



# EBCI TRIBAL OPTION

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# PROVIDER MANUAL

January 2021



## Purpose of this Provider Manual

The EBCI Tribal Option (“TO”) is a subsidiary of the Cherokee Indian Hospital Authority (“CIHA”). The EBCI Tribal Option, an Indian Managed Care Entity (“IMCE”), has entered into an agreement with the North Carolina Department of Health and Human Services (“the NC DHHS”), the Division of Health Benefits, to participate in the North Carolina Medicaid and Health Choice Programs to provide managed care for federally recognized tribal members and other individuals eligible to receive Indian Health Services (“Members”). The EBCI Tribal Option, a primary care case management (“PCCM”) program, will coordinate all medical, behavioral health, and pharmacy services in the North Carolina Medicaid and NC Health Choice State Plans.


This manual is intended to provide information for the EBCI Tribal Option Network Providers about the EBCI Tribal Option and network requirements. This manual serves as a guide to the policies and procedures governing the administration of the EBCI Tribal Option, is an extension of, and supplements the Primary Care Provider contract between EBCI Tribal Option and primary care physicians.

This Manual is to be used as a guide for Primary Care Providers (“PCPs”) offering services through the NC Medicaid and NC Health Choice Program for Medicaid enrolled members and shall not be used as the guiding document for any other contractual relationships or funding agreements in place between PCPs and CIHA. PCPs should also follow the guidance issues by NC Medicaid such as their NC Medicaid provider agreement, clinical coverage policies and communications from NC Tracks.

This Provider Manual was created to assist you and your office staff with providing services to Members, your patients. As a PCP, you agree to use this Provider Manual as a reference pertaining to the provision of medical, pharmacy, behavioral health and support services for Members of EBCI Tribal Option.


This Provider Manual may be changed or updated periodically. The EBCI Tribal Option will provide you with notice of updates. PCPs are also responsible to check the plan’s website, **[www.ebcitribaloption.com](http://www.ebcitribaloption.com)** regularly for updates and clarifications.

PCPs can obtain an online copy of the Provider Manual and view the Provider Directory at **[www.ebcitribaloption.com](http://www.ebcitribaloption.com)**. To request a hard copy of the Provider Manual and/or Provider Directory from the plan at no cost, please call Provider Services **1-800-260-9992**.




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## **The Cherokee Indian Hospital's Tribal Option**

Cherokee Indian Hospital's *Tribal Option* is a relationship-based, person-centered approach to transforming and improving healthcare outcomes by connecting Members to resources – doctors, appointments, medication, and therapy – ensuring that Members get the most out of their benefits.

### **Our Core Purpose**

To assure the prosperity of the next seven generations of the Eastern Band of Cherokee Indians. We do this by working together to help Members achieve physical, mental, emotional, and spiritual wellness.

### **The Right Way**

The heart of our approach to healthcare comes from the philosophy of “*du yu ga dv*” or the “*Right Way*” – a program designed to maximize the effectiveness of our staff within the community by building and maintaining healthy relationships. By understanding that each patient/member has their own story that guides their lifestyle choices and healthcare decisions, the “Right Way” emphasizes the importance of developing strong, trusting relationships between the person supported and their care team. We see the journey to wellness as a shared responsibility.

### **Guiding Principles of Cherokee Indian Hospital and the EBCI Tribal Option**

Our Guiding Principles define the “Right Way” approach by guiding the interactions of the member care team in order to create trust and a positive experience of care, where both the person supported and their family are engaged to make healthy choices to achieve excellent outcomes.

#### **Guiding Principle One - ᎠᎵᎠᎵᎠᎵᎠ**

*“The one helps you from the heart”*

We believe that care and service delivered most effectively is delivered from the heart.

#### **Guiding Principle Two – ᎠᎵᎠ**

*“A state of peace and balance”*

We believe that “To-hi” can only be achieved through healthy relationships and is fundamental to living healthy lives.

#### **Guiding Principle Three – ᎠᎵᎠᎵᎠ**

*“It belongs to you”*

We believe that all healthcare services belong to the people and CIHA, along with Tsalagi Health Trust, is a steward of their inheritance, charged with safeguarding it and providing it to patients/members when and how they need it.

#### **Guiding Principle Four - ᎠᎵᎠᎵᎠᎵᎠ**

*“Like family to me”*

We are committed to being the health partner of choice for this community, enjoying the relationships found in healthy families.



## Introduction to EBCI Tribal Option

Welcome to the EBCI Tribal Option Primary Care Physician's Network. We are honored to have you as partners in achieving the goals of the EBCI Tribal Option. Those goals are:

- Supporting the Eastern Band of Cherokee Indians' Tribal sovereignty;
- Supporting the Department's overall vision of creating a healthier North Carolina;
- Delivering whole-person care through the coordination of physical health and behavioral health;
- Addressing unmet health-related resource needs and care models with the goal of improved health outcomes and more efficient and effective use of resources;
- Utilizing cost-effective resources and uniting communities and health care systems to address the full set of factors that impact health;
- Performing localized care management at the site of care, in the home or in the community to build on the strengths of the Department's and CIHA's care management infrastructure; and
- Establishing a network of primary care providers to serve Members at the right time and place.

The EBCI Tribal Option is a Primary Care Case Management Program ("PCCM"), managed by Cherokee Indian Hospital. As a PCCM entity, the EBCI Tribal Option will coordinate all medical, behavioral health, and pharmacy services in the North Carolina Medicaid and NC Health Choice State Plans. The EBCI Tribal Option will have a strong focus on primary care, preventive health, chronic disease management, and providing care management for high-need Members. As a Tribal Organization, CIHA is well positioned to directly manage the healthcare needs of tribal members and their families in a manner that embraces Cherokee culture and addresses health disparities prevalent to the EBCI and American Indian/Alaskan Native beneficiaries. This will all happen through partnerships with you, the primary care provider network.

We want to hear from you. We invite you to participate in one of our quality improvement committees. Or feel free to call EBCI Tribal Option Provider Services at **1-800-260-9992** with any suggestions, comments, or questions. Together, we can make a real difference in the lives of our members — your patients.

## Keywords Used in This Manual

**Appeal:** The process for a Member to seek review of an Adverse Determination or an Adverse Benefit Determination.

**Behavioral Health Intellectual/Developmental Disability Tailored Plan (Behavioral Health I/DD Tailored Plan or BH I/DD TP):** A managed care plan specifically designed to provide targeted care for individuals with severe mental health disorders, substance use disorders (SUD), and intellectual and/or developmental disabilities as described in Section 4. (10) of Session Law 2015-245, as amended by Session Law 2018-48.


