

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 Babies

Context for Medicaid Transformation

- 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

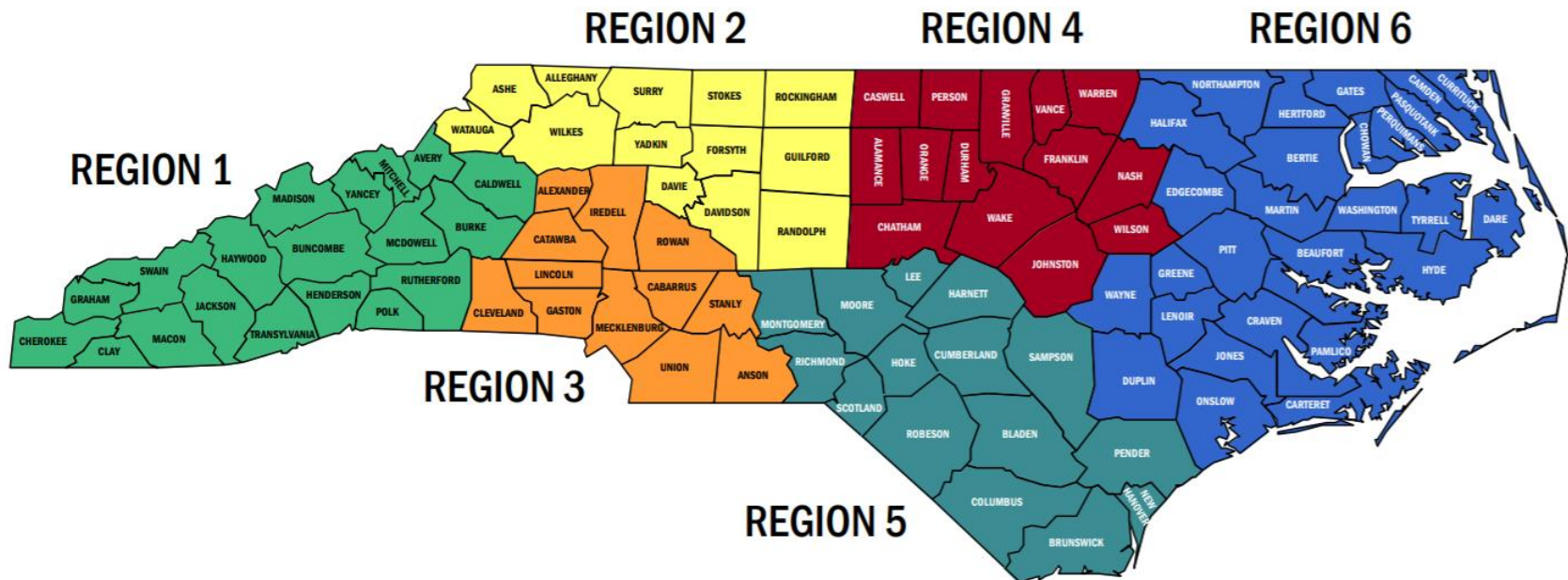
On July 1, 2021, NC DHHS will delegate the direct administration and management of certain health services to Prepaid Health Plans (PHPs). PHPs will be required to contract with “any willing qualified provider”

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

- **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?

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

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

- 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

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

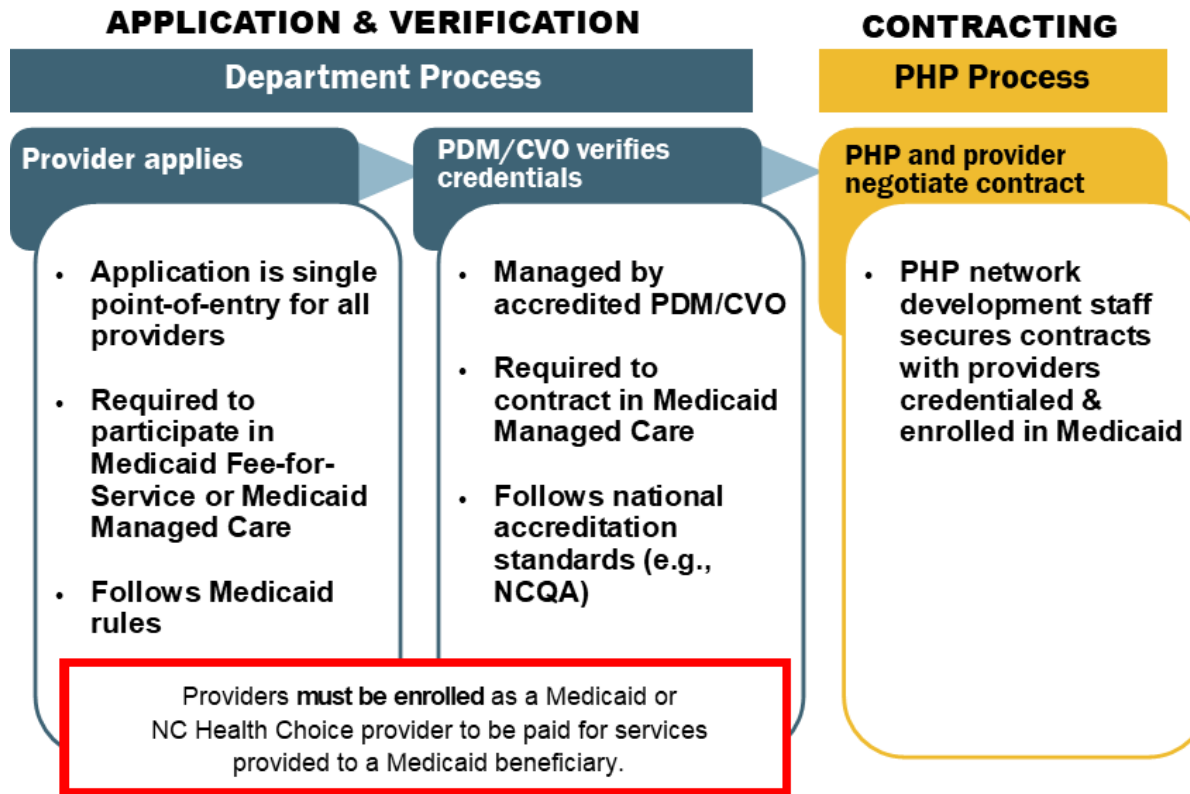
ACO Program (*formerly AMH Tier 4*): To launch at a later date

