

## December 3 NCMT Beneficiary Attribution and Tribal Option Fireside Chat

### Questions

**Q. So for those members on FFS - will they be assigned to an MCO at all for primary care purposes?**

A. Members in FFS will not be assigned to PHPs. Members in FFS are able to choose a primary care practice at enrollment at DSS. If they do not choose, one will be assigned to them—just like it works today in FFS.

**Q. If the patient chooses their primary care doc, but the MD is enrolled in more than one plan, what then?**

A. The patient will remain with their assigned PCP. The member will be auto enrolled in a PHP that has that chosen PCP in network.

**Q. What is the look back period on what is transmitted to the PHPs concerning the historical (claims) history? This will be important in determining that the auto assigned PCP is someone that they have seen and be enrolled with.**

A. PHPs will receive 2 years of claims history (going backwards from May/June 2021).

**Q. Level 4 for auto assignment how does it work if a child is enrolled with a pediatrician and the parents do not have a PCP? Will the children be moved with the parents to Family Practice?**

A. No. The child will remain with established practice. Efforts are made to keep families together, but if the PCP does not take adult patients, then the parent will be assigned to a PCP that they (parent) have a relationship with (if available); if there is not a relationship history, then the parent will be assigned to the nearest PCP who sees adult patients.

**Q. I don't understand how the family health plan assignment can work- that is a multistep cyclic processing step that will create loop errors. Has this been tested?**

A. Yes; the algorithm has been tested and will be tested prior to launch.

**Q. Is the Historical PCP relationship based on current PCP assignment or the PCP that has provided care to the beneficiary?**

A. PHPs are required to assign members to current historical PCP on file (in fee for service) but PHPs ALSO have the option to look at claim's history. Many PHPs will assign ONLY based on historical assignment history. For PHPs who do opt to look at claims history: If no claims history relationship exists between the patient and their assigned FFS PCP (with lookback period of 12 months for ABD and 18 months for non-ABD) then the PHP may assign to another PCP who has an established relationship (documented in claims).

**Q. This is different than what Jay said last night- what wins, name on the card or claim history for PCP assignment?**

A. PHPs are required to assign members to current historical PCP on file (in fee for service) but PHPs ALSO have the option to look at claim's history. Many PHPs will assign ONLY based on historical assignment history. For PHPs who do opt to look at claims history: If no claims history relationship exists between the patient and their assigned FFS PCP (with lookback period of 12 months for ABD and 18 months for non-ABD) then the PHP may assign to another PCP who has an established relationship (documented in claims).

**Q. With what Ms. Kelly said, if the patient is not one of our patients, we have never seen before, how will we as the provider get the records of that patient?**

A. Here is the basic assignment policy: PHPs are required to assign members to current historical PCP on file (in fee for service) but PHPs ALSO have the option to look at claims history. Many PHPs will assign ONLY based on historical assignment history. For PHPs who do opt to look at claims history: If no claims history relationship exists between the patient and their assigned FFS PCP (with lookback period of 12 months for ABD and 18 months for non-ABD) then the PHP may assign to another PCP who has an established relationship (documented in claims).

To your question: a member should be assigned to you because of some historical relationship (claims history of visits OR history of auto assignment). IF the member has historical records from other providers (primary or specialty care), the provider will obtain them like they do today by obtaining patient consent and getting information from the other practices.

**Q. if a patient sees a provider for Medical coverage as well as behavioral health. now, we bill claims for medical to fee for service Medicaid and Behavioral health to our LME MCO VAYA Health - will these patients stay in fee for service for medical and behavioral health services or will medical services go a PHP and behavioral health go to original LME MCO?**

A. When a member transitions to managed care (a PHP)—ALL of their claims will go to the same PHP for medical and behavioral health services.

**Q. is AMH tier taken into consideration when auto assignment happens?**

A. Not at this time; most of our primary care practices are AMH Tier 2 & 3 at this time.

**Q. We signed PHP contracts with a CIN in the first go around but have heard nothing from them to update us and review those contracts, even after reaching out. Not sure what else to do for that.**

A. We encourage to reach out to your CIN again. In addition, please check with the PHPs to find out the status of your contract.

