# NC HFMA Health Insurance Institute

April 16th & April 17th, 2024

# Agenda

- Who we are: North Carolina's Provider Led Plan
- Medical Policy and Advisory Workgroups
- Panel Management
- Additional Earning Opportunities
- North Carolina Medicaid Expansion
- Tailored Plans
- 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.
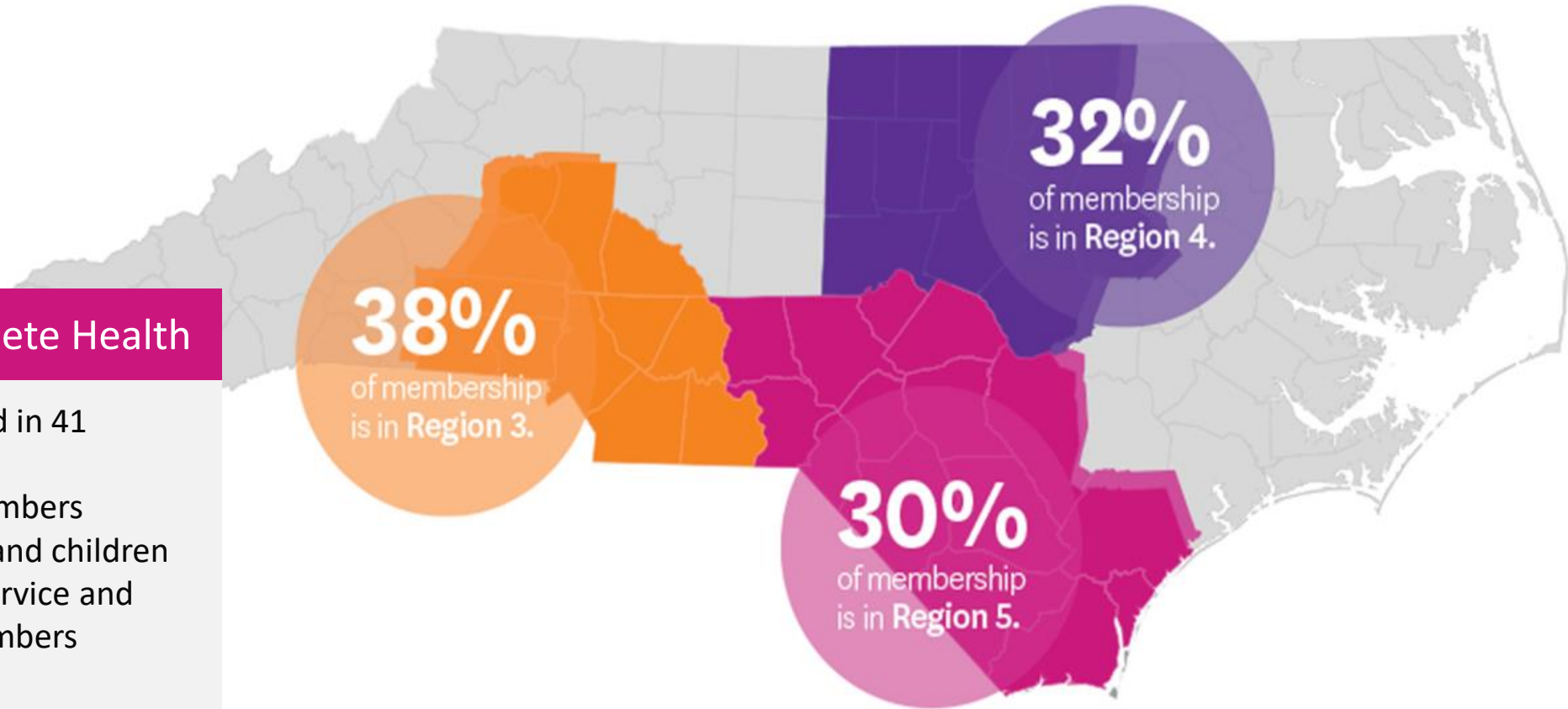
**Patient-centered**
Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.

