

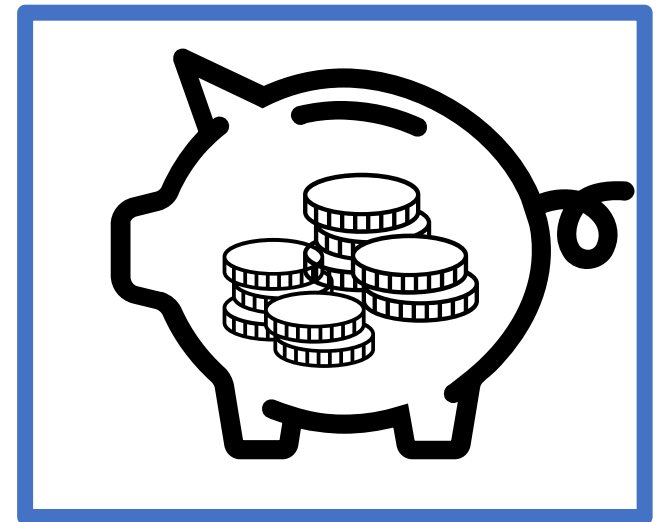


# Majority OB Medicaid “MOM” Workgroup

## 4/8/2021

# MOM Workgroup Covered Topics

- PMH incentives
- Smoking Cessation
- Depression Screening
- Sterilizations
- Ultrasound denials



<https://www.communitycarenc.org/what-we-do/clinical-programs/pregnancy-medical-home>



# Future MOM workgroup topics

Please continue to tell us your most common denial reason and topics or concerns you would like covered in the future.

# Beneficiary Enrollment

Members must select a Health Plan by May 14, 2021. After that date members will be auto assigned.

## Choose a health plan by May 14, 2021

In the new way to get Medicaid, you need to choose a health plan. We sent you a packet in the mail. If you don't choose a health plan, we will choose one for you.

Choose a health plan in one of these ways:

1. Online at [ncmedicaidplans.gov](https://ncmedicaidplans.gov)
2. Use the NC Medicaid Managed Care mobile app
3. Call us at 1-833-870-5500 (TTY: 1-833-870-5588)
4. Mail the Enrollment Form we sent you

## Questions?

Call us at 1-833-870-5500  
TTY: 1.833.870.5588



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES  
Division of Health Benefits

PATRICIA A. JONES  
1234 ANY MAIN STREET  
RALEIGH, NC 27603-1000



**It's time to choose  
a health plan!**



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Division of Health Benefits

# Beneficiary Enrollment

## Enroll in one of these ways:

- Go to [ncmedicaidplans.gov](https://ncmedicaidplans.gov)
- Use the NC Medicaid Managed Care mobile app
- Call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588)
- When you receive an enrollment form in the mail, fill it out and mail or fax it back

Members will be allowed to change their health plan once before September 30.

After September 30<sup>th</sup>, members will remain in their health plan until the member's recertification period, unless they have a special reason.

► **Tell us why you want to change your plan** (Put an X next to the reason or reasons you want to change plans. We may ask you to provide proof to support your request).

- |  |   |
|--|---|
| <input type="checkbox"/> Cannot get all needed health services in one plan               | <input type="checkbox"/> Family member is in a different plan                       |
| <input type="checkbox"/> Long Term Services & Supports (LTSS) provider no longer in plan | <input type="checkbox"/> Poor performance of plan                                   |
| <input type="checkbox"/> Current plan cannot meet medical needs                          | <input type="checkbox"/> Plan will not cover service for moral or religious reasons |
|  | <input type="checkbox"/> Other (please explain why)                                 |

# Health Plan Confirmation Notice

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

March 1, 2021

Dear Patricia A. Jones:

## Your health plan

You chose a health plan, or we chose one for you. The people listed below can start getting services from the health plan on the start dates below. If you chose a primary care provider (PCP), your PCP is listed below.

Name / ID Number	Health Plan / Start Date / Phone	PCP / Address / Phone
Patricia A. Jones XXX-XX-XXXX	WellCare <b>July 1, 2021</b> 1-866-799-5318	Dr. Betty Phillips 101 Blair Street Raleigh, NC 27699 919-855-6200

## If you want to **keep** your health plan

You can stay in the health plan listed in this letter. You do not have to do anything.

## If you want to **change** your health plan, choose a new health plan by September 30, 2021

All health plans are required to have the same Medicaid services. Some health plans provide added services like programs to help you quit smoking. To learn more about the health plans and the services they offer:

- Go to [ncmedicaidplans.gov](https://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](#).

More on back ►

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# Beneficiary Outreach Materials

\*Highlight health plan column to delete the health plans you are not contracted with.

