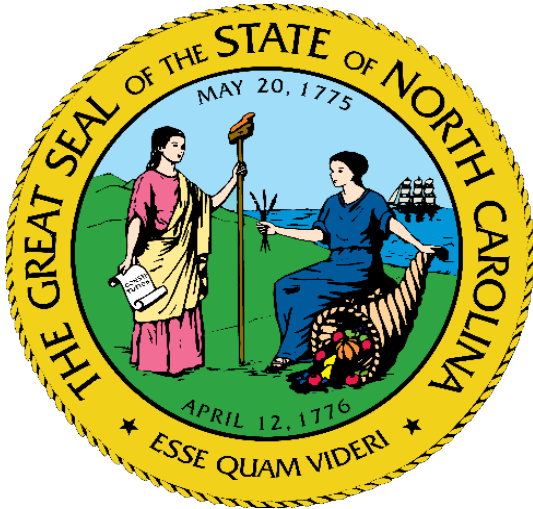


# Virtual Office Hour: Provider Hot Topics

**April 22, 2021**



## **RCC (Relay Conference Captioning)**

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

[\*\*<Enter Link Here>\*\*](#)

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# AGENDA

**01**

**Medicaid Transformation Timeline**

**02**

**Provider Data Updates and Verification Process**

**03**

**Provider Directory**

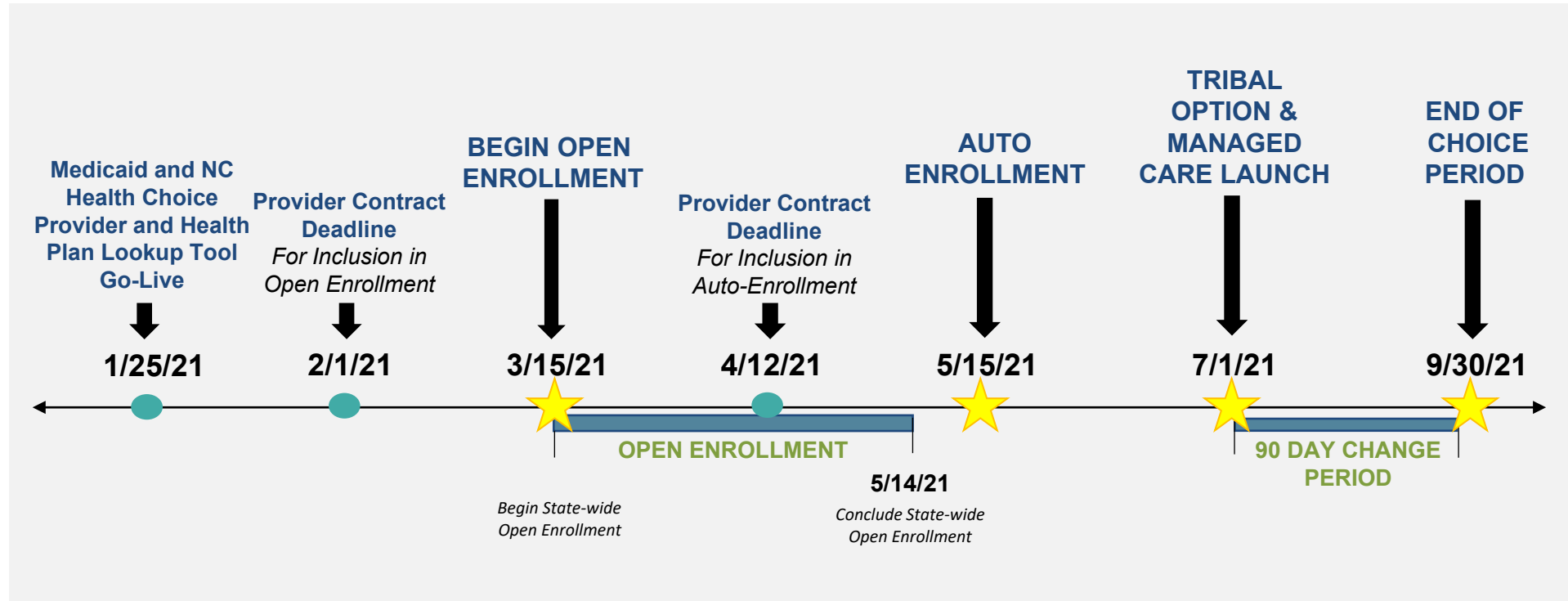
**04**

**Provider Ombudsman**

**05**

**Provider Playbook and Fact Sheets**

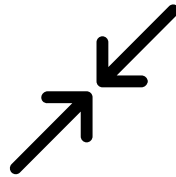
# NC Medicaid Transformation Provider Timeline



