

NC MEDICAID

VIRTUAL OFFICE HOURS

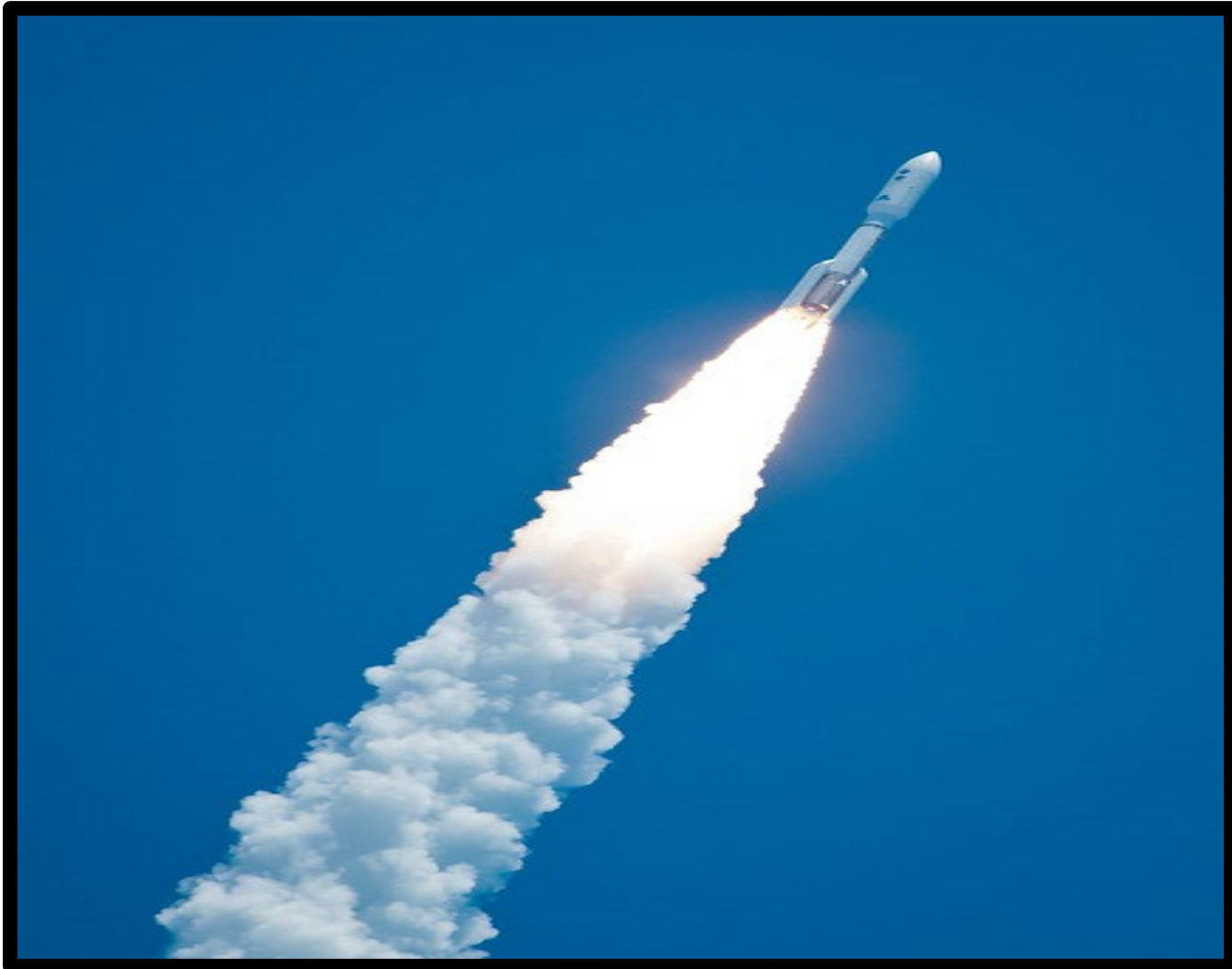
Routine Optical Services in Medicaid Managed Care

Ronda Owen, Program Manager

May 27, 2021

Managed Care Launch!

July 1, 2021



Medicaid and Managed Care Synonyms

Lots of Synonyms!

