

# Prepaid Health Plan Orientation and Onboarding for Medicaid Transformation



# Agenda

## ***NC DHHS – Introduction to Medicaid Managed Care***

- DHHS/Medicaid Managed Care Background & Contract Info
- Advanced Medical Homes
- Medicaid Expansion

## ***Provider Training***

- Provider Credentialing & Re-credentialing
- Provider Rights & Responsibilities
- Fraud, Waste & Abuse

## ***Member Enrollment, Eligibility, Coverage & Programs***

- Medicaid Enrollment Info
- Member Eligibility & ID Cards
- Member Rights & Responsibilities
- PCP Selection
- Covered Services & Member Benefits
- EPSDT
- Into the Mouths of Babes

# Context for Medicaid Transformation

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- The goal for Medicaid Transformation is to improve the health of all North Carolinians in Medicaid through an **innovative, whole person centered, well coordinated system of care**, which addresses **medical and non-medical** drivers of health.
- DHB aims to **mitigate administration burden** for clinicians in the transition to Medicaid Managed Care by **standardizing and simplifying** certain processes across all the PHPs
- For more information on the context of Medicaid Transformation and training available, view the Provider Playbook: Training Courses  
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/provider-playbook-training-courses>

## ***Advantages to Medicaid Managed Care***

- Increases the quality of care and services
- Increases access to care and services
- Improve the member experience
- Enhance coordination of care and integration through a focus on holistic health

## ***Goals for Medicaid Managed Care***

- Measurably improve health of North Carolinians
- Maximize value to ensure program sustainability
- Increase access to care

# PHPs for Medicaid Managed Care

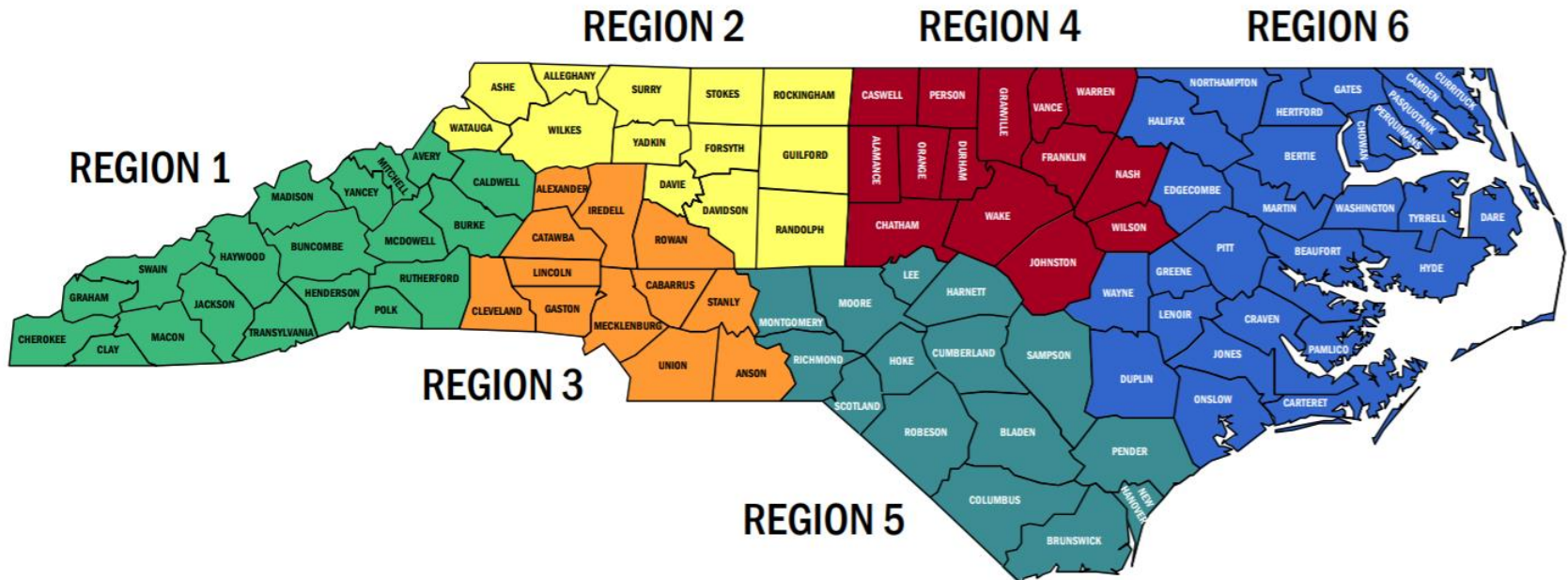
On July 1, 2021, NC DHHS will delegate the direct administration and management of certain health services to Prepaid Health Plans (PHPs). PHPs will be required to contract with “any willing qualified provider”

## Four Statewide PHP Contracts

- AmeriHealth Caritas of North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

## One Regional Provider-Led Entity

- Carolina Complete Health, Inc. (Regions, 3, 4, and 5)



# Medicaid Expansion

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- **Medicaid Expansion is going live December 1, 2023**
- Governor Cooper signed HB 76 into law on March 27, 2023. This is a historic moment for the health and wellbeing of our state.
- Over **600,000** North Carolinians will gain access to health care coverage
- Medicaid Expansion in NC increase eligible populations to **all adults aged 19 through 64 who have incomes up to 138% of the Federal Poverty Level**
  - Single adults 19 through 64 who have incomes of approximately \$20,000 per year
  - Parents with low incomes – for a family of 3, an annual income below about \$34,000 each year
    - Prior to expansion, the cutoff for parents is about \$8,000 each year
- **Same ways of getting care** as existing Medicaid
- **Same Comprehensive benefits and copays** as other non-disabled adults in Medicaid
- NCDHHS and other external stakeholders will partner together to drive implementation, outreach and engagement, and support our counties in this work.