# Provider Data Updates

Providing the most **accurate** and **complete** provider information is a top priority so Medicaid and Health Choice beneficiaries can make the most informed choice for their health plan and primary care provider.

**NCTracks** is the “system of record” for provider enrollment data, which is then shared with health plans to inform contracting and provider directories.



## Primary Challenge:

- Having **Accurate** and **current** provider data on enrollment records
- **Incorrect** provider **data** flows forward to health plans and the enrollment broker



## How you can help:

- **Review** provider records in **NCTracks**
- **Submit** any needed **changes** using the Manage Change Request (**MCR**) **process**

For more information, please visit <https://medicaid.ncdhhs.gov/blog/2021/04/14/provider-data-updates>

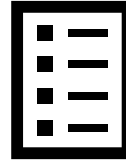
# NCTracks Changes to Provider Verification Process

**Currently**, NCTracks sends notifications for expiring credentials (licenses, certifications and accreditations) to all enrolled providers required to be licensed, certified and/or accredited. These notices are sent to the Provider Message Center Inbox beginning 60 days in advance of the expiration date of the credential. **Effective May 9, 2021**, NC Medicaid will take additional steps to ensure providers meet contractual obligations to keep credentials current.



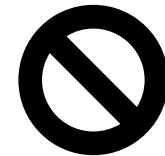
## Timeline for notifications, suspension and termination

- **Provider Re-certification Letter:** First Notification sent **60** calendar days prior to NCTracks credential expiration.
- **Reminder:** Sent at **30** calendar days and again at **14** calendar days prior to credential expiration.
- **Final Notice:** Sent seven days prior to expiration.



## When the credential expires

- **Suspension:** Taxonomy codes requiring expired credential suspended. Claims will pend and not pay until suspension is lifted.
- **Notification:** Suspension letter generated “Recertify Suspension Letter”.
- **60 days:** Amount of time suspension will remain in place unless credential is renewed and submitted.
- **Termination:** Taxonomy codes terminated on **61<sup>st</sup>** calendar day. Providers must reapply to Medicaid and NC Health Choice programs once terminated.



## Timeline - Already Expired Credentials

- **Notification:** Will be in batches, the first group of providers notified beginning **May 10, 2021**.
- **45 days after notification:** Taxonomy codes will suspend, and a suspension letter will be released if the provider has not updated expired credentials after **45** days.
- **30 days:** Additional **30** calendar days given after suspension to update credentials or face taxonomy termination. Service location or enrollment record will also terminate if it only had one taxonomy.

# Provider Directory

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 has been available since March 1, 2021.

The screenshot shows the top navigation bar with links for [CHANGE TEXT SIZE](#), [ENGLISH](#), [ESPAÑOL](#), and [REPORT AN ERROR](#). Below this is a header section with the NCDHHS logo and three main navigation options: **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 has a dark blue header with [Home](#), [Find](#), and [Find a provider](#) links, followed by the title **Find a primary care provider (PCP)**. Below the title, there is a section titled **View your choices** with the text "Use this page to find and view Health Plans, Providers, and Organizations." and three images: a woman at a laptop, an elderly couple, and a doctor. A [Watch a video>](#) link is also present. A chatbot bubble at the bottom right says "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.](#)

# 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](mailto: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 Playbook: Medicaid Managed Care

