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## NC HFMA Health Insurance Institute

April 25, 2023

# Agenda

- Who we are: North Carolina's Provider Led Plan
- Medicaid Managed Care
- North Carolina Medicaid Updates and Impacts to Claims
- CCH Processes Impacting Claims and Benefits
- CCH Claims Processing
- Known Issues Tracker

*Why we're in business*

## OUR PURPOSE

Transforming the health of the community, one person at a time

*What we do*

## OUR MISSION

Better health outcomes at lower costs

*What we represent*

## OUR PILLARS



Focus on the Individual

+



Whole Health

+



Active Local Involvement

*What drives our activity*

## OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

# North Carolina's Only Physician-Led Medicaid Plan



## A first-of-its-kind partnership

Carolina Complete Health is the result of a collaboration between the North Carolina Medical Society, the North Carolina Community Health Center Association, and Centene Corporation.



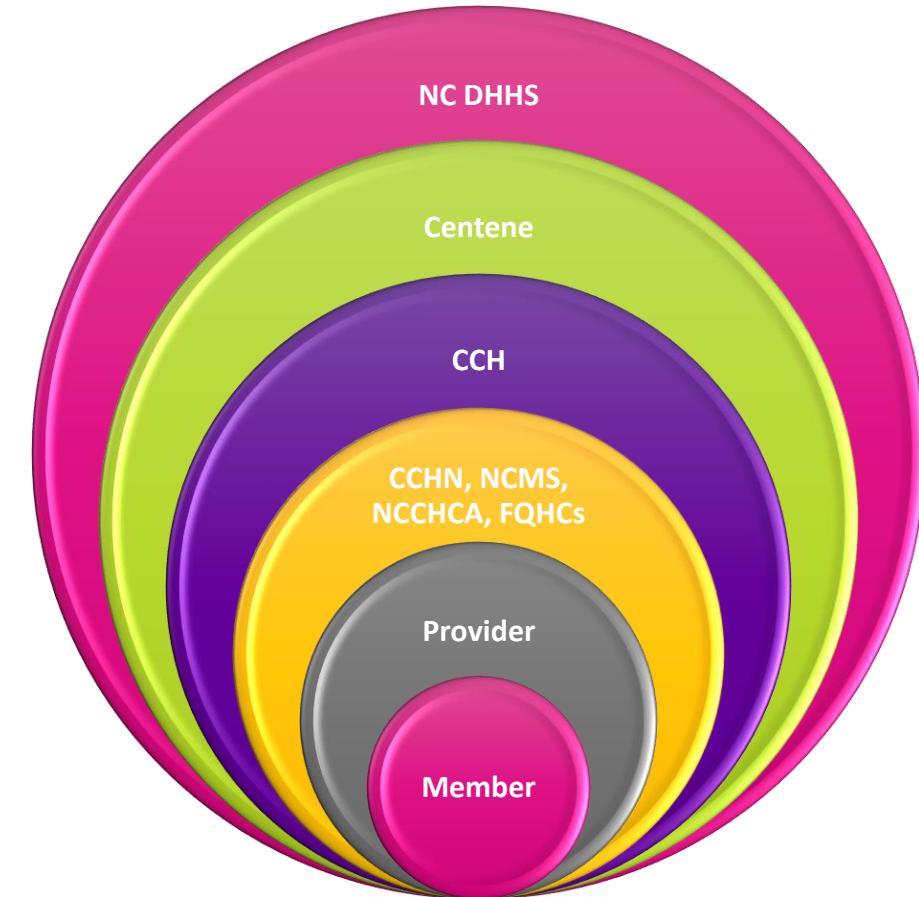
## Provider-led

We give doctors and FQHCs (Federally Qualified Health Centers) a voice in key policymaking. We believe providers are essential to Medicaid Transformation and are committed to helping providers remain strong and viable, especially important during the pandemic.



## Patient-centered

Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.



