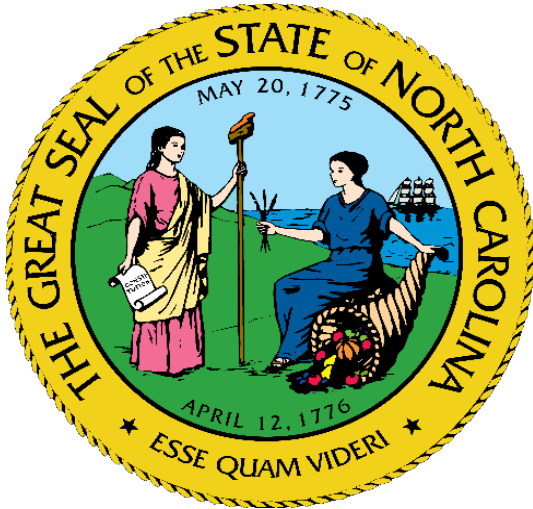


# Virtual Office Hours: Provider Enrollment Hot Topics & Reminders

December 1, 2022

Susan Sartain, Provider Relations Representative  
Michael Herrera, Provider Relations Supervisor



## RCC (Relay Conference Captioning)

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

<Enter Link Here>

# AGENDA

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Medicaid Provider Ombudsman

02

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## NC Medicaid Provider Ombudsman

- [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov)
- 1-866-304-7062
- Created for Provider inquiries, concerns, and complaints regarding Medicaid Managed Care. Also responsive to Medicaid Direct concerns.



# Common Inquiries Submitted to the Provider Ombudsman

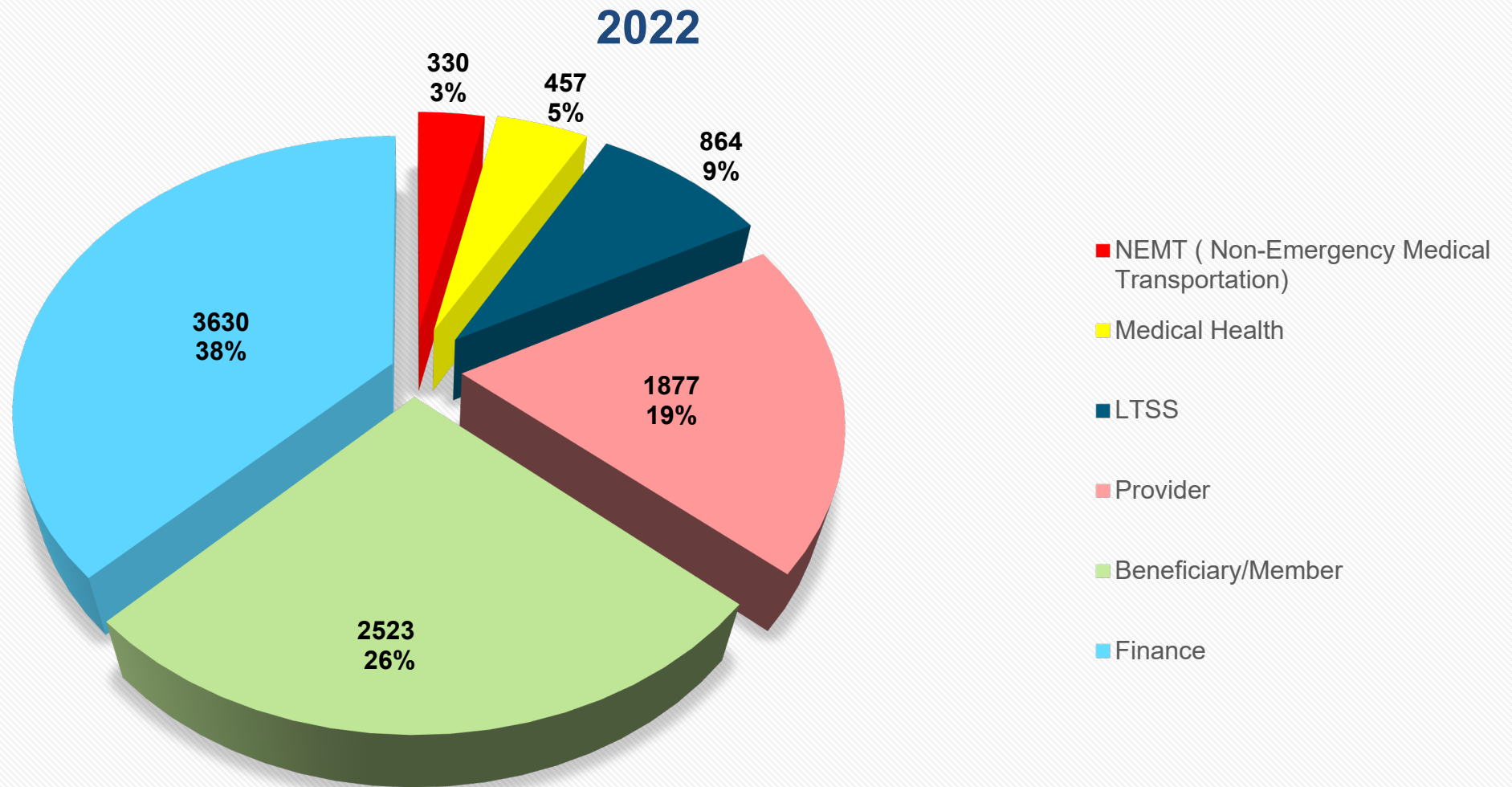


# When Can I Expect My Issue to be Resolved?



- Goal: resolve your case within three days (ombudsman specific)
- Complex cases may take longer if they:
  - Involve collaboration and engagement with external sources such as PHPs or NCTracks
  - Require NCTracks system updates and/or record maintenance
- Aging Cases:
  - Take priority as they have been active for a week or longer
    - Daily meetings are held, both with internal and external teams, to address aging cases and expedite resolution
  - Are subject to additional monitoring by management