**Calendar Day:** A Calendar Day includes the time from midnight to midnight each day. It includes all days in a month, including weekends and holidays. Unless otherwise specified, all days in the Contract are Calendar Days.

**Care Coordination:** Defined as organizing patient care activities and sharing information among all the participants concerned with a Member's care to achieve safer and more effective care. Through organized Care Coordination, Members' needs, and preferences are known ahead of time and communicated at the right time to the right people to provide safe, appropriate, and effective care.

**Care Management:** A team-based, person centered approach to effectively managing members' medical, social and behavioral conditions. Care Management shall include, at a minimum, the following:

- High-risk Care Management (e.g., high utilizers / high-cost beneficiaries)
- Care Needs Screening;
- Identification of Members in need of Care Management;
- Development of Care Plans (across priority populations);
- Development of Comprehensive Assessments (across priority populations);
- Transitional Care Management: Management of Member needs during transitions of care and care transitions (e.g. from hospital to home);
- Care Management for special populations (including pregnant women and children at-risk of physical, development, or socio-emotional delay);
- Chronic Care Management (e.g., management of multiple chronic conditions);
- Coordination of services (e.g., appointment/wellness reminders and social services coordination/referrals);
- Management of unmet health-related resource needs and high-risk social environments;
- Management of medication-related clinical services which promote appropriate medication use and adherence, drug therapy monitoring for effectiveness, medication related adverse effects, and development and deployment of population health programs.

**Cherokee Indian Hospital Authority (CIHA):** The entity authorized by the Eastern Band of the Cherokee Indians to act as the IMCE operating the EBCI Tribal Option.



**Comprehensive Assessment:** A person-centered assessment of a Member's health care needs, functional needs, accessibility needs, strengths and supports, goals and other characteristics that will inform whether the Member will receive Care Management and will inform the Member's ongoing care plan and treatment.

**Contract Execution:** The date Contract is fully executed by the Parties.

**Cultural Sensitivity:** The ability to understand, appreciate and interact effectively with people of different cultures and/or beliefs to ensure the needs of the individuals are met. The ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed. It also refers to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. Cultural Sensitivity means to be respectful and responsive to the health beliefs and practices and cultural and linguistic needs of diverse populations groups.

**CMS:** Federal Centers for Medicare and Medicaid Services.

**Contractor:** Cherokee Indian Hospital Authority.

**Department:** The North Carolina Department of Health and Human Services.

**Division of Health Benefits (DHB):** The North Carolina Department of Health and Human Services, Division of Health Benefits, formerly the Division of Medical Assistance, responsible for operating the State Medicaid and Health Choice programs.

**Eastern Band of Cherokee Indian (EBCI):** A Federally Recognized Indian Tribe located in western North Carolina.

**Eligibility:** A series of requirements that determine whether an individual is eligible for North Carolina Medicaid or NC Health Choice Benefits.

**Enrollment:** The process through which a Beneficiary selects or is auto assigned to the EBCI Tribal Option PCCM entity.

**Enrollment Broker:** Has the same meaning as Enrollment Broker as defined in 42 C.F.R. § 438.810(a).

**Federally Recognized Indian Tribe:** Tribal entities acknowledged by the US Government and eligible for funding and services from the US Government by virtue of their status as Indian Tribes. Tribes are acknowledged to have the immunities and privileges available to other Governments by virtue of their inherent sovereignty not specifically diminished by an act of Congress.



**Fee-for-Service (FFS):** A payment model in which Providers are paid for each service provided. The Department's Medicaid FFS program is also known as NC Medicaid Direct.

**Grievance:** An expression of dissatisfaction about any matter other than an Adverse Determination or Adverse Benefit Determination including but not limited to, quality of care or services provided and aspects of interpersonal relationships such as rudeness of Provider or employee, or failure to respect the Member's rights.

**Health Choice:** A comprehensive health care program for children at no or reduced cost to the recipient established pursuant to Title XIX of the Social Security Act, 42 U.S.C. § 1396 *et seq.*

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996.

**Indian:** Any individual defined at 25 U.S.C. 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 C.F.R. § 136.12. As defined in 42 C.F.R § 447.51, an Indian is an individual who:

- Is a member of a Federally Recognized Indian Tribe;
- Resides in an urban center and meets one or more of the four criteria:
  - *Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member;*
  - *Is an Eskimo or Aleut or other Alaska Native;*
  - *Is considered by the Secretary of the Interior to be an Indian for any purpose; or*
  - *Is determined to be an Indian under regulations issued by the Secretary;*
- Is considered by the Secretary of the Interior to be an Indian for any purpose; or
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

**Indian Health Care Provider (IHCP):** Has the same meaning as IHCP as defined by 42 C.F.R. § 438.14(a).

**Indian Health Service (IHS):** A federal agency under the Department of Health and Human Services, including contracted Tribal health programs, entrusted with the responsibility to assist eligible AI/ANs with health care services.

**Indian Managed Care Entity (IMCE):** a MCO, PIHP, PAHP, PCCM, or PCCM entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C) of the Act) by the IHS, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium, which may be composed of one or more



Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

**Local Management Entity/Managed Care Organization (LME/MCO):** Defined in N.C.G.S § 122C-3(20c) as a local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the SSA or to operate a BH I/DD TP. An LME/MCO is paid a capitated rate by the Department to provide mental health, developmental disability, and substance use services to Medicaid beneficiaries pursuant to a combination of a Section 1915(b) and a Section 1915(c) waiver and manage federal block grant, State, local and county funds for other behavioral health services. For the Medicaid population, these entities are recognized under CMS Medicaid Managed Care rules and are known as a Prepaid Inpatient Health Plans (PIHP). For purpose of this provider manual, LME/MCO is used as the Tailored Plans will not go live until July, 2022.

**Medicaid Direct PCCM:** The program that is defined in the State Plan of North Carolina, administered by the North Carolina Department of Health and Human Services, Division of Health Benefits, and operated by the PCCM Vendor to provide Care Management support to Medicaid and Health Choice populations in NC Medicaid Direct using a Medical Home model.

