

MEDICAID MANAGED CARE TOOLKIT



THE FOLLOWING INFORMATION IS FOR YOUR CONSIDERATION TO CUSTOMIZE AND USE AS YOU SEE FIT FOR YOUR COMMUNICATION ACTIVITIES ABOUT THE TRANSITION TO MEDICAID MANAGED CARE. IT IS NOT INTENDED TO ENCOURAGE ANY ACTION ON YOUR CONTRACTING DECISIONS, SINCE ALL SUCH CONTRACTING DECISIONS MUST BE MADE INDEPENDENTLY.

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MEDICAID TRANSFORMATION MESSAGING

It's been nearly six years since North Carolina legislators signed into law a plan for transitioning from a fee-for-service model to Medicaid Managed Care. This transformation is significant. Given their proximity to patients, hospitals need a uniform approach to managing and deescalating the risk associated with these disruptions. Outlined here is the current positioning for the association—as well as internal and external messages that put the positioning work to action. These are messages and talking points for if/when these disruptions occur.

These messages have been developed with your members in mind. They can take these messages, customize, and deploy directly to their teams and stakeholders. There are notes within this document of recommendations for your members and places where they can include any tools they're currently utilizing internally.

POSITION STATEMENT

North Carolina health systems and hospitals are on the front line of the state's transition to Medicaid Managed Care. North Carolina's Medicaid beneficiaries deserve a unified, helpful voice as they face new changes in the way they receive their health benefits. Knowing that this is a significant change for beneficiaries, we are committed to assisting patients and their families to efficiently get the information or help they need and feel fully seen and heard. Our interactions with Medicaid beneficiaries and families will, above all, strive to maintain their confidence and trust in the provider-patient relationship.

CORE TENETS

Respect. Commitment. Adaptability.
Equity. Collaboration.

PERSONALITY

Positive. Helpful. Accessible. Caring.
Respectful. Authentic.

NCHA INTERNAL MESSAGES

Key Messages

- ▶ North Carolina's Medicaid program is officially transitioning to Medicaid Managed Care on July 1, 2021. This change means most Medicaid beneficiaries will receive their benefits through health plans (PHPs) for the first time and work with primary care providers (PCPs) to coordinate their care.
- ▶ **[NCHA member]**, along with all hospitals and health systems across the state, is on the front line in this major transition. It is important that we have a unified voice as we face challenges inherent to such large-scale change, both internally and externally. Our staff will be among the first to witness challenges that come with this change alongside the beneficiaries themselves.



- ▶ We are committed to supporting providers and team members throughout this time. When the official transition happens on July 1, we will strive to be a helpful, positive voice for the Medicaid beneficiaries we serve as they navigate this change.

To Front Desk / Call Center Staff (INTERNAL):

As the front line for patients, you will play a critical role when Medicaid Managed Care goes live on July 1, 2021, and through the first phases of this transition. This is a major change, and we expect there will exist some confusion and frustration among beneficiaries after the transition has taken place. We must strive to be a helpful, positive voice for the Medicaid beneficiaries we serve as they navigate this change. Our ultimate goal during this time of transition will be to direct them to the appropriate resources so they can continue getting the care they need.

[NCHA member] is committed to supporting our team members throughout this change.

Therefore, we are taking steps to help you assist patients through the first stages of the transition.

Please see the NCHA Medicaid Health Plan Resource Guide [here](#).

[NCHA member: Insert reminder on internal protocol should they receive a media inquiry.]

To Providers / Physicians / Practice Managers (INTERNAL):

This change provides a framework for providers to enhance the partnership with our patients, and to work as a team toward their best overall health and well-being. For many beneficiaries, this is the first time their healthcare will be managed by a health plan and subject to the health plan's specific coverage policies and prior authorizations. This is a major change, and we expect some confusion and frustration among beneficiaries after the transition has taken place. In fact, the state estimates that only 15-20 percent of beneficiaries will proactively enroll in a health plan. This means that we may need to help patients determine their current health plan enrollment status or provide the information they need to select a different health plan and/or primary care provider. We must continue to instill confidence in the patient-provider relationship throughout this change.

Prior to the launch of Medicaid Managed Care, you should check to ensure you're listed correctly in the directory, review materials from NCDHHS and contracted health plans, make sure your staff is aware of your contracting status, and help your patients understand these changes.

Additionally, please ensure your workflows and processes, including prior authorizations, coding, and billing are updated to reflect the requirements in your health plan contracts and provider manuals.

Please see the NCHA Health Plan Resource Guide [here](#) for steps you can take to prepare for the transition, and how you can assist patients following implementation on July 1.

To Nurses (INTERNAL):

[NCHA member] nurses are the heartbeat of our organization. You will be interfacing with patients daily who are trying to understand and adjust to the new way they are receiving care. Many of your patients may have questions and some may express their frustration with the transition. You have the opportunity to be a positive, reassuring voice as they navigate this tremendous change.

[NCHA member] is committed to supporting our team members throughout this change.

Please see the NCHA Health Plan Resource Guide for messaging and guidance to assist patients through the first stages of the transition.

NCHA EXTERNAL MESSAGES

Key Messages

- ▶ North Carolina's Medicaid program is transitioning to Medicaid Managed Care on July 1, 2021. This change means most Medicaid beneficiaries will receive their benefits through health plans (PHPs) for the first time and work with primary care providers (PCPs) to coordinate their care.
- ▶ Our state leaders designed Medicaid Managed Care to increase access to services and improve health outcomes for patients. At **[NCHA member]**, our patients come first every time. Our goal is to provide support and guidance to help the Medicaid beneficiaries we serve navigate this change and get the care they need. We look forward to increased opportunity to work in true partnership with our patients to achieve improved health outcomes and overall well-being.

To Patients / Caregivers:

North Carolina's Medicaid program is changing to Medicaid Managed Care on July 1, 2021. This means that most Medicaid beneficiaries will receive their benefits through health plans (PHPs) for the first time, instead of directly from the state. A health plan provides a network of doctors, hospitals, and other providers who work together to provide the care you need. There was an opportunity to choose the right plan for you, but if you did not select a plan by May 21, you were likely automatically enrolled in a new health plan.

