

Transcript for Virtual Office Hours for Providers: Medicaid Managed Care Webinar Series

September 23, 2021

5:30 – 6:30 pm

Presenters:

Darryl Frazier, Manager – Provider Operations

Erica White, Provider Relations Team Lead

Chris Weathington

It's 4pm let's get started. Thank you for participating in today's virtual office hour session with North Carolina Medicaid. Today's webinar will cover important Medicaid managed care hot topics and provide information about the Help Center and the provider ombudsman, North Carolina Medicaid in North Carolina, a tag and partner to ensure that health care providers across all 100 North Carolina counties have the information and support they need to adapt to and thrive under Medicaid managed care. This collaboration produces educational programming and a practice support coaches to provide one to one assistance directly to practices. My name is Chris Weathington, and I will moderate today's session. Before I turn it over to our panelists. Let me run through some logistics, everyone other than our presenters, is muted. And the chat function is turned off, you can ask questions or make comments by using the q&a feature on the black bar at the bottom of your screen. We have learned in past sessions that the presenters will often address your questions during their presentations, I encourage you to wait until the presenters are through with their brief presentations before submitting a question. We will record this session, and add that recording, along with these slides on the NC AHEC Medicaid Managed Care website. Now, I'm going to introduce today's presenters. We have Darryl Frazier, manager of provider operations and Erica White provider relations lead at North Carolina Medicaid, Darrell and Erica, I'm now going to turn this over to you.

Darryl Frazier

Thank you, Chris. Good afternoon, North Carolina. Thank you for everyone joining us on this lovely fall day. I want to especially recognize attendees in the Haywood County area. We are keeping you in our thoughts and prayers as you recover from the floods. The agenda for today's meeting features some common concerns and inquiries reported to the Medicaid provider ombudsman. Over the past few weeks, as well as subjects worthy of magnifying for North Carolina Medicaid and help choice providers. Thus, as a result, we will cover the Medicaid provider ombudsman provider enrollment record updates. Electronic visit verification reminders, managed care claim denials, extension of out of network provisions policies, and more. Next slide.

The Medicaid provider ombudsman is so necessary in today's Medicaid program. While there is a sole individual who feels the Medicaid provider ombudsman position. The Medicaid provider ombudsman encompasses both a customer services call center unit and a research, all referral and follow up team. Our end game is to recognize address and fix problems encountered by our providers. As a result, ombudsman represents the interests of the provider community receives and responds to inquiries and complaints facilitates resolution or refers to the appropriate subject matter advisor that advisor may be within Medicaid, or could be a PHP or someone at NC tracks. The information for the ombudsman is published in the PHP manuals, as well as the Medicaid website assistance from the Medicaid ombudsman, we're willing to see us with anything from A to Z, and both managed care as well as Medicaid direct. And as you can see at the bottom of the slide, we do have the contact information, telephone number, 866-304-7062, or you can reach us via email at Medicaid.ombudsman@dhhs.nc.gov. Next slide.

Providers I challenge you to check your provider record regularly inaccurate provider enrollment information has an adverse domino effect adversely impact in provider directories adversely impacting patient selection and choosing a PCP adversely impact them payment to providers, and more. When provider records are accurate, beneficiaries are less challenged in selecting a primary care doctor, and, and making informed decisions about where to seek care. So we keep reminding providers and we're going to keep preaching NC tracks is the system of record for providing enrollment data which is then shared with the health plans, and this information also has information as in the provider directories, this is the information that beneficiaries will use in selecting the provider. You can help by reviewing your record regularly and submitting and making changes via a managed change request when necessary. Next slide.

Nothing is more embarrassing to me than getting tripped up by the sidewalk because I was not paying attention. Well, that's how aspiring credentials work in NC tracks. beginning in May of this year 2021 we have taken additional steps to ensure providers meet contractual obligations to keep credentials current, notices are sent to the provider message center inbox beginning 60 days in advance of the expiration date of a credential. I speak to many providers and these will be the group providers, where, where we discussed the expired credential and they're wondering how it occurred, and why they did not receive notification. I find with some organizations, they're not sure who has access to the mailbox and who is receiving the notification. This is really crucial now and is coming to light. Now, so, regarding the notifications, suspensions and termination 60 days prior to 60 days prior to their credential expiration day providers will receive a notification. There was receive a reminder at 30 days and 14 days, and they'll receive a final notice seven days prior to expiration. On the 61st day, the providers taxonomy is terminated. And if that's the only takes me on the record. The record is terminated. Providers must reapply to Medicaid. If that is the case and they can do that, either through a managed change request, if it's only taxonomy terminated or they may have to complete a re enrollment application. Next slide.

