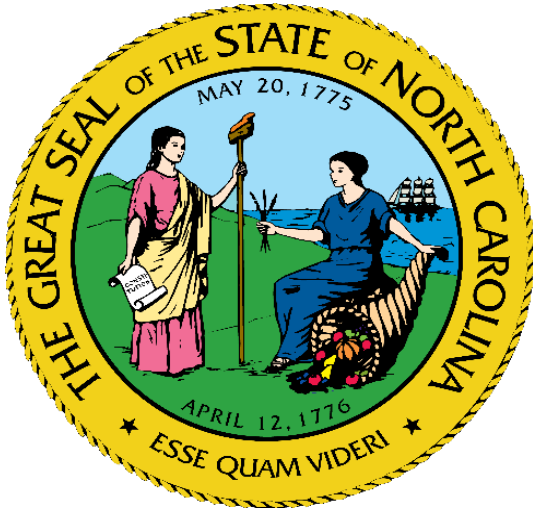


Virtual Office Hours: Provider Enrollment Hot Topics & Reminders

June 1, 2023

Susan Sartain, Provider Relations Representative
Michael Herrera, Provider Relations Supervisor
Molly Weisbrod Communications/Training Specialist



RCC (Relay Conference Captioning)

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

<Enter Link Here>

AGENDA

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End of Federal Public Health Emergency

2

90-Day Limit on Future Enrollment Dates

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NC Medicaid Expansion Update

4

NC Medicaid Provider Ombudsman

5

Tailored Plan Update

6

Coming Soon: PDM/CVO

End of Federal Public Health Emergency

- The Federal Public Health Emergency ended May 11, and reverification requirements have been reinstated.
- Reverification is no longer optional.
- Providers should monitor their secure NCTracks Message Inbox for notifications and the reverification section of their NCTracks Status and Management page to confirm whether reverification is due.
- Those who do not complete reverification will ultimately terminate from the Medicaid program.
- For help with the reverification process, providers can refer to the [Provider Re-credentialing/Re-verification webpage](#) in the NCTracks public facing webpage.
- The current reverification due list can be found here: [NC Medicaid Provider Re-credentialing/Re-verification webpage, including Reverification Due List](#)

Reinstatement of \$100 Provider Application Fee



- The provider enrollment and revalidation fee waiver will expire on June 30, 2023.
- Beginning July 1, 2023, providers will be charged a \$100 fee during enrollment and reverification.
- This fee is in addition to the required federal enrollment fees.

90-Day Limit on Future Enrollment Dates Coming to NCTracks Applications

Effective July 30, 2023



- All future effective dates for enrollment applications, re-enrollment, manage change request (MCR), and re-verification in NCTracks must be within 90 days of the application date.
- Providers may still choose a *past* effective date that is within 365 days of the application date.
- Additionally, a provider's Licensure, Accreditation, Certification (LAC) may not expire within 30 days of the requested effective date.

Governor Cooper Signs Medicaid Expansion into Law

- March 27 – Governor Cooper signed House Bill 76 – Access to Healthcare Options – into law.
- The Bill is expected to provide health coverage to over 600,000 people and bring billions in federal dollars to the state.
- Medicaid expansion will take effect upon signing into law of the FY 2023-25 appropriations act.
- Expansion will be transformative for access to healthcare in rural areas, better mental health care, and addressing needs of veterans and working adults.
- **With the possibility of 600,000 new beneficiaries, there is a greater need for additional providers to partner with Medicaid in rendering covered services. Please join us in encouraging providers to participate in the Medicaid program.**