The move to Medicaid Managed Care is designed to give you greater access to services and improve overall health and well-being. Under Medicaid Managed Care, you'll also be able to access everything under one plan—physical health, behavioral health, medicine, and a network of providers to help you with your needs.

At **[NCHA member]**, our patients always come first. We want you to get the care you need and continue working with your providers. This is a big change, and it will certainly take some time to adjust. We are here to help you get the information you need. We look forward to working in partnership with you.

Please see the NCHA Health Plan Resource Guide for more information to help you during this transition to Medicaid Managed Care.

To Media [general inquiry regarding opinion on Medicaid Managed Care]:

[insert external key message]

To Media When Pressed on Challenges:

This is a major change for Medicaid beneficiaries, as well as for hospitals and health systems across the state. Any change of this magnitude will certainly come with questions and challenges in the early stages. **[NCHA member]** is committed to helping our patients navigate this change so they can get the care they need.

● **MEDICAID BENEFICIARY SIGNED UP FOR THE WRONG PLAN AND BLAMES PROVIDER.**

Beneficiary Contacts Call Center, Medical Practice, Inquires at Front Desk:

- ▶ At [NCHA member], your health and well-being are our top priority. We want you to have the right plan and work with the right primary care provider. The good news is that you may sign up for a new plan and select a new primary care provider for any reason within 90 days of your initial enrollment date. To sign up for a new plan, you should work with the N.C. Medicaid Enrollment Broker by phone, chat feature on the N.C. Medicaid website, or via the N.C. Medicaid Managed Care mobile app.
 - [Please provide this information to the beneficiary in one or more of the following ways: provide handout if in-person, direct to [NCHA member] URL where information is hosted or www.ncmedicaidplans.gov, or read the information aloud via phone as noted in the [call center and front desk resource guide](#).
N.C. Medicaid Managed Care Enrollment Broker
PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. – 5 p.m.)
WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)
MOBILE APP: N.C. Medicaid Managed Care Mobile App

● **MEDIA OUTLET CALLS FOR QUOTE AFTER BENEFICIARY BLAMES PROVIDER FOR SIGNING UP FOR WRONG PLAN:**

- ▶ At [NCHA member], the health and well-being of our patients are our top priority. We want them to have the health plan and primary care provider that work best for them. The good news is that Medicaid beneficiaries may sign up for a new plan and select a new primary care provider for any reason within 90 days of their initial enrollment date. Beneficiaries seeking to sign up for a new plan should work with the N.C. Medicaid Enrollment Broker by phone, chat feature on the N.C. Medicaid website, or via the N.C. Medicaid Managed Care mobile app. [May offer to provide the one-pager containing resources for patients if you see fit.]
 - If asked specifically why the beneficiary is placing blame on provider:
 - A Medicaid beneficiary might be enrolled in the wrong plan for a few reasons, including lack of information or confusion during the enrollment process, or he/she might have been auto enrolled in a health plan following the May 21 deadline. In any case, patients may change plans for any reason within the first 90 days. We want all patients to find the right plan, so they can work in true partnership with their providers toward overall health and well-being.
 - If pressed on directory-specific issue:
 - [We/I/NCHA Member/provider name] submitted the appropriate and correct information for inclusion in the Medicaid and N.C. Health Choice Provider and Health Plan Lookup Tool on [insert date]. We cannot guarantee, however, the information was accessible to this specific beneficiary at the time of enrollment.

● **HOSPITAL / HEALTH SYSTEM IS BEING BLAMED FOR DENIAL OF SERVICES.**

To Patients:

At [NCHA member], your health and well-being are our top priority. We understand your frustration and want you to get the services you need. Under the new Medicaid Managed Care model, some services ordered by providers must now receive prior authorization from your health plan before services may be provided. Prior authorization is a process required by health plans to review the medication or service your provider prescribes. This helps your health plan decide if the medication or service is medically necessary and if it will be covered.

Patients have the right to appeal to prior authorization denials. If you need help with filing an appeal, you may reach out to your provider and your health plan for assistance.

The best and most efficient way for you to get answers regarding benefits and services is to reach out directly to your health plan. You can access a complete list of contact information for all N.C. Medicaid health plans on both the NCDHHS and [NCHA member] websites.

In the meantime, [INSERT HERE any further assistance you can provide at the organizational level in situations like this.]

● **TO INQUIRING PUBLIC/REPORTER:**

- ▶ This is a time of unprecedented change in North Carolina for Medicaid beneficiaries, hospitals, health systems, and the state. With any change of this magnitude, questions and challenges are a certainty following rollout. [NCHA member] strictly adheres to contract guidelines set forth by our health plan partners. Under the new Medicaid Managed Care model, some services ordered by providers must now receive prior authorization from the patient's health plan before services may be provided.
- ▶ The best and most efficient way for patients to get answers regarding benefits is to reach out directly to their health plan. Medicaid beneficiaries can access a complete list of contact information for all N.C. Medicaid health plans on both the NCDHHS and [NCHA member] websites.

OR

- ▶ At [NCHA member], the health and well-being of our patients is our top priority. Our patients put their trust in us to meet their healthcare needs, and we want them to get the services they need. Patients and providers together are working with health plan partners through this time of transition to ensure the patient receives timely and appropriate services.
- ▶ During the early stages of a major rollout like Medicaid Managed Care, there will be questions, uncertainty, and challenges. While we may be experiencing some frustration now, we do believe the dust will settle, and we will begin to see intended benefits of Medicaid Managed Care—particularly improved health outcomes and greater access for our patients.

● **REPORTER ASKS FOR A STATEMENT ON CLAIM THAT PROVIDERS ARE RESPONSIBLE FOR CHALLENGES DURING THE ROLLOUT OF MEDICAID MANAGED CARE.**

- ▶ This is a time of unprecedented change in North Carolina for Medicaid beneficiaries, hospitals, health systems, and the state. [NCHA member] believes that the long-term benefits of Medicaid Managed Care—particularly improved patient outcomes and access to services—will certainly outweigh the challenges we are addressing during these early stages.

