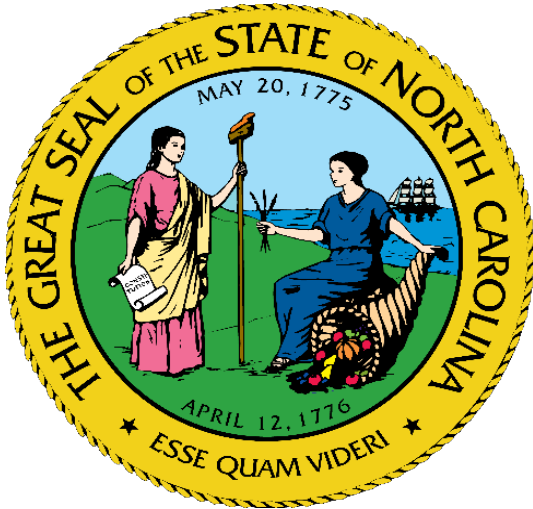


Fireside Chat: Hot Topics in Medicaid Transformation

March 4, 2021



RCC (Relay Conference Captioning)

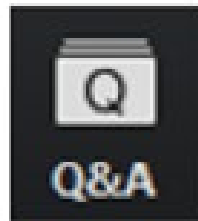
Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=4722702&CustomerID=324>



Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01

**AMH and Panel
Management Update**

02

**Soft Launch/Open
Enrollment**

03

**Provider Directory
Update**

04

Managed Care Wins!

05

**Proposed Carolina
Access Temporary
Health Equity Payment**

06

**Medicaid Coverage
Updates**

07

Questions and Answers



AMH and Panel Management Update

AMH Glidepath Attestation Is LIVE: AMH 3s can Receive \$8.51 PMPM for 3 Months After Contracting with 2 PHPs and Completing Data Integration Testing

The AMH Tier 3 Glidepath Attestation is part of an updated set of AMH functionalities within the provider portal in NCTRACKS.

To Attest:

1. Input NPI and location for the practice attesting to glidepath requirements

2. Select "Attest to AMH Tier 3 Glidepath Payments Requirements"

3. Practices should select the PHPs they are contracted with at the Tier 3 Level and date contracts were completed

4. Practices should select the PHPs they have tested with and testing completion date

The screenshot shows the 'Advanced Medical Home Tier Attestation' form in the NCTRACKS Provider Portal. The form is titled 'Advanced Medical Home Tier Attestation' and includes a navigation menu with options like Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, Consent Forms, Training, and PORTAL-DEV. The form contains several sections:

- Select Provider and Service Location:** Includes fields for NPI/Atypical ID (1437552015) and Service Location (7100 SIX FORKS RD, STE 101, RALEIGH, I).
- Select Appropriate Action:** Includes radio buttons for 'Downgrade to AMH tier Level 2', 'View/Update AMH Tier 3 Supplemental Data', and 'Attest to AMH Tier 3 Glidepath Prepayments Requirements' (which is selected).
- Pre-Payment Glidepath Model Attestation:** Includes two sections for selecting health plans and providing completion dates. The first section is for 'The AMH Tier 3 has completed contracting with two or more of the following Health Plans at the AMH Tier 3 Level'. The second section is for 'The AMH Tier 3 or its CIN/other partner has completed the following: 1.) necessary technology work based on the mandatory AMH data interfaces (LINK); 2.) has successfully completed testing of the data interfaces with at least two or more Health Plans 3.) has completed defect resolution with two or more Health Plans'. Both sections list health plans like AmeriHealth Caritas, United Healthcare, Carolina Complete Health, WellCare of North Carolina, and HealthyBlue.
- * Attestation:** Includes a checkbox for 'I attest and verify that all information provided in this Attestation Form is accurate and complete in all respects. I understand that material misrepresentations in the Form may affect the eligibility for Advanced Medical Home Certification, and that North Carolina Department of Health and Human Services may further review such misrepresentations.'

Panel Management: Updates & Next Steps

- DHB is currently testing panel assignment lists with volunteer practices (Peds, Internal Med, Family Med, FQHCs)
- DHB is testing ability to switch assignment prior to launch
 - Looking at members who did not see assigned PCP but did see another PCP
 - Look-back at 24 months of claims at any PCP visit
 - Consider any site under the NPI ‘same PCP’
 - Looking at last seen*, most seen, geographic proximity
 - Timeline for completion: March/April 2021
 - Members will get new Medicaid cards
- **DHB is working on cheat sheets/potential areas for alignment across Health Plans to help navigate panel management after managed care launch**

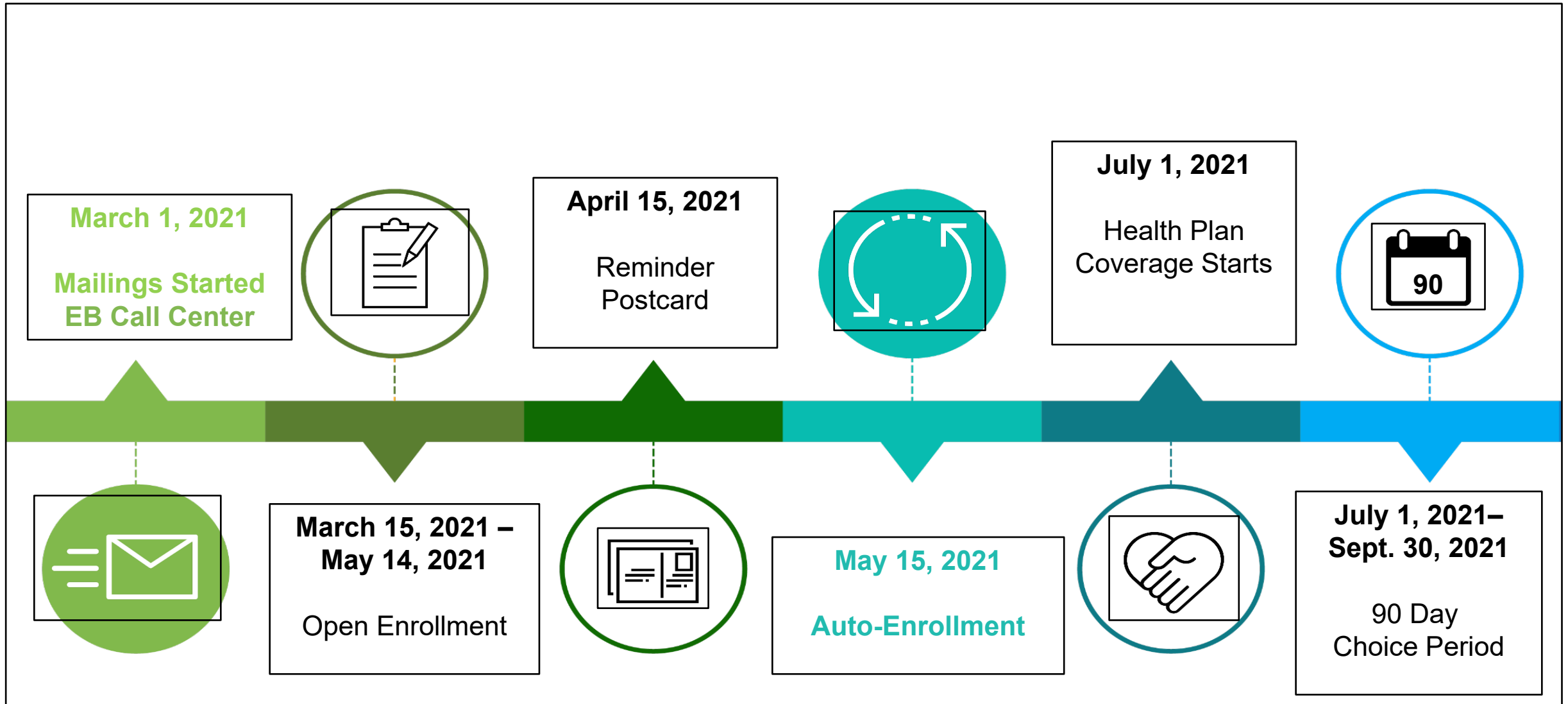
Poll Question





Soft Launch/Open Enrollment

NC Medicaid Managed Care Timeline



Managed Care Populations

While most Medicaid beneficiaries will enroll in NC Medicaid Managed Care, some people will not. The table below outlines who must enroll, who may enroll, and who cannot enroll.

MANDATORY	EXEMPT	EXCLUDED ^{1,2}
Must enroll in a health plan	May enroll in a health plan or stay in NC Medicaid Direct	Cannot enroll in a health plan; stay in NC Medicaid Direct
Most Family & Children’s Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled	Federally recognized tribal members/IHS eligible beneficiaries, beneficiaries eligible for behavioral health Tailored Plans	Family Planning Program, Medically Needy, Health Insurance Premium Payment (HIPP), Program of All-Inclusive Care for the Elderly (PACE), Refugee Medicaid

¹Some individuals are temporarily excluded and become mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, Community Alternatives Program for Children (CAP-C), and Community Alternatives Program for Disabled Adults (CAP-DA).

²Some federally recognized tribal members/IHS eligible beneficiaries are excluded and may enroll in the EBCI Tribal Option.

Enrollment Broker Call Center is LIVE!



**EXTENDED HOURS
DURING OPEN
ENROLLMENT:
7 a.m. – 8 p.m.
7 days a week**

**ALL OTHER TIMES:
Monday – Saturday
7 a.m. – 5 p.m.**

Enrollment Call Center



Enrollment Specialists are available at the Call Center for support.

Beneficiaries can call toll free: 1-833-870-5500.

We are available to:

- Provide choice counseling
- Support search for preferred PCP
- Discuss health plan services
- Enroll beneficiaries in selected health plan
- Assist with some demographic changes
- Disenroll members as needed
- Process Enrollment Broker complaints and grievances
- Facilitate appeals process
- Provide support for the website and mobile app
- Aid with deaf and non-English speaking beneficiaries

Poll Question





**Provider Directory – Medicaid
and NC Health Choice
Provider and Health Plan Look
Up Tool**

Poll Question



Provider Directory Questions

Where does information in the system come from?



Can beneficiaries look up group practice instead of individual provider?

