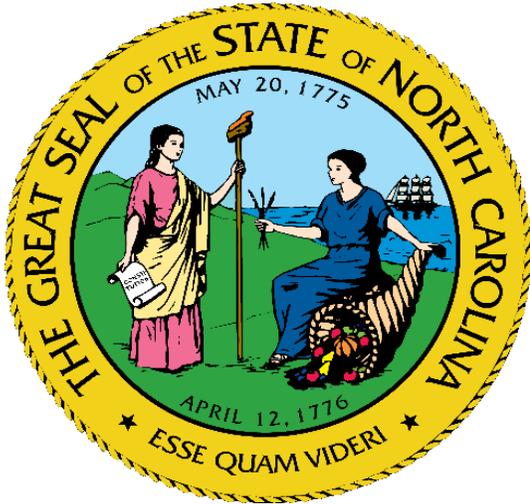


Fireside Chat: Hot Topics in Medicaid Transformation



February 18, 2021



Placeholder slide for Logistics content

Our Time Together

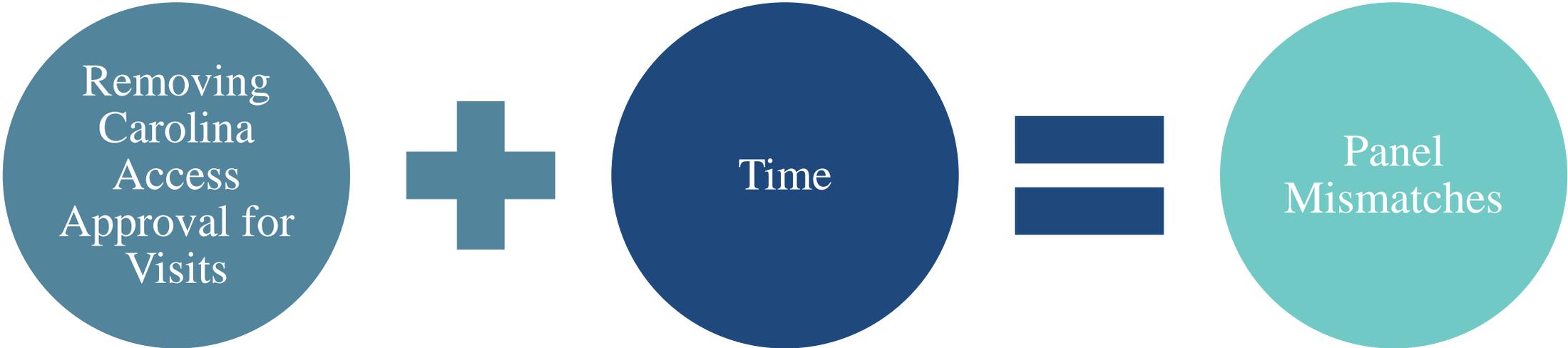
- PCP Attribution and Panel Management
- Member Enrollment
- Provider Directory
- Provider Contracting
- Questions and Answers





PCP Attribution and Panel Management

Equation for PCP Assignment



Managing PCP Patient Panels Before Launch

- Current Process
 - **PROVIDERS:** Carolina Access II practices agree to have Medicaid members assigned to their practice
 - **MEMBERS:** Choose a PCP at DSS during Medicaid enrollment OR auto assigned to a practice
- Fixes Today
 - Get a copy of your current Medicaid assigned patient panel from CCNC
- Members can call DSS to ask for a change in primary care if:
 - They are seeing you but assigned to another PCP
 - They are assigned to you but seeing another PCP
 - The member wants to change for any reason

[Managing Your Primary Care Assignments](#)

Managing PCP Patient Panels Before Launch

- Fixes Available Soon
 - In March 2021, NCTracks Provider Portal will make practice panel list available to each office administrator (OA)
- DHB is looking at members who are:
 - Transitioning to managed care on July 1, 2021
 - Have not seen their assigned PCP practice but ARE seeing another PCP practice

Current State of Reassignment Project

- The Plan
 - Stakeholder engagement
 - Look at members who are NOT seeing the PCP on their card but ARE seeing another PCP
 - Look-back at 24 months of claims
 - Will re-assign children and adults to the MOST recently seen PCP practice
 - Members will be assigned to Carolina Access II practices
 - Timeline: March/April 2021
 - Members will get new Medicaid cards with provider change

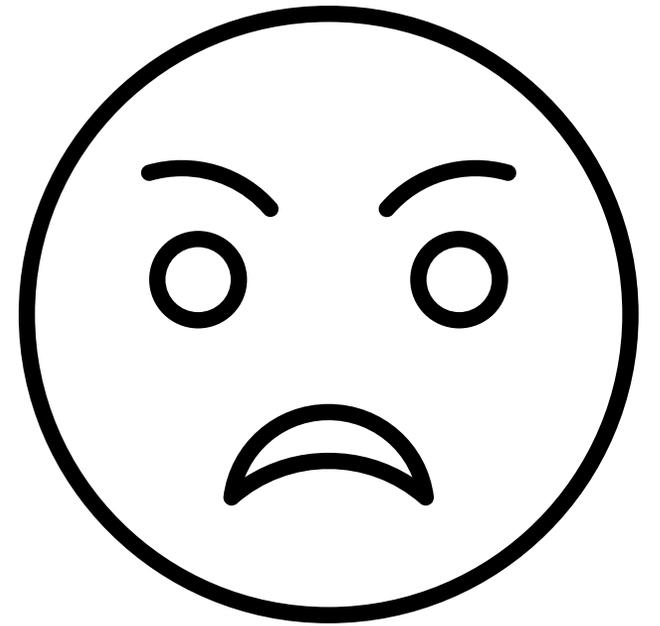
Managing your PCP Panel After Managed Care Launch

- Advanced Medical Homes (formerly Carolina Access I & II) practices agree to have Medicaid members assigned to their practice
- Members can choose a PCP in managed care open enrollment OR they will be auto assigned to a primary care practice by the Standard Plan
 - Health Plans will provide each practice with a panel list every month (AMH Tier 1, 2, 3)
 - After launch, NCTracks Provider Portal will continue to make practice panel list available to each office administrator (OA)—it will have a panel list from Medicaid Direct (FFS) AND each Health Plan
- Members call the Health Plan to ask for a change in primary care assignment
 - Member can change without cause twice per year or with cause (no limit)
- More information on Panel Management to come in March

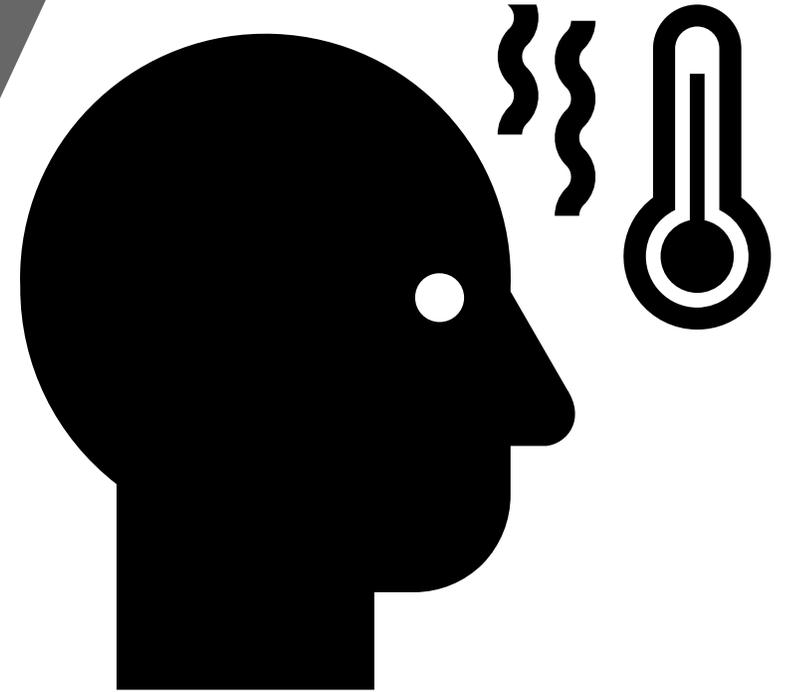
What can we do in our practice now to help make the patient panels accurate?



