Virtual Office Hours:
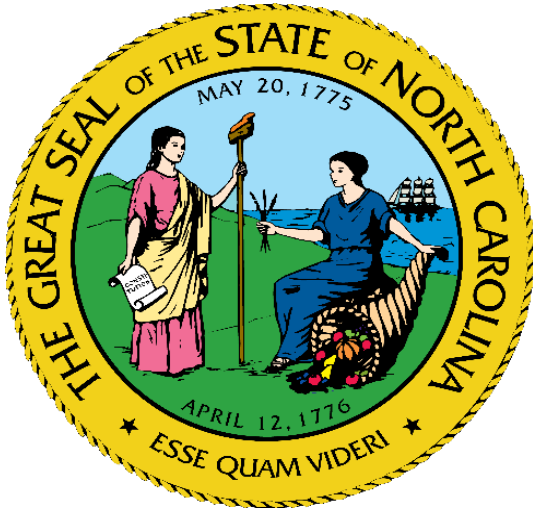# North Carolina Medicaid Program
Updates & Hot Topics

March 7, 2024

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Closed Captioning is available for this webinar

Participants can access real-time captioning by clicking "**Show Captions**" within Zoom.

AGENDA

- **NC Medicaid Expansion Update**
- **License Accreditation Certification**
- **LMC/MCO Consolidation Overview**
- **New Sanction Questions Added to Enrollment Applications**
- **Provider Reverification**
- **MPEC Changes**
- **PDM/CVO Update**
- **Community and Provider Resources**
- **NC Medicaid Provider Ombudsman**
- **Links**
- **Q & A**

- **As of March 1, 2024; 369,203 adults have Medicaid thanks to expansion.**

- **This is more than halfway 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 <u>here</u>.**

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)

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](#).

LME/MCO Consolidation Overview

LME/MCO consolidation approved by
Secretary Kinsley and occurred on 2/1/24

Trillium responsible for nearly all Eastpointe and Sandhills counties in catchment area, now operating in 46 NC counties

Partners, Alliance, and Vaya each aligned with one additional county within the Sandhills and Eastpointe catchment area

Effective 2/1/24, providers contracted with Sandhills and/or Eastpointe automatically aligned with Trillium contracts

Contract changes reflected in NCTracks

LME/MCO Consolidation Overview

LME/MCO COVERAGE MAP (AS OF FEB.1, 2024)

New Questions Added to Enrollment Applications

- Five new exclusion sanction questions added to provider enrollment applications effective January 28, 2024

- Affirmative response – next steps

- Failure to disclose documentation – results in denial

- More information on requirements for supplemental documentation can be found [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

Those who do not complete reverification will ultimately terminate from Medicaid

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

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

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

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

Refer to link for more information about required documentation: here

2024 Increase in Federal Provider Enrollment Application Fee

- The federal fee for Medicaid enrollment will increase from $688 to $709 for calendar year 2024.

- Effective Jan 1, 2024, the fee will be required for Initial enrollment, re-enrollment, Managed Change Request (MCR) to add a new site location, and reverification.

- Additional information can be found here.

