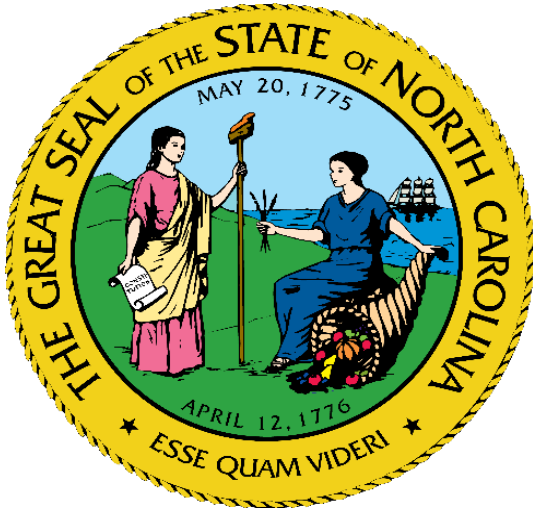


Virtual Office Hours: Provider Enrollment Hot Topics & Reminders

September 7, 2023

Molly Weisbrod, Communications & Training Specialist
Michael Herrera, Provider Relations Supervisor
Serja Goram, MBA, Provider Relations Representative



Closed Captioning is available
for this webinar

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

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NCDHHS

NC Medicaid
Division of Health Benefits

Medicaid Expansion Update

- **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 ineligible or underinsured individuals and bring billions in federal dollars to the state.**
- **Original launch date has been delayed, and currently, no new date has been determined.**

Link: [here](#)



90-Day Limit on Future Enrollment Dates on Provider Applications Effective July 30, 2023

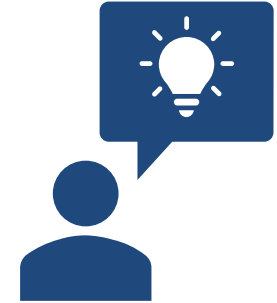
- All future effective dates for enrollment applications, re-enrollment, manage change requests (MCR), and reverification in NCTracks must be within 90 days of the application date.
- Additionally, a provider's Licensure, Accreditation, Certification (LAC) may not expire within 30 days of the requested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



Provider Reverification

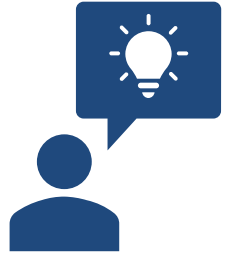
- Reverification is no longer optional and happens every five years from initial enrollment.
- Reverification notifications are sent to the provider via the secure portal with the subject line, “Important Notice,” 70 days prior to the reverification due date, with reminders at 50 days, 20 days and five 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



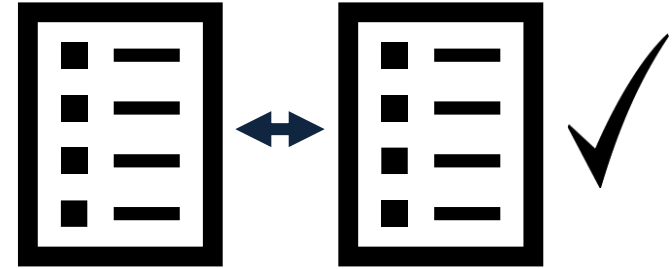
- Review your entire provider record thoroughly prior to submission
 - every piece.
 - Confirm active taxonomies used by the provider and end-date any taxonomies no longer in use.
 - End-date any owners/managing employees no longer associated with your provider or organization.
 - If incorrect information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

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



- Currently enrolled owners and managing employees can update or change their name, DOB, and/or SSN on the re-enrollment application or with an MCR. The information can be updated 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.**

Provider Name on Applications for Reverification Must Match



- 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: [here](#)

Health Information Exchange Reminder

The [mandate to connect](#) to NC HealthConnex requires that providers who receive state funds for care, such as Medicaid and the State Health Plan, initiate their connection by **January 1, 2023**.

- NC HealthConnex links disparate electronic medical/health record systems and existing HIE networks together to deliver a view of patient records through a secure, standardized electronic system.
- NC HealthConnex allows providers to review and share patient health information with multiple providers, allowing them to access and share patients' information with other providers at the point of care.
- **All providers who have not yet connected are encouraged to do so at this time.**
- **Signing a Participation Agreement shows a good-faith effort to meet the mandate.**

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 staffers
 - Telephone calls are handled by the DHB Call Center Team





- **NCCARE360 is the first statewide coordinated care network to electronically connect individuals with identified needs to community resources and allow for a feedback loop on the outcome of that connection.**
- **NCCARE360 is a collaborative solution to difficulties providers encounter when determining a meaningful way of coordinating services for local residents. It provides a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.**
- **Community partners have access to a community engagement team to create a statewide coordinated care network.**
- **This solution ensures accountability around services delivered, provides a “no wrong door” approach and closes the loop on every referral made.**
- **NCCare 360 is available in every county in North Carolina.**
- **If you are interested in joining the community-based network and accessing NC Care 360, click [here](#).**



PDM/CVO Module Introduction

PDM/CVO Module Overview | Journey to Modernization

In 2017, Session Law 2017-57 authorized the replacement of current Medicaid Management Information System (MMIS) technologies with modular systems. As a result of this change, the following developments can be anticipated.