**How do I fix it if you
move my patient in
error?**

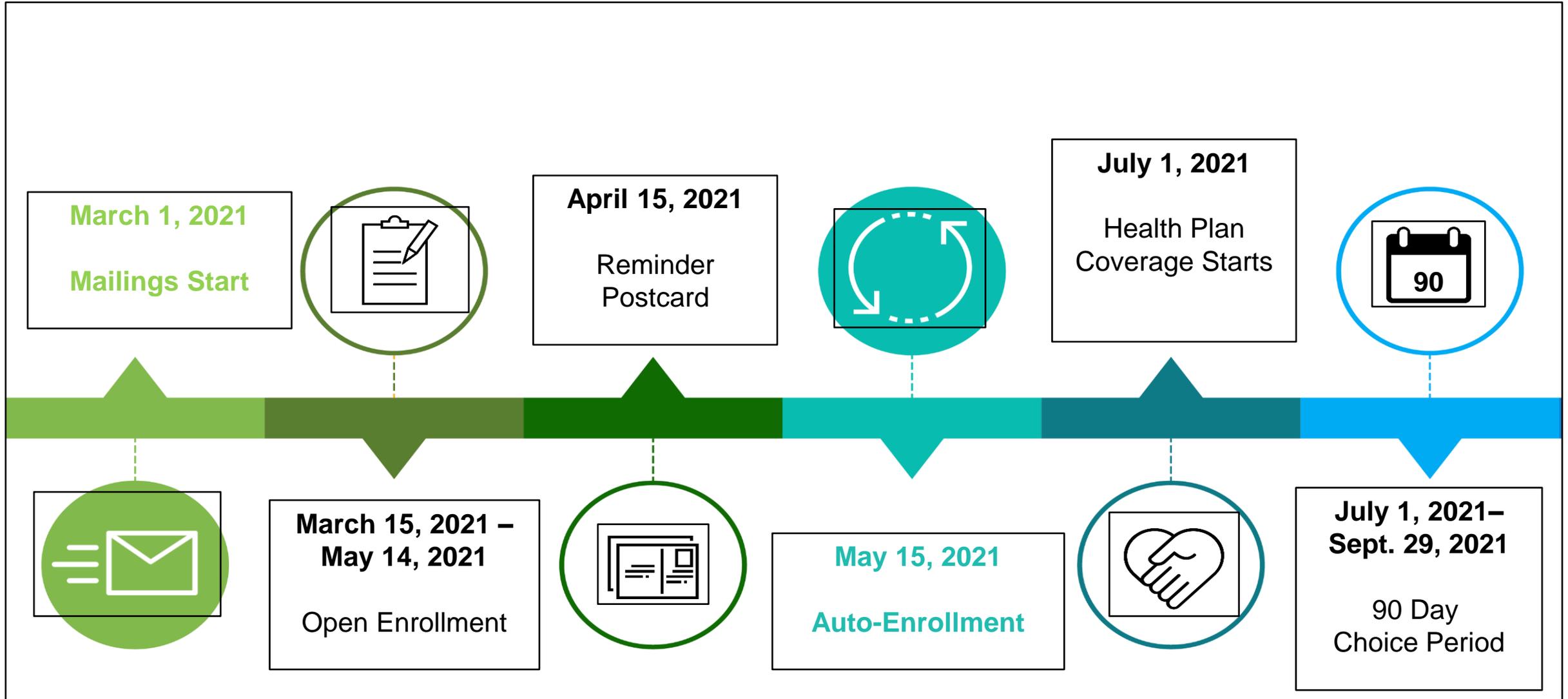


**What if I have a patient
that bounces back and
forth between practices?
What if they use urgent
care a lot?**



Member Enrollment – Steps to Choose a PCP and Health Plan

NC Medicaid Managed Care Timeline



Enrollment Methods

Beneficiaries can enroll in health plans in various ways. They can:

1. Choose a health plan through the Enrollment Broker. There are several ways in which beneficiaries can choose a health plan.
2. Be auto-enrolled in a health plan if they do not choose one during open enrollment.

Note: Beneficiaries can indicate their health plan preference in NC FAST (via ePASS application or caseworker entry).

Enrollment Packet

Starting March 1st, beneficiaries will receive an Enrollment Packet that informs them of their population determination and additional supporting resources. The Enrollment Packet sent to beneficiaries will include:

- Transition Notice (e.g., Mandatory, Exempt, Tribal-Exempt, Tribal-Excluded)
 - Explains NC Medicaid Managed Care and the options available to each person in the household
 - Includes enrollment steps and what to expect after choosing a primary care provider (PCP) and health plan
- Information Sheet
 - Guides beneficiaries on how to choose a PCP and health plan
 - Includes step-by-step instructions for choosing a PCP and health plan and a questions and answers section
- Health Plan Choice Guide
 - Highlights the top 10 added services that each health plan offers
 - Includes phone number, website, and sample ID card for each health plan
- Enrollment Form
 - Allows beneficiaries to choose or change a PCP and health plan for each person in the household

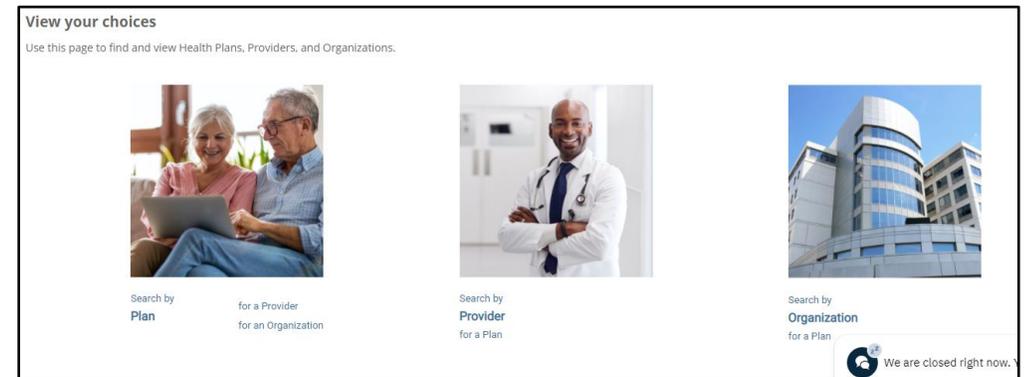
Sample beneficiary notices can be found on the [County Playbook](#).

