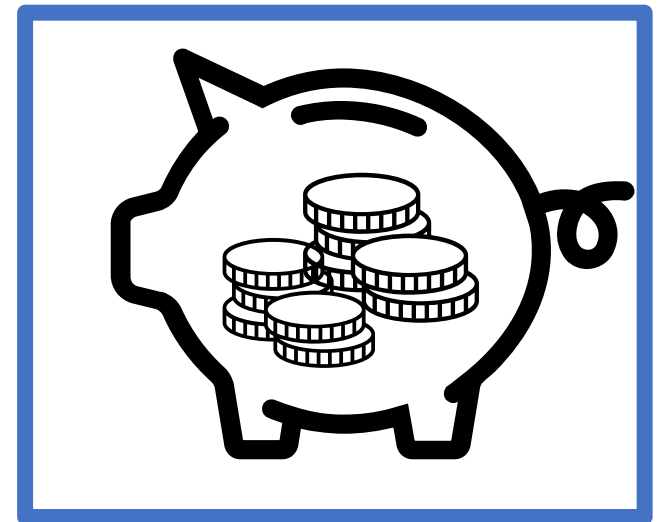




**Majority OB Medicaid “MOM” Workgroup
5/13/2021**

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.

Evolution of Existing Programs Under Managed Care

The State will build on existing care management infrastructure under managed care

Risk Screening Form

Pre-Transformation: FFS

Post-Transformation: Managed Care

Carolina ACCESS

AMH

Care Coordination for Children
(CC4C)

Care Management for At-Risk
Children (CMARC)

Pregnancy Medical Home

Pregnancy Management
Program (PMP)

Obstetric Care Management
(OBCM)

Care Management for High-
Risk Pregnancy (CMHRP)

Note: These programs will **remain in place post-transformation** for populations that remain in FFS coverage

Note: Local Health Departments, Pediatric providers and Pregnancy Care providers can also be AMH providers

CMHRP Pregnancy Risk Screening Form – [English](#) & [Spanish](#)
[CMHRP Program Guide in Managed Care](#)

- The content of the tool will be standardized across the State and will be the **same as the tool currently used** by providers enrolled in the PMH program
- PMPs are required to share results of the completed screening with the LHD within 24 hours. It is critical that the form has been fully completed.
- **DHHS will be responsible for maintaining updates to the risk-screening tool** in conjunction with key stakeholders.

Fact Sheet

What Providers Need to Know:
Part 2 – After Managed Care Launch

Post-Launch Provider Checklist and Information

The statewide launch of NC Medicaid Managed Care is **July 1, 2021**. A small percentage of beneficiaries will stay in NC Medicaid Direct. This fact sheet supplements the Part 1 fact sheet to offer more information providers need to know after managed care launch.

KEY DATES FOR TRANSITIONING TO NC MEDICAID MANAGED CARE

The following list includes key dates that providers should be aware of:

- **March 15, 2021 – May 14, 2021** – Beneficiary Open Enrollment
- **May 15, 2021** – Auto Enrollment Processes begin
- **June 1, 2021** – Health plan brokers begin scheduling Non-Emergency Medical Transportation (NEMT) appointments for July 1, 2021 or later
- **June 6, 2021** – Date by which all beneficiaries entering NC Medicaid Managed Care effective July 1, 2021 will

Day One Provider Quick Reference Guide

Fact Sheet

Prompt Payment

Understanding prompt payment requirements for health plans

NC DHHS establishes provider payment requirements for health plans that are intended to encourage continued provider participation in the Medicaid program, to ensure beneficiary access and support safety net providers, and to ensure continuation of current reimbursement levels using mechanisms that mitigate the risk of health plan steerage to other providers. Final capitation rates will reflect required reimbursement levels.

PROVIDER PAYMENT AND REIMBURSEMENT REQUIREMENTS

NC DHHS established provider payment requirements for health plans are listed below:

1. Rate floors, set at NC Medicaid Direct (fee-for-service) levels, will apply to contracted physicians.

3. DHHS will prescribe reimbursement levels for state-owned and state-operated facilities.
4. Health plans will be required to reimburse pharmacies for ingredient costs based on NC Medicaid Direct rates for at least the first year of the contract, as described in section V.C.3 of the PHP contract.