1. NC Medicaid Managed Care Transformation Roadmap will:
 - ✓ Ease the provider administrative burden
 - ✓ Modernize PDM/CVO technologies
 - ✓ Simplify and enable responsive access for Medicaid providers to participate in NC's Medicaid Program
2. PDM/CVO will be operational in 2024 and will:
 - ✓ Align with NC Medicaid Managed Care Transformation Roadmap
 - ✓ Streamline data intake and maintenance throughout provider lifecycle
 - ✓ Perform provider enrollment and credentialing on behalf of NCDHHS
 - ✓ Detect and prevent fraud, waste and abuse

Managed Care Commitments

Whole-Person
Care



Buy
Health



Local Care
Management

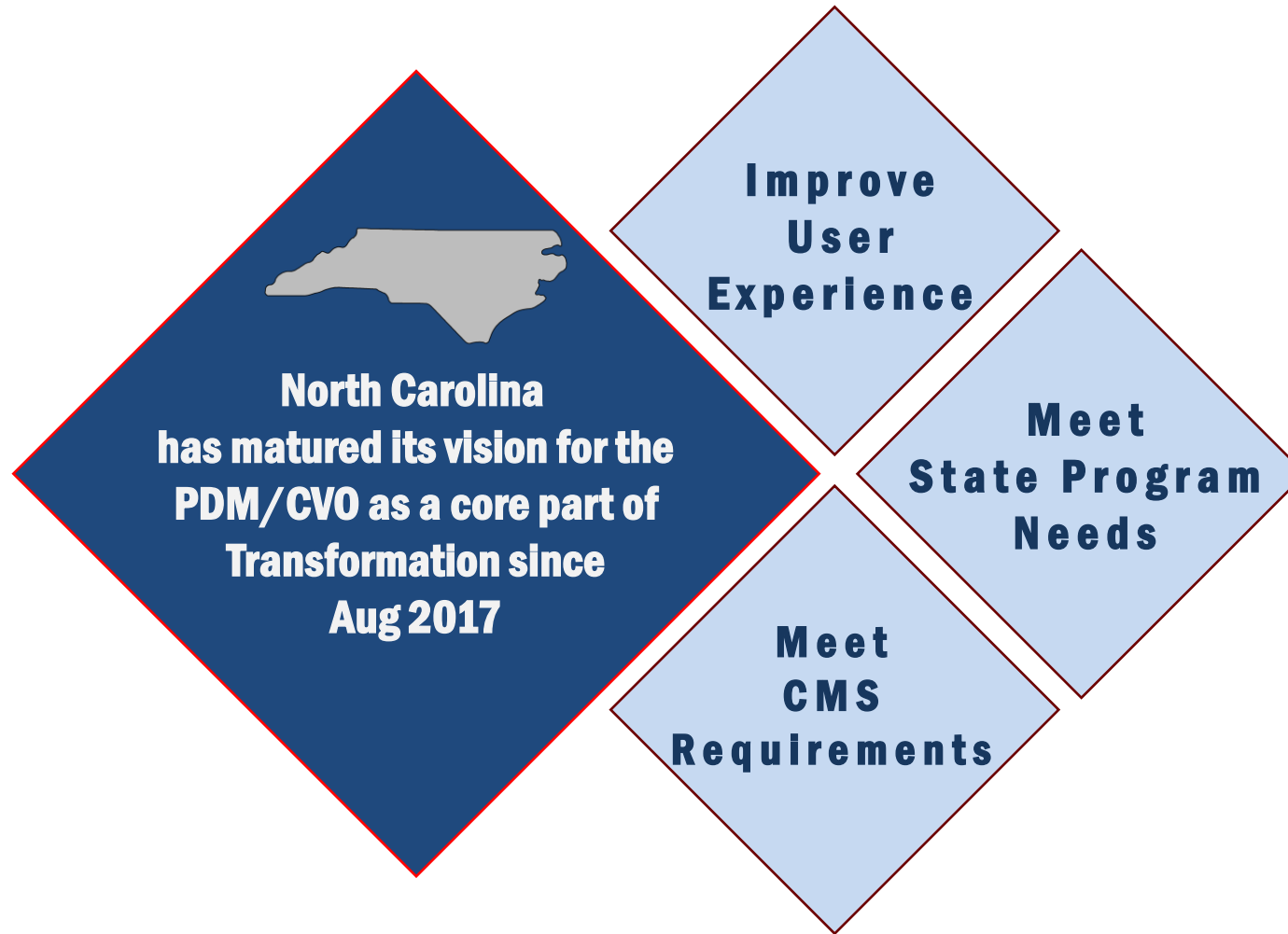


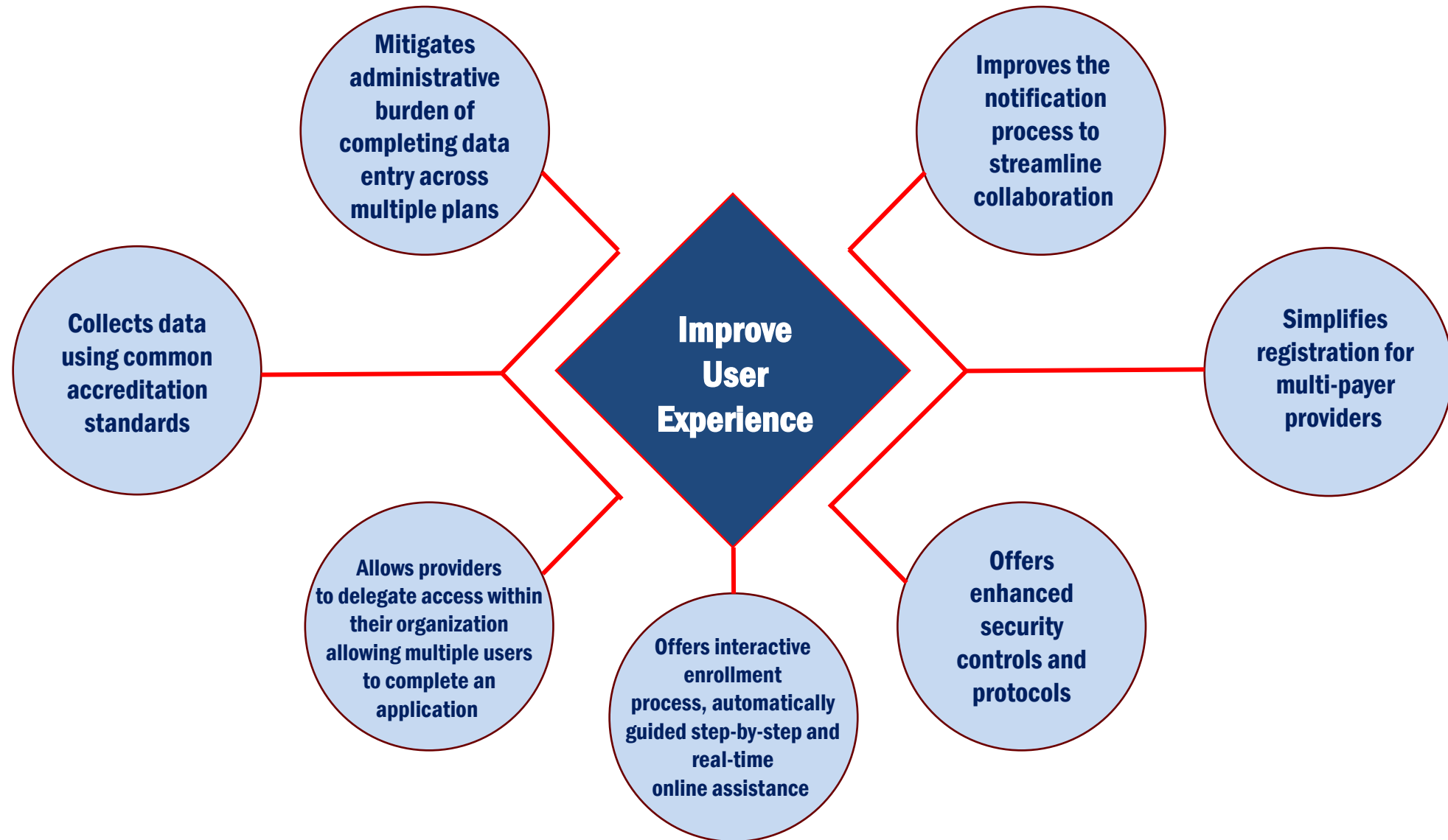
Member
Experience



Provider
Access

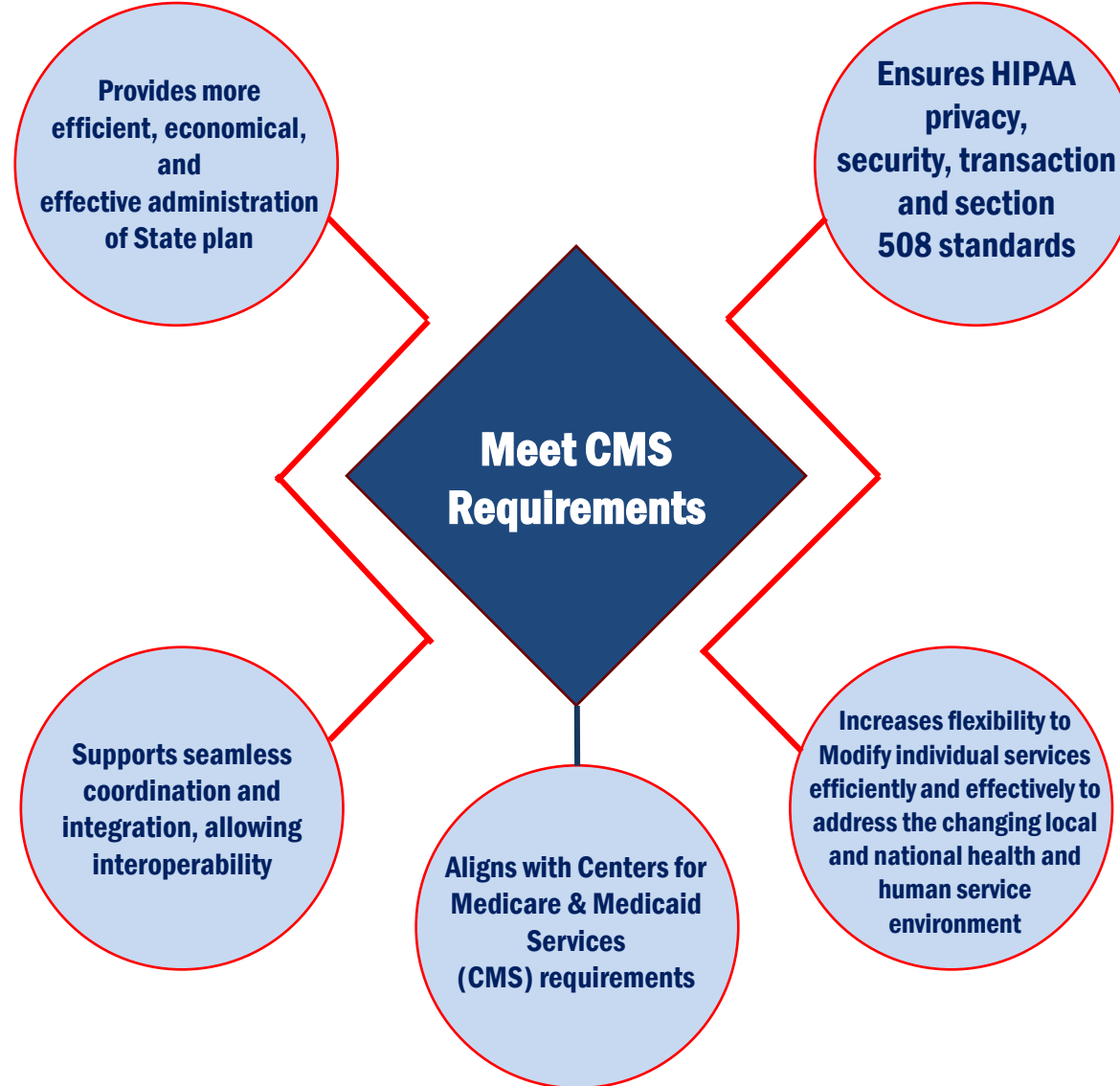








PDM/CVO Module Overview | Journey to Modernization



Key Metrics



Key Metrics (approximate numbers)



102,000

Actively enrolled individuals, organizations, and atypical providers



2,293

Applications received from newly enrolling providers
(monthly)



8,524

Managed change request applications
(monthly)



1,222

Providers are recredentialed/reverified
(monthly approximation)



136

Fingerprint-based background checks
(monthly)