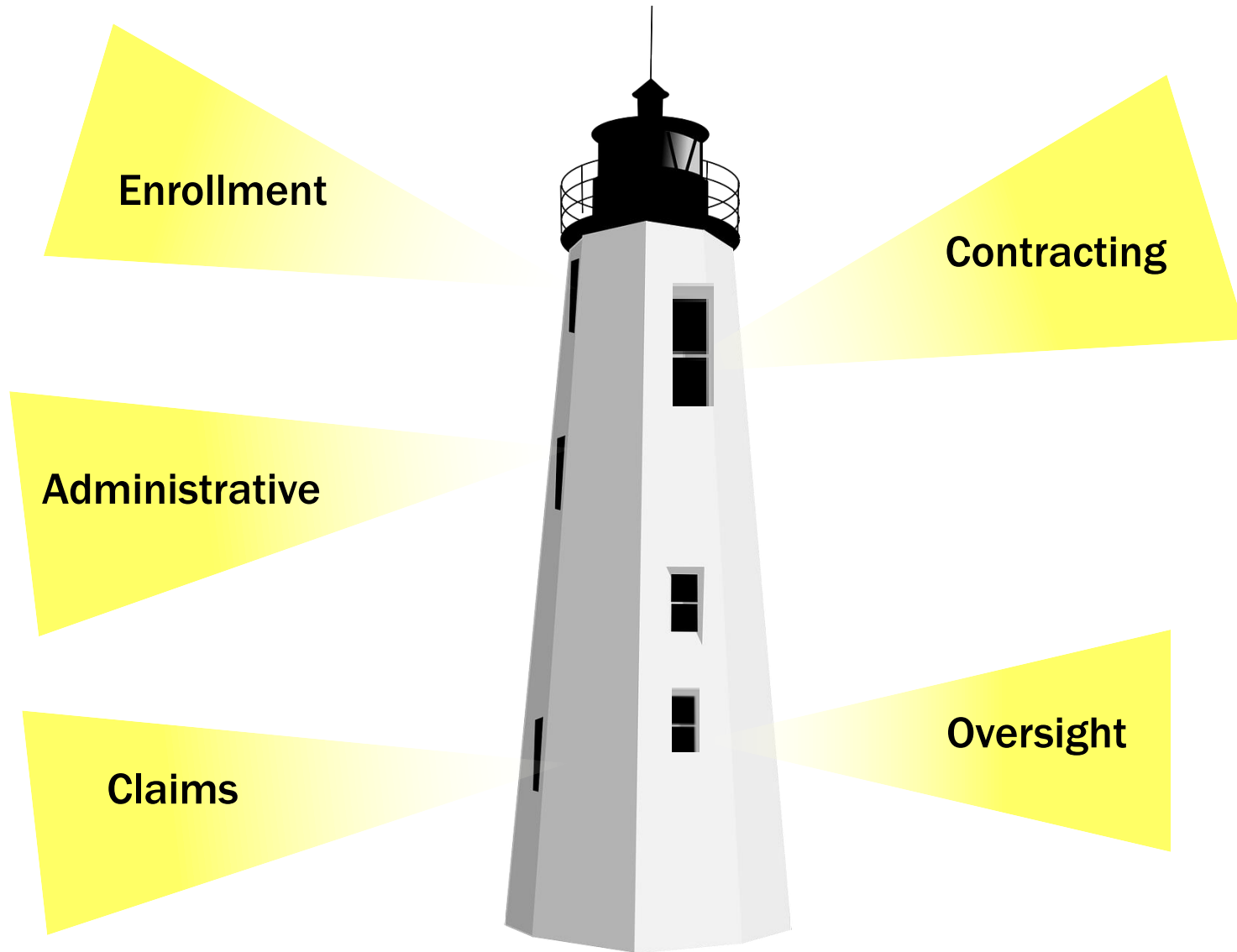
Link: [here](#)

NC Medicaid Provider Ombudsman

- Medicaid.ProviderOmbudsman@dhhs.nc.gov
- 1-866-304-7062
- Created for Provider inquiries, concerns, and complaints regarding Medicaid Managed Care. Also responsive to Medicaid Direct concerns.