I have covered provider updates now and I want to highlight missing claims data. Currently, a major challenge in Medicaid managed care is taxonomy codes, missing from the claim. PHPs have reported

and we continue to see issues regarding billing, because the taxonomy is missing, or there's an invalid billing provider rendered provider for didn't provide relevant to the taxonomy codes. The PHP IT systems required taxonomy codes to be submitted on all claim types is to pharmacy point of sale claims. And it's all so important that you are aligned with the clearing house as your clearing house our EDI vendor may be updating information made up by providers, so it's important to be aligned to know why it's being submitted to nctracks.

Erica White

Electronic visit verification reminder, the electronic visit verification softlogic for providers authorized to render personal care services, subject to EBB through the prepaid health plan payer type has been extended through September 30 2021 claims submitted from July 1 through September 30 2021 will be processed without financial penalty if all other billing requirements are met. During the soft launch extension providers should complete their credentialing to ensure account setup, begin testing, integration by capturing and reporting the minimal EBB data and submitting claims to troubleshoot issues to mitigate payment lapses after October 1 2020, all encounters submitted for services subject to EBB will require the EBB evidence to assist with ajet adjudicating the claim. Next slide.

Extension of out of network provisions. The policy has been extended through November 30 2021 and the prepaid health plans have agreed to extend the policy for out of network flexibilities to provide us who have not yet contracted with the PHP through November 30 2021. Under this policy, the PHP have agreed to permit uncontracted out of network providers enrolled in North Carolina Medicaid to follow in network provider prior authorization rules, and may continue to get prior authorization retroactive. The exception does not apply to concurrent reviews for inpatient hospitalizations, which should still occur during this time period. This next thing would be reimburse the reimbursement so they want to reimburse out of network providers at the end network rate of 100% of the Medicaid fee schedule implementation of the 90% rate reduction, following good faith contracting provision, and then allowing beneficiaries to change their primary care provider for any reason. And the, the extension for flexibility for non emergency medical and non emergency ambulance transportation providers through November 2021. Next slide.

Prior authorizations, for existing in active prior authorizations, those have been extended to September 29 2021, the PHPs will honor existing and active prior authorizations on file with North Carolina Medicaid, both on health choice, or until the end of the authorization period whichever occurs first. Medically necessary services with the PA will be reimbursed at 100% ffs rates for out of network providers, or at the contract rate for in network providers, refer to each PHP for this information as needed. Next slide. Then we're going to turn it back over to Chris.

Chris Weathington

Thank you, Erica. I'm now going to go over through some questions that we've gotten in just just a few moments ago, first I'll start with Michael. Michael, the question here is, will I be prompted by nctracks when my license is expiring.

Michael

Hey, thanks a lot. Yes, a message will be posted to the message center inbox on a secure provider portal 16 days prior to license expiration date. If your license is expiring, you will need to update it promptly and nctracks, or your provider record may be suspended and or terminated nctracks receives automatic updates from the NC medical board on license renewals, but providers will still need to validate this information.

Chris Weathington

Thank you, Michael. Just a reminder to everyone. You can find these slides on the NC AHEC website it's at <https://www.ncahec.net/medicaid-managed-care-2/> so it's at the NC AHEC website in the Medicaid managed care section. Julia. This question why am I not able to update my DEA or my Drug Enforcement Agency or Clinical Laboratory Improvement amendments certification in my provider profile on nctracks.

Julia

Hi, thank you Chris. So providers actually don't need to update this information nctracks receives a monthly file from the DEA, that is used to automatically update the expiration dates for their DEA certification and provider records. If you have renewed your certification with the DEA and your DEA numbers are correct in NC tracks you can retain the certification letter, and associated documents for your records. I do want to note that the Clinical Laboratory Improvement amendments the CLIA is another certification that is updated automatically. but it occurs bi weekly.