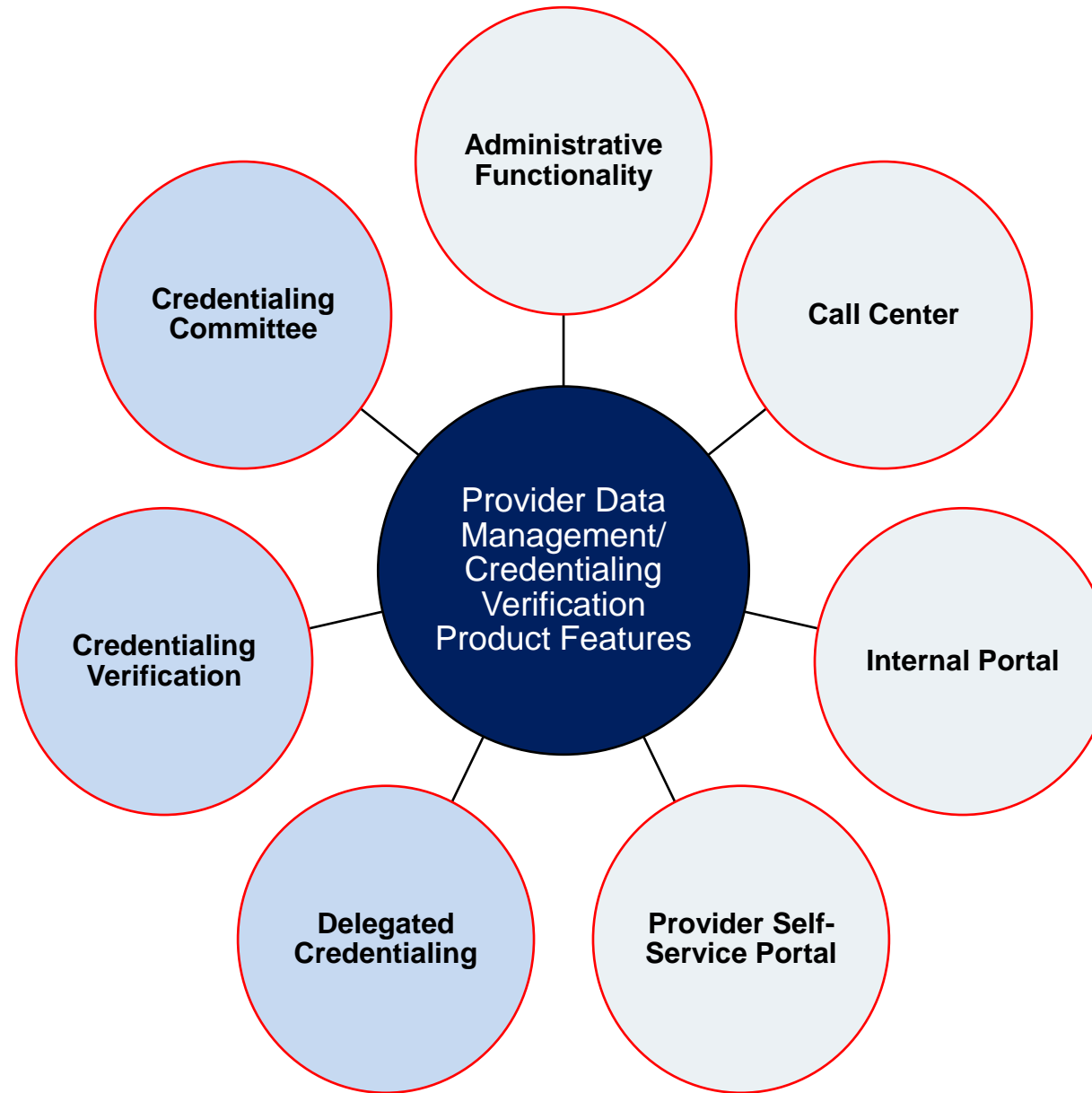
126

Site Visits / Screenings
(monthly)



1,340

Newly Enrolling Provider Trainings
(monthly)



Administrative Functionality

- Configure User Roles and Access Security
- Configure Business Rules
- Import and Export Provider Data
- Perform Mass Updates
- Provide Directory Service (API) to MES

Internal Portal

- Enroll and Disenroll Provider
- Inquire and Manage Provider Information
- Manage Provider Communication & Outreach
- Batch upload of delegated providers
- Manage Provider Grievances & Appeals
- Terminate Provider

Provider Self-Service Portal

- Register Provider
- Submit Application
- Process Application Fees
- Accept Grievances & Appeals

Call Center

- Interactive Voice Response System (IVRS)
- Customer Relationship Management (CRM) Tool
- Enrollment and Recredentialing Support

Credentialing Verification Organization Product Features

Credentialing Committee

- Download Provider Profile
- Update Provider Profile with Decision
- Notify Applicant of Decision
- Track Decision and Profile Histories
- Manage Meeting Schedules, Agendas and Minutes

Credentialing Verification

- Verify Primary Source
- Assess Risk
- Screen Provider (Federal, State, & External Databases)
- Manage Site Visit Data
- Manage Fingerprint Check Data
- Assemble Provider Profile
- Pre- and Post-delegation oversight

Delegated Credentialing

- Qualifying hospital systems will have the authority to credential their health care practitioners
- Required to follow all regulatory bodies under NC Medicaid including NCQA, CMS, and federal and state laws
- Auditing and oversight will take place