**Q. My practice is a free clinic and also accepts traditional Medicaid. Since we are not a Carolina Access participant, we do not show up on the NCDHHS provider list. However, we provide care and bill for Medicaid patients. How do we remedy?**

A. First, you can contract with a PHP as a primary care practice if you are one (you do not need to be a Carolina Access practices to do this). Second, you may wish to become an Advanced Medical Home (Tier 1, 2, or 3). In order to enroll as an AMH, you must first enroll as a Carolina Access I provider.

1. To enroll as a Carolina Access Practice. Please refer to the How to Enroll, Update or Terminate CCNC/CA Managed Care Plans job aid located on the NCTracks public portal.
2. Then attest as an Advanced Medical Home. Please see *Advanced Medical Home (AMH) Tier Attestation* under Quick Links section of the Provider Users Guide and Training page at <https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training.html>.

**Q. How can you help us get our patients updated on their Medicaid cards for PCP? Local DSS won't change the card.**

A. We have issued communications stressing the importance of updating Medicaid cards with the correct PCP to our 100 county divisions of social services. Only beneficiaries can request the change of provider from the local DSSs, not providers.

**Q. Within auto enrollment if you are assigning to a specific PCP how will you decide which PHP to place them in if the PCP is contracted with more than one?**

A. Beneficiaries who do not choose a health plan and have a historical PCP contracted with multiple PHPs will be assigned to the same plan as a family member if the PCP has contracted with that plan. If the beneficiary does not have family members or the PCP is not contracted with the family member's plan, the beneficiary will be assigned on a round robin basis between the plans the PCP participates in.

**Q. For members who chose to switch - do they have a certain window of time to make the switch or can they change at any time?**

A. Most beneficiaries can switch PHPs within the first 90 days of enrollment. Beyond the 90 days, a beneficiary can contact the enrollment broker and request a change "with cause" or if there is a change of health status that would require the beneficiary to transition to NC Medicaid Direct – dually-eligible beneficiaries, individuals receiving long-term services and support through our CAP waivers, our Innovations waiver, our Traumatic Brain Injury Waiver, or beneficiaries with more acute behavioral health, substance use disorder, or intellectual or developmental disabilities.

**Q. What is the "it" in that sentence - "It" will randomize between the 3 PHPs? NCTracks? Enrollment Broker?**

A. The PHP Auto-enrollment algorithm implemented by the NCFAS

**Q. Will primary care providers have to get prior authorization before seeing patients not assigned to them?**

A. A provider can see patients not assigned to them within the first 60 days of transition. PHPs will coordinate with providers for any out-of-network care that is necessary.

**Q. When they sign up for a plan, will it tell them if their PCP is part of that particular plan?**

A. Beneficiaries will be able to look up their PCPs online or via telephone with the Enrollment Broker and see which plans their PCPs are enrolled with to help in their selection of a PHP.

**Q. Is a newborn assigned to the mother's plan? What if the pediatrician in the hospital doesn't participate with that plan?**

A. Enrollment with a health plan will be retroactive to the first day of the month of birth. Health plan assignment will be based on the mother's choice or the auto assignment algorithm. If the mother is enrolled with a health plan, the newborn will be assigned to the mother's plan. If the mother is Medicaid Direct and no choice is made, the newborn would be auto assigned to the health plan of the closest family member or other parameters in the auto enrollment algorithm.

Q. If Mom's PCP is with one plan but the child's PCP doesn't accept that plan, will you assign the child to the plan that their existing PCP participates with or force them to their Mom's plan?

A. The child would be assigned to the PHP their existing PCP participates in if the PCP is chosen at enrollment or if there is historical claims history with their existing PCP. If the PCP is not selected or if the child has no recent claims history, the child will be assigned to the mother's PHP.

**Q. The only hospital, and many of the specialists in our county, are only enrolled with 2 PHPs. If a member is assigned to me as their PCP but the local hospital and specialists are not participating with that PHP, it will cause a disruption in continuity of care.**

A. PHPs are required to maintain adequate networks of providers so that members can access care on a timely basis. If a PHP's network does not have an in-network provider available without undue delay, then the PHP must cover out of network services until the gap in access is addressed.

**Q. Is it possible for a patient to choose a plan and the plan has hit the max of member enrollment?**

A. Yes, the maximum member enrollment only applies for auto-enrollment. If a beneficiary actively selects a PHP through the Enrollment Broker or at application, the beneficiary will be

enrolled in that PHP regardless of whether the PHP has reached the enrollment maximum and is no longer receiving new enrollment through the auto-enrollment process.

