



Virtual Office Hours – Questions and Answers

Question	Answer
<p>Do all Medicaid patients and Health Choice Patients must pick a plan? Or can they opt to stay on Straight Medicaid/Health Choice? And if they pick a plan--does Medicaid/ Health Choice become a secondary insurance for them?</p>	<p>Many Medicaid beneficiaries are required to enroll with a health plan. Please refer to the DHHS Medicaid website for details.</p>
<p>a. Will each DPH unit have a separate rate floor? b. Will there be a separate rate floor for Clinical Laboratory as published by DHB for NC Medicaid Direct? c. For NC Medicaid Direct, NCSLPH has its own rate floor for the services provided. Similarly, will NCSLPH have its own rate floor for Medicaid Managed Care?</p>	<p>a. No, the DHB rate floor will serve as the rate floor for DPH also. b. NC Medicaid Direct and FFS are the same. There will only be one rate floor. c. We will have to take this question back and research it. We will include this answer in the FAQs.</p>
<p>We are not a primary care office. We are basically dental (Oral Maxillofacial surgery). Does managed care pertain to us? I had someone from BCBS send us a packet to participate a few months ago but when I told them we were dental, they said I did not need to fill the application out. Please advise.</p>	<p>Some dental services are covered under managed care. Refer to the DHHS website for carved out services.</p>
<p>As retina specialists, are our providers required to join one or more of the new managed care networks to receive full Medicaid benefits for services rendered? There is a lot of information geared to primary care, hospitals, etc. but the role of specialists seems unclear.</p>	<p>Yes, providers must contract with a PHP to be considered an in-network provider and be able to provide services to Medicaid beneficiaries. Providers who do not contract are considered out-of-network providers and are subject to out-of-network requirements including prior approval requirements for out-of-network services. Providers should reach out to PHPs with whom they wish to contract to begin contracting discussions.</p>
<p>We are an OTP provider; which fee schedule applies to our type of provider?</p>	<p>There is an Occupational Therapy Fee Schedule on the NC Medicaid Website.</p>
<p>What about rates for DME?</p>	<p>There is a DME Fee Schedule on the NC Medicaid Website.</p>

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

<p>Will we be able to negotiate a pay rate for PCS or does the rate stay the same?</p>	<p>PCS is not subject to a rate floor. These are negotiated rates between providers and PHPs.</p>
<p>Should it not be the enhanced mental health services fee schedule?</p>	<p>Yes, but it should also be the LME-MCO Fee Schedule. This is not an FFS rate.</p>
<p>How will rate reimbursements work for behavioral health? We currently are reimbursed through an LME. Does reimbursement follow the current Medicaid rate for services as well?</p>	<p>See the NC Behavior Health Fee Schedule and the LME/MCO Fee Schedule. Under Managed Care, Behavioral Health will fall under a different fee schedule.</p>
<p>We are an OTP provider; which fee schedule applies to our type of provider? - Opioid Treatment Program</p>	<p>See the NC Behavior Health Fee Schedule and the LME/MCO Fee Schedule.</p>
<p>Are you saying that the DME fee schedule that is being used currently will be used by the MCO's?</p>	<p>DME is not subject to a rate floor. PHPs must adhere to rates provided on the LME/MCO fee schedule.</p>
<p>For the designated regions that have been assigned, are there specific PHPs who govern the specific regions? Thank you.</p>	<p>There are four statewide PHPs and one PLE that will operate in regions 3 and 5. https://files.nc.gov/ncdhhs/medicaid/Medicaid-Factsheets-PHP-2.4.19.pdf</p>
<p>Will all providers still have to go through the prior approval process like we currently do on NCTracks?</p>	<p>The providers need to check with the beneficiaries' PHP to determine prior approval requirements for the PHP. The provider manual may also have some details around this.</p>
<p>Back on rate floors, where are the MH rates listed for mild and moderate since that is currently LME/MCO but will be with PCP in Standard Plans?</p>	<p>See the NC Behavior Health Fee Schedule in the LME/MCO Fee Schedule.</p>
<p>UHC Community and BCBS NC has not responded to our request. Will there be information made available to providers with the appropriate contacts for each plan?</p>	<p>Please see the NC DHHS Provider Transformation website for PHP contact information in relation to contracting. Also, there are PHP/Provider Meet & Greet opportunities published on the website.</p>
<p>Does any of this pertain to behavioral health providers?</p>	<p>Yes, PHPs will have an array of behavioral health services for individuals who do not meet the criteria for Tailored Plans. Behavioral Health should consider contracting with PHPs to provide services. You can access the relevant concept paper here: https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf</p>
<p>We are hearing that we (assisted living operator) have until September 1 to enter into agreements with MCOs. Is that deadline accurate?</p>	<p>The Department has not indicated any deadline by which providers must sign a contract with a PHP. However, PHPs may have internal deadlines to be prepared for</p>

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

	certain activities such as open enrollment, Managed Care launch, and demonstration of network adequacy.
Who can I contact if I have specific questions about reimbursement rates?	You can contact the PHP directly or use the Medicaid transformation email: medicaid.transformation@dhhs.nc.gov
How do providers know which PHP provider to contract with? Thank you.	Providers may contract with any of the awarded health plans. Contracting with one or more health plans is the choice of providers. You can find information on the plans and how to contract with them on the DHHS website.
For Opioid Treatment Providers, do counselors need to be enrolled in Medicaid and licensed?	All providers who service NC Medicaid/NCHC members must actively be enrolled via NCTracks. Current provider enrollment guidelines are applicable. Refer to the Full-service definition for Opioid Treatment Providers.
If a provider is currently going through Medicaid re-enrollment but has been a provider for many years will that effect the Managed Care processing? There is a hold when you cannot toggle on NCTracks to change anything under status and management if needed.	Please contact NCTracks to report any problems that prevent you from re-enrolling.
Just to confirm, some Medicaid members can choose not to enroll in an MCO and will be fee-for-service?	Enrollment in an MCO will be mandatory for some populations, but there are also exceptions and excluded groups.
How will our current billing system change for assisted living?	We will have to get back to you. If you bill FFS, your current billing system will not change. If you bill Managed Care, you will have to work with your contracted PHP to determine your billing system.
As retina specialists, are our providers required to join one or more of the new Managed Care networks to receive full Medicaid benefits for services rendered? There is a lot of information geared to primary care, hospitals, etc. but the role of specialists seems unclear.	Yes, providers must contract with a PHP to be considered an in-network provider and be able to provide services to Medicaid beneficiaries. Providers who do not contract are considered out-of-network providers and are subject to out-of-network requirements including prior approval requirements for out-of-network services. Providers should reach out to PHPs with whom they wish to contract to begin contracting discussions.
What's the difference between an essential provider, a safety net provider, and an essential safety net provider for network adequacy purposes?	Essential providers are defined in the authorizing legislation (Session Law 2015-245) and the PHP Contract as federally qualified health centers, rural health centers, local health departments, free clinics, and state Veterans' homes. Authorizing legislation provides that each PHP shall contract with every essential provider in the PHP's region(s). The Department will confirm this as part of review of the PHPs networks.