## ATTENTION Patients with Medicaid Insurance

Thank you for being a patient of  
**[insert practice name]**

You have until **May 14, 2021** to enroll for Medicaid Managed Care.  
**[Insert practice name]** has contracted with the following Health Plans:

 WellCare Beyond Healthcare. A Better You.	 UnitedHealthcare Community Plan	 Healthy Blue	 AmeriHealth Caritas North Carolina	 carolina complete health
1-866-799-5318 <a href="http://wellcare.com/nc">wellcare.com/nc</a>	1-800-349-1855 <a href="http://uhccommunityplan.com/nc">uhccommunityplan.com/nc</a>	1-844-594-5070 <a href="http://healthybluenc.com">healthybluenc.com</a>	1-855-375-8811 <a href="http://amerihealthcaritasnc.com">amerihealthcaritasnc.com</a>	1-833-552-3876 <a href="http://carolinacompletehealth.com">carolinacompletehealth.com</a>
7 a.m. to 6 p.m. Monday through Saturday	7 a.m. to 6 p.m. Monday through Saturday	7 a.m. to 6 p.m. Monday through Saturday	24 hours a day, 7 days a week	7 a.m. to 6 p.m. Monday through Saturday

All plans are required to have the same type of Medicaid services you get now including:

Prenatal Care	Care Management	Hospital Visits	Lab Tests	Pregnancy Ultrasound
Behavioral Health Care	Nutrition	Prescriptions	Transportation Assistance	Eye Care

To see the full list of NC Medicaid covered services provided by the health plans, go to  
[ncmedicaidplans.gov](http://ncmedicaidplans.gov)

### Enroll in one of these ways:

- Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
- Use the NC Medicaid Managed Care mobile app
- Call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588)
- When you receive an enrollment form in the mail, fill it out and mail or fax it back

# Beneficiary Outreach Materials

## Medicaid Beneficiary Outreach Materials- available in English & Spanish

### Managed Care Flyer

**THERE IS A NEW WAY TO GET MEDICAID HEALTH CARE**


Most people will get the same Medicaid services in a new way – through health plans. You will be able to choose the health plan that is best for you. You will also choose a primary care provider (PCP).

**WHAT YOU NEED TO DO**

- 1 Choose a primary care provider (PCP):**  
To keep your doctor, clinic or other health care provider as your PCP, find out which health plan they work with. You can also choose a new PCP. For a list of doctors for each health plan, visit the website, use the mobile app or call us toll free.
- 2 Choose a health plan:**  
A health plan is a group of doctors, hospitals and other providers. They work together to give you the health care you need. There are several health plans to choose from. Learn more: [ncmedicaidplans.gov/find/viewhealthplans](http://ncmedicaidplans.gov/find/viewhealthplans)
- 3 Enroll in one of these ways:**
  - Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
  - Use the NC Medicaid Managed Care mobile app
  - Call us toll free at **1-833-870-5500** (TTY: 1-833-870-5588)
  - When you receive an enrollment form, fill it out and mail or fax it back

**IF YOU HAVE MORE QUESTIONS**

- **About your eligibility:** Contact your local Department of Social Services (DSS) office. Find contact information here: [ncdhhs.gov/localdss](http://ncdhhs.gov/localdss)
- **About choosing or enrolling in a health plan:** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) (chat feature available), use the NC Medicaid Managed Care mobile app or call us toll free at **1-833-870-5500** (TTY: 1-833-870-5588)
- **About your benefits:** Call your health plan. Find contact information here: [ncmedicaidplans.gov/find/viewhealthplans](http://ncmedicaidplans.gov/find/viewhealthplans)



NC DEPARTMENT OF  
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### Managed Care Palm Card

**NC MEDICAID IS CHANGING**

**You have a choice of health plans**

**WHAT YOU NEED TO DO**

- 1 Choose a primary care provider (PCP)**
- 2 Choose a health plan**
- 3 Enroll in one of these ways:**
  - Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
  - Use the NC Medicaid Managed Care mobile app
  - Call toll free: **1-833-870-5500** (TTY: 1-833-870-5588)
  - Fill out and mail or fax in your enrollment form

**QUESTIONS?**

THIS IS NOT YOUR MEDICAID CARD

- **About your eligibility:** Contact your local Department of Social Services (DSS) office: [ncdhhs.gov/localdss](http://ncdhhs.gov/localdss)
- **About choosing or enrolling in a health plan:** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) or call **1-833-870-5500** (TTY: 1-833-870-5588). The call is toll free.
- **About your benefits:** Call your health plan.