PDM/CVO Module Implementation

Expected changes for providers at PDM/CVO full implementation



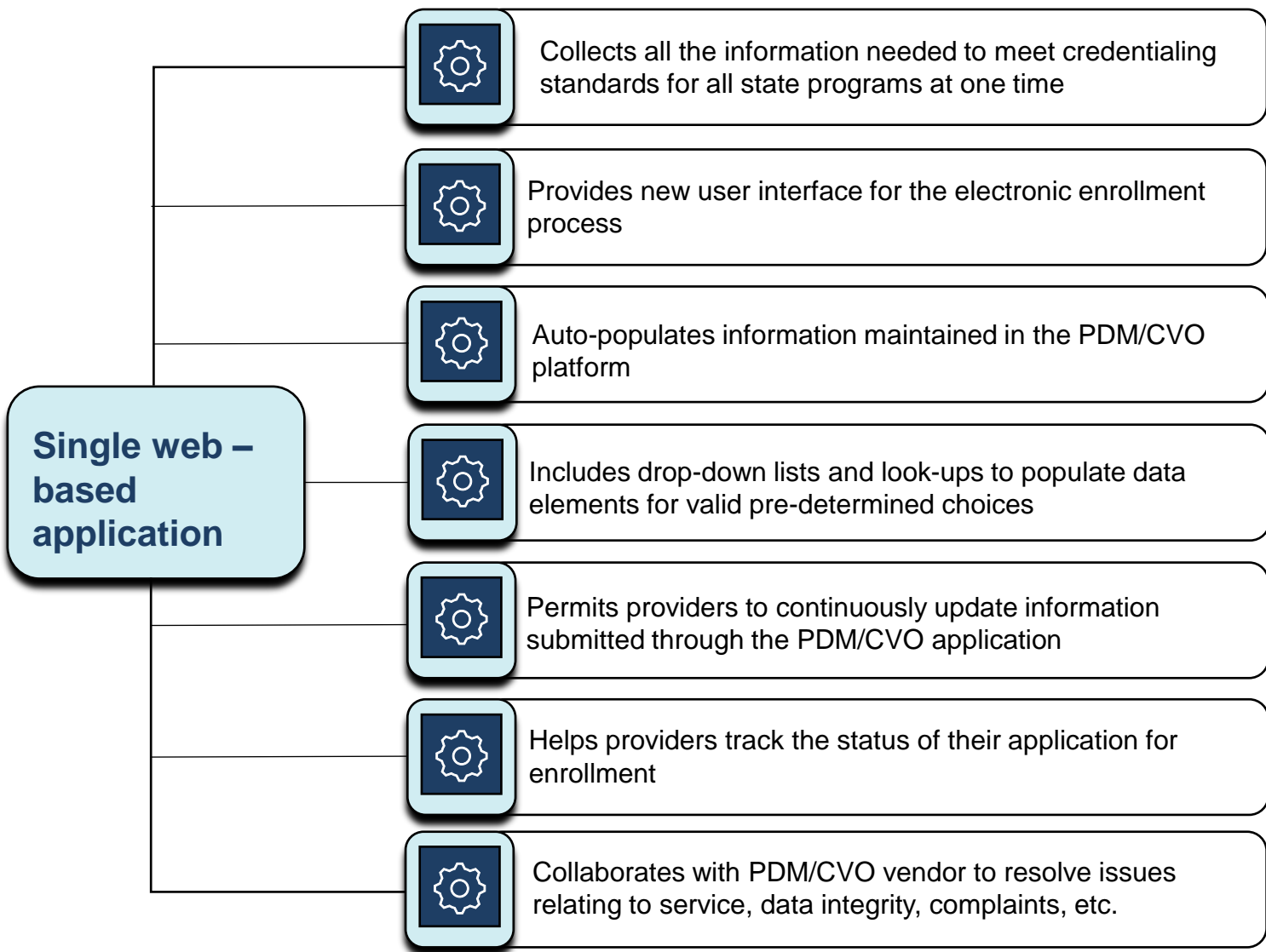
Notable Mentions

- Upon implementing the PDM/CVO, all current recredentialing due dates will remain unchanged.
- The PDM/CVO will offer delegated credentialing to qualifying hospital systems.



Communication

- Provider community will remain informed by way of webinars, arranging training and frequent communications.

