NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Provider Enrollment Hot Topics & Announcements

LaRhonda Cain, Manager, Stakeholder Relations
Michael Herrera, Provider Relations Supervisor
Serja Goram, Provider Relations Representative

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NCDHHS
NC Medicaid
Division of Health Benefits

AGENDA

01 Important NC Medicaid Updates

02 NC Medicaid Provider Ombudsman

03 Provider Record Maintenance Reminder

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06 Questions & Answers

Federal Public Health Emergency Ending May 11, 2023

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

The Federal Public Health Emergency (PHE) is expected to end on May 11, 2023, according to the Statement of Administrative Policy from the Executive Office of the President, published Jan 30, 2023.

Provider Reverification Requirements to be Reinstated at End of Public Health Emergency (PHE)

- In March 2020, Centers for Medicare and Medicaid Services (CMS) paused provider reverification due to the PHE.

- Once the PHE ends on May 11, 2023, reverification is not optional. Providers who receive a notice of reverification are encouraged to promptly respond. Providers who do not complete the process within the designated timeframe will receive a Notice of Suspension in the mail and in their NCTracks Message Center Inbox. The notice informs the provider that they are in suspended status, which will cause all NC Medicaid Direct and NC Medicaid Managed Care claims to pend.

- For help with the reverification process, providers can refer to the Provider Re-credentialing/Re-verification webpage in the NCTracks public facing webpage.

Reinstatement of $100 NC Application Fee

- The NC provider enrollment and revalidation fee waiver will expire on June 30, 2023.
- Beginning July 1, 2023, providers will be charged a $100 fee during enrollment and reverification.
- This fee is in addition to the required federal enrollment fees.

Federal Enrollment Application Fee Increase for 2023

The federal fee for Medicaid enrollment has increased from $631 for calendar year (CY) 2022 to $688 for CY 2023.

You can find federal fees and NC Enrollment fees by year in NCTracks on the Provider Enrollment page.

The federal fee is required for:

- Initial enrollment applications
- Re-enrollment applications
- Manage change requests (MCR) to add a new site location
- Re-verification applications

For more information, click here

Tailored Plan Updates

- **Tailored Plan Launch has been delayed until 10/1/2023.**

- **For more information, please attend the Back Porch/Fireside Chat webinar series, which takes place every third Thursday. This series has something for everyone and is geared to all Medicaid provider types, practice managers, quality improvement professionals, care coordinators and other leaders within your practice.**

- To register for the webinar series, click here

NC Medicaid Provider Ombudsman

- Medicaid.ProviderOmbudsman@dhhs.nc.gov
- 1-866-304-7062
- Created for Provider inquiries, concerns, and complaints regarding Medicaid Managed Care. Also responsive to Medicaid Direct concerns.

Check Your NCTracks Record Regularly

- Participating providers are contractually obligated to maintain and update their NCTracks record, which serves as the “source of truth” for managed care entities, within 30 days of any change.

- Providers are also encouraged to use the NC Medicaid Provider and Health Plan Lookup Tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.

- Outdated information on a provider’s NCTracks record may cause delays in claims processing as well as Provider Directory errors.

- Providers may correct inaccurate demographic and affiliation data on their enrollment record in the secure NCTracks Provider Portal using the NCTracks Managed Change Request (MCR) process.

For more information, please reference NCDHHS Bulletin “Keep NCTracks Records Current to Avoid Claims Processing Issues”

Healthy Opportunities Pilots Update

The Healthy Opportunities Pilot has delivered nearly 30,000 non-medical services to over 3,200 enrollees since March 2022.

Who's involved?

- DHHS, PHPs, CMs, NLs, HSOs, NCCARE360, and you!