- Managed Care Entities
- ‘Regular’ Medicaid

‘Regular’ Medicaid Synonyms

Lots of Synonyms for ‘Regular’ Medicaid

- **Medicaid Fee-for-Service**
- **Medicaid Direct**
- **Traditional Medicaid**
- **Regular Medicaid**

Managed Care Entity Synonyms

Lots of Synonyms for Managed Care Entities

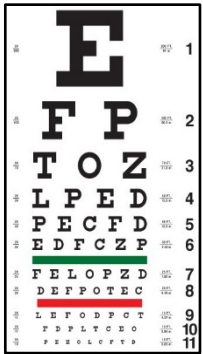
- **Managed Care Organization (MCO)**
- **Pre-Paid Health Plan (PHP)**
- **Managed Care Company (MCC)**
- **Health Plan**
- **Plan**

Managed Care from Two Perspectives

1.) **GLOBAL** – Broad aspects of the new managed care model



2.) **OPTICAL** – Specific changes for optical providers



Managed Care from Two Perspectives



Global

Medicaid Managed Care Eligibility

Categories of Beneficiary Participation Eligibility

| Status of Medicaid Managed Care Enrollment, Per Legislation | Populations |
|---|--|
| Mandatory (Must enroll) | <ul style="list-style-type: none">▪ Most Family & Children's Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled. |
| Excluded (Cannot enroll, stays in NC Medicaid Direct) | <ul style="list-style-type: none">▪ Family Planning Program, Medically Needy, Health insurance premium payment (HIPP), Program of all-inclusive care for the elderly (PACE), Refugee Medicaid▪ Some beneficiaries are temporarily excluded and become Mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, & Community Alternatives Program for Children (CAP-C) and Disabled Adults (CAP-DA). |
| Exempt (May enroll or stay in NC Medicaid Direct) | <ul style="list-style-type: none">▪ Federally recognized tribal members, beneficiaries who would be eligible for behavioral health tailored plans (until they become available). Target launch date for Tailored Plans is July 1, 2022. |

Network Adequacy Standards for PHPs

“...Establish and maintain a Medicaid Managed Care Provider Network... sufficient to ensure that all services covered under the Contract are available and accessible to all Members in a timely manner...”

General
Urban Standard:
≥ 2 providers (of each
provider type) within 30
minutes or 10 miles for
at least 95% of
Members

General
Rural Standard:
≥ 2 providers (of each
provider type) within 30
minutes or 30 miles for
at least 95% of
Members

Managed Care Contract Obligations with DHB

PHP Obligations in Managed Care

Make a good faith effort to enroll every willing provider, including negotiating rates in a manner that ensures network adequacy

Accept any willing provider unless the provider declines the contract terms and conditions or the provider isn't qualified to contract with the PHP

Honor Transition of Care guidelines when a member with prior approval for a service moves from one payor (Medicaid Direct or another PHP) to a new 'receiving' PHP