**Provider Directory – Medicaid and NC Health Choice
Provider and Health Plan Look Up Tool**

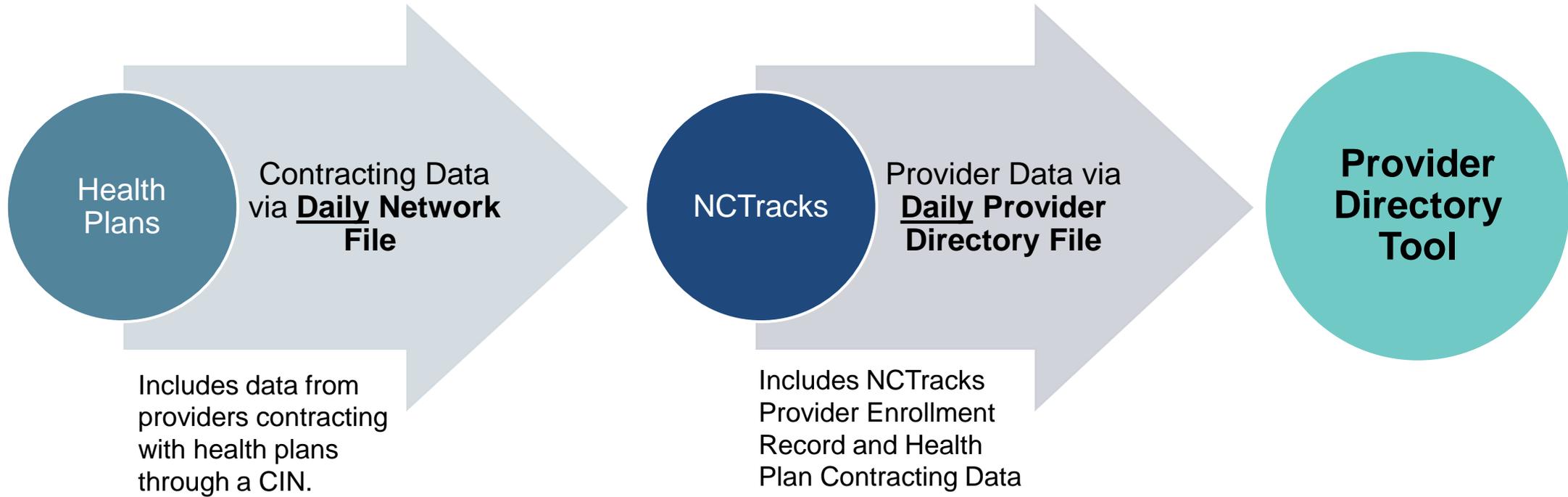
Provider Directory Overview

What is the Medicaid and NC Health Choice Provider and Health Plan Look Up tool?

- This is the Enrollment Broker's Provider Directory – the tool Medicaid and NC Health Choice beneficiaries may use for selecting their Health Plan and Primary Care Provider (PCP).
- The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations.
- The Enrollment Broker Website has two searchable portals:
 - A Public-Facing Portal that includes all active Medicaid and Health Choice Providers launched **January 25, 2021**.
 - A Secured Portal that will be used by Medicaid and NC Health Choice members for Health Plan and PCP selection. Search results in this portal will only include active Medicaid and Health Choice providers that are designated as AMH/PCPs. This portal will be available starting **March 1, 2021**.



Provider Directory Data Flow



What Should Providers do to Update Their Record?

1. If the **Provider/Organization information** in the online directory is out-of-date or inaccurate, the provider's Office Administrator should complete a Manage Change Request (MCR) in NCTracks to correct it (inclusive of updates to demographic information).

The screenshot displays the NCTracks Provider Portal interface for user CAMERON SMITH. The top navigation bar includes links for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The main content area features a 'Message Center for CAMERON SMITH' with an 'Announcements' section. A prominent announcement dated July 8, 2013, at 12:00:00 AM, states that call center hours are extended to 6 pm this week due to high call volume. Below the announcement are three buttons: 'WELCOME Provider Training', 'OFFICE ADMINISTRATORS User Administration', and 'ENROLLMENT Status and Management'. A red circle with the number '1' is overlaid on the 'ENROLLMENT Status and Management' button. To the right, a 'Quick Links' section provides access to various services like CCNC/CA (Managed Care), Department of Health and Human Services, and others. At the bottom, an 'Inbox' section shows two read messages from provider 1233000126 regarding 'PRD Smoke Testing' on 03/09/2012 at 05:15 pm.

Data displayed in the tool will be refreshed daily, at midnight, to reflect completed changes from the previous day.

What Should Providers do to Update Their Record?

2. If the **Provider Affiliation information** is incorrect, the Office Administrator for the affiliated provider must update the group affiliation on the individual provider's record.
 - Any information that is updated on an Organization or Individual NCTracks Provider Record will be reflected in the provider directory after the NCTracks MCR is complete.

The image displays two screenshots of the NCTracks Provider Enrollment Application interface, specifically the 'Affiliated Provider Information' section.

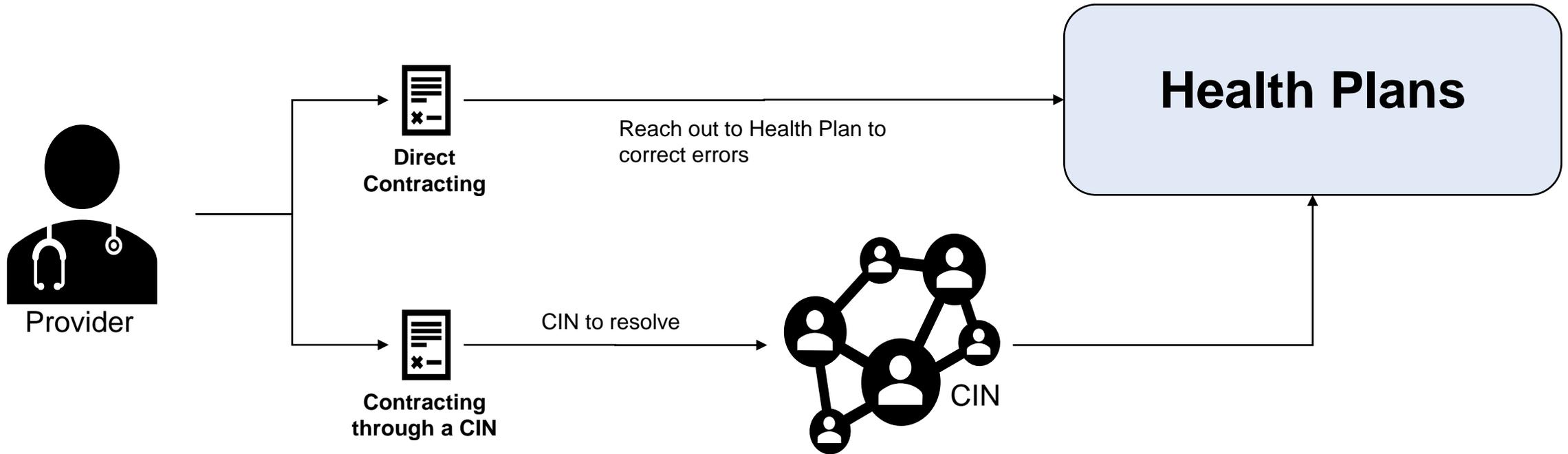
The top screenshot shows a question: "Do you wish to link or affiliate with another enrolled provider?" with radio buttons for "Yes" (selected) and "No". A red asterisk indicates a required field. A blue circle with the number "1" is placed over the "Yes" radio button.

The bottom screenshot shows the "Add Affiliated Provider" section. It includes a text input field for "Enter organization's NPI and click [2] 'Lookup NPI' [3]". Below this is a field for "NPI:" with a "Lookup NPI" button. A red asterisk indicates a required field. A blue circle with the number "2" is placed over the text input field, and a blue circle with the number "3" is placed over the "Lookup NPI" button.

Data displayed in the tool will be refreshed daily, at midnight, to reflect completed changes from the previous day.

What Should Providers do to Update Their Record?

3. Providers unable to find their **practice associated with the correct Health Plans**, should reach out directly to the Health Plan to correct the errors.
 - If contracting with health plans through a Clinically Integrated Network (CIN), providers should reach out to their CIN to resolve.



Reporting Errors

- If a provider has followed all guidance to correct their provider record and still encounters issues, users are encouraged to use the “**Report an Error**” link in the top right corner on any page of the Lookup Tool.
- These errors will be reviewed by the Provider Operations Team who will respond to the user’s feedback.