**Medicaid Managed Care:** The name of the North Carolina managed care program for North Carolina Medicaid and NC Health Choice Benefits (including Prepaid Health Plans, both Standard Plans and Behavioral Health/Intellectual Developmental Disability Tailored Plans).

**Medical Home:** An approach to providing comprehensive Primary Care that facilitates partnerships between individual Members, their Providers, and, where appropriate, the Member's family. The Primary Care practice selected by or for a Member, through which Members receive continuous, comprehensive, and coordinated care within the PCCM Program.

**Medical Record:** A document, either physical or electronic, that reflects the utilization of health care services and treatment history of the Member.

**Medically Necessary:** Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants. As required by 10A NCAC 25A.0201, a Medically Necessary service may not be experimental in nature.

**Member:** Beneficiaries enrolled in and receiving Medicaid or NC Health Choice Benefits through the EBCI Tribal Option PCCM entity.

**NC Medicaid Direct:** Refers to the Medicaid FFS program serving Members who are not enrolled in the EBCI Tribal Option.

**Network Primary Care Provider (PCP):** Any Primary Care Provider contracted with the EBCI Tribal Option PCCM entity to deliver Care Coordination services to Members. The Network PCP is selected by or assigned to the Member to provide both sick care and well care at the Member's Medical Home and to initiate and monitor referrals for specialized services when required.

**North Carolina Families Accessing Services through Technology (NC FAST):** The Department integrated case management system that provides eligibility and enrollment for Medicaid, NC Health Choice, Food and Nutrition Services, Work First, Child Care, Special Assistance, Crisis Intervention Program, Low-Income Energy Assistance Program, and Refugee Assistance, and provides services for Child Welfare and Aging and Adult Services.

**North Carolina Health Choice (NC Health Choice):** The Health Insurance Program for Children authorized by N.C.G.S. § 108A-70.25 and as set forth in the North Carolina State Plan of the Health Insurance Program for Children.

**Ombudsman Program:** A new Department program to be established to provide education, advocacy, and issue resolution for Medicaid beneficiaries whether they are in the Medicaid Managed Care program or the Medicaid FFS program. This program is separate and distinct from the Long-Term Care Ombudsman Program.

**Potential Member:** A Beneficiary enrolled in Medicaid or NC Health Choice and eligible for enrollment in the EBCI Tribal Option PCCM entity.

**Prepaid Health Plan (PHP):** Has the same meaning as Prepaid Health Plan, as defined in N.C.G.S. § 108D-1. A PHP is a Managed Care Organization (MCO).

**Primary Care:** All health care services customarily provided in accordance with State licensure and certification laws and regulations, except health care services provided by Contractor and EBCI in accordance with laws that govern Indian Health Care, in accordance with 25 U.S.C 1641, Section 408.(a-c), and all laboratory services customarily provided by or through, a general practitioner, family medicine physician, internal medicine physician, obstetrician/gynecologist, or pediatrician.

**Primary Care Case Management (PCCM):** A system under which a primary care case manager contracts with the Department to furnish case management services (which include the location, coordination and monitoring of primary health care services) to Members, or a PCCM entity that contracts with the Department to provide a defined set of functions as defined in 42 C.F.R. § 438.2.

**Primary Care Case Management Entity (PCCM Entity):** As defined in 42 C.F.R. § 438.2, an organization that provides any of the following functions, in addition to PCCM services, for the Department:

- Provision of intensive telephonic or face-to-face case management, including operation of a nurse triage advice line;
- Development of Member care plans;
- Execution of contracts with and/or oversight responsibilities for the activities of FFS providers in the FFS program;
- Provision of payments to FFS providers on behalf of the Department;
- Provision of Member outreach and education activities;
- Operation of a customer service call center;
- Review of provider claims, utilization and practice patterns to conduct provider profiling and/or practice improvement;
- Implementation of quality improvement activities including administering Member satisfaction surveys or collecting data necessary for performance measurement of providers;
- Coordination with behavioral health systems/providers;
- Coordination with long-term services and supports systems/providers.

**Program Integrity (PI):** Has the same meaning as described in 42 C.F.R. Part 455.

**Protected Health Information (PHI):** Has the same meaning as PHI as defined by 45 C.F.R. § 160.103.

**Provider:** Except as it relates to credentialing, has the same meaning as Provider as defined in 42 C.F.R. § 438.2.

**Provider Contracting:** The process by which the Contractor negotiates and secures a contractual agreement with PCPs that are enrolled in the Medicaid program and are to be included in the Contractor's PCP Network.

**Provider Enrollment:** The process by which a Provider is enrolled in the North Carolina's Medicaid or NC Health Choice programs, with credentialing as a component of enrollment.

**Provider Grievance:** Any oral or written complaint or dispute by a Network PCP over any aspects of the operations, activities, or behavior of the Contractor except for any dispute for which the Network PCP has appeal rights.

**Purchase/Referred Care Delivery Area (PRCDA):** Formally known as the contract health service delivery area, is a geographic area within which purchased/referred care will be made available by the IHS to members of an identified Indian community who reside in the area. For the purposes of the Contract, refers to the five-county Contract Health Service Delivery Area where the EBCI Tribal Option PCCM entity will primarily operate; includes Cherokee, Graham, Haywood, Jackson, and Swain counties.



**Security Breach:** As defined in 45 C.F.R. 164.400-414, generally defined as an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information. An impermissible use or disclosure of PHI is presumed to be a breach unless the covered entity as applicable, demonstrates that there is low probability that the PHI has been compromised based on a risk assessment as defined in rule.

**Security Incident:** As defined in 45 C.F.R. 164.304, “the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system”.

**Standard Plan:** A Medicaid Managed Care plan that will provide integrated physical health, behavioral health and pharmacy services to most North Carolina Medicaid and NC Health Choice beneficiaries and that are not BH I/DD Tailored Plans as described in N.C.G.S. § 108D-1. Also known as Standard Benefit Plan.

**State:** The State of North Carolina, the NC Department of Health and Human Services as an agency or in its capacity as the using agency.

**State Business Day:** Monday through Friday 8:00 a.m. through 5:00 p.m., Eastern Time, except for North Carolina State holidays as defined by the Office of State Human Resources. <https://oshr.nc.gov/state-employee-resources/benefits/leave/holidays>.

**State Fair Hearing:** The hearing or hearings conducted at the Office of Administrative Hearings (OAH) under Part 6A of Chapter 108A of the General Statutes to resolve a dispute related to an Adverse Determination and under Article 2 of Chapter 108D of the NC General Statutes to resolve a dispute related to an Adverse Benefit Determination.