What Providers Need to Know Before & After Launch

NC Medicaid Managed Care

DAY ONE PROVIDER QUICK REFERENCE GUIDE

VERIFICATION OF ELIGIBILITY AND PLAN

- **NCTracks:** Providers will be able to verify eligibility and Managed Care enrollment through the NCTracks Recipient Eligibility Verification function available in the Provider Portal
- **Real Time Eligibility Verification Method**
 - a. Log into the NCTracks Provider Portal: <https://www.nctracks.nc.gov/ncmmisPortal/loginAction?flow=PP>
 - b. Follow the Eligibility > Inquiry navigation
 - c. Populate the requested provider, recipient and time period information
- **NCTracks Call Center:** 800-688-6696

PROVIDER PORTAL / PROVIDER SERVICES

- **AmeriHealth Caritas:** www.navinet.navimedix.com / **Provider Services:** 888-738-0004
- **Carolina Complete:** <https://network.carolinacompletehealth.com> / **Provider Services:** 833-522-3876
- **Healthy Blue:** <https://provider.healthybluenc.com> or <https://www.availity.com> / **Provider Services:** 844-594-5072
- **United Healthcare:** <https://www.uhcprovider.com> / **Provider Services:** 800-638-3302
- **WellCare:** <https://provider.wellcare.com> / **Provider Services:** 866-799-5318
- **NC Medicaid Provider Playbook:** <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care>

PRIOR AUTHORIZATIONS

- **AmeriHealth Caritas:** Online: Provider Portal / **Phone:** 833-900-2262 / **Pharmacy:** 855-375-8811
- **Carolina Complete:** Online: Provider Portal / **Phone:** 833-552-3876 / **Pharmacy:** 833-585-4309
- **Healthy Blue:** Online: Provider Portal / **Phone:** 844-594-5072 / **Pharmacy:** 844-594-5072
- **United Healthcare:** Online: Provider Portal / **Pharmacy:** CoverMyMeds <https://www.covermymeds.com/main/prior-authorization-forms/optumrx/>; SureScripts: <https://providerportal.surescripts.net/ProviderPortal/optum/login>
- **WellCare:** Online: Provider Portal / **Phone:** 866-799-5318 / **Pharmacy:** Fax: 800-678-3189 or SureScripts: <https://providerportal.surescripts.net/providerportal/>

CLAIMS

- **AmeriHealth Caritas:** Online: www.navinet.navimedix.com / **Phone:** 888-738-0004

All Provider Fact Sheets

Key Dates

Key Dates for Transitioning to Medicaid Managed Care

- ☑ • **March 15, 2021** – Open Enrollment begins
- **May 14, 2021** – Open Enrollment ends
- **May 15, 2021** – Auto Enrollment for beneficiaries who have not selected a health plan
- **May 22, 2021** (approximate) – Transition of Care information is sent to each health plan for beneficiaries assigned to that health plan
- **July 1, 2021** – Medicaid Managed Care launch



Provider Directory

Ensure Your Information Displays Correctly in NC's Provider Directory – Medicaid and NC Health Choice Provider 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 [here](#). Providers are encouraged to use this tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.
- If your practice's information is incorrect contact the Medicaid Managed Care Provider Ombudsman:
 - Phone: 919-527-6666
 - Online: Medicaid.ProviderOmbudsman@dhhs.nc.gov