# Carolina Complete Health Partners

## North Carolina Medical Society

- Approximately **10,000** members
- Leading health policy in North Carolina
- Engaged in practice transformation and provider recruitment strategies
- Advocating for medically underserved and rural populations

## North Carolina Community Health Center Association

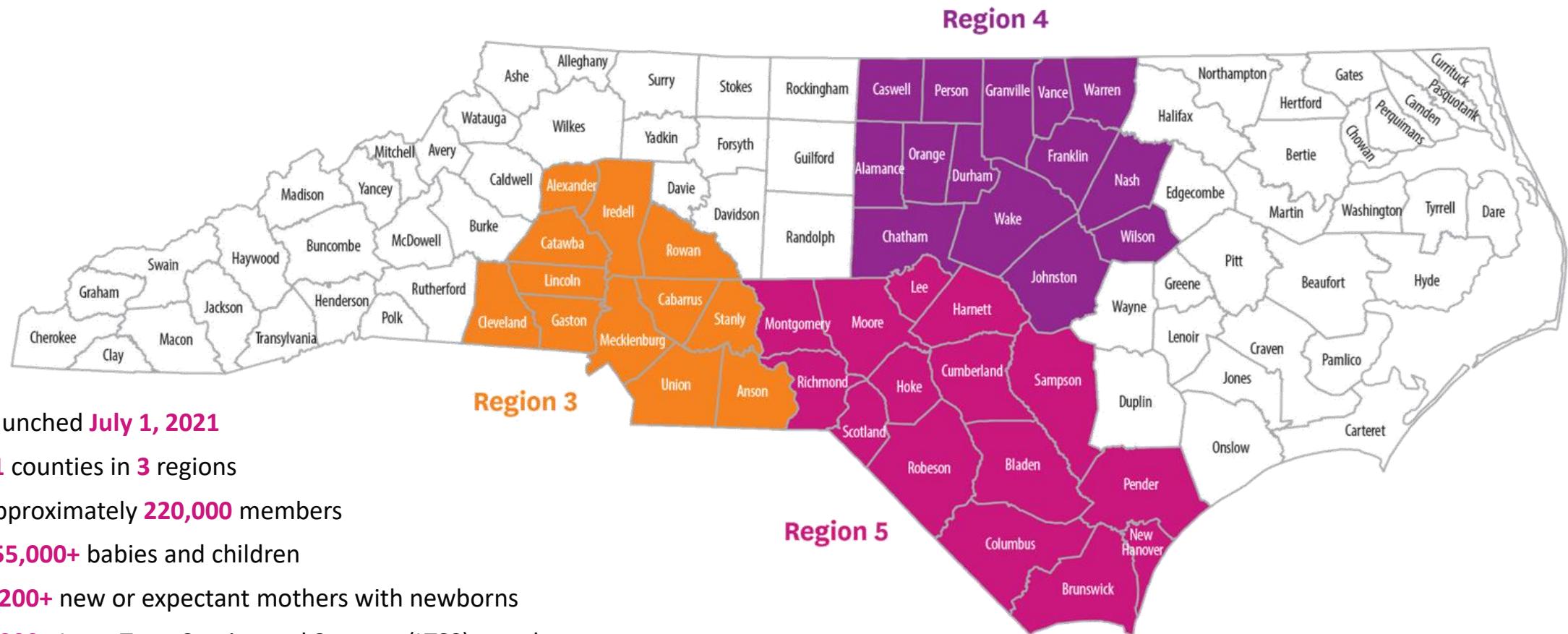
- **42** health center grantees and look-alike organizations
- Serving over **631,000** underinsured and uninsured
- **300** clinical sites across 84 North Carolina counties

## Centene Corporation

- **Fortune 50** company with over 30 years' Medicaid experience
- Operates health plans in **50** states
- Over **24 million** members with Medicaid, Medicare, and ACA Marketplace