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Beneficiary Materials

Fact Sheets

Frequently Asked Questions and  
Answers - Medicaid Providers

**Provider Playbook: Training  
Courses**

Trending Topics

Virtual Office Hours

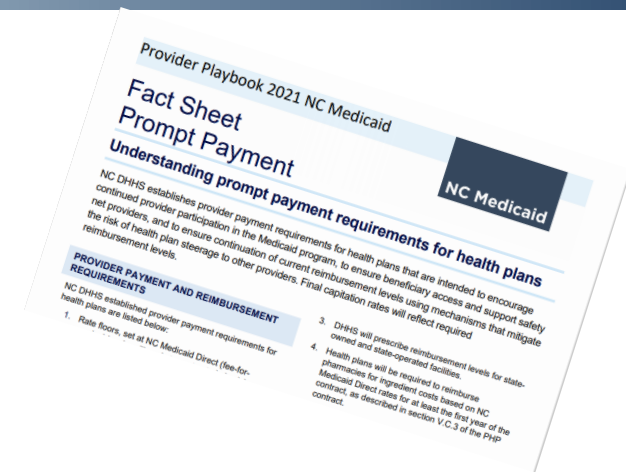
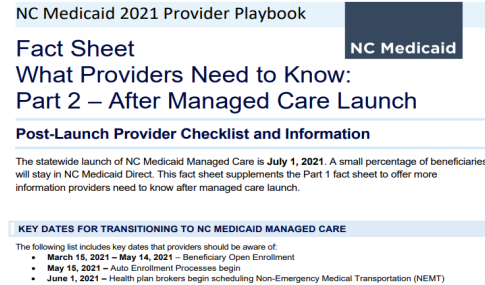
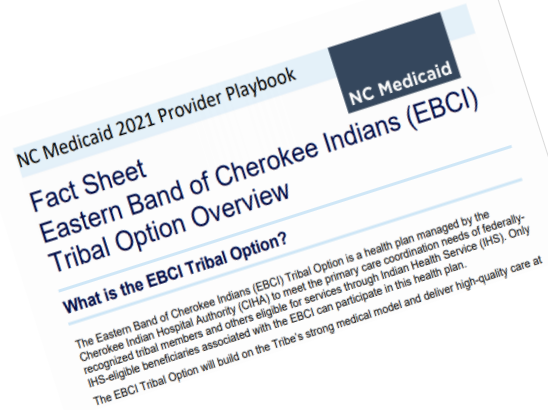
## Provider Playbook Updates

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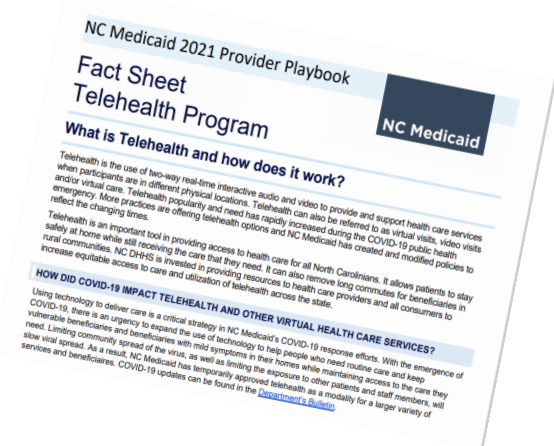
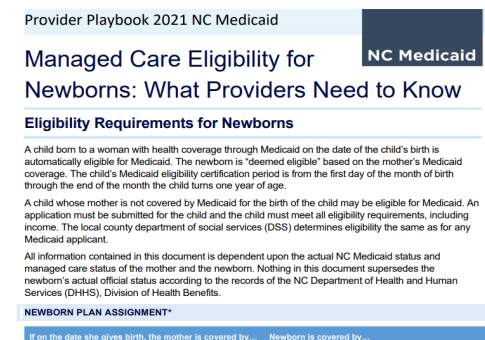
- The [Provider Playbook](#) has the latest information, tools and other resources to help providers smoothly transition to Medicaid Managed Care.
- Visit the Provider Playbook often as resources will be added as they become available.