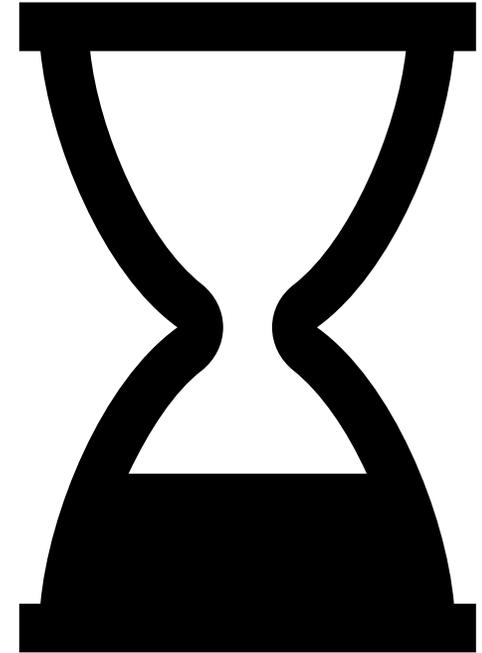
The screenshot shows the top navigation bar with a red-bordered button labeled "REPORT AN ERROR" with a warning triangle icon. Below it is a search bar with the text "Find" and a dropdown arrow, and a description: "Find and view primary care providers (PCPs) and health plans". To the right are links for "Contacts and links", "Get answers", "Words to know", and "Member resources".

The main content area has a dark blue header with the text "er (PCP)". Below this is a white form titled "Report an Error - Providers, Provider Reps, & Healthcare Organizations". The form includes the following fields:

- Your name
- Your email address
- Your phone number
- Your address line 1
- Your address line 2
- Your city
- Your state (dropdown menu)
- Your ZIP Code
- Your NPI/Atypical #
- Category (dropdown menu)
- Message (max 250 characters) (text area)

At the bottom of the form are "Clear all" and "Submit" buttons.

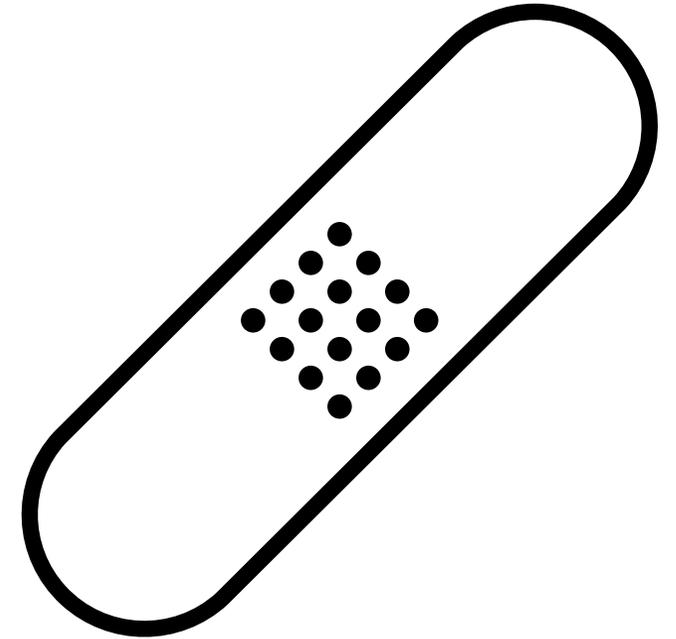
**What can my practice
do to ensure accurate
information displays in
the Provider Lookup
Tool?**



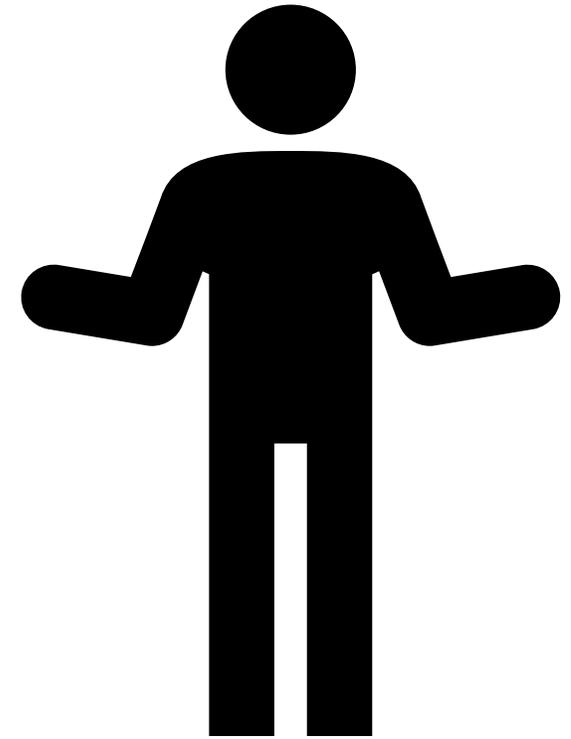
What if I identify a change I need to make to my record during Open enrollment? Will I lose my patients?



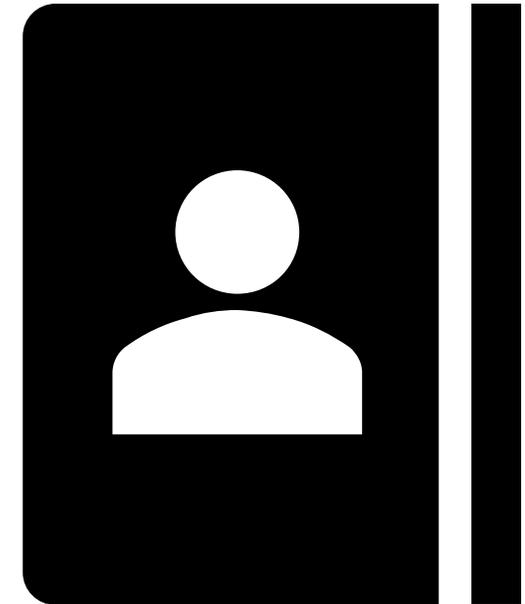
**What steps do I take to
correct:
Demographic information
Affiliation/ location status
List of Contracted PHPs**



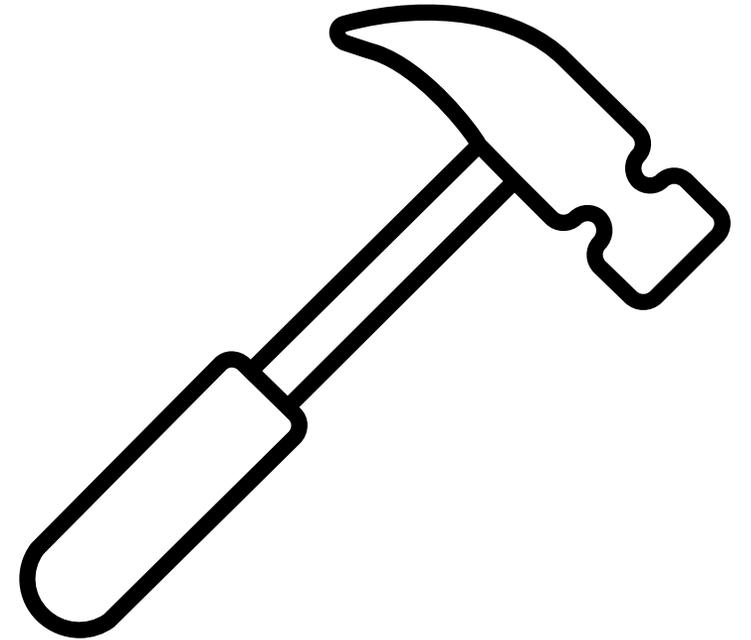
After I fill out a Manage Change Request (MCR), when should I expect the changes to be reflected in NC Tracks? What about the Provider Lookup Tool?



