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

July 22, 2021

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RCC (Relay Conference Captioning)
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AGENDA

01 Medicaid Provider Ombudsman and Call Center Stats

02 Checklist of Reminders

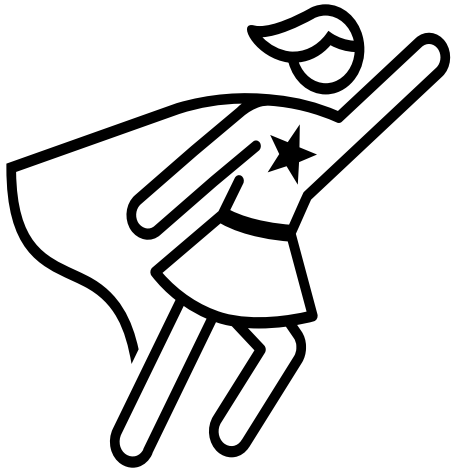
03 Managed Care Transition Period and Key Dates

04 Common Medicaid Managed Care Billing Errors

05 Provider Verification Process & Points to Remember

NC Medicaid Provider Ombudsman

- Medicaid.ProviderOmbudsman@dhhs.nc.gov
- 1-866-304-7062
- Created for Provider inquiries, concerns, complaints regarding the PHPs



What Our Call Centers are Hearing from Providers

Week of June 28th- July 10th

Call Center	Calls Handled	% Calls Answered in 30s	Abandonment Rate
AmeriHealth	3,218	98%	0%
Healthy Blue	7,637	98%	0%
Carolina Complete	2,096	90%	2%
United	3,921	94%	0%
WellCare	1,625	96%	1%

Top Call Center Reasons		
Health Plans	1	Provider Enrollments
	2	Provider Network Status
	3	Authorization Status
	4	Demographics Changes
	5	Benefits and Eligibility
	6	Claims/ Reimbursement

A Checklist of Reminders for Providers

- ✓ Keep the Day One Quick Reference Guide handy as is contains the telephone number and email address for a myriad very important resources including the PHPs, NCTracks, and DHB
- ✓ Ensure staff know the health plans with which you are contracted, and if you are an Eastern Band of Cherokee Indians (EBCI) Tribal Option provider
- ✓ Continually review the NCTracks provider record for each applicable individual provider and organization for accuracy and submit changes using the Manage Change Request (MCR) process.
- ✓ Know where you need to submit claims. • For each health plan under contract, please ensure enrollment in the Health Plan's Electronic Funds Transfer program is completed
- ✓ Assist your patients with their transition to NC Medicaid Managed Care.
  - ✓ Follow these steps when a Medicaid or NC Health Choice beneficiary presents at your office: Verify eligibility, health plan and primary care provider enrollment. This can be done using the NCTracks Recipient Eligibility Verification tool.
- ✓ Beneficiaries who want to change their health plan should call the Enrollment Broker Call Center at 833-870-5500

Provider Playbook: Medicaid Managed Care

Fact Sheet Updates

- **Managed Care Claims and Prior Authorizations Submission – Part 1 (Updated) --** This fact sheet contains references to resources each Prepaid Health Plan (health plan) has created to inform both in-network and out-of-network providers about their claims submission process and their billing guidelines, and also includes details on where providers should route their claims.

- **Managed Care Claims and Prior Authorizations Submission – Part 2 (Updated)** – An overview of frequently asked questions regarding providers and health plans during the claims and prior authorization submission process. ***Now includes provider payment schedule from July to October 2021 and revised information needed to file a claim.***

- **Combined health plan Quick Reference Guide (Updated)** – A quick reference guide (QRG), with updated contact numbers, designed for providers to use beginning on day one of NC Medicaid Managed Care go-live. This QRG gives providers access to the information they will most frequently use such as contact numbers, email addresses, as well as prior authorizations and claims information for each of the health plans. .

For more information and the calendar, please refer to the NC Medicaid Fact Sheets.