NC DHHS

Centene

CCH

CCHN, NCMS, NCCHCA, FQHCs

Provider

Member

carolina complete health **network**

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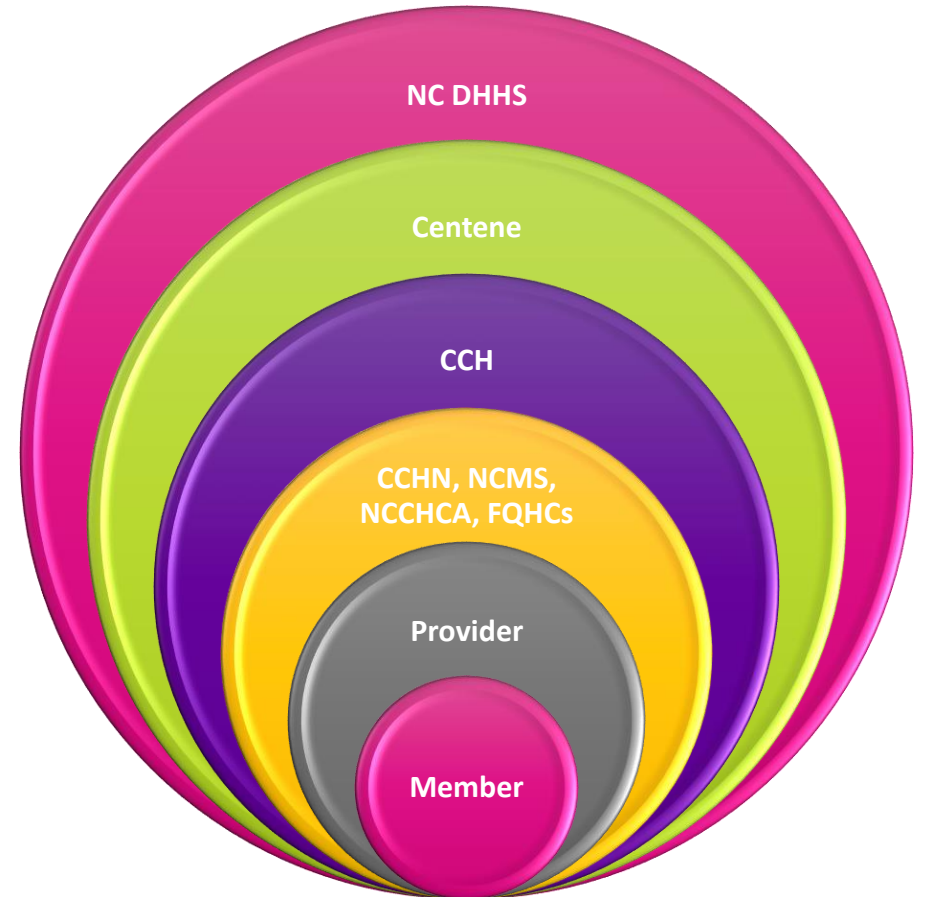
# Our Commitment to North Carolina

## Carolina Complete Health

- Provides Medicaid in 41 counties
- Over 238,000 members
- 152,000+ babies and children
- 830 Long-Term Service and Support (LTSS) members
- 350+ employees
- Offices in Charlotte, Durham and Wilmington



32% of membership is in Region 4.

38% of membership is in Region 3.

30% of membership is in Region 5.

