

Transcript for Virtual Office Hours: Provider Directory, Enrollment News, and Hot Topics

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4:00 – 5:00 p.m.

Presenters:

Darryl Frazier Manager – Provider Operations

Erica White Provider Relations Team Lead

Hugh Tilson

All right my clock is four o'clock so let's get started. Thank you for participating in today's virtual office hours session with North Carolina Medicaid. Today's session will review a host of hot topics, including provider data updates the provider directory provider ombudsman resource and provide a playbook. NC Medicaid and NC AHEC have partnered to ensure that healthcare providers across all 100 North Carolina counties have the information and support they need to adapt and thrive under Medicaid managed care. This collaboration produces educational programming, and AHEC practice support coaches to provide one to one assistance directly to practices.

I'm Hugh Tilson I'll be your moderator today. Alternatively, to our panelists, but before I do some quick logistics. First, as you can adjust the proportion of the speaker in slides by dragging the double gray lines between the slides and the speakers. You can also adjust your video settings to hide people who aren't speaking. To do so click on the up arrow for the pulldown menu to the right of the stop video button in the black bar on the bottom of the screen, and you select Video Settings scroll down towards the bottom of the page and then click the hide non video participants box. We'll put these instructions in the q&a for your convenience, we'll turn to questions after you've heard from our presenters. Everybody, other than our presenters is muted and the chat function is turned off. The way you ask questions or make comments is by using the q&a feature on the black bar on the bottom of the screen, we've learned in the past that the presenters will often address your questions during their presentation, and encourage you to wait to the presenters or through their pre presentation today. Before submitting a question, especially if it's something related to the agenda. Please note that for any questions were unable to get through today, or respond directly to you and also incorporate the question into future FAQ and other documents. If questions that are not related to today's topics, or this will be accepted and forward to the correct internal area but we probably can't get to those in today's session. We will record this session we'll add that recording, along with the slides to the NC AHEC Medicaid Managed Care website as soon as possible. Now I'll turn it over to Darryl and Erica for a brief presentation before we get into the q&a, Darryl.

Darryl Frazier

Thank you. Good afternoon. I am Darryl Frazier program operations manager at North Carolina Medicaid. And with me is Erica White. We will be your presenters today. But first, I want to extend a warm welcome, and thank you to everyone in attendance today, especially those representing Medicaid and NC Health Choice provider practices. In doing so, before we began, I wanted to give a shout out to providers all across the state. First those providers in Medicaid managed care region one, which covers Southwestern North Carolina, touching the county's Cherokee and Graham stretch and ease to Calwell and Burton counties, thank you also want to recognize the providers in region two. Covering the northwestern Corner of the state what Watauga County, Ashe County, stretching east to the triad region across fourth line into next Guilford and Randolph. We also have participants today from region three, which covers Cleveland County stretching east, through the greatest Charlotte region, ending at Stanley county. Then we have region four, which covers Alamance and Caswell counties that region stretches the cost. Triangle region, all the way to Nash and Wilson counties. The fifth region is the sandhills stretching from Moore County and Montgomery, all the way to the southeast coast, touching New Hanover and Brunswick counties. And lastly we have region six that encompasses counties Halifax in North Hampton down to Duplin and Onslow stretches across the coastal plains, touching Carteret County, all the way up to Elizabeth City, Pasquotank County. So, thank you providers for participating and for you. I have my entire team present today to support this event. We are here for you today. And we will be here for you every weekday. So again, I just want to thank you. Regarding today's presentation we will cover providers specific topics. Those include Medicaid transformation timeline, provider data updates and verification process, provider directory, provider ombudsmen, and provider playbooks and fact sheets.

As you can see from this slide, there are three weeks. We have three weeks from May 15, which is the auto assignment timeline. We are nine weeks from July, 1, which is the launch date for both Eastern Band of Cherokee Indians toggle option, and Medicaid managed care launch. With that if you have been to our website. We have hundreds of materials documents publications for you, but specifically we also have for you over 20 factsheets including fact sheets outlining why providers need to do now, today, before the launch. And we also have a fact sheet for providers want to do after launch. If you have not been to our website, please go to our website, read these fact sheets. I believe you will find them useful.