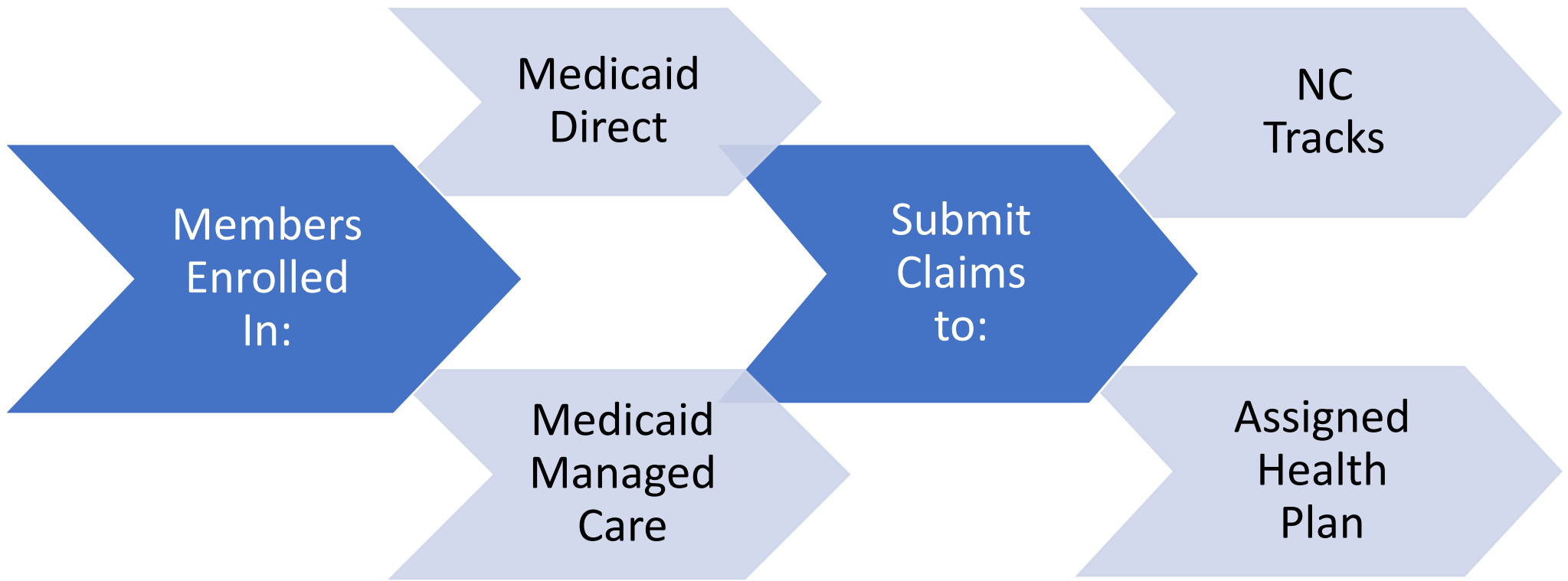
Managed Care Plan vs Medicaid Direct

Not all Medicaid members will need to select a Managed Care Health Plan

Who must choose a health plan?	Who may choose a health plan?	Who cannot choose a health plan?
MANDATORY	EXEMPT	EXCLUDED
<ul style="list-style-type: none"> • Most families and children • Children receiving NC Health Choice • Pregnant women • People who are blind or disabled and not receiving Medicare <p>Note: These groups must choose a health plan unless exempt or excluded for any reason.</p>	<ul style="list-style-type: none"> • Federally recognized tribal members or others eligible for services through Indian Health Service (IHS) • People with significant behavioral health needs, intellectual/developmental disabilities (I/DD), traumatic brain injury (TBI) and substance use disorders <p>Note: These groups may choose a health plan unless excluded for any reason.</p> <p>Note: Beneficiaries with behavioral health needs may lose important services if they choose a health plan.</p>	<ul style="list-style-type: none"> • People receiving Family Planning Medicaid only • People who are medically needy • People participating in the Health Insurance Premium Payment (HIPP) program • People participating in the Program of All-Inclusive Care for the Elderly (PACE) • People receiving Refugee Medical Assistance • Children in foster care • Children receiving adoption assistance • Children receiving Community Alternatives Program for Children (CAP/C) services • People receiving Community Alternatives for Disabled Adults (CAP/DA) services • People receiving Medicaid AND Medicare • People receiving Innovations Waiver services • People receiving Traumatic Brain Injury (TBI) Waiver services

[Fact Sheet: NC Medicaid Managed Care](#)

Billing



[What Providers Need to Know: Part 2 – After Managed Care Launch](#)

Scenario

How do we bill for currently pregnant patients that will deliver after go live?

Mary is halfway through pregnancy and gets enrolled with a Health Plan, so far Medicaid has paid for the S0280. She has had 2 ultrasounds and completed 6 visits. After Managed Care go live, she completes 9 more visits, an ultrasound, a delivery, pp care and a S0281.



Billing FFS:

Submit claims for dates of service prior to July 1, 2021, as you do today and bill each health plan accordingly, for services after July 1, 2021.

Bundled Billing

Bill the member's assigned plan at time of delivery.

Coverage Verification

Assigned health plan will be shown on the member's ID card and can be validated through the NC Tracks Recipient Eligibility Verification methods.

Recipient Eligibility Verification

There are two methods of Recipient Eligibility Verification available via the NCTracks Secure Provider Portal: Real Time Eligibility Verification and Batch Eligibility Verification. As a reminder, these methods can be used for **current** eligibility information – future eligibility information is not available at this time.