Medicaid Provider Enrollment Compendium (MPEC) Changes

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

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.
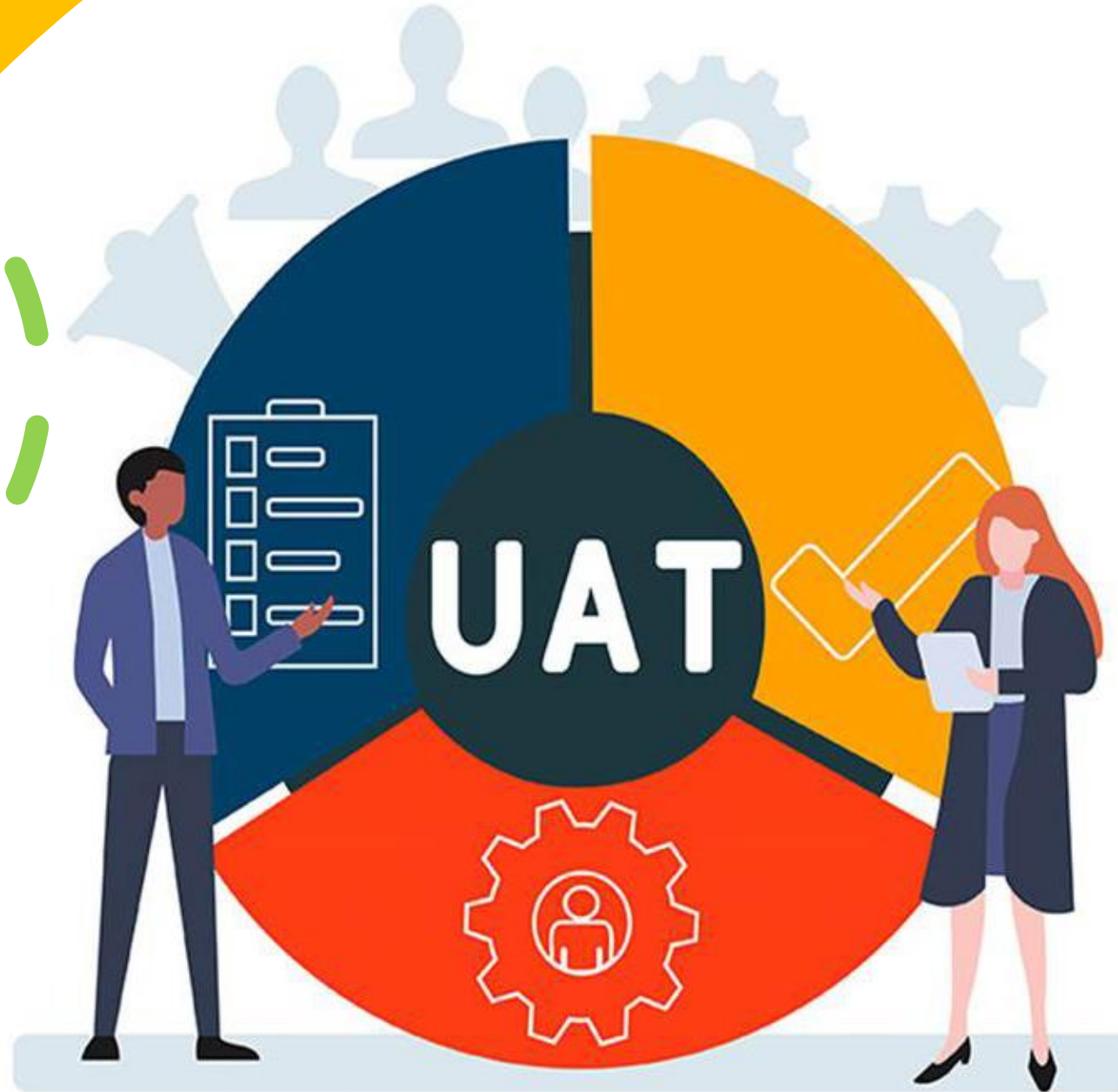
Additional publications are planned to inform the provider community as system changes are implemented.
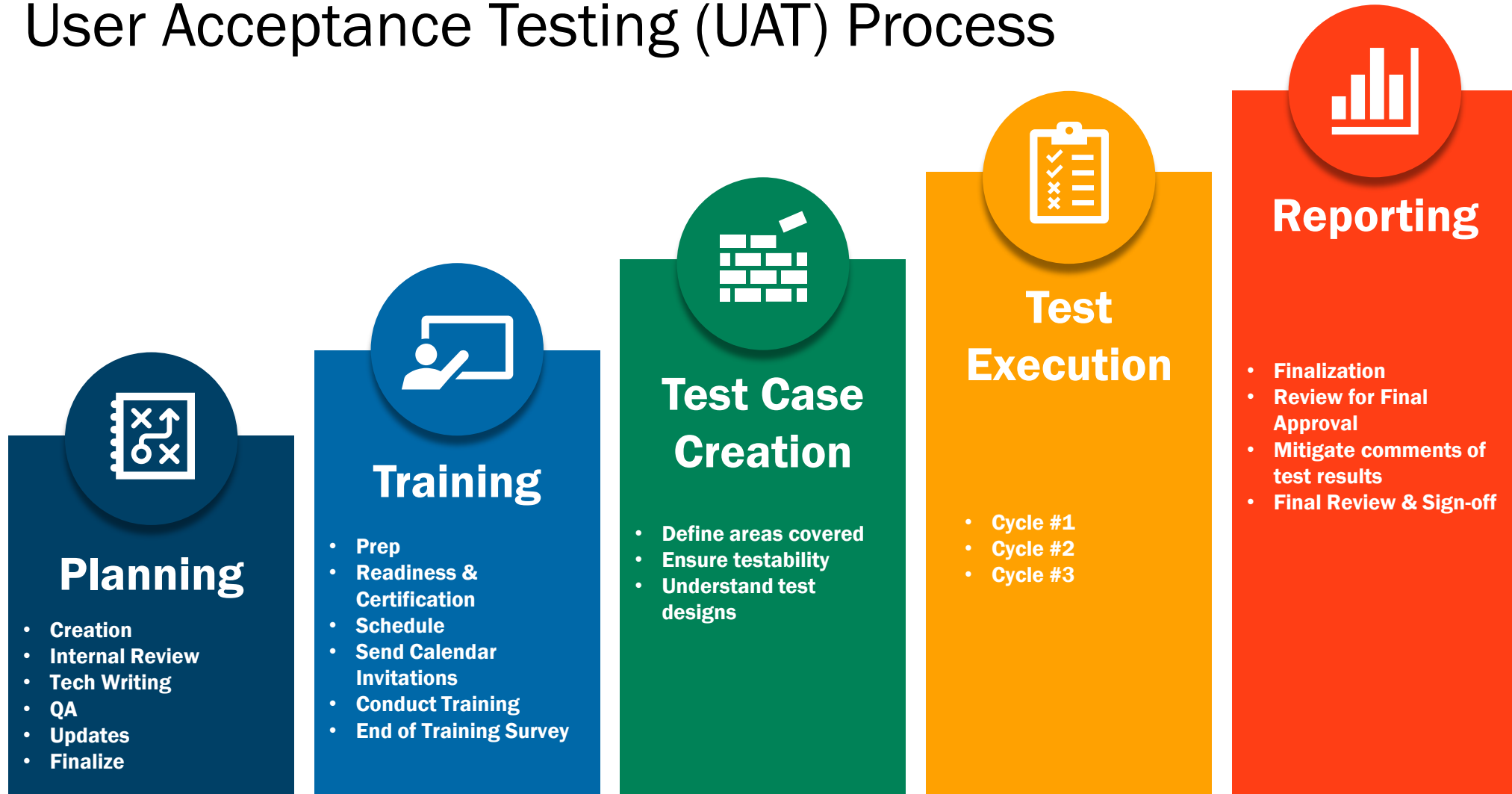
PDM/CVO Update

PDM/CVO: USER ACCEPTANCE TESTING

User Acceptance Testing (UAT) Process

Planning
- Creation
- Internal Review
- Tech Writing
- QA
- Updates
- Finalize

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

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

Medicaid Provider Ombudsman

Most important resource providers can use to resolve concerns with PHPs or anything regarding NC Medicaid

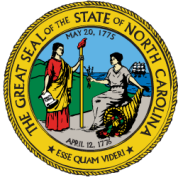Consists of DHB Provider Ombudsman Team and DHB Member Ops-Call Center Team

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.nc.gov
or 866-304-7062

NCDHHS
NC Medicaid
Division of Health Benefits

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**

- **Health Plan contacts and resources**

- **2024 increase in federal provider enrollment application fee**

- **What is the Process to Update a Name, DOB and/or SSN on a Provider's Record?**

- **NCTracks Reverification Job Aid**

- **NC Medicaid Provider Ombudsman**

- **Medicaid.pdmcvo.team@dhhs.nc.gov**

- **Medicaid.pdmcvo.stakeholderengagement@dhhs.nc.gov**

- **NC Medicaid PDM/CVO webpage**

- **PDM/CVO Fact Sheet**

- **NC Medicaid Help Center**

QUESTIONS