

Transcript for Clinical Quality Webinar Series

February 18, 2021

5:30 – 6:30 p.m.

Presenters:

Dr. Shannon Dowler

Dr. Tom Wroth

Hugh Tilson

Melanie Bush

Kelly Crosbie

Sarah Gregosky

Carolyn McClanahan

Hugh Tilson

Wouldn't you know it, the UPS guy showed up right as I get started, sorry about the distraction. It's 5:30. Let's get started. Good evening everyone, and thank you for participating in this evening's webinar for Medicaid providers tonight's webinar is part of our fireside chat series of informational sessions put on by Medicaid and CCNC and supported by North Carolina egg to support providers with clinical and quality issues during the transition to Medicaid managed care. As a reminder, we'll put on these fireside chats the first Thursday of the month on managed Medicaid generally second Tuesday on advanced medical homes, and the third Thursday, like today to discuss relevant clinical and quality issues. I'm Hugh Tilson, I'll be moderating tonight. Tonight's fireside chat is focused on a variety of hot topics in response to feedback we've received from providers. In addition to getting lots of relevant timely information we'll have time for questions of our presenters at the end. I'll turn it over to Dr Dowler in just a second but first we'll run through some logistics. If you need technical assistance there's an email address it's technicalassistanceCOVID19@gmail.com. You can adjust the proportion of speaker and slides by dragging the double, double gray lines between the slides and the speakers. You can also adjust your video settings to hide people who aren't speaking. To do so, click on the up arrow for the pull down menu to the right of the stop video button. The black bar on the bottom of the screen, select video Settings Scroll down towards the bottom of the page, you can click the hide non video participants box. In case you haven't been paying close attention. We'll put these instructions in the q&a for your convenience. There's lots of great information on these slides and to facilitate things. They'll be on the website so we're putting a link to the slides in the q&a as well. So we will go ahead and get that posted out to you. Sometimes you have to copy the link in your browser because it's hot links don't always work, but you should be able to access them. We'll also be able to take questions as I said, you can do that two ways. One is by using the q&a feature on the black bar on the bottom of the screen. It's a q&a feature, or if you're dialing in you can't do that so send an email the questionscovid19webinar@gmail.com. Quick observations we've learned in the past that the presenters will often address your questions during the presentation. I encourage you to please wait till the presenters are through their presentation before submitting a question about something that they're going to talk about. Please note the only questions you'll see in the q&a are those that either you submit or that get answered in writing. We get a lot of questions and if you don't, if they don't start to respond to you won't see those questions come in, but we do get them. We'll do our best to get to all the

questions tonight. We'll send all the questions to Medicaid so they can respond, after the fact, if we're not able to respond to each of them tonight record this webinar and put that recording and a transcript of it, along with the slides on both the CCNC and AHEC websites as soon as possible. Doctor Dowler all yours. Yeah.

Dr. Shannon Dowler

Great to be with everybody tonight thanks Nevin for the rockin music to get us in the groove at the end of a long day. And we've got a lot of hot topics we're going to talk about. We've decided because as we get so close to launch for managed care that we really are going to have hot topics every time from now on. So if there are things are particularly concerned about your thinking about you want to have us explain better for you please let us know so we can make sure that your hot topics are covered in a future webinar. So if you'll go on to the next slide. So it feels like we were just here doing this like a year ago. So we are at the place of getting ready for launch. It's only a few months away, which is crazy to think about as opposed to this time last year when we were dealing with a lot of things that made us feel concerned that we weren't going to be able to move forward on the regular schedule. I don't think there's any signs in the universe right now pointing us that there's going to be a delay so we are all in it in it to win it with a July 1 launch, and so it's really important. Now more than ever that everyone's leaning in and understanding what's coming because this will be a major change for many of us, we will navigate it. We will get through it and on the other side. We will be stronger for it, but we've got a lot to learn between now and then.

So the first thing we're going to talk about if you'll switch to the next slide Nevin is primary care provider attribution and panel management. You might remember back in November or December, we did a fireside chat where we talked about how the auto assignment and the auto enrollment and how all that works, and the comments section the question and answers blew up. We got literally well over 100 questions and comments and it was very clear that we had a flaw in the way we were thinking about this and so we've been gathering feedback from providers to make sure that we're doing this as perfectly as possible. Next slide. One of the things that happened. I don't know how many of you have been around the block for a while, but I remember the day when one of your Medicaid patients wanted to see a different provider, they had to get an approval Carolina access approval. So if they went to an urgent care that Urgent Care would have to call your office and say hey, do we have permission to see your patient and if you had time on your schedule you had an opening, you'd say no bring them into their office they need to see their medical home. Well, a few years ago something changed in our methodology around how those visits work, the policy never changed, we still have the same policy in place, but that hard stop that kept a patient from getting approved to be seen went away. And then what's happened since then is we've seen sort of a gradual degradation in who the primary care provider really is, as a function of who's on their card. And so what we want to do is make sure that's as correct as possible, and we correct any panel mismatches that we can get ahold of before we go live for less disruption for you and for the beneficiaries at go live. Um, there can be lots of ways to fix this moving forward but we want to set it up so July first were in as good a shape as possible. And so with that I'm going to turn it over to Kelly, to do some talking about where we are with that right now.