# Who is Covered Under Expansion?

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## Low-income parents

(above current coverage levels and with income less than \$34,000 each year for a family of 3)

## Low-income childless adults

(with income less than \$20,000 per year for a single adult)

**Low-wage workers  
(agriculture,  
childcare,  
construction, etc)**

**Some veterans and  
their families**

**Children who age  
out of Medicaid**

**Women who  
would be covered  
if they were  
pregnant**

# Services included in Medicaid Expansion

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Medicaid covers many of the same essential benefits that other health insurance does including:

- Primary care
- Inpatient and outpatient hospital services
- Vision and hearing services
- Prescription drug benefits
- Behavioral health
- Preventative and wellness services
- Devices and other therapies
- Maternity and postpartum care

# Medicaid Expansion and the End of Continuous Coverage

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- During the COVID-19 pandemic, people who were enrolled in Medicaid at the beginning of the COVID-19 Pandemic remained enrolled (Continuous Coverage). They did not have to recertify they still were eligible for Medicaid.
- That automatic continuous enrollment ended March 31st. NC Medicaid started recertifications **April 1, 2023**.
  - This means that NC Medicaid began the process to determine if people are still eligible for Medicaid (Recertification)
  - Recertification could result in termination or reduction of benefits
- This process will last from April 1, 2023 until May 31, 2024
- People who are currently enrolled in Medicaid should **update their contact information** to ensure that they do not inadvertently lose coverage
  - More info can be found here: [medicaid.ncdhhs.gov/End-of-PHE](https://medicaid.ncdhhs.gov/End-of-PHE)



# Advanced Medical Homes

## Vision for AMH in Managed Care

*Build on the Carolina ACCESS program to **preserve broad access to primary care services for Medicaid enrollees and strengthen the role of primary care in care management, care coordination, and quality improvement** as the state transitions to managed care*

### Why this change?

- DHHS has developed the AMH program as the primary vehicle for delivering care management as the State transitions its Medicaid program to managed care and to incentivize, over time, increased provider responsibility for population health and total cost of care.

### What is changing?

- The Carolina ACCESS care management program under fee-for-service will now be encompassed in the AMH managed care program and AMH participation may include, but is not limited to Community Care of NC. This new program model will have advanced focus on the following:
  1. Connecting members to the services and supports they need through comprehensive assessment and needs identification
  2. Local care management and care coordination
  3. Connection to community programs and resources

### Key goals of the AMH Program include:

- To deliver a system of health care services for Medicaid members
- To preserve broad access to primary care services for Medicaid enrollees
- To strengthen the role of primary care in care management, care coordination and quality improvement

# Advanced Medical Home Tiers

## Tiers 1 and 2

- PHP retains primary responsibility for care management
- Practice requirements are the same for Carolina ACCESS
- **Providers will need to coordinate across multiple plans:** practices will need to interface with multiple PHPs, which will retain primary care management responsibility; PHPs may employ different approaches to care management

## Tier 3

- AMH has primary responsibility for delivering, tracking and reporting care management
- Practice requirements: meet all Tier 1 and 2 requirements plus take on additional Tier 3 care management responsibilities
- **Single, consistent care management platform:** Practices will have the option to provide care management in-house or through a single CIN/other partner across all Tier 3 PHP contracts

### Requirements for AMH Tiers 1 and 2

- Perform **primary care services** that include certain preventive & ancillary services
- Create and maintain a patient –clinician relationship
- Provide direct patient care a minimum of 20 office hours per week
- Provide access to medical advice and services 24 hours per day, seven days per week
- Refer to other providers when service cannot be provided by primary care provider
- Provide oral interpretation for all non-English proficient beneficiaries and sign language at no cost

### Requirements for AMH Tier 3

- Risk stratify all empaneled patients
- Provide care management to high-need patients
- Develop a Care Plan for all patients receiving care management
- Provide short-term, transitional care management along with medication management to all empaneled patients who have an emergency (ED) visit or hospital admission/discharge/transfer and who are high-risk of readmissions and other poor outcomes
- Receive claim data feeds (directly or via a CIN/other partner) and meet state-designated security standards for their storage and use