Common Inquiries Submitted to the Provider Ombudsman



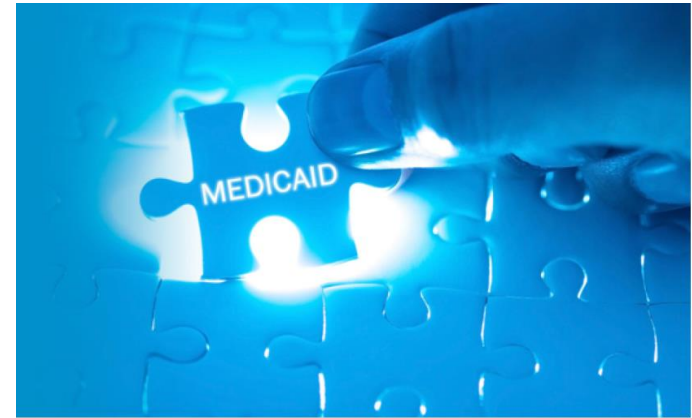
NC MEDICAID PROVIDER OMBUDSMAN

Recent Changes to Managing Employee and Owner Attestation on NCTracks Applications



- As of February 26, 2023, NCTracks no longer compares the managing employees listed on an organization's initial enrollment application to the managing employees listed in PECOS.
- Applications will no longer be denied due to managing employees not matching those listed in PECOS.
- Note – This change does not impact Owners.
- Owners listed on the organization's enrollment application will still require matching against the Owner listed in PECOS to avoid application denial.