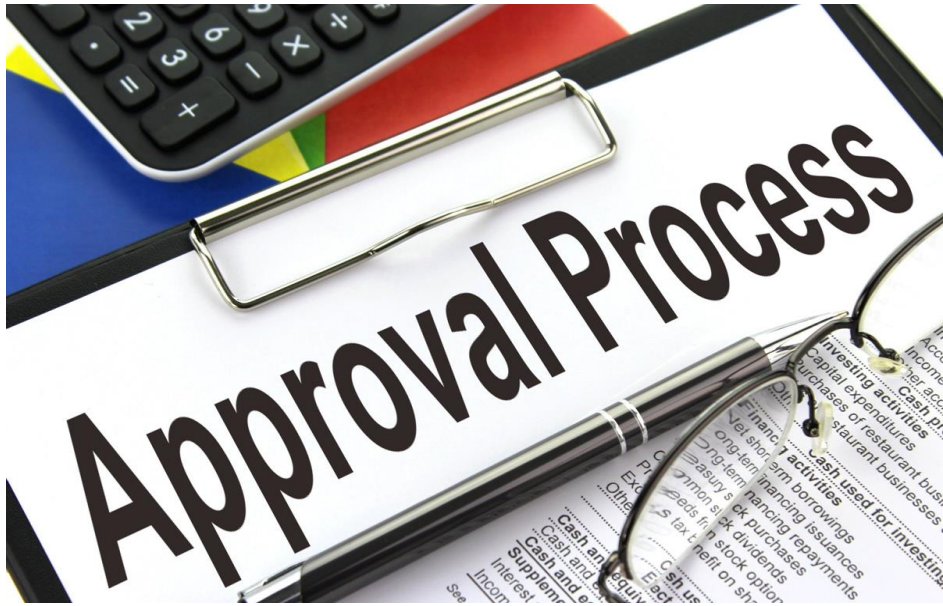
Managed Care Transition Period—PAs and Referrals

General	60 Days (August 30)	90 Days (September 30)

- **Health plan questions** - There are dedicated lines established by each of the health plans to assist with questions. Providers should contact your contracted health plan using the provider services line. Providers should also direct beneficiaries to use the member services line if they have health plan questions.
- **Prior Authorizations** - If a member transitions between health plans after July 1, 2021, a prior authorization authorized by their original health plan will be honored for the life of the authorization by their new health plan
- **Prior Authorizations** - All providers should confirm with the PHP, with whom the beneficiary is enrolled, if the service that they are providing requires PA prior to performing the service.

- **Prior Authorizations** – For the first 60 days after Launch, the health plan will pay claims and authorize services for Medicaid enrolled out-of-network providers equal to that of in-network providers until end of episode of care or for 60 days, whichever is less (extended transition periods may apply for circumstances covered in N.C. Gen. Stat. § 58-67-88(d), (e), (f), and (g).).
- **Referrals -** For the first 60 days, referrals for care are not needed, as all Medicaid enrolled providers are able to see patients regardless of being in-network or out of network with the provider.
- **Referrals -** After the first 60 days, referrals for care are only needed when a member is seeing a provider who is not an in-network provider with the PHP, with whom the beneficiary is enrolled.

Prior Authorizations - Last date the health plan must honor existing and active prior authorizations on file with the North Carolina Medicaid or NC Health Choice program for services covered by the health plan or until the end of the authorization period, whichever occurs first.



Adding Billing, Rendering, and Attending Provider Taxonomy to Professional and Institutional EDI Claims

Health plans have identified a common billing error of providers submitting professional and institutional EDI claims (ASC X12 837-P and ASC X12 837-I) with missing or invalid billing provider, rendering provider and attending provider taxonomy codes.

When billing NC Medicaid Direct claims, providers may have directed clearinghouses to append billing provider, rendering provider, or attending provider taxonomy codes to the claims. This process may not have been established for NC Medicaid Managed Care claims being submitted to the prepaid health plans (PHPs), causing these claims to deny for missing or invalid taxonomies.

Providers should work with their clearinghouses to ensure that the same processes are followed when submitting claims to NC Medicaid Direct and the PHPs.

Please refer to the July 9, 2021, Common Billing Error: Taxonomy Codes Missing, Incorrect or Inactive bulletin for additional guidance on submitting valid taxonomy codes.