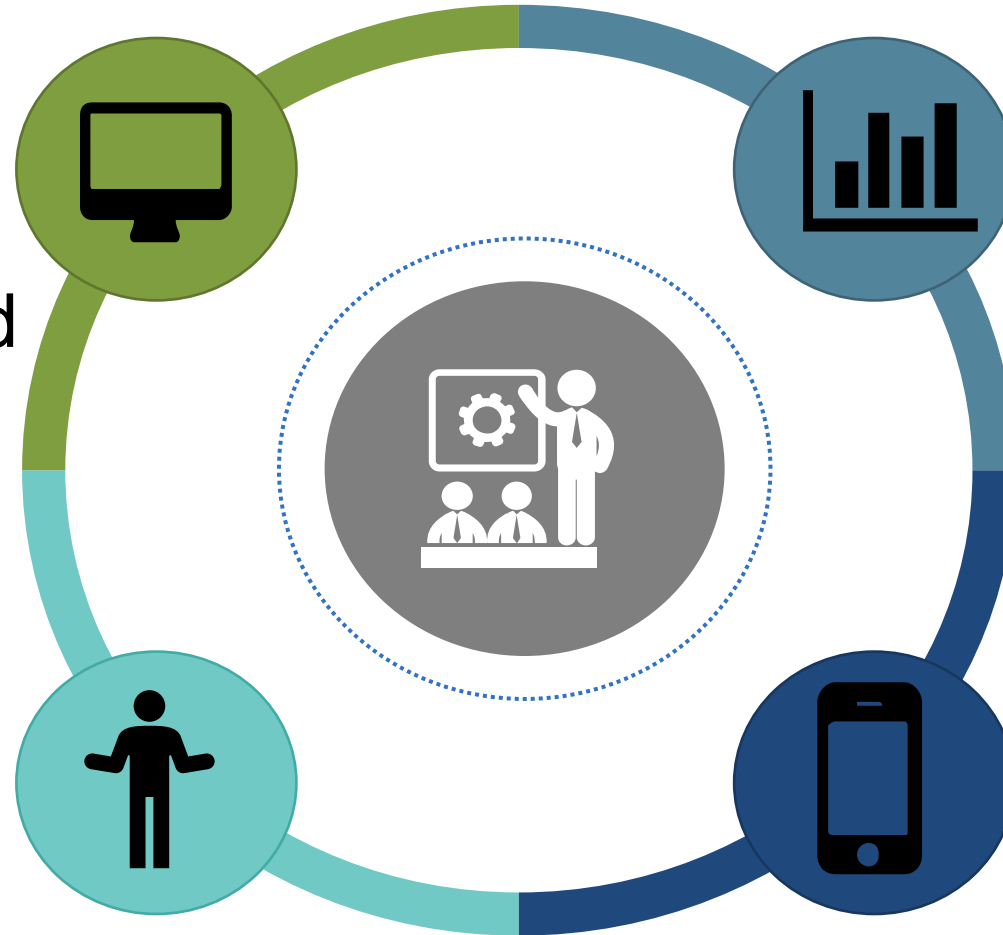
How is information displayed in the Provider Search Tool?

Would beneficiaries pick a specific practice for a provider in multiple locations?

Provider Directory Questions

Why are/aren't professional designations (DO, MD, PNP) included in the system?

Is the ability to search by DBA an option now?



Where are beneficiaries assigned?

How to report issues identified during searches or ways to submit improvements (Report error link)?

Managed Care Wins

Overall Enhancements

- **Emphasis on and Accountability for quality** with healthy competition between PHPs
- **Close Gaps in Care** for members and provide more robust incentives to providers to do so. The goal is to **Improve the Health of North Carolinians**

Community Engagement and Member Outreach

- Partnering with community-based organizations to do **Outreach and Education at the Local Level**
- Providing information to members to **Increase Member Engagement**

Provider Support

- **Soliciting Provider Feedback** to identify unmet needs
- **Adapting Provider Incentives** to promote specific interventions to improve health
- **Utilizing Advanced Analytics** to continuously monitor and improve quality & safety
- **Value-based Payment Arrangements** will provide financial stability for practices
- **Effort** to limit administrative burden and maintain integrity of medical home

Member Support

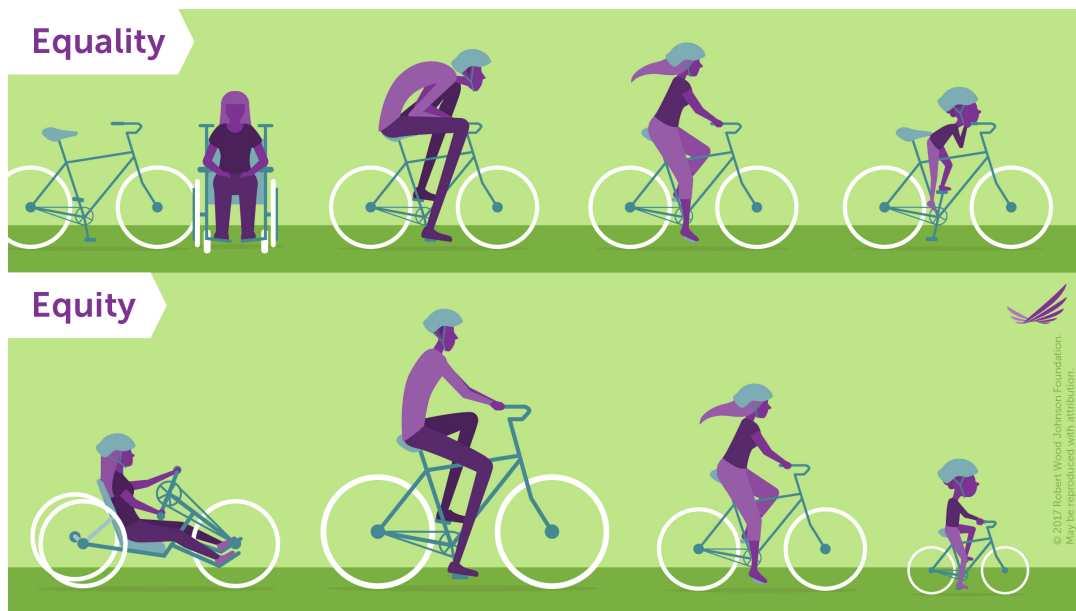
- **Addressing Social Determinants of Health and Health Disparities** in our quality programs and community outreach
- **Value Added Benefits** provide members additional wellness benefits and incentives not otherwise available through Medicaid Direct (e.g., flexible NEMT options, cell phone, nutrition coaching and support, GED study programs, gift cards or vouchers for school supplies, gym memberships, home delivered meals after transitions out of facilities)
- **Ability to Choose** a health plan that meets their needs – not “one size fits all” and can change health plan if not satisfied – a choice they have not had before
- **Integrated Physical and Behavioral Health Services** create streamlined member experience and better supports providers in their ability to address full spectrum of beneficiary needs
- **Intensive Care Management and Wrap-around Care Coordination** provides members with better all-around coordination of their care needs. Will lead to better allocation of enabling health resources



Proposed Carolina Access Temporary Health Equity Payment

Carolina Access Temporary Health Equity Payments

NC Medicaid's Focus on Health Equity



Source: Robert Wood Johnson Foundation:
<https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download>

Proposed Payments

- Available: April – June 2021
- Eligible providers: Carolina Access I and II providers serving beneficiaries from high needs areas.
- Increased PMPM based on practice's mix of beneficiaries (measured by poverty rate at beneficiary's census tract).

Carolina Access Temporary Health Equity Payments

How Proposed Payments are Determined

Poverty Score Determined by Poverty Level of Beneficiary's Census Tract	Enhanced Payment
<17.4%	\$0 PMPM
17.4% - 21.4%	\$9 PMPM
>21.4%	\$18 PMPM

+/- 2 percentage points of 19.4% (Medicaid beneficiary overall Poverty Score)

Example

Census Tract	Poverty Rate for Tract	Patient Dist. by tract PCP1	Patient Dist. by tract PCP2	Patient Dist. by tract PCP3
A	10%	25%	0%	0%
B	15%	50%	40%	0%
C	20%	25%	40%	50%
D	25%	0%	20%	50%
Wtd Avg Score		15%	19%	22.5%
Enhanced Payment		\$0- Under Threshold	\$9 PMPM	\$18 PMPM

Carolina Access Temporary Health Equity Payments

Suggested Uses of Payments to Address Health Equity for PCMH payments

- **Telehealth:** enhancements to telehealth access
- **Health Improvements:** additional patient engagement in key health areas such as prevention of chronic disease, supporting behavioral health needs, and maternal and child health
- **Staffing:** staff training, data analysis, and recruitment of key staff working to reduce health inequity such as community health workers
- **COVID-19:** response to the pandemic to close care gaps resulting from deferred services or vaccine outreach
- **Social Drivers of Health:** improving the capacity to address non-medical drivers of health

Resources

- [CDC Practitioners Guide for Advancing Health Equity](#)
- [AAFP Addressing Social Determinants of Health in Primary Care](#)
- [IHI Achieving Health Equity](#)
- [NCHA Resource Center](#)

Poll Question





Medicaid Coverage Updates

Dr. Shannon Dowler, NC Medicaid CMO



BCCCP Changes

Women must FIRST be eligible for NC BCCCP (see below). Also see the BCCCP [Eligibility / Enrollment](#) page for additional eligibility details.

Eligibility

- Women with family incomes at or below 250% of the Federal Poverty Level, who are uninsured or underinsured, and who are not covered by Medicare Part B
- Patients must be referred to the local NC BCCCP to apply for BCCM

Enrollment

There are several ways you can enroll an eligible patient in NC BCCCP:

- *PREFERRED METHOD:* Refer patient to local NC BCCCP for screening as soon as she presents (with or without complaints)
- Refer patient to local NC BCCCP when there is an abnormal screening or diagnostic test result for diagnostic work-up
- Provide preliminary screening test (CBE, screening and/or diagnostic mammogram, Pap test, colposcopy, etc.) prior to referral

Physicians Be Aware: It is preferable that a patient be referred and enrolled in NC BCCCP prior to being diagnosed with breast and/or cervical cancer.

For more information, please [contact us](#) (919) 707-3500.