Regarding providing updates we've been preaching preaching, preaching update since the launch date of NC tracks, having accurate and current provider data and NC tracks provider record is paramount. If they provide a record is incorrect in NC tracks. Information provided downstream to the PHPs and the enrollment broker to the directory will be incorrect. So this ultimately impacts beneficiary's ability to select a PHP, and a primary care provider. But you can help. You can help by reviewing your provider record, and then making changes via a managed change request application in NCtracks, since January my team has been outreaching to large provider practices, with more than five services location, reminding them to check their enrollment record and make changes as needed. Next slide. Audience. I really need your attention with this slide here. This slide is related to the division's license, and accreditation program. Currently, as in today, nctracks has notifications to providers required to be licensed, certified or accredited, the notices are sent to the provider message center inbox, again is 60 days in advance of the expiration date of any credential. This is about to change guys effective May 9

2021 Medicaid will take additional steps to ensure providers maintain the record. The bottom line is this providers who do not maintain their credentials. Their taxonomy code will be suspended their -- if the provider does not take action, the taxonomy code will be terminated, but allow me to explain. So what does this mean for providers who has a credential that's about to expire. There will be four notifications, one at 60 days, one at 30 days, one at 14 days. And the final one, at seven days. So there after suspension of taxonomy codes will occur, which means claims will not pay. This will remain in effect for 60 days, if the provider does not act on day 61 That taxonomy code will terminate. But don't worry, you can fix it. While the provider will need to do, whether they're in suspension or termination, they will need to complete a managed change request to have that taxonomy reinstated. Additionally, there are currently providers operating with expire credentials, beginning May 10 they will have 45 days to update their credentials or their taxonomy will be suspended for those providers. Thereafter, they will have 30 days to rectify the concern, or the taxonomy will be terminated. In this case the providers also can't complete a managed change request to rectify and reinstate the taxonomy code. Next slide.

Well, everyone's familiar with the provider directory. Or you should be by now, is also known as the Look Up tool. The directory contains all active Medicaid and NC Health Choice providers, including PCPs specialists, hospitals, health departments and organizations. The authenticated portal, which is why beneficiaries will have to test to select their provider, it has been available since March, the first, beneficiaries have been able to select their health plan and PCP, since March 15. So again as a refresher, the information in the directory is sourced from the nctracks is updated daily. It will display both enroll organizations and individual providers. And it also contains individuals affiliated with provider organizations. And remember, if your practitioners are not affiliated with your record, the Office administrator for those individual providers will need to access NC tracks to have them affiliated.

Erica White

This slide is about the provider on the providers transition to Medicare, Medicaid managed care, knowing where to go and what to do when there are issues and concerns is very important. Medicaid has created a provider ombudsman, that provides resources and assistance for providers to resolve any issues or health plan. Providers can call the ombudsman live at 919-520-6666, or go to Medicaid.providerombudsman@dhhs.nc.gov. The provider playbook. Another great resource for providers to have is a provider playbook. If you're not familiar with the playbook, you are not in the game. The provider playbook has all the latest tools, resources and information to make the transition to Medicaid managed care as smooth as possible. The Playbook will be updated with new resources as they are made available. Next slide. How many of you are familiar with the fact sheet. These fact sheets contain information on various topics providers need to know about that impact them, as well as the beneficiary class.

Darryl Frazier

Okay, thank you, Erica. As stated, we have over 20 fact sheets out on our website. I would highly recommend providers access our website to review those, to highlight a few of those, the one you have

in front of you is the provider directory data flow. In general, regarding data providers enroll in NC Medicaid or Health Choice or both, then they may contract with either a PHP or the Eastern Band of Cherokee tribal option, or both. The PHP or the tribal option will then submit its networking information to DHHS. They or NC tracks if you will, to form the consolidated directory. This information is provided to the enrollment broker to the provider directory aka look up to. So again, it is imperative that on the front end, providers, update their records. We also have a fact sheet on the lookup tool. The lookup to look up to, is also known as the provider directory. This will aid beneficiaries in selecting a health plan and a PCP. Providers may access the tool to view their information to determine if it's accurate. If it's not accurate. We recommend you contact your PHP, or if you're working with the CIN, your CIN, but if you contact, if you contact the Medicaid ombudsman. Prior to contacting PHP rcips We will own that and we will assist you in getting your record. Correct. Next slide.