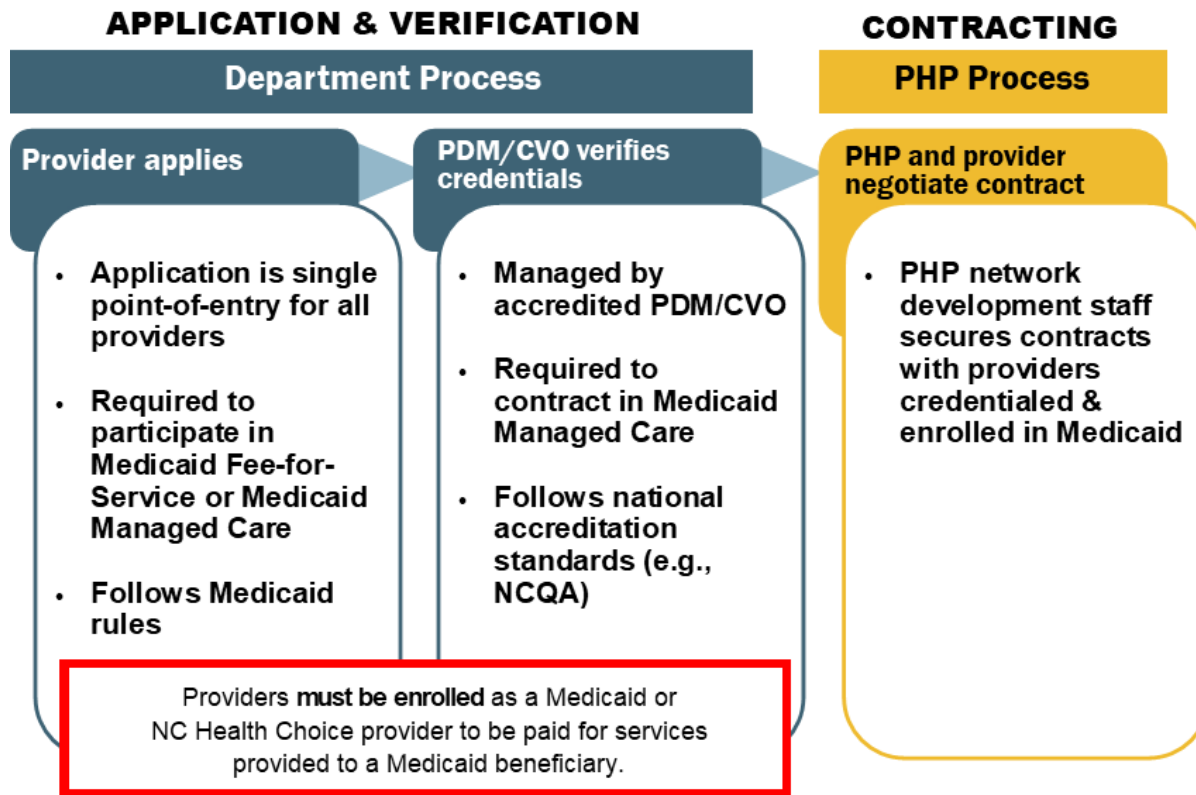
ACO Program (*formerly AMH Tier 4*): To launch at a later date

# Advanced Medical Home Payment Structure

Tier	Practice Requirements	Care Management Responsibility	PMPM Medical Home Fee	Care Management Fee	PHP Performance Incentives to Practices
1	Same as for Carolina ACCESS	PHP	\$2.50 (most enrollees) or \$5.00 (members of the aged, blind and disabled (ABD eligibility group))	None	PHP Dependent
2	Same as for Carolina ACCESS	PHP	\$2.50 (most enrollees) or \$5.00 (members of the aged, blind and disabled (ABD eligibility group))	None	PHP Dependent
3	Tier 1 and 2 requirements and additional Tier 3 care management responsibilities	Practices responsible; AMH practices may arrange for care management to be performed by CIN/other partner at their discretion	\$2.50 (most enrollees) or \$5.00 (members of the aged, blind and disabled (ABD eligibility group))	Negotiated between practices, or CINs on behalf of practices, and PHPs	PHP dependent

# Provider Enrollment & Credentialing

Centralized enrollment and credentialing process similar to today – **completed via NC Tracks.**








*Enrollment qualifications vary by provider type. Providers are responsible for maintaining qualifications and requirements and must **notify NCDHHS immediately if a change in status occurs.** For more information visit NCTracks at <https://www.nctracks.nc.gov> or call the NCDHHS Provider Enrollment Team at **1-800-688-6696.***

**\*\*PDM – Provider Data Management**

**\*\*CVO – Credentials Verification Organization**

# Provider Rights and Responsibilities

Provider rights and responsibilities can be found in the Provider Manual for each health plan

Standard Plan	Provider Manual
 <p>AmeriHealth Caritas North Carolina</p>	<p><a href="https://www.amerihealthcaritasnc.com/provider/forms/index.aspx">https://www.amerihealthcaritasnc.com/provider/forms/index.aspx</a></p>
 <p>carolina complete health</p>	<p><a href="https://network.carolinacompletehealth.com/resources/manuals-and-forms.html">https://network.carolinacompletehealth.com/resources/manuals-and-forms.html</a></p>
 <p>Healthy Blue</p>	<p><a href="https://provider.healthybluenc.com/north-carolina-provider/manuals-and-guides">https://provider.healthybluenc.com/north-carolina-provider/manuals-and-guides</a></p>
 <p>UnitedHealthcare Community Plan</p>	<p><a href="https://www.uhcprovider.com/content/provider/en/admin-guides/cp-admin-manuals.html">https://www.uhcprovider.com/content/provider/en/admin-guides/cp-admin-manuals.html</a></p>
 <p>WellCare</p>	<p><a href="https://www.wellcarenc.com/providers/medicaid.html">https://www.wellcarenc.com/providers/medicaid.html</a></p>

# Tobacco-Free Policy

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- Upon the launch of Tailored Plans, the PHP shall require contracted Medicaid providers, with exceptions noted below, to implement a tobacco-free policy covering any portion of the property on which the provider operates that is under its control as owner or lessee, to include buildings, grounds, and vehicles.
- A tobacco-free policy includes a prohibition on smoking combustible products and the use of non-combustible tobacco products, such as electronic, heated, and smokeless tobacco products, and nicotine products not approved by the FDA as tobacco use treatment medications.
- A tobacco-free policy also includes prohibition on contracted providers purchasing, accepting as donations, or distributing tobacco products to individuals they serve.
- **EXCEPTIONS:** This tobacco-free policy requirement does not apply to: retail pharmacies; properties where no direct clinical services are provided; non-emergency medical transport; alternative family living settings; or manufacturing sites that employ adults who receive group day services; however, nothing herein shall prohibit these categories of providers from implementing a tobacco-free policy.

