Operating Under Medicaid Managed Care in North Carolina

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Managed Care Regulations

- Any Willing Provider
- Rate Floor-100% of Medicaid Rates
  - Miscellaneous codes must also follow Medicaid pricing philosophy
- PHPs must follow 180 day timely filing
- PHPs must acknowledge clean claims in 18 days and make payment in 30 days
- Eligibility through NC Tracks
- Patients can change health plans in the first 90 days without cause and after first 90 days with cause
- Currently no Same/Similar Check
- Medical Policy cannot be more restrictive than states policy
  - 18 Policies must follow Medicaid exactly (No DME)
- Coverage for items will be handled through current programs (I.e. CGM through Pharmacy, woundcare through home health).
- PHPs can develop their own authorization/documentation requirements
  - Healthy Blue has stated NC Medicaid-372-131 CMN/PA form is required.
  - Will utilize medical records for authorizations
- Authorizations follow patient
  - “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 their new health plan.”
- PHPs can make own rules for appeals
- All provider enrollment/change should be handled in NC Tracks
AmeriHealth Caritas

1-855-375-8811
TTY: 1-866-209-6421
24 hours a day, 7 days a week
PO Box 7380
London, Kentucky 40742-7380

EDI Payer ID: 81671

Mailing Address for Claims
AmeriHealth Caritas North Carolina
Attn: Claims Processing Department
P.O. Box 7380 London, KY 40742-7380

Provider Portal- Claim Status, etc
NaviNet—(Link on website doesn’t work)
https://navinet.navimedix.com
1-888-738-0004

EFT Enrollment: ECHO Healthcare Portal
1-888-834-3511
AmeriHealth Caritas - Account Executives by Region


Sheron Rankins — Director, Provider Network Management
srankins@amerihealthcaritas.com
1-704-437-4101
Regions: All

Peggy O’Neal — Manager, Provider Network Management
poneal@amerihealthcaritasnc.com
1-704-614-4853
Regions: 1 and 3

Ashley Gunter-Teague — Manager, Provider Network Management
agunterteague@amerihealthcaritasnc.com
1-919-353-8886
Regions: 2 and 4

Annitta Taylor — Manager, Provider Network Management
annitta.taylor@amerihealthcaritasnc.com
1-984-218-6066
Regions: 5 and 6
Carolina Complete Health
https://www.carolinacompletehealth.com/

1-833-552-3876
TTY: 711
7 a.m. to 6 p.m., Monday through Saturday

EDI Payer ID: 68069

Provider Portal- Claim Status, etc
https://network.carolinacompletehealth.com/

Mailing Address for Claims
Carolina Complete Health
Attn: Claims
PO Box 8040
Farmington MO 63640-8040

EFT Enrollment: PaySpan
https://www.payspanhealth.com/nps
1-866-799-5318
TTY: 711
7 a.m. to 6 p.m., Monday through Saturday

EDI Payer ID: 14163

Provider Portal- Claim Status, etc
https://provider.wellcare.com/

Mailing Address for Claims
WellCare Health Plans
Attn: Claims Department
P.O. Box 31224 Tampa, FL 33631-3224

EFT Enrollment: PaySpan
https://www.payspanhealth.com/nps
Healthy Blue
https://www.healthybluenc.com/north-carolina/home.html

1-844-594-5070
TTY: 711
7 a.m. to 6 p.m., Monday through Saturday

EDI Payer ID: 00602
Availity Portal is the Exclusive EDI Partner
Reference: HBNC EDI Overview
https://apps.availity.com/web/welcome/#/edi

Mailing Address for Claims
Blue Cross NC | Healthy Blue Claims Department
P.O. Box 61010
Virginia Beach, VA 23466

Provider Portal- Claim Status, etc
Availity
https://apps.availity.com/web/welcome/#/edi

EFT Enrollment- CAQH Portal
https://solutions.caqh.org/bpas/default.aspx
United Healthcare Community Plan
https://www.uhccommunityplan.com/nc

1-800-349-1855
TTY: 711
7 a.m. to 6 p.m., Monday through Saturday

EDI Payer ID: 87726

Mailing Address for Claims
UnitedHealthcare Community Plan
P.O. Box 5280 Kingston, NY 12402-5240

