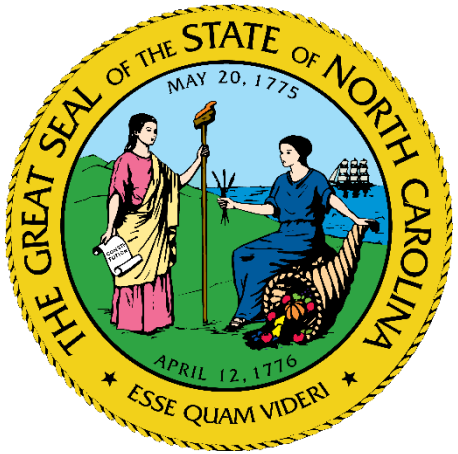




NC Department of Health and Human Services

Joint DMH/DD/SUS & DHB Provider Webinar

April 6, 2023



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Update

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Deputy Director, Member Operations
NC Medicaid

April 6, 2023

COVID-19 Federal Public Health Emergency (PHE) Update

2023 Consolidated Appropriations Act (Omnibus Bill)

- Signed into law Dec. 29, 2022
- Decoupled the continuous coverage requirement from the COVID-19 PHE
  - As of April 1, 2023, state Medicaid programs are no longer required to maintain continuous coverage for beneficiaries
- Includes a new requirement to contact individuals using more than one modality prior to termination
  - A beneficiary's Medicaid cannot be terminated due to mail being returned as undeliverable. State Medicaid programs are required to make a good-faith effort to find the person.
- Requires one year of continuous coverage for kids on Medicaid and NC Health Choice (no change from NC Medicaid's current policy)
- Permanently extended the 12-month postpartum coverage option.

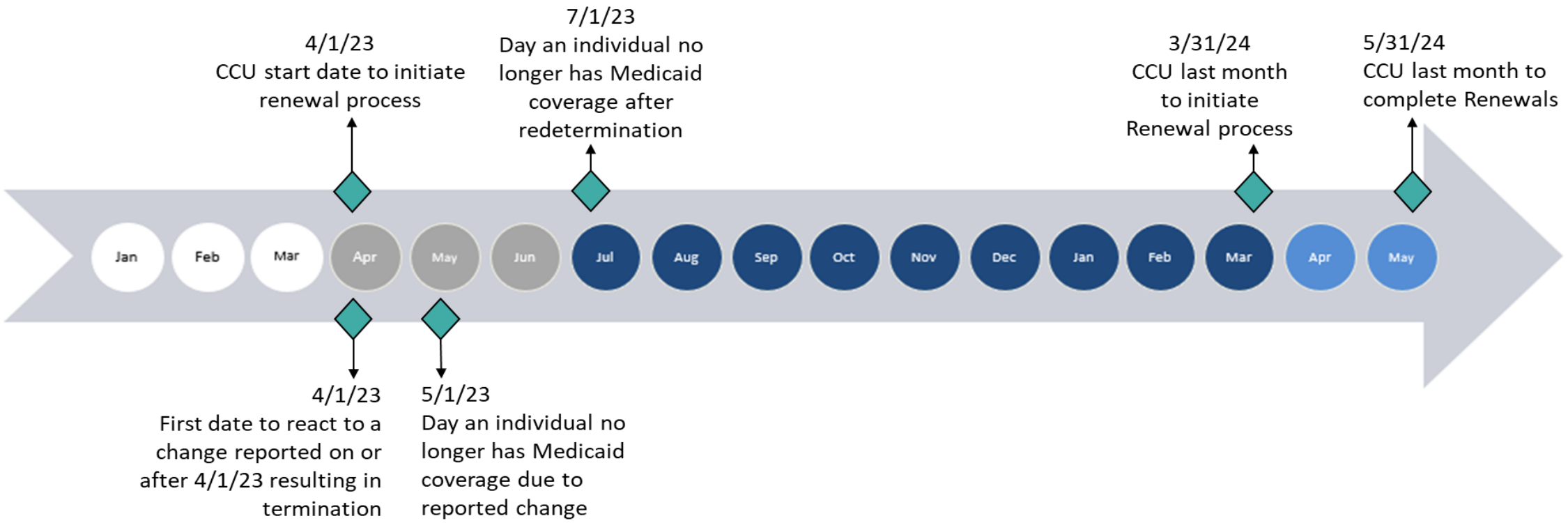
NC Medicaid's Continuous Coverage Unwinding

NC Medicaid began the renewal (recertification) process for Medicaid beneficiaries April 1, 2023.