# Tobacco-Free Policy: Partial

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- The following partial tobacco-free policy shall be required in Intermediate care facilities for adults with intellectual disabilities (ICF-IID) and adult I/DD residential services subject to the Home and Community Based Final Rule and in adult care homes, family care homes, residential hospices, skilled nursing facilities, long term nursing facilities:
  - Use of tobacco products is prohibited indoors when the building or home in which the provider operates is under the provider's control as owner or lessee.
  - Outdoor areas of the property under the provider's control as owner or lessee must:
    - Ensure access to common outdoor space(s) free from exposure to tobacco use; and
    - Prohibit staff/employees from using tobacco products anywhere on the property. c)Providers subject to the above-referenced partial tobacco-free policy requirement retain the option to implement a one hundred percent (100%) tobacco-free campus policy for the safety of clients and staff.

# Fraud, Waste & Abuse

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- CMS defines fraud, waste and abuse as:

## Fraud

Intentionally falsifying information and knowing that deception will result in improper payment and/or unauthorized benefit

## Waste

Overusing services, or other practices that directly or indirectly result in unnecessary costs; Generally not considered driven by intentional actions, but from misusing resources

## Abuse

When health care providers or suppliers do not follow good medical practices resulting in unnecessary or excessive costs, incorrect payment, misuse of codes, or services that are not medically necessary

If you suspect a provider (for example, provider group, hospital, doctor, dentist, counselor, medical supply company, etc.) or any member (a person who receives benefits) has committed fraud, waste or abuse, you have the right to report it.



# Reporting Fraud, Waste & Abuse

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As a network provider, you are responsible for reporting suspected fraud, waste and abuse issues. To report any suspected fraud, waste or abuse issues contact the following agencies:

## **NC Attorney General's Medicaid Investigations Division (MID)**

Attorney General's Medicaid Investigation Division (MID) Phone: 1-919-571-4837

Website: <https://ncdoj.gov/responding-to-crime/health-fraud/>

NC Department of Justice's Medicaid Investigation Unit  
5505 Creedmoor Road, Suite 300  
Raleigh, NC 27612

## **North Carolina Medicaid Division of Health Benefits**

DHHS Customer Service Center Phone: 1-800-662-7030 (English or Spanish)

Medicaid Fraud, Waste and Program Abuse Tip-Line: 1-877-DMA-TIP1 (1-877-362-8471)

Website: <https://medicaid.ncdhhs.gov/meetings-and-notices/ocpifraud-waste-and-abuse>






NC Medicaid Operations Section Phone: 1-919-814-0181 Fax: 1-919-814-0036

## **US Department of Health & Human Services Office of the Inspector General**

Health Care Financing Administration, Office of Inspector General Fraud Line: 1-800- HHS-TIPS  
State Auditor Waste Line: 1-800-730-TIPS

Website: <https://oig.hhs.gov/fraud/report-fraud/contact.asp>

# Reporting FWA: PHP Specific

Standard Plan	FWA Reporting Line	Online Option
 <p>AmeriHealth Caritas North Carolina</p>	<p><b>1-866-833-9718</b></p>	<p>Email: fraudtip@amerihealthcaritas.com</p>
 <p>carolina complete health</p>	<p><b>1-866-685-8664</b></p>	<p><a href="http://www.centene.ethicspoint.com">www.centene.ethicspoint.com</a></p>
 <p>Healthy Blue</p>	<p><b>1-877-660-7890</b></p>	<p><a href="https://provider.healthybluenc.com">https://provider.healthybluenc.com</a> and completing the Report Waste, Fraud and Abuse form.</p>
 <p>UnitedHealthcare Community Plan</p>	<p><b>1-844-359-7736</b></p>	<p>Payment Integrity Information: <a href="http://uhc.com/fraud">uhc.com/fraud</a></p>
 <p>WellCare</p>	<p><b>1-866-685-8664</b></p>	

# Member Eligibility & Verification

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## Medicaid Eligibility

*Eligibility is defined by the state Medicaid agency and will remain unchanged with Medicaid Managed Care. Eligibility may include but is not limited to enrollees in the following aid categories:*







- ABD (Aged, Blind and Disabled)
- TANF (Temporary Assistance for Needy Families)
- Foster children
- Pregnant women, infants and children and family planning
- Breast and cervical cancer control enrollees (BCC)
- Legal aliens (Full Medicaid), non-qualified aliens (Emergency Medicaid) & refugees
- Medicaid- Children's Health Insurance Program (M-CHIP)
- Qualified Medicare Beneficiaries (MQB-Q), Specified Low Income Medicare Beneficiaries (MQB-B), & Qualified Individuals (MQB-E)

## Verifying Member Eligibility

*Prior to rendering services, providers are responsible for verifying member eligibility. You can check member eligibility by:*

- NC Tracks (<https://www.nctracks.nc.gov/>)
- PHP Secure Provider Portal (*refer to following slide*)
- Call Provider Services (*refer to following slide*)