Medical Policy and Advisory Workgroups
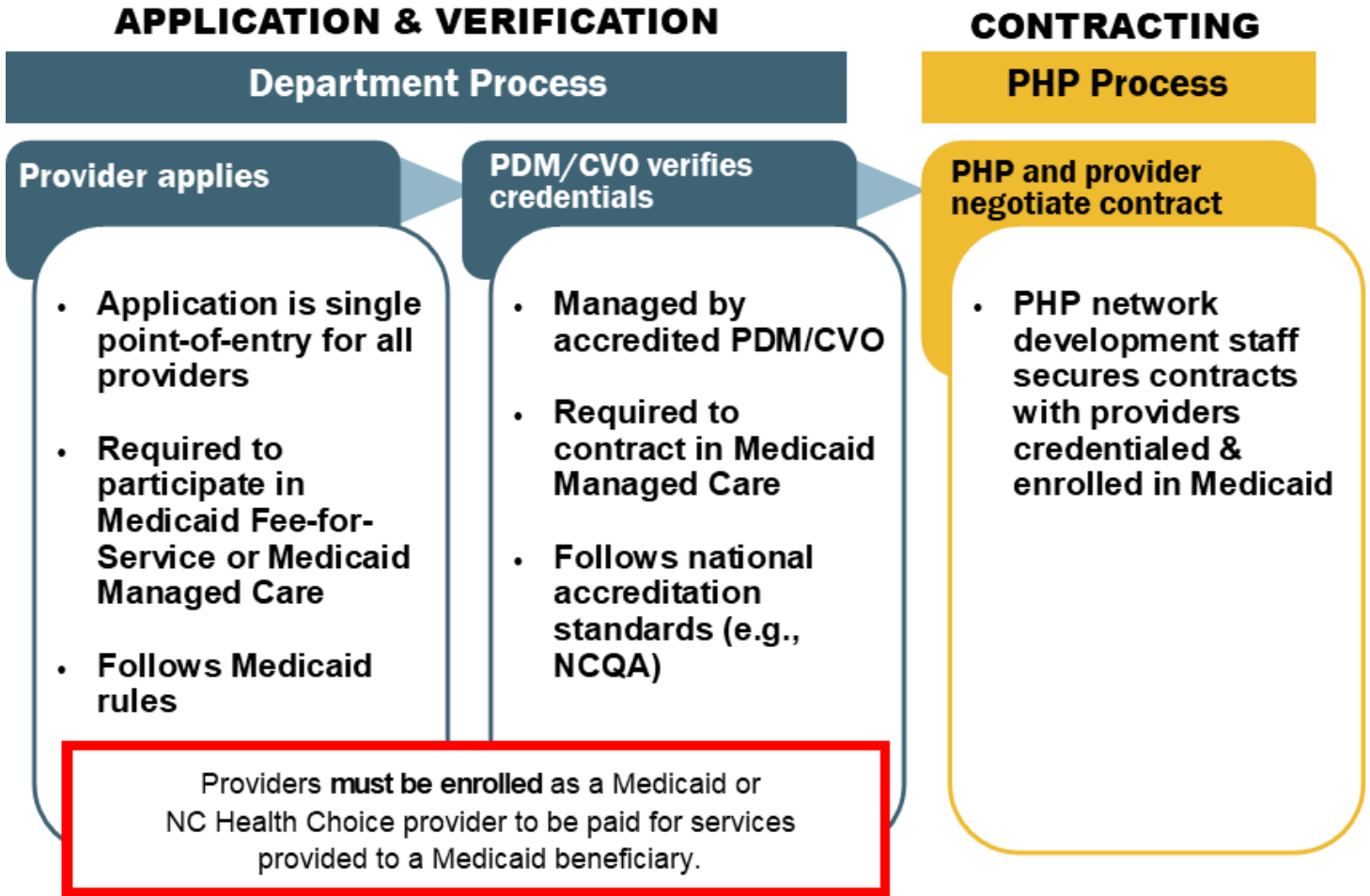
# CCHN Workgroups



## Medical Policy Workgroup

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

## Provider Advisory Workgroups

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

# Panel Management

# Centralized Credentialing

## APPLICATION & VERIFICATION

### Department Process

**Provider applies**

- Application is single point-of-entry for all providers
- Required to participate in Medicaid Fee-for-Service or Medicaid Managed Care
- Follows Medicaid rules

**PDM/CVO verifies credentials**

- Managed by accredited PDM/CVO
- Required to contract in Medicaid Managed Care
- Follows national accreditation standards (e.g., NCQA)

## CONTRACTING

### PHP Process

**PHP and provider negotiate contract**

- PHP network development staff secures contracts with providers credentialed & enrolled in Medicaid

Providers **must be enrolled** as a Medicaid or NC Health Choice provider to be paid for services provided to a Medicaid beneficiary.

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*

# Member Reassignment

**PCP Initiated Member Reassignment (PDF)**

- To assist you with multiple member reassignment requests, please use the Member Reassignment Worksheet (PDF) and reach out to your Provider Engagement Coordinator for support.

- This worksheet should be using in accordance with Carolina Complete Health's PCP Initiated Member Reassignment Policy for reassignment requests due to age, relocation, or for with-cause dismissal circumstances in accordance with the North Carolina Medical Board.

- "As a reminder, AMHs agree to accept assigned patients as part of their Medicaid enrollment, in addition to having the ability to limit panel sizes; therefore, new members can be assigned monthly within those practice panel limits. Many Medicaid members are currently unengaged with any primary care provider (PCP) and AMHs may not have a current treatment relationship with all of their assigned members." (Source: NC DHHS, Panel Management for Advanced Medical Homes)

**PCP Change Form**

Primary Care Provider (PCP) Change Fax Form (PDF)

- The change form should only be used to move patients into your practice, if you need to disenroll a patient refer to the policy on Member Reassignment and reach out to your Provider Engagement Coordinator for assistance.

