NC Department of Health and Human Services Division of Health Benefits



NC Medicaid Managed Care Update



NC Medicaid Managed Care 13 Days

Priorities for Day 1 Launch

Individuals get the care they need

Providers get paid

Key Milestones

| Date | Milestone |
|--------------|--|
| May 21 | End of Open Enrollment |
| May 22 | Beneficiaries who did not choose a health plan were auto-enrolled in a plan and transition of care activities began |
| June 1 | Members can begin contacting their PHP to begin scheduling Non- Emergency Medical Transportation (NEMT) appointments taking place on or after July 1 |
| June 12 | Deadline for health plans to send welcome packets and ID cards to all beneficiaries entering NC Medicaid Managed Care on July 1 |
| July 1 | Medicaid beneficiaries start receiving care through Managed Care Providers |
| September 30 | Last day for members to change their health plan for any reason – after this date member must have a good cause for change. |

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Auto-enrollment Complete

- Open Enrollment for Medicaid Managed Care concluded 5.21.21
 - ~15% individuals in mandatory category self selected a health plan
 - ~85% auto enrolled into a health plan
- Beneficiaries who had not selected a PHP by May 21 were automatically enrolled in one.
- 97% of beneficiaries were enrolled in a plan that includes their current primary care provider (PCP) innetwork (as of 5/22)

Tailored Plan-Eligible Update

- Well-being of beneficiaries continues to be the Department's top priority
- Close monitoring of active selections revealed an increased uptick in the number of Tailored Plan eligible individuals who enrolled in a Standard Plan
 - ~7,000 beneficiaries
 - Selection may make them ineligible for services they are currently receiving, have recently received, or may benefit from receiving
- The Department stopped Standard Plan enrollments of all Tailored Planeligible beneficiaries, those who selected a Standard Plan will remain in NC Medicaid Direct and their LME-MCO through NC Medicaid Managed Care Go-Live on July 1, 2021.
- Plan
 - In June, send notice informing individuals of the change back to NC Medicaid
 Direct with detailed list of services that are not available in a Standard Plan
 - By early August, implement a specific enrollment process for Tailored Plan-eligible individuals that will include enhanced choice counseling to help verify that beneficiaries have all the information they need
 - Continue to provide updates on this process

Transition of Care Protections

The PHP will honor existing and active prior authorizations on file with the NC Medicaid or NC Health Choice for services covered by the health plan for the first 90 days after launch (Sept. 29, 2021) or until the end of the authorization period, whichever occurs first.

The PHP will pay claims and authorize services for Medicaid enrolled out-of-network providers equal to in-network providers until the end of episode of care or 60 days (Aug. 30, 2021), whichever is less

[extended transition periods may apply for circumstances covered in N.C. Gen. Stat. § 58-67-88(d), (e), (f), and (g).]

If a member transitions between health plans after July 1, 2021, a prior authorization authorized by their original health plan will be honored for the life of the authorization by the new health plan

Additional transition of care-specific guidance will be available at medicaid.ncdhhs.gov/transformation/care-management/transition-care

Provider Playbook

NC Medicaid Managed Care has a Provider Playbook with over 20 fact sheets covering a wide range of topics providers want to know more about. Fact sheets are continuously released to keep providers up-to-date with changes that impact them and beneficiaries:

- Medicaid Transformation Overview, Enrollment, and Timelines
- What Providers Need to Know Before and After Launch
- Health Plan Quick Reference Guides
- EBCI Tribal Option Overview
- Auto Enrollment / Auto Assignment
- Newborn Policy
- Advanced Medical Homes
- Medicaid and NC Health Choice
 Provider and Health Plan Lookup Tool

- Claims and Prior Authorizations
- Provider Payment
- Transition of Care
- Telehealth
- Overview of Provider Directory Data Flow
- Health Equity Enhanced Payment Initiative
- Early Intervention Services in Medicaid Managed Care
- Contracting with Health Plans

These fact sheets and more can be found at:

https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets

After Launch - What should Beneficiaries Do?

Check to see what health plan they are enrolled in

Beneficiaries were mailed a welcome kit from their health plan that includes their new Medicaid ID card

If members have questions or didn't receive the welcome kit, they should call the Enrollment Broker at 833-870-5500

Call their health plan for questions about benefits and coverage

The Member Services number is listed on their Medicaid ID card, or they can find a list on our website medicaid.ncdhhs.gov/transformation

If members still have questions, they can contact the NC Medicaid Ombudsman

Call 877-201-3750 or visit their website ncmedicaidombudsman.org

After Launch - What should Providers Do?

Check NCTracks for the beneficiary's enrollment (Standard Plan or NC Medicaid Direct) and PHP

If they still have questions, call the NCTracks Call Center at 800-688-6696

Call PHP for coverage, benefits and payment questions

You can find a list of health plan contacts at medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources

Contact the Medicaid Provider Ombudsman with unresolved problems or concerns

Call 866-304-7062 or email Medicaid.ProviderOmbudsman@dhhs.nc.gov