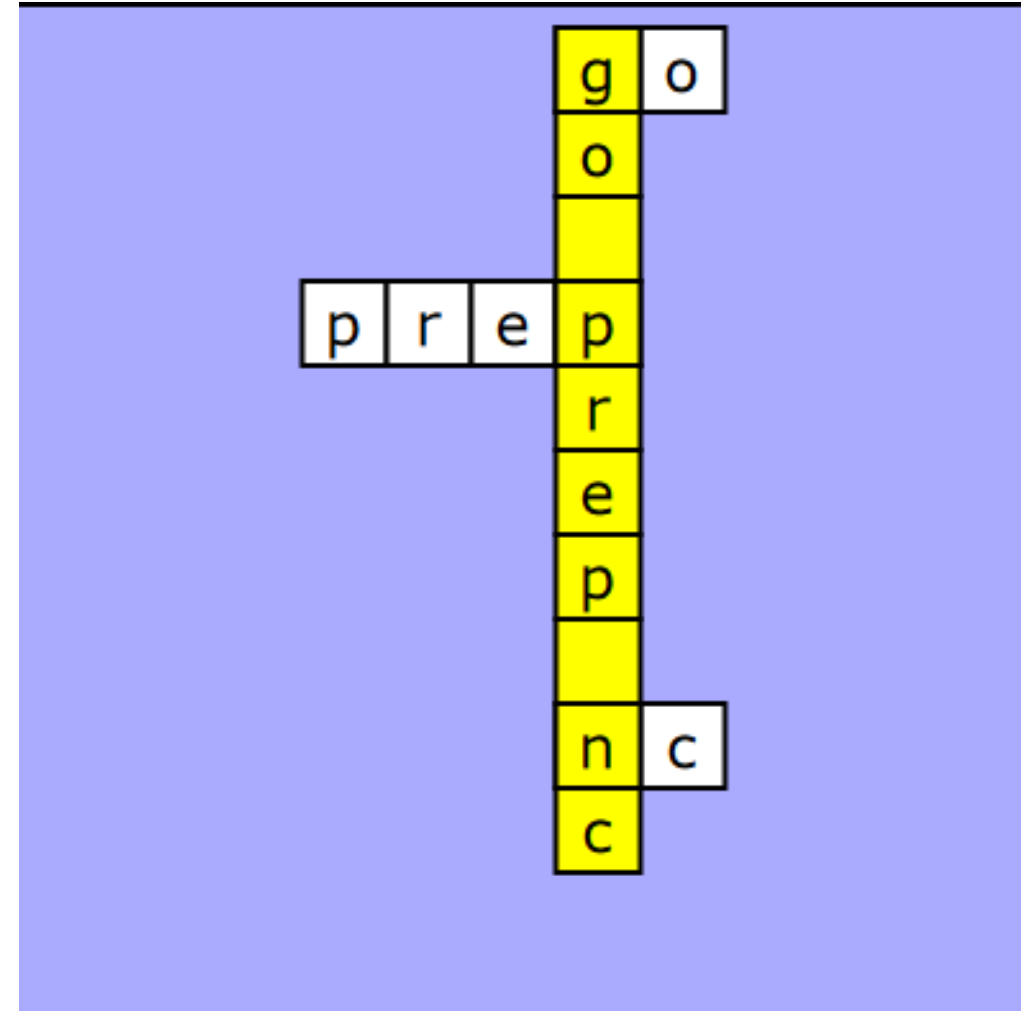
Family Planning Services Policy Updates

NC Medicaid is also adding coverage for the following services for “Be Smart” Family Planning Medicaid (MAFDN) beneficiaries:

- Total Salpingectomy procedure (CPT 58661)
- NAAT diagnostic testing for Trichomonas Vaginalis (CPT 87661)
- NAAT diagnostic testing for Mycoplasma Genitalium (CPT 87563) and treatment medication Moxifloxacin
- Kyleena IUD (CPT J7296)
- Scabies diagnostic testing (CPT 87220)
- Amines vaginitis screening (CPT 82120)
- Comprehensive Metabolic Panel (CPT 80053)
- Added pertinent diagnosis codes for services added.
- Coverage for COVID testing if there is no private health insurance during the PHE

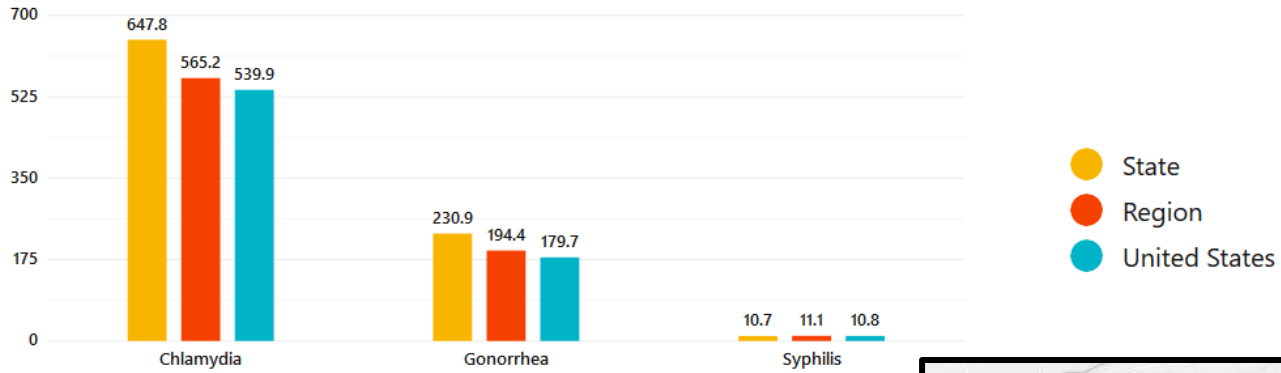
How is NC doing with HIV prevention?

- A. Killing It!
- B. Almost leading the Country
- C. Middle of the Stack
- D. Okay, we could do better
- E. Freaking Alabama prescribes more