# Provider Ombudsman Case Trends



# Provider Reverification Requirements to be Reinstated in 2023

- Since March 2020, Centers for Medicare and Medicaid Services (CMS) has allowed for the cease of provider reverification due to Covid-19
- The ongoing CMS Public Health Emergency (PHE) allows us to continue our pause on reverification activities. We are awaiting notification from CMS regarding anticipated expiration of the PHE.
- When the period of suspension expires, NC Medicaid must ensure enrolled providers are compliant with the reverification requirement.
- Upon receipt, providers must complete reverification in accordance with their Reverification Letter to ensure their continued participation in the NC Medicaid program without interruption.

For more information, click [here](#) –

# Provider Reverification – Voluntary Program Coming Soon

- DHB is developing a plan for the voluntary submission of reverification applications which includes:
  - Optional submission of reverification application IF provider is due for reverification during the PHE.
    - ❖ Special NCTracks notification will be sent to the Office Administrator (OA)
    - ❖ NPI will display in the Reverification section of the NCTracks Status and Management page.
  - No adverse action for failing to submit reverification application
    - ❖ If, however, the reverification application is submitted, any requested credentialing activities must be completed.
- Allows providers to complete reverification before it becomes required at the end of the PHE and take advantage of the NC Application Fee waiver (expires June 30, 2023).
- Time-limited opportunity slated to occur during the first quarter of 2023 only. More information to come!
- While this is a voluntary program and allows you to get ahead of the reverification process, reverification will be required at the end of the PHE.



# Check Your NCTracks and Enrollment Broker Records Periodically

- Participating providers are contractually obligated to maintain and update their NCTracks record, which serves as the “source of truth” for managed care entities, within 30 days of any change.
- Providers are also encouraged to use the NC Health Choice Provider and Health Plan Lookup Tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.
- Outdated information on a provider’s NCTracks record may cause disruption or delays in claims processing.
- Providers may correct erroneous demographic and affiliation data on their enrollment record in the secure [NCTracks Provider Portal](#) using the NCTracks Managed Change Request (MCR) process.

For more information, please reference NCDHHS Bulletin [“Keep NCTracks Records Current to Avoid Claims Processing Issues”](#)

# Office Administrator (OA) Change Tips: How to Answer the Continued Access Question in an OA Change Request

- When completing an OA change request, users will see the question “Do you want the existing user to continue to have access to this NPI?” with answer choices of “yes” or “no.”
  - This answer determines future access for NPIs previously associated with the OA.
- Selecting “yes” means all **other** users (previously associated with the NPI) will remain associated with the NPI.
- Selecting “no” means most **other** users will NOT remain associated with the NPI. Regardless of answering “yes” or “no,” all **existing** owners and managing relationship (MR) users will remain associated with the NPI.

More information on the OA change process and common questions can be found on the updated [FAQ page](#).



- **Character Limitation for Fields on Provider Application**
- **Designation Form No Longer Required for Current DEA Certifications**
- **Enhanced Screening of Owners for Organizational Enrollment**

## Provider Records Without the Required Individual Provider Affiliation Will Risk Suspension/Termination

- Organizational providers with taxonomies *Single Specialty (193400000X)* and *Primary Care (261QP23000X)* must have at least **one** active individual provider with at least one active taxonomy related to their credentialed status as a taxonomy Level 1 provider.
- Organizational providers with taxonomy *Multispecialty (193200000X)* must have at least **one** active affiliated individual provider with at least **two** taxonomies related to their credentialed status as a taxonomy Level 1 description.
- Behavioral Health and Social Service Provider Taxonomies have been added to the list of acceptable Level 1 taxonomies for single and multispecialty organizations.

For more information, please reference NCDHHS Bulletin "[Organizational Provider Records Without the Required Individual Provider Affiliation Risk Suspension/Termination](#)" - October 10, 2022

# Key Dates for Transitioning to NC Medicaid Tailored Plans

- **January 15, 2023** – Auto Enrollment Processes begin
- **February 15, 2023**
  - Health plan brokers begin scheduling Non-Emergency Medical Transportation (NEMT) appointments for April 1, 2023, or later.
  - PCP Auto Assignment
- **March 3, 2023** – Target date by which all health plans will complete distribution of member information and ID card to beneficiaries entering NC Medicaid Tailored Plan effective April 1, 2023.
- **April 1, 2023** – Tailored Plan launch



For more information, please reference NC Medicaid Playbook 2022 Bulletin “NC Medicaid Managed Care: [Contracting with Tailored Plans](#)”