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
 AmeriHealth Caritas North Carolina	https://www.amerihealthcaritasnc.com/provider/forms/index.aspx
 carolina complete health	https://network.carolinacompletehealth.com/resources/manuals-and-forms.html
 HealthyBlue	https://provider.healthybluenc.com/north-carolina-provider/manuals-and-guides
 UnitedHealthcare® Community Plan	https://www.uhcprovider.com/content/provider/en/admin-guides/cp-admin-manuals.html
 WellCare®	https://www.wellcarenc.com/providers/medicaid.html

Tobacco-Free Policy

- Tobacco-related policy requirements will be effective July 1, 2027, for NC Medicaid Managed Care Standard Plans, Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans, and Local Management Entity/Managed Care Organizations (LME/MCOs) contracted medical, behavioral health, I/DD and traumatic brain injury (TBI) service providers.
- Two new areas were added to the policy: a provider monitoring process and additional technical assistance through [Breathe Easy, North Carolina](#). Find additional information in the [March 21, 2024 NCDHHS Bulletin](#).
- For more information, including exceptions, please refer to the PHP Provider Manuals.

Fraud, Waste & Abuse

- 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

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
	1-866-833-9718	Email: fraudtip@amerihealthcaritas.com
	1-866-685-8664	www.centene.ethicspoint.com
	1-877-660-7890	https://provider.healthybluenc.com and completing the Report Waste, Fraud and Abuse form.
	1-844-359-7736	Payment Integrity Information: uhc.com/fraud
	1-866-685-8664	

Member Eligibility & Verification

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	Go to http://www.navinet.net/ or contact NaviNet CustomerService (via NantHealth Support): 1-888-482-8057
	1-833-552-3876	Go to https://provider.carolinacompletehealth.com/ Click Create An Account to start the registration process
	1-844-594-5072	Availity Web Portal for claim filing, claim status inquiries, and member eligibility and benefits information: https://www.availity.com 1-800-AVAILITY (1-800-282-4548)
	1-800-638-3302	To access Link, the secure care provider website, go to UHCprovider.com 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
	1-866-799-5318	Please visit https://provider.wellcare.com/Provider/Login After registering on WellCare's website, Providers should retain username and password information for future reference.
	1-800-688-6696	https://www.nctracks.nc.gov/

Sample Member ID Cards

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 Investigations Division (MID): 1-919-881-2320

If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 1-919-881-2320.

AmeriHealth Caritas North Carolina
8041 Area Corporate Drive
Raleigh, NC 27617

For claims processing with:
AmeriHealth Caritas North Carolina
Claims Processing
P.O. Box 7398, London, KY 40324-7390

To access your member portal, visit
www.amerihelthcaritasnc.com

Member Services: 1-855-375-8811
TTY: 1-866-209-6421

Provider Services and prior authorization
1-800-738-5004

To speak with a nurse anytime
1-888-674-8710

Behavioral Health Crisis Line
1-833-712-2262

Pharmacy Provider Services
1-866-935-1400

Pharmacy RxPIN #019505
Pharmacy RxPIN #PR000001

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.

All other insurance papers must be billed before AmeriHealth Caritas North Carolina, paper of last resort.

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: Medicaid
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: XXX-XXX-XXXX 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

AFILIADOS:
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, infórmele. Llame al 1-919-881-2320. Algunos servicios están excluidos. Puede encontrar una lista completa de beneficios en el Manual para afiliados de 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

www.healthybluenc.com

Member Services: 1-844-594-5070
Provider Services: 1-844-594-5072
Pharmacy Member Services: 1-844-594-5054
Help for Pharmacists: 1-833-296-5037
24/7 RxLine: 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 1-919-881-2320.