NCTracks Changes to the 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. 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

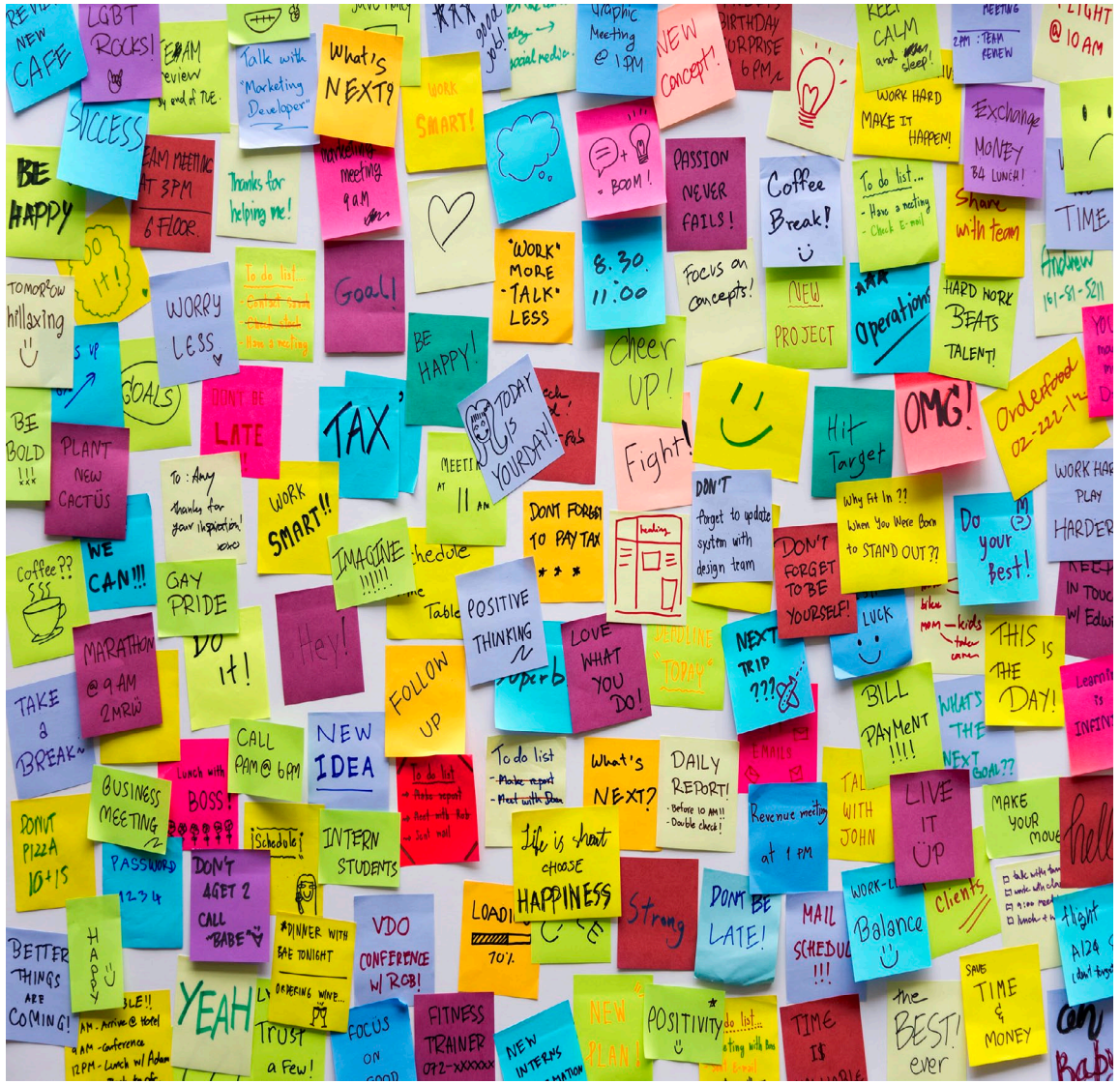
- ✓ Provider Re-certification Letter: 60 days prior to credential expiration date
- ✓ Reminder Letters: sent at 30 calendar days and at 14 days
- ✓ Final Notice: sent 7 days prior to expiration

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

Final Points to Remember

- NC Medicaid Managed Care information has been added to the Recipient Eligibility Response page
- NC Medicaid will continue to post the Enrollee Report in the NCTracks Provider Message Inbox for NC Medicaid Direct and all health plans
- Members do NOT need an authorization to see an in-network PCP even if it is not the assigned PCP
- PCPs are encouraged to use their care management resources to help members with barriers



Questions and Answers