

Fact Sheet

What Providers Need to Know: Part 1 – Before Managed Care Launch

Pre-Launch Provider Checklist and Information

The statewide launch of NC Medicaid Managed Care will be **July 1, 2021**. A small percentage of beneficiaries will stay in NC Medicaid Direct. This fact sheet offers the information providers need to know before managed care launch.

KEY DATES FOR TRANSITIONING TO MEDICAID MANAGED CARE

The following list includes key dates that providers should be aware of:

- **Jan. 25, 2021** – Medicaid and NC Health Choice Provider and Health Plan Look-Up Tool launches
- **Feb. 1, 2021** – Provider contracting deadline for inclusion in Beneficiary Open Enrollment
- **March 15, 2021** – Beneficiary Open Enrollment begins
- **April 12, 2021** – Provider contracting deadline for inclusion in Primary Care Provider (PCP) Auto Enrollment
- **May 14, 2021** – Beneficiary Open Enrollment ends
- **May 15, 2021** – Health Plan Auto Enrollment (by DHHS) for beneficiaries who have not selected a Health Plan
- **May 22, 2021** (approximate) – Transition of Care information is sent to each Health Plan for beneficiaries assigned to that Health Plan
- **July 1, 2021** Health Plan brokers begin scheduling Non-Emergency Medical Transportation (NEMT) appointments for July 1, 2020 or later
- **July 1, 2021** – Medicaid Managed Care launch

KEY REMINDERS FOR PROVIDERS

All providers are strongly encouraged to complete the following checklist of key actions prior to Medicaid Managed Care Launch. More information on some of these items are detailed in the following pages.

- Explore contracting options with each Health Plan and the Eastern Band of Cherokee Indians (EBCI) Tribal Option (if part of their catchment area).
 - Make sure staff know the Health Plans which you are contracted with.
- Review each page of the NCTracks provider record for each applicable individual provider and organization for accuracy and submit changes using the Manage Change Request (MCR) process.
- Encourage beneficiaries to respond to their enrollment notification to self-select a Health Plan and PCP.
- Be aware that Health Plans and NC Medicaid stand ready to make hardship payments in the event there are claims or payment issues at go live.



PROVIDER CONTRACTING REMINDERS

In order to be included in the Medicaid and NC Health Choice Provider and Health Plan Look-up Tool and the Health Plan's provider directories used by beneficiaries beginning the first day of open enrollment (March 15, 2021), providers must submit signed contracts to the Health Plans by Feb. 1, 2021.

In order for a provider to be considered in the algorithm for Health Plan auto-enrollment (May 15, 2021), the provider needs to have signed and mailed their contract(s) to Health Plans by April 12, 2021.

This allows sufficient time for signed contracts to be returned and for the Health Plan to process those contracts. PCPs need to contract with Health Plans in a timely fashion to avoid losing patients when Health Plans assign beneficiaries to in-network providers. More information is available [here](#).

ENSURE YOUR INFORMATION IS CORRECT

New interim reports are available [here](#) to assist providers in verifying their records. The Provider Directory Listing Report, as well as the Provider Affiliation Report, is available to **all** actively enrolled Medicaid and NC Health Choice providers. In combination, these reports allow all providers to confirm the information visible to NC Medicaid beneficiaries as each utilize the "Medicaid and NC Health Choice Provider and Health Plan Look-up Tool" to find participating provider information, and if applicable, enroll into Managed Care.

- Providers may use the NCTracks MCR process, available in the Secure NCTracks Provider Portal, to modify any provider record or service location information as well as individual to organization affiliations.
- If the Provider Affiliation information is incorrect, the affiliated provider or the Office Administrator for the affiliated provider must update the group affiliation.
- Providers unable to find their practice associated with the correct Health Plans, should reach out directly to the Health Plan to discuss contracting options.

It is important for enrolled providers to act now to thoroughly review their individual and organization provider enrollment record in NCTracks. Take the time now to review your provider records in NCTracks and submit changes as needed using the MCR process.

Not only is ensuring accuracy a requirement in the legal and binding NCDHHS Provider Administrative Participation Agreement, but correct information on the NCTracks provider record will assist beneficiaries with the search for PCPs in the new Medicaid and NC Health Choice Provider and Health Plan Look-Up tool, expected to be available Jan. 25, 2021. Each page of the NCTracks provider record should be assessed for accuracy. More information is available [here](#).

ASSIST YOUR BENEFICIARIES WITH THE TRANSITION

Make sure your NC Medicaid and NC Health Choice patients know which plans you are contracted with. Beneficiaries will need to choose one of those plans to keep you as their PCP.

As a provider, it is important that all office staff know which plans you participate with and encourage your patients to self-select their Health Plan and PCP to avoid auto assignment.

Please note:

- If a beneficiary selects a Health Plan, but not a PCP, the Health Plan will assign them a PCP.
- If the beneficiary has a record of an active relationship with a PCP with Medicaid, the Health Plan should assign the beneficiary to that PCP if participating in that Health Plan's network.
- If a beneficiary does not select a Health Plan by the end of open enrollment, they will be auto-enrolled into a Health Plan and the Health Plan will auto-assign them to a PCP. Auto-enrollment into a Health Plan will take current assignment into account if the current PCP is in network.
- Beneficiaries have 90 days after the effective date of initial enrollment to change their Health Plan or PCP for any reason.

More information can be found in the Auto Enrollment and Auto Assignment Fact Sheet that is published on the NC DHHS Website in the [Provider Playbook](#).



KEY REMINDER FOR TRIBAL OPTION LAUNCH

The EBCI Tribal Option will launch on **July 1, 2021**.

- Tribal Option members will be able to select a PCP similar to how they select their PCPs today in Medicaid Direct.
- If a Tribal Option member does not select a PCP, they will be assigned to Cherokee Indian Hospital Authority (CIHA) as their PCP.
- Tribal Option will be contracting with providers in the 5-county region to serve as the PCP for Tribal Option members.
- The same deadlines for Standard Plans do not apply to the Tribal Option, and providers are encouraged to contract with the tribal option leading up to the managed care launch and after if they would like to serve as the PCP for Tribal Option members.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

Most questions beneficiaries have about choosing a Health Plan or PCP can be answered by the Enrollment Broker. The Enrollment Broker Call Center will open beginning **March 1, 2021** from 7 a.m. to 5 p.m., Monday through Saturday. To select a PCP and Health Plan through the Enrollment Broker, beneficiaries can:

- Call 1-833-870-5500 (toll free), (TTY: 1-833-870-5588)
- Go online at ncmedicaidplans.gov
- Complete and return a paper enrollment form by fax or mail
- Use the NC Medicaid Managed Care mobile app

DHHS will be posting a Question and Answer document to the NC Medicaid Managed Care website to address common beneficiary questions about the transition to Managed Care. More information will be posted in the January timeframe.

Once a beneficiary is enrolled with a Health Plan, information and a new Medicaid card will be mailed within five days. At that point, if beneficiaries have questions about their Health Plan or 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 NC Medicaid website [here](#).

In addition, DHHS will partner with a **Medicaid Managed Care Ombudsman**, someone who is appointed to help resolve beneficiary complaints. More information will be forthcoming.

WHAT IF I HAVE QUESTIONS?

For questions about contracting, contact the Health Plan. Information can be found [here](#).

For general inquiries and complaints regarding Health Plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 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 General Dynamics Information Technology (GDIT) Call Center at 800-688-6696. To update your information, please log into NCTracks (<https://www.nctracks.nc.gov>) provider portal to verify your information and submit a MCR or contact the GDIT Call Center.