Kelly Crosbie

Thanks Shannon hi everyone this is Kelly Crosbie and I am the director of quality and population health in North Carolina Medicaid. So really quickly. Let's talk about managing your primary care provider patient panel prior to launch. So currently want to talk about the policy. So the current process is as follows if you're a Carolina access two primary care practice, you've agreed to have members assigned to you. So, they do, they do get assigned to you, but we also have member choice so when members

enroll in Medicaid at the DSS office, they can actually pick a primary care practice some do and some don't. For those that don't they get auto assigned to a Carolina access to practice. So, how do you fix your panel today. So I'm going to walk through some of the basic ways that we've shared in Medicaid bulletins. So first we encourage you to please get a copy of your current assigned Medicaid panel. This is your assigned panel. It is prospective as part of your Carolina access to agreement or because of patient fix you and they want you to be their PCP, you can get that patient panel list right now from CCNC if you're a Carolina access two practice. And there's a link at the bottom you see that link that says managing your primary care assignment that links you to the Medicaid bulletin that we published in October of last year. That explains how you can get that assignment list from CCNC. And it also explains the following, if a member is in the wrong place, and they want to change who their primary care provider is, they can call the DSS they don't need to fill out a form they don't need to sign something they don't need to walk in, they can call a DSS and ask for change if they're seeing you, but they're assigned to a different primary care practice, they're assigned to you, but they're seeing another PCP so they need to get that fix, but they just want to change for any reason whatsoever. So that's kind of the way the process works now. Next slide please. So, there are some fixes available soon, though, Shannon mentioned some of that. So in March so rolling out at the end of March, the nctracks provider portal will actually make your practice list available to the office administrator in the office. So every month Medicaid is going to start publishing your assigned practice panel or assigned or patients who chose you with their primary care practice.

But as Shannon said, you know, we all do have a lot of mismatches between who might be in your EHR he might be actively seeing versus those patients that are assigned to you through Medicaid. So right now we're looking at that group in particular of Medicaid eligibles who are transitioning to managed care in July, but they've not actually seen their assigned PCP, but they're seeing another PCP. So we're looking at that very particular group going into managed care, who are not seeing their assigned PCP but are actually engaged with another PCP so that's a little bit of a mismatch there. You could go to the next slide. So we spent some time talking with different folks in the field, especially the North Carolina Community Health Center Association, the, the Peds society the family physicians, members of those organizations and we talked about the issue and we talked about potentially how we wanted to explore trying to fix it prior to launch. So again, we decided to look at that group of patients that group of Medicaid members who are not seeing the PCP on their card, but they are seeing another primary care practice. We're looking back at their claims for the past two years, we are proposing that we will reassign children and adults to the most recently seen primary care practice now we're testing that out a little bit. That's the feedback we got from the field that says, that's probably the right fit the most recent, but we are looking back into years and we're trying to understand patterns of care in general. So members will still be assigned to a Carolina access two practice we're just trying to fix that cohort, who really are assigned to somebody with seeing somebody else it's a very narrow cohort. We are trying to do this by March, by April at the very latest because once we do this members will get new cards with their new PCP on it. And so we're trying to get this done prior to, well in advance of ministerial launch. Next slide.

So how do you manage your panel then after launch, right. Policy is the same. So as an advanced medical home you're not Carolina access anymore but you're an advanced medical home, you agree to have Medicaid members assigned to you. So that's perspective assignment. And again, members can choose their PCP and managed care during open enrollment, or they'll be auto assigned as I mentioned. Health plans are required to provide every practice was a panelist every month. So if you're an advanced medical home, one, two, or three, the health plan has to send you your panelists, every month you know who was assigned to you. So you can help manage understand those lists work those lists fix those

lists, engage with unengaged members, that's a really important part of having that list, but after launch that nctracks provider portal function that I mentioned that will still continue to run. So, in NC tracks you'll be able to get your fee for service patient panel, but you'll also get your patient panel for each of the health plans. So you will get it from your health plan but you could still go to one place and then t tracks and see your Medicaid fee for service, and all you have your health plan assigned patient panel so the office administrator can go to one place and see all of those lists the same will happen after managed care of a member can call. They won't call the DSS though this is an important distinction, they'll call the health plan to ask for a change in their primary care assignment if they want to, for any reason, they can change twice a year for any for any reason, and they can change. Just, just because of choice. I'm not saying that very well. But if they have for cause reasons, they can change any amount of time, so they can change twice a year just because they want to change, they made a mistake or they found a primary care that's closer one that they like better or the one that they gel with, but if they have for cause issues like there's a quality of care concern. They can change for those reasons, in addition to those two times. So, we've had a lot of feedback around this process about okay so it's not working with the DSS anymore I'm working with the health plan, do I call, do I fill out a form. So we're working on some more information to share with you in March about how it works by plan, and maybe some ways to potentially standardize the process across plans so stay tuned for that. In March, in the next slide please.

Dr. Shannon Dowler

Alright, so per usual plan these days we went out a week ahead of the webinar and asked folks what kind of questions they had. And so one of the questions we heard from numerous people is what can we do now in our practice to help make our panels as accurate as possible.

Kelly Crosbie

Yeah, the first thing to do is find out what your panel is so as I mentioned, if you're Carolina access please get your patient panel from CCNC. In March, you can get it through the nctracks provider portal. Find out who it is. And then you have to start working the list. So you you may have a lot of patients who are assigned to you that you've never seen you want to do outreach to those patients. But as I mentioned, we're also doing this analytic process at the state, that we may be reassigned to beneficiaries based on a better fit, who they're actually seeing.