Managed Care Contract Obligations with DHB

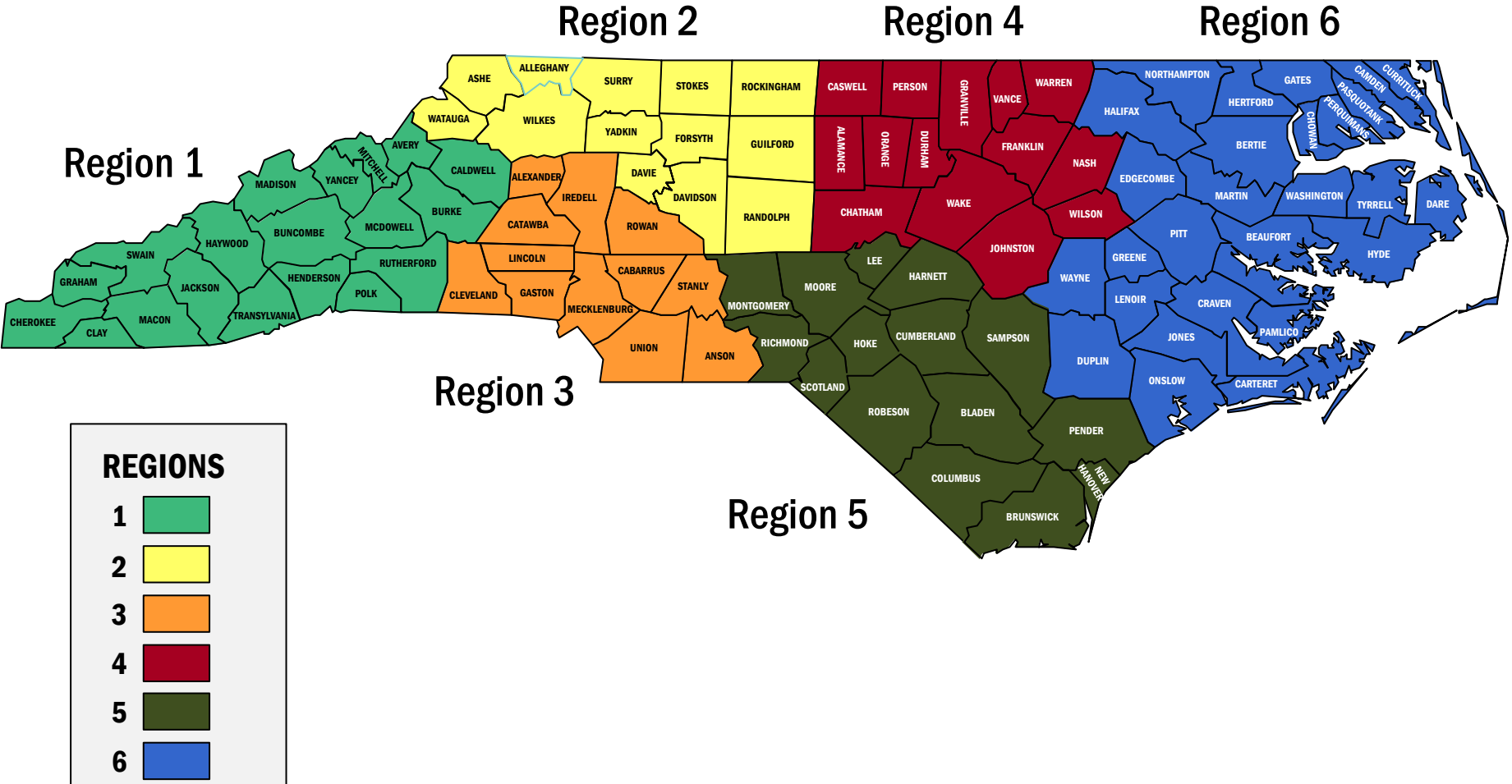
PHP Obligations in Managed Care

“Furnish covered benefits in an amount, duration and scope no less than the amount, duration, and scope for the same services furnished to beneficiaries under the Medicaid Fee-for-Service program...”

"The PHP may place appropriate limits on a service based on medical necessity, or for utilization control...provided the service furnished can be reasonably expected to achieve their purpose”

“The PHP shall develop a utilization management (UM) program... based on nationally-recognized evidence-based clinical practice guidelines... to support UM and prior authorization for services not otherwise defined in mandated clinical coverage policies.”

MAP - PHP Regions



REGIONS

1

2

3

4

5

6

Virtual Office Hours | May 27, 2021

Pre-Paid Health Plans (PHP) and Locations

AmeriHealth Caritas of NC - PHP; Statewide

Blue Cross and Blue Shield of NC - PHP; Statewide

UnitedHealthcare of NC - PHP; Statewide

WellCare of NC - PHP; Statewide

Carolina Complete Health, Inc - PHP; Regions 3, 4, & 5

Eastern Band of Cherokee Indians (EBCI) Tribal Option –
Primary Care Case Management managed by the Cherokee Indian Hospital Authority. For federally recognized Tribal members and others eligible for services through the federal Indian Health Service agency.

Counties in Regions 3, 4, & 5

Carolina Complete Health – Medicaid Providers and Beneficiaries in Regions 3, 4, & 5 Have an Additional Option

REGION 3 – Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union

REGION 4 – Alamance, Caswell, Chatham, Durham, Franklin, Granville, Johnston, Nash, Orange, Person, Vance, Wake, Warren, and Wilson

REGION 5 – Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland

PHPs and Contracting Information Phone Lines

AmeriHealth Caritas North Carolina

ProviderRecruitmentNC@amerihealthcaritas.com

(844) 399-0474

Carolina Complete Health ** Only in Regions 3, 4, & 5*

networkrelations@cch-network.com

(833) 552-3876

HealthyBlue

NCproviderquestions@ncealthyblue.com

(844) 415-2045

PHPs and Contracting Information Phone Lines

UnitedHealthcare

CarolinasPRTeam@uhc.com

(866) 686-9332

WellCare of North Carolina

NCProviderRelations@wellcare.com

(984) 867-8637

Health Plan Information

Additional Health Plan Information

- **Provider Support Phone Numbers and Emails**
- **Provider Manuals**
- **Provider Contract Templates**
- **Member Handbooks**

<https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources>

Additional Provider Resources

Resources for Medicaid Direct and Managed Care

- **PHP and PHP Vision Plan Partners**
- **Medicaid Contact Center at (888) 245-0179**
- **Email: Medicaid.Transformation@dhhs.nc.gov**
- **NCTracks Call Center at (800) 688-6696**
- **Provider Playbook: Medicaid Managed Care**

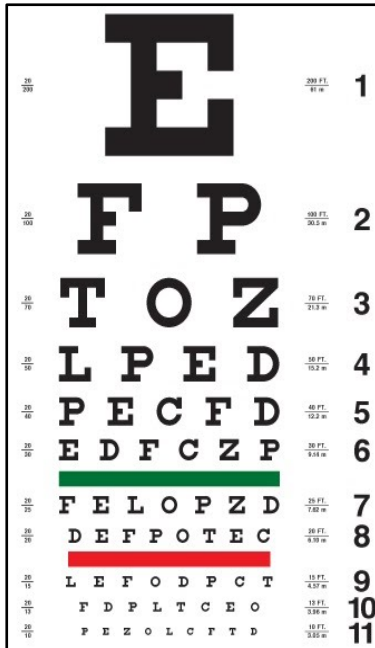
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