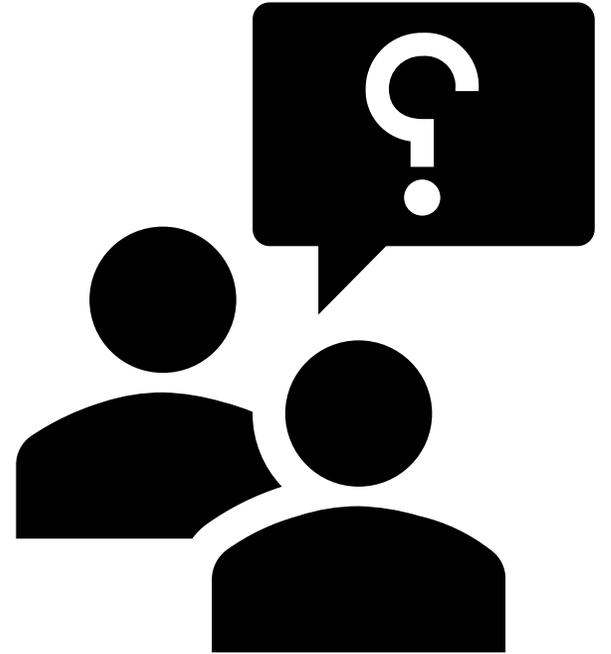
What should I do if the results displayed for a provider do not include all health plans provider is contracted with?



Should I use the ‘Provider Affiliation report’ or ‘Provider Directory List report’ to determine if information is correct?



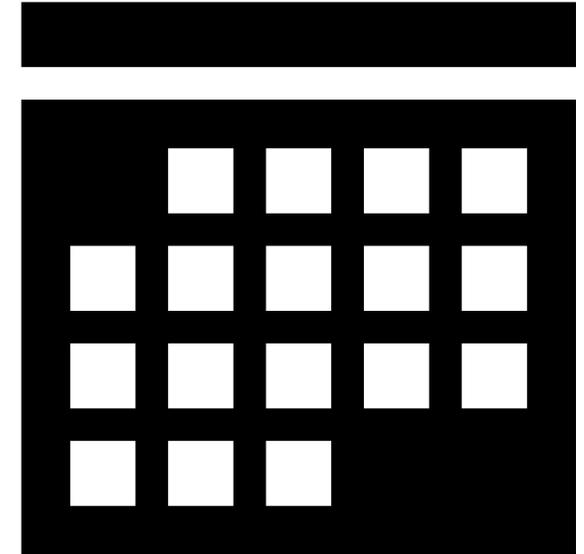
If my information is correct in NCTracks but not correct in the provider directory and I am not in a CIN, do I work directly with the PHPs?



If engagement with CIN or PHP is not resulting in correct information in the provider directory, is there another resource such as the Medicaid ombudsman? If so, how do I contact that resource?



Once the Provider and Health Plan Lookup Tool is live, how often will the information be updated?



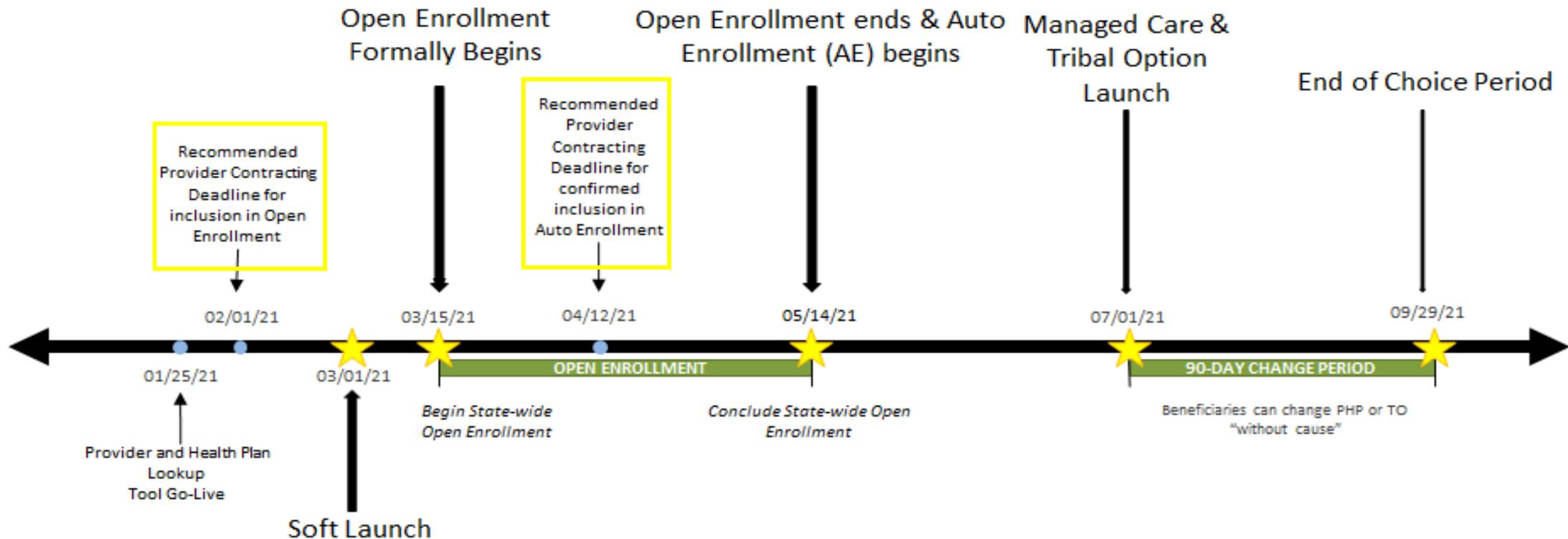
Where can I access the appropriate resources for this kind of information on the DHHS website?



Provider Contracting

Provider Contracting

Providers are encouraged to contract with all PHPs. Contact information each PHP to engage in contracting is available at: <https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources>



Provider Contracting

Why is it important to contract with health plans in advance of these enrollment events?

- PCPs who do not contract with health plans by the deadlines, risk losing patients, as beneficiaries may only select in-network (contracted) PCPs during open enrollment and health plans will assign beneficiaries to in-network providers only.
- Providers who do not contract with health plans in a timely fashion may also miss out on the ability to earn per member per month (PMPM) payments through the Advanced Medicaid Home (AMH) program.
- If a contract is not in place by Medicaid Managed Care launch on July 1, 2021, and the provider has not engaged in good faith negotiations, the provider is at risk for being reimbursed at 90% of the current Medicaid fee for service rate and subject to additional prior authorizations.

Can I contract after July 1, 2021?

- Providers are encouraged to continue contract negotiations with health plans and finalize the contract as soon as possible. However, if contracts are not finalized until after July 1, 2021, providers can continue to try to contract with health plans. At the point at which health systems or providers successfully execute contracts with a health plan, they become in-network providers with that health plan.

If you are interested in contracting and have not heard back from a PHP, you can contact Medicaid.HelpCenter@dhhs.nc.gov starting March 1st.

**Do Health Departments
have to contract with the
PHPs too?**



If I am part of a hospital system, how do I know who to contract with?



How soon after finalizing a contract with a health plan will I show up in the Enrollment Broker Medicaid and Health Choice Provider Lookup Tool as in-network with that health plan?