Dr. Shannon Dowler

And I think I've added that to a practice could as you're seeing a patient and they notice that their primary care patient has somebody else's name on their card, they could direct that beneficiary to go on and call DSS and get it fixed. We're going to learn learn a little more in our next webinar on hot topics. One of our preventive medicine residents has been working with is doing some secret shopping and so it's been really interesting and you'll get to hear about his experiences and what he's learned during that workforce. All right. Next slide. So how do we fix it if you mess it up. If you move my patient and error, how do I fix it.

Kelly Crosbie

It's really the same processes as I said, and as Shannon just said right. It's really about member choice so a member can call right from your office and say hey I really want to see Dr. Smith and you put Dr. Roberts on my card. The assess should be able to change it over the phone, but still that same member driven process they need to call DSS to try to to rectify the error.

Dr. Shannon Dowler

Great. Next one. What if we've got a patient that bounces back and forth between practices or let's say they use an urgent care a lot how does that fit in.

Kelly Crosbie

I think, I would say two things I would say one that whole idea of the policy of patients being assigned to you as your panel. We really want you to work with that patient and manage them and as you go into managed care that obviously becomes increasingly important that that list is accurate, but also you're helping patients to stay with you as a medical home, and also to not use urgent care in situations where it's not the best to use urgent care but come to see you for the primary preventative care so it's just part of the panel management. But again, it just just to say in that panel reassignment process that we talked about. We're looking very carefully just to make sure that we're understanding that people will not be reassigned to urgent care so that was a lot of good feedback we got from providers in the field to ensure that any assignment really happens to a primary care practice rather than urgent care practice.

Dr. Shannon Dowler

Yeah, and I think that's a great flag as I've worked in two different Urgent Care environments in my career one was a strictly Urgent Care urgent care. We did not do pap smears, it was not going to happen. Another one was an urgent care that had a primary care, medical home embedded in it, and so that taxonomy of how your practice is registered is really important in this situation, if you're combining primary care and urgent care that's different than if you're strictly an urgent care practice. All right.

Kelly Crosbie

And I think I'm going to turn this over to Carolyn McClanahan.

Carolyn McClanahan

Good evening, I'm Carolyn McClanahan Associate Director for eligibility services at North Carolina Medicaid, and also the business lead for the member of unit in the managed care project. So our implementation and launch of managed care. So we're going to talk now about the member enrollment, how they choose their PCP and health plan. This slide shows the milestones important milestones. During our lead up to launch actually for a member team where our biggest things are happening right now so you'll see that March 1, we start mailing to the beneficiaries to let them know that managed care is here, what they need to do, whether they're required to select the plan or just have the option to choose the plan. I want to mention also that March 1 is also the date that the enrollment broker call center opens to accept calls from beneficiaries. And then you'll see the next one at the bottom is March 15 through May 14th is our open enrollment period, officially starts on March 15 and ends on Friday May 14. In April, about a month prior to the end of the open enrollment period. We will be sending reminder cards to those individuals who have not selected a plan by that point in time, to remind them, because our purpose is that we would like for people to select rather than having auto enrollment happens for the majority of our folks later on. So, after open enrollment ends on May, 14, then may 15, we do an auto enrollment. And that is where we assign individuals to plans when they have not made a selection by the end of open enrollment. And then of course the big day July 1 2021 is when the health plan coverage starts for those individuals who have been assigned or selected that health plan. They also have until the end of September, to make us, make a change for no reason or any reason. After that point in time anyone who's mandatory has to have a with cause reason to change their health plan. Next slide.

So how do they enroll, the beneficiaries can enroll in health plans and a lot of different ways they can choose a health plan through the enrollment broker again they'll be helping counsel individuals and

provide information on health plans during the open enrollment period. There are several ways they can enroll with the enrollment broker there will be a website that they can use the mobile app and then they can certainly always call and speak to an enrollment specialist. If they don't do that then of course they'll be auto enrolled in the health plans if they don't choose one during open enrollment. There's a process to someone is making an application through E pass which is our online portal for applying for Medicaid. They can indicate the health plan preference there, even though they don't know yet whether they will be required to enroll it gives them that option that they can indicate that if they have a choice. Next, five. So the enrollment packages going out, starting March 1 they will start receiving enrollment packets, they will be mailed out over a period of days, because we can't mail them all out at one time. And in that packet, they'll have a transition notice and that notice will be specific to their status, whether they're mandatory or exempt tribal exams, or even tribal excluded, and explain what happens with managed care and the options that are available to them specifically because they have different options depending on their managed care status. It also explained several times actually in the packet how to do the enrollment what steps they need to take and the methods that they have for choosing a primary care provider and their health plan. So the information sheet that's included with the transition notice also provides those step by step instructions. There is a health plan choice guide that shows the six different health plans, including the EBCI tribal option the Eastern Band of Cherokee tribal option that we have what we had to do to limit it a little bit since it's a paper form is we highlight the top 10 added or enhanced services that each health plan offers. And it also includes the information on each health plan including their contact information and there's a sample ID card for the health plan so they'll know what that will look like if they choose that plan. And then there is an enrollment form. So if they choose to they can fill out an enrollment form and mail or fax that rather than using one of those other methods but that is included and again specifically tells individuals what plans are available to them. Sample beneficiary notices are in the county playbook. The provider playbook also has a link there so if you're used to going into the provider playbook you'll be able to to link to those notices as well. And it will show all the different types of notices they're going to be sent. In addition, the appendix. As a sample of a notice, and some of the information that I just explained so you can see what it looks like. And so now I'll be sending to Melanie.