● **REPORTER / COMMUNITY MEMBER ASKS YOUR TAKE ON THE RISE OF CLAIM DENIALS AND DELAYED PAYMENTS TO PROVIDERS.**

- ▶ This is a time of unprecedented change in North Carolina for Medicaid beneficiaries, hospitals, health systems, and the state. With any change of this magnitude, questions and challenges are a certainty following rollout. [NCHA member], along with our fellow North Carolina Healthcare Association members, have raised questions to the state regarding [billing/reimbursement/etc.]. We are working with all parties to address the issue and anticipate a resolution in an expedited and efficient manner.

● **REPORTER / COMMUNITY MEMBER ASKS YOUR TAKE ON TIMING AND SUCCESS OF THE ROLLOUT OF MEDICAID MANAGED CARE THUS FAR.**

- ▶ On the heels of a global pandemic when all other messages seemed to be buried, this major shift in the way Medicaid beneficiaries receive health benefits will certainly create questions and uncertainty for many. However, after many roadblocks, NCDHHS was unable to further delay the launch of the Medicaid Managed Care program. [NCHA member] believes that the long-term benefits of Medicaid Managed Care—particularly improved patient outcomes and access to services—will certainly outweigh the challenges we are addressing during these early stages.

CONFIDENTIAL DOCUMENT INTENDED FOR CALL CENTER, FRONT DESK, OR OTHER [NCHA MEMBER] INTERNAL STAFF | [INSERT APPROPRIATE DISCLAIMER HERE]

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- **HOSPITAL / HEALTH SYSTEM / PROVIDER CRITICIZED FOR CONTRACTING WITH CERTAIN HEALTH PLANS AND NOT ALL.**

- ▶ **[MEMBER RESPONSE]**

- ▶ From NCDHHS Provider Q&A: Health Plans must contract with any willing and qualified provider. Although providers are not required to contract with every health plan, you are encouraged to explore contracting options with each health plan.

- **MORE AGGRESSIVE, IF PUSHED [ADAPT TO PATIENT SCENARIO]**

- ▶ **[NCHA member]** has heard our patients' concerns about **[denials/claims/inaccurate information/etc.]**, and we share their frustration. **[NCHA member]**, as well as all members of the N.C. Healthcare Association, has expressed the same concerns to **[the state/NCDHHS/our health plan partner(s)]** on many occasions leading up to and following the rollout of Medicaid Managed Care. Our patients are our top priority. We are working diligently with the state and our health plan partners to find a solution and eliminate barriers.

- **MORE AGGRESSIVE, IF PUSHED [ADAPT TO PAYMENT SCENARIO]**

- ▶ **[NCHA member]**, as well as all members of the N.C. Healthcare Association, has expressed concerns regarding **[payment/reimbursement/coverage]** to **[the state/ NCDHHS/our health plan partner]** on many occasions leading up to and following the rollout of Medicaid Managed Care. Our patients are our top priority, and we will continue to serve them as we work toward a resolution. We are working diligently with **[the state/NCDHHS/our health plan partners]** to find a solution and eliminate future barriers.

SCENARIOS & STATEMENTS

• MEDICAID BENEFICIARY SIGNED UP FOR THE WRONG PLAN AND BLAMES PROVIDER.

Beneficiary Contacts Call Center, Medical Practice, Inquires at Front Desk:

- ▶ At [NCHA member], your health and well-being are our top priority. We want you to have the right plan and work with the right primary care provider. The good news is that you may sign up for a new plan and select a new primary care provider for any reason within 90 days of your initial enrollment date. To sign up for a new plan, you should work with the N.C. Medicaid Enrollment Broker by phone, chat feature on the N.C. Medicaid website, or via the N.C. Medicaid Managed Care mobile app.
 - *[Please provide this information to the beneficiary in one or more of the following ways: provide handout if in-person, direct to (NCHA member) URL where information is hosted or www.ncmedicaidplans.gov, or read the information aloud via phone as noted in the [call center and front desk resource guide](#).*

N.C. Medicaid Managed Care Enrollment Broker

PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. – 5 p.m.)

WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)

MOBILE APP: N.C. Medicaid Managed Care Mobile App

Media Outlet Calls for Quote after Beneficiary Blames Provider for Signing Up for Wrong Plan:

- ▶ At [NCHA member], the health and well-being of our patients are our top priority. We want them to have the health plan and primary care provider that work best for them. The good news is that Medicaid beneficiaries may sign up for a new plan and select a new primary care provider for any reason within 90 days of their initial enrollment date. Beneficiaries seeking to sign up for a new plan should work with the N.C. Medicaid Enrollment Broker by phone, chat feature on the N.C. Medicaid website, or via the N.C. Medicaid Managed Care mobile app. [May offer to provide the one-pager containing resources for patients if you see fit.]
 - **If asked specifically why the beneficiary is placing blame on provider:**
 - A Medicaid beneficiary might be enrolled in the wrong plan for a few reasons, including lack of information or confusion during the enrollment process, or he/she might have been auto enrolled in a health plan following the May 21 deadline. In any case, patients may change plans for any reason within the first 90 days. We want all patients to find the right plan, so they can work in true partnership with their providers toward overall health and well-being.
 - **If pressed on directory-specific issue:**
 - [We/I/NCHA Member/provider name] submitted the appropriate and correct information for inclusion in the Medicaid and N.C. Health Choice Provider and Health Plan Lookup Tool on [insert date]. We cannot guarantee, however, the information was accessible to this specific beneficiary at the time of enrollment.



● **HOSPITAL / HEALTH SYSTEM IS BEING BLAMED FOR DENIAL OF SERVICES.**

To Patients:

- ▶ At [NCHA member], your health and well-being are our top priority. We understand your frustration and want you to get the services you need. Under the new Medicaid Managed Care model, some services ordered by providers must now receive prior authorization from your health plan before services may be provided. Prior authorization is a process required by health plans to review the medication or service your provider prescribes. This helps your health plan decide if the medication or service is medically necessary and if it will be covered.
- ▶ Patients have the right to appeal to prior authorization denials. If you need help with filing an appeal, you may reach out to your provider and your health plan for assistance.
- ▶ The best and most efficient way for you to get answers regarding benefits and services is to reach out directly to your health plan. You can access a complete list of contact information for all N.C. Medicaid health plans on both the NCDHHS and [NCHA member] websites.
- ▶ In the meantime, [INSERT HERE any further assistance you can provide at the organizational level in situations like this.]