**Subcontractor:** An entity having an arrangement with the Contractor, where the Contractor uses the products and/or services of that entity to fulfill some of its obligations under the Contract. Use of a Subcontractor does not create a contractual relationship between the Subcontractor and the Department, only the Contractor. Network PCPs are not considered Subcontractors for the Contract.

**Transition of Care:** The Process of assisting a Member to transition between Delivery Systems; including transitions that result in the disenrollment from the EBCI Tribal Option, PHPs, or NC Medicaid Direct. Transitions of care also includes the process of assisting a Member to transition between Network PCPs upon a Network PCP’s termination from the EBCI Tribal Option PCCM entity’s network.

**Transitional Care Management:** Management of Member needs during transitions from one clinical setting to another to prevent unplanned or unnecessary readmissions, emergency department visits, or adverse outcomes.

**Tribal Business Day:** Monday through Friday 8:00am to 4:30pm, Eastern Time, except for holidays observed by the CIHA. These holidays will be submitted annually to the Department and posted in the Member Handbook and Provider Manual and EBCI Tribal Option website.

**EBCI Tribal Option PCCM Entity:** The program that will be defined in the State Plan of North Carolina, administered by the North Carolina Department of Health and Human Services, Division of Health Benefits, and operated by CIHA under this Contract, for providing Care Management support to Medicaid and Health Choice populations using a Medical Home model.

**Value Added Services (VAS):** Services offered by health plans that are not part of the regular Medicaid benefit. Value-Added Services are used to promote preventive care and services, engage members in their own care, address gaps in care and services, and support our Quality Improvement Programs. Plans must submit to NC Medicaid and be granted approval for all VAS services, authorization requirements and limitations prior to administering VAS.

**Vendor:** A company, firm, entity or individual, other than the Contractor, with whom the Department has contracted for goods or services.

### **Provider Information for NC Medicaid**

As a member of the EBCI Tribal Option Network, you are already a NC Medicaid Provider, operating as a Carolina Access Provider or an Advanced Medical Home (AMH). It is important that you maintain that enrollment status to remain in the network. Medicaid Providers have agreed to adhere to conditions and requirements outlined in the Medicaid Participation Agreement located at:

**<https://www.nctracks.nc.gov/content/public/providers/provider-enrollment/terms-and-conditions/admin-participation-rev.html>**.

As a Carolina Access Provider, you have agreed, at a minimum, to:

- Perform primary care services that includes certain preventive & ancillary services
- Create and maintain a patient/doctor relationship
- Provide direct patient care a minimum of 30 office hours per week
- Provide access to medical advice and services twenty-four (24) hours per day, seven (7) days per week
- Refer to other providers when the service cannot be provided by the PCP
- Provide oral interpretation for all non-English proficient beneficiaries at no cost
- Maintain an office that is accessible with accommodations for people with physical and mental disabilities.

You may also have moved forward with participating with other NC Medicaid Managed Care initiatives by participating and becoming certified as an AMH level II or III. The requirements and certification process can be found at:

<https://medicaid.ncdhhs.gov/transformation/advanced-medical-home>.

We encourage you to embrace the AMH model as your participation with the EBCI Tribal Option will not interfere or conflict with the certification. PCPs of the EBCI Tribal Option continue to be paid in a fee for service (FFS) model, i.e. via NC Tracks. The clinical coverage policies and authorization processes remain identical to your experience today with NC Medicaid.

Those coverage policies and prior authorization requirements can be found at <https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html> and the provider portal at <https://www.nctracks.nc.gov/content/public/providers/prior-approval.html>. These procedures will remain the same.

As a provider in NC Medicaid, you may already have experience with EPSDT; Medicaid's benefit for children and adolescents under age 21 includes a broad selection of preventive, diagnostic and treatment services. Also known as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, its mandates and guarantees are listed in federal Medicaid law at 42 U.S.C. §1396a(a) (43) and 1396d(r) [1902(a) and [1905\(a\)\(r\)](#)] of the Social Security Act. As the EPSDT benefit spans up to the age of 21, both PCPs serving children and adults are impacted.

Medicaid's benefit for children and youth ensures that Medicaid beneficiaries under age 21 have access to the health care they need when they need it and covers most health services needed to stay as healthy as possible. It ensures that eligible children and young adults can receive preventive services, early care and acute care, and ongoing, long-term treatment and services to prevent, diagnose and treat health problems as early as possible. Medicaid's benefit for children addresses potential or existing health problems before they begin, or before becoming advanced and life-limited, and treatment becomes more complex and costlier. It often offers coverage without many of the restrictions in overall Medicaid or a Medicaid waiver for this age group.

Wellness visits are an essential part of children's health. Medicaid's benefit for children covers child wellness visits, also known as **Early and Periodic Screening or Health Check**. Wellness visits ensure access to routine preventive care, including physical assessments, vision and hearing testing, developmental and mental health screenings, all vaccines recommended by **the Advisory Committee on Immunization Practices**, and family guidance and referrals to follow up care. Wellness visits are encouraged at **intervals recommended by the American Academy of Pediatrics** and you have agreed through your participation to adhere to these guidelines.

Most coverable healthcare services for children and youth are already included in clinical coverage policies of North Carolina's Medicaid program without a charge or co-

pay to the family. Sometimes, a need for service or treatment for children may exceed a policy limit or may not be covered by policies within the state Medicaid Plan. When this happens, we request that you submit an EPSDT request through NC Tracks and the request will be considered for coverage under the broader limits of the federal EPSDT benefit.

There may be times when a health care provider recommends a medical product, treatment or service that is not covered under the North Carolina Medicaid program. In those circumstances, a review may be requested if the benefit Included as a federal Medicaid Act category of services, but not included in the North Carolina Medicaid program clinical coverage policies or exceeds North Carolina Medicaid program limits or restrictions. In these situations, a **Medical Necessity Review** will be conducted to determine eligibility and coverage.

