

March 11, 2021 NCPHC Meeting – Answers to Questions from the Chat

1. Can you speak more to risk of reimb. at 90% and is that if we don't contract with all 5 plans through CCPN? and contracting through CCPN vs. direct w/PHPs

Providers will need to contract with a PHP in order to be eligible for 100% of rate floors (in cases where rate floors exist, like primary care). You can contract directly with a PHP or if you are an AMH Tier 3 or you could contract through a CIN if you want to do that; it is entirely up to you.

2. Can the terms set for PHPs as it pertains to their obligations to Providers be shared publicly?

The PHP contracts are found here. They contain all requirements for the PHPs related to providers.

<https://medicaid.ncdhhs.gov/transformation/health-plans>

Here are some Provider Fact Sheets:

<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care/fact-sheets>

3. Are you saying that if providers do not contract with PHPs they can still see the pts of that plan, bill the plan and get reimbursed at 90% rate?

Providers who do not have a contract with a PHP, in most cases, will need a prior authorization for care in order to be paid. And the provider will likely get paid 90% of the rate.

4. Do any of these tools provide any information on SNF and how Managed Care Medicaid effects facility payments or just PCP. If not when will SNF information be provided

Most residents who reside in nursing facilities (individuals who are dually enrolled in Medicare and Medicaid) are excluded from managed care. Typically, individuals with Medicaid only (NOT dual Medicaid-Medicare) with short term (less than 90 day) stays in nursing facility (i.e. for rehab or transitional care) may be enrolled in managed care. Any information about covered benefit (like short term nursing facility care for non-duals) can be found in the PHP contracts with DHB.

<https://ncmedicaidplans.gov/learn/benefits-and-services>

5. Contact person for more specific reimbursement based questions as they pertain to new primary care/integrated care models/clinics starting on or AFTER July 1

Medicaid.transformation@dhhs.nc.gov

6. As a small practice, not with a CIN, we are going to be Tier 3. However, the problem I have is with NCCare 360. The platform is great but the companies they have signed with don't seem to know what is going on. The referral on NCCare 360 goes nowhere. I have notified NCCare 360 but this will have a huge affect on our practice with referring patient for positive SDOH. Any recommendations or suggestions?

The company who managed NCCARE 360 is responsible for ensuring that social service information in the platform is correct. If you have more specific questions, please send them to Medicaid.transformation@dhhs.nc.gov for assistance.

7. For our group the decision to not contract with all PHP's was less about the contract terms and more about our ability to effectively partner successfully with so many partners. Each plan will have their own flavor of how to do things that our providers/teams have to keep straight, our Care Coordination and Quality teams will have to engage regularly with each payor, and the likelihood that we will find success in a future downside risk agreement with the small number of Medicaid lives we have spread out over 5 plans is very small. It is unfortunate that we cannot have a solution that addresses these concerns without taking a 10% FFS cut.

Thank you for your comment. The number of plans was based on a procurement process with guidelines established by state statute.

8. For SNF's contracted, we are contracted, with the 5 MCO's. However, in terms of patients coming into SNF's that are "skilled level" and have ancillary needs, we have 4 of the 5 plans only willing to pay the state rate custodial level. Most of the plans don't realize that most of these patients will be admitted in lieu of hospital and will have high acuity needs.

The Skilled Nursing Facility program is a rate floor program under Managed Care that PHPs are required to adhere to NC Medicaid reimbursement methodology. PHPs are required to reimburse SNF providers at the respective per diem SNF Medicaid FFS rate at a minimum for all services included in the per diem rate as outlined in NC Medicaid Clinical policy.

9. So the practice has to attest for each month to receive payments?

The practice only needs to attest once to receive glidepath payments. Any payments for successive months (up to 3 in total) are based on the first attestation. If you attest in March, you get 3 payments. If you attest in April, you get two payments; if you attest in May, you get 1 payment.

10. Is there a verification process that lets the provider know that have successfully attested? Once completed, will the practice need to attest monthly or will the first attestation take you through all three months?

DHB will be verifying that attestations are correct based on testing data we receive from the PHPs. At present we do not have a way to notify providers if their attestation was correct. If providers did attest and did NOT get paid, they should contact Medicaid.transformation@dhhs.nc.gov.

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11. Is there a notification we will receive that our attestation is accepted by practice?

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12. Will the Healthy Opportunity Screening reimbursement (HOSAR) be active for any current Medicaid patient (including dual) or only those transitioning to managed Medicaid?

HOSAR is available for all patients.

13. If your practice was part of the pilot, would the practice be aware of that?

Yes; as pilot areas are announced, providers in affected areas will receive training.

14. Will there be guidelines for PMH as well?

Yes; see here for more information about the transition of the PMH into managed care. We will also feature more information in an up-coming Fireside Chat.

<https://medicaid.ncdhhs.gov/transformation/care-management>

https://files.nc.gov/ncdma/documents/Providers/Programs_Services/care_management/Program-Guide-High-Risk-Pregnancy-and-At-Risk-Children-11072018.pdf

15. For the Glidepath, will you look at the CA II attribution numbers to determine payment?

Yes; glidepath payments will be made based on current CA 2 patient assignment numbers.