To Inquiring Public/Reporter:

- ▶ This is a time of unprecedented change in North Carolina for Medicaid beneficiaries, hospitals, health systems, and the state. With any change of this magnitude, questions and challenges are a certainty following rollout. [NCHA member] strictly adheres to contract guidelines set forth by our health plan partners. Under the new Medicaid Managed Care model, some services ordered by providers must now receive prior authorization from the patient's health plan before services may be provided.
- ▶ The best and most efficient way for patients to get answers regarding benefits is to reach out directly to their health plan. Medicaid beneficiaries can access a complete list of contact information for all N.C. Medicaid health plans on both the NCDHHS and [NCHA member] websites.

OR

- ▶ At [NCHA member], the health and well-being of our patients is our top priority. Our patients put their trust in us to meet their healthcare needs, and we want them to get the services they need. Patients and providers together are working with health plan partners through this time of transition to ensure the patient receives timely and appropriate services.
- ▶ During the early stages of a major rollout like Medicaid Managed Care, there will be questions, uncertainty, and challenges. While we may be experiencing some frustration now, we do believe the dust will settle, and we will begin to see intended benefits of Medicaid Managed Care—particularly improved health outcomes and greater access for our patients.

● **REPORTER ASKS FOR A STATEMENT ON CLAIM THAT PROVIDERS ARE RESPONSIBLE FOR CHALLENGES DURING THE ROLLOUT OF MEDICAID MANAGED CARE.**

- ▶ This is a time of unprecedented change in North Carolina for Medicaid beneficiaries, hospitals, health systems, and the state. [NCHA member] believes that the long-term benefits of Medicaid Managed Care—particularly improved patient outcomes and access to services—will certainly outweigh the challenges we are addressing during these early stages.

- **REPORTER / COMMUNITY MEMBER ASKS YOUR TAKE ON THE RISE OF CLAIM DENIALS AND DELAYED PAYMENTS TO PROVIDERS.**
 - ▶ This is a time of unprecedented change in North Carolina for Medicaid beneficiaries, hospitals, health systems, and the state. With any change of this magnitude, questions and challenges are a certainty following rollout. [NCHA member], along with our fellow North Carolina Healthcare Association members, have raised questions to the state regarding [billing/reimbursement/etc.]. We are working with all parties to address the issue and anticipate a resolution in an expedited and efficient manner.

- **REPORTER / COMMUNITY MEMBER ASKS YOUR TAKE ON TIMING AND SUCCESS OF THE ROLLOUT OF MEDICAID MANAGED CARE THUS FAR.**
 - ▶ On the heels of a global pandemic when all other messages seemed to be buried, this major shift in the way Medicaid beneficiaries receive health benefits will certainly create questions and uncertainty for many. However, after many roadblocks, NCDHHS was unable to further delay the launch of the Medicaid Managed Care program. [NCHA member] believes that the long-term benefits of Medicaid Managed Care—particularly improved patient outcomes and access to services—will certainly outweigh the challenges we are addressing during these early stages.

- **HOSPITAL / HEALTH SYSTEM / PROVIDER CRITICIZED FOR CONTRACTING WITH CERTAIN HEALTH PLANS AND NOT ALL.**
 - ▶ [MEMBER RESPONSE]
 - ▶ From NCDHHS Provider Q&A: Health Plans must contract with any willing and qualified provider. Although providers are not required to contract with every health plan, you are encouraged to explore contracting options with each health plan.

- **MORE AGGRESSIVE, IF PUSHED [ADAPT TO PATIENT SCENARIO]**
 - ▶ [NCHA member] has heard our patients' concerns about [denials/claims/inaccurate information/etc.], and we share their frustration. [NCHA member], as well as all members of the N.C. Healthcare Association, has expressed the same concerns to [the state/NCDHHS/our health plan partner(s)] on many occasions leading up to and following the rollout of Medicaid Managed Care. Our patients are our top priority. We are working diligently with the state and our health plan partners to find a solution and eliminate barriers.

- **MORE AGGRESSIVE, IF PUSHED [ADAPT TO PAYMENT SCENARIO]**
 - ▶ [NCHA member], as well as all members of the N.C. Healthcare Association, has expressed concerns regarding [payment/reimbursement/coverage] to [the state/ NCDHHS/our health plan partner] on many occasions leading up to and following the rollout of Medicaid Managed Care. Our patients are our top priority, and we will continue to serve them as we work toward a resolution. We are working diligently with [the state/NCDHHS/our health plan partners] to find a solution and eliminate future barriers.

PATIENT RESOURCE GUIDE

WHAT'S HAPPENING TO MEDICAID IN NORTH CAROLINA?

North Carolina's Medicaid program is changing to Medicaid Managed Care on July 1, 2021. This means that most Medicaid beneficiaries will receive their benefits through health plans (PHPs) for the first time instead of directly from the state. A health plan provides a network of doctors, hospitals, and other providers who work together to provide the care you need.

HOW DO I KNOW IF I NEED TO SELECT A HEALTH PLAN?

Most people in N.C. Medicaid and N.C. Health Choice must choose a new Medicaid health plan. Some patients will not need to choose a new health plan, because of the specific services they need. Those who must enroll in a new health plan should have received enrollment information in the mail after March 1, 2021. If **[you are/ the patient is]** eligible, you had an opportunity to choose a plan between March 15 – May 21, 2021, as well as a chance to select a primary care provider (PCP) to help you coordinate your healthcare needs. If you did not select a plan by May 21, you were likely automatically enrolled in a new health plan.

If you did not receive enrollment information in the mail and have questions about eligibility, visit Do I Need to Choose a Health Plan or www.ncmedicaidplans.gov.

WHAT ARE THE NEW MEDICAID HEALTH PLANS AND WHAT SERVICES DO THEY OFFER?