Carolina Medicaid's prior approval vendors conduct most Medicaid's benefit for children (EPSDT) eligibility and coverage reviews. LME/MCOs conduct behavioral health reviews if the child is enrolled with both the LME and the EBCI Tribal Option unless the provider of service in a CIHA provider. The behavioral health services provided by a CIHA provider is approved by NC Medicaid or it's delegated entity. The Division of Health Benefits reviews requests for hospice, private duty nursing, community alternatives program for children (CAP/C), out-of-state services and transplant services. In addition, a few services may require a provider to complete and submit a "Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age," which can be found on the NC Tracks Website, <https://www.nctracks.nc.gov/content/public/providers/prior-approval.html>. A family member may also submit a request. Follow the submission instructions on the form.

Requests for EPSDT coverable services are reviewed quickly by Medicaid (in most cases in less than 14 days, and sooner when medically urgent). Should Medicaid ever decide to not approve a request, the healthcare provider and the caregiver/parent are notified of the decision in a formal communication.

Forms and additional information about EPSDT can be found at <https://medicaid.ncdhhs.gov/beneficiaries/get-started/find-programs-and-services/medicaid-benefit-children-and-adolescents-under> or <https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>. Members of the EBCI Tribal Option are also eligible to receive Value Added Services (VAS): see Value Added Services section. The EBCI Tribal Option Care Managers will inform members about these extra benefits and we also encourage you to access these services. Request forms can also be located at [www.ebcitribaloption.com](http://www.ebcitribaloption.com). North Carolina Department of Health and Human Services (NCDHHS), Division of Health Benefits:

- **Phone: 1-800-662-7030**
- **<https://medicaid.ncdhhs.gov>**



## Standard Plans or Behavioral Health I/DD Tailored Plans

In 2015, the NC General Assembly enacted legislation directing DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care. Under managed care, the state contracts with insurance companies, which are paid a predetermined set rate per enrolled person to provide all services. The Department was on track to go live Feb. 1, 2020; however, new funding and program authority were required from the General Assembly to meet this timeline and Medicaid Managed Care was suspended in November 2019. In July 2020, legislation authorized the restart of Medicaid Managed Care transformation efforts with a July 1, 2021, launch date for Standard Plans and a July 1, 2022, launch date for Behavioral Health I/DD Tailored Plans.

Members of the EBCI Tribal Option may not belong to both the Standard Plan and the EBCI Tribal Option. They must select one. However, members of the EBCI Tribal Option may belong to both the Tailored Plan and the EBCI Tribal Option. The reason for the difference is because Members may only access the Medicaid Innovations Waiver and behavioral health state funds through the Tailored Plan. The EBCI Tribal Option care managers will work with the Tailored Plan care managers to assure collaboration and a single plan approach.

If you need further information on how to enroll in a Medicaid Managed Care health plan, please contact the Medicaid Contact Center (888-245-0179) with any questions.

Section V.B.2. Table 2: Behavioral Health Services Covered in Standard Plans and BH I/DD Tailored Plans	
BH, I/DD, and TBI Services Covered by <u>Both</u> Standard Plans and BH I/DD Tailored Plans	BH, I/DD and TBI Services Covered <u>Exclusively</u> by BH I/DD Tailored Plans (or LME/MCOs Prior To Launch)
<i>Enhanced BH services are italicized</i>	
<b>State Plan BH and I/DD Services</b> <ul style="list-style-type: none"> <li>• Inpatient BH services</li> <li>• Outpatient BH emergency room services</li> <li>• Outpatient BH services provided by direct-enrolled providers</li> <li>• Psychological services in health departments and school-based health centers sponsored by health departments</li> <li>• Peer supports</li> <li>• <i>Partial hospitalization</i></li> <li>• <i>Mobile crisis management</i></li> <li>• <i>Facility-based crisis services for children and adolescents</i></li> </ul>	<b>State Plan BH and I/DD Services</b> <ul style="list-style-type: none"> <li>• Residential treatment facility services</li> <li>• <i>Child and adolescent day treatment services</i></li> <li>• <i>Intensive in-home services</i></li> <li>• <i>Multi-systemic therapy services</i></li> <li>• Psychiatric residential treatment facilities (PRTFs)</li> <li>• <i>Assertive community treatment (ACT)</i></li> <li>• <i>Community support team (CST)<sup>10</sup></i></li> <li>• <i>Psychosocial rehabilitation</i></li> <li>• <i>Substance abuse non-medical community residential treatment</i></li> <li>• <i>Substance abuse medically monitored residential treatment</i></li> </ul>

Section V.B.2. Table 2: Behavioral Health Services Covered in Standard Plans and BH I/DD Tailored Plans	
BH, I/DD, and TBI Services Covered by <u>Both</u> Standard Plans and BH I/DD Tailored Plans	BH, I/DD and TBI Services Covered <u>Exclusively</u> by BH I/DD Tailored Plans (or LME/MCOs Prior To Launch)
<b>Enhanced BH services are <i>italicized</i></b>	
<ul style="list-style-type: none"> <li>• <i>Professional treatment services in facility-based crisis program</i></li> <li>• <i>Outpatient opioid treatment<sup>9</sup></i></li> <li>• <i>Ambulatory detoxification</i></li> <li>• <i>Research-based BH treatment for Autism Spectrum Disorder (ASD)</i></li> <li>• <i>Diagnostic assessment</i></li> <li>• <i>Non-hospital medical detoxification</i></li> <li>• <i>Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization</i></li> <li>• <i>Early and periodic screening, diagnostic and treatment (EPSDT) services</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Substance abuse intensive outpatient program (SAIOP)</i></li> <li>• <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i></li> <li>• <i>Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)</i></li> </ul> <p><b>Waiver Services</b></p> <ul style="list-style-type: none"> <li>• Innovations waiver services</li> <li>• TBI waiver services</li> </ul>

Additional information on obtaining these services is available at [NC Medicaid: Transformation \(ncdhhs.gov\)](https://www.ncdhhs.gov/nc-medicaid-transformation)

### EBCI Tribal Option Privacy and Security Procedures

EBCI Tribal Option complies with all federal and applicable North Carolina regulations regarding member privacy and data security, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Standards for Privacy of Individually Identifiable Health Information as outlined in 45 CFR Parts 160 & 164. All member health and enrollment information are used, disseminated, and stored according to Plan policies and guidelines to ensure its security, confidentiality and proper use. As an EBCI Tribal Option PCP, you are expected to be familiar with your responsibilities under HIPAA and 42 CFR, Part 2, which governs the confidentiality of alcohol and drug treatment information and to take all necessary actions to fully comply.

