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Medicaid Transition from Fee-for-Service to Managed Care *Minimum Requirements for July 1, 2021 Go-Live* A One, Two, Three Checklist for North Carolina Primary Care Providers

	Do this Now	Resource(s)	Tips
#1	Required: Enroll as a North Carolina Medicaid provider and ensure your information is up to date.	 Check NC Tracks, provider portal login <u>https://www.nctracks.nc.gov/ncmmisPortal/loginAction?flow=PP</u> and/or Review the "look-up" reports to verify your records. The Provider Directory Listing Report, and the Provider Affiliation Report, show all actively enrolled Medicaid and NC Health Choice providers. In combination, these reports allow all providers to confirm their information. <u>https://medicaid.ncdhhs.gov/providers/provid</u> er-playbook-medicaid-managed-care/resources 	 Validation only takes minutes. If you are not sure or would like to enroll, call NC Medicaid call center 800-688-6696 or e-mail <u>NCTracksprovider@nctracks.com</u> Providers unable to find their practice associated with the correct Health Plans, should reach out directly to the Health Plan to discuss contracting options. Contact information is on the <u>Health Plan Contacts and Resources webpage</u>.
#2	 Recommended: Contract with health plans prior to these dates: Feb. 1, 2021 for provider directories to include your practice, where applicable, as a choice for beneficiaries during open enrollment. April 12, 2021 for the health plan auto enrollment and PCP/AMH auto- assignment processes to include your practice. 	 Health plan contacts and resources : https://medicaid.ncdhhs.gov/transformation/h ealth-plans/health-plan-contacts-and- resources this NC Medicaid webpage includes each NC Medicaid health plans contact information, updated provider manual, provider contract template, and member handbook. Go to: https://medicaid.ncdhhs.gov/providers/provid er-contracting-health-plans for more information on provider contracting guidance from the Department. 	 <u>Contact each health plan and ask</u>: Does my practice already have an un-expired and signed in-network agreement with your Medicaid plan? <i>If yes, ask</i> for copy of the signed contract. Remember, the more health plans you are in network-with, the more likely you are to retain your Medicaid patients whom you care for now. If at least one contract is not in place by Medicaid Managed Care launch on July 1, 2021, and the provider has not engaged in good faith negotiations, the provider is at risk for reimbursement at 90% of the current Medicaid fee for service rate and subject to additional prior authorizations. AMH Note: If you are aiming for glidepath payments, you must contract with at least 2 health plans.
#3	Required: Know your initial Advanced Medical Home (AMH) Tier level.	 Go to NC Medicaid AMH homepage <u>https://medicaid.ncdhhs.gov/transformation/a</u> <u>dvanced-medical-home</u> and AHEC's AMH practice support page <u>https://www.ncahec.net/practice-</u> <u>support/advanced-medical-home/</u> 	 NC Medicaid will assign the AMH Tier 2 level to those primary care practices who have not attested to an AMH Tier level. Conduct a self-assessment using the AMH Tier Support Tool, <u>https://www.ncahec.net/practice-support/advanced-medical-home/</u>

See Next Page for Recommendations to Address Top Three Concerns from Primary Care

Recruit, Train, and Retain: Developing the workforce for a healthy North Carolina v01/29/21



North Carolina's Transition from Medicaid Fee-for-Service to Managed Care

Recommendations to Address Top Three Concerns from Primary Care

	Primary Care Concerns	Recommendation(s) and Resources	
#1	What can I do to keep my current Medicaid patients when managed care goes live on July 1?	Tell your patients which Medicaid health plan(s) you are in network with so they can select the appropriate health plan and select you as their medical home. <i>Open</i> <i>enrollment</i> allows patients to self-select their medical home and health plan. The <i>auto enrollment algorithm</i> uses a patient's primary care history (e.g., usual primary care provider), among other things, when matching a patient/beneficiary to a medical home. NC Medicaid designed the algorithms to enable existing PCP- patient to continue.	
#2	I am concerned about patients who show up to my practice for an appointment on July 1 or shortly thereafter, but who are not on my patient panel for managed care.	 When you receive your patient panel list(s) prior to July 1, do this: Compare it with your current list of Medicaid patients and alert your patients with whom you care for if they are not on the new patient panel. They should contact their health plan and request a change to your practice as their AMH/PCP. Compare it with the list of Medicaid patients who have an appointment scheduled for July 1 or later. Contact patients with an appointment who are not on your patient panel and inform them about their options: Call the health plan number (listed on their new membership card) and ask that the PCP/AMH change to your practice or, Cancel the appt with your practice and schedule with the practice listed on the back of their membership card. 	
#3	The advanced medical home model is confusing. How can we keep this as simple as possible to start with?	 Keep in mind that the Tier 2 requirements are comparable to a Carolina Access Provider. It is OK to be a Tier 2. We recommend that you conduct a self-assessment on your practice using the AMH Tier Support Tool <u>https://www.ncahec.net/practice-support/advanced-medical-home/</u>This will enable you to assess your current state and identify gaps, if any, to being an AMH Tier 2 or Tier 3. NC AHEC practice support coaches are prepared to coach you through the assessment process and with workflow redesign. Contact your Regional AHEC or complete this request form <u>https://www.ncahec.net/practice-support-contact-us/</u> 	