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Virtual Office Hours: Provider Enrollment Hot Topics & Reminders

December 7, 2023

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AGENDA

NC Medicaid Expansion Update Provider Flexibilities for NC Medicaid Expansion Launch 2024 Increase in Federal Provider Enrollment Application Fee **Provider Reverification Recent Updates to NC State Health Improvement Plan** PDM/CVO Status Update **NC Medicaid Help Center**

Medicaid Expansion Update



- Medicaid expansion launched on December 1.
- Coverage is available for individuals ages 19 through 64.
- Nearly 300,000 North Carolinians woke up on December 1 with full Medicaid health care coverage, and an additional 300,000 people are now eligible to apply.
- For the most up-to-date information on Medicaid expansion, you may refer to the Expansion Fact Sheet here or sign up for NCTracks Communications here.
 To receive information on beneficiary qualifications and help tools for providers, click here.



Provider Flexibilities for NC Medicaid Expansion Launch



A key priority for expansion is to ensure beneficiaries receive care with no interruption while easing administrative burden on providers.

- Several flexibilities are currently in place.
 - Medical Prior Authorizations (PAs)
 - Pharmacy PAs
 - > Expedited PA Requests/Reviews for Expansion Beneficiaries
 - > Out of Network Provider Rates
 - > Out of Network Providers Follow In-Network PA Rules
 - ➢ Primary Care Provider (PCP) Changes for All Beneficiaries

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.



Provider Reverification

- Reverification occurs every <u>five</u> years from initial enrollment.
- Reverification notifications are sent to the provider via the secure portal with the subject line, "Important Notice," 70 days prior to the reverification due date, with reminders at 50 days, 20 days and five days.
- Any delay in responding to the reverification notification may cause processing delays or adverse determinations. For example, applications submitted in an untimely manner may cause issues due to an expiring LAC.
 - Additionally, a provider's Licensure, Accreditation, Certification (LAC) may not expire within 30 days of the requested effective date.
- 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.



Reverification: Avoiding Adverse Actions & Processing Delays

Suggestions on avoiding some common pitfalls when completing reverification applications are:

- Thoroughly review your entire provider record prior to submission.
- Confirm active taxonomies used by the provider and end-date any taxonomies no longer in use.
- End-date any owners/managing employees no longer associated with your provider or organization.
- If incorrect information is displayed in a field that you cannot edit (i.e. change in active owner/managing employee name, DOB, SSN), contact the NCTracks Call Center at 800-688-6696 for guidance or follow the applicable instructions in the NCTracks announcement on updating a name, DOB and/or SSN on a provider's record.

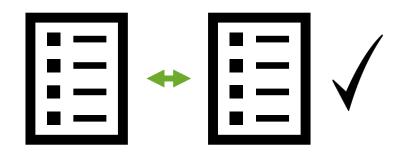
Link: here

Reverification: Avoiding Adverse Actions & Processing Delays (cont.)

- During Reverification or through an MCR, enrolled owners and managing employees can update or change their name, DOB, and/or SSN on the Ownership Information page or the Agents/Managing Employees page of the application by end-dating the line containing the incorrect information and adding a new line with that individual's correct information.
- A common issue with applications for reverification is related to the work history section on the application. If there is a gap of six months or more between job entries, the provider must write, sign, and date an explanation of the gap in their work history. This explanation document must be uploaded to the 'Upload Documents' page in the application.
- Important: If you submit your reverification application and pay the fee without first
 correcting any incorrect data, the application will be withdrawn, requiring you to resubmit
 and pay another fee. If withdrawn after your suspension date, termination actions will
 occur the following day.

