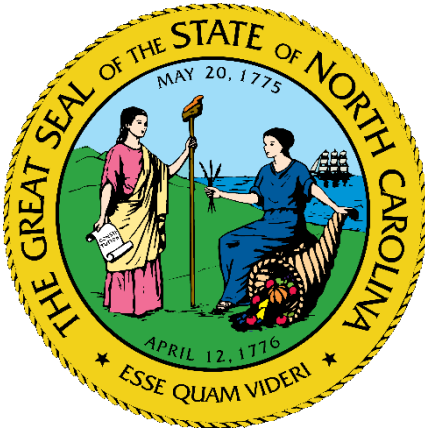


NC MEDICAID VIRTUAL OFFICE HOURS



Dental Care Under Medicaid Transformation/Managed Care

**Darlene P. Baker, RDH - Lead Dental Policy Analyst
Mark Casey, DDS, MPH - Dental Director**

September 24, 2019

Content

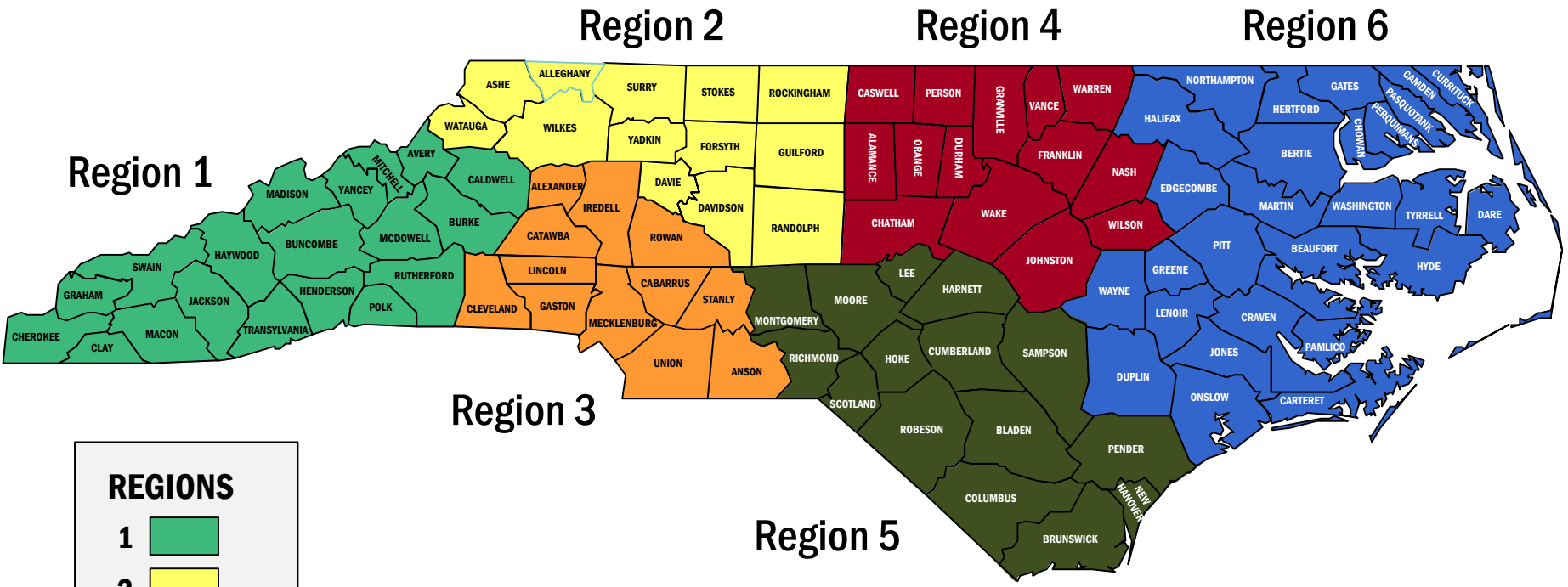
- **Managed Care Launch**
- **Service Carve Out**
- **Managed Care Legislation**
- **Medicaid Direct**
- **Prior Approval and Billing**
- **Clinical Coverage Policies**
- **Beneficiary Resources**
- **PHPs and Contact Information**
- **Value Added Service (VAS)**
- **Provider Resources**
- **Questions**

PREVIOUSLY SUBMITTED QUESTIONS

**PLEASE ENTER ALL QUESTIONS INTO THE CHATBOX AND SEND
ONLY TO:**

AADMIN_FOR_QUESTIONS --

MAP - PHP Regions



REGIONS

- 1
- 2
- 3
- 4
- 5
- 6

Service Carve-Out

Dental Services are
EXCLUDED from
Managed Care
and Capitation.

Per the North Carolina General Assembly,
Dental Services are carved out and remain
fee-for-service (FFS).



Session Law 2015-245 / House Bill 372

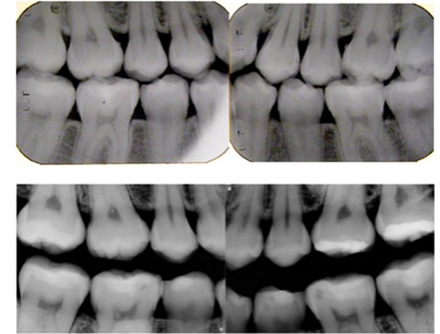
Services covered by PHPs – Capitated PHP contracts shall cover all Medicaid and NC Health Choice services, including physical health services, prescription drugs, long-term services and supports, and behavioral health services for NC Health Choice recipients, except as otherwise provided in this subdivision. Behavioral health services for Medicaid recipients currently covered by the local management entities/managed care organizations (LME/MCOs) shall be excluded from the capitated contracts until four years after the date capitated contracts begin. **The capitated contracts required by this subdivision shall not cover dental services.**

Medicaid Direct

- **Traditional Fee for Service (FFS) Medicaid**
- **NC Medicaid and Health Choice Dental Services**
- **NC Medicaid and Health Choice Orthodontic Services**

Prior Approval and Billing

Prior Approval and claims submission remain the same for the carved out Medicaid Direct Dental and Orthodontic Services.