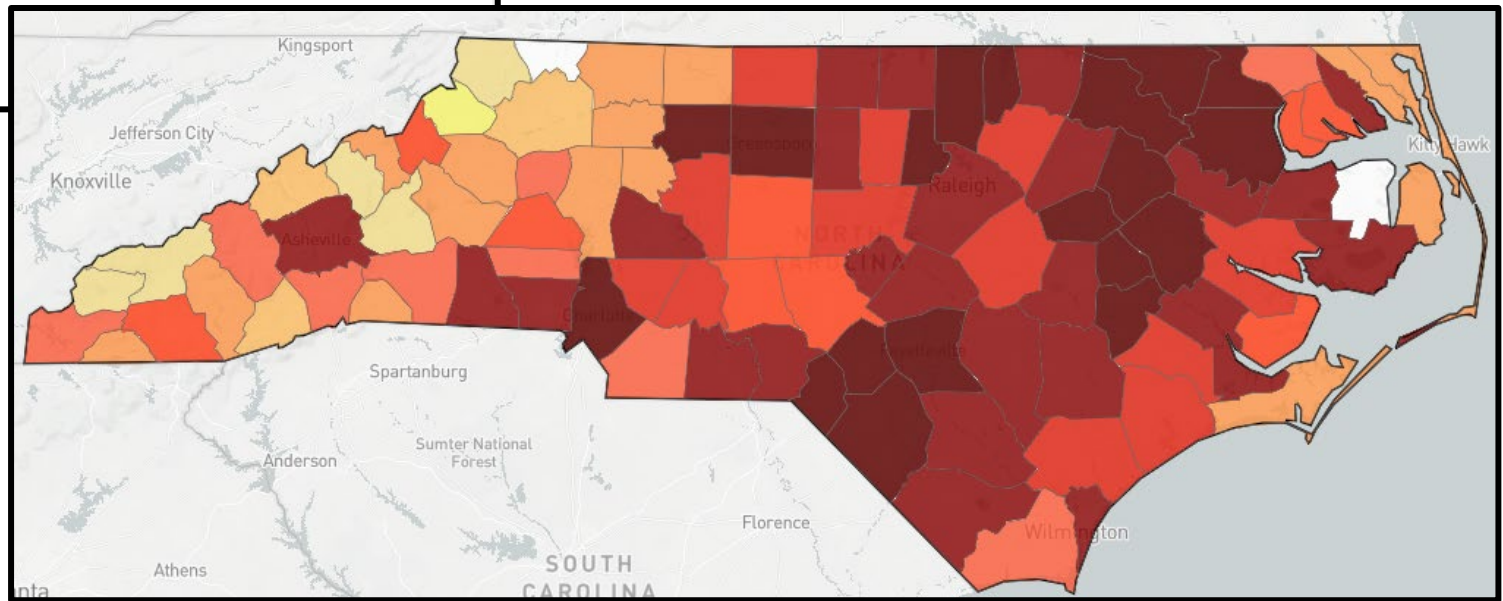


Rates of People Living with HIV 2018

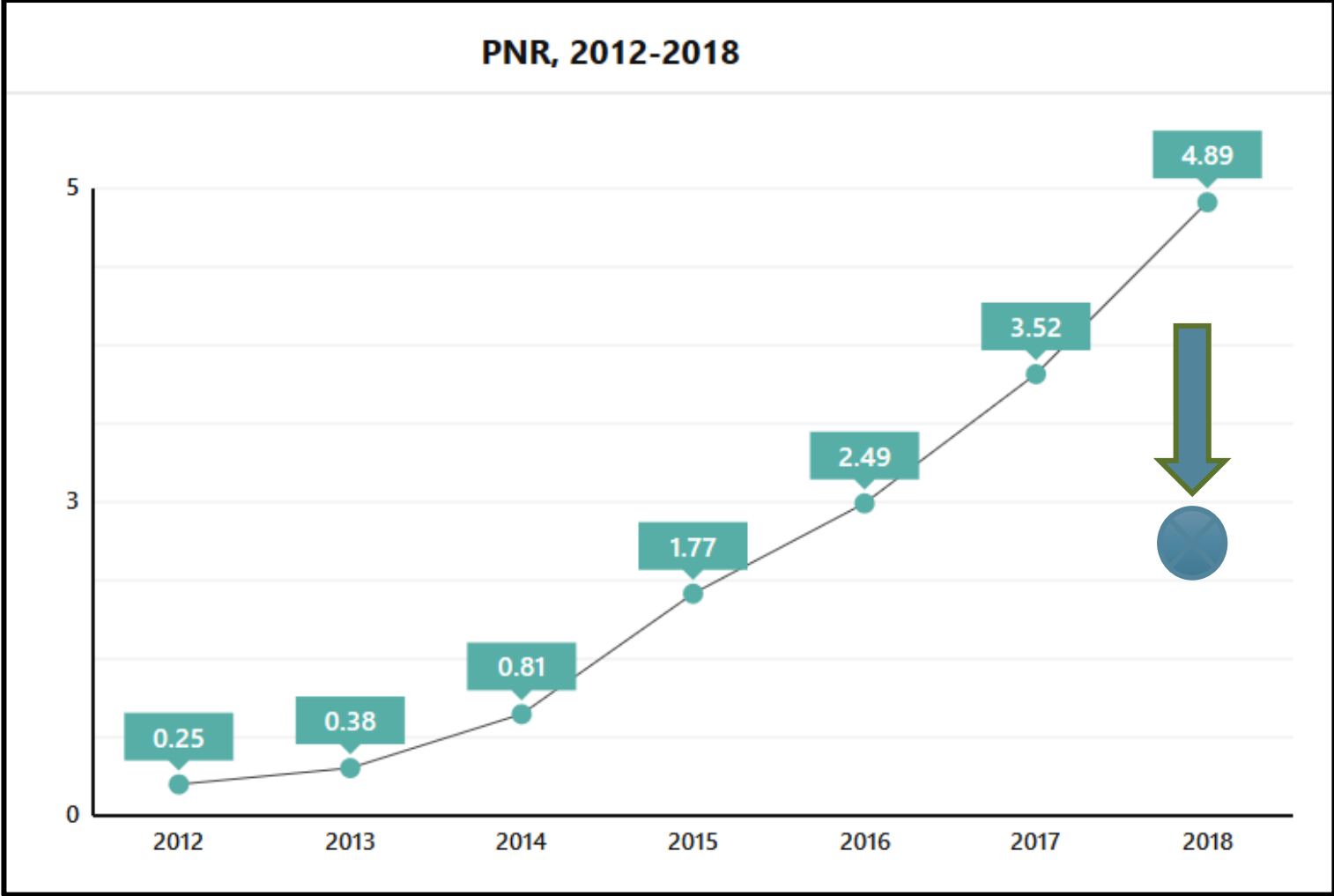
SEXUALLY TRANSMITTED DISEASES, 2018



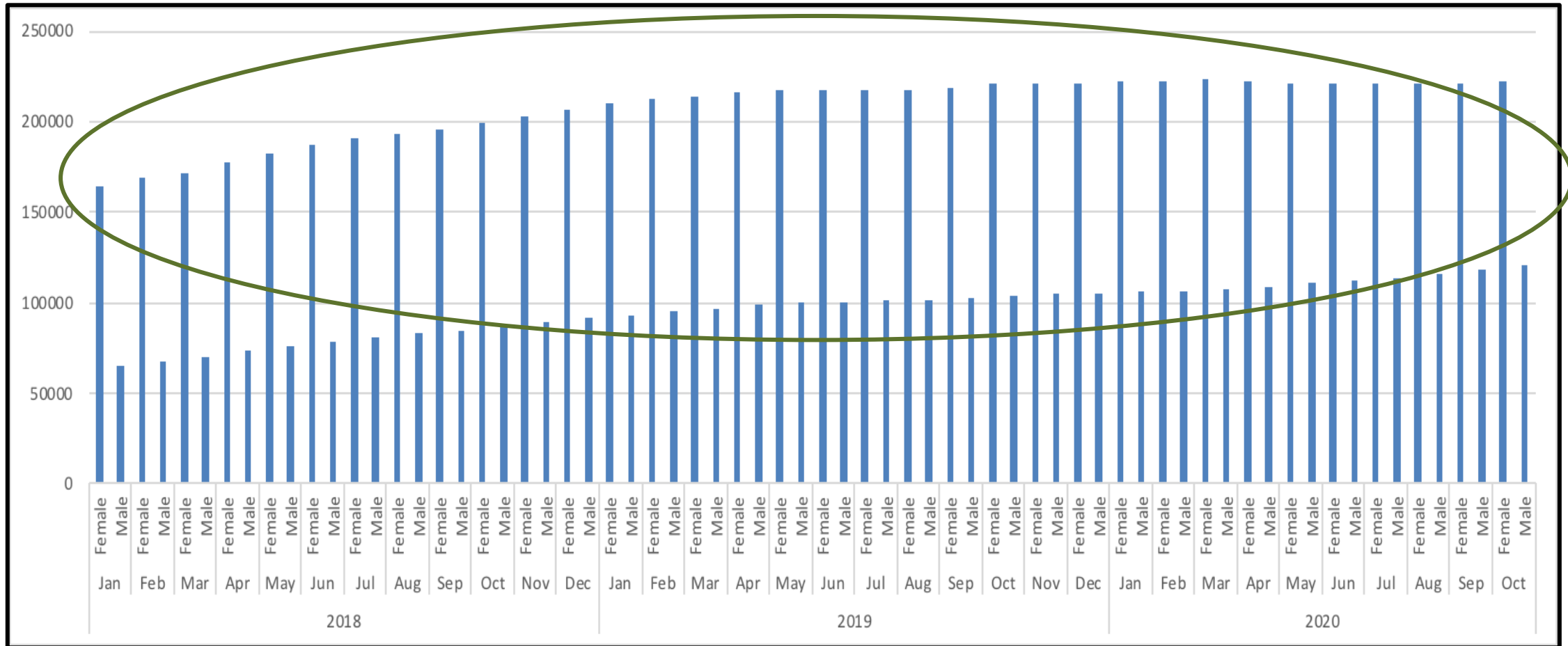
Rates of Sexually Transmitted Diseases per 100,000 Population, 2018



North Carolina prescribes PrEP at 50% of the rate of the US



How Many Men Enroll in FP Medicaid?



Medicaid Eligibility by Gender for MAFD

Untapped potential!

How can the FP Medicaid Benefit Help Men and Women Prevent HIV Infection?

What NC Holds

- Addition of CMP allows the chemistry to be covered for monitoring PrEP
- Allows men to have 6 visits a year covered including a comprehensive physical
- Reimburses cost of all STD screening except Hepatitis B, Allows developing a PrEP program to generate a positive ROI for your clinics

What You Hold

- Enroll your young men in the FP Medicaid benefit
- Use HRSA PrEP benefit or MAP to cover cost of the drug
- Use State Lab for Hepatitis B testing
- Learn from colleagues around the state already doing this!

Diagnostic Tests

- Local health departments have a VERY limited number of test kits for CT/GC NAAT
- STD Treatment Guidelines will be out March 2021...but you can stream the teaser webinar!

DEAR COLLEAGUE: CDC RECOMMENDATIONS DURING A DIAGNOSTIC TEST SHORTAGE

A Dear Colleague Letter from CDC with recommendations for prioritizing STD screening during a diagnostic test shortage.

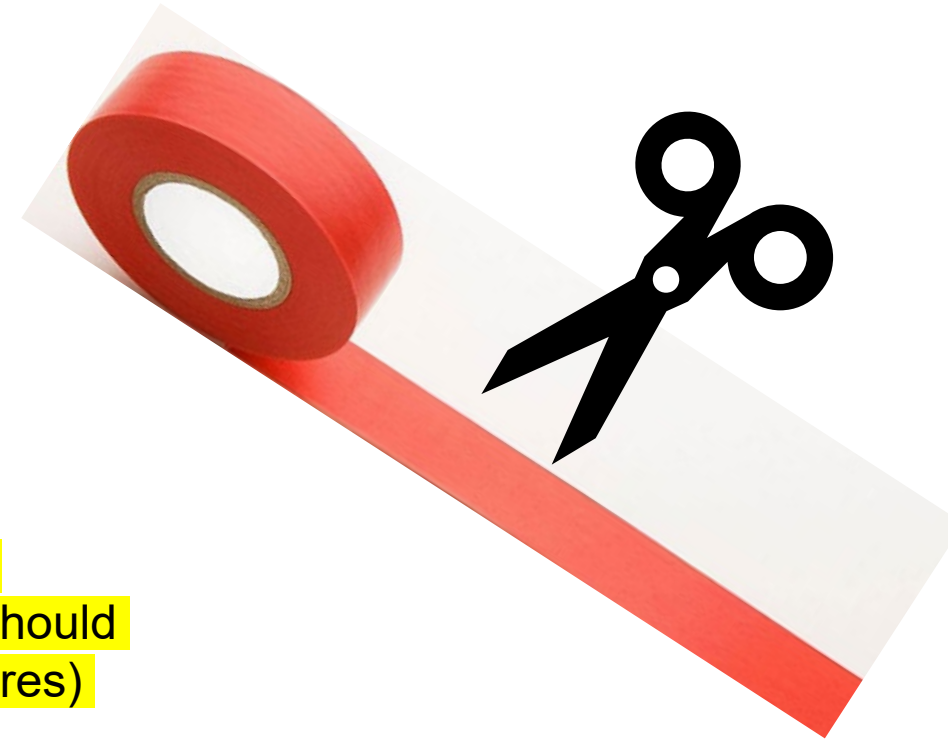


1A-22, Medically Necessary Circumcision Policy Updates

NC Medicaid added circumcision coverage for the following diagnoses effective January 1, 2021:

- Newborn Male Circumcision:
 - Circumcision performed to lower the risk of acquiring HIV
- Non-Newborn Male Circumcision:
 - Circumcision performed to lower the risk of acquiring HIV
 - Recurrent balanitis or balanitis xerotica obliterans
 - Congenital Chordee

Providers billing for medically necessary circumcisions performed for the prevention of disease for newborn and non-newborn male beneficiaries should submit diagnosis Z29.8 (Encounter of other specified prophylactic measures) and an appropriate circumcision procedure code.



Telehealth Resources

The screenshot shows the NCDHHS website header with the logo, a search bar, and navigation links for COVID-19, NC.GOV, AGENCIES, and JOBS. A notification banner for COVID-19 resources is visible. The breadcrumb trail indicates the path: NCDHHS » Divisions » Office of Rural Health » Office of Rural Health Programs » Rural Health Information Technology Program. The main heading is 'Telehealth Resources', followed by a message that more information is coming soon. Links for 'Telehealth Playbook' and 'Telehealth video' are provided. A sidebar menu lists 'Rural Health Information Technology Program', 'North Carolina EHR Funding Program for Behavioral Health/IDD Providers', and 'Telehealth Resources'. Social media sharing options for Facebook and Twitter are at the bottom.