But we, we also have two additional fact sheets, one. What do providers need to know before launch this sheet focuses on provider contracting, reminders, providers should ensure that information is up to date and as he tracks how providers can assist beneficiaries, and key dates and other reminders. Next slide. The final fact sheet that we're highlighting. This includes and especially on July 1 providers will need to know where to submit claims. How to assist beneficiaries. There will be high interest in transition of care concerns. And also, there's a reminder for providers to keep the record, current, and for providers who have questions, concerns, or inquiries, you can contact the Medicaid ombudsman, Erica provided you the telephone number. There we go, 9195276666. Next slide. Thank you.

Hugh Tilson

Darryl and Erica thank you so much for those great presentation and updates. We have a couple questions that I'll just go ahead and start us off with, as a reminder for those of you who are participating, you can submit a question using the q&a feature in the black bar on the bottom of the screen. It's a q&a feature in the black bottom or at the bottom of the black bar. Michael, there's a chance, currently that the provider directory is wrong, and then the member is getting inaccurate information to make that decision. Do you have any comment about that.

Michael

Yeah, sure. Thanks you so provider information displayed in the tool is sourced directly from the providers nctracks record, and then also supplemented with Health Plan Contract data set to ensure that accurate information is displayed. You're going to want to review your MC tracks provider record and make any necessary changes using the Manage change request process also additionally confirm that the information given to health plans during contracting is up to date.

Hugh Tilson

Thank you. Darryl, I got a couple questions for you. How do I use the provider affiliation Provider Directory List reports, and what do I do if the information is incorrect.

Darryl Frazier

Provide a directory listing report, and the provider affiliation report was created to assist providers in verifying the information in their nctracks record that will display in the provider directory. Providers may use the affiliation report to confirm the individual providers affiliated to the organization. If the individual to the organization affiliation information is incorrect. The Office administrator for the affiliated individual provider must update the organization, affiliation, from the individuals records. Providers may use the listing record to confirm that the information to be displayed and the Medicaid and NC choice provider handheld play a lookup tool for specific NPI and location is correct. The nctracks managed change request process available in the security NC tracks Provider Portal is available to modify any incorrect information on this report, with the exception of health plan information, the health plans information shown on a report is sourced from the PHP. If this information is incorrect, please contact the appropriate health plan or using a CIN for contracting then contact to see if you're able to recover. If you're unable to resolve the matter, contact the Medicaid ombudsman. Thank you.

Hugh Tilson

Gotcha. Groups remove providers no longer affiliated with the group if the group does not have access to that providers nctracks application to end state end the affiliation

Darryl Frazier

Of the provider slash organization information, and the online directory is out of date, or inaccurate. The providers office administrator should complete and manage change request and nctracks to corrective is the provider affiliation information is incorrect. The Office Administration or the affiliated provider must update the group affiliation, on the individual providers record. Any information that's updated on an organization or individual NC track provider record will be reflected in the provider directory. After the nctracks manage change request is processed.

Hugh Tilson

Thank you and Darryl. How will this affect how will this impact our patients ability to choose their health plan and provider. How about the auto assignment process.

Darryl Frazier

Great question. So beneficiaries receiving notifications and information beneficiaries began receiving notifications, and information about enrollment after March the first. So that's already in effect, any

beneficiary experiencing issues, challenges, while using online tools or selecting their health plan and primary care provider may contact the enrollment broker call center. The telephone number for enrollment brokers. I'm sorry, 1833-870-5500, or the beneficiary may use the chat tool available online. Providers can ensure successful beneficiary assignments by knowing with which health plans, they are contracted and encouraging patients to self select their health plan and PCP during open enrollment. If your beneficiary is currently assigned to a provider for Carolina access, can you lost their information online to assist in locating the correct provider on the directory. Thank you.

Hugh Tilson

Thank you. I'm going to give you a little bit of break and I'm going to transition to Julia. Julia I'm noticing that my locations are being listed by the legal entity name, and not our DBA Name in the provider directory. How can we be listed by our DBA and not our legal entity name since our patients know us by our DBA Name, not the legal entity under which we are contracted with a PHP.