Melanie Bush

right, good. Good evening, everyone. My name is Melanie Bush, and I am the chief administration Officer here at North Carolina Medicaid. Tonight I'm going to be talking about our provider directory, which we have named the Medicaid in North Carolina health choice provider and health plan, lookup tool. So what is this provider and health plan lookup tool. Essentially, this is the provider directory that beneficiaries will use when they go to select a health plan and a primary care physician. This is located on the enrollment brokers web page. It includes all of Medicaid and health choice providers, not just TCP, but also specialists hospitals organizations behavioral health providers. Everyone enrolled in the Medicaid program. There are two searchable portals, the public facing portal which I hope you've all seen and checked out includes all active health choice and Medicaid providers that was launched on January 25. Our intent in launching your earlier was so that providers could check it and make sure that your information is correct. There's a second portal is a secured portal that beneficiaries will log into and through that portal they'll actually be able to make a health plan choice in the secured portal, their health plan choice will only also allow them to select an AMH or a PCP. So all the beneficiaries will be able to choose from in the secured portal are AMH and PCP providers that will go live on March 1 as Carolyn was mentioning as we launch our open enrollment period. So what is in the provider directory. We're basically taking the file that we get on a daily basis from our five contracted health plans. And that comes over daily. The information that is gathered directly from the PHP, and includes the providers, the PHPs have contracted with directly, as well as all the providers that the clinically integrated networks

CIN have contracted with and have established a contract with a PHP, that file comes over and is married with information that we have for all of those providers in NC tracks that information includes demographic information provider service location information, hours of operation that sort of information, and is combined into our file that flows into the provider directory tool.

Next slide. So what should providers do to update their records, please go and check out and look yourself up. If your provider organization information is wrong, that or out of date, then you need to have your office administrator complete and manage change requests. We call these NCRs. and nctracks to correct it and that organization information and any demographic information. And these will be updated and show up in the provider directory tool as soon as they are updated in NC tracks the next day. What should you do if your provider affiliation information is correct, again Office administrator should go in NCR and nctracks and update that information, and the data will be displayed. The following day. If you're not showing up as having right health plans you believe you've contracted with more health plans or less health plans and it's showing up incorrectly on your results. Then, there's two different paths, essentially, the first path is if you are contracted with a clinically integrated network, contact your CIN to make them aware that your information is showing up incorrectly, the CINs are sending a list a roster of all of their contracted providers to the PHPs. So we want to start there to make sure that they've got the right information and they have correctly transmitted that to the PHP. If you're not in a CIN, and you've contracted directly with the health plan, please reach out directly to those health plans to make sure that they have their information and your contract loaded. So if you've done all the right things and you check to make sure and you filled out all the NCIRS and you reached out to your health plan or your cis and you're still seeing an error. You will see in the right hand, upper right hand corner on the provider directory if you have actually gone through all of these steps, and only then please log a report, or report an error, and our internal Medicaid provider operations team will research and work your issue to resolution. All right.

Dr. Tom Wroth

Hi everyone this is Tom Wroth from CCNC, hi Melanie How are you?

Melanie Bush

I'm great, good to see you.

Dr. Tom Wroth

Good to see you. So the AHEC and CCNC staff been busy also and trying to get practicing questions about the provider lookup tool I want to ask you a couple of them. So, I can tell just from your presentation. This is pretty complicated process, there's a lot of different entities that have to work on the data, what can my practice do to ensure that the data is accurate and correct.

Melanie Bush

So yes, we are, we are asking everyone in this period, especially before beneficiary start collecting health plans to go make sure your information is correct on NC tracks. Submit NRS for any issues that you may see if you have an issue with your health plans please reach out to them now so this information could be in place. By March 1, and then failing all out, please report an error and our Medicaid team will try to work it to resolution.

Dr. Tom Wroth

And then of course if you're part of a CIN, you would go...

Melanie Bush

Of course I'm sorry yes, if you have an issue with your health plans showing up, please contact your CIN first so that we can make sure that you're transmitting your information to the PHPs in a correct way or their

Dr. Tom Wroth

All right. Next slide. Let's see what our next question is, so we just looked at the schedule for open enrollment. That's coming up. Let's say within the open enrollment period I see that there's an error in NC tracks. What should I do and will I lose my patients in this situation.

Melanie Bush

So, potentially, is the answer to that question that's why we're encouraging everyone to go update your information today, tonight, tomorrow morning, that would be great. But what will happen in an open enrollment, if beneficiaries are looking in the portal for example, and your health plan information is not correct, and they're looking and they want to be a member of Melanie's health plan and Tom Wroth doesn't show up as a member as a provider of Melanie's health plan, then they may choose another provider instead of Tom Wroth who would be their normal provider. So we want to make sure that that information is correct. We do anticipate based on the experience of other states that, that there will be a significant number of individuals who do not select the health plan during open enrollment although we are certainly encouraging everyone to those individuals who will be auto enrolled and I know that you've already had a presentation on that information on that information in that process. One of the factors in the auto enrollment algorithm is linked to your PCP is, if you're if you are listed as the PCP and your health information is incorrect. Then the beneficiary may be assigned to the wrong health plan. So please go now, and correct that information but if you do find an error during open enrollment correct it. Make sure that you have contracted with the health plans that you plan to participate with by April 12 Auto enrollment starts on May, 15, so that gives about a month for all of PHP to load your contract. So we're really encouraging folks to get that straight by April. Oh, and this is important not just for PCPs I want to just flag. We want all providers to make sure that their information is correct. Because, for example, if I have a cardiologist, that I see on a regular basis, I'm going to want to make sure that that cardiologist is in the health plan that I have chosen to participate in. So it's not just limited but but we certainly are making an effort to get everyone.