# Provider Services & Provider Portal

Standard Plan	Provider Services Contact	Secure Provider Portal Instructions
	1-888-738-0004	<p>Go to <a href="http://www.navinet.net/">http://www.navinet.net/</a> or contact NaviNet CustomerService (via NantHealth Support): 1-888-482-8057</p>
	1-833-552-3876	<p>Go to <a href="https://provider.carolinacompletehealth.com/">https://provider.carolinacompletehealth.com/</a> Click Create An Account to start the registration process</p>
	1-844-594-5072	<p>Availity Web Portal for claim filing, claim status inquiries, and member eligibility and benefits information: <a href="https://www.availity.com">https://www.availity.com</a> 1-800-AVAILITY (1-800-282-4548)</p>
	1-800-638-3302	<p>To access Link, the secure care provider website, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Link in the upper-right hand corner. Either sign in or create a user ID for Link. You will receive your user ID and password within 48 hours</p>
	1-866-799-5318	<p>Please visit <a href="https://provider.wellcare.com/Provider/Login">https://provider.wellcare.com/Provider/Login</a> After registering on WellCare's website, Providers should retain username and password information for future reference.</p>
	1-800-688-6696	<p><a href="https://www.nctracks.nc.gov/">https://www.nctracks.nc.gov/</a></p>

# Member ID Cards

NC Health Choice

**AmeriHealth Caritas**  
North Carolina

Member name  
**[John L Doe]**  
AmeriHealth Caritas North Carolina ID  
[XXXXXXXXXX]  
State ID: [XXXXXXXXXXXX]

Primary doctor  
**[PCP first name, PCP last name]**  
[Group name]  
PCP/Group address  
**[Street Address]**  
[City, State ZIP]  
PCP/Group phone number  
**[X-XXX-XXX-XXXX]**  
Effective date  
**[MM/DD/YYYY]**

Limits may apply to some services. Not transferable

**AmeriHealth Caritas**  
North Carolina

Always carry your AmeriHealth Caritas North Carolina card. You'll need it to get your benefits. Go to your AmeriHealth Caritas North Carolina primary care provider (PCP) for medical care.  
**Emergency department:** Go to an emergency department near you if you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.  
**North Carolina Department of Justice Medicaid Investigation Division (MID):** 1-919-861-2320  
If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 1-919-861-2320.  
AmeriHealth Caritas North Carolina  
8141 Aca Corporate Drive  
Raleigh, NC 27617  
For claims processing mail to:  
AmeriHealth Caritas North Carolina  
Claims Processing  
P.O. Box 7380, Lenoir, KY 40142-7380  
All other insurance papers must be billed before AmeriHealth Caritas North Carolina, paper of last resort.

To access your member portal, visit  
[www.amerhealthcaritasnc.com](http://www.amerhealthcaritasnc.com)

Member Services: 1-855-375-8811  
TTY: 1-866-289-6421  
Provider Services and prior authorization  
1-888-738-0044  
To speak with a nurse anytime  
1-888-674-0710  
Behavioral Health Crisis Line  
1-833-712-2282  
Pharmacy Provider Services  
1-866-885-1456  
Pharmacy Rx/OTC #019585  
Pharmacy Rx/OTC #PR000801  
For questions about services not covered by AmeriHealth Caritas North Carolina, please contact the NC Medicaid Call Center at 1-888-245-0179 or 1-919-813-5550.

**carolina**  
complete health.

1701 North Graham St., Suite 101  
Charlotte, NC 28206

Name/Nombre: **MARY Q SAMPLE**  
Member ID#: 1234567890  
Date of Birth/Fecha de Nacimiento:  
04/04/2003  
Effective/Efectivo a partir de: 12/01/2021  
AMH/PCP Name/Nombre del AMH/PCP:  
JOHN DOCTOR, MD

RXBIN: XXXXXX  
RXPCN: XXXXXXXX  
RXGRP: XXXXXX  
MEMBER PORTAL/PORTAL PARA AFILIADOS:  
CarolinaCompleteHealth.com

AMH/PCP Address/Dirección del AMH/PCP:  
123 Main Street  
Any City, NC 12345  
AMH/PCP Phone Number/Número de teléfono del AMH/PCP: 704-123-4567

**IMPORTANT CONTACT INFORMATION / INFORMACIÓN IMPORTANTE DE CONTACTO**  
Members/Afiliados:  
Call 1-833-552-3876 (TTY: 711) for Member Services / Servicios para afiliados and  
24/7 Nurse Advice Line / Línea de consejo de enfermería que atiende 24/7  
Call 1-855-798-7093 for Behavioral Health Crisis Line / Línea de crisis de salud mental

Providers: Call 1-833-552-3876 for  
Provider Service Line - Prescriber Service Line - Prior Authorization  
Pharmacy Help Desk: XXXXXXXX Pharmacy Prior Authorization: 1-833-585-4309  
Pharmacy Paper Claims: P.O. Box 989000, West Sacramento CA 95796  
All Medical Claims: Carolina Complete Health, PO Box 8040, Farmington, MO 63640-8040  
If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 1-919-861-2320. Some services are carved out. A full list of benefits can be found in the Member Handbook at [CarolinaCompleteHealth.com](http://CarolinaCompleteHealth.com).  
Si sospecha que un médico, clínica, hospital, servicio de atención médica en el hogar o cualquier otro tipo de proveedor médico está cometiendo fraude contra Medicaid, infórmelo. Llame al 1-919-861-2320. Algunos servicios están excluidos. Puede encontrar una lista completa de beneficios en el Manual para afiliados de [CarolinaCompleteHealth.com](http://CarolinaCompleteHealth.com).

