Virtual Office Hour: Trending Topics, Help Center & Provider Ombudsman

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Darryl Frazier
Manager – Provider Operations

Erica White
Provider Relations Team Lead

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:
https://www.captionedtext.com/client/event.aspx?EventID=4910675&CustomerID=324

AGENDA

01 Medicaid Provider Ombudsman

02 Provider Enrollment Record Updates

03 Electronic Visit Verification Reminder

04 Managed Care Claim Denials

05 Extension of Out-of-Network Provisions Policy

Medicaid Provider Ombudsman

- ✓ Represents interests of the provider community
- ✓ Receives and responds to inquiries and complaints
- ✓ Helps facilitate resolution via research, resolve or referral to subject matter advisor then track
- ✓ Contact information published in the PHP Manuals and Medicaid website
- ✓ …will assist with A-Z Medicaid and NC Health Choice concerns

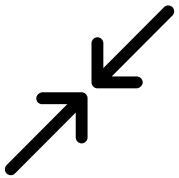
Contact Medicaid Provider Ombudsman at:

- 866-304-7062
- Medicaid.ProviderOmbudsman@dhhs.nc.gov

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
- billing providers may be paid for services rendered

NCTracks is the "system of record" for provider enrollment data, which is then shared with health plans to inform contracting and provider directories.
- Individual rendering providers must affiliate with the billing provider by each service location address



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 Notifications for Expiring Credentials

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. Since May 9, 2021, NC Medicaid has taken additional steps to ensure providers meet contractual obligations to keep credentials current

Timeline for notifications, suspensions and termination

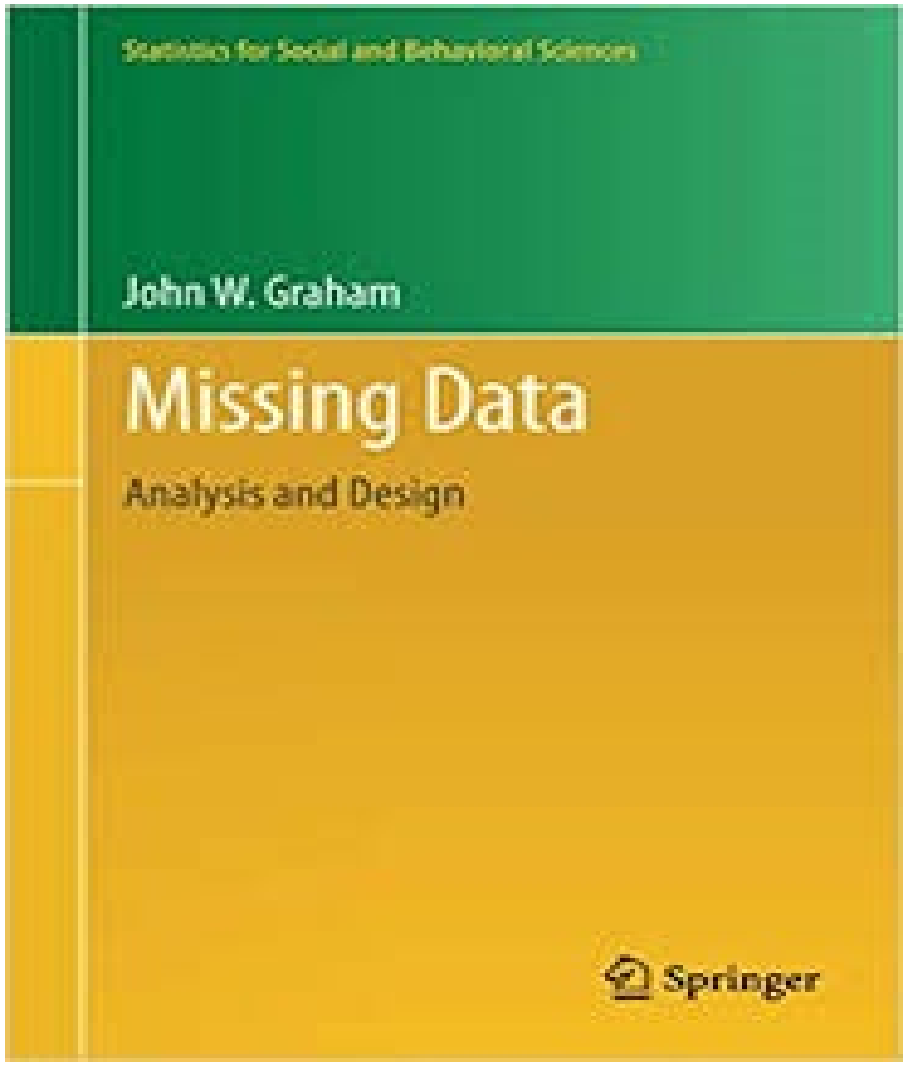
- ✓Provider Re-certification Letter: 60 days prior to credential expiration date
- ✓Reminder Letters: sent at 30 calendar days and at 14 days
- ✓Final Notice: sent 7 days prior to expiration

When credential expires

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

Taxonomy Codes Missing

- Must be included when submitting claims
- PHPs continue to see billing issues due to missing or invalid billing provider, rendering provider, and/or attending provider taxonomy codes
- All PHP IT systems require taxonomy codes to be submitted on all claim types except pharmacy point of sale claims
- Clearinghouses / EDI vendors may be updating taxonomy information submitted by providers, so it is important providers work with their clearinghouse to ensure valid taxonomy data is submitted.



Electronic Visit Verification (EVV) Reminder

- The Electronic Visit Verification (EVV) soft launch for providers authorized to render personal care services subject to EVV through the prepaid health plan (PHP) payer type has been extended through Sept. 30, 2021.

- Claims submitted from July 1 through Sept. 30, 2021, will be processed without financial penalty if all other billing requirements are met.

- During the soft launch extension, providers should complete their credentialing to ensure account setup, begin testing integration by capturing and reporting the minimal EVV data, and submitting claims to troubleshoot issues to mitigate payment lapses after Oct. 1, 2021

- All encounters submitted for services subject to EVV will require the EVV evidence to assist with adjudicating the claim

Extension of Out-of-Network Provisions

Policy extended through Nov. 30, 2021

DHHS and the prepaid health plans (PHPs) have agreed to extend the policy for out-of-network flexibilities to providers who have not yet contracted with a PHP through Nov. 30, 2021. Under this policy, the PHPs have agreed to:

- Permit uncontracted, out-of-network providers enrolled in NC Medicaid to follow in-network provider prior authorization rules and may continue to get a prior authorization retroactively (*This exception does not apply to concurrent reviews for inpatient hospitalizations which should still occur during this time period);*

- Reimburse out-of-network providers at the in-network rate of 100% of the Medicaid fee schedule;

- Delay implementation of the 90% rate reduction following good faith contracting provision;

- Allow beneficiaries to change their Primary Care Provider for any reason; and

- Extend flexibility for Non-Emergency Medical and Non-Emergency Ambulance Transportation providers through November 2021.

Prior Authorization

Existing and Active Prior Authorizations

- Extended to Sept. 29, 2021
- PHP will honor existing and active prior authorizations on file with NC Medicaid OR NC Health Choice OR Until the end of the authorization period, whichever occurs first.
- Medically necessary services with PA will be reimbursed at 100% FFS rates for (out-of-network providers) OR at the contracted rate (in-network providers)
- Refer to each PHP with this information as needed

Questions and Answers