Dr. Tom Wroth

That makes sense and good to think beyond the PCPs. And so sounds like that April 12 date is really important. So let's go to the next question. Yeah, so it looks like there's different types of issues that can come up. What do I do in these different situations, let's say there's a problem with the demographic information versus the affiliation versus the list of contracted PHPs.

Melanie Bush

So the demographic information affiliation location status information, those are things that you can do from your office with your office administrator, through the manage change request process in NC Tracks. And that should be submitted online, and be processed within a few days, and the list of contracted PHP, really, there are two avenues. If you're with a CIN, contact your CIN and alert them that their information is not being transmitted correctly. If you are not contracted with the CIN, then contact the health plans that you believe you have contracted with to make sure that they have their information correctly.

Dr. Tom Wroth

So the next question. Okay, so let's say my practice administered we filled out one of these NCRs. When should we expect these changes to flow through to nctracks, or to the provider lookup tool, give us a sense of the timelines.

Melanie Bush

That's a great question. So, most NCRs are fairly simple corrections demographic corrections, organization corrections, whether you're shipping new patients, those types of things. Those can be processed in a fairly quick manner. One to two days. If it's something more involved that would require going through our credentialing process, like, a new taxonomy, for example, or a new service location. Those generally do have to go through our credentialing process and that takes us from one to two weeks. So again, please check your information now and make sure that it is correct, to give yourself some lead time to get that information updated in NC tracks. Once it's updated in NC tracks and that information is transmitted to the provider directory tool on a daily basis. I think that happens overnight.

Dr. Tom Wroth

So that's really helpful. So it sounds like once we get it right in nctracks it flows over on a daily basis. And then those credentialing issues those tend to be the ones that take a little bit more time but there are other ones that are much more straightforward. And it sounds like the key message is to to check back, and close the loop and make sure the information gets get fixed. Yep. All right, great. So our next question. All right, so let's say I look, I look myself up in the provider lookup directory and I don't see the PHPs listed correctly. What should I do.

Melanie Bush

So this goes back to what kind of network you're in if you're just an individual provider contact those health plans that you believe you have contracted with to confirm that they have your information. If you are in a clinically integrated network contact that CIN make sure that they are transmitting your information correctly. There may be errors and we just want to start at the source of information and confirm that first before you go to the next step. So that would be where I would start.

Dr. Tom Wroth

Alright, great. That's really helpful. Let's go to the next question. Okay, so in January, you all on the DHHS website release these, the provider affiliation report and provider directory list report. How, how should I use these to make sure my information is correct.

Melanie Bush

So as I mentioned earlier in the slide that these two reports are basically the information that's fed into the provider directory tool. So, your best bet is really to look in the provider directory tool to make sure that that information is married in the correct way and it's displaying correctly. But if you do happen to find an error on the provider affiliation report again, contact the health plans or contact your CIN the other information can all be updated in NC tracks.

Dr. Tom Wroth

And these lists of reports look like a really good one stop shop to see if your information is correct so it could be a helpful place to go. Great. All right, next question. All right, so I checked nctracks my information is perfect. But it's, but in the provider lookup tool. It's not, I don't work with a CIN, so I assume I should reach out to the PHP directly to fix this, is that correct.

Melanie Bush

Absolutely, yes, that is where you should start.

Dr. Tom Wroth

And I've looked at a lot of the PHP websites they've got each PHP has regional reps, too, that should be working with your, your practice that's probably a good place to go. All right. Next slide. All right, so. So let's say I've done everything you just talked about, I filled out my NCR worked with my CIN I've even talked to the PHP and I still can't correct the issue. Tell me about the Ombudsman function and what to do next.

Melanie Bush

Yeah, so if you've gone through all the steps you've reached a disagreement with the health plans and CINs about how your information is showing. We do have a provider ombudsman, Medicaid, that is there to assist to help work issues to resolution. You can contact I believe this information is in the appendix but I'll just I'll just say quickly here you can contact them at Medicaid.providerombudsman@dhhs.nc.gov via email, or you can call 919-527-6666, and our provider and Ombudsman team will reach out to you and try to work to resolution.

Dr. Tom Wroth

All right, great so far it seems like a really key function to know about. So now let's go to the next slide. All right, so another timeline question so once the health plan lookup tool is live. How often will the information be updated you touched on this a little bit before but maybe let's go through.

Melanie Bush

Yeah, so the health plan, and look up tool is live. The public facing portal is live now. The information will be updated on a daily basis. And then the secure portal that beneficiaries will use to select the health plan. And to select their PCP that will go live on March 1 of this year. And again we will update this information daily we receive the provider affiliation file from the PhDs on a daily basis, and then nightly that will be transmitted to the provider directory with our nctracks information.

Dr. Tom Wroth

All right, great. And let's see I think this is our last question for now. So where can I find all these great webpages and resources on the DHHS website.

Melanie Bush

So again, I do think on the slide deck that we have tonight. This information is included in the appendix. But just to shout out we do have an entire playbook for providers on Medicaid transformation online on our Medicaid website.

Melanie Bush

In the provider playbook for Medicaid transformation we've got fact sheet that we've received very good feedback about and so we would appreciate for folks to check them out and let us know if there are more factsheets that you think we can provide. There's training information about training, there's frequently asked questions. There's resources for health plan contact for example contract office and things like that should be available on our website.

Dr. Tom Wroth

All right, great. Melody I think that's all the questions for now we'll come back to the q&a section at the end. But right go to the next speaker.