Chris Weathington

Okay, Julia. Thank you. Shaundra. How to groups, remove providers that are no longer affiliated with the group. If the group does not have access to that providers nctracks application to inundate the affiliation.

Shaundra

Hi, Chris. Thanks, if providers or organizations information is on the online directory, and add a date, or it's actually inaccurate, the providers office administrator, which is the actual OA should complete a manage change request, which is considered an MCR and NC TRACKS to correct it, exclusive for updates to demographic information, all of that information can be added to that MCR, if the providers affiliation information is incorrect. The opposite administrator, again the OA for the affiliated provider must

update the group affiliations, on the individual providers record, and any information that is updated on the organization or individual nctracks provider record will be reflected in the provider directory after the nctracks after nctracks NCR is complete.

Chris Weathington

Thank you challenger, Darryl. This is a question that just came in I've completed my residency. And I've received a letter after submitting my application saying that I should submit my medical school transcripts or a residency verification letter, which should I submit.

Darryl Frazier

Thank you for the question, effective October 12 the last year 2020 for individual providers who have completed their residency and are completing an initial verification or re enrollment application nctracks also steps verification letters directly from the residency programs in place of medical school transcripts transcripts will be accepted for those without completed residencies, but the individuals submit residency verification, if they have it, similar to a transcript, the residency verification letter must come directly from the program. Residents cannot upload this ladder, nor send it themselves, they must request the residency program to send the nctracks directly by mail or via email to the secure email address, which is provided and the request from NC tracks, the medical school, or professional school transcript should only be submitted. If residency was not completed. Thank you.

Chris Weathington

Thanks, Darryl. Shaundra Lockley does my nctracks record had to match that of my DEA number.

Shaundra

Yes, absolutely. The name and the certification number on most of the application must match the informational tiles in our DEA, which will allow the application to continue processing, and as Julia stated in her response to question two, regarding why can't a provider, upload the information he tracks automatically verifies the DEA certification number. If the information does not match the provider will receive an application, incomplete letter detailing the actions required -- Thank you,

Chris Weathington

Erica, how can providers view their panel with each PHP after launch.

Erica White

Medicaid will continue to post the enrollee report in the nctracks provider message inbox for North Carolina Medicaid direct and all health plans, AMH tier threes will receive their member lists monthly through the 834 beneficiary file. In addition, all AMHs and PCPs will receive a signed enrollee panel information from each health plan.

Chris Weathington

Thank you, Erica, Michael, how do I find out what taxonomy code to use on my claims.

Michael

So there's a user guide on how to view and update taxonomy codes available on the provide user guide and training page of the nctracks provider portal. This guide provides step by step instructions for viewing and changing taxonomy codes in your provider profile. Taxonomy codes, remain the highest source of sorts of claims submission errors. To this day, so providers are encouraged to review their taxonomy codes on the portal and update them if necessary.

Chris Weathington

Thank you. The Julia, can you tell us more about the provider ombudsman.

Julia

Sure, Chris. The North Carolina Medicaid provider ombudsmen, represents the interests of the provider community by offering supportive resources and assistance in resolution of provider inquiries concerns or complaints regarding the PHPs of managed care Medicaid direct and Health Choice, separate from the health plans provider grievance and appeals process in which health plans are expected to resolve complaints and provide a summary of final resolution to NC Medicaid, the provider ombudsman will investigate and address complaints of alleged maladministration or violation of rights against the health plans when problems persist after following the health plans process. You can call the provider ombudsman at 866-304-7062, or email at Medicaid.providerombudsman@dhhs.nc.gov.

Chris Weathington

Julia just one follow up question. I know the provider ombudsman gets a lot of requests. In order to really expedite resolution, are there some tips that you can share with providers or practice managers, what kind of information do you really need I've imagined specificity is really important, But is there, is there any particular helpful information that you've seen, that really helps get the resolution that much faster.

Julia

As you stated specifics. If it's regarding a provider affiliation not being loaded correctly if it's involving a claim. If it's involving anything specific. I know sometimes we get just the basic, but as much information as possible, involving the concern and the health plan it's involving definitely helps get it resolved, gets us moving sooner. Okay, the more information the better.

Chris Weathington

Thank you. Shaundra. Can you talk us through how to submit an MCIR through nctracks and you can can you tell us what an MCR is in the first place as well, that would be very helpful.