In the event of a breach of a Member’s protected health information, PCP shall follow the requirements of the HIPAA Breach Notification Rule (45 CFR §§ 164.400-414). In addition, PCPs shall notify the EBCI Tribal Option of any breach of a Member’s protected health information within fifteen (15) business days following discovery of the breach.

### PCP Network Requirements


PCP must adhere to all terms and conditions agreed upon in the signed contract with the EBCI Tribal Option ([www.ebcitribaloption.com](http://www.ebcitribaloption.com)) and be compliant with all applicable federal and/or North Carolina regulations, including the following requirements and responsibilities.



**General Requirements. PCP shall:**

- Be enrolled in Medicaid and as a Carolina Access provider or Advanced Medical Home provider.
- Not be excluded from participation in federal health care programs.
- Comply with the following federal and state laws and regulations including, but not limited to: the Americans with Disabilities Act/Rehabilitation Act; Health Insurance Portability and Accountability Act; Program Integrity/Fraud, Waste & Abuse; Federal and NC False Claims Acts; Fraud Enforcement and Recovery Act; Federal and NC Advance Directives; Title VII of the Civil Rights Act; medical coverage policies of the NC DHHS; and all guidelines, policies, provider manuals, implementation updates, and bulletins published by CMS, the NC DHHS, the EBCI Tribal Option, its divisions and/or its fiscal agent in effect at the time the service is rendered.
- Maintain standards of professional conduct, including all licenses, qualifications, accreditations, credentials and privileges required to provide the services and provide care in conformity with North Carolina licensure (or other state licensure laws for IHS providers) laws and regulations, and generally accepted medical practice following national and regional clinical practice guidelines or guidelines approved by the North Carolina Physicians Advisory Group.
- Not collect Medicaid deductibles, copayments, coinsurances, or fees from EBCI Tribal Option Members.
- Provide a welcome call to new Members to educate them about the services, to schedule initial checkups, and to assist with identifying any health issues.
- Cooperate with Members regarding Member appeals and grievance procedures.
- Receive prior approval from the EBCI Tribal Option before distributing any marketing materials concerning the EBCI Tribal Option.
- File a grievance with the EBCI Tribal Option or the NC DHHS.
- Notify the Tribal Option of changes in address.

**Service Provisions. PCP shall:**

- Verify Member's active Medicaid/Health Choice eligibility for care management coordination services, the Medicaid benefit package, and service coverage. This is not verification of Medicaid eligibility.
  - Accept eligible Members in the order in which they apply, without discrimination on the basis of race, age, color, national origin, sex, sexual orientation, gender identity, or disability, and without restriction to the Member's free choice of family planning services and supplies providers, pursuant to the terms of this agreement.
  - Provide primary and preventative services as defined by NC Medicaid policy.
- 

- Refer potentially eligible Members to the Women’s Infant Children (WIC) Program with the Member’s consent to release of relevant medical record information.
- Not make an automatic referral to the ER for non-emergencies.
- Arrange for call coverage or other back up to provide services.
- Provide twenty-four hour contact for services and consultation or referrals.
- 
- For pregnant women, the PCP uses the NC DHHS’s high risk screening tool or the EBCI Tribal Option’s high risk screening tool to identify and refer women at risk for an adverse birth outcome to a more intensive set of Care Management services.
- Ensure timely access to and provision, coordination, and monitoring of physical and behavioral health needs to help the Member maintain or improve his or her physical and behavioral health.
- Promptly arrange referrals for medically necessary health care services that are not provided directly and document referrals for specialty care in the medical record.
- Maintain ongoing responsibility for the Member’s follow-up care and for updating the medical record about care provided.

**Medical Records. PCP shall:**

- Maintain confidentiality of Members’ medical records and personal information and other health records as required by law.
- Maintain adequate and unified medical and other health records according to industry and PCCM standards.
- Make copies of such medical records available to the EBCI Tribal Option and the NC DHHS immediately upon request in either paper or electronic form, at no cost to the requesting party.
- Maintains and shares, as appropriate, a Member health record in accordance with professional standards and state and federal law.
- In the event a Member changes his or her primary care provider, the PCP shall transfer the Member's medical record to the receiving provider upon the change of primary care provider at the request of the receiving provider or as authorized by the Member within thirty (30) days of the date of the request.
- Inform the EBCI Tribal Option as soon as practical of any unauthorized disclosure or misuse of any Protected Health Information (“PHI”) or personal identifying information of which the PCP becomes aware.

**Quality Measures. PCP shall** coordinate and cooperate with the EBCI Tribal Option to:

- Achieve the Performance Measures that are selected annually by the EBCI Tribal Option and reported quarterly to NC DHHS.



- Address the population health priorities that are selected annually by the EBCI Tribal Option.

**Care Management**

- PCP’s care manager, or designated staff, shall coordinate with the EBCI Tribal Option’s care managers in completing and updating the Members’ Comprehensive Assessment and Care Needs Screening and resolving any Member issues.
- PCP’s care manager shall timely respond to the EBCI Tribal Option’s data needs including Member visit notes, performance measures and additional required information.

**Access Standards**

- Provide direct patient care a minimum of thirty (30) office hours per week.
- See Members within the following standards of appointment availability:

<b>Routine Well Care</b>	Within thirty (30) days of presentation or notification
<b>Pregnant Members</b>	Within fifteen (15) days of presentation or notification
<b>Routine Sick Care</b>	Within three (3) days of presentation or notification
<b>Urgent Care Services</b>	Within twenty-four (24) hours of presentation or notification
<b>Emergency Care</b>	Go to the hospital emergency room immediately (available 24 hours a day, 365 days a year)
<b>Hospital Discharge</b>	Within two (2) weeks of discharge

- Maintain minimal office wait times for Members and serve Members as close to the appointment time as possible with the same priority as all other patients.

**Cultural Sensitivity and Accessibility Requirements**

In providing care to EBCI Members, it is important for the PCPs to render “culturally sensitive” care recognizing cultural differences. Cultural dynamics within the EBCI community include having a holistic approach to health and wellness with physical, mental, emotional, and spiritual aspects of health each being important.