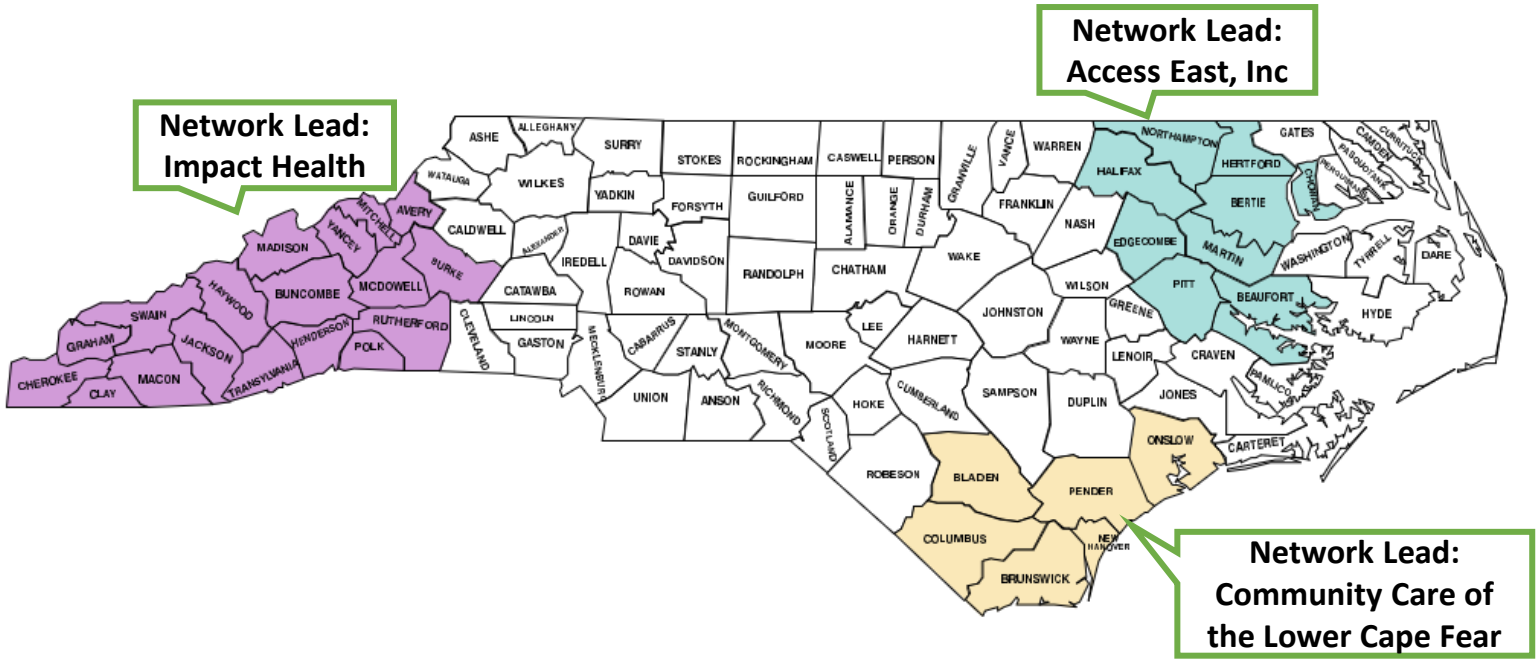
Service Domains

- **Food** (Ex. Food/Nutrition Case Management, Healthy Food Boxes/Meals)
- **Housing** (Ex. Housing Navigation, Home Remediation Services, Move-In Support)
- **Transportation** (Ex. Reimbursement for Health-Related Private Transportation)
- **Toxic Stress** (Ex. Evidence-Based Parenting Curriculum and Home Visiting)
- **Cross-Domain** (Ex. Medical Respite)

Eligibility Criteria

- Enrolled in Medicaid Managed Care
- Live in a Pilot Region
- Have at least one qualifying physical/behavioral condition and one qualifying social risk factor
- Note: There are no age restrictions for eligibility!

Remember: A whole family can access HOP services through one Medicaid member!



- **No Wrong Door referral pathway in NCCARE360:** Create a "Benefits Eligibility Screening" referral in NCCARE360 to refer a member you think may be eligible for HOP to their health plan. The health plan will assess the member's eligibility and enroll them in HOP, if eligible.