- Redeterminations will be completed over the next 12 months, as beneficiaries are up for renewal
  - During renewal, the beneficiary's local Department of Social Services (DSS) will use information they have on file to decide if they or their family member(s) still qualify for NC Medicaid
  - If the local DSS needs more information from a beneficiary to decide on coverage, they will send the beneficiary a renewal letter in the mail
- If a beneficiary is found ineligible for Medicaid, they will receive a letter with the following information:
  - The program being terminated or reduced
  - The decision made by DSS
  - Deadlines for responding
  - How to appeal the decision

Continuous Coverage Unwinding Timeline

Local Departments of Social Services have been completing recertifications throughout the PHE, however, coverage has not been terminated or reduced. North Carolina is using an age-based approach for recertifications during the unwinding period.



If a Beneficiary is Redetermined Ineligible

If a beneficiary loses their NC Medicaid eligibility during recertification their Medicaid coverage will end.

- Beneficiaries have the right to:
  - Appeal the decision. Beneficiaries have 60 days from the date of the termination letter to appeal.
  - Continue to receive benefits pending the fair hearing decision.*
- If a beneficiary no longer qualifies for Medicaid:
  - They may be able to buy a health plan through the federal Healthcare Marketplace and get help paying for it. healthcare.gov
  - Four out of five enrollees can find plans that cost less than $10 a month
  - Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits and more

* If the resolution upholds the beneficiary's termination; the beneficiary may be required to pay for medical services received while the appeal was pending.

What Beneficiaries Can Do to Get Ready for Recertification

- Update their contact information
  - Beneficiaries should make sure their local DSS has their current mailing address, phone number, email or other contact information.
  - With an enhanced ePASS account, beneficiaries can update their address and other information for Medicaid online without having to call or visit their local DSS.
- Check their mail

  Local DSS will mail beneficiaries a letter if they need to complete a renewal form to see if they still qualify for Medicaid.
- Complete the renewal form (if they get one)

  If a beneficiary receives a renewal form, they should fill out the form and return it to their local DSS right away to help avoid a gap in their Medicaid coverage.

Omnibus Bill Requirements - Returned Mail Condition

The “returned mail condition” requires states make a “good-faith effort” to contact an individual using “more than one modality” when returned mail is received in response to a request for information to complete a recertification.

Meeting the returned mail condition is a two-part requirement.

- Requirement 1: States must attempt to obtain up-to-date mailing addresses and additional contact information (e.g., phone number, email address) for ALL beneficiaries.
- Requirement 2: During the continuous coverage unwinding period, beneficiaries must be contacted through more than one modality prior to termination if returned mail is received. These modalities include:
  - Forwarding address on returned mail
  - Phone call
  - Email
  - SMS text message

To meet these requirements, Medicaid is conducting a targeted beneficiary outreach campaign during the unwinding period.

Targeted Outreach Efforts

Requirement 1 — Attempt to obtain up-to-date contact information for ALL beneficiaries.

Contact Modality	Description	Dates	Timing
Mass Text Messages	Update your contact information so you don't miss important updates from Medicaid. Use ePASS or contact your local DSS.	March 2023 – February 2024 Completed in batches based on the beneficiary's renewal due date.	Monthly; based on when the beneficiary is due for Medicaid recertification.
Robo Calls from EB			
Mass Emails			

This is in addition to direct mailings from health plans and the enrollment broker, social media, website, press releases, community presentations and webinars.

Targeted Outreach Efforts

Requirement 2 — Prior to termination of coverage, contact beneficiaries using more than one modality if returned mail is received.

Contact Modality	Description	Dates	Timing
Texts, emails, and robo calls in response to a Renewal Form or Request for Information being sent	Your DSS needs information; Check your mail; Link to provide details on how to complete the recertification	April 2023 – March 2024	Weekly (upon generation of the Renewal form or Request for Information)
Mail returned Renewal Notice or Request for Information to Forwarding Address	Resend returned Renewal Notice or Request for Information if a forwarding address is provided	April 2023 – May 2024	As returned mail is received

Example Beneficiary Scenario

Scenario: MAGI Beneficiary
Barbara is a beneficiary receiving MAGI coverage. Her certification period ends on July 31, 2023. She has a cell phone number and email address on file.