**HealthyBlue**

Member Name:  
Identification Number:  
Member ID Number:  
Primary Care Provider:  
Name:  
Phone #:  
Address:  
Effective Date:  
Date of Birth:  
RXBIN: 020107  
RXPCN: NC  
CAG: 8473

**HealthyBlue**

Members: Please carry this card at all times. Show this card before you get medical care (except emergencies) if you have an emergency, call 911 or go to the nearest emergency room.  
Members: Lleve esta tarjeta con usted en todo momento Muéstrala antes de recibir el cuidado de la salud (excepto en emergencias). Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana.  
Providers/hospitals: For preapprovating information, call 1-844-594-5072. For emergency admissions, notify Healthy Blue within 24 hours after treatment.  
Pharmacies: Submit claims using RXBIN: 020107, RXPCN: NC, CAG: 8473. Submit medical claims to:  
Healthy Blue  
P.O. Box 61010  
Virginia Beach, VA 23466-1010  
NCDJ 919

www.healthybluenc.com  
Member Services: 1-844-594-5070  
Provider Services: 1-844-594-5072  
Pharmacy/Member Services: 1-844-594-5084  
Help for Pharmacists: 1-833-296-5037  
24/7 Nurse Line: 1-844-545-1427  
24/7 Behavioral Health Crisis: 1-844-594-5076  
TTY: 711  
Use of this card by any person other than the member is fraud. If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 1-919-861-2320.  
Healthy Blue  
P.O. Box 27287, Richmond, VA 23261-7287  
Certain services are covered directly by NCDHHS. For a list of carved-out services, see your member handbook.  
Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina, Blue Cross and Blue Shield of North Carolina as an independent licensee of the Blue Cross and Blue Shield Association. © Marks of the Blue Cross and Blue Shield Association.

**UnitedHealthcare** | Community Plan

Health Plan (80840) 911-87726-04  
Member ID: 000000000 Group Number: NCMMCC  
Member: MEMBER NAME  
Payer ID: 87726  
AMH/PCP Name: PCP GROUP  
AMH/PCP Phone: (000)000-0000 Effective Date: 06/01/2019  
PCP STREET ADDRESS  
CITY, STATE, ZIP

OPTUMRx<sup>®</sup>  
Rx Bin: 610494  
Rx Grp: ACUNC  
Rx PCN: 4949

0501 UnitedHealthcare Community Plan of North Carolina  
Administered by UnitedHealthcare of North Carolina, Inc.

In an emergency go to nearest emergency room or call 911. Press: 06/05/2019



If you suspect a doctor, clinic, hospital, home health services, or any other kind of medical provider is committing Medicaid fraud, report it. Call the Medicaid Investigations Division at (919)861-2320.  
For questions about services not covered by UnitedHealthcare Plan of North Carolina, please contact the NC Medicaid Call Center at 888-245-0179 or 919-813-5550.  
For Members: myuhc.com  
Member Services: 800-349-1855 TTY 711  
Behavioral Health Crisis Line: 877-334-1141 TTY 711  
NurseLine: 855-202-0992 TTY 711  
For Providers: UHCprovider.com 800-638-3302  
Claims: PO Box 5280, Kingston, NY, 12402-5280  
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903  
Pharmacy Services Line: 855-258-1593

www.wellcare.com/NC

WellCare of North Carolina PO Box 31370 Tampa, FL 33631

For a full listing of details of carved out services, see your member handbook.

Member Services: 1-866-799-5318/TTY: 711  
Provider Services: 1-866-799-5318  
24-Hour Nurse Advice Line: 1-800-919-8807  
24-Hour Behavioral Health Crisis Hotline: 1-833-207-4240  
Prescriber Service Line: 1-866-799-5318

If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it.  
Call 1-919-861-2320

Medical Claims: WellCare Claims PO Box 31224 Tampa, FL 33631-3224

For emergencies, call 911 or go to the nearest ER.  
Contact your primary care provider as soon as possible.

**WellCare**  
Beyond Healthcare. A Better You.

Member: Sample A Sample  
Member ID: 1234567 Medicaid #: 1255555  
Plan Name: WellCare of North Carolina  
Effective Date: 11/1/2019  
Primary Care Provider (PCP): Sally Smith  
123 Main Street  
Anywhere NC 28380  
PCP Phone: 1-555-123-4567  
RXBIN: 004336  
RXPCN: MCAIDADY  
RXGRP: RX8775

# PCP Selection

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***Each member selects an in-network primary care provider (PCP) or Advanced Medical Home (AMH) at enrollment. If a member does not select a PCP, they will be assigned one.***

Members may change their assigned PCP ***with cause*** at any time. The DHHS defines cause as:

- The care provider is not appropriately delivering or coordinating to which the member is entitled.
- The member disagrees with the treatment plan.
- The member and care provider cannot communicate due to a language barrier.
- The care provider cannot reasonably accommodate the member's special needs.
- The care provider's practice changes, making the office hours or location difficult for the member.
- The care provider leaves the network.
- The member and care provider agree that a change is in the member's best interest.

Member may change their assigned PCP ***without cause***:






- The member may change their PCP once within the first 30 days of assignment.
- Thereafter may change their PCP one additional time without cause during the calendar year.

During the 90 day "Choice Period"

- Beneficiaries have 90 days after the effective date of initial enrollment to change their health plan or PCP for any reason.
- Mandatory beneficiaries (required to enroll in a health plan) have a 90-day choice period in which they can change health plans for any reason.

# Reassigning a Member's PCP

- Beneficiaries have 90 days after the effective date of initial enrollment to change their health plan or PCP/Advanced Medical Home (AMH) for any reason.
- If the beneficiary would like to change their assigned Primary Care Practice, **the provider can support the beneficiary** in calling the enrollment broker (during the first 90 days after managed care launch) or the beneficiary's health plan (over 90 days after managed care launch) to have them reassigned.