NCDHHS Search All DHHS Websites... [NCDHHS COVID-19](#) [NC.GOV](#) [AGENCIES](#) [JOBS](#) 1

COVID-19 - Resources, information and assistance from across state government [Visit the Information Hub](#)

[NCDHHS](#) » [Divisions](#) » [Office of Rural Health](#) » [Office of Rural Health Programs](#) » [Rural Health Information Technology Program](#) »

Telehealth Resources

More information coming soon:

[Telehealth Playbook](#)
[Telehealth video](#)

Share this page:

[Facebook](#) [Twitter](#)

Rural Health Information Technology Program
[North Carolina EHR Funding Program for Behavioral Health/IDD Providers](#)
Telehealth Resources

The Office of Rural Health has a page for [Telehealth Resources](#). This page will be updated with current information and revisions every 3-6 months depending on the evolution of telehealth.

Feedback



Questions?



APPENDIX

PANEL MANAGEMENT: Current System

- POLICY: Carolina Access II practices agree to have Medicaid members assigned to their practice
- POLICY: Members can choose at PCP at DSS during Medicaid enrollment OR they are auto assigned to a practice.
 - Please get a copy of your current Medicaid assigned patient panel from CCNC
 - In March 2021, NCTracks Provider Portal will send make practice panel list available to each office administrator (OA)
- Members can call DSS or fill out **CCNC/CA Enrollment Form for Medicaid Recipients** to ask for a change in primary care at any time.
- [October 27, 2020 Bulletin: Managing Your Primary Care Assignments](#)
- [Community Care of North Carolina/Carolina ACCESS Enrollment Form for Medicaid Recipients](#)

PANEL MANGEMENT: Managed Care

PCP Assignment Policy under Managed Care:

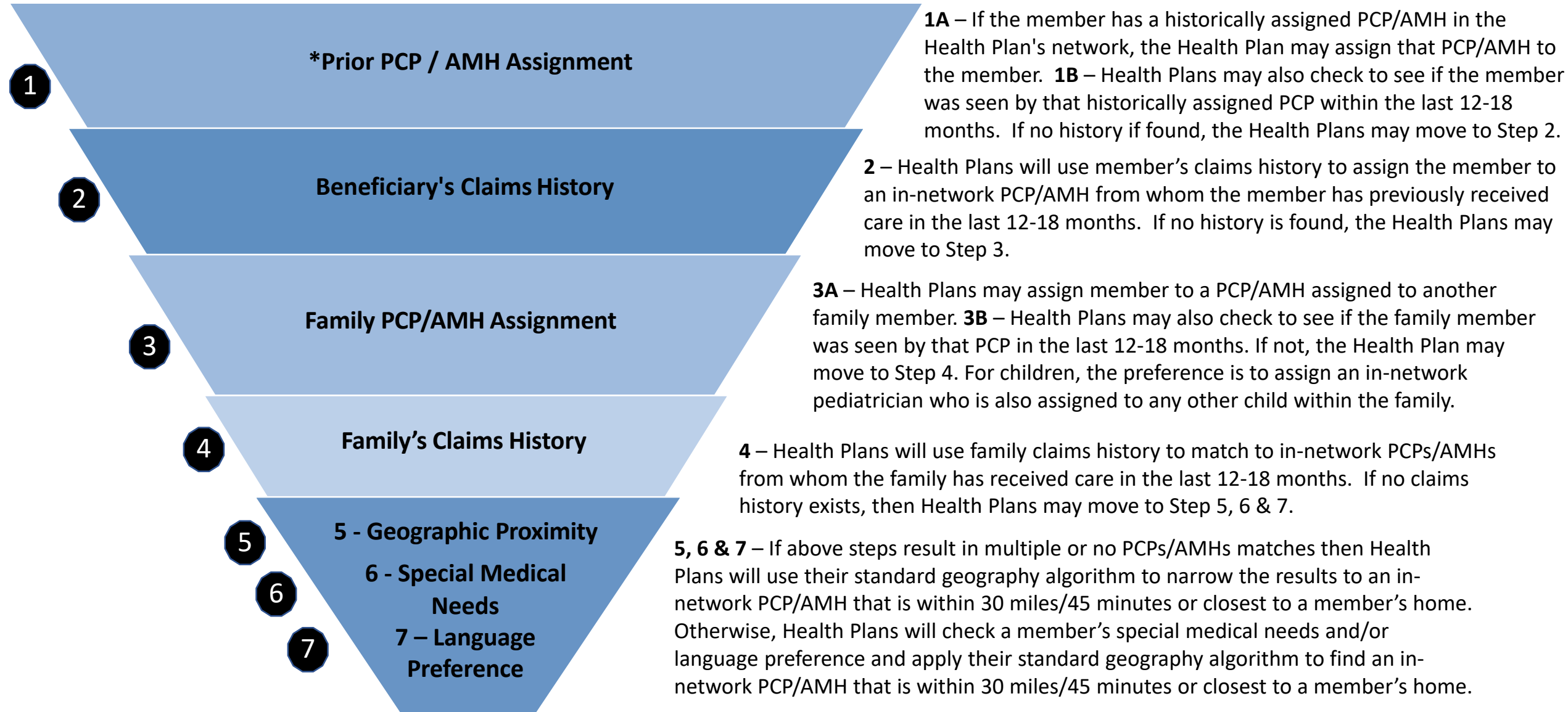
- Advanced Medical Homes (formerly Carolina Access II) practices agree to have Medicaid members assigned to their practice
- Members can choose at PCP managed care open enrollment OR they are auto assigned to a primary care practice by the Standard Plan.
- Health Plans will provide each practice with a panel list every month (AMH Tier 1, 2, 3)
- After launch, NCTracks Provider Portal will continue send make practice panel list available to each office administrator (OA)—it will have a panel list from Medicaid Direct (FFS) AND each Health Plan

PANEL MANGEMENT: Managed Care

PCP Assignment Policy Under Managed Care:

- Member can change without cause (twice per year) or with cause (no limit).
- Members can call the Health Plan to ask for a change in primary care assignment.
 - This should be easy for members

PCP / AMH Auto Assignment Algorithm (Occurs After Health Plan Auto Enrollment)



*Applies to Standard Plan beneficiaries who did not select a PCP/AMH



Scenario 1: Individual Beneficiary with Prior PCP / AMH

Barbara Smith is a current Medicaid beneficiary that is part of the mandatory Standard Plan population. She lives in Region 4 and has had Oak Heath Practice assigned as her PCP for 5 years. She has claims history with Oak Health. Oak Health Practice has contracted with Health Plans A and B. The Department enrolls her in Health Plan B using the auto-enrollment process. Health Plan B will assign Barbara to Oak Heath Practice using the PCP/AMH auto assignment process.

1 Prior PCP/AMH Assignment

Barbara's prior PCP is Oak Health Practice and it is in-network with Health Plan B. Health Plan B assigns Oak Health Practice as Barbara's PCP.

Oak Health Practice ✓

2 Beneficiary's Claims History

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH assignment and claims information.

3 Family PCP Assignment

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

4 Family's Claims History

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

5 Geographic Proximity

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

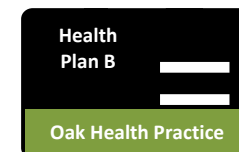
6 Special Medical Needs

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

7 Language Preference

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

Oak Health Practice is assigned to Barbara based on her Prior PCP / AMH information.



Scenario 2: Family Beneficiary PCP / AMH Auto Assignment using Family PCP Assignment - Michelle

Michelle Baker and her child, Simone 10, are mandatory Standard Plan Medicaid beneficiaries living in Region 3. Michelle does not have an assigned PCP but Simone is assigned to Oak Family Medicine as her PCP and has been seen there in the past year. They did not make Health Plan selections for themselves prior to the end of Open Enrollment. The Department enrolled them to Health Plan C using the auto-enrollment process. Health Plan C assigns them both to Oak Family Medicine using the AMH/PCP auto assignment process.



1 Prior PCP/AMH Assignment

Michelle does not have a prior assigned PCP/AMH. Go to next step.

2 Beneficiary's Claims History

Michelle's claims history will be analyzed for PCP/AMH visits. Michelle visited two AMHs in the past, they will be picked up for assignment.

Mountain Health	✓
Oak Family Medicine	✓

3 Family PCP Assignment

Michelle's daughter, Simone has been enrolled with Health Plan C and is assigned to Oak Family Medicine. Michelle will also be assigned to Oak Family Medicine as that was an available choice based on her claims history.

Oak Family Medicine	✓
---------------------	---

4 Family's Claims History

Not applicable as Michelle is assigned to Oak Family Medicine as part of earlier step.

5 Geographic Proximity

Not applicable as Michelle is assigned to Oak Family Medicine as part of earlier step.

6 Special Medical Needs

Michelle does not have any language preference so this criterion does not apply to her.

7 Language Preference

Michelle does not have any language preference so this criterion does not apply to her.

Oak Family Medicine is assigned to Michelle based on her claims history and family PCP Assignment.

Health Plan C	_____
Oak Family Medicine	_____

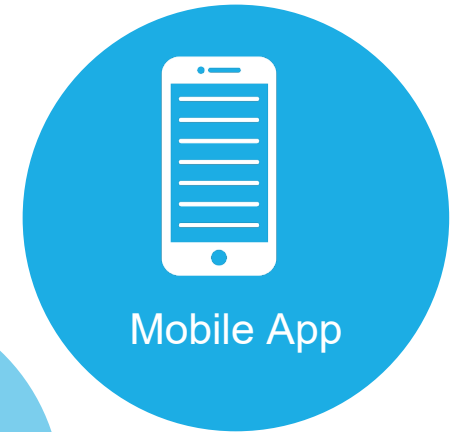
Auto-Enrollment Algorithm

Beneficiaries who do not choose a health plan during open enrollment will be auto-enrolled in one. The auto-enrollment algorithm is based on the following criteria.