# Incentive Payment Programs

# Pay For Performance (P4P)

- PCP-driven program with a focus on prevention and screening

-  Aligns with Healthcare Effectiveness Data and Information Set (HEDIS) guidelines

- Monthly member level care gap reporting and scorecard reporting

- Each measure is assigned an incentive dollar amount and target percentage

- Two interim payments per year, plus final reconciliation payment

- If interested, reach out to your Provider Engagement Administrator
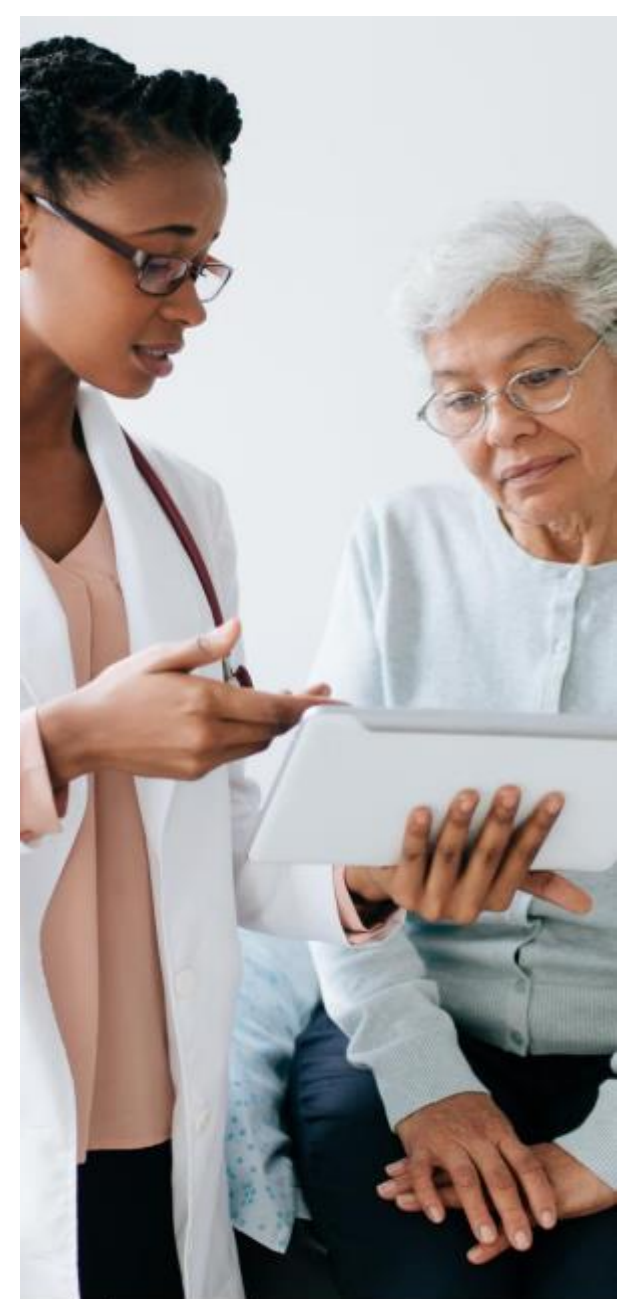
# Continuity of Care (CoC) Risk Adjustment Program

- A mechanism used in health insurance to account for the overall health and expected medical costs of each member enrolled in a health plan.

- Directs resources to sicker members whose care is more costly.

- Providers earn bonus payments for proactively coordinating preventive medicine and completing the appointment agenda.

- If interested, reach out to your Provider Engagement Administrator

| THRESHOLD PERCENTAGE OF APPOINTMENT AGENDAS COMPLETED | BONUS PAID PER PAPER APPOINTMENT AGENDA SUBMISSION | BONUS PAID PER ELECTRONIC APPOINTMENT AGENDA SUBMISSION |
|---|---|---|
| <50% | $50 | $100 |
| ≥50% to <80% | $100 | $200 |
| ≥80% | $150 | $300 |

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# Medicaid Expansion

# NC Medicaid Expansion

- **Medicaid Expansion went live December 1, 2023**
- Governor Cooper signed **HB 76 into law on March 27, 2023.** This is a historic moment for the health and wellbeing of our state.
- Over **600,000** North Carolinians have now gained access to health care coverage
- Medicaid Expansion in NC increase eligible populations to **all adults aged 19 through 64 who have incomes up to 138% of the Federal Poverty Level**
- Single adults 19 through 64 who have incomes of approximately $20,000 per year
- Parents with low incomes – for a family of 3, an annual income below about $34,000 each year
    - Prior to expansion, the cutoff for parents is about $8,000 each year
- **Same ways of getting care** as existing Medicaid
- **Same Comprehensive benefits and copays** as other non-disabled adults in Medicaid
- **NCDHHS and other external stakeholders** will partner together to drive implementation, outreach and engagement, and support our counties in this work.

