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NC Medicaid Provider Enrollment Hot Topics & Program Highlights

June 6, 2024

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AGENDA

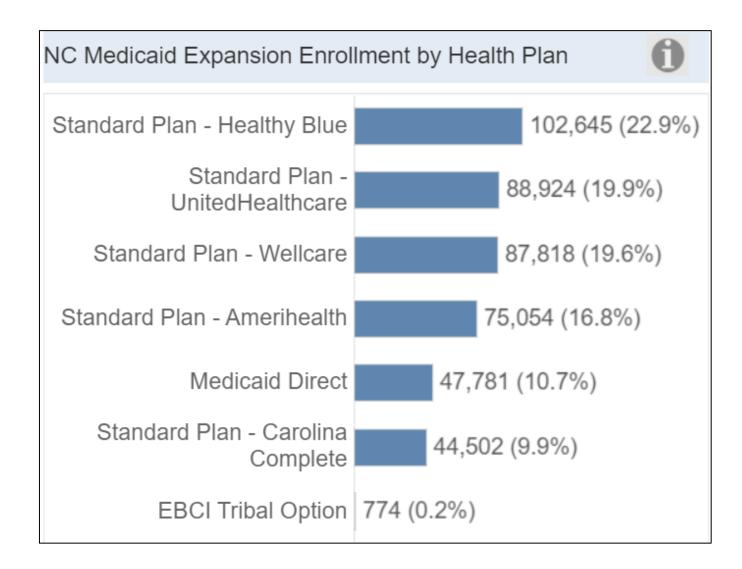
- Medicaid Expansion
- Tailored Plan Launch
- Provider / Health Plan Look-Up Tool
- License Accreditation Certification
- Provider Reverification
- New Exclusion Sanction Questions
- MPEC Changes
- Provider Ombudsman
- PDM / CVO Updates
- Provider Resources
- Links



- As of May 3; 447,498 adults have enrolled in Medicaid, thanks to expansion.
- This is more than three-quarters of the way to our two-year goal of adding 600,000 adults.
- To receive information on beneficiary qualifications and help tools for providers, click <u>here</u>.
- For the most up-to-date information on Medicaid expansion, you may refer to the Expansion dashboard here.

Medicaid Expansion Enrollment Dashboard

- Tracks monthly enrollment for eligible individuals through expansion
- Offers detailed overview of trends in newly eligible adults
- Reflects highest percentages of adults are in NC rural communities
- Updated monthly
- Track progress each month using this link: Medicaid Expansion Dashboard | NC Medicaid (ncdhhs.gov)



TAILORED PLAN LAUNCH – JULY 1, 2024

Tailored Plan launches on July 1.



Key reminders for providers:

- Ensure office staff knows which health plans your office contracts with.
- Review NCTracks record for accuracy and submit MCR with updates.
 - > Any updates must be reported within 30 days from when the change occurred.
- Continue to review communications and announcements for updates.
- Confirm Enrollment Broker Directory information is correct and up to date.



Ensure Provider Information Displays Correctly in NC Provider Directory Tool – Provider & Health Plan Look-Up



All providers are contractually required to keep their information contained in the Provider Look-up tool current.

- ➤ Information displayed in directory is sourced from NCTracks provider records and refreshed daily.
- ➤ Information that is updated on organization or individual NCTracks record will be reflected in provider directory after Manage Change Request is processed.

https://ncmedicaidplans.gov/en/find-provider

License Accreditation Certification



NC Tracks automated process scans records for expiring credentials



Letters are initiated to providers 60 days prior to expiration



Associated taxonomy codes will be suspended if no action taken

Suspension letter then sent to Message Center Inbox Letter will remain for 60 days unless credential is renewed (lifting the suspension)



For more information, go to NCTracks License & Accreditation FAQs here

PROVIDER REVERIFICATION

Reverification occurs every five years from initial enrollment

Any delay in responding may cause processing delays or adverse determinations

Notifications are sent to provider via the secure portal



Provider's credentials cannot expire within 30 days of requested effective date

Those who do not complete reverification will be terminated from Medicaid program

Reverification: Avoid Delays, Withdrawals, Denials

- Ensure OA name is correct and current. OA updates should be made using the *Change Office Administrator* Application.
- Confirm active taxonomies and end-date taxonomies no longer in use.
- End-date owners/managing employees no longer associated with your organization.
- Confirm the provider's license, accreditation, and certifications are not expiring within 30 days of application date.
- When requested, submit supporting documentation on time to avoid suspension or termination.
- Follow the Change in Ownership (CHOW) protocol.

Provider Name on Reverification Applications Must Match ALL Documentation

Provider's name listed
on applications must match their legal
name, name on the
NPPES Registry and name on
any license,
certification, and/or accreditation

If name in NPPES system doesn't match, this must be corrected. Do NOT submit application. Instead, send an email to NCTracksprovider@nctracks.com and attach required documentation.