The state is contracted with the following health plans:

- ▶ AmeriHealth Caritas of North Carolina
- ▶ Blue Cross and Blue Shield of North Carolina
- ▶ Carolina Complete Health, Inc.
- ▶ UnitedHealthcare of North Carolina
- ▶ WellCare of North Carolina
- ▶ Eastern Band of Cherokee Indians (EBCI) Tribal Option**

All health plans offer the same basic Medicaid services. Each health plan has its own network of providers. Each health plan, including the EBCI Tribal Option, may also offer different added services to their members.

WHICH PLANS DOES **[NCHA MEMBER]** ACCEPT?

[NCHA member] doctors and **[hospitals/clinics]** in the **[insert city/town/metro]** area are in-network for the following N.C. Medicaid plans **[NOTE: delete those with which you are not contracted]:**

- ▶ AmeriHealth Caritas of North Carolina
- ▶ Blue Cross and Blue Shield of North Carolina
- ▶ Carolina Complete Health, Inc.
- ▶ UnitedHealthcare of North Carolina
- ▶ WellCare of North Carolina
- ▶ Eastern Band of Cherokee Indians (EBCI) Tribal Option

I SIGNED UP FOR THE WRONG PLAN. WHAT DO I DO?

At **[NCHA member]**, your health and well-being are our top priority. We want you to have the right plan and work with the right primary care provider. The good news is that you may sign up for a new plan and select a new primary care provider for any reason within 90 days of your initial enrollment date or until September 30. To sign up for a new plan, you should work with the N.C. Medicaid Enrollment Broker by phone, use the chat feature on the N.C. Medicaid website, or visit the N.C. Medicaid Managed Care mobile app. Please see the contact reference sheet below.



WHAT DO I DO IF MY SERVICES WERE DENIED?

At [NCHA member], your health and well-being are our top priority, and we want you to get the care you need. Under the new Medicaid Managed Care model, some services ordered by providers must now receive prior authorization from your health plan before services may be provided. Prior authorization is a process required by health plans to review the medication or service your provider prescribes. This helps your health plan decide if the medication or service is medically necessary and if it will be covered.

Patients have the right to appeal prior authorization denials. If you need help with filing an appeal, you may

reach out to your provider and your health plan for assistance.

The best and most efficient way for you to get answers regarding benefits and services is to reach out directly to your health plan. You can access a complete list of contact information for all N.C. Medicaid health plans on both the NCDHHS and [NCHA member] websites [INSERT LINK].

[NCHA MEMBER INSERT HERE any further assistance you can provide at the organizational level in situations like this.]

FOR HELP AND FURTHER INFORMATION

+ FOR GENERAL QUESTIONS

Help choosing a PHP/PCP, enrollment, technical support

CONTACT: N.C. Medicaid Managed Care Enrollment Broker

PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. - 5 p.m.)

WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)

MOBILE APP: N.C. Medicaid Managed Care Mobile App

+ FOR QUESTIONS REGARDING ELIGIBILITY OR TO MAKE ADDRESS, HOUSEHOLD, OR CIRCUMSTANCE CHANGES

CONTACT: Local County DSS

DIRECTORY: <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>

+ FOR INFORMATION ON HOW TO CHANGE PLANS

For those currently enrolled in a new N.C. Medicaid health plan or ECBI Tribal Option

CONTACT: N.C. Medicaid Managed Care Enrollment Broker

PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. - 5 p.m.)

WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)

MOBILE APP: N.C. Medicaid Managed Care Mobile App

+ FOR QUESTIONS REGARDING HEALTH PLAN MEMBER SERVICES, COVERAGE, CLAIMS/BILLING, PRIOR AUTHORIZATIONS, NON-EMERGENCY MEDICAL TRANSPORTATION, REPLACEMENT CARDS, OR TO UPDATE YOUR PRIMARY CARE PROVIDER

For those currently enrolled in a new Medicaid health plan or ECBI Tribal Option

	PHONE NUMBER	WEBSITE
AMERIHEALTH CARITAS	1-855-375-8811	www.amerihealthcaritasnc.com
CAROLINA COMPLETE HEALTH	1-833-552-3876	www.carolinacompletehealth.com
HEALTHYBLUE	1-844-594-5070	www.healthybluenc.com
UNITEDHEALTHCARE	1-800-349-1855	www.uhccommunityplan.com/nc
WELLCARE	1-866-799-5318	www.wellcare.com/nc
ECBI TRIBAL OPTION ONLY	<p>N.C. Medicaid Contact Center (Mon. – Fri. 8 a.m. - 5 p.m.) 1-888-245-0179</p> <p>ECBI Tribal Option Member Services (Mon. – Fri. 8 a.m. - 5 p.m.) 1-800-260-9992</p>	www.ebcitribaloption.com

+ FOR QUESTIONS REGARDING N.C. MEDICAID MANAGED CARE AND N.C. HEALTH CHOICE RIGHTS AND APPEAL OPTIONS, HEALTH PLAN / PROVIDER ISSUES, OR REFERRALS

CONTACT: N.C. Medicaid Ombudsman (8 a.m. – 5 p.m.)

PHONE: 1-877-201-3750

WEBSITE: www.ncmedicaidombudsman.org

+ FOR QUESTIONS REGARDING N.C. MEDICAID DIRECT

CONTACT: N.C. Medicaid Contact Center

PHONE: 1-888-245-0179

CONTACT: Local County DSS: <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>

CONTACT: Local LME/MCO: www.ncdhhs.gov/providers/lme-mco-directory

***ATTENTION:** If you have a medical emergency, please visit the closest hospital emergency room. You will be seen for a medical emergency regardless of health plan.*

CALL CENTER & FRONT DESK RESOURCE GUIDE

The transition to Medicaid Managed Care will take place on July 1, 2021. As the front line for patients, you will likely receive many questions from the Medicaid beneficiaries we serve following the transition to Medicaid Managed Care.

This is a major change, and we expect there will exist some confusion and frustration among beneficiaries after the transition has taken place. We must strive to be a helpful, positive voice for the Medicaid beneficiaries we serve as they navigate this change. Our ultimate goal during this time of transition will be to direct them to the appropriate resources so they can continue getting the care they need.