- 1 Beneficiary's geographic location
- 2 Whether the beneficiary is a member of a special population
- 3 Historical provider-beneficiary relationship and preference
- 4 Health plan assignments of other family members
- 5 Previous health plan enrollment within the past 12 months
- 6 Equitable health plan distribution

Steps to Enroll

1. Choose a primary care provider (PCP)
2. Choose a health plan
3. Enroll in one of these ways:
 - Go to ncmedicaidplans.gov
 - Use the NC Medicaid Managed Care mobile app
 - Call toll free: 1-833-870-5500
 - Fill out and mail or fax in a completed enrollment form



Enrollment Packet: Sample Mandatory Transition Notice



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). The call is free. We can speak with you in other languages.

ENROLLMENT PACKET NOTICE TO HOUSEHOLD WHERE ALL PEOPLE MUST CHOOSE A HEALTH PLAN (MANDATORY)
NC Medicaid 20210106 v1.0

Patricia A. Jones
1234 Any Main Street
Raleigh, NC 27603-1000

March 1, 2021

Dear Patricia A. Jones:

There will be a new way to get Medicaid health care

Starting July 1, 2021, most people will get the same Medicaid services in a new way – through health plans.

A **health plan** is a group of doctors, hospitals and other providers. They work together to give you the health care you need. Everything will come from the same health plan. This includes – physical health, behavioral health and medicine. Some health plans provide added services like programs to help you quit smoking.

NC Medicaid Direct is North Carolina's current health care program for Medicaid members. It will continue to provide the same services including developmental disability, behavioral health, traumatic brain injury and substance use disorder services for members who need these special services.

Even if you already chose a health plan, you will need to choose again. If you don't choose a health plan, we will choose one for you. You know your needs best, so it's better if you choose.

Some things will stay the same

Medicaid eligibility rules and processes are not changing.

[More on back ▶](#)

MEDICAID EB TRANS ENG 201016

To get this information in other languages or formats such as large print or audio, call **1-833-870-5500**.

The people below should choose a primary care provider and health plan by May 14, 2021

Patricia A. Jones	Medicaid ID: XXX-XX-XXXX
Rodney M. Jones	Medicaid ID: XXX-XX-XXXX

There are 3 steps to enroll:

① Choose a primary care provider (PCP) for these members

- Your PCP could be your family doctor, clinic or other health care provider. Your PCP will help you with your health care needs. You can choose a new PCP.
- You can choose a different PCP for each member.
- Remember, health plans work with different PCPs. To keep your doctor, clinic or other provider as your PCP, find out which health plans they work with. Then choose one of those health plans.
- You can ask your provider which health plans they work with. Or you can call us at **1-833-870-5500** (TTY: 1-833-870-5588).
- You can also find a list of health care providers for each health plan at ncmedicaidplans.gov.

② Choose a health plan

- If you want to keep your provider as your PCP, choose a health plan your primary care provider works with.
- Read the Health Plan Choice Guide that came with this letter. It tells you about the health plans and added services they offer.
- Choose the best one for you.

③ Enroll in one of these ways

- Go to ncmedicaidplans.gov.
- Use the NC Medicaid Managed Care mobile app. To get the free app, search for **NC Medicaid Managed Care** on [Google Play](#) or the [App Store](#).
- Call us at **1-833-870-5500** (TTY: 1-833-870-5588).
- Mail the enrollment form in the envelope that came with this letter. Or fax it to **1-833-898-9655**.

[More on next page ▶](#)

MEDICAID EB TRANS ENG 201016

ncmedicaidplans.gov | **1-833-870-5500** (TTY: 1-833-870-5588)

We will choose a health plan for you if you don't choose by May 14, 2021

It's better if you choose a health plan, because you know your health care needs best.

What happens next?

After you enroll, your health plan will send you information and a new ID card. You will use your ID card to get health care services. If you have questions, call your health plan's member services number on your ID card.

You can start using your new health plan on **July 1, 2021**. Until then, get care and services the way you do now.

If you decide later that you want to change your health plan

You will be able to change your health plan until **September 30, 2021**.

After that, unless you have a special reason, you cannot change your health plan until your Medicaid recertification date.

If you think you should not be enrolled in a health plan because you need certain services to address needs related to developmental disability, behavioral health, traumatic brain injury or substance use disorder, you can request a reconsideration. This is a review of the decision. To ask for a reconsideration call us at **1-833-870-5500** (TTY: 1-833-870-5588).

Questions?

We can help. Go to ncmedicaidplans.gov. You can also use the "chat" tool on the website. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588), 7 a.m. to 8 p.m., 7 days a week. After **May 14, 2021**, we are open from 7 a.m. to 5 p.m., Monday through Saturday. The call is free. You may need your Medicaid ID number when you call us or go to the website.

Thank you,
NC Medicaid Team

MEDICAID EB TRANS ENG 201016

ncmedicaidplans.gov | **1-833-870-5500** (TTY: 1-833-870-5588)

Enrollment Packet: Health Plan Choice Guide (front)

SAMPLE



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

Health Plan Choice Guide

All health plans are required to have the same type of Medicaid services you get now. These include:

- Doctor visits
- Hospital visits
- Behavioral health care
- Prescriptions
- Eye care
- Medical supplies
- Lab tests and X-rays
- Therapies
- Hospice
- Care management

To see the full list of NC Medicaid covered services provided by the health plans, go to ncmedicaidplans.gov.

Health plans also have added services. To view added services, see the other side.

<p>EBCI TRIBAL OPTION</p>	<p>WellCare Beyond Healthcare. A Better You.</p>	<p>UnitedHealthcare Community Plan</p>	<p>HealthyBlue</p>	<p>AmeriHealth Caritas North Carolina</p>	<p>carolina complete health</p>
<p>1-800-260-9992 TTY: 711 EBCITribalOption.com 8 a.m. to 4:30 p.m., Monday through Friday</p>  <p>Only available in the counties listed below</p>	<p>1-866-799-5318 TTY: 711 www.wellcare.com/nc 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Statewide (all 100 counties)</p>	<p>1-800-349-1855 TTY: 711 uhcommunityplan.com/nc 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Statewide (all 100 counties)</p>	<p>1-844-594-5070 TTY: 711 healthybluenc.com 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Statewide (all 100 counties)</p>	<p>1-855-375-8811 TTY: 1-866-209-6421 amerihealthcaritasnc.com 24 hours a day, 7 days a week</p>  <p>Statewide (all 100 counties)</p>	<p>1-833-552-3876 TTY: 711 carolinacompletehealth.com 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Only available in the counties listed below</p>

EBCI Tribal Option is only available in Cherokee, Graham, Haywood, Jackson and Swain counties. Eligible members in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison, and Transylvania







Carolina Complete Health is only available in these counties: Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren, Wilson

Questions? Go to ncmedicaidplans.gov. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). The call is free. We can speak with you in other languages.

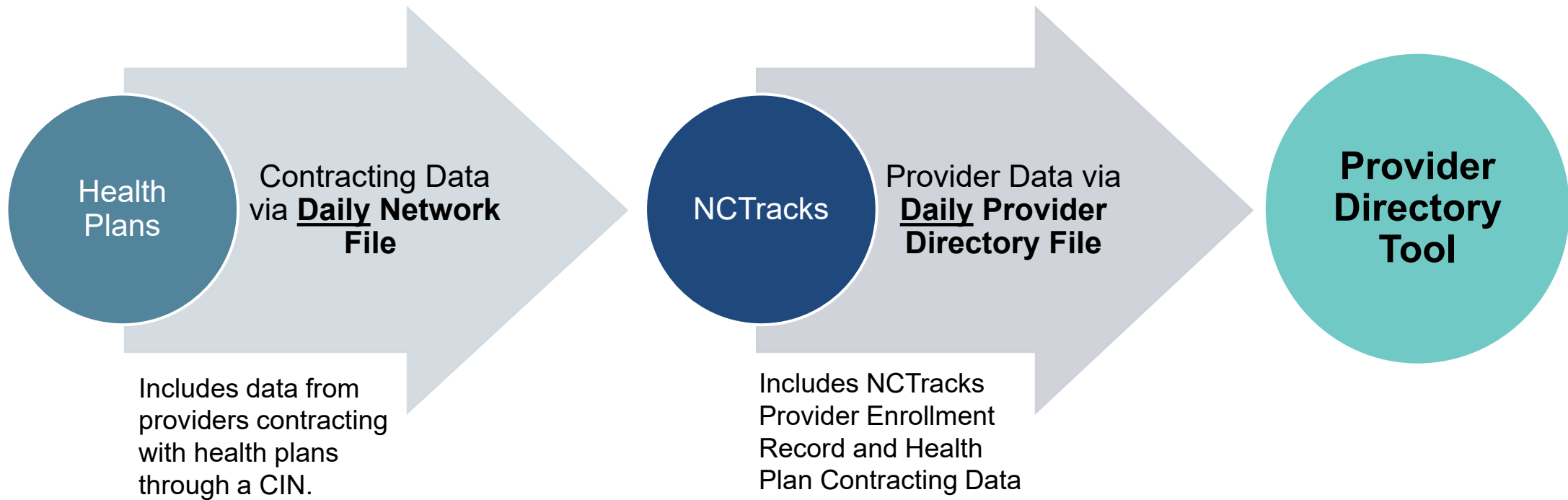
You can get this information in other languages or formats, such as large print or audio.

Enrollment Packet: Health Plan Choice Guide (back)

Use this guide to view **added services** each health plan offers. **Some services may only be available for members who qualify.** For questions, call **1-833-870-5500** (TTY: 1-833-870-5558).