# Our Commitment to North Carolina



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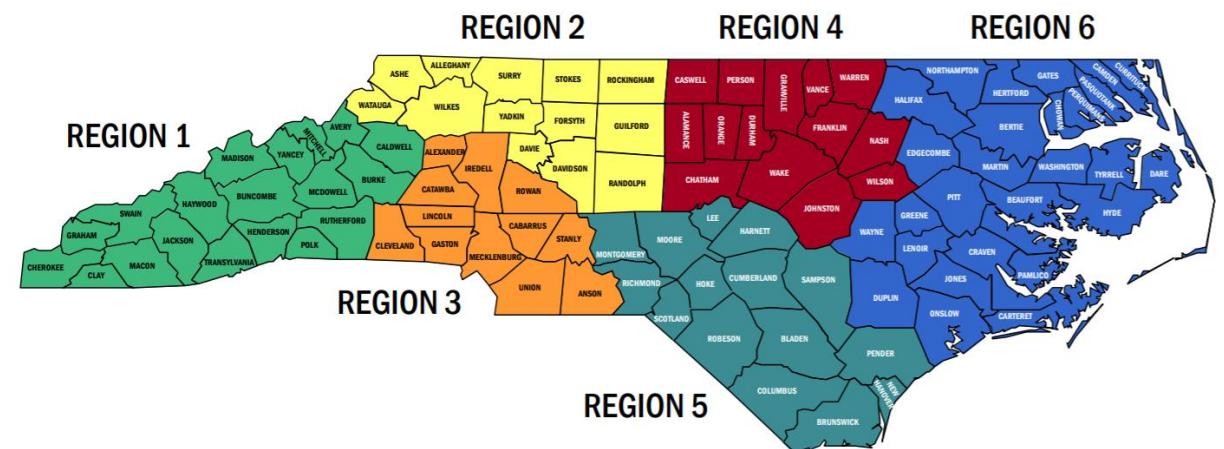
# Medicaid Managed Care

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# Context for Medicaid Transformation

The goal for Medicaid Transformation is to improve the health of all North Carolinians in Medicaid through an innovative, whole person centered, well coordinated system of care, which addresses medical and non-medical drivers of health.

- Mitigate administration burden for clinicians
- Increase quality of care and services
- Improve member experience
- Integrated, holistic healthcare



# Medicaid Managed Care Programs

## Standard Plans

- 5 PHPs launched on 7/1/21 (4 statewide and 1 regional PLE)
- Accounts for the majority of Medicaid beneficiaries
- Integrates physical health, pharmacy, care management, and ***mild-to-moderate*** BH services