EBCI Tribal Option*	1-800-260-9992
WellCare	1-866-799-5318
UnitedHealthcare Community Plan	1-800-349-1855
HealthyBlue	1-844-594-5070
AmeriHealth Caritas	1-855-375-8811
Carolina Complete Health*	1-833-552-3876

\*Not offered in all counties. Visit [ncmedicaidplans.gov/find/viewhealthplans](http://ncmedicaidplans.gov/find/viewhealthplans).

MEDICAID EB TRANS ENG 210106

### Beneficiary Poster

# Medically Necessary Circumcisions

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## Medically Necessary Circumcision-Policy

- Medically Necessary Circumcision for Newborns
  - Healthy newborn (28 days or less)
  - Hospital or in an office setting for:
    - Congenital obstructive urinary tract anomalies
    - Neurogenic bladder
    - Spina bifida
    - Urinary tract infections
    - Prophylaxis for Human Immunodeficiency Virus (HIV).

**Note:** Circumcision for (HIV) Prophylaxis must be submitted with ICD-10-CM diagnosis code Z29.8 (Encounter for other specified prophylactic measures) as the primary or secondary diagnosis on the claim.

# Medically Necessary Circumcisions

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- Medically Necessary Circumcision for Non-Newborns
  - Greater than 28 days old when medically necessary
  - Conditions that meet medical necessity for non-newborn circumcision are:
    1. A documented prior history of recurrent urinary tract infections.
    2. Documented vesicoureteral reflux of at least a Grade III.
    3. Paraphimosis.
    4. Recurrent balanoposthitis.
    5. Recurrent balanitis or balanitis xerotica obliterans.
    6. Congenital Chordee.
    7. True phimosis causing urinary obstruction, hematuria or preputial pain for a beneficiary age six and older.
    8. Secondary or acquired phimosis causing urinary obstruction, hematuria or preputial pain unresponsive to medical therapy
    9. Condyloma acuminatum
    10. Malignant neoplasm of the prepuce.
    11. Prophylaxis for Human Immunodeficiency Virus (HIV).

# Medically Necessary Circumcisions

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- Medicaid and NCHC shall cover lysis or excision of penile post-circumcision adhesions when medically necessary.
  - a) Refer to Attachment A, Section C for the specific CPT code when:
    - 1) adhesions are severe enough to require anesthesia or analgesia stronger than topical analgesia and an instrumented release under sterile conditions.
    - 2) adhesions require only foreskin manipulation, including lysis of preputial adhesions and stretching.
- Medicaid and NCHC shall cover the repair of incomplete circumcision when excessive residual prepuce remains after a previous medically necessary circumcision.

# Medically Necessary Circumcisions

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## Prior Approval

Medicaid and NCHC shall **not** require prior approval for medically necessary circumcision; however, all claims for circumcision are subject to post-payment review.

## Limitations

Circumcision & Repair of incomplete Circumcision, when medically necessary, are covered only once per lifetime.

## Documentation

Documentation to support medical necessity must be provided. When providing a medically necessary post-circumcision procedure (refer to Subsections 3.2.1(c) and (d), the date of the original circumcision must be noted in the health record.

## Settings

Inpatient, Outpatient, Ambulatory Surgery Center, and Office

# Billing Necessary Circumcisions

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- Should be billed to the child's MID
- Health plans will receive newborn enrollment information daily. The county DSS office enters the newborn's eligibility in NC FAST.
- The provider should use the NCTracks Recipient Eligibility Verification function in the Provider Portal to verify enrollment information of the newborn and bill the appropriate health plan.

If on the date she gives birth, the mother is covered by...	Newborn is covered by...
Medicaid Direct	Medicaid Managed Care Health Plan
Medicaid Managed Care Health Plan	Medicaid Managed Care Health Plan

## [Managed Care Eligibility for Newborns: What Providers Need to Know](#)

# Eligibility for Newborns

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## Managed Care Eligibility for Newborns: What Providers Need to Know

- If the mother has Medicaid:
  - The child is automatically eligible for Medicaid
  - The child is eligible from the 1<sup>st</sup> day of the month of birth through the end of the month the child turns one.
  - DSS policy requires the baby's Medicaid be keyed within 5 business days of the reported birth.
- If the mother does not have Medicaid:
  - The child may be eligible for Medicaid.
  - A Medicaid application must be submitted to the local county DSS to determine eligibility.



# Thank you!

If you have any MOM workgroup topic suggestions, please send them to [kdeberry@communitycarenc.org](mailto:kdeberry@communitycarenc.org)



**Next MOM Workgroup meeting:  
Thursday May 13<sup>th</sup> 9:00-9:30.**



Community Care  
OF NORTH CAROLINA