) provided by independent practitioners.

For dates of service beginning on Tailored Pan Launch, 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 beneficiaries enrolled in a

Tailored Plan should be submitted as instructed by the assigned health plan shown on their member ID card and validated through the NCTracks Recipient Eligibility Verification methods, unless the service provided is a carved-out service.

Two Claims Submission Provider Fact Sheets are available in the Provider Playbook that addresses how managed care claims are filed.

ASSIST BENEFICIARIES WITH THE TRANSITION

It is important that all office staff know which health plans providers participate with and take the initiative to assist patients with the transition to managed care. Please note:

- Beneficiaries can change their PCP twice a year without cause and at any time with cause.
- Beneficiaries may call their health plan and select a Tailored Care Manager (TCM) different from the one they received during auto-assignment.
- Once enrolled with a Tailored Plan, beneficiaries will receive a Member Welcome Packet, Member Handbook and Medicaid ID Card from their Tailored Plan. Follow these steps when an NC Medicaid beneficiary presents at your office:
    - Verify eligibility, PCP and health plan enrollment using the NCTracks Recipient Eligibility Verification/Response or by calling the NCTracks Automated Voice Response System (AVRS) at 800-723-4337. To mitigate any confusion associated with newly issued NC Medicaid Managed Care Member ID cards, providers and pharmacies should always verify eligibility through NCTracks and not rely solely on the information shown on a Member ID Card.
        - Health plans are required to generate an identification card for each Member enrolled in their health plan that contains the beneficiary's NC Medicaid ID number. Some health plans also include their health plan member ID as well. However, member ID cards are not required to provide service including pharmacies. **Therefore, beneficiaries should not be turned away due to the lack of a Member ID card in their possession.**
    - Confirm that your office participates with the beneficiary's Tailored Plan.
    - If you are not the assigned PCP for the beneficiary but are in-network for the Tailored Plan, you can render and be paid for primary care services.
    - If the beneficiary would like to have you as their assigned PCP, they should call their health plan to have them assigned to you.
    - If you are a non-participating provider for the beneficiary's Tailored Plan, you may render services. Special protection is afforded to non-network providers (see the Transition of Care section below). If a good-faith contracting effort has been made by the health plan and you declined to participate, then you are subject to receive 90% of the Medicaid fee-for-service rate. Good faith contracting requirements and information is available in the PHP contract and plan policies.

TRANSITION OF CARE PROTECTIONS IMPACTING PROVIDERS

As a provider, it is important that you are aware of the transition of care protections that impact providers. Please note:

- The Tailored Plan will honor existing and active prior authorizations on file with NC Medicaid Direct for services covered by the health plan for the first 90 days after launch or until the end of the authorization period, whichever occurs first.
- For the first 60 days after launch, the Tailored Plan will pay claims and authorize services for Medicaid-enrolled out-of-network providers equal to that of in-network providers until end of episode of care or 60 days, whichever is less (extended transition periods may apply for circumstances covered in N.C. Gen. Stat. § 58-67-88(d), (e), (f), and (g).).
- If a beneficiary transitions between health plans after launch, a prior authorization authorized by their original health plan will be honored for the life of the authorization by their new health plan
- Please see the Transition of Care page on the NC Medicaid website.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

Once a beneficiary is enrolled with a Tailored Plan, a Welcome Packet, Member Handbook and a new Medicaid ID card will be mailed to them. If beneficiaries have questions about their health plan, want to change their PCP/AMH/TCM, or have questions about services covered, they should contact their health plan. Contact information for health plans can be found at the number on their new Medicaid card or on the Health Plan Contacts and Resources page on the NC Medicaid website

Beneficiaries that want to change their health plan should contact the Medicaid Enrollment Broker at 833-870-5500, (TTY: 833-870-5588), 7 a.m. to 5 p.m., Monday through Saturday, or visit ncmedicaidplans.gov. Beneficiaries can also contact the NC Medicaid Ombudsman if they have questions or problems their health plan or provider could not answer. Call **877-201-3750** or visit ncmedicaidombudsman.org.

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. The **Day One Quick Reference Guide** can also be found on the Provider Playbook Fact Sheet page.

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, please contact the NCTracks Call Center at 800-688-6696. To update your information, please log into the NCTracks Provider Portal to verify your information and submit an MCR. For all other questions, please contact the NC Medicaid Contact Center at 888-245-0179.