Julia

Thank you, you, the ability to search by DBA Name was deployed to production in mid February, please try I would suggest trying to use the function again provider information displayed in the lookup tool is sourced through the provider nctracks record and supplemented with the Health Plan Contract data, to ensure that accurate information is display please review the NC tracks provider record and make any necessary updates using the Manage change request process also confirming that the information given to the health plans during contracting is up to date. Thank you.

Hugh Tilson

So Erica, I got a few questions for you. Now, if my information is correct in nctracks but not correct and the provider directory, and I'm not in a CIN do I work directly with the PHPs.

Erica White

Yes, if your information is correct in nctracks, but incorrect in the provider directory, you may contact the PHP or the Medicaid provider ombudsman. If you have already spoken to the PHP and still believe that the plans accepted information to be erroneously displayed, please report the issue to Medicaid.providerombudsman@DHHS.nc.gov

Hugh Tilson

Thank you, and if my information is correct and nctracks but not correct in the provider directory do I work with my CIN to engage with PHPs to get the information corrected.

Erica White

Yes, if you are working with the CIN, please make the CIN aware of any identified error. If you or the CIN have spoken with a PHP and still believe that the accepted information is erroneously displayed, please report that information, or the issue to Medicaid.providerombudsman@DHHS.nc.gov

Hugh Tilson

Last one for you right now is that our nctracks information is correct. The issue is with PHPs with whom we contract in 2019, but those contracts do not appear in the directory. We're trying to resolve with a PHPs but there's been limited progress, with a member facing directory has information at the provider name level, that's where most of the problems exist.

Erica White

For unexpected results that are related to the health plan accepted information in the tool that department encourages providers to work with their health plans directly to remediate these discrepancies. If the discrepancies continue the department encourages providers to reach out to the provider ombudsman. These type of inquiries, concerns or complaints can be submitted to Medicaid.providerombudsman@DHHS.nc.gov or received through the provider ombudsman line at 919-527-6666. The provider ombudsman contract contact information is also published in each health plans provider.

Hugh Tilson

Thank you, Julia, I have a couple questions for you. Updating group practice rosters of interval, individual practitioners with PHP is doesn't seem to impact what is showing up in the directory that it's completely driven by NC tracks is that incorrect. Sounds like it's a mix of NC tracks plus PHP provider rosters updates.

Julia

Although it is important to keep contracted health plans current on changes to information in their agreement, the only provider directory information sourced from the health plan is the managed care status, for example, PCP,AMH other or any Mt. For an affiliation provider changes to be reflected in the Medicaid and NC AHEC choice provider, the health plan look up tool, when an organization's roster of affiliated providers changed a managed change request form must be submitted for from the nctracks individual provider record to report the change under the individual organization affiliation.

Hugh Tilson

Thank you. We received conflicting information regarding the if locations have to be added in the service location section, versus just being affiliated with a large health plan and need to ensure the information is correct for our providers.

Julia

So to ensure accurate information is displayed providers should ensure that each service location is active in NC tracks, and communicated to the PHP individual practitioners should be affiliated to the group practice. Provider information display them the tool is sourced through the provider nctracks record and supplemented with the health plan and contract data, to ensure that accurate information is displayed, please review the nctracks provider record to make any necessary updates using the manage change request process also confirm that the information from given to the health plans during contracting is up to date.

Hugh Tilson

Thank you. Darryl, I got a question for you. What happens if you look up for your providers one shows just two plans, Medicaid direct and WellCare and the other shows, Medicaid direct Medicare Caritas, united and welfare, then you search by organization and it shows healthy blue, Medicaid direct, United, WellCare, Caritas, but the provider signed the same contracts, one has two plans but the other shows more.

Darryl Frazier

In that situation, if a user continues to identify issues with search functions is putting up unexpected results. Users are encouraged to use the report an error, link in the top right hand corner of any page as a lookup tool. These errors will be reviewed by our operations team who will respond to the user feedback. If the unexpected results are related to the health plan is -- information. The department encourages providers to work with the health plans directly to remediate these discrepancies. If the discrepancies continue the end of department encourage providers to reach out to the Medicaid provider ombuds these types of inquiries, concerns or complaints can be submitted to Medicaid.providedombudsman@dhhs.nc.gov or receive via telephone to the ombudsman at 919-527-6666, provider ombudsman contact information is also published in each health plan provider manual.