Tailored Plan Launch Update

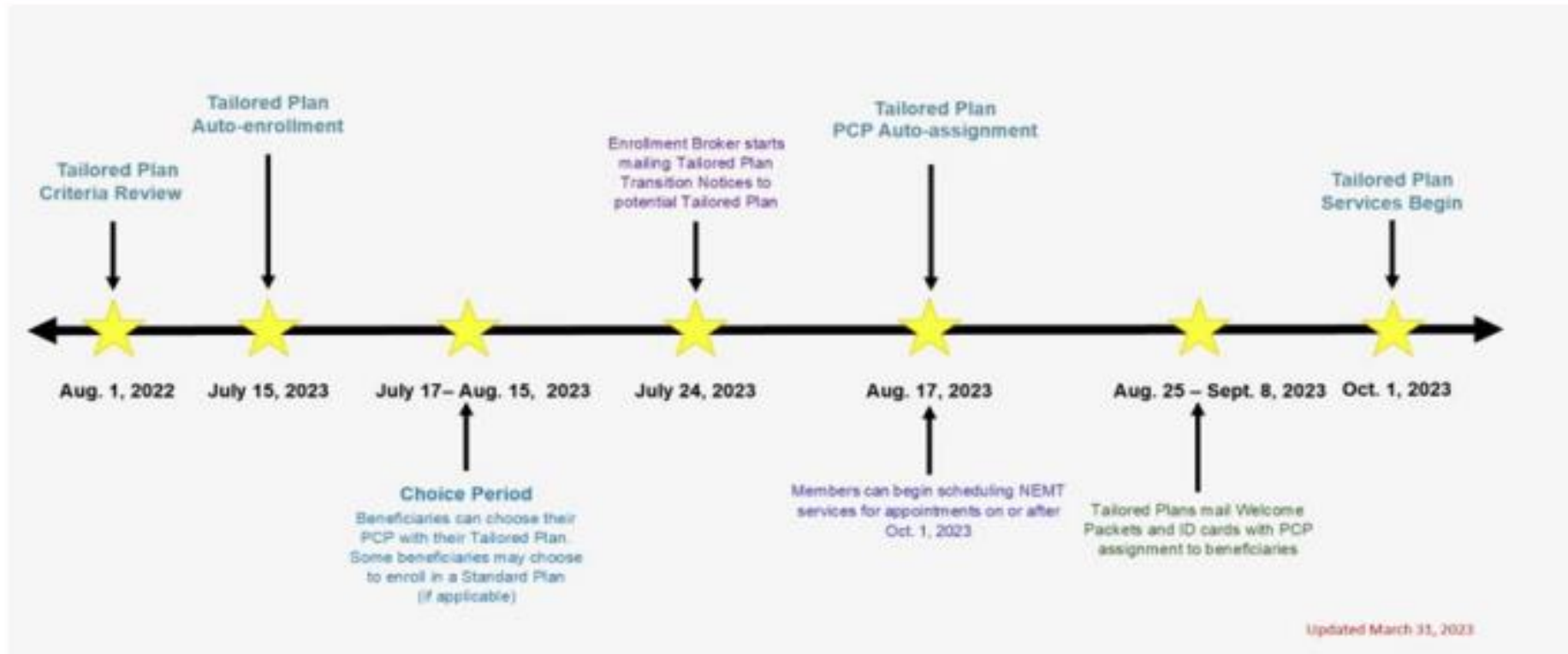


- **Statewide launch date – October 1, 2023**
- **Approximately 150,000 beneficiaries are expected to be enrolled.**
- **Providers wishing to participate in Tailored Plan network should contact Tailored Plan directly to discuss process.**
- **Each Tailored Plan will have its own contract templates and processes.**

For more information, click here <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care/fact-sheets>

Tailored Plan Timeline

TAILORED PLAN TIMELINE



** Dates are approximate and subject to change*



Coming in Fall, 2024: New Provider Data Management and Credentialing Verification Organization

- **Provider enrollment, credentialing, and data management components of NCTracks will transition to a new Provider Data Management/Credentialing Verification Organization (PDM/CVO) solution.**
- **The PDM/CVO solution will:**
 - **Coordinate enrollment, credentialing, and ongoing provider maintenance**
 - **Reduce provider administrative burden**
 - **Streamline data intake and maintenance throughout provider lifecycle**
 - **Align CMS requirements to NCDHHS provider enrollment and credentialing processes**

For more info: Visit [Medicaid.ncdhhs.gov/pdm-cvo](https://www.Medicaid.ncdhhs.gov/pdm-cvo)

PDM/CVO Benefits



- Consolidate all provider data to create an accurate directory for credentialing and health plan enrollment functions, reducing administrative redundancy and burden.
- Simplify the enrollment, data maintenance, and revalidation process.
- Facilitate centralized credentialing on behalf of NCDHHS, the Managed Care Plans, and other NCDHHS payers.
- Intended to mitigate claims processing errors caused by outdated or incorrect provider data.
- Align NC's credentialing process with NCQA standards and CMS standards.
- Allow for delegated credentialing for qualifying hospital systems.

PDM/CVO Features

As implementation of the PDM/CVO module takes place, providers can look forward to many new features.

- **Interactive Voice Response System (IVRS)**
- **Customer Relationship Management (CRM) tool**
- **Self-Service Portal**
- **Pre- and post-enrollment onsite screening and maintaining site visit information by staff acting on behalf of NCDHHS.**
- **Enrollment and revalidation support**
- **Administrative Action.**

To schedule a presentation for five or more providers, contact Michael Herrera at **919-219-3445** or **Michael.Herrera@dhhs.nc.gov**.

For more info: Visit [Medicaid.ncdhhs.gov/pdm-cvo](https://www.Medicaid.ncdhhs.gov/pdm-cvo)

PDM/CVO Procurement Process

Acquisition

- Defined business-driven requirements and expected outcomes
- Reviewed vendor proposed module
- Procured a new vendor (Optum)