Provider Portal- Claim Status, etc
https://identity.onehealthcareid.com/app/index.html#/login

EFT Enrollment: Optum Pay
https://myservices.optumhealthpaymentservices.com/registrationSignIn.do
Billing Guidelines

- Rental Claims
  - Healthy Blue: Following Medicaid FFS
  - Wellcare: Will accept claims like FFS or 30 day rentals
  - UHC Community: 30 day rental-See Billing Guide for nuances of rentals
  - AmeriHealth Caritas: Not confirmed
  - Carolina Complete Health: Not confirmed

- Local Codes “W” and “T” codes
  - Healthy Blue: Following Medicaid FFS
  - Wellcare: Following Medicaid FFS
  - UHC Community: Following Medicaid FFS
  - AmeriHealth Caritas: Not Confirmed
  - Carolina Complete Health: Not Confirmed

- Medicaid Recipient ID Number use
  - Healthy Blue: Healthy Blue ID
  - Wellcare: Can use either recipient id or Wellcare ID
  - UHC Community: Can use either recipient id or UHC Id
  - AmeriHealth Caritas: Not Confirmed
  - Carolina Complete Health: Not Confirmed
Billing Guidelines

- EPSDT Programs and exceeding quantity limitations
  - Healthy Blue: Following Medicaid FFS
  - Wellcare: EPSDT is mandated, non-EPSDT overages would be considered on case by case
  - UHC: EPSDT is mandated, non EPSDT would need to go through the denial appeal process
  - Ameriheath: Not confirmed
  - Carolina Complete Health: Not confirmed

- Retro authorizations will only be considered for extenuating circumstances such as retroactive eligibility. Plans will evaluate on case by case basis.
Oxygen Concerns

• PHPs cannot be more restrictive than oxygen medical policy
  • Can develop own policy on documentation required
  • Testing timeframes do not have to follow state timelines
  • Transition authorizations are good for 90 days
  • Will all oxygen patients require retesting?
    • Wellcare and Healthy Blue will establish own timeframes
    • UHC has stated they would follow state timeframes
    • Ameriheath: Not confirmed
    • Carolina Complete Health: Not confirmed
• ACMESA working with the state to evaluate concerns of requiring retest of all oxygen patients within the first 90 days. ACMESA is asking for 1 year for testing.

• We will keep you posted!
Slide of Provider Handbook

- **Amerihealth Caritas**

- **Carolina Complete Health**

- **EBCI Tribal Option**

- **Healthy Blue**

- **United HealthCare Community Plan of North Carolina**

- **Wellcare**
  - [https://www.wellcare.com/North-Carolina/Providers/Medicaid](https://www.wellcare.com/North-Carolina/Providers/Medicaid)
NCCI Contacts

- Keep up to date on edits released quarterly for procedure to procedure and medically unlikely edits.
Complaint/Appeals Process for MCO

- Submit Comments on MCO Roll Out
  - Email to: Medicaid.Transformation@dhhs.nc.gov

- Complaint Process to State
  - Email to: Medicaid.ProviderOmbudsman@dhhs.nc.gov
  - Call 919-527-6666
ACMESA & AAHOME CARE Fighting For You!

- Quarterly Meetings with NC Medicaid
- Advocacy Needs for MCO Plans
  - Rate Structure
  - Open Network
  - Medical Policy Consistency
  - Timeframe for Changing Payers
  - Outside Consulting Services
  - TPA/Subcontractor
ACMESA/AAH----WINNING FOR YOU!!!!

✓ Any Willing Provider Regulatory Language
✓ Beneficiaries Plan Changes in Regulatory Language
✓ Rate Floor-North Carolina-MCO Plans must pay no less than 100% of NC Medicaid FFS Rates.
  Savings Estimated $11 Million per year in cuts
✓ Sales Tax Legislation passed in NC eliminating sales tax for Incontinence
✓ Partnership with state Medicaid programs to save $15 Million in state CURES paybacks for NC
  Saving $4 Million in cuts per year
✓ Passed legislation in NC exempting incontinence products covered by Medicaid from sales tax
  Saving $2 Million annually for providers.
Questions & Answers
Thank YOU for all you do for the patients you serve!

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