Melanie Bush

I think I'm turning this over to Sarah Gregosky.

Sarah Gregosky

Hi I'm Sarah Gregosky I'm our chief of managed care excited to be here with you guys tonight to talk a little bit about provider contracting. I'm gonna go to the next slide. I wanted to start just with the timeline I know you guys have seen a lot of timelines and one already tonight but I did want to just put the overlay of where contracting lies in that contract so we have encouraged providers to contract with all of the health plans as Melanie mentioned, we have contact information for each health plan on how to engage and contracted are available on our website, there's a link right here. So when the slides are posted you guys will be able to click straight to that. We also have indicated there are two deadlines that we're hoping providers will be able to execute contracts on in advance of go live in July of this year so one is already past the deadline to ensure that folks are included in the enrollment broker directory that provider directory in advance of open enrollment starting was February 1. We have a second contracting deadline which we set at April 12, that sort of in the middle of open enrollment and that's the deadline that if providers want to ensure that they're included in the directory in time for auto enrollment. That's really the date you should be focused on where we can make sure that your information is appropriately loaded into the directory and then use to help assign individuals to that health plan. Next slide.

So a couple things just why is it important to contract. So, the reason we've set these deadlines, first and foremost, we want to make sure that primary care providers don't lose the patients that they've served for so long so ensuring that you guys are contracted as a primary care provider will be important in maintaining those relationships. If you're not able to contract after that there's also the potential to lose access to some of the per member per month and advance Medical Home program fees that we have for folks that are not contracted after July 1. If a provider hasn't engaged in good faith negotiation those, there's a risk of the provider could be reimbursed at 90% of the current fee for service rate as opposed to a negotiated rate that you could negotiate directly with the health plan. While we have set those deadlines, we understand sometimes it may go beyond July 1 we're encouraging folks to continue to contract past both of those deadlines, as Melanie mentioned that as soon as a contract is executed and the Health Plans have a chance to load that information, it will show up in the directory and the provider would show up in network and be able to provide services to Medicaid and Health Choice beneficiaries. We know there has been some concern about contracting and not hearing back from providers we're setting up a new health center and there are issues where you're not able to get a contractor or get the feedback that you need. This email address [medicaid help center at DHHS](mailto:medicaid_help_center@DHHS) is going live march 1 when the directory goes live for folks to be able to access.

Dr. Shannon Dowler

Alright, we got a couple questions here. Um, the Health Department have to contract with PHPs.

Sarah Gregosky

Yes, if the health department is providing primary care services, or care management to Medicaid beneficiaries that are enrolled in those plans you would want to contract with a PHP to be able to provide those services.

Dr. Shannon Dowler

And what happens here if they didn't let's say there's a health department that's doing care management, what happens if they don't contract.

Sarah Gregosky

Yeah, if you're not contracting with one of those one of the PHPs, the PHPs is would not be able to refer services to you, to provide those care management services.

Dr. Shannon Dowler

All right, next slide. So if I'm part of a hospital system. So I'm an employed physician and a primary care practice part of a health system. How do I know who to contract with what folks that are in employed environments do.

Sarah Gregosky

So we would ask you to encourage you start with your health system find out who they're contracting with so talk to your administrators, see where they are in negotiations encourage them. If you're interested in maintaining these relationships across health plans to move those contracts forward so that we can alleviate any confusion in the market.

Dr. Shannon Dowler

So how soon after finalizing a contract with a plan well I show up in the enrollment broker Medicaid and health choice provider lookup tool as an in network provider with that health plan.

Sarah Gregosky

Yeah, it usually takes about two to three weeks so that's why we've set these deadlines that I talked about. We're really trying to put a little bit of buffer in there to make sure we know there will be a lot of contracts executed right at the end it will take time to load that information. So it usually takes about two to three weeks from execution of contract everything to be loaded into their system and then sent back to the state and loaded into the provider lookup tool.

Dr. Shannon Dowler

Great. All right, next. So now we have done really well team I just want to say everybody we kept it to 45 minutes we did not go over yay us, this is always a challenge we try to leave 15 minutes for questions. And we often don't have that I see there are a ton of questions in the chat so why don't we cameras up everyone that's going to be answering questions, and then we'll let Hugh just fire them at us we'll keep our answers relatively brief unless it's super complex so we can get to as many questions as possible.

Hugh Tilson

There are a bunch of questions in here about newborns and how they're going to be assigned and how people are going to be in network versus out of network and. So rather than reading each of them can you all just talk about how newborns are going to be handled.

Dr. Shannon Dowler

So, that's a great question. I think probably tonight rather than going into each of those questions individually. I'll just flag that it's something we're working on right now we got some feedback from some of the societies like we did with the primary care provider assignments and we're doing some due diligence internally in the team. So our next fireside chat is in a couple weeks we'll have an update for you we won't have a solution for you probably will be able to touch base on it again so you'll know where we are in a process, and then by our fireside chat at the end of March, I hope we have a solution that we'll be able to share with everybody around the newborn questions, because we've gotten lots and lots and lots and some feedback that the way it was designed might not work as well for practices

and providers as is was hoped that it would so we're taking that the team's taken that to heart, and we're working on. Great anybody else on the team want to add anything else or does that get.

Hugh Tilson

Okay. So, this specific question on my office is enlisted with healthy blue or cch. Are you going to delay mailing the pickup plan letters until the enrollment broker is correct. So, in there's this kind of notion of, like, you're not going to mail everything out till it's right. Can you talk about the timing and, like, I don't think it'll ever be right but then included in this is perfect, right, is this notion of you're not going to do it till it's correct. Can you respond to that, thinking. Does that question even makes sense to you.