Included within this document you will find:

- ▶ **Frequently asked questions and talking points**

- ▶ **Information on where to direct patients for help or further information**
- ▶ **Media protocol reminders**

The following information is not intended to be reproduced or distributed as a handout for patients. The most important information from the FAQ below is included in the [\[NCHA Member\] Patient Guide \[INSERT LINK\]](#), which is available in both electronic and print formats. The guide is located on our website at [\[INSERT LINK\]](#) and available at [\[INSERT LOCATION OF PRINTOUTS WITHIN PHYSICAL NCHA MEMBER LOCATION\]](#).

REMINDER: Should you receive a media inquiry, please follow our internal protocol [\[INSERT LINK TO OR LANGUAGE ON YOUR MEDIA PROTOCOL\]](#).

FREQUENTLY ASKED QUESTIONS & TALKING POINTS

WHAT'S HAPPENING TO MEDICAID IN NORTH CAROLINA?

North Carolina's Medicaid program is changing to Medicaid Managed Care on July 1, 2021. This means that most Medicaid beneficiaries will receive their benefits through health plans (PHPs) for the first time instead of directly from the state. A health plan provides a network of doctors, hospitals, and other providers who work together to provide the care you need.

HOW DO I KNOW IF I NEED TO SELECT A HEALTH PLAN?

Most people in N.C. Medicaid and N.C. Health Choice must choose a new Medicaid health plan. Some patients will not need to choose a new health plan, because of

the specific services they need. Those who must enroll in a new health plan should have received enrollment information in the mail after March 1, 2021. If [\[you are/ the patient is\]](#) eligible, you had an opportunity to choose a plan between March 15 – May 21, 2021, as well as a chance to select a primary care provider (PCP) to help you coordinate your healthcare needs. If you did not



select a plan by May 21, you were likely automatically enrolled in a new health plan.

If you did not receive enrollment information in the mail and have questions about eligibility, visit

Do I Need to Choose a Health Plan [<https://files.nc.gov/ncdma/documents/Medicaid/NCMT-Fact-Sheet-ManagedCarePopulations-20210429.pdf>] or www.ncmedicaidplans.gov.

WHAT ARE THE NEW MEDICAID HEALTH PLANS AND WHAT SERVICES DO THEY OFFER?

The state is contracted with the following health plans:

- ▶ AmeriHealth Caritas of North Carolina
- ▶ Blue Cross and Blue Shield of North Carolina
- ▶ Carolina Complete Health, Inc.*
- ▶ UnitedHealthcare of North Carolina
- ▶ WellCare of North Carolina
- ▶ Eastern Band of Cherokee Indians (EBCI) Tribal Option**

All health plans offer the same basic Medicaid services. Each health plan has its own network of providers. Each health plan, including the EBCI Tribal Option, may also offer different added services to their members.

** Carolina Complete Health is a provider-led entity offered to people who live in these counties: Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren, Wilson.*

*** The EBCI Tribal Option is a health plan for people who are federally recognized tribal members or qualify for Indian Health Services (IHS) and live in Cherokee, Haywood, Graham, Jackson, or Swain County or in a neighboring county of the five-county region.*

WHICH PLANS DOES [NCHA MEMBER] ACCEPT?

[NCHA member] doctors and [hospitals/clinics] in the [insert city/town/metro] area are in-network for the following N.C. Medicaid plans [NOTE: delete those with which you are not contracted]:

- ▶ AmeriHealth Caritas of North Carolina
- ▶ Blue Cross and Blue Shield of North Carolina
- ▶ Carolina Complete Health, Inc.

- ▶ UnitedHealthcare of North Carolina
- ▶ WellCare of North Carolina
- ▶ Eastern Band of Cherokee Indians (EBCI) Tribal Option

I SIGNED UP FOR THE WRONG PLAN. WHAT DO I DO?

At [NCHA member], your health and well-being are our top priority. We want you to have the right plan and work with the right primary care provider. The good news is that you may sign up for a new plan and select a new primary care provider for any reason within 90 days of your initial coverage effective date or until September 30. To sign up for a new plan, you should work with the N.C. Medicaid Enrollment Broker by phone, use the chat feature on the N.C. Medicaid website, or go to the N.C. Medicaid Managed Care mobile app. Please see the contact reference sheet below.

NOTE TO STAFF: Please provide this information to the beneficiary in one or more of the following ways: Provide handout if in-person, direct to [NCHA member URL] where information is hosted or www.ncmedicaidplans.gov, or read the information aloud via phone as noted immediately below or in the quick reference guide following the FAQs.

N.C. Medicaid Managed Care Enrollment Broker

PHONE: 1-833-870-5500; **TTY:** 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. – 5 p.m.)

WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)

MOBILE APP: N.C. Medicaid Managed Care Mobile App

WHAT DO I DO IF MY SERVICES WERE DENIED?

At [NCHA member], your health and well-being are our top priority, and we want you to get the care you need. Under the new Medicaid Managed Care model, some services ordered by providers must now receive prior authorization from your health plan before services may be provided. Prior authorization is a process required by health plans to review the medication or service your provider prescribes. This helps your health plan decide if the medication or service is medically necessary and if it will be covered.

Patients have the right to appeal to prior authorization denials. If you need help with filing an appeal, you may reach out to your provider and your health plan for assistance.

The best and most efficient way for you to get answers regarding benefits and services is to reach out directly to your health plan. You can access a complete list of contact information for all N.C. Medicaid health plans on both the NCDHHS and [NCHA member] websites [INSERT LINK].

NOTE TO STAFF: Please provide the appropriate health plan contact to the patient in one of the following ways: Provide handout if in-person, direct to [NCHA member URL] where information is hosted or www.ncmedicaidplans.gov, or read the information aloud via phone as noted in the quick reference guide following the FAQs.

WHAT IS PRIOR AUTHORIZATION?

Prior authorization is a process required by health plans to review the medication or service your provider prescribes. This helps your health plan decide if the medication or service is medically necessary and if it will be covered.