Providers can check how their names appear in the NPPES system at https://npiregistry.cms.hhs.gov/search

Refer to link for more information about required documentation: <u>here</u>

New Questions Added to Enrollment Applications

- Five new exclusion sanction questions added to provider enrollment applications effective January 28, 2024
- Answering affirmatively does not automatically equal participation denial.
- Failure to disclose documentation results in denial.
- More information on requirements for supplemental documentation can be found here





Categorical risk level assignments for providers newly enrolling and reverifying as Skilled Nursing Facilities, Hospice Organizations, and Portable X-ray Suppliers will be updated.

Medicaid Provider Enrollment Compendium (MPEC) Changes



Skilled Nursing Facilities - newly enrolling or undergoing change in ownership - will be moved from limited risk to high risk. Revalidating SNFs will be moved from limited risk to moderate risk. Portable X-ray suppliers will be moved from limited risk to moderate risk. Hospice Organizations - newly enrolling or undergoing change in ownership - will be moved from moderate risk to high risk.



Legislative changes are being proposed to North Carolina General Statute 108C-3 to ensure our alignment with CMS.



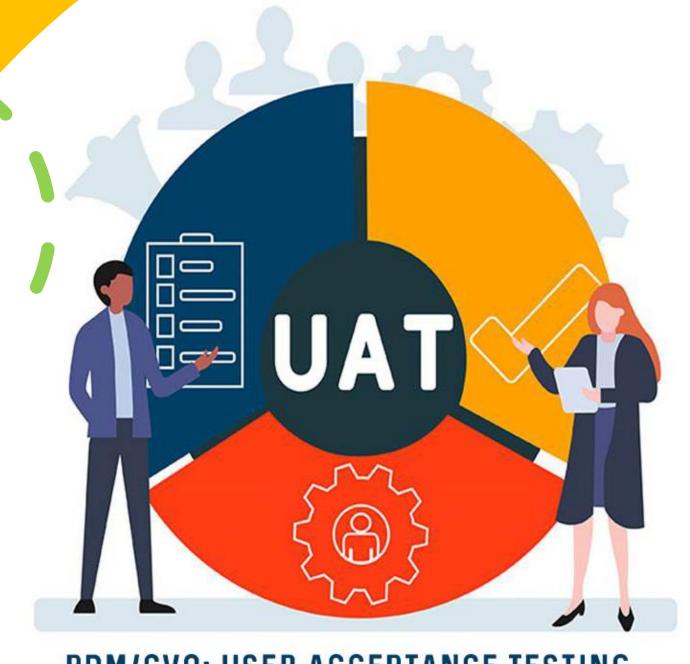
Additional publications are planned to inform the provider community as system changes are implemented.

NC Medicaid Provider Ombudsman



- ☐ Most important resource providers can use to resolve concerns with PHPs or anything regarding NC Medicaid
- ☐ Consists of DHB Provider Ombudsman Team and DHB Member Ops-Call Center Team
- □ Represents interests of provider community by receiving and responding to inquiries and complaints regarding PHPs, NCTracks Provider enrollment.
- ☐ Ombudsman team meets daily to review and discuss provider enrollment cases
- ☐ Medicaid.Providerombudsman@dhhs.n c.gov or 866-304-7062





PDM/CVO: USER ACCEPTANCE TESTING

User Acceptance Testing | Journey to Modernization

User Acceptance Testing (UAT) Process



- Updates Finalize

• QA



Training

- Prep
- Readiness & Certification
- Schedule
- **Send Calendar Invitations**
- Conduct Training
- End of Training Survey



Test Case Creation

- Define areas covered
- **Ensure testability**
- Understand test designs



Test Execution

- Cycle #1
- Cycle #2
- Cycle #3



- Finalization
- Review for Final **Approval**
- Mitigate comments of test results
- · Final Review & Sign-off

Late Summer 2024

February 2025



Provider Resources

Beneficiary Materials Webpage

NC Medicaid Provider Webpage

Provider Playbook for Medicaid Managed Care

NC Medicaid Provider Bulletin

NC AHEC Medicaid Managed Care Webpage

Links & Resources

- Medicaid Expansion Fact Sheet
- Tailored Plan Fact Sheets
- https://ncmedicaidplans.gov/en/find-provider
- <u>License & Accreditation FAQs</u>
- Change OA application
- Exclusion Sanction Questions
- LME/MCO consolidation fact sheet
- NC Medicaid Provider Ombudsman
- <u>Medicaid.pdmcvo.stakeholderengagement@dhhs.nc.gov</u>
- NC Medicaid PDM/CVO webpage
- NC Medicaid Help Center



THANK YOU!

QUESTIONS?