Dr. Shannon Dowler

Who wants to take that on the team I am not the right person.

Melanie Bush

So, we are going to send and Carolyn you want to chime in here we're going to be sending information to beneficiaries, beginning at the end of this month in the beginning of March, regardless of whether your information is correct in the provider directory tool, if I'm understanding the question correctly. Hugh was that the question?

Hugh Tilson

Question is, if people think that it's wrong and they're letting you know Are you still going to send it out at the deadline. I think that's really what they're trying to get at is how long are you going to keep trying to get it right before you send this stuff out. That's the way I read that question.

Melanie Bush

So we are sending information out to beneficiaries at the end of this month. And we will work with providers, through all of the avenues that we have, through our ombudsman through our provider operations team and through our NC track team to get your information and with the health plans and would be is to get your inflammation right. But regardless of whether the information is correct or not in NC tracks or in the provider directory tool, packets will be sent out to beneficiaries and starting open enrollment, the first week of March.

Dr. Shannon Dowler

And a lot of this is not, we're following the guidelines of what CMS says we need to do there's, there's a process that we are honoring as well. And I will just say not to throw out and I told you so. But I've been talking about this every month for the last five months. So thank you to those of you that were listening to me back in October and November when I was saying, check your nctracks. And then hopefully if things still aren't right you'll follow this process that we outlined tonight to get it fixed ASAP. I think it's a top priority.

Hugh Tilson

I got a couple questions about alternate locations so can we use the alternate location section to enter specific provider addresses. And what will populate under locations in a provider search, and then how will that show up if they're in multiple locations when the enrollees searches for providers.

Melanie Bush

So you can search on the provider directory by a couple of different ways you can search by provider you can search by organization you can search by health plan. Also included in those searches are. You

have to list a location, and that can either be a zip code it can be a city or it can be a county. So if you are. If you have alternative locations all of your locations. For example, you're a provider in Wake county where I live, all of those locations would show up in that search. All of the providers locations in terms of the alternate location information, I believe, all of that information if it's in your NC track record will be transmitted to the provider directory tool.

Hugh Tilson

One clarification is that affiliations as well as in addition

Melanie Bush

Yeah, those affiliations as well. That's correct.

Dr. Tom Wroth

Question here if Hugh I can, it's good question so what will be the role of the local DSS is an enrollment of patients into the PHP.

Carolyn McClanahan

Okay. Yeah, go ahead. Yeah. Okay, the DSS is do not have an actual rolling enrollment into Ph. Ds, we have the CMS required unbiased entity to provide swift counseling and enrollment, and that is our enrollment broker. So the DSSs would refer individuals as providers or anyone else will to the enrollment broker for assistance with enrolling in a plan.

Dr. Shannon Dowler

And, and I want to, since we're talking about the DSSs one of the things and you'll hear more about this from Dr. Miller who did some secret shopping for us we got feedback from the field that DSSs we're not necessarily responsive when patients would call. And so he cold called and pretended like he was a patient looking to change his kid's PCP, and actually got tremendously positive results and success in almost every single place he called so I think if you do have a DSS that's not responding you're not getting it done, we need to hear about it, because that's not the standard and that's not the expectation so I saw that there was a question in there, what do we do if someone won't change it, we need to know about it, because that's an important part of their, their package.

Dr. Tom Wroth

Other questions along the Member Services side. Will the the enrollment forms be pre populated with information for beneficiaries. And the second question is are there, blank forms that practices can use to help assist patients in the process.

Carolyn McClanahan

This is Carolyn. We will not be using blank enrollment forms, they are specifically populated with information about each individual in that family and their choice. In addition, like I just mentioned, the enrollment broker is the one who needs to provide counseling to these individuals about their choices, what the different plans offer, and they're the only ones authorized to do that, DSSs can't counsel individuals about choosing a plan. We can't, I can't, and providers can't either so they need to be referred to the enrollment broker.

Hugh Tilson

So I just got this follow up question. We've received conflicting information regarding if locations have to be added in the service location section versus just being affiliated we're a large health plan and need

to ensure the information is correct on our providers. I think there's still a question about affiliation multiple sites all those other kinds of things. Just a follow up to something you discussed.

Melanie Bush

Yes. So I will have to take that question back, I know that when you do a provider search. What will show up, are all the locations that that provider is practicing in, and also showing up all of the affiliations of that provider that shows up on the provider directory in terms of how it's actually entered into NC tracks or where the information is entered. I can follow up and we can send that information back out. But my understanding is it's through the regular nctracks portal and where you update all of your information and all of that information should be as correctly as possible.

Dr. Tom Wroth

Kelly this might be a question for you when the when the member calls and wants to change their, their health plan is the change, instant, or is theirs. Does it require a, a period of time to get approval. For example, can they be seen on the same day or the next day, once they make the change, or does it take some time.

Kelly Crosbie

You mean health plan or primary care provider because it's health plan I will pump out to Sarah.

Dr. Tom Wroth

The provider.

Kelly Crosbie

Good question. If it's providers, though, so I think what this area I think I'm hearing is someone comes into a practice that day that practice is not the practice on the cards, it's not the same practice. So providers want to know what to do. That is exactly what we're going to talk about in March, because the whole idea is we want patients to be seen. Right. We don't want nobody wants to say hey, later. So yeah, we need to be crystal clear about how you were able to see that patient and get paid for that visit and, and correct the, like, we should not have a barrier of assignment for patients being seen. But, but we'll, we can give a better tax on that. The next question that's part of what Dr. Dr. Miller will be working on.