1. Real Time Eligibility Verification Method
 - a. Log into the NCTracks Provider Portal
 - b. Follow the Eligibility > Inquiry navigation
 - c. Populate the requested provider, recipient, and time-period information
2. Batch Eligibility Verification Method
 - a. Log into the NCTracks Provider Portal
 - b. Follow the Eligibility > Batch verify
 - c. Upload the file by selecting browse > load from file

Claims Payment (in-network and out-of-network) Part 1

Enrollment & Referral

What is the process & timeline for getting Medicaid for patients who walk in requesting care?

Members can call the NC Medicaid Enrollment Broker Call Center at 833-870-5500 or visit ncmedicaidplans.gov. The timeline is the same as the current timeline for enrollment.

Do we need a referral from PCP?

No referral is needed for any women's reproductive health service per contract.

Billing & Services

How will pharmacy claims be paid? Will pharmacy claims be paid from Medicaid or the PHPs? If from the PHPs, will the PHPs honor the current rate arrangements (i.e. WAC+6%)?

Pharmacy claims will be paid by PHPs. Yes, PHPs will honor the current rate arrangements.

Will PHPs contract with different transportation providers?

Yes.

Non-Emergency Medical Transportation

[Part-1](#) & [Part 2](#)

Presumptive & Emergency Medicaid

How should Presumptive Medicaid be billed?

Presumptive Medicaid is excluded from managed care.

Use today's Procedures for coverage and billing.

How does Emergency Medicaid (uninsured and illegals) fit in?

Emergency Medicaid is excluded from managed care. Use today's procedures for coverage and billing.

(OB Clinical Policy)

2.1.3 Undocumented aliens are eligible only for emergency medical services[42 CFR 440.255(c)], which includes labor and vaginal or cesarean section (C-section) delivery as defined in 10A NCAC 21B .0302. Services are authorized only for actual dates that the emergency services were provided.

Health Plan Transitions

If a patient has a health plan we do not accept and there are no local providers what is the process & timeline for switching health plans?

She will need to work with the PHP to determine care options. She can also contact the Enrollment Broker Call Center, for assistance in changing her health plan.

- Call 833-870-5500, (TTY: 1-833-870-5588)
- Go online at ncmedicaidplans.gov
- Complete and return a paper enrollment form by fax or mail
- Use the NC Medicaid Managed Care mobile app

Beneficiaries have 90 days after the effective date of initial enrollment to change their health plan.

Health Plan Transitions

How should care be provided while a member is in the process of changing Health Plans?

Special protection is afforded out-of-network providers.

“For the first 60 days after Launch, the PHP 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 (more details in N.C. Gen. Stat. § 58-67-88(d), (e), (f), and (g).).”

Additional transition of care-specific guidance available at:

[What Providers Need to Know: Part 2 – After Managed Care Launch](#)

How will PHP payment attribution be determined for mid-pregnancy PHP transfers? Will global billing still be applied?

Billing does not change if a patient transfers—can bill FFS or bundled.

Prior Authorization

- OB Ultrasounds will continue to be exempt.
- The PHP will honor existing and active prior authorizations on file with the North Carolina Medicaid or NC Health Choice program for services covered by the PHP for the first 90 days after launch or until the end of the authorization period, whichever occurs first.

Data & Quality Improvement

Will there be standard reports or data format for all PHPs to share data with OB practices?

- PHPs are required to share (at a minimum):
 - Prenatal and Postpartum Care: NQF 1517
 - Live Births Weighing Less than 2,500 g (NC Custom Measure)
- DHB compiling a list of the different measures/data that PHPs are sharing with OB providers
- Each PHP will have their own format for sharing data; most are sharing interim and annual data

Reference Documents

[All Provider Fact Sheets](#)

Claims Payment (in-network and out-of-network) [Part 1](#) & [Part 2](#)

[Day One Provider Quick Reference Guide](#)

[Fireside Chat Slides](#)

[Health Plan Auto Enrollment](#) & [PCP Auto Assignment](#)

[Newborn Factsheet](#)

Non-Emergency Medical Transportation [Part-1](#) & [Part 2](#)

[Provider FAQs](#)

What Providers Need to Know [Before](#) & [After](#) Launch



Thank you!

If you have any MOM workgroup topic suggestions, please send them to kdeberry@communitycarenc.org



**Next MOM Workgroup meeting:
Thursday June 11th 9:00-9:30.**



Community Care
OF NORTH CAROLINA