## Tailored Plans

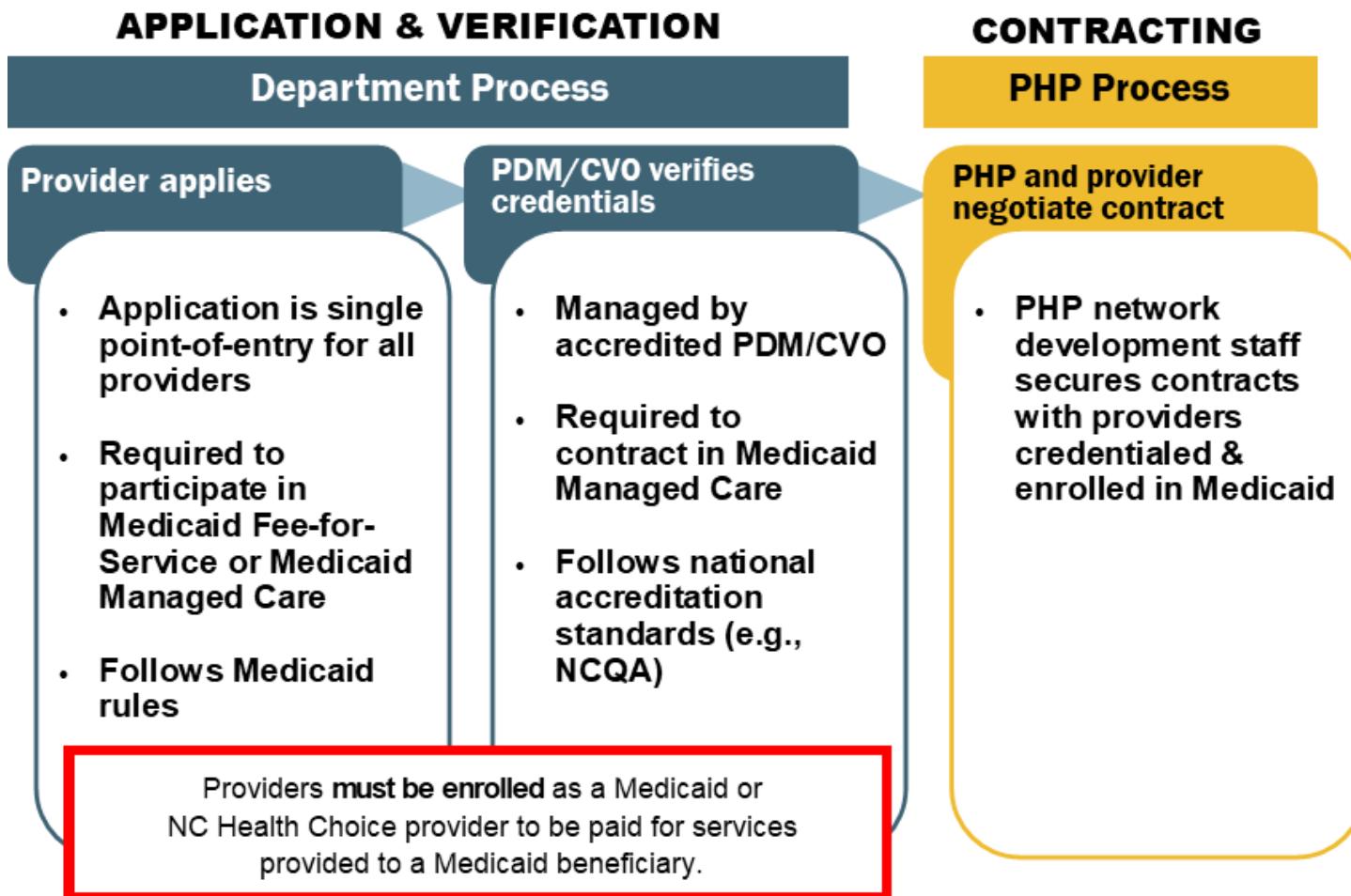
- 6 Tailored Plans scheduled to launch 10/01/23 based on service areas
- Specialized plans for members with significant behavioral health needs and intellectual/developmental disabilities
- Integrates physical health, pharmacy, care management, and ***enhanced*** BH services

# CCH Tailored Plan Partners

- Carolina Complete Health (CCH) will work with two Tailored Plans – Partners Health Management and Trillium Health Resources.
- Tailored Plans are scheduled to launch on October 1, 2023.
- Physical Health Tailored Plan providers can review training and resources specific to the Tailored Plans on our [Tailored Plans page](#)



# Centralized Credentialing



Enrollment qualifications vary by provider type. Providers are responsible for maintaining qualifications and requirements and must **notify NCDHHS immediately if a change in status occurs**. For more information visit NCTracks at <https://www.nctracks.nc.gov> or call the NCDHHS Provider Enrollment Team at **1-800-688-6696**.