Patients have the right to appeal to prior authorization denials. If you need help with filing an appeal, you may reach out to your provider and your health plan for assistance.

WHAT IF I HAVE A MEDICAL EMERGENCY?

If you have a medical emergency, please visit the closest hospital emergency room. You will be seen for a medical emergency regardless of health plan.

WHERE TO SEND PATIENTS FOR HELP AND FURTHER INFORMATION

+ FOR GENERAL QUESTIONS

Help choosing a PHP/PCP, enrollment, technical support

CONTACT: N.C. Medicaid Managed Care Enrollment Broker
PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. - 5 p.m.)
WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)
MOBILE APP: N.C. Medicaid Managed Care Mobile App

+ FOR QUESTIONS REGARDING ELIGIBILITY OR TO MAKE ADDRESS, HOUSEHOLD, OR CIRCUMSTANCE CHANGES

CONTACT: Local County DSS
DIRECTORY: https://www.ncdhhs.gov/divisions/social-services/local-dss-directory

+ FOR INFORMATION ON HOW TO CHANGE PLANS

For those currently enrolled in a new N.C. Medicaid health plan or ECBI Tribal Option

CONTACT: N.C. Medicaid Managed Care Enrollment Broker
PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. - 5 p.m.)
WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)
MOBILE APP: N.C. Medicaid Managed Care Mobile App

+ FOR QUESTIONS REGARDING HEALTH PLAN MEMBER SERVICES, COVERAGE, CLAIMS/BILLING, PRIOR AUTHORIZATIONS, NON-EMERGENCY MEDICAL TRANSPORTATION, REPLACEMENT CARDS, OR TO UPDATE YOUR PRIMARY CARE PROVIDER

For those currently enrolled in a new Medicaid health plan or ECBI Tribal Option

	PHONE NUMBER	WEBSITE
AmeriHealth Caritas	1-855-375-8811	www.amerihealthcaritasnc.com
Carolina Complete Health	1-833-552-3876	www.carolinacompletehealth.com
HealthyBlue	1-844-594-5070	www.healthybluenc.com
UnitedHealthcare	1-800-349-1855	www.uhccommunityplan.com/nc
WellCare	1-866-799-5318	www.wellcare.com/nc
ECBI Tribal Option ONLY	<p>N.C. Medicaid Contact Center (Mon. – Fri. 8 a.m. - 5 p.m.) 1-888-245-0179</p> <p>ECBI Tribal Option Member Services (Mon. – Fri. 8 a.m. - 5 p.m.) 1-800-260-9992</p>	www.ecbitribaloption.com

+ FOR QUESTIONS REGARDING N.C. MEDICAID MANAGED CARE AND N.C. HEALTH CHOICE RIGHTS AND APPEAL OPTIONS, HEALTH PLAN / PROVIDER ISSUES, OR REFERRALS

CONTACT: N.C. Medicaid Ombudsman (8 a.m. – 5 p.m.)

PHONE: 1-877-201-3750

WEBSITE: www.ncmedicaidombudsman.org

+ FOR QUESTIONS REGARDING N.C. MEDICAID DIRECT

CONTACT: N.C. Medicaid Contact Center

PHONE: 1-888-245-0179

CONTACT: Local County DSS: <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>

CONTACT: Local LME/MCO: www.ncdhhs.gov/providers/lme-mco-directory

FOR ALL OTHER INQUIRIES FROM THE MEDIA OR GENERAL PUBLIC

MEDIA PROTOCOL

[NCHA MEMBER NOTE: PLEASE INCLUDE YOUR FULL MEDIA PROTOCOL OR AN ABBREVIATED VERSION HERE FOR QUICK REFERENCE. IF YOU DO NOT HAVE ONE, PLEASE LET US KNOW AND WE WILL PROVIDE SUGGESTIONS.]

Regardless of how a media inquiry is received, it is important to avoid immediate response. It is imperative that relevant information is collected from the media first, and any substantive response is delayed and from the appropriate spokesperson.

[NCHA MEMBER NOTE: INSERT HOLDING STATEMENT AND/OR PROCEDURE FROM MEDIA PROTOCOL. IF YOU DO

NOT HAVE A HOLDING STATEMENT, PLEASE CONSIDER SOMETHING LIKE THE FOLLOWING:]

HOLDING STATEMENTS

Non-media inquiry: I'm not the appropriate person to speak on this topic, but I'm happy to connect you to someone who can help. [TAKE DOWN INFORMATION AND ROUTE ACCORDING TO PROTOCOL]

Media inquiry: I am not an authorized spokesperson for [NCHA MEMBER], but I am happy to put you in touch with the appropriate contact. [TAKE DOWN INFORMATION AND ROUTE ACCORDING TO PROTOCOL]

PROVIDER RESOURCE GUIDE

Please see below for NCDHHS provider resources, key contacts, and steps you can take to prepare for the transition to Medicaid Managed Care, and how you can assist patients following implementation on July 1, 2021. NCDHHS updates these documents as new information becomes available, so we encourage you to check these resources regularly.

NCDHHS MEDICAID MANAGED CARE RESOURCES FOR PROVIDERS:

- ▶ N.C. Medicaid Provider Playbook
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>
- ▶ What Providers Need to Know before July 1
<https://files.nc.gov/ncdma/NCMT-Provider-FactSheet-Need-to-Know-Before-Launch-20210120.pdf>
- ▶ What Providers Need to Know after Managed Care Launch
<https://files.nc.gov/ncdma/NCMT-Provider-FactSheet-Need-to-Know-After-Launch-20210521-v2.pdf>
- ▶ Medicaid Providers FAQ
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/frequently-asked-questions-and-answers-medicaid>
- ▶ Day One Provider Quick Reference Guide
https://files.nc.gov/ncdma/Provider_Day_One_QRG_20210407.pdf

PREPARING FOR LAUNCH: STEPS YOU CAN TAKE BEFORE JULY 1

Prior to the launch of Medicaid Managed Care, providers should:

1. Check to ensure you're listed correctly in the directory.
2. Review materials from NCDHHS and contracted health plans.