Standard Plan	Contacting Member Services
	<p><b>1-855-375-8811 (TTY 1-866-209-6421)</b></p>
	<p><b>1-833-552-3876 (TTY: 711)</b></p>
	<p><b>1-844-594-5070 (TTY: 711)</b></p>
	<p><b>1-855-660-1404 (TTY: 711)</b></p>
	<p><b>1-866-799-5318 (TTY: 711)</b></p>

# Covered Member Benefits

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- **The same services will still be covered by Medicaid.**
  - **Prepaid health plans will be required to cover the same services as Medicaid fee-for-service**
- Essential health services will continue to be covered under Medicaid Managed Care, including:
  - Primary care and hospital services
  - Mental health and substance use services
  - Pregnancy and childbirth
  - Prescription drugs
  - Long-term services and supports (LTSS)
  - Non-emergent medical transport
- Certain Medicaid services will remain fee-for-service or “carved out” of Medicaid Managed Care
  - Dental
  - PACE
  - LEA Services
  - CDSA



# Covered Member Benefits: Behavioral Health

## Proposed Behavioral Health, I/DD, and TBI Services Coverage by Both Standard Plans and BH I/DD Tailored Plans\*

- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Psychological services in health departments and school-based health centers sponsored by health departments
- Peer supports
- *Partial hospitalization*
- *Mobile crisis management*
- *Facility-based crisis services for children and adolescents*
- *Professional treatment services in facility-based crisis program*
- *Outpatient opioid treatment*
- *Ambulatory detoxification*
- Research-based intensive BH treatment for Autism Spectrum Disorder
- Diagnostic assessment
- *Non-hospital medical detoxification*
- *Medically supervised or ADATC detoxification crisis stabilization*

### EPSDT

Fact Sheet Standard Plan and Behavioral Health I/DD Tailored Plan Behavioral Health Services

<https://medicaid.ncdhhs.gov/counties/county-playbook-medicare-managed-care/managed-care-overview>



# Covered Member Benefits: NEMT

- Under NC Medicaid Managed Care, Health Plans are required to provide non-emergency medical transportation (NEMT) to all enrolled Medicaid beneficiaries.
- Individuals ineligible to receive NEMT Services include beneficiaries who are in a nursing home.
- Health plans may use transportation brokers to arrange and provide transportation, or contract directly with transportation providers

PHP	NEMT Broker	Contact Information
WellCare	Medical Transportation Management (MTM)	Email: <a href="mailto:ncvendors@mtm-inc.net">ncvendors@mtm-inc.net</a> Phone: 1-877-598-7602 Website: <a href="https://www.mtm-inc.net/healthcare/nemt/">https://www.mtm-inc.net/healthcare/nemt/</a>
UnitedHealthcare Community Plan	ModivCare	Email: <a href="mailto:ncnetwork@modivcare.com">ncnetwork@modivcare.com</a> Phone: 866-910-7684 ext. 0 Website: <a href="http://www.modivcare.com">www.modivcare.com</a>
HealthyBlue	ModivCare	Email: <a href="mailto:ncnetwork@modivcare.com">ncnetwork@modivcare.com</a> Phone: 866-910-7684 ext. 0 Website: <a href="http://www.modivcare.com">www.modivcare.com</a>
AmeriHealth Caritas	ModivCare	Email: <a href="mailto:ncnetwork@modivcare.com">ncnetwork@modivcare.com</a> Phone: 866-910-7684 ext. 0 Website: <a href="http://www.modivcare.com">www.modivcare.com</a>
Carolina Complete Health	ModivCare	Email: <a href="mailto:ncnetwork@modivcare.com">ncnetwork@modivcare.com</a> Phone: 866-910-7684 ext. 0 Website: <a href="http://www.modivcare.com">www.modivcare.com</a>

# Member Rights and Responsibilities

Member rights and responsibilities can be found in the member handbook and/or on the member website for each health plan

Standard Plan	Member Rights and Responsibilities
 <p>AmeriHealth Caritas North Carolina</p>	<p><a href="https://www.amerihealthcaritasnc.com/member/eng/rights/index.aspx">https://www.amerihealthcaritasnc.com/member/eng/rights/index.aspx</a>  <a href="https://www.amerihealthcaritasnc.com/member/eng/handbook/index.aspx">https://www.amerihealthcaritasnc.com/member/eng/handbook/index.aspx</a></p>
 <p>carolina complete health</p>	<p><a href="https://www.carolinacompletehealth.com/members/medicaid/resources/handbooks-forms.html">https://www.carolinacompletehealth.com/members/medicaid/resources/handbooks-forms.html</a></p>
 <p>Healthy Blue</p>	<p><a href="https://www.healthybluenc.com/north-carolina/benefits/rights-responsibilities.html">https://www.healthybluenc.com/north-carolina/benefits/rights-responsibilities.html</a>  <a href="https://www.healthybluenc.com/north-carolina/benefits/member-materials.html">https://www.healthybluenc.com/north-carolina/benefits/member-materials.html</a></p>
 <p>UnitedHealthcare Community Plan</p>	<p><a href="https://www.uhcommunityplan.com/nc/medicaid/medicaid-uhc-community-plan">https://www.uhcommunityplan.com/nc/medicaid/medicaid-uhc-community-plan</a></p>
 <p>WellCare</p>	<p><a href="https://www.wellcarenc.com/members/medicaid/overview.html">https://www.wellcarenc.com/members/medicaid/overview.html</a></p>

# Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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## The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit:

- provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
- is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.
- makes short-term and long-term services available to recipients under 21 years of age without many of the restrictions Medicaid imposes for services under a waiver OR for adults (recipients 21 years of age and over).
- uses clinical practice guidelines from Bright Futures, a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