YOU

Are a Great Resource For Your Medicaid Patients

- Enrollment Broker at (833) 870-5500
- NC Medicaid Ombudsman at (877)-201-3750
- Medicaid Contact Center at (888) 245-0179
- Local County Department of Social Services
- <https://medicaid.ncdhhs.gov/medicaid>

Managed Care from Two Perspectives



Optical

Third-Party Vision Vendor and Contact Information

AmeriHealth Caritas North Carolina (844) 399-0474

None

Carolina Complete Health (833) 552-3876

Envolve Vision – (800) 531-2818

HealthyBlue (844) 415-2045

EyeMed Vision – (855) 422-6733

UnitedHealthcare of North Carolina (866) 686-9332

March Vision – (844) 736-2724

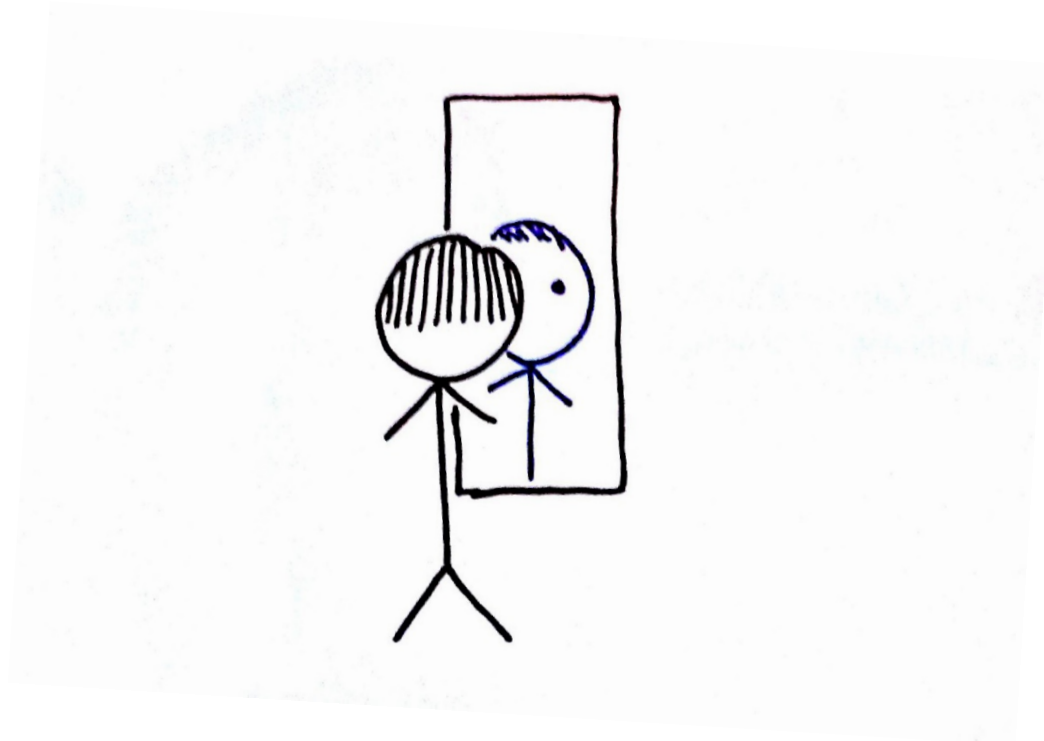
WellCare of North Carolina (984) 867-8637