Source: UniteUs Insights Dashboard, Payments Activity Overview, Data as of Jan. 31, 2023. For Additional Information Visit: Healthy Opportunities Pilots | NCDHHS

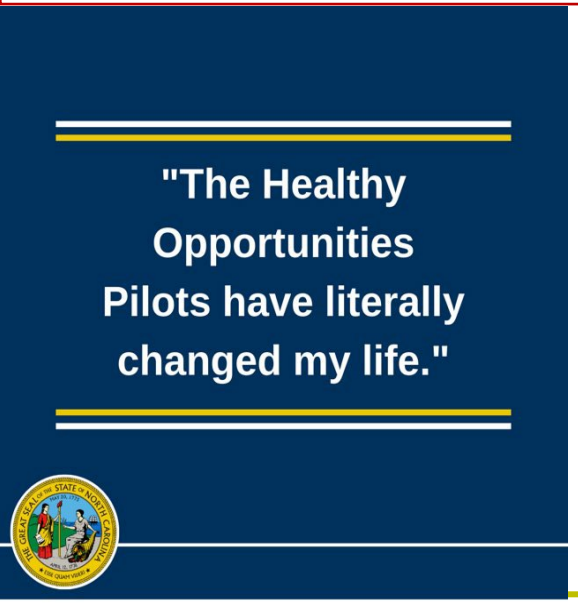
Healthy Opportunities Pilots Update - Continued

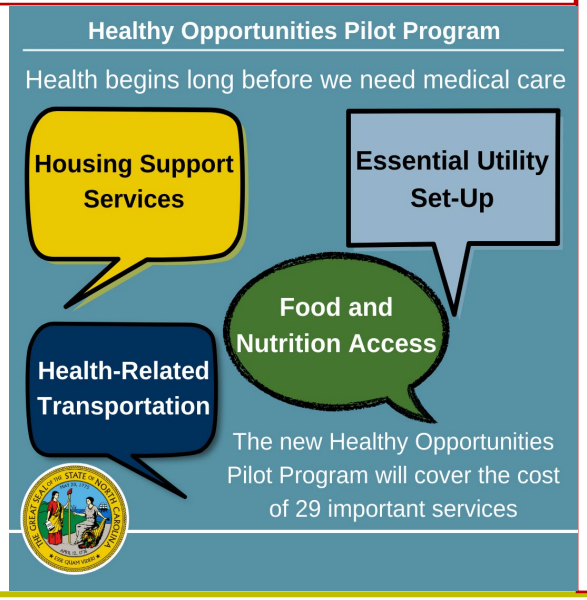
Upcoming Engagements

- Community Partners Webinar – TBD (March)

Where to learn more

- Visit Healthy Opportunities Pilots at Work webpage for key Pilot metrics and success stories
- Like our posts on the DHHS Facebook, Twitter, and Instagram accounts!





How Providers can refer Medicaid Members

Providers play an essential role in helping to identify Medicaid members that can benefit from Pilot services—including identifying physical or behavioral health conditions that may qualify someone for the Pilots. A provider may contact a member's PHP to request the member be assessed for Pilot services. For members without a care manager, providers can help patients call the Member Services line on their health plan Member ID card (see Health Plans' Member Services numbers below). For more information, please visit the Healthy Opportunities Pilots webpage or the Healthy Opportunities Frequently Asked Questions.

Contact

For more information, call the NC Medicaid Contact Center: 888-245-0179

Health Plans' Member Services Numbers:

AmeriHealth Caritas: 855-375-8811 (TTY 1-866-209-6421)
Carolina Complete Health: 833-552-3876
Healthy Blue: 844-594-5070 (TTY 711)
United Healthcare: 800-349-1855
WellCare: 866-799-5318

Journey to Modernization: PDM/CVO

NCDHHS Vision

To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.

The North Carolina Department of Health and Human Services has awarded a contract to **Optum** to implement a new Provider Data Management/Credentialing Verification Organization (PDM/CVO) solution, scheduled to launch in 2024. **Optum** was selected after careful evaluation of the National Association of State Procurement Officials (NASPO) ValuePoint Contractors that responded to the state's request for proposal.