\*\*PDM – Provider Data Management

\*\*CVO – Credentials Verification Organization

# NC DHHS Medicaid Updates

NC Health Choice Sunset	Continuous Care Unwinding/ Redetermination	Provider Reverification
<p>As of 4/1/23, ~55,000 children (aged 6-18) who were enrolled in NC Health Choice moved to Medicaid.</p> <p>These beneficiaries will now receive additional benefits under Medicaid including:</p> <ul style="list-style-type: none"><li>• Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)</li><li>• Non-Emergency Medical Transportation (NEMT) services.</li><li>• Prenatal care, childbirth, and postpartum care.</li><li>• <b>No enrollment fees or copays.</b></li></ul> <p>CCH members formerly on NC Health Choice will receive new Member ID cards.</p>	<p>Beneficiary renewal began 4/1/2023. DSS agencies will complete recertifications over the next 12 months.</p> <p>Beneficiaries should check any notices received from DSS and use ePASS to update information.</p> <p>Providers should continue verifying member eligibility using NCTracks.</p> <p>Resources include:</p> <ul style="list-style-type: none"><li>• <a href="#">CCU Toolkit from NC DHSS</a></li><li>• <a href="#">Beneficiary Fact Sheet</a></li><li>• <a href="#">County Fact Sheet</a></li></ul>	<p>According to the Statement of Administrative Policy from the Executive Office of the President, published Jan 30, 2023, the Federal Public Health Emergency (PHE) is expected to end on May 11, 2023.</p> <p>When PHE ends, notices will resume to providers with approaching reverification due dates, as well as those whose reverification was suspended during the PHE.</p> <p>When reverification is due, providers will receive a reverification notice in their Message Center Inbox on the secure NCTracks Provider Portal.</p>

# NC Medicaid Expansion



**On March 27, 2023, Governor Roy Cooper signed Medicaid Expansion into law. The Senate and House agreed to a compromise on Medicaid Expansion earlier in the month.**

- This will allow NC to give health insurance to 600,000 North Carolinians which currently include the working poor.
- The federal government will pay for 90% of the cost, and the rest will be covered by a new tax on hospitals and insurance companies. The federal government will also pay NC \$1.8 billion.

- Medicaid expansion will go into effect only if the 2023 biennium budget becomes law (legislative leaders are confident 2023-2024 budget will be adopted by June), and actual start date is unclear (Senate wants October 2023).
- Will include the Healthcare Access and Stabilization Program (HASP) that is not linked to Expansion and budget timing, so that NC can access HASP funding back to 2022.
- Compromise bill will not include Scope of Practice changes (SAVE Act has been introduced in House and Senate), Balanced Billing notification (legislation introduced in Senate), and telehealth provisions that were included in the 2022 Senate bill.
- HB76, Access to Healthcare Options, passed the NC House February 16, 2023, by a vote of 92-22.

# Coordination of Benefits

- NC Medicaid is transitioning away from NCTracks for the identification of an NC Medicaid Managed Care member's Other Found Insurance.
- This change will improve claims adjudication results and reduce claims preparation time.
  1. Verify member eligibility
  2. Query for other insurance using EDI transactions or the PHP secure provider portal
- Providers should complete the DHB [Health Insurance Information Referral Form](#) to report any updates or additions for NC Medicaid Direct beneficiaries' other found insurance.

[View the March 30, 2023 Medicaid Blog for more information.](#)

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# Medical Policy and Advisory Workgroups

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# CCHN Workgroups



## Medical Policy Workgroup

- Primary Care
- Emergency Medicine
- Behavioral Health
- Pediatric
- Obstetrics

## Provider Advisory Workgroups

- Practice Management Administration Council (PMAC)
- Provider Advisory Committee (PAC)
- Home and Community Based Services Council (HCBS)

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# Claims and Billing

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# Claims Submission: CCH Medicaid Standard Plan

Claims may be submitted in three ways:

1. The secure provider portal  
<https://provider.carolinacompletehealth.com>
2. Electronic Clearinghouse  
Carolina Complete Health Payer ID: 68069
3. Mail  
Carolina Complete Health  
Attn: Claims  
PO Box 8040  
Farmington, MO 63640-8040

Regardless of the method for claims submission, the timely filing is 180 calendar days from the date of service (professional) or 180 calendar days from the date of discharge (facility)