Hugh Tilson

Thank you, Erica. When do we need ever nctracks provided directory information updated and confirmed. Erica, I think you're muted.

Darryl Frazier

Thank you for that one this is Darryl ideally provider information updated and confirmed by the beginning of open enrollment which started March 15. We encourage providers to see to provide a playbook, or the Medicaid manager care webpage in fact sheets for additional timelines and contracting information. Thank you so much.

Hugh Tilson

And Michael, when I look in the provider directory sometimes physicians are listed with their name, sometimes with a physician name practice name. I would like our physicians to have their name and the practice name, how do we make that happen.

Michael

Yeah, so again provider information in the tool is sourced directly from the -- nc track record. So to ensure that accurate information is displayed for provider needs to be affiliated with the organization in their record as well as add the service location to their record, and providers can make any necessary changes to the record by using the Manage change request process. Also, you're going to want to confirm the information, due to the health plan during contracting is up to date.

Hugh Tilson

Thank you, Julia, when will the PHP, have access and be pulling their credentialing and provider information from nctracks

Julia

Today. This is live the health plans receive a daily provider data file from the department.

Hugh Tilson

Thank you, Erica, will the directory show the practice group or beneficiaries notice by practice group not necessarily the individual provider.

Erica White

The directory will show both practices, and individuals within the secure portal the member will be able to search for an individual provider, which will lead them to the practice to select as a PCP.

Hugh Tilson

Thank you, Julia, can you walk us through how to submit MCR through nctracks.

Julia

The Office administrator for the nctracks record will log into the secure Provider Portal using the NC ID and password. And will navigate to the status and management page to select the NPI, for which MCR is needed. There are user guides available on the NC Tracks website. I guess I could read, or you can call this nctracks at 18006886696.

Hugh Tilson

Thank you. Darryl, how can we see what data is in the member secure site, so they can better respond to patient questions

Darryl Frazier

The authenticated member portal is only accessible by members providers do not have access to this secure site. If beneficiaries have questions about the secure site, they may, may be directed to contact the enrollment broker for assistance. Thank you.

Hugh Tilson

Thank you, Michael whose responsibility will it be to find enrollees, a specialist within their chosen plan if when they have been historically seen as not contracted.

Michael

Yeah, so the provider directory displays all participating Medicaid and NC health choice providers and beneficiaries are encouraged to search the directory for all the providers to find a common health plan prior to making the selection. If beneficiaries meaning assistance they can contact the Call Center at 833-870-5500.

Hugh Tilson

Thank you, Erica, when I search our office it comes up and shows all the providers in our practice in the list. However, when I searched the providers as an individual, they don't show up, why?

Erica White

We recommend to first verify the individual affiliation with your practice by reviewing the individual's affiliation data in NC track. If the affiliations are recorded correctly, we will need to have examples to research and then search the method you're using.

Hugh Tilson

Thank you guys very much. I see that we're typing answers to some questions. But I don't see any others that we need to answer right now, Darryl or Erica, do you all see anything in here you guys want to comment on.

Darryl Frazier

I'm interested in in answering live the question, if a patient's PCP moves to a new location.

Hugh Tilson

All right, you want to go ahead and answer that. Yeah, if the patient's PCP moves to new location different address still with the same company, how does patient change that or update that with Medicaid

Darryl Frazier

Assuming in today's world, this provider is a Carolina access or community care of North Carolina, PCP, first and foremost, anytime a provider moves. Hopefully, they are completing a managed change request application in NC track. Whenever they really care in North Carolina provider practice makes any type of change in NC tracks my department, my unit receives a notification of that change. And in that notification. For us we have to determine, did the provider, move within a reasonable distance in the same general service area. So, he or she can continue servicing the patients. Therefore, we will contact that providers practice to let them know that we received the notification, and how to make a determination if we need to move the members to a new doctor. Thank you. Thank you.

Hugh Tilson

Shaundra, how about this one we recently received a management fee payment that we believe includes health equity payment glide path payment, and our normal Carolina access. However, this paper did not give a breakdown of how much for each. Where can this be located or accessed, we know that we'll need to track the use of these payments but need to know how much is for payment type.