# Provider Playbook Fact Sheets



In an ongoing effort to address provider concerns and questions that continue to arise, NC Medicaid Managed Care has over 20 fact sheets covering a wide range of topics providers want to know more about. Fact sheets are continuously released to keep providers up-to-date with changes that impact them and beneficiaries. These fact sheets and more can be found at: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets>



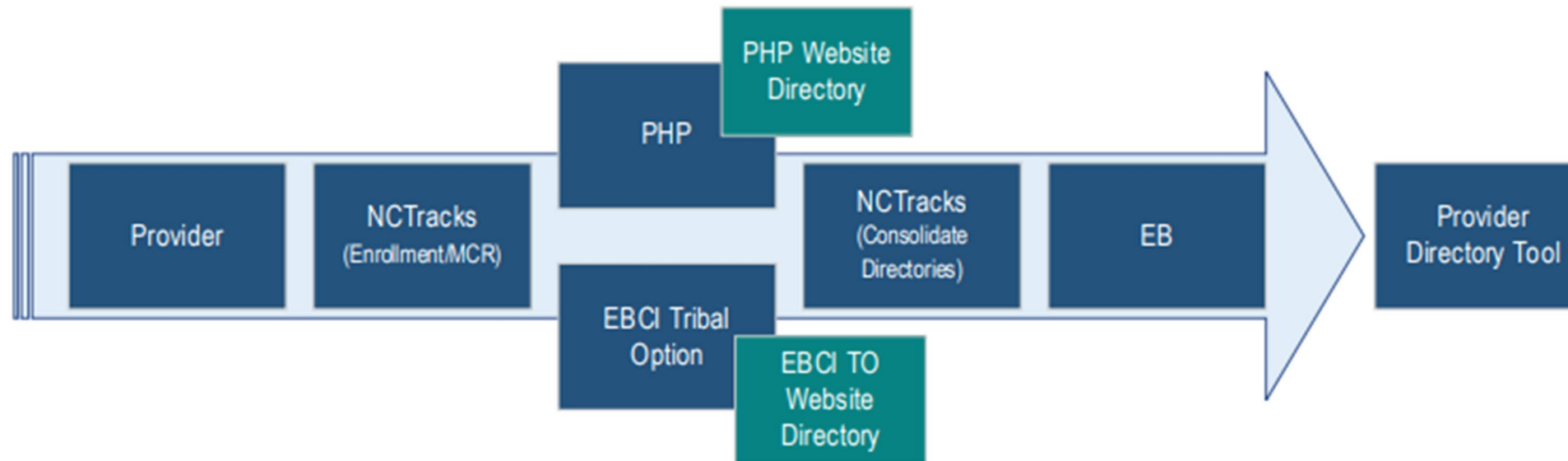
# Overview of Provider Directory Data Flow

## Fact Sheet Snapshot

### PROVIDER DATA FLOW

The diagram below details the provider data flow from the individual or organization provider to the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool and is followed by a statement of the purpose and responsibility of each party.

### Provider Directory Data Flow



# Medicaid and NC Health Choice Provider and Health Plan Lookup Tool Fact Sheet

## Fact Sheet Snapshot

### WHAT TYPES OF PROVIDERS ARE SHOWN IN THE TOOL?

The provider directory contains all active Medicaid and NC Health Choice providers including primary care providers, specialists, hospitals, and facilities. Beneficiaries required to enroll with a Health Plan and select a PCP will log in to an authenticated portal that only displays providers eligible for selection as their PCP.

### DOES THE WEBSITE CONTAIN ONLY THE PROVIDER DIRECTORY?

In addition to the search capabilities designed to help beneficiaries search Health Plans, Providers, and Organizations, the website allows authenticated beneficiaries to select their health plan and PCP and contains resources for beneficiaries as well as Providers including:

- About the Data page that explains unique features of North Carolina's provider data.
- Get Answers page with frequently asked questions and responses.
- Provider Search Tutorial Video that walks users through the website in a comprehensive and conversational animated video.

### WHAT IS REQUIRED IN A SEARCH?

The available search options offer instruction about which fields are required to conduct a search. Required fields are designed to narrow search results to a level manageable to find the desired provider.