# Claims Submission: Physical Health Tailored Plan Claims

Physical Health Claims: Partners	Physical Health Claims: Trillium
<p>Electronic</p> <ul style="list-style-type: none"><li>• <a href="#"><u>Partners Portal: Provider Connect</u></a>, Availity</li></ul>	<p>Electronic</p> <ul style="list-style-type: none"><li>• <a href="#"><u>Trillium PH Portal: provider.trilliumhealthresources.org</u></a></li></ul>
<p>Paper</p> <ul style="list-style-type: none"><li>• Carolina Complete Health Attn: Claims PO Box 8040 Farmington, MO 63640-8040</li></ul>	<p>Paper</p> <ul style="list-style-type: none"><li>• Carolina Complete Health Attn: Claims PO Box 8040 Farmington, MO 63640-8040</li></ul>
<p>Clearinghouse/SFTP</p> <ul style="list-style-type: none"><li>• Payer ID 68069</li></ul>	<p>Clearinghouse/SFTP</p> <ul style="list-style-type: none"><li>• Payer ID 68069</li></ul>

# Electronic Funds Transfer

**To contact Payspan: Call 1-877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm est.**

**Payspan offers monthly training sessions for providers covering the following topics:**

- How to Register with Payspan (New User)
- How to Add Additional Registration Codes to an Existing Payspan Account
- How to navigate through the Payspan web portal
- How to view a payment
- How to find a remit
- How to change bank account information
- How to add new users

For training links visit our website under [Education and Training](#)

## Electronic Funds Transfer

**Payspan:  
A Faster, Easier  
Way to Get Paid**



Carolina Complete Health offers Payspan, a free solution that helps Providers transition into electronic payments and automatic reconciliation.

- Improve cash flow**  
by getting payments faster
- Maintain control over bank accounts**  
by routing EFTs to the bank account(s) of your choice
- Settle claims electronically**  
through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)
- Match payments to advices quickly**  
and easily re-associate payments with claims
- Manage multiple payers,**  
including any payers that are using Payspan to settle claims
- Eliminate re-keying of remittance data**  
by choosing how you want to receive remittance details
- Create custom reports**  
including ACH summary reports, monthly summary reports, and payment reports sorted by date

**Questions?**  
**1-833-552-3876**  
Provider Relations can help

Please keep this information for when it's time to set up our Payspan account. At this time, you can visit [payspanhealth.com](http://payspanhealth.com) and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

**1-833-552-3876**  
[carolinacompletehealth.com](http://carolinacompletehealth.com)

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# Claims and Billing Resources

Claims and Billing



Resources

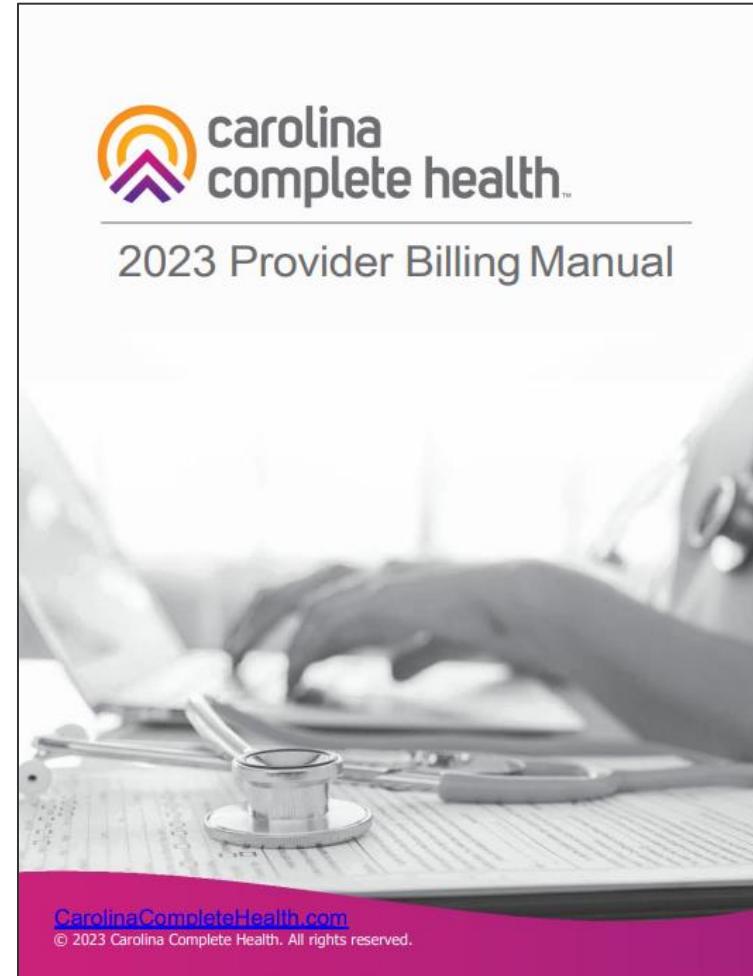
- [2022 Billing Manual \(PDF\)](#)
- [Claims Submission Reminder Guide \(PDF\)](#)
- [835 EDI Companion Guide \(PDF\)](#)
- [837 EDI Companion Guide \(PDF\)](#)
- [2022 AMA Coding Guidelines for Social Determinants of Health \(PDF\)](#)
- [Guidance for Submitting CLIA Claims \(PDF\)](#)
- [Coordination of Benefits Walkthrough \(PDF\)](#)