Envolve Vision – (800) 879-6901

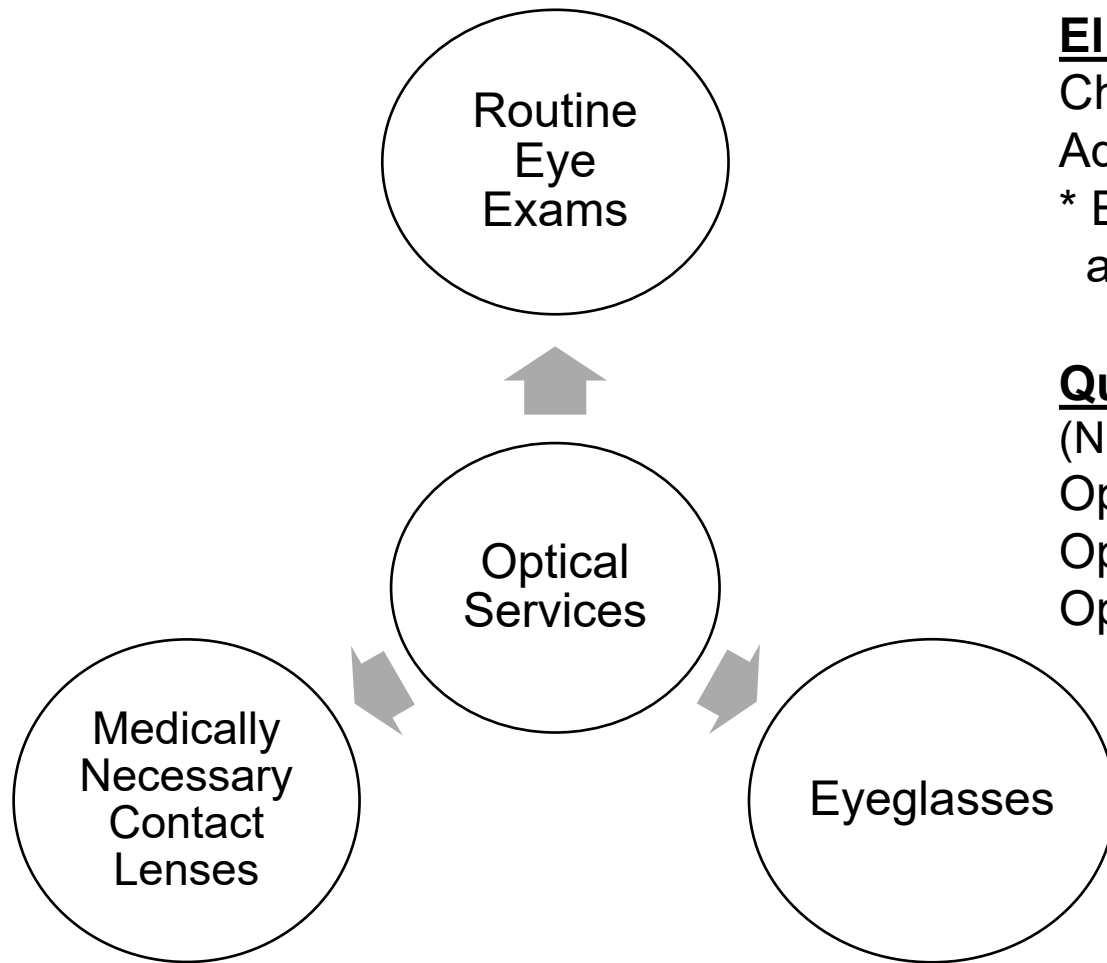
Medicaid and Health Choice

Routine Optical Services

Mirror One Another



NC Medicaid Optical Services



Eligible Population

Children-once every year (365 days)
Adults-once every 2 years (730 days)
* Exceptions to frequency limits are allowed based on medical necessity

Qualified Providers

(NC Licensed)
Ophthalmologists
Optometrists
Opticians

Optical Services in Managed Care

What to Expect Regarding Changes

What Will REMAIN THE SAME:

Access to Care

Provide both eye exams and eyeglasses to Medicaid members if they provide both services to non-Medicaid patients

Minimum Coverage

Health plans coverage may not be more restrictive than current NC Medicaid Clinical Coverage Policy

Eyeglasses

Everything except . . .



What WILL Change:

Services Managed by Health Plans

Routine Eye Exams, Medically Necessary Contact Lenses, and Dispensing Fee for Eyeglasses and Medically Necessary Contact Lenses

Value-Added Services

AmeriHealth Caritas and Carolina Complete Health will offer an additional routine eye exam and eyeglasses benefit to adult members

Eyeglasses

Dispensing fee is billed to the health plan

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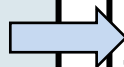
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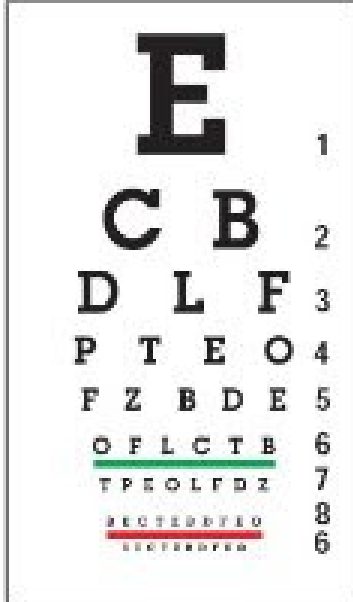
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Access to Care for Eyeglasses

Routine Eye Exams and Access to Care for Eyeglasses

There are two type of practices providing routine optical services.

EXAM ONLY



EXAM & GLASSES

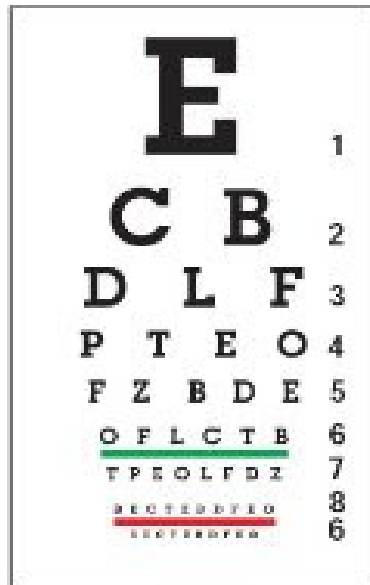


Access to Care for Eyeglasses

Routine Eye Exams and Access to Care for Eyeglasses

Subsection 7.2 of the child (6A) and adult (6B) policies address access to care for both practice types.