### WHAT SPECIFIC INFORMATION ABOUT PROVIDERS WILL DISPLAY IN THE SEARCH RESULTS?

Depending on the search conducted, the results are expected to display the following applicable information for individual and/or organization providers:

- Provider's Last Name (or Organization name)
- Provider's First Name
- Provider Gender (individual providers only)
- NPI
- Service Location/s
- Hours of Operation
- Benefit Programs
- Contracted Health Plan
- Languages Supported
- Wheelchair Accessibility
- Accepting New Patients
- Accepting Siblings

# What Providers Need to Know: Part 1 – Before Managed Care Launch

## Fact Sheet

## Fact Sheet Snapshot

### KEY REMINDER FOR TRIBAL OPTION LAUNCH

The EBCI Tribal Option will launch on **July 1, 2021**.

- Tribal Option members will be able to select a PCP similar to how they select their PCPs today in Medicaid Direct.
- If a Tribal Option member does not select a PCP, they will be assigned to Cherokee Indian Hospital Authority (CIHA) as their PCP.
- Tribal Option will be contracting with providers in the 5-county region to serve as the PCP for Tribal Option members.
- The same deadlines for Standard Plans do not apply to the Tribal Option, and providers are encouraged to contract with the tribal option leading up to the managed care launch and after if they would like to serve as the PCP for Tribal Option members.

### WHAT IF BENEFICIARIES HAVE QUESTIONS?

Most questions beneficiaries have about choosing a Health Plan or PCP can be answered by the Enrollment Broker. The Enrollment Broker Call Center will open beginning **March 1, 2021** from 7 a.m. to 5 p.m., Monday through Saturday. To select a PCP and Health Plan through the Enrollment Broker, beneficiaries can:

- Call 1-833-870-5500 (toll free), (TTY: 1-833-870-5588)
- Go online at [ncmedicaidplans.gov](https://ncmedicaidplans.gov)
- Complete and return a paper enrollment form by fax or mail
- Use the NC Medicaid Managed Care mobile app

DHHS will be posting a Question and Answer document to the NC Medicaid Managed Care website to address common beneficiary questions about the transition to Managed Care. More information will be posted in the January timeframe.

Once a beneficiary is enrolled with a Health Plan, information and a new Medicaid card will be mailed within five days. At that point, if beneficiaries have questions about their Health Plan or services covered, they should contact their Health Plan. Contact information for Health Plans can be found at the number on their new Medicaid card or on the NC Medicaid website [here](#).

In addition, DHHS will partner with a **Medicaid Managed Care Ombudsman**, someone who is appointed to help resolve beneficiary complaints. More information will be forthcoming.



# What Providers Need to Know: Part 2 – After Managed Care Launch Fact Sheet

## Fact Sheet Snapshot

### ENSURE YOUR INFORMATION IS CORRECT

Medicaid and NC Health Choice participating providers are contractually required to update their NCTracks record within 30 days of any change. This obligation to report includes any change in the information contained in the NCTracks provider enrollment record, as well as any adverse action against the provider or any of its officers, agents, or employees. To remain in compliance and maintain the accuracy of information supplied to the health plans and beneficiaries, take the time to regularly review your provider record in NCTracks. Changes may be submitted using the MCR process available in the NCTracks Secure Provider Portal.

Review the NC DHHS Provider Administrative Participation Agreement [here](#), or a recent publication about reporting changes [here](#).

### KNOW WHERE TO SUBMIT CLAIMS

If there are claims for dates of service prior to July 1, 2021, they should be submitted as they are today, through NCTracks or LME/MCOs.

For dates of service beginning July 1, 2021, claims routing depends on a beneficiary's enrollment at time of service and the services provided. Claims for beneficiaries enrolled in NC Medicaid Direct should continue to be submitted to NCTracks. Claims for members enrolled in Medicaid Managed Care should be submitted to the assigned health plan as shown on their member ID card and validated through the NCTracks Recipient Eligibility Verification methods, unless the service provided is a carved-out service.

Two Claims Submission Provider Fact Sheets are available on the [Provider Playbook](#) that addresses how managed care claims are filed.

### ASSIST YOUR BENEFICIARIES WITH THE TRANSITION

Tell your Medicaid and NC Health Choice patients which plans you are contracted with and encourage your patients to self-select their health plan and primary care provider during the open enrollment period. As a provider, it is also important that all office staff know with which plans you participate and to take the initiative to assist your patients with the transition to managed care. These actions will ensure proper assignment and help your patients avoid auto assignment.