Dr. Tom Wroth

Kelly there's a follow up question on for PHP change. Is there a certain if I want to change my PHP. Is there a certain time in the month I need to do it so that it flows over to the next month how, what is the timeline on changing PHP in that coverage.

Wendy

Sarah, Wendy? So there's a 90 day choice period after seven one where a beneficiary is able to change their health plan it would be effective the first of the month then that following month and I'll ask Carolyn to correct me if I'm incorrect about that. Correct. Okay, Melanie was shaking her hand Carolyn saying yes I feel good about. And then after that folks would be able to change with cause and again, when they make the selection of the effect of the first of the next month. Right.

Kelly Crosbie

Tom can answer one of the PCP change questions there were a couple of around using the paper forms. Great, please. Yeah, yeah. So just want to clarify for folks that, you know, we said in the slides called the

DSS to change, but you can also still fill out the form that the member can fill out the form you can fax it in for them. That's perfectly fine too. If that's the preference for the individual to fill out the form and send it in rather than to call the DSS. I think the other thing though, that we don't, we don't talk about a lot but it is important because it did come up as a question which was. You can't fill out the form and say I no longer want this person on my panel. Like that doesn't work, they're not going to get removed from your panel for whatever reason, you can, the person can fill out the form and says I oh I would like to see Dr Robertson stat and they'll get reassigned to Dr. Roberts, but you can't remove a patient from your panel they've got to be assigned somewhere. And if they're not seeing anyone else that's going to be you so tracks is going to send it to you and I totally appreciate that there can be really hard to engage patients and you might have been trying for a really long time, totally understand that we think that's a perfect referrals to like CCNC care management for help, or in the future if you're an AMH, we hope that those care management researchers can help you engage those challenging to engage patients but just want to clarify that you can't you can't fill out the form or call the DSS and just ask to have a patient remove a patient could call and ask to be linked with the different PCP but you just can't get it removed from your panel.

Dr. Tom Wroth

Thanks Kelly that's been a popular question. Hugh, feel free to jump in, but I got one for Melanie related to the kind of flow of data to the provider directory tool so there was a webinar recently states the updates to the rosters with PHP doesn't impact what is showing in the directory it all has to do with NC tracks, but we you sort of explained it differently. Can you clarify.

Melanie Bush

So if you're submitting rosters as a system to the health plan that information we need that information to come from the health plans to be loaded into our provider directory tool. So, if there is a, an issue then you need to start with the health plan to make sure that that information is correct again if you are working with a CIN. Start with a CIN to make sure that that information that it contains your information, but all of that information has to come from the health plan into our provider affiliation file, and then that is transmitted to the provider directories.

Dr. Tom Wroth

It was that marriage of NC tracks and the information from the PHP that creates the data in the provider directory.

Melanie Bush

And not until it is correct with the PHP is will it be correct for us. So, if it's if it's not transmitted correctly from the CIN, then we need to start there and it's coming directly from the health plans then we need to start there.

Hugh Tilson

There's a question here about does this apply to health choice as well, or just Medicaid.

Melanie Bush

I saw that and I wanted to jump on that, this applies to Medicaid and health choice it's actually called the Medicaid and health choice health plan and provider lookup tool beneficiaries will be able to search by either by benefit plan whether they have the Medicaid benefit plan or the health choice benefit plan. So if you want to be a participating provider and health choice and you are not, please go into nctracks

and update your information or vice versa. So it does apply to both Medicaid and HealthChoice we've just sort of gotten into a habit of lumping them both together.

Dr. Tom Wroth

Question here. If, if I've signed up with a PHP that is not showing that provider directory lookup tool can and we're in the open enrollment period can a patient or a member pick that PHP even though they're not seeing it in the provider directory tool.

Melanie Bush

So, -- can select a PHP. I'm not affiliated with you their PCP, but then it would prompt them to choose another PCP, if that makes sense. So, for example, if I have Dr Wroth, as my PCP but he's not participating in AHEC health care, then, and I really want to be in AHEC health care, then I will eventually be told through the selection process that I will need to select a different PCP, I can stop my enrollment and and select a plan that Dr Wroth is participating in but that is really sort of one of the snaffus right and one of the reasons that we're really encouraging providers to make sure that their information is correct. To get the contract signed and loaded into the system so that it can all be displayed to the beneficiaries when they're making informed choices.

Dr. Tom Wroth

And if it's not displaying. That way, in the provider directory lookup tool that's sort of the source of truth and the patient, or the member would not be able to contract that PHP and that PCP.

Melanie Bush

That's correct.

Dr. Tom Wroth

So no, I just want to ask the panelists were at 629.

Dr. Shannon Dowler

I was just gonna say I'm a stickler for agendas and I don't want to keep people past their dedicated time especially that we're going into the evening. So thank you everybody for joining us tonight. This is going to be the cadence of our webinars, they're going to be hot topics we're going to try to pick the things that we think you're asking us about or have concerns about and covering those, no matter how tough the topics are. That's what we're going to be doing and we're committing to leaving time at the end to do just this get through questions and answers because we realize, sometimes that's the most important thing. So thank you everybody thanks to all the amazing panelists and my colleagues at DHB for being here tonight Tom, thank you, and Hugh and Nevin and AHEC, as always, thanks. This has been a fun partnership, and I look forward to seeing everybody in a couple weeks. Take care.