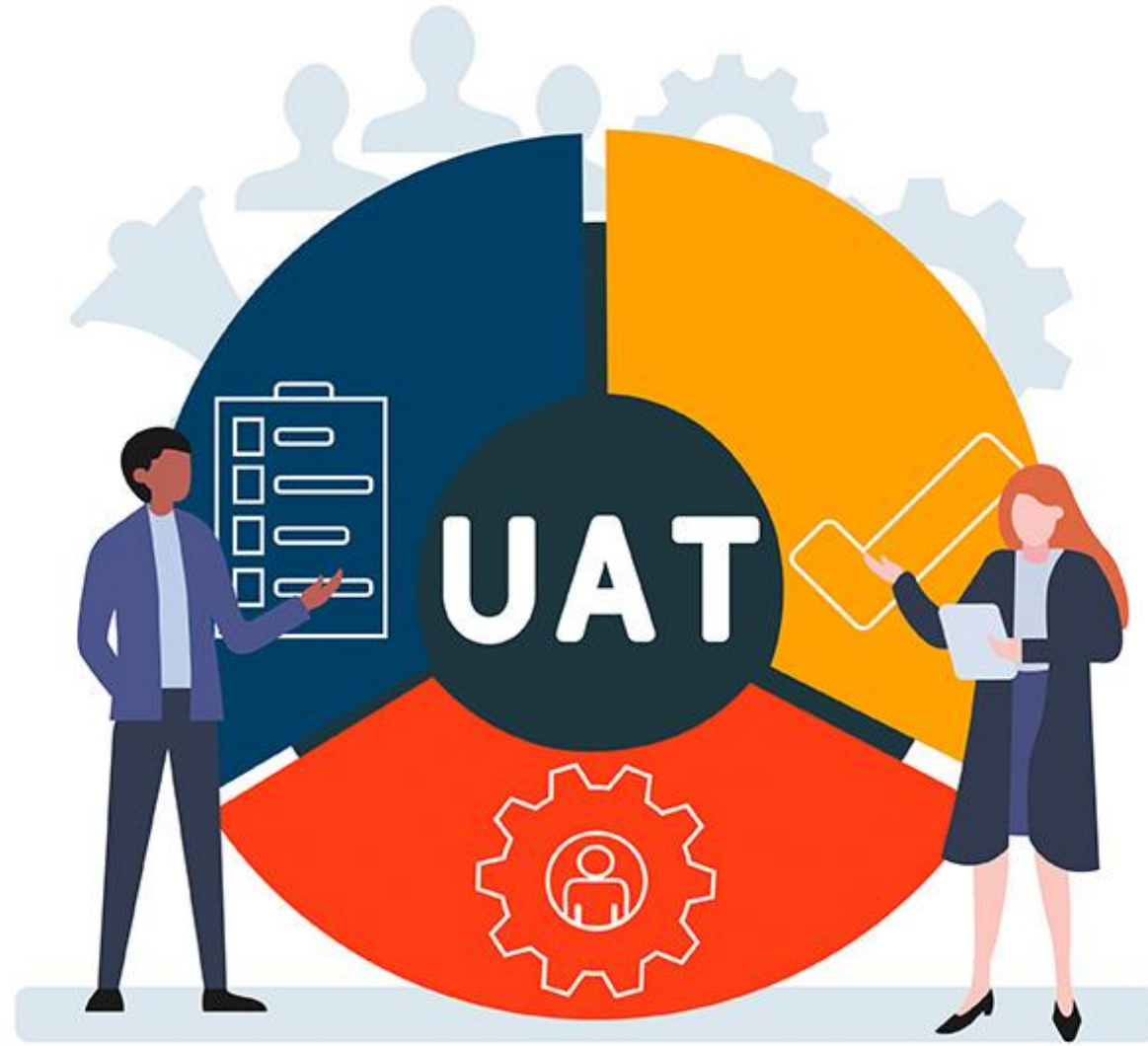


PDM/CVO IMPLEMENTATION TIMELINE



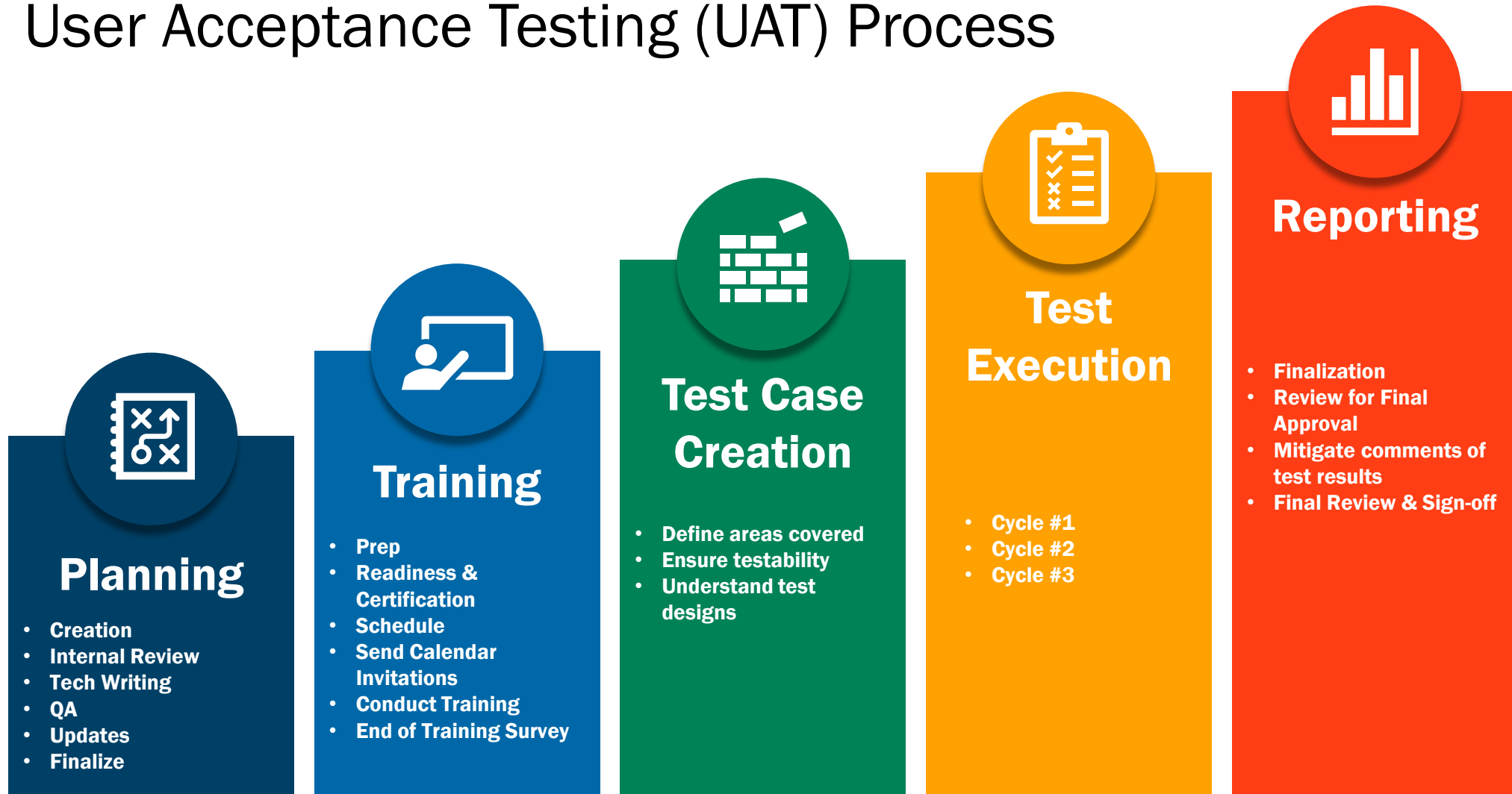


**SEPTEMBER 2024
GO LIVE!!!**



USER ACCEPTANCE TESTING

User Acceptance Testing (UAT) Process

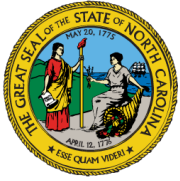


Help Center Available for Providers to Find Information

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:

1. Go to the [NC Medicaid Help Center](#)
2. Type a topic or key words into the search bar
3. Select a topic from the available list of categories





NCDHHS

NC Medicaid
Division of Health Benefits

REMINDER: Provider Resources

Beneficiary Materials

The [Beneficiary Materials webpage](#) 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 [Provider webpage](#) 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 [Provider Playbook](#) often as resources will be added as available.

Medicaid Bulletin

The [NC Medicaid provider bulletin](#) 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 [AHEC Medicaid Managed Care webpage](#) for additional information and registration for upcoming webinars, as well as recordings, slides and transcripts from previous webinars.

Links & Resources



- Medicaid Expansion: [Medicaid Expansion](#)
- NC Medicaid Help Center: [NC Medicaid Help Center](#)
- Reverification: [Provider Re-credentialing/Re-verification webpage](#)
- Contact NCCARE360: connect@nccare360.org
- PDM/CVO:
- NC Medicaid PDM/CVO webpage; PDM/CVO Fact Sheet
 - Medicaid.pdmcvo.team@dhhs.nc.gov (for questions and comments regarding PDM/CVO)
- NC HIEA [What Does the Law Mandate](#) page
- NC Care 360 [NCCARE360](#)
- Provider Ombudsman: Medicaid.ProviderOmbudsman@dhhs.nc.gov 866-304-7062



QUESTIONS

The word "QUESTIONS" is centered in a bold, white, sans-serif font with a slight 3D effect. It is surrounded by a cluster of overlapping, semi-transparent squares in various shades of blue and green. The squares vary in size and are scattered around the text, creating a dynamic and modern graphic design.