### **Tribal Option Questions & Answers**

#### **Q. Will members be forced to join the Tribal Option?**

A. Enrolled EBCI or other federally recognized Tribal members living in Cherokee, Graham, Haywood, Swain and Jackson counties will be auto enrolled into the Tribal Option. Members in the neighboring counties such as Clay can opt into the Tribal Option by letting the Enrollment Broker know they want to join the Tribal Option.

Enrolled EBCI members or other federally recognized Tribal members living in those same counties or any other county in NC may choose to enroll in a PHP or remain in Medicaid Direct (Fee for Service Medicaid). As a federally recognized tribal member, they may opt out of managed care at any point or choose to not enter managed care.

#### **Q. Why didn't you include all Indians like the Lumbee?**

A. The design of the EBCI Tribal Option is built off the federal definition of being eligible for Indian Health Services (IHS). That definition is described at 25 U.S.C. Sec. 1603 (12) and 42 C.F.R. Sec. 136.12), which includes the following populations:

- Federally recognized tribal members, including enrolled members of the EBCI, as defined in Cherokee Tribal Code, Sec. 49.2, as well as members of other federally recognized Native American Tribes and Alaskan Natives.
- Direct lineal descendants
- Any individual who has not attained 19 years of age and is the natural or adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian (25 U.S.C. sec. 1680)
- Non-Indian women pregnant with an eligible Indian's child for the duration of her pregnancy, and through postpartum. (42 C.F.R sec. 136.12)

EBCI is the only federally recognized tribe and NC based tribes such as the Lumbee, Haliwa-Saponi and other NC tribes do not meet the definition outlined above.

Individuals who are on Medicaid and meet the above definition and live in the covered western counties such as Choctaw or Navaho may join the EBCI Tribal Option.

#### **Q. How do claims get paid in the TO?**

A. Providers serving members of the Tribal Option will be paid through NC Tracks. Providers remain under the same process as Medicaid Direct (Fee for Service). All claims and prior authorizations don't change and will continue to be submitted to NC Tracks.

#### **Q. Will the TO do authorizations for services?**

A. Prior authorization will continue to be requested, approved, or denied by NC Medicaid or their vendors. Appeals for reduction, termination or denials will continue to be addressed to and by NC Medicaid.

**Q. There are EBCI members enrolled with CCNC today; will CCNC care managers continue to work with them under the Tribal Option?**

A. No, all members of the EBCI Tribal Option will be assigned a care manager from the EBCI Tribal Option. The members will no longer be enrolled in CCNC or be served by the CCNC care managers.

**Q. Will there be more credentialing involved to belong to the Tribal Option network?**

A. No, there are no additional credentialing requirements to be a provider within the Tribal Option network. The provider must be enrolled in NC Medicaid, enrolled as a Carolina Access provider or Advanced Medical Home (AMH) Provider; and be within a reasonable distance of the five-county area. The PCP will be required to enter into a contractual relationship with the EBCI Tribal Option.

**Q. Casey's description of the EBCI Tribal Option sounds like an AMH; what is the difference since the Tribal Option is supposed to be a PCCM?**

A. The EBCI Tribal Option is a PCCM model. CIHA has two roles in Medicaid:

1. CIHA is a provider of health services for NC Medicaid including primary care, dental, pharmacy, eye clinic, behavioral health, etc. Their provider arm is an AMH3 and will part of the network for PHPs and Medicaid Direct. This allows CIHA to be a provider of choice for Native Americans who choose to join a PHP or remain on Medicaid Direct.
2. A division of CIHA will manage the PCCM program, the EBCI Tribal Option. **All** members of the Tribal Option will be assigned to a care manager that is embedded into the AMH model (Nuka model) described during the Fireside chat. The EBCI care manager will work with members who receive care at CIHA through their AMH or receive their care from an external provider of CIHA. For example, if the member has been receiving their primary care from a provider in Waynesville, then the EBCI Tribal Option Provider Services Manager will reach out to the provider to schedule a meeting to discuss joining the Tribal Option network. The EBCI Tribal Option care manager will work directly with that PCP. The EBCI Tribal Option is interested in making sure that care is not disrupted, and the relationships are maintained.