*Early: Assessing and identifying problems early*

*Periodic: Checking children's health at periodic, age-appropriate intervals*

*Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems*

*Diagnostic: Performing diagnostic tests to follow up when a risk is identified*

*Treatment: Control, correct or reduce health problems found.*

## EPSDT services must:

- be medically necessary to correct or ameliorate a defect, physical or mental illness or a condition that is identified through a screening examination
- be listed in section 1905(a) of the Social Security Act
- not be experimental/investigational, unsafe or considered ineffective
- adhere to the Bright Futures/AAP Periodicity Schedule for preventative, pediatric healthcare. The Periodicity Schedule is available online at <https://www.aap.org/>

# Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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## Components to be included in each provider medical screening:

- Routine physical exams per American Academy of Pediatrics recommendation. Please see [www.aap.org](http://www.aap.org) for the most recent periodicity schedule.
  - Screenings for developmental delay at each visit through the 5<sup>th</sup> year
  - Screening for Autistic Spectrum Disorders per AAP guidelines
- Comprehensive, unclothed physical examination
- All appropriate immunizations per the pediatric vaccines schedule established by the Advisory Committee on
- Immunization Practices
- Laboratory testing (including blood lead screening appropriate for age and risk factors)
- Health Education and anticipatory guidance for both the child and caregiver

## Additional EPSDT guidance:

- Services must be ordered by the child's physician or another licensed clinician. Prior approval from the PHP may be required to verify medical necessity for some services
- No adverse benefit determination on a service authorization request for a child will be made until the request is reviewed per EPSDT criteria. (*EPSDT Guarantee*).
- Medical necessity service determination is on a case by case basis per EPSDT defined criteria in 42 U.S.C. § 1396d(r) and 42 C.F.R. §§ 441.50-62.
- Specific limits (hours, visits, frequency, same day services, or location) in clinical coverage and utilization management polices, service definitions, or billing codes do not apply if determined to be medically necessary per federal EPSDT criteria.

# Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

## PHP Responsibilities

- Cover services, products and procedures for Medicaid members under age 21 that are medically necessary to correct or ameliorate a defect, physical, mental illness or health condition as identified by a licensed provider per the *EPSDT Guarantee*.
- Cover wellness visits for Medicaid members under age 21 to allow providers to monitor overall health and development and identify and address health concerns.
- Prior authorization is not required for preventative care but may be necessary for other diagnostic, treatment products or services under the EPSDT benefit.
- Provide medical or non-medical transportation and referral services needed due to conditions disclosed.
- Ensure timely provision of EPSDT services.
- Provide member outreach on overdue wellness checks and screenings.
- Provide member education regarding provision of EPSDT benefits.

## Provider Responsibilities

- Perform oral health assessments, evaluations, prophylaxis and oral hygiene counseling during preventative service visits as necessary in accordance with the NC Oral Health Periodicity Schedule.
- Refer infant Medicaid members to a dentist at age one (1), per requirements of the DHHS 's Oral Health Periodicity Schedule. Services by dentist are carved out and billed to the Medicaid Fee-for-Service program.
- Coordinate with Behavioral Health providers and specialists conducting EPSDT screenings.
- Provide evidence of the following to ensure proper reimbursement: Current member clinical assessment, relevant specialist reports/test results, and documentation evidence supporting the nature and effectiveness of the service requested.
- Actively engage members and encourage them to schedule and keep preventive visits and/or follow up appointments.
- Participate in the Vaccines for Children (VFC) program if administering vaccines to Medicaid children under age 21.

# Into the Mouths of Babes (IMB)

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- Program that trains medical providers to deliver preventive oral health services to young children insured by Medicaid.
- Allows previously trained medical providers and staff to train others in their practice using the IMB online oral health toolkit:  
<https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm>
- Services are provided from the time of tooth eruption until age 3½ (42 months) including oral evaluation and risk assessment, parent/caregiver counseling, fluoride varnish application, and referral to a dental home
- NC Medicaid requires training for medical professionals and staff providing IMB services. The NC Oral Health Section offers a live 1-hour session in which CME credit is awarded. Contact the Oral Health Section at 919-707-5480.



Visit the website for more information:  
<https://publichealth.nc.gov/oralhealth/partners/IMB.htm>

# How to Stay Informed

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***NCDHHS has created an online Provider Playbook that includes:***

- Beneficiary Materials
- Readiness Resources
- Calendar of Upcoming Training Courses
- Archived Training Courses
- Information on Meet and Greet Sessions
- Virtual Office Hours
- Frequently Asked Questions

***Visit directly at:*** <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

***Or visit the PHP websites directly:***

- AmeriHealth Caritas North Carolina <https://www.amerihealthcaritasnc.com/>
- Healthy Blue <https://www.healthybluenc.com/>
- UnitedHealthcare Community Plan Medicaid <https://www.uhccommunityplan.com/nc>
- WellCare of North Carolina <https://www.wellcare.com/nc>
- Carolina Complete Health <https://www.carolinacompletehealth.com/>



# Directory: Support Materials & Additional Education

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***For in depth and up-to-date information, visit the  
NC DHHS AMH Program Website:***

<https://medicaid.ncdhhs.gov/advanced-medical-home>

*Resources Include:*

**AMH Provider Manual**

<https://medicaid.ncdhhs.gov/advanced-medical-home>

**AMH Frequently Asked Questions**

<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/frequently-asked-questions-and-answers-medicaid>

**AMH Training Page**

<https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-training>

**NC AHEC AMH Training**

<https://www.ncahec.net/practice-support/advanced-medical-home/>

**NC AHEC Medicaid Managed Care Training**

<https://www.ncahec.net/medicaid-managed-care/>

**AMH Data Specification Guide**

<https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-data-specification-guidance>