#1- Prior Approval

Providers will continue to obtain prior approval through NCTracks

2 – Claim

Providers will continue to submit claims through NCTracks and receive payment through the Medicaid Checkwrite

4A Dental Services

Beneficiaries (children and adults)

https://files.nc.gov/ncdma/documents/files/4A_0.pdf

4B Orthodontic Services

Beneficiaries Under 21 Years of Age

https://files.nc.gov/ncdma/documents/files/4B_0.pdf

Beneficiary Resources

YOU are a Great Resource For Your Medicaid and Health Choice Beneficiaries

- **Enrollment – Enrollment Broker at (833) 870-5500**
- **Medicaid Contact Center at (888) 245-0179**
- **Local County Department of Social Services**
- **<https://medicaid.ncdhhs.gov/medicaid>**

PHPs and Contact Information

AmeriHealth Caritas North Carolina

ProviderRecruitmentNC@amerihealthcaritas.com

(844) 399-0474

Carolina Complete Health ** Only in Regions 3 and 5*

networkrelations@cch-network.com

(919) 719-4161

HealthyBlue

NCproviderquestions@ncehealthyblue.com

(844) 415-2045

PHPs and Contact Information

UnitedHealthcare

CarolinasPRTeam@uhc.com

(866) 686-9332

WellCare of North Carolina

networkexpansion@wellcare.com

(855) 599-3814

Value Added Service (VAS)

- **PHPs may offer State approved additional coverage beyond the ‘floor’ services outlined in current Medicaid clinical coverage policies.**
- **A VAS is offered as a bonus to enhance care and attract members to the PHP’s network.**

Provider Resources

- **Medicaid Contact Center at (888) 245-0179**
- **Medicaid.Transformation@dhhs.nc.gov**
- **NCTracks Call Center at (800) 688-6696**
- **Provider Playbook: Medicaid Managed Care**
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

Your Live Questions Answered

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Opportunities for Engagement

DHHS values input and feedback and is making sure stakeholders have the opportunity to connect through a number of venues and activities.

Ways to Participate

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website: <https://www.ncdhhs.gov/assistance/medicaid-transformation>
- Comments, questions, and feedback are all very welcome at Medicaid.Transformation@dhhs.nc.gov
- Provider Resources: <https://Medicaid.ncdhhs.gov/providers>

Providers will receive education and support during and after the transition to managed care.



Upcoming Events

Managed Care Publications

Questions and Answers:

- Provider Specific Questions
- General Provider Frequently Asked Questions

Readiness Resources:

- Non-Emergency Medical Transportation
- Searching the Enrollment Broker Provider Directory, September 2018
- Overview of the Beneficiary Experience in NC Medicaid Managed Care for Medicaid Providers
- Medicaid Transformation: Overview
- Medicaid Transformation: Beneficiary Enrollment and Timelines

Other Upcoming Events

Virtual Office Hours Sessions:

- **LTSS (Long-Term Services and Support Overview)**
Tuesday, Oct. 15, 2019 from 12-1 p.m.
- **Provider reviews, audits and investigations in Managed Care**
Tuesday, Nov. 12, 2019 from 12-1 p.m.
- **Provider/PHP Meet and Greet:**
beginning April 2019

Look out for more information on upcoming events and webinars distributed regularly through special provider bulletins.
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care>

Future Webinar Topics

- **Oversight of the AMH (Advanced Medical Home) Program**
- **Approach to AMH (Advanced Medical Home) Data Sharing (Two webinars: 101 and 102)**
- **Quality Measurement and Performance Incentives in the AMH (Advanced Medical Home) Program**
- **Priority Updates to the State's VBP (Value Based Payment) Roadmap**
- **“Deep Dive” on Avoidable Utilization Quality Measure**
- **“Deep Dive” on Low-Birthweight Quality Measure**
- **Introduction to the Healthy Opportunities Pilots**

Provider Playbook Resources

Document Title/Topic	Document Type
Introduction to Medicaid Transformation: Part 1 - Overview	Fact Sheet
Introduction to Medicaid Transformation: Part 2 - Beneficiary Enrollment & Timelines	Fact Sheet
NEMT (Non-Emergency Medical Transportation)	Fact Sheet
Contracting and Quality Determination for a Provider	Fact Sheet
Deemed Eligible Process for Newborns: What Providers Need to Know	Fact Sheet
Managed Care Populations and Enrollment Notices	Fact Sheet
Sample Enrollment Notices/Outreach Materials	Actuals
Grievances and Appeals: Members	Fact Sheet
Grievances and Appeals: Providers	Fact Sheet
Care Management	Fact Sheet
Panel Management	Fact Sheet
Readiness Assessment (Part 1): Provider POV (Point of View)	Discussion Guide/Checklist
Care Management	Fact Sheet
Quality	Fact Sheet
Fraud, Waste and Abuse	Fact Sheet
Healthy Opportunities	Fact Sheet

**PLEASE CONTINUE TO SEND
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**THANK YOU FOR JOINING THE
VIRTUAL OFFICE HOURS
DISCUSSION!**