EFT and ERA

- Payspan is an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). By using Payspan, you can speed up the processing and payment of your claims.
- [Payspan: A Faster, Easier Way to Get Paid \(PDF\)](#)
- To contact Payspan: Call 1-877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm est.

Troubleshooting Frequent Claims Questions/Issues

- [Taxonomy Placement on Claims](#) 
- [Rendering NPI Not on Medicaid File/Not Active on Service Dates](#) 
- [Deny: Duplicate Claim Service](#) 
- [Filing Coordination of Benefits Claims](#) 



carolina  
complete health™

2023 Provider Billing Manual

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# Known Issues Tracker

Home For Members Contact Us Help STAT! Pre-Auth Tool Provider Portal Login

Contrast   Search for...

carolina complete health network.

JOIN THE NETWORK RESOURCES ABOUT US PROVIDER UPDATES



Join the Network Provider Resources Provider Updates

**! TAILORED PLAN EXTENSION**  
TAILORED PLANS ARE SCHEDULED TO LAUNCH IN OCTOBER 2023 (DELAYED FROM APRIL 1, 2023).  
WHILE THE LAUNCH OF TAILORED PLANS HAS BEEN DELAYED UNTIL OCTOBER 2023, CAROLINA COMPLETE HEALTH REMAINS FOCUSED ON CONTRACTING PROVIDERS FOR PHYSICAL HEALTH.

Getting Started with Carolina Complete Health Known Issues Tracker

This guide provides need-to-know information regarding the provider portal, securing prior authorizations, important phone numbers, and more!

This document provides timely information related to known issues impacting providers. This will be updated weekly on Thursdays.

[Provider Quick Reference Guide \(PDF\)](#) [Known Issues Tracker \(PDF\)](#)



carolina complete health. Page 1 of 8 April 6, 2023

Provider Type	Number of Impacted Providers	Category	Issue	Date Issue Found	Number of Days Outstanding	Estimated Fix Date	Status	Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/ Problem Number
ALL	TBD	CLAIMS	CCH has identified some claims billed with proc codes L2840 and L2850 are denying as unbundling when billed on the same claim for the ortho/prosthetic device. L2840 and L2850 are orthotic socks and separately reimbursable.	3/25/2023	13	5/25/2023	OPEN	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly	Y		N/A
ALL	292	CLAIMS	CCH has identified an issue with some claims incorrectly denying POLT due to a miscommunication with Vendor	2/17/2023	49	6/1/2023	OPEN	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly; UPDATE: Configuration completed on 03.15.2023 project in progress ETA for completion 06/01/2023	Y		N/A
ALL	TBD	CLAIMS	CCH has identified an issue with COB denials and some benefit denials applying to EPSDT members erroneously	2/7/2023	59	4/15/2023	OPEN	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly; The turn around time for system/configuration updates varies and is typically 60 - 90 days. The estimated date for completion is 04/15/2023	Y		N/A
FQHC	5	CLAIMS	CCH has identified an issue with some Chiropractic services denying in error.	2/7/2023	59	4/17/2023	OPEN	configuration completed on 02.17.2023. A project is in progress to correct previous claims that denied in error.	Y		N/A
AMBULANCE	4	CLAIMS	CCH has identified some ambulance claims are underpaid and should pay 100% of the fee schedule	11/29/2022	99	3/8/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have paid incorrectly; UPDATE: Configuration completed on 12/20/2022; however, we will continue to monitor on checkrun until project is complete. Update: project completed on 03/08/2023	Y	3/8/2023	N/A
ALL	12	CLAIMS	CCH has identified some claims receiving denials stating "e: DENY: ATTENDING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE" in error.	11/21/2022	137	6/8/2023	OPEN	A manual solution is in place to catch errant denials during checkrun review. Once configuration is complete a detailed claims analysis will be performed to determine if a project is required. There's no turn around time for manual solution. We will continue to monitor until configuration is complete. The estimated date of completion for configuration and project is pushed back to 02/24/2023. UPDATE 02.21.2023 - NEW ETA for configuration 02.28.2023 afterwards a review to determine if a project is required. UPDATE: Configuration is complete, pushing ETA back to allow time for project submission and completion. UPDATE 03.8.2023: configuration complete. ETA for project completion 06/08/2023	Y		N/A