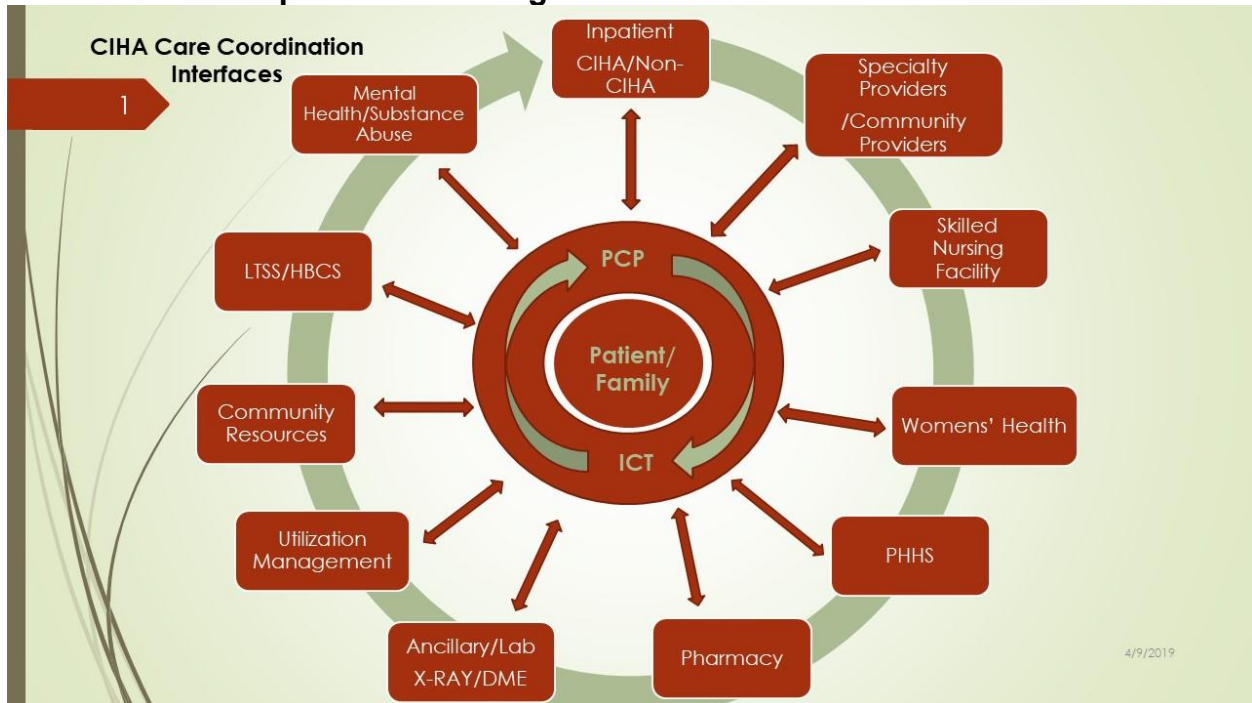
Another distinction is the use of non-verbal cues and gestures. Careful observation is needed to interpret this non-verbal communication. American Indians may look down to show respect or deference to elders. There also needs to be a heightened respect for Tribal leaders, elders, and veterans.

In providing care to an EBCI member, from a patient’s point of view, storytelling is very important, and contrasts with the non-Native “get to the point” mentality. To that point, the PCP may consider having separate treatment rooms and talking rooms. Talking rooms are comfortable rooms where conversations happen between the physician, patient, and other team members. The intent is to spend more time in the talking rooms and less time in the treatment rooms as treatment rooms show a MD/patient relationship and talking rooms demonstrate a “we” approach to care.


Each family is the expert on their culture and needs. When developing goals, priorities and identifying resources, the Member leads the process in making all final decisions. They should be empowered to take charge of their goals, objectives, and interventions. The EBCI Tribal Option will provide PCP’s with trainings on cultural humility and sensitivity.

PCP’s will ensure that their office locations comply with the Americans with Disabilities Act to provide accommodations for people with physical disabilities, including in offices, exam rooms and equipment. As needed, the EBCI Tribal Option shall provide language assistance services, including the provision of qualified interpreters and translation services, and auxiliary aids and services to Members. PCP’s shall indicate their linguistic capabilities, i.e., languages (including American Sign Language) offered by the PCP or a skilled medical interpreter at PCP’s office.

**The EBCI Tribal Option Care Management Model**



Each Member who enrolls in the EBCI Tribal Option is assigned a Care Manager. The Care Manager helps to ensure services are coordinated across multiple settings of care;



primary care, specialty care, behavioral health, pharmacy, long term care, home health, and community-based resources. Members with high medical, behavioral or social needs have access to a program of care management that includes the involvement of a multidisciplinary care team and the development of a written care plan. Through the utilization of key approaches such as motivational interviewing, the Care Manager ensures Member goals are at the center of the individualized care plan and assist the Member in enhancing his or her autonomy and collaboration within his or her care team.

EBCI Tribal Option Care Management utilizes a variety of approaches to screen and identify members who may benefit from Care Coordination Services. These activities include:

- Care needs screening results
- Claims History
- Claims analysis
- Pharmacy Data
- Immunizations
- Lab results
- Admission, Discharge, transfer (ADT) feed information
- Provider referrals
- Self-Referral from Member or Primary Care Giver
- Referrals from Social Services
- Risk Stratification Data
- ADT (Admission, Discharge and Transfer Alerts) Reports
- Risk Stratification Data from PHPs
- Medicaid 834 Report
- Medicaid Transition of Care Report

## **Care Coordination and Discharge Planning**

Care Coordination for all Members will include support and assistance with the following:

- Schedule medical appointments;
- Obtain proper medical equipment;
- Provide health education and health coaching; and
- Maintain age-appropriate immunizations, preventive screenings, and routine well visits.
- Assist Members with the following activities to improve health:
  - Manage chronic disease (i.e. disease management programs);
  - Population Health Programs that include patient self-management and goal-setting;
  - Address gaps in care;
  - Manage medications;

- Coordinate with obstetricians, midwives, family physicians and other providers involved in the care of a Member who is pregnant or recently delivered;
- Ensure Members have access to reasonable and adequate hours of operation, including: appropriate weekend and evening hours for non-emergent care; and 24-hour availability of information, referral, and treatment for emergency medical conditions.

For Members with identified unmet health-related resource needs, the EBCI Tribal Option shall, as part of care coordination:

- Coordinate services provided by community and social support providers to address Members' unmet health-related resource needs;
- Link Members to local community resources and social supports; and
- Modify their approaches based on tracking of outcomes, as needed to optimize Members' health.