EXAM ONLY



Prior to making the appointment, the provider must inform the beneficiary that only an eye exam is available at the practice and that glasses are not provided for any patients.

Access to Care for Eyeglasses

Routine Eye Exams and Access to Care for Eyeglasses

EXAM & GLASSES



If the provider provides both an eye exam and eyeglasses for non-Medicaid patients, the same must be provided for Medicaid beneficiaries.

Access to Care for Eyeglasses

Routine Eye Exams and Access to Care for Eyeglasses

Providers who provide both optical services (routine eye exams and eyeglasses) to non-Medicaid patients, and provide Medicaid routine eye exams through a PHP, must also provide Medicaid Direct eyeglasses through NCTracks and Nash Optical Plant.

Optical Services in Managed Care

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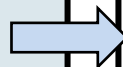
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‘The Floor’ – Current Routine Optical Policies

PEDIATRIC – Policy 6A

**Routine Eye Examination and Visual Aids for
Beneficiaries Under 21 Years of Age**

https://files.nc.gov/ncdma/documents/files/6A_0.pdf

ADULT – Policy 6B

**Routine Eye Examination and Visual Aids for
Beneficiaries 21 Years of Age and Older**

https://files.nc.gov/ncdma/documents/files/6B_0.pdf

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Health Plans' Responsibilities

Health Plans will manage their own:

- **Provider network (adequate access to care)**
- **Clinical coverage policies (ensuring they are not more restrictive than current Medicaid policies)**
- **Utilization management and prior approval (except for Medicaid eyeglasses)**
- **Claims processing (not through NCTracks)**
- **Third-party vision vendors (Envolve, EyeMed, March Vision)**

Optical Services in Managed Care

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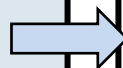
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Value Added Service

Value-Added Service Definition

Services that are not covered by a state's Medicaid program that a PHP wants to provide. Unlike In Lieu of Services, value-added services are not considered when setting Medicaid capitation rates.

Value-Added Service Examples

- \$75 per year healthy rewards gift card
- YMCA membership for diabetic support
- \$75 per year voucher for Boys & Girls Club
- Car seat for new mothers
- Up to 14 weeks of Weight Watchers

Two Types of Visual Aid Benefits

Carved Out Eyeglasses

- Initial Medicaid Direct eyeglasses through NCTracks and Nash Optical Plant

VAS Eyeglasses

- VAS eyeglasses may ONLY be provided AFTER the beneficiary has received the initial eyeglasses through NCTracks and Nash Optical Plant
- VAS eyeglasses are provided through the PHP or the PHP's third-party vision vendor, NOT through NCTracks or Nash Optical Plant

Optical Services in Managed Care

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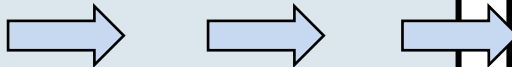
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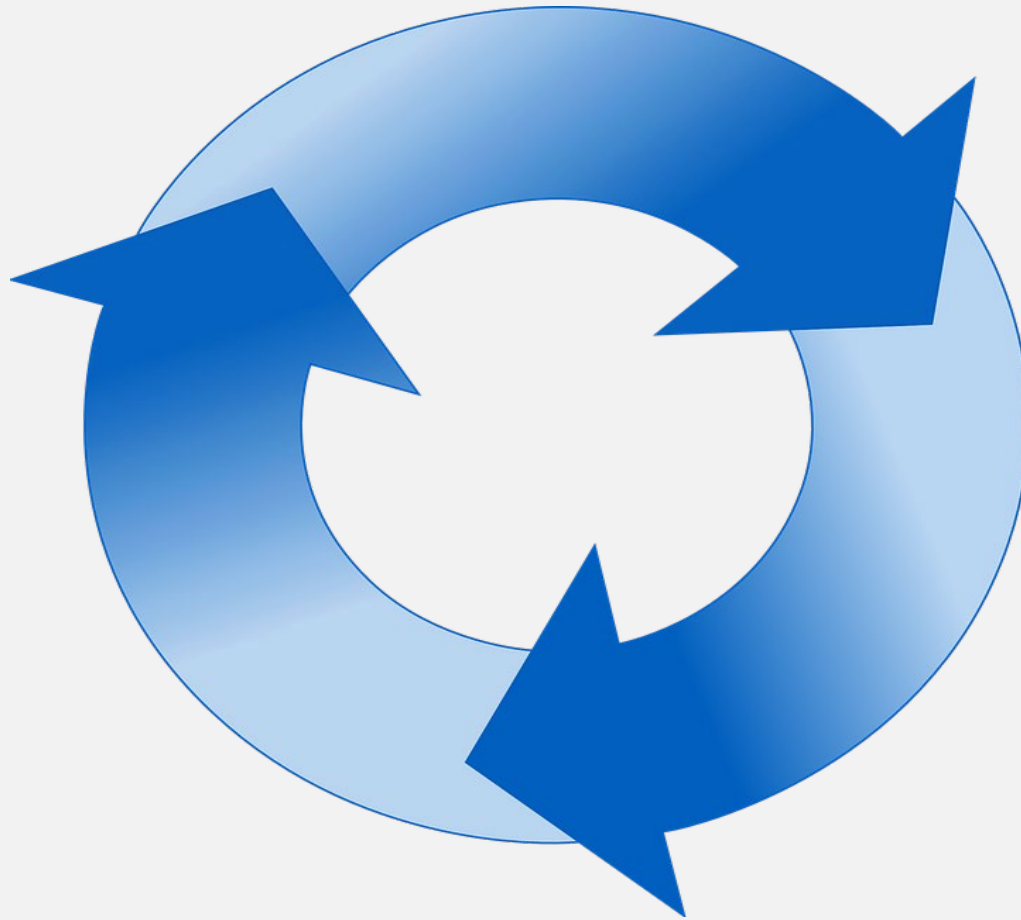
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Delivery System for **Carved Out** Medicaid Eyeglasses