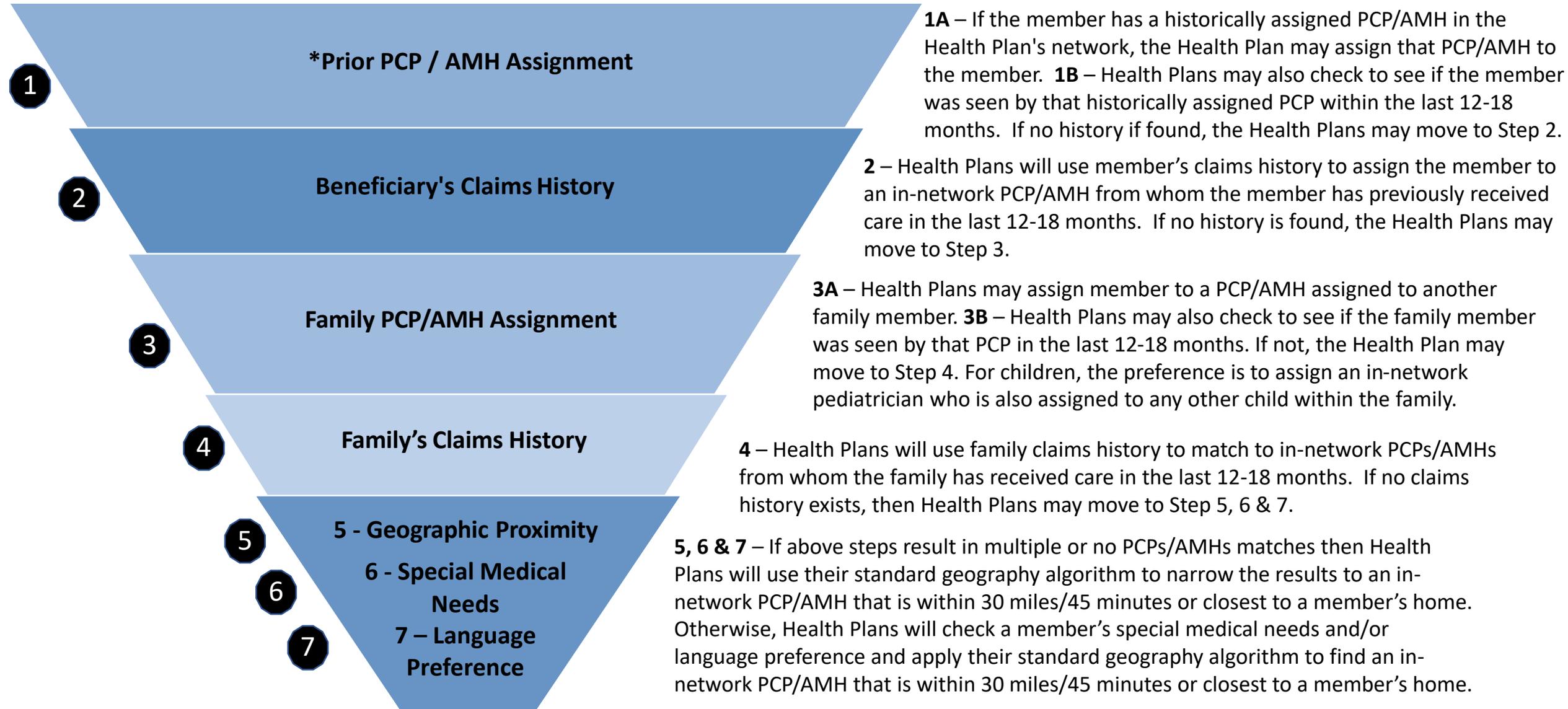




QUESTIONS?

APPENDIX

PCP / AMH Auto Assignment Algorithm (Occurs After Health Plan Auto Enrollment)



*Applies to Standard Plan beneficiaries who did not select a PCP/AMH



Scenario 1: Individual Beneficiary with Prior PCP / AMH

Barbara Smith is a current Medicaid beneficiary that is part of the mandatory Standard Plan population. She lives in Region 4 and has had Oak Heath Practice assigned as her PCP for 5 years. She has claims history with Oak Health. Oak Health Practice has contracted with Health Plans A and B. The Department enrolls her in Health Plan B using the auto-enrollment process. Health Plan B will assign Barbara to Oak Heath Practice using the PCP/AMH auto assignment process.

1 Prior PCP/AMH Assignment

Barbara's prior PCP is Oak Health Practice and it is in-network with Health Plan B. Health Plan B assigns Oak Health Practice as Barbara's PCP.

Oak Health Practice ✓

2 Beneficiary's Claims History

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH assignment and claims information.

3 Family PCP Assignment

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

4 Family's Claims History

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

5 Geographic Proximity

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

6 Special Medical Needs

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

7 Language Preference

Not applicable as Barbara is assigned a PCP/AMH based to her prior PCP/AMH information.

Oak Health Practice is assigned to Barbara based on her Prior PCP / AMH information.



Scenario 2: Family Beneficiary PCP / AMH Auto Assignment using Family PCP Assignment - Michelle

Michelle Baker and her child, Simone 10, are mandatory Standard Plan Medicaid beneficiaries living in Region 3. Michelle does not have an assigned PCP but Simone is assigned to Oak Family Medicine as her PCP and has been seen there in the past year. They did not make Health Plan selections for themselves prior to the end of Open Enrollment. The Department enrolled them to Health Plan C using the auto-enrollment process. Health Plan C assigns them both to Oak Family Medicine using the AMH/PCP auto assignment process.



1 Prior PCP/AMH Assignment

Michelle does not have a prior assigned PCP/AMH. Go to next step.

2 Beneficiary's Claims History

Michelle's claims history will be analyzed for PCP/AMH visits. Michelle visited two AMHs in the past, they will be picked up for assignment.

Mountain Health ✓
Oak Family Medicine ✓

3 Family PCP Assignment

Michelle's daughter, Simone has been enrolled with Health Plan C and is assigned to Oak Family Medicine. Michelle will also be assigned to Oak Family Medicine as that was an available choice based on her claims history.

Oak Family Medicine ✓

4 Family's Claims History

Not applicable as Michelle is assigned to Oak Family Medicine as part of earlier step.

5 Geographic Proximity

Not applicable as Michelle is assigned to Oak Family Medicine as part of earlier step.

6 Special Medical Needs

Michelle does not have any language preference so this criterion does not apply to her.

7 Language Preference

Michelle does not have any language preference so this criterion does not apply to her.

Oak Family Medicine is assigned to Michelle based on her claims history and family PCP Assignment.



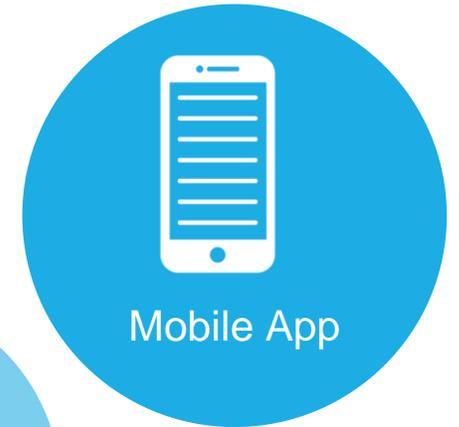
Auto-Enrollment Algorithm

Beneficiaries who do not choose a health plan during open enrollment will be auto-enrolled in one. The auto-enrollment algorithm is based on the following criteria.

- 1 Beneficiary's geographic location
- 2 Whether the beneficiary is a member of a special population
- 3 Historical provider-beneficiary relationship and preference
- 4 Health plan assignments of other family members
- 5 Previous health plan enrollment within the past 12 months
- 6 Equitable health plan distribution

Steps to Enroll

1. Choose a primary care provider (PCP)
2. Choose a health plan
3. Enroll in one of these ways:
 - Go to ncmedicaidplans.gov
 - Use the NC Medicaid Managed Care mobile app
 - Call toll free: 1-833-870-5500
 - Fill out and mail or fax in a completed enrollment form



Enrollment Packet: Sample Mandatory Transition Notice



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). The call is free. We can speak with you in other languages.