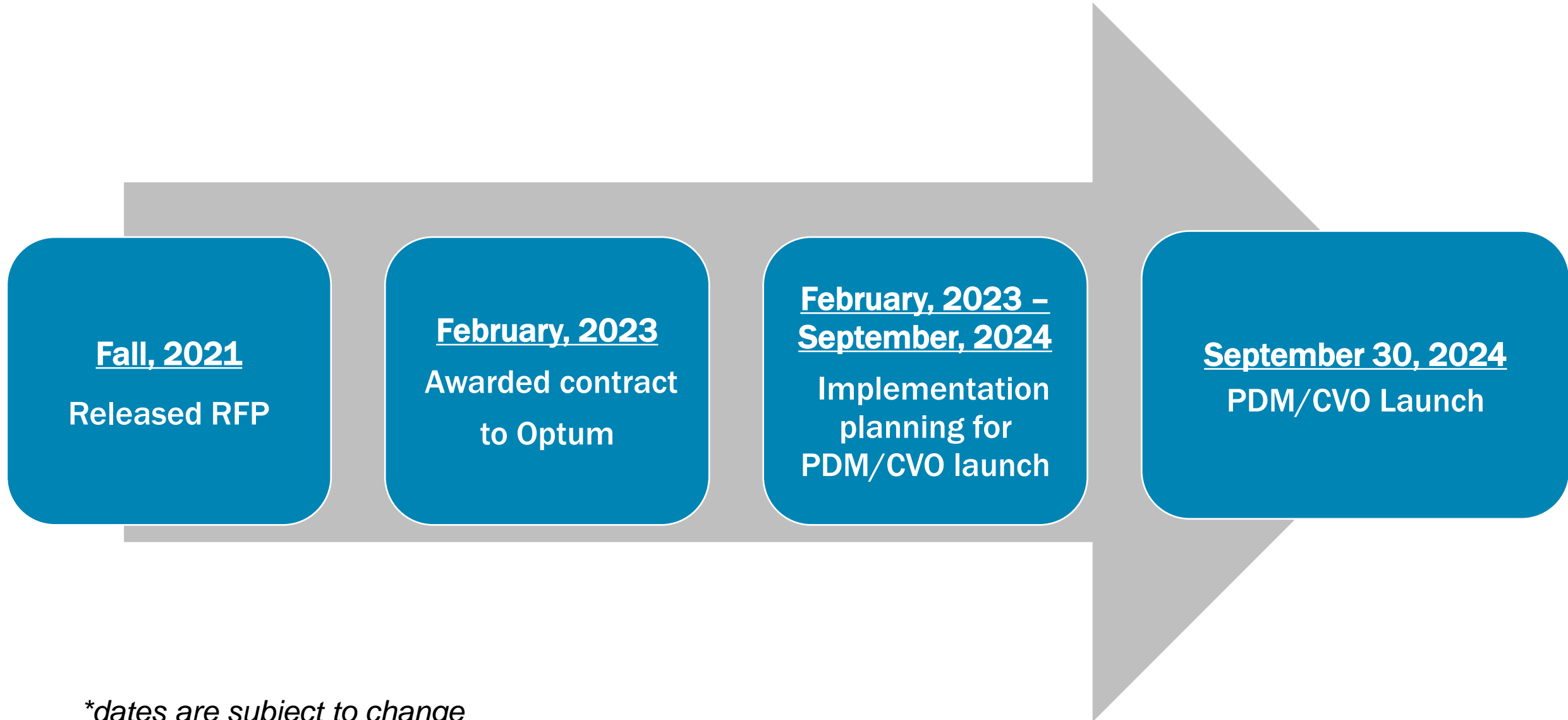
Configure & Test

- Coordinate with NC Medicaid providers to proactively communicate changes and solicit design input
- Selected vendor will configure the module to meet NC Medicaid needs
- Solicit testing input from various provider communities

Implement

- Train users and implement module
- Ensure minimal disruption of services and smooth transition
- Demonstrate that operations staff are implementation ready

When Will the PDM/CVO Solution Launch?



**dates are subject to change*

For additional information,click here: [NC Medicaid Provider Data Management / Credentialing Verification Organization webpage.](#)

Access Links & Resources

- **Provider Recredential & Reverification:**
 - [Provider Re-credentialing/Re-verification webpage](#)
 - [NC Medicaid Provider Reverification Due List](#)
- **Medicaid Expansion:** [NCDHHS Releases Statement on Medicaid Expansion | NCDHHS](#)
- **Provider Ombudsman:** Medicaid.ProviderOmbudsman@dhhs.nc.gov **866-304-7062**
- **Tailored Plan:**
 - <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets>
 - <https://medicaid.ncdhhs.gov/providerfactsheettp-enrollment-and-timeline20220629pdf/download?attachment>
- **PDM/CVO:**
 - [NC Medicaid PDM/CVO webpage](#)
 - [PDM/CVO Fact Sheet](#)
- **Michael Herrera:** [_919-219-3445](tel:919-219-3445) or Michael.Herrera@dhhs.nc.gov



Questions & Answers