Shaundra

Sure. An MCR is a managed change request and it is just what it sounds like you're going into the system to change things and to manage your organizational record or your individual providers record those things in play, name, address, if, if you've moved to a different site. Now you need to update that information, it's very important for us to know that you've moved that you've added that you're affiliated to another organization, you'll find that information on the nctracks website, and the OA, which is the opposite administrator will go out to the nctracks secure portal, they have to use their ncid to navigate, and you'll go to status and management page which is also located on nctracks you'll select the NPI that you're working with. And down in the bottom there's a little piece of information it shows you the actual NPI that you have listed that it shows you that you can open up this little radio button there's a little button to the left of the NPI you click on that little button it'll ask you if you want to update it. After you've updated your information it will then allow you to submit that information, I would ask that all providers actually save their MCR or anytime they change anything to the record, it makes it a little bit easier if there's a conflict or if there's something that you meant to do that you missed and now you want to go back and add it. The user guides are also available out on the nctracks website which is www.nctracks.nc.gov, forward slash, content, forward slash, public four slash providers, forward slash, providers, user guides and trainings. You can also get assistance if by calling nctracks at that 1800 6886696 number. Again, those MCIRs are very important, because this is where you get to update, as I stated before, your service location, your affiliation. Any information that is pertinent for your claims to process, anything that needs to be listed for the PHP to know who you're working with, and, and how you're working with them, it's very very important. Thanks Chris.

Chris Weathington

Thank you. Well, this message is. This question is for Shaundra likely if I'm a physician practice saying whether I'm contracting individually or through my CIN or ACO. How long does it take the contract with a health plan.

Shaundra

Typically this process takes at least two to three weeks. However, it may take a bit longer. Additional time is needed to transmit information to those kind of Medicaid and NC tracks for inclusion in the provided directory.

Chris Weathington

Thank you. Erica. When I looked in the provider directory sometimes physicians are listed with their name, sometimes with a physician name and the practice thing. I would like our physicians to have their name and the practice thing. How do I make that happen. And the second question is Is has the patient panel list been posted to nctracks yet, so that providers can see which beneficiaries have been assigned to each of our providers.

Erica White

Provider information displayed in the tool is sourced from the provider NC tracks record and supplemented with Health Plan Contract data, to ensure that accurate information is displayed, please review the NC tracks provider record and make any necessary updates using the Manage change requests or MCR process. Also confirm that the information given to health plans during the contracting is up to date.

Chris Weathington

Thank you, Erica, Michael. I am the, OA, or the office administrator of a billing provider organization, the service location for one of our rendering or attending providers is wrong in NC tracks. How do I correct it.

Michael

Yeah, so the OA, the opposite administrator of of the rendering or attending provider will need to make the correction, the OA of that provider should ensure that the individual remaining provider is appropriately ability to to the billing provider organization.

Chris Weathington

Okay, thank you Michael. Next question is for shorter likely what type of providers can become an advanced medical home.

Shaundra

The ability for AMH is the same as Carolina Access eligibility. Eligible eligible practices are general generally single or multiple specialty group paid by -- an osteopathic physician in the fall with specialties, general practice family medicine, internal medicine, pediatrics and OB GYN.

Chris Weathington

Okay, thank you. Um, so here's a question and anyone in the group, feel free to chime in with his nctracks get updates from NPPES

Shaundra or do you want to take that one.

Shaundra

NPPES, is the National Provider enumerator system. NPIs are not updated into nctracks NPIs are only updated on that particular NPPES system through the Medicare system. We do verify that there is an NPI that exists for the provider, but no NPIs are uploaded into NC track. Ever. Okay, provider is responsible for putting that NPI that they've obtained from NPPES into the system to enroll.

Chris Weathington

Okay, thank you. Another question from the same person, do we have to send in a new roster with the new clinicians to all plans will they automatically be added via nctracks.

Shaundra

Can we take that went back there's been a few questions with regards to this roster information. There are some health plans that are requiring rosters and I believe it's okay for them to ask for that information. But again, nctracks is usually and should be considered your source of truth as each php receive that -- file which is our daily file that links and shows our enrolled providers, but we will certainly take back that to get some additional information on because that has become a big question lately.