Link: Job Aid_PRV573_Reverification_W3.8.1.pdf

Provider Name on Applications for Reverification Must Match ALL Documentation



- The provider name listed on reverification applications must match their legal name, name on the NPPES Registry and their 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 the name in the NPPES system doesn't match, this must be corrected. Do NOT submit the application. Instead send an email to NCTracksprovider@nctracks.com with required documentation attached.
- Refer to this link for more information about required documentation: <u>here</u>

Recent Updates to NC State Health Improvement Plan

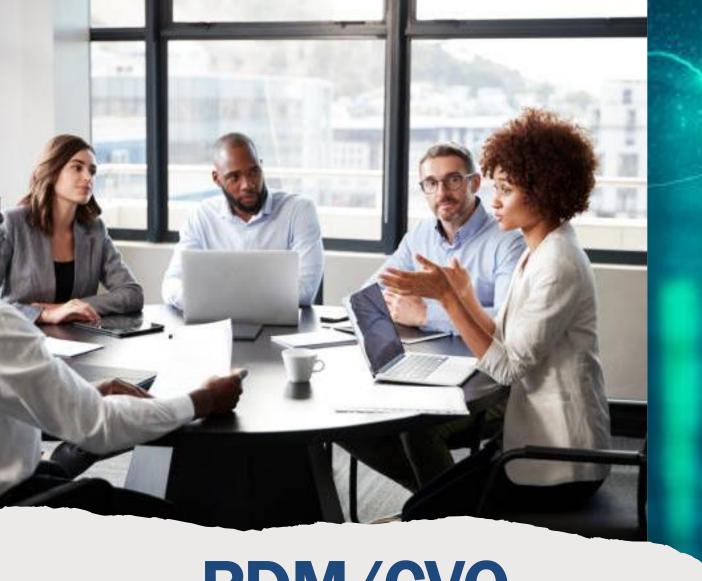


- The State Health Improvement Plan has been updated to address Social Drivers of Health, Medicaid Expansion, and Behavioral Health.
- The plan highlights the importance of addressing multiple factors that influence health.
- To access the full 2023 North Carolina State Health Improvement Plan document and learn more about our efforts, visit https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm.