3. Make sure your staff is aware of your contracting status.
4. Help your patients understand these changes.
5. Ensure your workflows and processes, including prior authorizations, coding, and billing, are updated to reflect the requirements in your health plan contracts and provider manuals.

AFTER LAUNCH: HOW YOU CAN ASSIST PATIENTS STARTING JULY 1

- ▶ When beneficiaries have questions about Medicaid Managed Care or how Medicaid Transformation affects them, please direct them to the appropriate contacts listed in the [\[NCHA Member\] Patient Guide \[INSERT LINK\]](#) and/or the NCDHHS County Playbook.
- ▶ Medicaid Managed Care beneficiaries who need to change plans have the right to do so for any reason within the first 90 days **or until September 30**. Please direct them to the N.C. Medicaid Enrollment Broker by phone, chat feature on the N.C. Medicaid website, or the N.C. Medicaid Managed Care mobile app. See [\[NCHA Member\] Patient Guide \[INSERT LINK\]](#) for contact information.
- ▶ If a patient would like to update his/her PCP within his/her current health plan network, please direct the patient to the appropriate health plan contact. See [\[NCHA Member\] Patient Guide \[INSERT LINK\]](#) for contact information.
- ▶ Stay positive and continue to instill confidence in the patient-provider relationship throughout this change.



	<p>PROVIDER SERVICES Contracting, single-use agreements, special benefit info</p>	<p>PRIOR AUTHORIZATIONS</p>	<p>CLAIMS</p>
<p>AmeriHealth Caritas</p> <p>QUICK REFERENCE GUIDE: https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-reference-guide.pdf</p>	<p>ONLINE PROVIDER PORTAL: https://navinet.navimedix.com/</p> <p>PHONE: 888-738-0004</p> <p>PROVIDER RESOURCES AND MANUAL: https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf https://www.amerhealthcaritasnc.com/provider/forms/index.aspx</p>	<p>ONLINE: Provider Portal</p> <p>PHONE: 833-900-2262</p> <p>PHARMACY: 855-375-8811</p>	<p>ONLINE: https://www.amerhealthcaritasnc.com/provider/claims-billing/index.aspx</p> <p>PHONE: 888-738-0004</p>
<p>Carolina Complete Health</p> <p>QUICK REFERENCE GUIDE: https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCHN-Current-PDFQRG-Form.pdf</p>	<p>ONLINE PROVIDER PORTAL: https://network.carolinacompletehealth.com</p> <p>PHONE: 833-522-3876</p> <p>PROVIDER MANUAL: https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCHE_PRV15%5EAB-01_Provider_Manual_2020_1106_Final%20with%20Cover%20Pdf%20V2.pdf</p>	<p>ONLINE: Provider Portal</p> <p>PHONE: 833-552-3876</p> <p>PHARMACY: 833-585-4309</p>	<p>ONLINE: https://network.carolinacompletehealth.com</p>
<p>Healthy Blue</p> <p>QUICK REFERENCE GUIDE: https://provider.healthybluenc.com/docs/gpp/NC_CAID_QuickReferenceGuide.pdf</p>	<p>ONLINE PROVIDER PORTAL: https://provider.healthybluenc.com or https://www.availity.com</p> <p>PHONE: 844-594-5072</p> <p>PROVIDER MANUAL: https://provider.healthybluenc.com/docs/inline/NCNC_CAID_Provider-Manual.pdf</p>	<p>ONLINE: Provider Portal</p> <p>PHONE: 844-594-5072</p> <p>PHARMACY: 844-594-5072</p>	<p>ONLINE: www.availity.com</p> <p>PHONE: 800-594-5072</p>

<p>United Healthcare</p> <p>QUICK REFERENCE GUIDE: https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/nc/training/NCMedicaid-QRG.pdf</p>	<p>ONLINE PROVIDER PORTAL: https://www.uhcprovider.com</p> <p>PHONE: 800-638-3302</p> <p>PROVIDER MANUAL: https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/NC-UHC-CP-Care-Provider-Manual.pdf</p>	<p>ONLINE: Provider Portal</p> <p>SURESCRIPTS: https://providerportal.surescripts.net/ProviderPortal/optum/login</p>	<p>ONLINE: https://www.uhcprovider.com</p> <p>PHONE: 800-210-8315</p>
<p>WellCare</p> <p>QUICK REFERENCE GUIDE: https://www.wellcare.com/North-Carolina/Providers/Medicaid</p>	<p>ONLINE PROVIDER PORTAL: https://provider.wellcare.com</p> <p>PHONE: 866-799-5318</p> <p>PROVIDER MANUAL: https://www.wellcare.com/North-Carolina/Providers/Medicaid</p>	<p>ONLINE: Provider Portal</p> <p>PHONE: 866-799-5318</p> <p>PHARMACY: (Fax) 800-678-3189 or</p> <p>SURESCRIPTS: https://providerportal.surescripts.net/providerportal/</p>	<p>ONLINE: https://www.wellcare.com/en/North-Carolina/Providers/Medicaid/Claims</p> <p>PHONE: 866-799-5318</p>
<p>ECBI Tribal Option</p>	<p>PROVIDER SUPPORT LINE: 800-688-6696 (NCTracks Call Center)</p> <p>ONLINE: www.ebcitribaloption.com</p> <p>PROVIDER MANUAL: https://ebcitribaloption.com/wp-content/uploads/2021/03/PRV04-T-Provider-Manual_Final.pdf</p>		

<https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources>

PROVIDER OMBUDSMAN

For general provider inquiries or complaints regarding health plans:

EMAIL: Medicaid.ProviderOmbudsman@dhhs.nc.gov

PHONE: 919-527-6666

NCTRACKS

For questions related to your NCTracks provider information, call the NCTracks Call Center: 800-688-6696

To update your information, log into the NCTracks <https://www.nctracks.nc.gov> provider portal to verify your information and submit a MCR

N.C. MEDICAID CONTACT CENTER

For all other questions, call the Medicaid Contact Center: 888-245-0179

OTHER KEY CONTACTS

Consult the NCDHHS Day One Provider Quick Reference Guide for other key contacts

https://files.nc.gov/ncdma/Provider_Day_One_QRG_20210407.pdf