ENROLLMENT PACKET NOTICE TO HOUSEHOLD WHERE ALL PEOPLE MUST CHOOSE A HEALTH PLAN (MANDATORY)
NC Medicaid 20210106 v1.0

Patricia A. Jones
1234 Any Main Street
Raleigh, NC 27603-1000

March 1, 2021

Dear Patricia A. Jones:

There will be a new way to get Medicaid health care

Starting July 1, 2021, most people will get the same Medicaid services in a new way – through health plans.

A **health plan** is a group of doctors, hospitals and other providers. They work together to give you the health care you need. Everything will come from the same health plan. This includes – physical health, behavioral health and medicine. Some health plans provide added services like programs to help you quit smoking.

NC Medicaid Direct is North Carolina's current health care program for Medicaid members. It will continue to provide the same services including developmental disability, behavioral health, traumatic brain injury and substance use disorder services for members who need these special services.

Even if you already chose a health plan, you will need to choose again. If you don't choose a health plan, we will choose one for you. You know your needs best, so it's better if you choose.

Some things will stay the same

Medicaid eligibility rules and processes are not changing.

[More on back ▶](#)

MEDICAID EB TRANS ENG 201016

To get this information in other languages or formats such as large print or audio, call **1-833-870-5500**.

The people below should choose a primary care provider and health plan by May 14, 2021

Patricia A. Jones	Medicaid ID: XXX-XX-XXXX
Rodney M. Jones	Medicaid ID: XXX-XX-XXXX

There are 3 steps to enroll:

① Choose a primary care provider (PCP) for these members

- Your PCP could be your family doctor, clinic or other health care provider. Your PCP will help you with your health care needs. You can choose a new PCP.
- You can choose a different PCP for each member.
- Remember, health plans work with different PCPs. To keep your doctor, clinic or other provider as your PCP, find out which health plans they work with. Then choose one of those health plans.
- You can ask your provider which health plans they work with. Or you can call us at **1-833-870-5500** (TTY: 1-833-870-5588).
- You can also find a list of health care providers for each health plan at ncmedicaidplans.gov.

② Choose a health plan

- If you want to keep your provider as your PCP, choose a health plan your primary care provider works with.
- Read the Health Plan Choice Guide that came with this letter. It tells you about the health plans and added services they offer.
- Choose the best one for you.

③ Enroll in one of these ways

- Go to ncmedicaidplans.gov.
- Use the NC Medicaid Managed Care mobile app. To get the free app, search for **NC Medicaid Managed Care** on [Google Play](#) or the [App Store](#).
- Call us at **1-833-870-5500** (TTY: 1-833-870-5588).
- Mail the enrollment form in the envelope that came with this letter. Or fax it to **1-833-898-9655**.

[More on next page ▶](#)

MEDICAID EB TRANS ENG 201016

ncmedicaidplans.gov | **1-833-870-5500** (TTY: 1-833-870-5588)

We will choose a health plan for you if you don't choose by May 14, 2021

It's better if you choose a health plan, because you know your health care needs best.

What happens next?

After you enroll, your health plan will send you information and a new ID card. You will use your ID card to get health care services. If you have questions, call your health plan's member services number on your ID card.

You can start using your new health plan on **July 1, 2021**. Until then, get care and services the way you do now.

If you decide later that you want to change your health plan

You will be able to change your health plan until **September 30, 2021**.

After that, unless you have a special reason, you cannot change your health plan until your Medicaid recertification date.

If you think you should not be enrolled in a health plan because you need certain services to address needs related to developmental disability, behavioral health, traumatic brain injury or substance use disorder, you can request a reconsideration. This is a review of the decision. To ask for a reconsideration call us at **1-833-870-5500** (TTY: 1-833-870-5588).

Questions?

We can help. Go to ncmedicaidplans.gov. You can also use the "chat" tool on the website. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588), 7 a.m. to 8 p.m., 7 days a week. After **May 14, 2021**, we are open from 7 a.m. to 5 p.m., Monday through Saturday. The call is free. You may need your Medicaid ID number when you call us or go to the website.

Thank you,
NC Medicaid Team

MEDICAID EB TRANS ENG 201016

ncmedicaidplans.gov | **1-833-870-5500** (TTY: 1-833-870-5588)

Enrollment Packet: Health Plan Choice Guide (front)

SAMPLE



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

Health Plan Choice Guide

All health plans are required to have the same type of Medicaid services you get now. These include:

- Doctor visits
- Hospital visits
- Behavioral health care
- Prescriptions
- Eye care
- Medical supplies
- Lab tests and X-rays
- Therapies
- Hospice
- Care management

To see the full list of NC Medicaid covered services provided by the health plans, go to ncmedicaidplans.gov.

Health plans also have added services. To view added services, see the other side.

<p>1-800-260-9992 TTY: 711 EBCITribalOption.com 8 a.m. to 4:30 p.m., Monday through Friday</p>  <p>Only available in the counties listed below</p>	<p>1-866-799-5318 TTY: 711 www.wellcare.com/nc 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Statewide (all 100 counties)</p>	<p>1-800-349-1855 TTY: 711 uhcommunityplan.com/nc 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Statewide (all 100 counties)</p>	<p>1-844-594-5070 TTY: 711 healthybluenc.com 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Statewide (all 100 counties)</p>	<p>1-855-375-8811 TTY: 1-866-209-6421 amerihealthcaritasnc.com 24 hours a day, 7 days a week</p>  <p>Statewide (all 100 counties)</p>	<p>1-833-552-3876 TTY: 711 carolinacompletehealth.com 7 a.m. to 6 p.m., Monday through Saturday</p>  <p>Only available in the counties listed below</p>

EBCI Tribal Option is only available in Cherokee, Graham, Haywood, Jackson and Swain counties. Eligible members in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison, and Transylvania

Carolina Complete Health is only available in these counties: Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren, Wilson

Questions? Go to ncmedicaidplans.gov. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). The call is free. We can speak with you in other languages.

You can get this information in other languages or formats, such as large print or audio.

Enrollment Packet: Health Plan Choice Guide (back)

Use this guide to view **added services** each health plan offers. **Some services may only be available for members who qualify.** For questions, call **1-833-870-5500** (TTY: 1-833-870-5558).

