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Network Communication Bulletin #315

To: All Providers

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VP of Network Management

Date: August 25, 2023

Subject: NC Medicaid Managed Care Provider Update

SPECIAL UPDATE BULLETIN MEDICAID TRANSFORMATION

NC MEDICAID MANAGED CARE PROVIDER UPDATE

[Medicaid Bulletin Updates \(NC Managed Care Provider Update, Prolonged Outpatient Evaluation and Management Services\) 8/24/23](#)

PROVIDER REVERIFICATION

Providers for whom recredentialing/reverification was delayed are being notified of their requirement to complete the reverification process. Notifications are sent to the NCTracks Message Center Inbox on the secure Provider Portal. Failure to respond will result in suspension and subsequent termination of the provider record.

A list of providers due for reverification through December 2023 is available on the [Provider Enrollment Recredentialing](#) webpage. If no action is taken by the reverification due date, the provider record will be suspended. Please respond to notifications in a timely manner to maintain participation with NC Medicaid programs.

For additional information, please visit the [Provider Re-credentialing/Re-verification page](#) on the NCTracks Provider Portal.

MEDICAID EXPANSION

On March 27, 2023, Governor Roy Cooper signed Medicaid expansion into law. More than 600,000 North Carolinians will have coverage for both physical and mental health. NCDHHS has been working toward expansion and has announced an anticipated launch date of Oct. 1, 2023.





To launch expansion on Oct. 1, 2023, NCDHHS will still need final authority from the NC General Assembly by Sept. 1, 2023. For more information, please see [State Takes Action to Start Medicaid Expansion Oct. 1; Launch depends on General Assembly acting by Sept. 1.](#)

TAILORED PLAN IMPLEMENTATION DELAYED

To ensure beneficiaries can seamlessly receive care on day one, NCDHHS is delaying the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans (Tailored Plans) scheduled for Oct. 1, 2023. NCDHHS will launch these plans at a date still to be determined. For more information, see [Tailored Plan Implementation Delayed.](#)

Beneficiaries who will be covered by the Tailored Plans will continue to receive behavioral health, I/DD, traumatic brain injury (TBI) and physical health care as they do currently.

Providers are encouraged to remain informed of the implementation of Tailored Plans through fact sheets and other resources available in the [Medicaid Managed Care Provider Playbook](#). The following fact sheets have been updated and are available under the Medicaid Transformation tab and Tailored Plans heading:

-  Tailored Care Management - July 20, 2023
-  Tailored Plan Enrollment and Timeline – July 17, 2023
-  What Providers Need to Know Before Tailored Plan Launch – July 19, 2023
-  What Providers Need to Know After Tailored Plan Launch – July 19, 2023

KEEP NCTRACKS PROVIDER RECORDS CURRENT

Medicaid managed care health plans, as well as the NC Medicaid Provider and Health Plan Lookup Tool must use information from the NCTracks provider record for their directories. For this reason, and because NC Medicaid recently announced a [Provider Data Management/Credentialing Verification Organization Solution Coming in 2024](#), it is essential for providers to ensure all data in each active NCTracks provider record is accurate.

To assist with this effort and allow for the organization and basic review of multiple records concurrently, the Department continues to offer [Provider Directory Listing and Affiliation Reports](#) for Standard Plans and Tailored Plans in the [Provider Playbook under Trending Topics](#). These reports are updated regularly and serve as a resource for verifying the contract status with health plans.

The ongoing accuracy of provider enrollment information is not only contractually required of providers, but also vital to the successful sharing of data among health plans and the incorporation into new solutions. For additional information, see the related bulletin article [Ensure Your Information Displays Correctly in NC's Provider Directory Tool – Provider & Health Plan Look-Up](#).

PROVIDER OMBUDSMAN

Each health plan has a grievance and appeal process for providers, separate from the process for beneficiaries that can be found in the health plan's Provider Manual, linked on the [Health Plan Contacts and Resources Page](#).

The Provider Ombudsman service is separate from the Health Plans' Provider Grievances and Appeals process and should be used only as an escalation after contacting health plans and searching the [NC Medicaid Help Center](#).

Inquiries may be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov or by calling the NC Medicaid Managed Care Provider Ombudsman at 866-304-7062.

Responses to inquiries are autogenerated from ServiceNow and sent directly to the inquirers email address. The subject line will read "NC Medicaid Inquiry COM00XXXXX Has Been Closed" and be sent from this email address: IT Service Desk Medicaid.HelpCenter@dhhs.nc.gov.

HELP CENTER AVAILABLE FOR PROVIDERS TO FIND INFORMATION

The [NC Medicaid Help Center](#) is an online source of information about NC Medicaid Managed Care, COVID-19, Medicaid and behavioral health services, and is used to view answers to questions from the NC Medicaid Help Center mailbox, webinars and other sources. To use this tool:

1. Go to the [NC Medicaid Help Center](#)
2. Type a topic or key words into the search bar
3. Select a topic from the available list of categories

Detailed information about the NC Medicaid Help Center is available in a [Medicaid Bulletin](#) updated on June 17, 2021.

NC MEDICAID MANAGED CARE WEBINARS

Visit the [AHEC Medicaid Managed Care webpage](#) for additional information and registration for upcoming webinars, as well as recordings, slides and transcripts from previous webinars.

The latest schedule, registration and information on previous webinars, including the recording, slides, and transcript are available on the [AHEC Medicaid Managed Care webpage](#).

CPT CODE 99417 UPDATE – PROLONGED OUTPATIENT EVALUATION AND MANAGEMENT SERVICES

[This code may be billed with CPT Codes 99245, 99345 and 99350 effective Jan. 1, 2023.](#)

CPT code 99417 (Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time) is now allowed to be billed with 99245, 99345 and 99350.

Effective Jan. 1, 2023, add on CPT code 99417 is allowed to be billed with the following primary procedure codes:

- 🌱 99245 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
- 🌱 99345 Home or residence visit for the evaluation and management of new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
- 🌱 99350 Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Please resubmit claims if you have received a claim denial for the above code combination for dates of service Jan 1, 2023, to present.