PDM/CVO Module Overview | Journey to Modernization

In 2017, Session Law 2017-57 authorized the replacement of current Medicaid Management Information System (MMIS) technologies with modular systems. As a result of this change, the following developments can be anticipated.

1. NC Medicaid Managed Care Transformation Roadmap will:
   - ✓ Ease the provider administrative burden
   - ✓ Modernize PDM/CVO technologies
   - ✓ Simplify and enable responsive access for Medicaid providers to participate in NC's Medicaid Program
2. PDM/CVO will be operational in 2024 and will:
   - ✓ Align with NC Medicaid Managed Care Transformation Roadmap
   - ✓ Streamline data intake and maintenance throughout provider lifecycle
   - ✓ Perform provider enrollment and credentialing on behalf of NCDHHS
   - ✓ Detect and prevent fraud, waste and abuse

Managed Care Commitments

PDM/CVO Module Overview| Journey to Modernization

North Carolina has matured its vision for the PDM/CVO as a core part of Transformation since Aug 2017

Improve User Experience

- Mitigates administrative burden of completing data entry across multiple plans
- Collects data using common accreditation standards
- Allows providers to delegate access within their organization allowing multiple users to complete an application
- Offers interactive enrollment process, automatically guided step-by-step and real-time online assistance
- Improves the notification process to streamline collaboration
- Simplifies registration for multi-payer providers
- Offers enhanced security controls and protocols

Meet State Program Needs

- Addresses administrative burden of multiple credentialing standards across programs and health plans
- Utilizes nationally-recognized credentialing and accreditation standards
- Supports a multi-payer, multi-health plan program
- Matures data architecture and interfaces
- Establishes a representative centralized credentialing committee with multi-payers

Meet CMS Requirements

- Provides more efficient, economical, and effective administration of State plan
- Supports seamless coordination and integration, allowing interoperability
- Ensures HIPAA privacy, security, transaction and section 508 standards
- Increases flexibility to modify individual services efficiently and effectively to address the changing local and national health and human service environment
- Aligns with Centers for Medicare & Medicaid Services (CMS) requirements

PDM/CVO Module Introduction

Key Metrics
(approximate numbers)

99,000
Actively enrolled individuals, organizations, and atypical providers

1,750
Applications received from newly enrolling providers
(monthly)

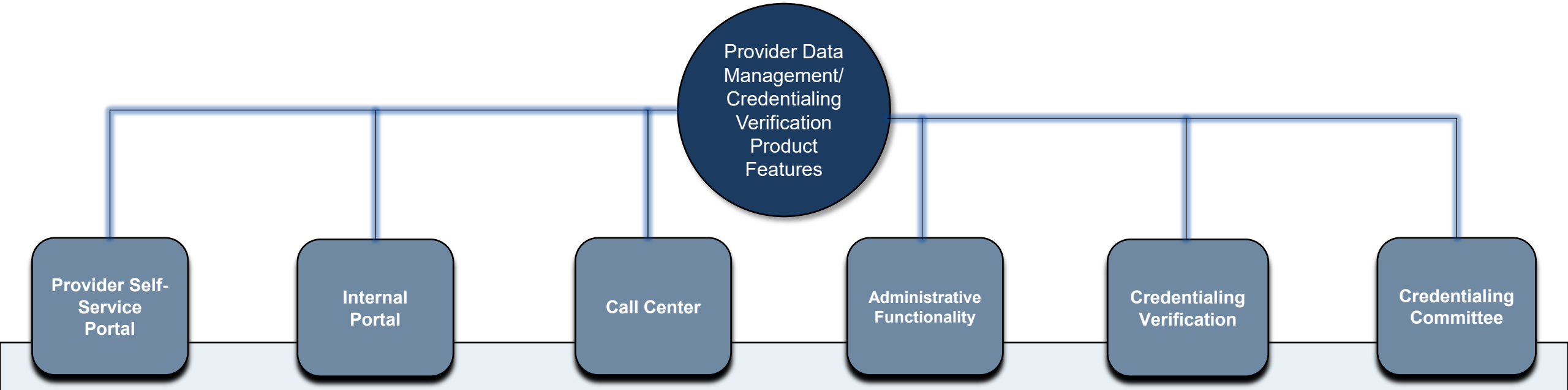
7,650
Managed change request applications
(monthly)