 EBCI TRIBAL OPTION	 WellCare Beyond Healthcare. A Better You.	 UnitedHealthcare Community Plan	 HealthyBlue	 AmeriHealth Caritas North Carolina	 carolina complete health
<p>Education</p> <ul style="list-style-type: none"> Up to \$250 General Educational Development (GED) exam voucher, materials and life skills training Up to \$750 voucher for Associate Degree tuition and materials Up to \$250 voucher for a computer if accepted and enrolled full time in an institution of higher education <p>Prenatal</p> <ul style="list-style-type: none"> Up to \$75 in gift cards if go to prenatal appointments <p>Wellness</p> <ul style="list-style-type: none"> Offers of nutrition, cooking, and exercise classes <p>Youth</p> <ul style="list-style-type: none"> 1 pair sport shoes per calendar year Car safety seat with installation and use education <p>Other</p> <ul style="list-style-type: none"> Cherokee Language classes and supplemental learning materials Transportation for job training and other activities to implement person's care plan 	<p>Education</p> <ul style="list-style-type: none"> \$120 GED voucher, including GED testing, tutoring, and reading scholarships <p>Prenatal</p> <ul style="list-style-type: none"> Up to \$450 in rewards for baby products; stroller, playpen, car seat, or diapers <p>Wellness</p> <ul style="list-style-type: none"> \$75/year rewards gift cards 20% CVS discount card 24-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> Boy Scouts, Girl Scouts and 4-H Club membership <p>Other</p> <ul style="list-style-type: none"> Hearing aid (up to \$300) Up to \$120 yearly for over-the-counter drugs Cell phone with 350 monthly minutes, free texts, 3 GB data Rides to covered services for Health Choice members and rides to classes and events for all members 	<p>Education</p> <ul style="list-style-type: none"> Up to \$160 GED exam voucher, materials, and life skills training <p>Prenatal</p> <ul style="list-style-type: none"> Free electronic breast pump Up to \$100 in rewards for baby products <p>Wellness</p> <ul style="list-style-type: none"> \$75/year rewards gift cards 13-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> \$75 yearly for membership at Boys and Girls Club or YMCA <p>Other</p> <ul style="list-style-type: none"> \$100 yearly value in alternative healing, acupuncture, massage therapy Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma Cell phone with 350 monthly minutes, free texts Free meal delivery up to 14 days after hospital stay, if qualify 	<p>Education</p> <ul style="list-style-type: none"> \$50 annual gift card for school supplies GED exam voucher (up to \$160 value) 24 hours of online tutoring for eligible members ages 6-18, if qualify <p>Wellness</p> <ul style="list-style-type: none"> Up to \$75 yearly rewards for doctor visits 13-week voucher for WW® (formerly Weight Watchers) 3 months of fresh fruits and veggies for qualifying members <p>Youth</p> <ul style="list-style-type: none"> \$75 yearly for membership like Boys and Girls Club, Boy Scouts, or Girl Scouts Up to \$150 for after school activities <p>Other</p> <ul style="list-style-type: none"> Cell phone with monthly data, minutes and bonus minutes \$20 Uber gift card for college students for grocery stores, local events 	<p>Education</p> <ul style="list-style-type: none"> GED program with free practice and regular tests <p>Prenatal</p> <ul style="list-style-type: none"> High-risk pregnancy home educational visits <p>Wellness</p> <ul style="list-style-type: none"> \$75/year rewards gift cards Weight Watchers® membership for qualifying members <p>Youth</p> <ul style="list-style-type: none"> Boys & Girls Club membership, ages 18 and younger Home visits, supplies for children with asthma, ages 2-18 <p>Other</p> <ul style="list-style-type: none"> Pain management education and support Extra pair of glasses and eye exam every 2 years, ages 21-64 2 meals per day for up to 7 days after hospital stay Smart phone with 1,000 minutes, unlimited texts, & 1 GB data per month 	<p>Education</p> <ul style="list-style-type: none"> GED exam voucher, study materials \$75/year value school supplies, online tutoring, members grades PreK-12 before GED <p>Prenatal</p> <ul style="list-style-type: none"> Up to \$100 per year for new mothers; car seat, diapers, diaper bag, breast pump, high-risk pregnancy visits <p>Wellness</p> <ul style="list-style-type: none"> \$75 per year rewards card \$120 per year for approved healthy foods at Walmart® Up to 14 weeks of Weight Watchers® and online tools <p>Youth</p> <ul style="list-style-type: none"> \$75 per year value after school sports/activities/youth club membership, ages 6-18 <p>Other</p> <ul style="list-style-type: none"> \$125/year for glasses, contacts for members ages 21 & up \$120/year per household for over-the-counter products Cell phone with 250 monthly minutes, free calls, texts

Medicaid Managed Care Provider Directory and Health Plan Look Up Tool

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 will be available to beneficiaries beginning March 1, 2021.

The screenshot shows the website's navigation bar with the NCDHHS logo, 'Learn' and 'Find' dropdown menus, and utility links like 'CHANGE TEXT SIZE', 'ENGLISH', 'ESPAÑOL', and 'REPORT AN ERROR'. The main content area features a dark blue header with 'Find a primary care provider (PCP)' and a 'View your choices' section with an explanatory text and three images: a woman at a computer, an elderly couple, and a doctor. A 'Watch a video' link is below the first image. A chatbot notification at the bottom right states '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](#).

If you experience issues, first “Report an Error”

- If a provider has followed all guidance to correct their provider record and still encounters issues, users are encouraged to use the “**Report an Error**” link in the top right corner on any page of the Lookup Tool.
- These errors will be reviewed by the Provider Operations Team who will respond to the user’s feedback.

The screenshot shows the top navigation bar with a red-bordered button labeled "REPORT AN ERROR" with a warning icon. Below it is a search bar with a "Find" dropdown menu. The main content area has a dark blue header with the text "er (PCP)". Below this is a white form titled "Report an Error - Providers, Provider Reps, & Healthcare Organizations". The form includes fields for "Your name", "Your email address", "Your phone number", "Your address line 1", "Your address line 2", "Your city", "Your state" (a dropdown menu), "Your ZIP Code", and "Your NPI/Atypical #". There is also a "Category" dropdown menu and a "Message (max 250 characters)" text area. At the bottom of the form are "Clear all" and "Submit" buttons.

After reporting an error, if you need more help reach out to the 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.
- 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.

Virtual Office Hours (VOH) Session on Tuesday, March 2 from 4pm-5pm

MORE INFORMATION COMING SOON!

The North Carolina Department of Health and Human Services Division of Health Benefits and North Carolina AHEC are offering a virtual office hour session to demo the Provider and Health Plan Lookup Tool and offer a Q&A session.

Provider and Health Plan Lookup Tool Fact Sheet

The [Medicaid and NC Health Choice Provider and Health Plan Lookup Tool](#) Fact Sheet is located on the [Provider Playbook Fact Sheet](#) page.

The screenshot shows the top navigation bar of the NCDHHS website. It includes the NCDHHS logo, a search bar, and a language selection dropdown. The main navigation menu contains links for Home, Beneficiaries, Transformation, Meetings & Notices, Find A Doctor, Providers (with a dropdown arrow), Counties, and Reports. A COVID-19 response banner is visible below the navigation. The breadcrumb trail indicates the current page is 'Fact Sheets' under 'Provider Playbook: Medicaid Managed Care'.

Fact Sheets

**Provider Playbook:
Medicaid Managed Care**

Interim Reports to Assist Providers in Verifying Their Records

These are located on the [Provider Playbook Trending Topics](#) page:

- The [Provider Directory Listing Report](#) is available to providers for the purpose of providing transparency about their Health Plan(s) contracting status, as well as the manner in which their data will appear in the public-facing provider directory once it launches.
- The [Provider Affiliation Report](#) contains all active organizations, their service location and each affiliated individual provider. This report will only display individual to organization affiliations as found in NCTracks.

Provider Playbook: Medicaid Managed Care

[Beneficiary Materials](#)

[Fact Sheets](#)

[Frequently Asked Questions and
Answers - Medicaid Providers](#)

**Provider Playbook: Training
Courses**

[Trending Topics](#)

[Virtual Office Hours](#)

Provider Playbook Updates

- 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.

Webinar Series for Medicaid Providers and Practice Leaders

- NC Medicaid and North Carolina Area Health Education Centers (AHEC) have partnered to host a series of webinars on the **First and Third Thursdays of each month** to increase engagement with providers, practice managers and quality managers.
- The latest schedule, registration and information about previous webinars is available [here](#).

Additional Practice Support

- In coming months, NC Medicaid and AHEC will host health plan and EBCI Tribal Option provider Meet-N-Greets, Webinars, and Virtual Office Hours sessions with a focus on Medicaid Managed Care Readiness. More details will be coming soon.
- Providers may find all the latest information about NC Medicaid in the [Medicaid Bulletin](#) or by subscribing to the [NCTracks mailing list](#).