Certification Period

Month 9	Month 10	Month 11	Month 12
April 2023	May 2023	June 2023	July 2023
Barbara gets a robo call, text message and an email to remind her to update her contact information with DSS. She has a new address and calls DSS to make sure it is added to her record.	Barbara receives a notice from the Enrollment Broker telling her that her Medicaid will soon be recertified. Barbara's case is picked up by the straight-through recert process in NC FAST on May 3 but falls out due to an income discrepancy.	Barbara's caseworker picks up her case on June 2 and is unable to complete the ex parté renewal. He sends her an NCF-20020 Renewal Form. Barbara gets a robo call, text and email in the following week to let her know DSS needs information to complete her recertification, and to check her mail.	Barbara mails the completed NCF-20020 Renewal Form back to her local DSS. Her caseworker completes the recertification, her benefits are continued, and she gets a DSS-8110 Notice of Continued Benefits in the mail.

Requirement 1

Requirement 2

Flexibilities and Other Efforts to Increase Automation/Save Time

Flexibility / Change	Description	Goal	Implementation Date
Change Reasonable Compatibility threshold from 10% to 20%	Attested income that is within 20% of electronic source income is Reasonably Compatible	Improve STP rates; Increase ex parté rates	January 2023
Straight-through MAGI Recertification Processing Statewide	System processes, approves, and sends renewal notices for some MAGI cases	Reduce caseworker touch on recertifications	January 2023
Update beneficiary address using NCOA or USPS info	Accept updates to beneficiary address from NCOA database and USPS in-state forwarding address without additional confirmation	Change of address from USPS forwarding address label or Enrollment Broker or Health Plan RM reports does not need further confirmation from beneficiary	March 2023
Renewal for individuals with no AVS data returned	Assume no change in resources at renewal when no data returned from AVS within 7 days	Expedite processing when there is no response from AVS	March 2023
Updates to Case Selection Criteria for Straight-through MAGI Recertification Processing	Some case types that were not being selected for STP are now included	Increase automation	March 2023

Flexibilities and Other Efforts to Increase Automation/Save Time

Flexibility / Change	Description	Goal	Implementation Date
Renewal for individuals based on SNAP income	Auto-renew Medicaid benefits for someone with SNAP benefit started/renewed within the past 5 months	Increase automation during unwinding period	April 2023
Straight-through MAGI Application Processing	System processes, approves, and sends approval notice for some MAGI applications	Reduce caseworker touch on applications	April 2023

Resources

- Medicaid recertification video English I Spanish
- Medicaid End of the PHE/CCU website medicaid.ncdhhs.gov/End-of-PHE
- Medicaid recertification fact sheet English I Spanish

NC Health Choice move to NC Medicaid

Approximately 55,000 NC Health Choice beneficiaries moved to NC Medicaid on April 1, 2023.

A provision in the North Carolina state budget, approved in July 2022, directed NCDHHS to move NC Health Choice beneficiaries from the NC Health Choice program to the Medicaid program.

- Benefits of the change

  With NC Medicaid beneficiaries:

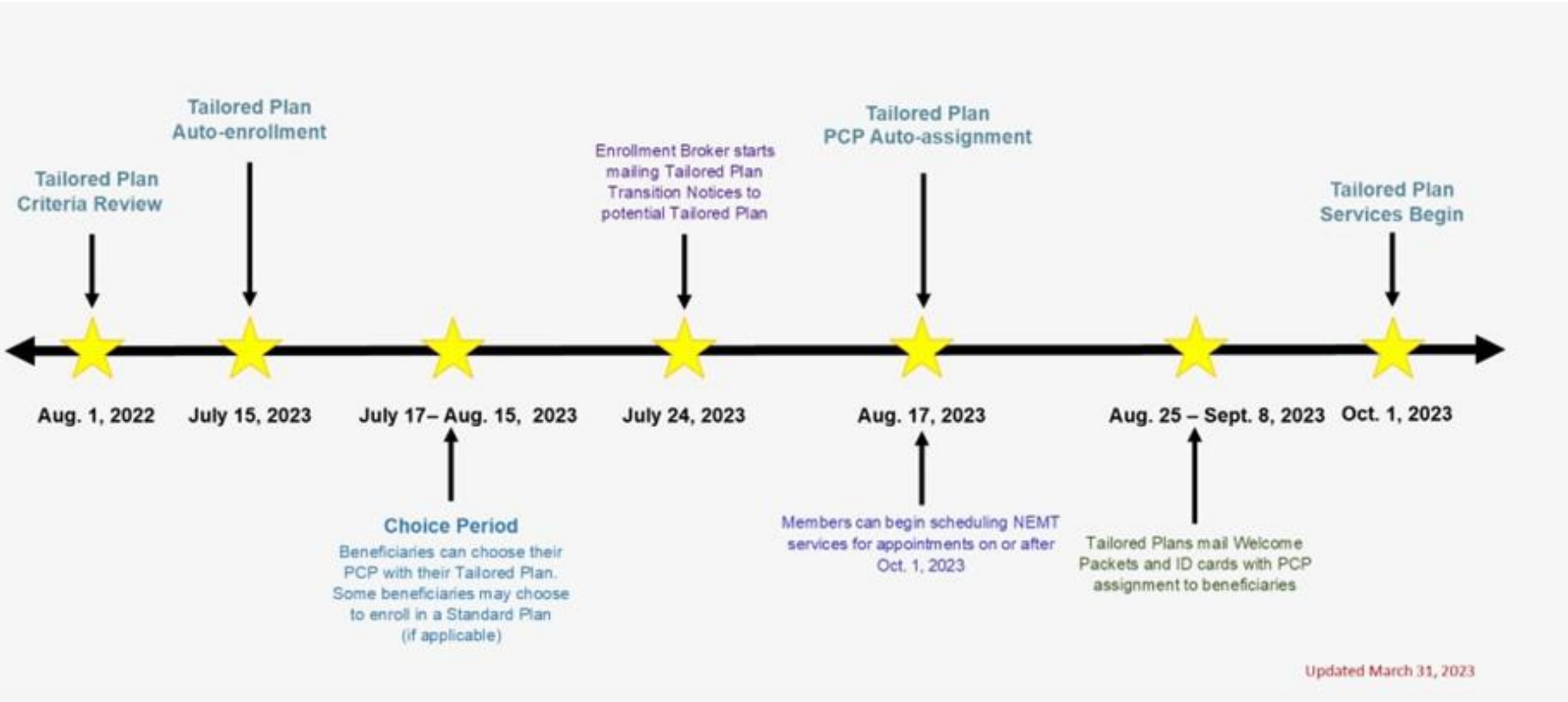
  - Are eligible for Early & Periodic Screening, Diagnosis and Treatment (EPSDT), a benefit designed to discover and treat health conditions before they become serious
  - No longer have enrollment fees or copays
  - Are eligible for Non-Emergency Medical Transportation (NEMT) for Medicaid-covered services

NC Health Choice move to NC Medicaid

What to expect

- Former NC Health Choice beneficiaries were automatically transferred to the Medicaid program. No action on their own was needed for the change to take effect.
- A letter was mailed to beneficiaries (their legal guardians) to explain the move.
- Former NC Health Choice beneficiaries will keep their Medicaid ID number and should keep using their current ID card until they get their new Medicaid ID card in the mail.
- Beneficiaries that were in the NC Health Choice program cannot opt out of moving to Medicaid. NC Health Choice is no longer an offered program.
- For more information visit our webpage medicaid.ncdhhs.gov/nc-health-choice-move-medicaid