Healthy Blue
P.O. Box 27287, Richmond, VA 23261-7287

Certain services are covered directly by NC DHHS. 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 is an independent licensee of the Blue Cross and Blue Shield Association. © Marks of the Blue Cross and Blue Shield Association.

NC01 919

UnitedHealthcare | Community Plan

Health Plan (08040) 911-87726-04

Member ID: 0000000000 Group Number: NCMMC

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
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. Protect 08/05/2019



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)881-2320.

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:
Member Services: 800-349-1855
Behavioral Health Crisis Line: 877-334-1141
Nurseline: 855-202-0992

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

WellCare
Beyond Healthcare. A Better You.

Member: **SAMPLE A SAMPLE**

Member ID: **123456789** Medicaid#: **123ABC1234**

Plan Name: **North Carolina Medicaid**

Effective Date: **01/01/2024**

Primary Care Provider (PCP):
SALLY SMITH
OUTER BANKS MEDICAL CENTER
1234 MAIN STREET
STE 100
NAGS HEAD, NC, 27959 PCP
Phone: 1-252-123-4567

RxBIN: XXXXXX
RXPCN: XXXXXX
RXGRP: XXXXXX

www.WellCareNC.com

WellCare of North Carolina PO Box 31370 Tampa, FL 33631-3370

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 1-919-881-2320

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.

PCP Selection

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
	1-855-375-8811 (TTY 1-866-209-6421)
	1-833-552-3876 (TTY: 711)
	1-844-594-5070 (TTY: 711)
	1-855-660-1404 (TTY: 711)
	1-866-799-5318 (TTY: 711)

Covered Member Benefits

- **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-medicaid-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: ncvendors@mtm-inc.net Phone: 1-877-598-7602 Website: https://www.mtm-inc.net/healthcare/nemt/
UnitedHealthcare Community Plan	ModivCare	Email: ncnetwork@modivcare.com Phone: 866-910-7684 ext. 0 Website: www.modivcare.com
HealthyBlue	ModivCare	Email: ncnetwork@modivcare.com Phone: 866-910-7684 ext. 0 Website: www.modivcare.com
AmeriHealth Caritas	ModivCare	Email: ncnetwork@modivcare.com Phone: 866-910-7684 ext. 0 Website: www.modivcare.com
Carolina Complete Health	ModivCare	Email: ncnetwork@modivcare.com Phone: 866-910-7684 ext. 0 Website: www.modivcare.com

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
	https://www.amerihealthcaritasnc.com/member/eng/rights/index.aspx https://www.amerihealthcaritasnc.com/member/eng/handbook/index.aspx
	https://www.carolinacompletehealth.com/members/medicaid/resources/handbooks-forms.html
	https://www.healthybluenc.com/north-carolina/benefits/rights-responsibilities.html https://www.healthybluenc.com/north-carolina/benefits/member-materials.html
	https://www.uhcommunityplan.com/nc/medicaid/medicaid-uhc-community-plan
	https://www.wellcarenc.com/members/medicaid/overview.html

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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)

Components to be included in each provider medical screening:

- Routine physical exams per American Academy of Pediatrics recommendation. Please see www.aap.org for the most recent periodicity schedule.
 - Screenings for developmental delay at each visit through the 5th 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 policies, 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)

- 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>

Infection Control & Prevention

The CDC provides training on infection control and prevention. It is very comprehensive and well presented. The link to the training is [CDC/STRIVE Infection Control Training | Infection Control | CDC](#)

Be Aware

- Evaluate how you are feeling and stay home if you are sick.
- Monitor your surroundings and practice social distancing from those who appear sick or are known to be sick.

Use Personal Protective Equipment (PPE)

- The choice of proper PPE depends on the type of patient interaction and potential illness or wound the patient has.
- Use caution when using PPE to not self-contaminate.
- Remove PPE properly and wash hands afterwards.

Wash Hands

- Hands should be washed prior to and after any patient interaction or contact with bodily fluids.
- Wash hands with soap or another form of antiseptic agent and water or with a 62%-90% alcohol.
- Encourage patients to remind care provider and doctors to wash their hands.

Vaccines

- Keep up to date on all vaccines.
- Follow CDC vaccination recommendations for yourself and your patients ([Adult vaccine schedule](#))

Environmental Cleaning

- Clean then disinfect objects and surfaces with the proper level of disinfection for noncritical, semi-critical and critical equipment as noted by the CDC.
- Periodic retraining of staff (nurses, doctors, technicians) and cleaning services.
- Ensure have proper cleaning supplies available and cleaning is part of the workflow.

Infection Control & Prevention

Additional Resources

- [Communicable Disease and Other Health Concerns Following Hurricane Helene](#)
- [Infection Prevention Resources – Natural Disaster](#)
- [Guidance for Outpatient Healthcare Facilities Experiencing an Interruption in Water Service](#)
- [Building a Portable Handwash Station](#)

How to Stay Informed

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

***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>