Shaundra

So, I was about to answer that and realize that perhaps I may not have the right, but the Advanced Medical Home tier three glide path attestation payment updates are located on the Medicaid bulletin within DHHS, I can actually type in or give that article number, if you'll just give me a second to find it, I'll post it in the chat here.

Darryl Frazier

While you're doing that, I definitely would really rather for us to take that one offline and work with our policy and population health folks so we can provide detail

Shaundra

Ok, so that is what I have right now is just the Medicaid bulletin article that we actually submitted I believe today.

Darryl Frazier

So we'll take this one offline and give the inquirer a personal touch.

Hugh Tilson

Great Darryl. Looks like the remainder of the questions require that same approach. Are there others that you want us to take on or do you guys want to chat about, or do you want to take them back and respond individually.

Darryl Frazier

Reviewing now. All right. Okay, I'm willing to answer the live question when we see Medicaid direct.

Hugh Tilson

Alright so here's the question when we see Medicaid direct listed with our practice in the provider directory. What does this mean, or does this mean we could still see our patients who are Medicaid managed care beneficiaries or will this mean we're only able to see a small number of patients. Also, what does this mean in terms of reimbursement rates.

Darryl Frazier

Well there are questions regarding this question, which is probably related to the panel management report. Providers today and after July, 1 can continue to see any Medicaid direct patients. And regarding

reimbursements to claims, those claims will be submitted to NC tracks, and the North Carolina Medicaid health plan will cover those claims. Thank you.

Hugh Tilson

Thank you. Are there any others that you want to take on or do you want to take them back and follow up individually.

Unknown

I see one from Miss Dorfman on the provider directory site for organizations we're missing two of the PHPs be contracted with one of the PHPs. I would suggest two things. If you're having issues with your PHPs and you're not showing your information correctly please submit an inquiry through the provider investment line, we'll be happy to take your request to review the information that's located in your nctracks record and confirm with the PHPs what's missing. So if you have any questions or concern regarding your issues as it relates to your enrollment with the PHPs or you have concerns about what's reflected in the ED directory, please reach out to the provider investment line, and we'll be happy to assist.

Hugh Tilson

Thank you. Any other.

Darryl Frazier

We're interested in addressing a question from Miss McLeod.

Hugh Tilson

That question is I just see the addendum to the question. I'm curious that this might be part of the reason why providers not showing all PHP plans that are contracted with an individual level. When all the PHPs are showing up that the group practice level. Do you see the original question.

Darryl Frazier

I no longer see the original portion of that question.

Hugh Tilson

I think somebody answered it let me see if I can find it. Maybe this is it. If changes are currently being made to the individual provider enrollment through MCR how often is the information updated with PHP is for that provider, or no maybe that wasn't it. This person has asked a lot of questions from multiple locations for practice group practice and individual providers affiliated to group NPI should, should a further step be made to affiliate individual provider to each service location in addition to the group level, even if each service location is listed in the individual providers enrollment, that the question you wanted to answer?

Darryl Frazier

The original question asked about individual selecting a primary care group practice if they also had to select a PCP with the answer's no, the one you just presented, we would like to answer that offline. For more information, let me go back. All right.

Hugh Tilson

Do you see any other questions you want to respond to. Again, just for those of you who are participating, there are some questions that we may not have the expertise to answer on this so we'll take those back, and we'll get answers to you directly.

Darryl Frazier

Yes, I just want to make a comment for any question regarding the equity payments, Glide path, etc. We will work with those subject matter advisors to provide you a response.

Hugh Tilson

All righty, it looks like we aren't getting any more questions. So, just to be clear. Thank you guys for responding live to a number of these questions both verbally and in writing. We do have a couple of questions that we haven't been able to respond to and you guys are going to take these back and work on a response to the folks that submitted those questions, so please know that your questions will be responded to. Darryl, Erica whole team. Thank you so much for a great presentation a great discussion, lots of really good information. Appreciate all that y'all are doing to provide this to our providers so that they can navigate Medicaid managed care. Before I check out Darryl Erica or anybody else any last words y'all want to give to the people who are joining us today.

Darryl Frazier

I just want to thank everyone who attended today's session, and again just to remind now. We have many times we have the Medicaid ombudsman, who was established to assist providers. We're here today, we'll be here tomorrow we'll be here every day for providers.

Hugh Tilson

Thank you. Take care everybody.