NC Medicaid “Hybrid” Eyeglasses

Will REMAIN THE SAME (Carved-out)

- Follow CCP 6A & 6B related to eyeglasses (frame kit, lens materials & styles, replacements, etc.)
- Obtain PA via NCTracks
- Receive eyeglasses from Nash Optical Lab
- Dispense to Member



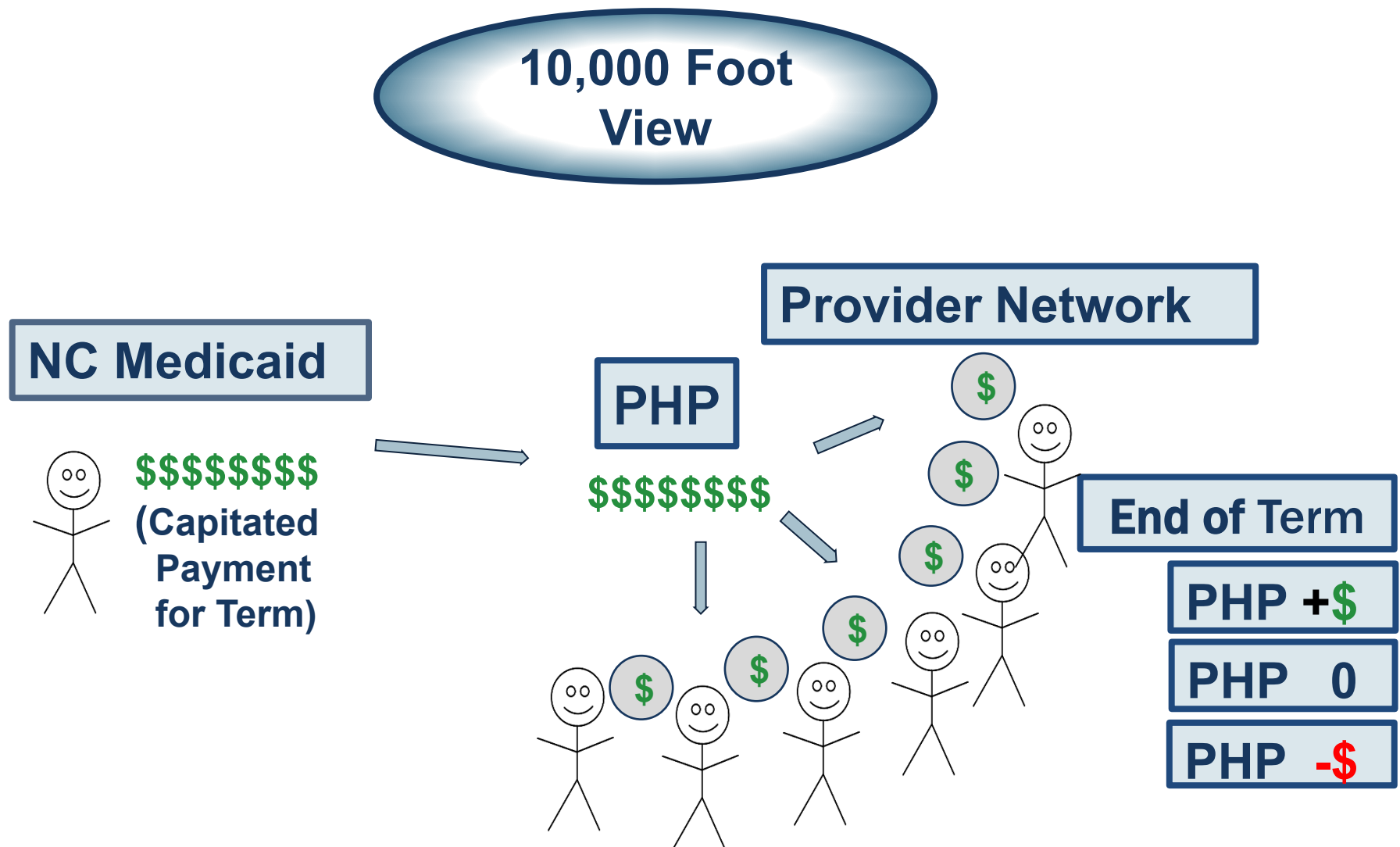
WILL Change (Carved-in)