# Who is Covered under Expansion?

**Low-income parents**
(above current coverage levels and with income less than $34,000 each year for a family of 3)

**Low-income childless adults**
(with income less than $20,000 per year for a single adult)

**Low-wage workers (agriculture, childcare, construction, etc)**

**Some veterans and their families**

**Children who age out of Medicaid**

**Women who would be covered if they were pregnant**

# Tailored Plans

# Current CCH Footprint

- Regions 3, 4, and 5

# CCH Tailored Plan Partners

- Carolina Complete Health (CCH) will work with two Tailored Plans – Partners Health Management and Trillium Health Resources.

- North Carolina will launch the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans on July 1, 2024. This is an integrated health plan for individuals with behavioral health needs and intellectual/developmental disabilities (I/DDs).

- Physical Health Tailored Plan providers should review specific training and materials specific to their Tailored Plan on our Tailored Plans page

# Contracting for Tailored Plans

Carolina Complete Health is currently contracting providers for physical health for two Tailored Plans- Partners Health Management and Trillium Health Resources

To begin contracting please complete the CCH contract request form located on our website https://network.carolinacompletehealth.com/ - under join the network

For questions please reach out to our Provider Network Support Team at networkrelations@cch-network.com

# Claims and Billing

# 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
   o Availity is Clearinghouse of choice

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 365 calendar days from the date of service (professional) or 365 calendar days from the date of discharge (facility) for contracted providers

# Change Outage

**Changing Clearinghouses**

- Our preferred clearinghouse for electronic claims submission is Availity.

- To enroll, please visit www.availity.com/Essentials-Portal-Registration and/or call Availity Client Services at 1-800-AVAILITY (1-800-282-4548).

- For step-by-step instructions for Availity, visit the Availity Lifeline page at https://availity.com/availity-lifeline-self-serve-resources.

- Additional information on claims submission can be found in our Provider Manual.

- For additional support or to expedite this process, please call Availity Client Services at 1-800-AVAILITY (1-800-282-4548).

**Timely Filing Flexibilities**

Carolina Complete Health will waive the timely filing window by 60 days for all claims submitted between February 21, 2024 and April 20, 2024.

**Hardship Payment Process**

- The Provider should submit a formal electronic (networkrelations@cch-network.com) or written request to the CCHN Provider Operations team.

- CCHN will initiate the review of the request with the CCH Operations and Claims leadership teams for analysis and recommended action.

- Upon approval of the hardship request, and prior to the disbursement of funds, the Provider must sign a promissory note that stipulates the terms of the advance payment.

  Please Note: All advance payments should be refunded within 30 days of the eventual adjudication of the claim(s) that caused the hardship.

**Please view our Provider Hardship FAQ for additional details.**

# 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

# Claims and Billing Resources



Claims, Billing, and Payment



Skilled nursing facility claims that were denied due to delayed patient monthly liability (PML) determination will be reprocessed ▸

**Claim Dispute Form**

- Claim Reconisderation and Grievance Form (PDF)

**Billing Manual and Provider Guides**

- UPDATED: Billing Manual (PDF) This update reflects changes to the claim dispute process: corrections, reconsiderations, and grievances.
- NEW: Provider Guide: Claim Corrections, Reconsiderations, and Grievances (PDF)
- UPDATED Claims Guide- Timely Filing (PDF)
- UPDATED: EPSDT Claims and Authorizations (PDF)
- Provider FAQ- Pended Claims Requiring Additional Information (PDF)
- Claims Guide- Duplicate Submissions (PDF)
- Pediatric Provider Billing Guidance (PDF)
- Claims Submission Reminder Guide (PDF)
- Provider Guide for 340B Drug Claims (PDF)
- Guidance for Submitting CLIA Claims (PDF)
- Coordination of Benefits Walkthrough (PDF)
- 835 EDI Companion Guide (PDF)
- 837 EDI Companion Guide (PDF)
- 2022 AMA Coding Guidelines for Social Determinants of Health (PDF)