Chris Weathington

Okay. This may be a tough one. And if it's something you need to take back That's understandable. But she probably may know the answer to this, but specifically for ABA services. The EVV is not required is that right. This is because we are not a residential facility.

Darryl Frazier

Hey Chris, this is Darryl we need to take that one offline and speak to the subject matters advisors in the home care area of DHB.

Chris Weathington

Okay. Another question Can any Medicaid client receiving personal care services move to any managed care plan of his or her choice.

Darryl Frazier

The timeline is aspirin that timeline is, I want to believe they only have till next week to do so.

Chris Weathington

Okay, right, the end of September. Yes. Okay. This one is a comment, if, if I've contacted the ombudsman for assistance for this issue, I asked. Namely, if our agency is not the OA and the clinician is gone, and doesn't remove us from their NC tracks, how can our agency be removed Shaundra Is that something you can take.

Darryl Frazier

Chris, let me take it Darryl, sure. Regarding this matter, I asked that the inquirer contact the Medicaid ombudsman for issues of this nature. If the vision provided does not act. We will take action at Medicaid to get that removed from the record.

Chris Weathington

Okay. Um, the next question is Will nctracks advise providers, which managed care organizations. Medic, well, that they've completed contracting with what nctracks advise providers which managed care organization that Medicaid is completely contract with. Do you need more clarity on that question to the Medicaid team. Yes. Okay. To the person who asked that question if you could elaborate a little bit, we'll try to answer that for you. The next question is, let me rephrase the NPPEs question. When a brand new clinician signs up for an NPI. How soon can they enroll in nctracks

Shaundra

It takes about 30 days depending upon when you put your NPI in. If you put your NPI, or if you registered for your NPI is the first of the month, it should be available for you by the 15th. If you put it in after the 15th it will not be available to you until the 30th. So what we advise or what I advise as a credentialing for providers to simply keep checking back with NPPEs to make sure that they've actually

put your NPI in. Once you've registered, again it takes between 15 and 30 days. If it does not reflect after you've worked on it, give it a little while longer, and then go back in. Again, if you didn't buy the first should be ready by the end around the 15th Or will go after to be ready by the end of the month. But 15 the 30 days I would say.

Chris Weathington

Okay. All right. I think we've answered everyone else's questions to the Medicaid team is there anything you see here, that you would like to bring up to the audience.

Darryl Frazier

Nothing other than again to remind providers to check their provider enrollment record on a regular basis, and make updates as necessary.

Chris Weathington

Okay. This question just came in from the person that asked the earlier question that we needed some clarification, she said. She asked that, there are five insurances that are replacing Medicaid will nctracks advise providers which of those insurances, they are contracted with

Darryl Frazier

Chris, the question is still not quite clear, however, regarding the five health plan for any provider that's contracted with those health plans, it is reflected on the providers record in NC tracks, and it should also be reflected out in the directories.

Chris Weathington

Right and those five health plans are well care, AmeriHealth Caritas, Carolina complete, United Healthcare and healthy blue, and all the Medicaid Managed Care website. There is information, contact information for each of those insurances. Okay. I just want to remind the audience also that if you need further assistance, we mentioned the provider ombudsman. We do have NC AHEC Practice Support coaches if you are a primary care practice, or even a time to specialty care practice that accepts Medicaid. If you need assistance, please let us know and we work very closely with the Medicaid team to make sure you get your answers. If, if you do not know who your practice support coaches, if you will, email us at practicesupport@ncahec.net. We will be happy to follow up with you, no later than tomorrow. Looks like Darrell we did answer her question. Great. Okay. Well, if since there are no other questions that have come in, looks like, what we can do is give everybody some time back it's 4:36 we're a little bit early, before the five o'clock hour, but we'll give everyone some time back and let them wind down their day before they go home, or before they turn off their computer even if they are at home. So

thank you everyone for your time. We know it's, it's, it's valuable, and we appreciate each and every one of you for all the hard work you're doing during COVID-19, and in acclimating to Medicaid managed care. Darryl Erica and the team is there anything that you would like to share with everyone.

Erica White

I don't have anything at this time.

Darryl Frazier

Chris, I just wanted to thank everyone for participating and remind them providers that we are here we exist for them, and we encourage us they have concerns, problems, to reach out to the Medicaid provider ombudsman.

Chris Weathington

Absolutely. Well, thank you everyone and good night.