Bill Dispensing Fee to Health Plan

Questions Frequently Asked by Providers (so far!)



What is Capitation ? How does it Work?



Transition of Care for Eyeglasses

Provider obtains eyeglasses PA under one PHP but member transfers to another PHP before glasses are dispensed

- **Bill the dispensing fee to the new *'receiving'* PHP**
- **Provider is in-network with receiving PHP - 100% of Negotiated Rate**
- **Provider is out-of-network with receiving PHP**
 - **Enroll with PHP – 100% Negotiated Rate**
 - **Remain out-of-network – no more than 90% FFS rate (if PHP made a good faith effort to enroll provider)**
 - **Exception during first 60 days after launch (July 1– August 31)**
 - **100 % of Negotiated Rate, in or out of network**

Out-of-Network Provider Payments by PHPs

Except for a member continuity of care circumstance, out-of-network providers who provide non-emergency or post-stabilization services where the PHP has made a “good faith” effort to contract with a provider who has refused that contract or where the provider was excluded from the PHP network for failure to meet objective quality standards

PHPs are prohibited from reimbursing at more than 90% of the Medicaid FFS rate

“Good faith/quality” means the plan engaged in a good faith effort to contract but the provider refused or the provider was excluded from the network for failure to meet objective quality standards.

Out-of-Network Provider Payments by PHPs

Including for a member continuity of care circumstance, out-of-network (OON) Providers who provide non-emergency or post-stabilization services where the PHP has not made a “good faith” effort to contract with a Provider who has refused that contract and where the provider was not excluded from the PHP network for failure to meet objective quality standards

In the absence of a negotiated agreement, PHPs are required to reimburse provider at 100% of the Medicaid FFS rate

“Not good faith/quality” means the plan has not engaged in an effort to contract with the provider nor has the provider been excluded for failure to meet objective quality standards.

Member Enrollment and Eligibility

How Can Providers Determine the Member's Plan?

- Insurance Card – does not guarantee eligibility
- NCTracks – Recipient Eligibility Portal
(With MEDICAID ID NUMBER or NAME & DATE OF BIRTH)
 - Medicaid Direct or PHP Election/Assignment
 - Eligibility status as of date of inquiry

Billing Eyeglasses Dispensing Fee

How Will Providers Bill the Eyeglasses Dispensing Fee?

- **Bill only for the dispensing fee (not hardware/frames and lenses)**
- **Follow each PHP's or third-party vision vendor's billing guidelines for dispensing fee claims submission**
- **Use each PHP's or third-party vision vendor's billing system (not NCTracks claims portal)**
- **Receive payment from the PHP or third-party vision vendor (not NC Medicaid Checkwrite)**

Routine and Medical Services Payment

Will the PHPs Pay for Routine and Medical on the Same Day with the Same Provider?

Only if the PHP chooses to do so.

- Current Medicaid policy doesn't allow medical and routine services from the same doctor on the same day**
- PHPs will not be required to cover medical and routine services on the same day**
- Note that PHPs may not be more restrictive than current Medicaid clinical coverage policy, but this not prohibit them from offering broader coverage.**

Contracting with the Health Plans

How Does a Provider Contract with a PHP?

- Just as before, Medicaid credentials providers- no additional credentialing is required
- If the PHP does not have a third-party vision vendor, contact the PHP for contracting guidance
- If the PHP has a third-party vision vendor administering medical and optical services, contact the third-party vision vendor for contracting guidance
- If vision services are split (medical and optical) the provider will contract with both the PHP and the third-party vision vendor

Resources for Assistance

Who Do I Contact if I Need Help?

Medicaid Direct (Fee-for-Service)

- Medicaid Contact Center
- NCTracks Call Center

Managed Care

- PHP Call Center
- Third-Party Vision Vendor Call Center

Thank You for Your Continued Partnership!

“See” you on the other side!



ANY
QUESTIONS
?