**Electronic Funds Transfer (EFT)**

- 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 ▸

# 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.

# Known Issues Tracker
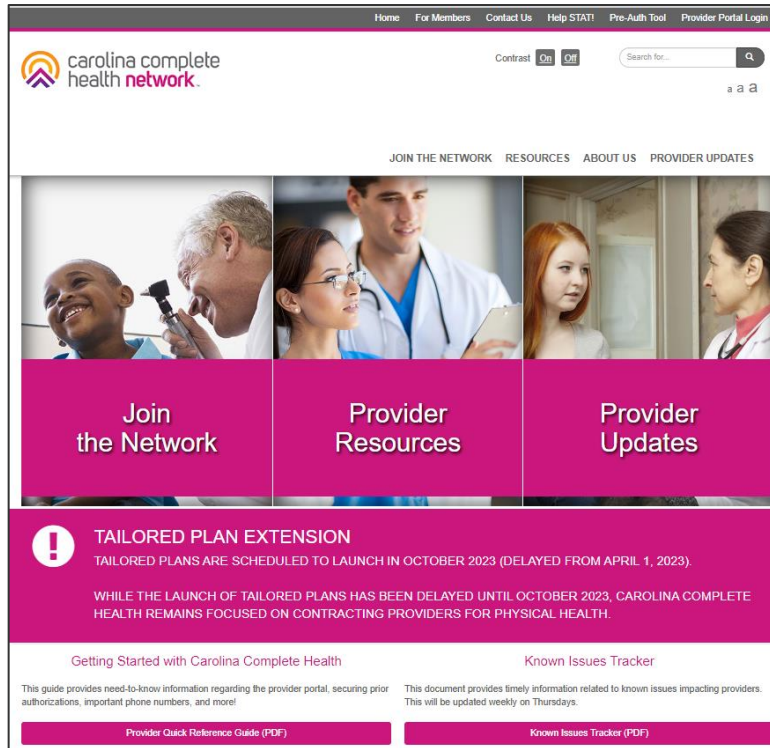


Please visit our known Known Issues Tracker on our website to view for any questions regarding open or closed issues

# Known Issues Tracker

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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 J2840 and | 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 | Y | | N/A |
| ALL | 227 | CLAIMS | CCH has identified a system configuration update needed related to inaccurate NDC denials for COVID-19 Testing.  HCPCS/CPT codes are recognized for COVID-19 Testing are currently denying inappropriately for NDC, which is not required: U0001, U0002, U0003, U0004, U0005, C9803, G2023, G2024, 0225U, 0226U, 0240U, 0241U, 86328, 86413, 86769,87428, 87635, 87636, 87637 and 87811. Denial codes – N5- DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE  and –6N - DENY: NDC NUMBER MISSING OR INVALID | 9/27/2023 | 98 | 1/3/2024 | CLOSED | A manual solution is in place to catch claims set to deny incorrectly during the check run review process.  System fix for configuration is currently being investigated, once configuration is complete a project will be created where CCH will determine number of impacted providers and correct claims that may have denied incorrectly. The estimated fix date includes configuration and claims remediation. System Configuration/Updates range from 30 - 90 days depending on the complexity of the update and the number of systems impacted. Update: Configuration completed on 10/20.  Project completed to resolve claims that processed incorrectly. Since configuration and projects are now complete, this issue is considered closed. | Y | 1/3/2024 | N/A |
| | | | | | | | | complete.  Update: project completed on 03/08/2023 | | | |
| 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 |

# Known Issues Tracker

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| 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 | Y | | N/A |

| 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 claims for COVID vaccines administered to adults are currently denying TJ: SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE and/or paying 'VI: Global Fee Paid in error. | 2/15/2024 | 28 | 5/15/2024 | OPEN | A manual solution is in place to catch claims set to deny incorrectly during the check run review process.  System fix for configuration is in progress. Once configuration is complete a project will be created where CCH will determine number of impacted providers and correct claims that may have denied incorrectly. The estimated fix date includes configuration and claims remediation. System Configuration/Updates range from 60 - 90 days depending on the complexity of the update and the number of systems impacted. | N | | 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 |

# Questions and Feedback

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

# Contact Us

Network Support Team

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# Thank you!