**Q. Does EBCI have a compact or charter with IHS for self-determination?**

A. Yes, as allowed by the Indian Self-Determination and Education Assistance Act (ISDEAA) of 1975 (PL 93-638) EBCI/CIHA does have a 638 compact with IHS for self-determination.

**Q. Where is tribal option in this selection process (the attribution process)?**

A. NC Medicaid, via the eligibility system (NCFASST) will have an IHS eligibility flag for Medicaid members along with county of residence and other eligibility markers typical for Medicaid. The algorithm will first identify IHS eligible and secondly, eligible county of residence and place the person in the EBCI Tribal Option automatically unless the individual opts out and chooses a PHP or to stay in Medicaid Direct.

**Q. Can the Tribal Option identify based on Medicaid claims the independent primary care practices who are assigned as a PCP and reach out to the practice or the practice's CIN?**

A. Yes, the Tribal Option will receive a data feed from NC Medicaid both on eligibility and claims paid to all providers on behalf of those individuals. The data feed has both the assigned primary care practice/physician and identifies other providers, physicians, etc. who have provided services. The EBCI Tribal Option will reach out to those primary care practices who serve members in the identified counties.

**Q. A Kid that's part of EBCI tribal option moves to the beach- how does he see a doctor for a medical problem when no one is signed up for that in Wrightsville beach? Straight to the ER?**

A. If the child moves to the beach, the child would no longer be eligible for the EBCI Tribal Option because the child would no longer reside in the counties in the contracting area (Cherokee, Graham, Haywood, Swain, Jackson, and neighboring counties). If the child is visiting the beach, then they would seek care at the facility appropriate for their level of need. The EBCI Tribal Option be notified either via the ATD data feed of facility encounter or via paid claims for other types of services rendered. Upon notification, the EBCI Tribal Option would reach out to the assigned PCP and/or family for follow up to assure the necessary treatments for continuity of care once the child is back home.

**Q. Will EBCI be contracting with behavioral healthcare agencies for outpatient therapy and then, higher level services for 2023?**

A. The Cherokee Indian Hospital (CIHA) currently provides and contracts directly with external behavioral health providers for the delivery of behavioral health services. A member of the Tribal Option has choice in the selection of their Medicaid provider.

**Q. Will the EBCI contract with CIN's?**

A. The contract between NC DHHS and the EBCI Tribal Option requires that the contract be between the EBCI Tribal Option and the primary care provider. As a start-up program,

establishing the relationships between the Tribal Option and the PCPs is critical. This one to one relationship needs to be more direct initially. The EBCI Tribal Option, however, will work with the CIN on reporting and quality activities. The EBCI Tribal Option is also willing to discuss the role of the relationship with CINs for future years of operations.

**Q. Will the EBCI Tribal Option website be in Cherokee?**

A. The plan over the next year of implementation is that most documents, including parts of the website will be both in Cherokee and English. Initially, priority is being given to translating the documents such as the *EBCI Tribal Option Member Handbook and the Member Rights and Responsibilities*. Of course, at any point a member may request the translation of any document, letter(s), care plan, etc. into Cherokee. The EBCI Tribal Option will also provide access to Cherokee Interpreters during the course of care or treatment.

**Q. Is the Indian Tribal Option a PHP?**

A. The EBCI Tribal Option is a PCCM managed care model with a contract direct with NC Medicaid. PCPs in the region who see EBCI TO Members and those seen by CIHA will be part of the EBCI Tribal Option members.

**Q. I don't understand who controls this- the tribe? Or they have an insurance company like UHC?**

A. CIHA, via a contract direct with NC Medicaid, controls the EBCI Tribal Option, not a private insurance company. The contract outlines all the managed care requirements that are followed by CIHA, Tribal Option and the Tribal Option network of PCPs.

**Q. Casey, since the patients are going to be able to pick their PCP, will PCP's be coming in and out as often as they are now? We have multiple patients in our office that end up switching PCP's a few times a year at CIH due to their PCP leaving each time.**

A. Patients will be auto enrolled to CIHA as their PCP, at the practice level not the provider level. We have a separate internal process for empaneling once assigned to the practice. Thank you for helping us take care of our patients.