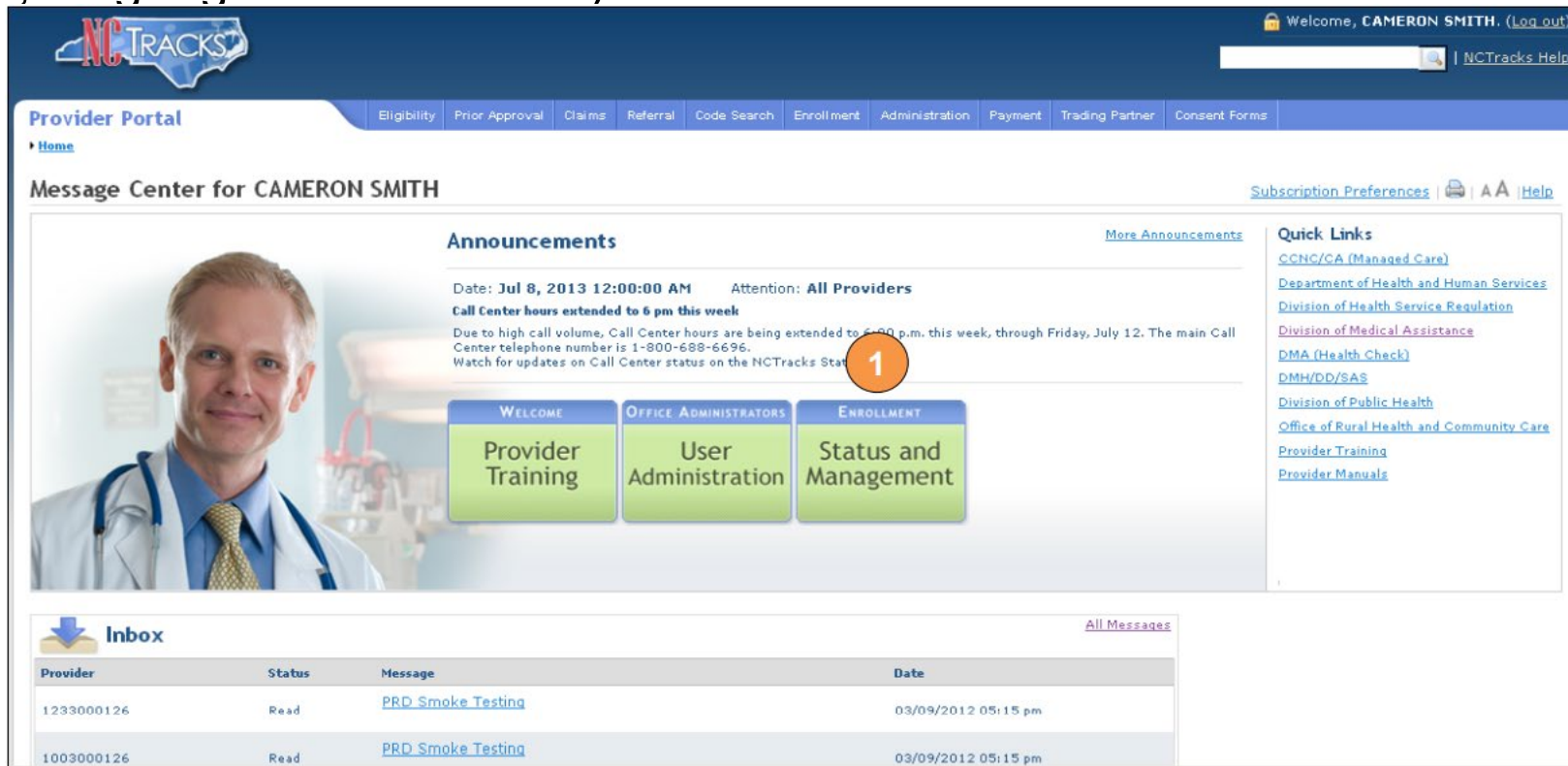
 EBCI TRIBAL OPTION	 WellCare <small>Beyond Healthcare. A Better You.</small>	 UnitedHealthcare <small>Community Plan</small>	 HealthyBlue	 AmeriHealth Caritas <small>North Carolina</small>	 carolina complete health
<p>Education</p> <ul style="list-style-type: none"> Up to \$250 General Educational Development (GED) exam voucher, materials and life skills training Up to \$750 voucher for Associate Degree tuition and materials Up to \$250 voucher for a computer if accepted and enrolled full time in an institution of higher education <p>Prenatal</p> <ul style="list-style-type: none"> Up to \$75 in gift cards if go to prenatal appointments <p>Wellness</p> <ul style="list-style-type: none"> Offers of nutrition, cooking, and exercise classes <p>Youth</p> <ul style="list-style-type: none"> 1 pair sport shoes per calendar year Car safety seat with installation and use education <p>Other</p> <ul style="list-style-type: none"> Cherokee Language classes and supplemental learning materials Transportation for job training and other activities to implement person's care plan 	<p>Education</p> <ul style="list-style-type: none"> \$120 GED voucher, including GED testing, tutoring, and reading scholarships <p>Prenatal</p> <ul style="list-style-type: none"> Up to \$450 in rewards for baby products; stroller, playpen, car seat, or diapers <p>Wellness</p> <ul style="list-style-type: none"> \$75/year rewards gift cards 20% CVS discount card 24-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> Boy Scouts, Girl Scouts and 4-H Club membership <p>Other</p> <ul style="list-style-type: none"> Hearing aid (up to \$300) Up to \$120 yearly for over-the-counter drugs Cell phone with 350 monthly minutes, free texts, 3 GB data Rides to covered services for Health Choice members and rides to classes and events for all members 	<p>Education</p> <ul style="list-style-type: none"> Up to \$160 GED exam voucher, materials, and life skills training <p>Prenatal</p> <ul style="list-style-type: none"> Free electronic breast pump Up to \$100 in rewards for baby products <p>Wellness</p> <ul style="list-style-type: none"> \$75/year rewards gift cards 13-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> \$75 yearly for membership at Boys and Girls Club or YMCA <p>Other</p> <ul style="list-style-type: none"> \$100 yearly value in alternative healing, acupuncture, massage therapy Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma Cell phone with 350 monthly minutes, free texts Free meal delivery up to 14 days after hospital stay, if qualify 	<p>Education</p> <ul style="list-style-type: none"> \$50 annual gift card for school supplies GED exam voucher (up to \$160 value) 24 hours of online tutoring for eligible members ages 6-18, if qualify <p>Wellness</p> <ul style="list-style-type: none"> Up to \$75 yearly rewards for doctor visits 13-week voucher for WW® (formerly Weight Watchers) 3 months of fresh fruits and veggies for qualifying members <p>Youth</p> <ul style="list-style-type: none"> \$75 yearly for membership like Boys and Girls Club, Boy Scouts, or Girl Scouts Up to \$150 for after school activities <p>Other</p> <ul style="list-style-type: none"> Cell phone with monthly data, minutes and bonus minutes \$20 Uber gift card for college students for grocery stores, local events 	<p>Education</p> <ul style="list-style-type: none"> GED program with free practice and regular tests <p>Prenatal</p> <ul style="list-style-type: none"> High-risk pregnancy home educational visits <p>Wellness</p> <ul style="list-style-type: none"> \$75/year rewards gift cards Weight Watchers® membership for qualifying members <p>Youth</p> <ul style="list-style-type: none"> Boys & Girls Club membership, ages 18 and younger Home visits, supplies for children with asthma, ages 2-18 <p>Other</p> <ul style="list-style-type: none"> Pain management education and support Extra pair of glasses and eye exam every 2 years, ages 21-64 2 meals per day for up to 7 days after hospital stay Smart phone with 1,000 minutes, unlimited texts, & 1 GB data per month 	<p>Education</p> <ul style="list-style-type: none"> GED exam voucher, study materials \$75/year value school supplies, online tutoring, members grades PreK-12 before GED <p>Prenatal</p> <ul style="list-style-type: none"> Up to \$100 per year for new mothers; car seat, diapers, diaper bag, breast pump, high-risk pregnancy visits <p>Wellness</p> <ul style="list-style-type: none"> \$75 per year rewards card \$120 per year for approved healthy foods at Walmart® Up to 14 weeks of Weight Watchers® and online tools <p>Youth</p> <ul style="list-style-type: none"> \$75 per year value after school sports/activities/youth club membership, ages 6-18 <p>Other</p> <ul style="list-style-type: none"> \$125/year for glasses, contacts for members ages 21 & up \$120/year per household for over-the-counter products Cell phone with 250 monthly minutes, free calls, texts

Provider Directory Data Flow



What Should Providers do to Update Their Record?

1. If the **Provider/Organization information** in the online directory is out-of-date or inaccurate, the provider's Office Administrator should complete a Manage Change Request (MCR) via the NCTracks Secure Provider Tool to correct it (inclusive of updates to demographic information, languages and services).



The screenshot displays the NCTracks Provider Portal interface. At the top, there is a navigation bar with the NCTracks logo and a user welcome message for CAMERON SMITH. Below this is a menu with various service categories. The main content area is titled 'Message Center for CAMERON SMITH' and features an announcement about extended call center hours. A red circle with the number '1' highlights the 'ENROLLMENT' button in the 'Status and Management' section. To the right, there are quick links to various services. At the bottom, there is an 'Inbox' section with a table of messages.

Provider	Status	Message	Date
1233000126	Read	PRD Smoke Testing	03/09/2012 05:15 pm
1003000126	Read	PRD Smoke Testing	03/09/2012 05:15 pm

Data displayed in the tool will be refreshed daily, at midnight, to reflect completed changes from the previous day.

What Should Providers do to Update Their Record?

2. If the **Provider Affiliation information** is incorrect, the Office Administrator for the affiliated provider must update the group affiliation on the individual provider's record.
 - Any information that is updated on an Organization or Individual NCTracks Provider Record will be reflected in the provider directory after the NCTracks MCR is complete.

The image displays two screenshots of the NCTracks Provider Enrollment Application, specifically the 'Affiliated Provider Information' section.