Tailored Plan Timeline and Major Milestones



Tailored Plan Auto-enrollment

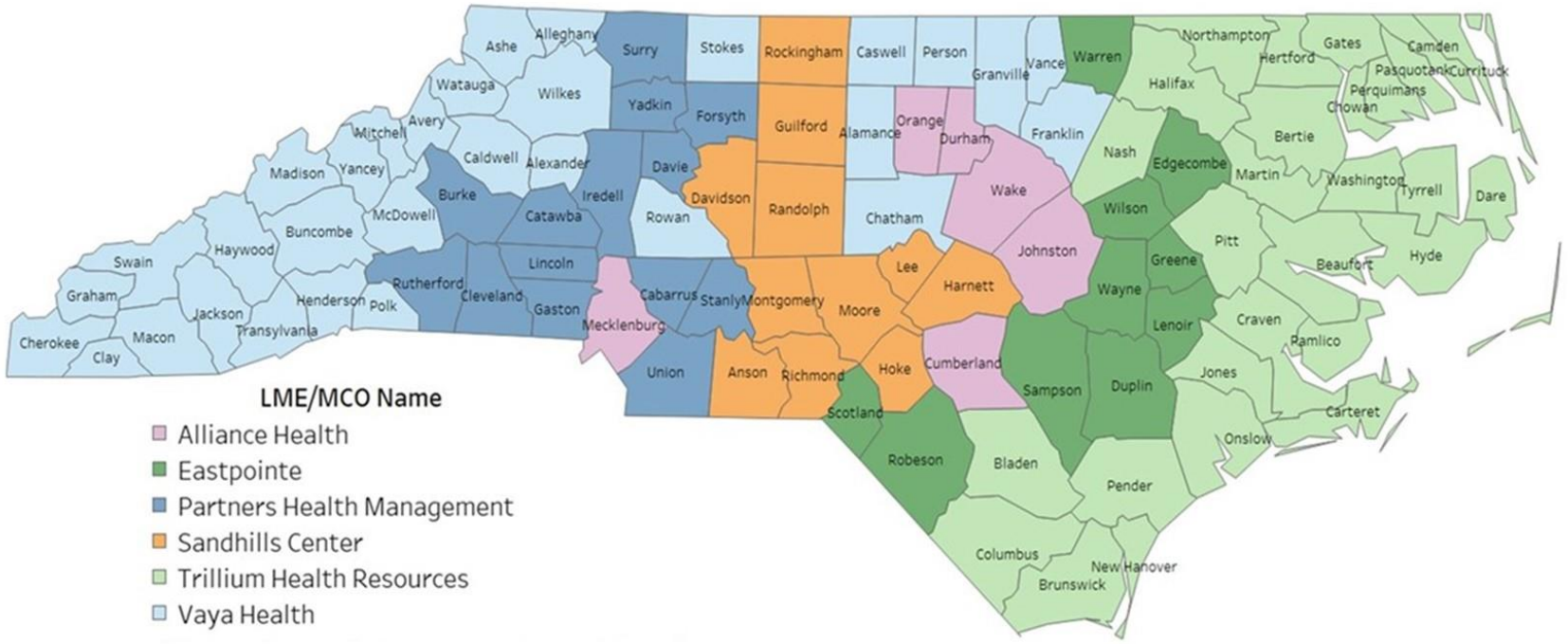
July 15, 2023

Beneficiaries who qualify for a Tailored Plan will be auto-enrolled in a Tailored Plan based on the auto-enrollment algorithm. They will be enrolled in the Tailored Plan that serves their administrative county.

Auto-enrollment

The Enrollment Broker will begin mailing Tailored Plan Transition notices on July 24, 2023

- **Explains the Tailored Plan and other health care options available to the beneficiaries**
- **Includes information on how to choose a primary care provider (PCP)**



Tailored Plan Choice Period

July 17, 2023 – Aug. 15, 2023

During this time, beneficiaries may choose a primary care provider (PCP) or different health care option (if applicable).

Choice Period

- Beneficiaries may contact their Tailored Plan to choose a PCP.
- Tailored Plan beneficiaries receiving Tailored Care Management (TCM) from their LME/MCO will continue to receive this service from their Tailored Plan. Beneficiaries who want to choose a different TCM provider should contact their Tailored Plan by April 1, 2023.
- Beneficiaries may contact the NC Medicaid Enrollment Broker to choose a different health care option (if applicable).
    - Some Tailored Plan members will have the option to enroll in a Standard Plan. They cannot enroll in a Standard Plan via the website or mobile app – they must enroll by phone or enrollment form.

Tailored Plan PCP Auto-assignment

Aug. 17, 2023

Tailored Plan beneficiaries will be auto-assigned an PCP if they did not select one during the choice period.

PCP Auto-assignment

- Members who did not choose a PCP with their Tailored Plan will be auto-assigned to one.
- On Aug. 17, 2023, Tailored Plans will conduct PCP auto-assignment.
  - After auto-assignment, Tailored Plans will mail Welcome Packets (Welcome Letter, Medicaid ID Cards, Member Handbook) to their beneficiaries.
  - Welcome Packets will be mailed Aug. 25 – Sept. 8, 2023
  - Tailored Plan beneficiaries must use the NC Medicaid ID card from their Tailored Plan to receive services.

Tailored Plan NEMT Services

Aug. 27, 2023

Tailored Plan beneficiaries may begin requesting rides for appointments on or after Oct. 1, 2023.

Tailored Plan NEMT Services

- Tailored Plans will conduct outreach to high users of NEMT beginning Aug. 27, 2023.
- Beginning Aug. 27, 2023, beneficiaries may call their Tailored Plan to request rides to Medicaid covered-services and carved out services that are on or after Oct. 1, 2023.
- Non-Emergency Medical Transportation (NEMT) is provided by Standard Plans and Tailored Plans. Beneficiaries enrolled in the EBCI Tribal Option or NC Medicaid Direct must contact their local Department of Social Services (DSS) for transportation to medical appointments.