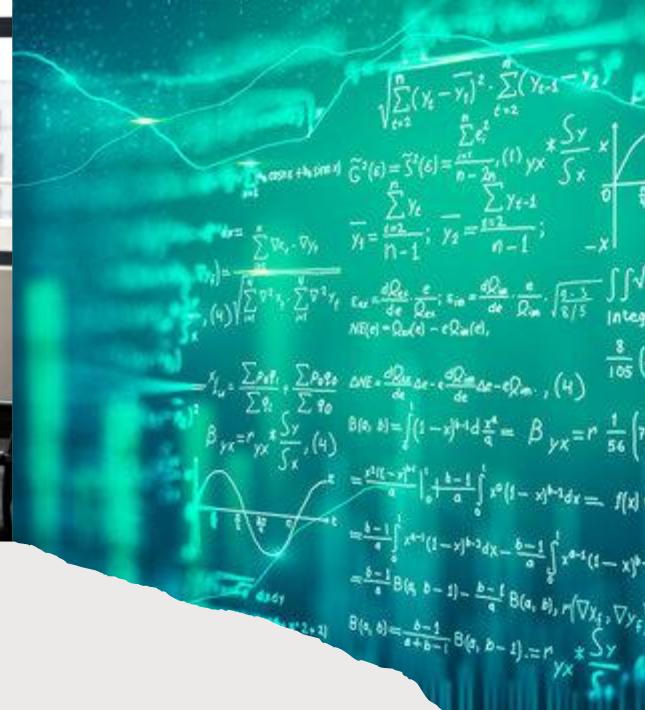
NC Medicaid Provider Ombudsman

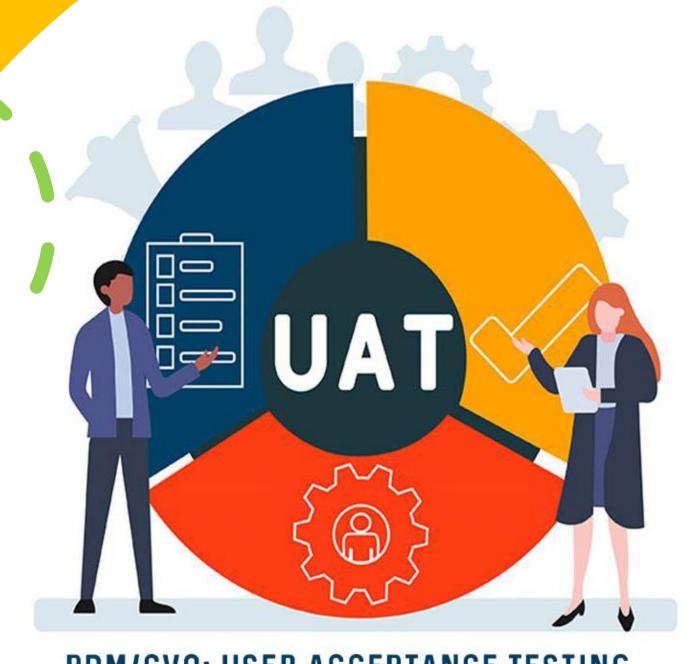
- Medicaid.ProviderOmbudsman@dhhs.nc.gov or 866-304-7062
- Consists of: DHB Provider Ops-Provider
 Ombudsman Team and DHB Member Ops-Call
 Center Team
 - Intake points for provider inquiries regarding anything related to NC Medicaid business
 - Emails are handled by DHB Help Center staff
 - Telephone calls are handled by the DHB Call Center Team





PDM/CVO
Status Update





PDM/CVO: USER ACCEPTANCE TESTING

User Acceptance Testing (UAT) Process



- 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

Help Center Available for Providers to Find Information

• The NC Medicaid Help Center is an online source of information about NC Medicaid Managed Care, COVID-19, Medicaid and behavioral health services, and is used to view answers to questions from the NC Medicaid Help Center mailbox, webinars and other sources. To use this tool:

- Go to the <u>NC Medicaid Help Center</u>
- Type a topic or key words into the search bar
- Select topic from available list of categories





REMINDER: Provider Resources

Beneficiary Materials

The <u>Beneficiary Materials webpage</u> links to information for Medicaid beneficiaries such as enrollment notices, outreach materials, contacts and other resources provided to local Departments of Social Services in English and Spanish.

Provider Materials

The <u>Provider webpage</u> has information for Medicaid providers such as program updates, initiatives, fact sheets, policies, fee schedules, managed care and other resources.

Provider Playbook for Medicaid Managed Care

The latest information, tools and other resources to help Providers. Visit the <u>Provider Playbook</u> often as resources will be added as available.

Medicaid Bulletin

The <u>NC Medicaid provider bulletin</u> has individual articles published as available giving Providers the most recent information to serve Beneficiaries and run their practice.

NC Medicaid Managed Care Webinars

Visit the <u>AHEC Medicaid Managed Care webpage</u> for additional information and registration for upcoming webinars, as well as recordings, slides and transcripts from previous webinars.



Links & Resources

- Medicaid Expansion Fact Sheet: <u>here</u>
- Health Plan contacts and resources: here
- 2024 increase in federal provider enrollment application fee: here
- What is the Process to Update a Name, DOB and/or SSN on a Provider's Record?: Here
- NCTracks Reverification Job Aid: <u>here</u>
- NC State Health Improvement Plan: <u>here</u>
- NC Medicaid Provider Ombudsman: here
- Michael Herrera: <u>Michael.Herrera@dhhs.nc.gov</u>
- PDM/CVO listserv: <u>Medicaid.pdmcvo.team@dhhs.nc.gov</u>
- PDM/CVO webage: <u>NC Medicaid PDM/CVO webpage</u>
- PDM/CVO Fact Sheet <u>PDM/CVO Fact Sheet</u>
- NC Medicaid Help Center NC Medicaid Help Center