19,800
Providers are recredentialed/ reverified
(annual approximation)

37
Fingerprint-based background checks
(monthly)

315
Site Visits
(monthly)

1,500
Newly Enrolling Provider Trainings
(monthly)



- Register Provider
- Submit Application
- Process Application Fees
- Accept Grievances & Appeals

- Enroll and Disenroll Provider
- Inquire and Manage Provider Information
- Manage Provider Communication & Outreach
- Batch upload of delegated providers
- Manage Provider Grievances & Appeals
- Terminate Provider

- Interactive Voice Response System (IVRS)
- Customer Relationship Management (CRM) Tool
- Enrollment and Recredentialing Support

- Configure User Roles and Access Security
- Configure Business Rules
- Import and Export Provider Data
- Perform Mass Updates
- Provide Directory Service (API) to MES

- Verify Primary Source
- Assess Risk
- Screen Provider (Federal, State, & External Databases)
- Manage Site Visit Data
- Manage Fingerprint Check Data
- Assemble Provider Profile
- Pre- and Post-delegation oversight

- Download Provider Profile
- Update Provider Profile with Decision
- Notify Applicant of Decision
- Track Decision and Profile Histories
- Manage Meeting Schedules, Agendas and Minutes

PDM/CVO Module Implementation

How will NCDHHS acquire, test, and implement the new PDM/CVO module?

Acquire

- Define business driven requirements and expected outcomes
- Review vendor proposed module
- Procure solution from the vendor that provides best value

Configure & Test

- Coordinate with NC Medicaid providers to proactively communicate changes and solicit design input
- Selected vendor will configure the module to meet NC Medicaid needs
- Solicit testing input from various provider communities

Implement

- Train users and implement module
- Ensure minimal disruption of services and smooth transition
- Demonstrate that operations staff are implementation ready

Expected changes for providers at PDM/CVO full implementation

Notable Mentions

- Upon implementing the PDM/CVO, all current recredentialing due dates will remain unchanged.
- The PDM/CVO will offer delegated credentialing to qualifying hospital systems.

Communication

- Provider community will remain informed by way of webinars, arranging training and frequent communications.

Single web – based application

- Collects all the information needed to meet credentialing standards for all state programs at one time
- Provides new user interface for the electronic enrollment process
- Auto-populates information maintained in the PDM/CVO platform
- Includes drop-down lists and look-ups to populate data elements for valid pre-determined choices
- Permits providers to continuously update information submitted through the PDM/CVO application
- Helps providers track the status of their application for enrollment
- Collaborates with PDM/CVO vendor to resolve issues relating to service, data integrity, complaints, etc.

Next Steps:

Upon full implementation, NCDHHS will engage in **provider-focused education** and **outreach** to help providers transition from the current Medicaid enrollment process, to the transition period processes, to the entire centralized credentialing process.

Communications include:

- Provider Association Webinars
- Ongoing Stakeholder Meetings
- Training
- Outreach to enrolled providers, prospective providers, associations, and stakeholders
- NC Medicaid website for updates: https://medicaid.ncdhhs.gov/PDM-CVO

QUESTIONS
ANSWERS

Access Links

- End of PHE: Statement of Administrative Policy
- Provider Ombudsman: Medicaid.ProviderOmbudsman@dhhs.nc.gov or **866-304-7062**
- Provider Recredentialing/Reverification: Provider Reverification Webpage
- Voluntary reverification information: Voluntary Reverification
- Provider enrollment: Provider Enrollment
- Office Administrator FAQs: FAQ page
- PDM/CVO: NC Medicaid PDM/CVO webpage
- Healthy Opportunities Pilot program: Healthy Opportunities Website Healthy Opportunities FAQ
- Backporch Chat/Fireside Chat: Backporch/Fireside Chat Registration