Tailored Plan Welcome Packet Mailings

Aug. 25 – Sept. 8, 2023 Tailored Plans will mail welcome packets to members

Tailored Plan Welcome Packet

- Tailored Plans will mail welcome packets to members Aug. 25 – Sept. 8, 2023.
- Tailored Plan members must use the NC Medicaid ID card from their Tailored Plan to receive services.
- Tailored Plan welcome packets include:
  - Medicaid ID card
  - Welcome letter
  - Member Handbook
    - Member Handbook
    - Innovations Waiver Handbook
    - TBI Handbook
    - Recipient Handbook

Tailored Plan Launch

Oct. 1, 2023 Tailored Plans begin providing services to beneficiaries.

Tailored Plan Launch

- Tailored Plan beneficiaries begin receiving health care services from their Tailored Plan.
  - Beneficiaries **must** use their NC Medicaid ID card sent to them by their Tailored Plan to receive services.
- Tailored Plan beneficiaries must have a PCP and TCM provider in the Tailored Plan's network.
- Tailored Plan beneficiaries will continue to receive the same health care services NC Medicaid covers today. Medicaid eligibility rules and processes will not change with the Tailored Plan launch.

NC Medicaid Direct

NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in NC Medicaid Managed Care.

- On Oct. 1, 2023, NC Medicaid will transition beneficiaries who need certain services for a mental health disorder, substance use disorder, I/DD or TBI to Tailored Plans.
- Some beneficiaries will remain in NC Medicaid Direct or can choose NC Medicaid Direct instead of a health plan.

NC Medicaid Direct with LME/MCO and CCNC

Beneficiaries not enrolled in a Tailored Plan will receive services for a mental health disorder, substance use disorder, I/DD or TBI from an LME/MCO.

- LME/MCOs will provide Tailored Care Management for eligible NC Medicaid Direct beneficiaries.
- Community Care of North Carolina (CCNC) will provide care management for physical health services.

Resources

- NC Medicaid Website
  medicaid.ncdhhs.gov
- NC Medicaid Transformation Website (includes County and Provider Playbooks)
  medicaid.ncdhhs.gov/transformation
- NC Medicaid Enrollment Broker
  ncmedicaidplans.gov
- Requests for presentations or questions
  Medicaid.NCEngagement@dhhs.nc.gov

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Provider Operations Important Updates

Michael Herrera

Supervisor, Provider Relations

April 6, 2023

NC Medicaid Provider Ombudsman

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

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

- In March 2020, Centers for Medicare and Medicaid Services (CMS) paused provider reverification due to the PHE.
- Once the PHE ends on May 11, 2023, reverification is not optional.
- Avoid a notice of suspension.
- For help with the reverification process, providers can refer to the Provider Re-credentialing/Re-verification webpage in the NCTracks public facing webpage.

Check Your NCTracks Record Regularly

- Participating providers are contractually obligated to maintain and update their NCTracks record.
- Providers are encouraged to use the Health Plan Lookup Tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.
- Outdated information on a provider's NCTracks record may cause delays in claims processing as well as Provider Directory errors.
- Providers may correct inaccurate demographic and affiliation data on their enrollment record in the secure NCTracks Provider Portal using the NCTracks Managed Change Request (MCR) process.

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

Reinstatement of $100 NC Application Fee

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

PDM/CVO - Coming September 2024

Session Law 2017-57 authorized the replacement of current Medicaid Management Information System (MMIS).

Provider enrollment, credentialing, and data management components of NCTracks will transition to a new Provider Data Management/Credentialing Verification Organization (PDM/CVO) solution. A contract has been awarded to **Optum** who will serve as the new PDM/CVO vendor.

For more info, please visit medicaid.ncdhhs.gov/pdm-cvo

The new PDM/CVO solution will:

- Improve the user experience
- Reduce provider administrative burden
- Streamline data intake and maintenance throughout provider lifecycle
- Align CMS requirements to NCDHHS provider enrollment and credentialing processes

Questions and Answers

Comments, questions and feedback are welcome at:

- BHIDD.HelpCenter@dhhs.nc.gov
- Medicaid.NCEngagement@dhhs.nc.gov

Previous recordings and presentation slides for this webinar series can be found on the Community Engagement and Training webpage:
https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-training