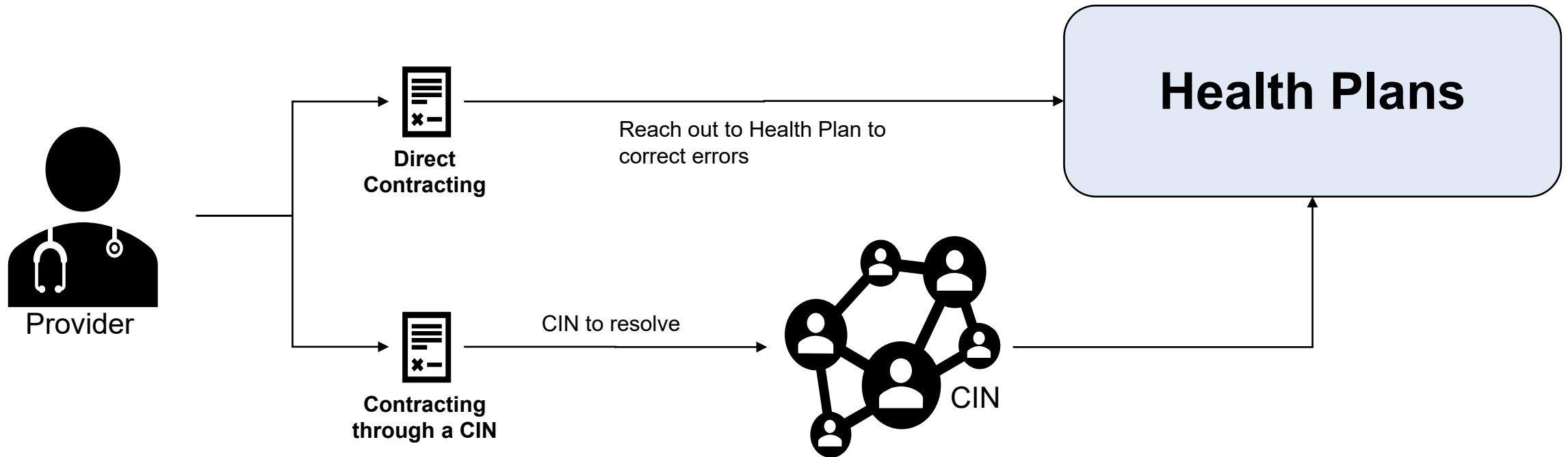
The top screenshot shows the 'AFFILIATED PROVIDER INFORMATION' section with a question: "Do you wish to link or affiliate with another enrolled provider?". The 'Yes' radio button is selected, and a circled '1' is next to it.

The bottom screenshot shows the 'AFFILIATED PROVIDERS' section. It includes a 'Legend' button and a 'Add Affiliated Provider' section. The 'Add Affiliated Provider' section has a text input field for the NPI, a 'Lookup NPI' button, and an 'Add' button. A circled '2' is next to the text 'Enter organization's NPI and click', and a circled '3' is next to the 'Lookup NPI' button.

Data displayed in the tool will be refreshed daily, at midnight, to reflect completed changes from the previous day.

What Should Providers do to Update Their Record?

3. Providers unable to find their **practice associated with the correct Health Plans**, should reach out directly to the Health Plan to correct the errors.
 - If contracting with health plans through a Clinically Integrated Network (CIN), providers should reach out to their CIN to resolve.



Reporting Errors

- If a provider has followed all guidance to correct their provider record and still encounters issues, users are encouraged to use the “**Report an Error**” link in the top right corner on any page of the Lookup Tool.
- These errors will be reviewed by the Provider Operations Team who will respond to the user’s feedback.

The screenshot shows the top navigation bar with a red-bordered button labeled "REPORT AN ERROR" with a warning triangle icon. Below it is a search bar with the text "Find" and a dropdown arrow, and a description: "Find and view primary care providers (PCPs) and health plans". To the right are links for "Contacts and links", "Get answers", "Words to know", and "Member resources". A dark blue banner below the search bar contains the text "er (PCP)". The main content area shows the "Report an Error" form with the following fields:

- Your name
- Your email address
- Your phone number
- Your address line 1
- Your address line 2
- Your city
- Your state (dropdown menu)
- Your ZIP Code
- Your NPI/Atypical #
- Category (dropdown menu)
- Message (max 250 characters) (text area)

At the bottom of the form are "Clear all" and "Submit" buttons.

After reporting an error, if you need more help reach out to the Provider Ombudsman

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

To reach the Provider Ombudsman:

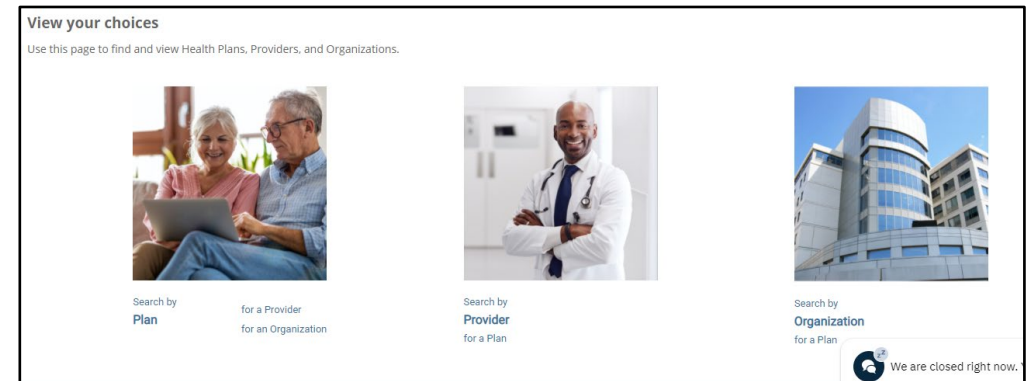
- Send an E-mail to Medicaid.ProviderOmbudsman@dhhs.nc.gov.
- Call the Provider Ombudsman line at **919-527-6666**.

Note: The Provider Ombudsman contact information is also published in each Health Plan's provider manual.

Provider Directory Overview

What is the Medicaid and NC Health Choice Provider and Health Plan Look Up tool?

- This is the Enrollment Broker's Provider Directory – the tool Medicaid and NC Health Choice beneficiaries may use for selecting their Health Plan and Primary Care Provider (PCP).
- The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations.
- The Enrollment Broker Website has two searchable portals:
 - A Public-Facing Portal that includes all active Medicaid and Health Choice Providers launched **January 25, 2021**.
 - A Secured Portal that will be used by Medicaid and NC Health Choice members for Health Plan and PCP selection. Search results in this portal will only include active Medicaid and Health Choice providers that are designated as AMH/PCPs. This portal will be available starting **March 1, 2021**.



Medicaid Managed Care Provider Directory and Health Plan Look Up Tool

The public version of the **Medicaid and NC Health Choice Provider and Health Plan Lookup Tool** is now available at: <https://ncmedicaidplans.gov/enroll/online/find/find-provider?lang=en>. Providers are encouraged to use this tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.

The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations. The authenticated portal will be available to beneficiaries beginning March 1, 2021.

The screenshot shows the website's navigation bar with options for 'CHANGE TEXT SIZE', 'ENGLISH', 'ESPAÑOL', and 'REPORT AN ERROR'. Below the navigation bar are three main menu items: 'Learn' (Learn about NC Medicaid Managed Care), 'Find' (Find and view primary care providers (PCPs) and health plans), and 'Contacts and links' (Get answers, Words to know, Member resources). The main content area features a dark blue header with 'Home | Find | Find a provider' and a large white heading 'Find a primary care provider (PCP)'. Below this is a section titled 'View your choices' with the instruction 'Use this page to find and view Health Plans, Providers, and Organizations.' This section includes three images: a woman at a computer, an elderly couple, and a doctor. A 'Watch a video>' link is positioned below the first image. A notification bubble in the bottom right corner states 'We are closed right now. You can ...'.

For more information, please visit [NC Provider Directory – Medicaid and NC Health Choice Provider and Health Plan Look Up Tool Now Available](#).

Virtual Office Hours (VOH) Session on Tuesday, March 2 from 4pm-5pm

MORE INFORMATION COMING SOON!

The North Carolina Department of Health and Human Services Division of Health Benefits and North Carolina AHEC are offering a virtual office hour session to demo the Provider and Health Plan Lookup Tool and offer a Q&A session.

Provider and Health Plan Lookup Tool Fact Sheet

The [Medicaid and NC Health Choice Provider and Health Plan Lookup Tool](#) Fact Sheet is located on the [Provider Playbook Fact Sheet](#) page.

The screenshot displays the top portion of the NCDHHS website. At the top right, there is a "Select Language" dropdown menu. The main header features the NCDHHS logo (NC Medicaid Division of Health Benefits) on the left, a search bar in the center, and navigation links for "ABOUT US", "NC DHHS", "NC.GOV", "SERVICES", and a notification bell icon with the number "1". Below the header is a blue navigation bar with links for "Home", "Beneficiaries", "Transformation", "Meetings & Notices", "Find A Doctor", "Providers" (with a dropdown arrow), "Counties", and "Reports". A brown notification banner is present, stating "COVID-19 RESPONSE · Resources, information and assistance from across state government. [Visit the Information Hub](#)". Below the navigation bar, the breadcrumb trail reads "NC DHB » Providers » Provider Playbook: Medicaid Managed Care » Fact Sheets". The main content area features the heading "Fact Sheets" on the left and a dark blue box on the right containing the text "Provider Playbook: Medicaid Managed Care".

Interim Reports to Assist Providers in Verifying Their Records

These are located on the [Provider Playbook Trending Topics](#) page:

- The [Provider Directory Listing Report](#) is available to providers for the purpose of providing transparency about their Health Plan(s) contracting status, as well as the manner in which their data will appear in the public-facing provider directory once it launches.
- The [Provider Affiliation Report](#) contains all active organizations, their service location and each affiliated individual provider. This report will only display individual to organization affiliations as found in NCTracks.

Provider Playbook: Medicaid Managed Care

[Beneficiary Materials](#)

[Fact Sheets](#)

[Frequently Asked Questions and
Answers - Medicaid Providers](#)

**Provider Playbook: Training
Courses**

[Trending Topics](#)

[Virtual Office Hours](#)

Provider Playbook Updates

- The [Provider Playbook](#) has the latest information, tools and other resources to help providers smoothly transition to Medicaid Managed Care.
- Visit the Provider Playbook often as resources will be added as they become available.

Webinar Series for Medicaid Providers and Practice Leaders

- NC Medicaid and North Carolina Area Health Education Centers (AHEC) have partnered to host a series of webinars on the **First and Third Thursdays of each month** to increase engagement with providers, practice managers and quality managers.
- The latest schedule, registration and information about previous webinars is available [here](#).

Additional Practice Support

- In coming months, NC Medicaid and AHEC will host health plan and EBCI Tribal Option provider Meet-N-Greets, Webinars, and Virtual Office Hours sessions with a focus on Medicaid Managed Care Readiness. More details will be coming soon.
- Providers may find all the latest information about NC Medicaid in the [Medicaid Bulletin](#) or by subscribing to the [NCTracks mailing list](#).

Resources

- **Provider/Stakeholder Request for Coverage Form link:**
 - <https://medicaid.ncdhhs.gov/providers/forms/providerstakeholder-request-coverage-form>
- **NC Breast and Cervical Cancer Control Program**
 - <https://bcccp.ncdhhs.gov/>