# Known Issues Tracker



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ALL	292	CLAIMS	CCH has identified an issue with <i>claims claims incorrect ortho/billing</i>	2/17/2023	49	6/1/2023	OPEN	A manual solution is in place to catch claims set to pay incorrectly during the check run review	Y		N/A
ALL	74	CLAIMS	CCH has identified that copays have been applied to claims for pregnant members. Per NC guidelines pregnant members are exempt from copays when claims are billed with Pregnancy Diagnosis Codes	7/6/2022	254	3/17/2023	CLOSED	Configuration in progress to correct this issue. In the interim, we are manually removing the copayments during our check-run review. UPDATE: Configuration completed on 09/16; leave open until project is complete ETA 11/15/2022; update 11/02: project completed on 11/01; UPDATE 02.13.2023: An update was made to the previously completed configuration. This update was submitted on 01.04.2023 and completed on 01.18.2023 tracking number CCFG00077731 Update/Add Diagnosis Codes Related to Pregnancy Antenatal Screenings and NCDHHS Recognized Behavioral Health Codes. Re-opening on tracker until subsequent project is complete ETA 04/15/2023 UPDATE: Final project resolved-completed on 03/17/2023	Y	3/17/2023	N/A
ALL	12	CLAIMS	CCH has identified some claims receiving denials stating "eA: DENY: ATTENDING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE" in error.	11/21/2022	137	6/8/2023	OPEN	A manual solution is in place to catch errant denials during checkrun review. Once configuration is complete a detailed claims analysis will be performed to determine if a project is required. There's no turn around time for manual solution. We will continue to monitor until configuration is complete. The estimated date of completion for configuration and project is pushed back to 02/24/2023. UPDATE 02.21.2023 - NEW ETA for configuration 02.28.2023 afterwards a review to determine if a project is required. UPDATE: Configuration is complete, pushing ETA back to allow time for project submission and completion. UPDATE 03.8.2023: configuration complete. ETA for project completion 06/08/2023	Y		N/A

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PROVIDER		CLAIMS	CCH has identified some ambulance claims are underpaid and should pay 100% of the fee schedule	4/2/2023 2:04:22	137	4/4/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have paid incorrectly; UPDATE: Configuration completed on 12/20/2022 ; however, we will continue to monitor on checkrun until project is complete. Update: project completed on 03/08/2023	Y		4/4/2023	N/A
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Page 1 of 8

April 6, 2023

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# Questions and Feedback

*How can we improve as your Provider-led Entity?*

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# Contact Us

Network Support Team

[networkrelations@cch-network.com](mailto:networkrelations@cch-network.com)

Jesse Hardin, Director, Education and Communications

[jhardin@cch-network.com](mailto:jhardin@cch-network.com)

Samantha Wilson, Program Manager

[swilson@cch-network.com](mailto:swilson@cch-network.com)

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Thank you!

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