### **Discharge/Transitions of Care**

Transitional care management is the coordination of services, activities and supports when a Member moves from different levels of care or service type such as inpatient, residential treatment to outpatient. Transitional care management is integral in preventing unplanned or unnecessary readmissions, emergency room use or adverse health outcomes. The EBCI Tribal Option care manager will coordinate with the facility or the service discharge planning, with their involvement beginning at the point of admission. Early participation ensures that the discharge planning process considers the Member's medical/behavioral health needs, their housing and social support systems, and that supports are in place on the day of discharge. The EBCI Tribal Option care manager shall update the existing or create a new care plan accordingly to reflect the new level of care and/or delivery of services and supports.

The EBCI Tribal Option will manage transitional care for all Members moving from one clinical setting to another to prevent unplanned or unnecessary readmissions, emergency department visits, or adverse outcomes. In determining whether a patient is at risk for readmission or other poor outcomes, the Care Manager will consider the following:

- Frequency, duration, and acuity of inpatient, SNF and LTSS admissions or ED visits
- Discharges from inpatient behavioral health services, facility-based crisis services, non-hospital medical detoxification, medically supervised or alcohol drug abuse treatment center;
- NICU discharges;
- Clinical complexity, severity of condition, medications, risk score and healthy opportunities.



## **Risk Stratification**

Risk Stratification is a part of the Care Management/data analytics platform. The stratification process is used to help identify Members based on clinical or social factors in order to identify or separate the served populations into levels of acuity or need. The tool used in this process is by no means to replace clinical judgement or interrupt the Member relationship.

## **Changes in Enrollment**

There will be instances where individuals will be enrolled with a PHP or a LME/MCO and decide to join the EBCI Tribal Option. The PHP from which the Member is transferring will transfer relevant Member information, including medical records, care management records, open service authorizations, prescheduled appointments and other pertinent materials, to the EBCI Tribal Option. Notification of establishment of care, with the EBCI Tribal Option will be a priority so that the transition of care shall be with minimal disruption to Members' established relationships with providers and existing care treatment plans and the Care Manager will follow up with you for any necessary actions.

When the EBCI Tribal Option receives new Members, who were previously Members in the Medicaid Fee-for Service program (Medicaid Direct), the EBCI Tribal Option Care Manager will contact the Member's AMH/PCP or the DHHS's designated Fee-for-Services Care Management vendor within five (5) business days of the Department's notification of the Member's anticipated enrollment date, to request the necessary medical records and relevant information as noted above.

## **Terminated Providers**

In instances in which a PCP leaves the EBCI Tribal Option network for expiration or nonrenewal of the contract and the Member is in ongoing course of treatment or has an ongoing special condition, the Member may continue seeing his/her provider rendering the treatment, regardless of the provider's network status as long as the provider continues participation in NC Medicaid. The EBCI Tribal Option care manager will work with the exiting PCP in obtaining and transferring the medical records to the newly selected PCP as applicable.

There may be instances in which a provider is terminated from NC Medicaid or leaves the EBCI Tribal Option network. In these situations, the EBCI Tribal Option will notify the Member, in writing, within seven (7) days and assist the Member in transitioning to an appropriate in-network provider that can meet the Member's needs.

## **Care Coordination Oversight**

The Care Management staff members will assist the EBCI Tribal Option to meet quality measures/initiatives and reporting needs. This will be accomplished with a standardized care management platform, use of clinical pathways, adherence to evidence-based care, and a focus on population health programs that support optimal health for all

Members. At no point during the care management process is standardization to replace the concepts of U wa shv u da nv te lv (The One Who Gives From Their Heart) and Di qwa ste li l yu n(i) s di (Like My Own Family to Me), two core principles of CIHA and the EBCI Tribal Option. At all times, the Care Managers shall adhere to the Members Rights and Responsibility Policy in their provision of care management.

The EBCI Tribal Option shall adopt and adhere to a Quality Plan. This plan will be compliant with the EBCI Tribal Option Contract requirements and employ industry standards, practices, and guidelines.

### Value Added Services

The EBCI Tribal Option will offer the following Value-Added Services. Members will be notified of these Services via the Enrollment Broker, Health Plan Choice Guide, the EBCI Tribal Option website, Member welcome packet and Member Handbook. Care Managers will also inform Members of access to the service. PCPs will be notified of these Services via the EBCI Tribal Option website, the Provider Manual and the EBCI Tribal Option care manager.

Value Added Service	Definition of Criteria	Prior Authorization?	Responsibility
Enrollment in Cherokee language classes and required supplemental learning materials.	Limited to enrollment in classes offered by Cherokee Choices.	None required.	Cherokee Choices, not a Medicaid provider.
Car Safety Seat.	Car Safety Seat for newborns; EBCI Tribal Option Member is not eligible for car seats from other agencies or programs.	Referral by care manager; limited to newborns.	This VAS not provided by a Medicaid provider.
Up to \$75 gift cards for adherence to prenatal appointments.	Adherence of prenatal appointments as defined in the Member's care plan. Required appointments as ordered by the treating physician for the pregnancy.	Submission of Care Manager authorization to Member Services Manager for distribution of \$25 gift card per trimester.	EBCI Tribal Option shall issue gift cards.
Up to \$250 voucher for a computer	Ineligible for EBCI Higher Education	Will follow the EBCI Higher	Not a Medicaid enrolled provider.

Value Added Service	Definition of Criteria	Prior Authorization?	Responsibility
upon acceptance to and full-time enrollment to an institution of higher education.	Services. Proof of acceptance and full-time enrollment into institution of higher education.	Education Policy. Purchase is available for members of the EBCI Tribal Option who do not meet benefit eligibility for enrolled members of EBCI.	
Transportation related to care plan within routes and region covered by Cherokee Transit.	Transportation provided for job training and other activities required for implementation of the individual's care plan.	Referral by Care Manager.	Available through Cherokee Transit, a NEMT provider.
Up to \$750 voucher for Associate Degree, tuition and materials.	Must be 21 years or older; submit request to EBCI Tribal Option Member Services Unit; and ineligible for services from EBCI Department of Education.	Submit request to Member Services Unit. Will follow the EBCI Higher Education Policy. Available for members of the EBCI Tribal Option that do not meet benefit eligibility for enrolled members of EBCI.	Not a Medicaid provider.
Up to \$250 GED examination voucher, materials, and life skills training.	Must be 19 years or older; submit request to EBCI Tribal Option Member Services Unit for approval; and ineligible for EBCI Higher Education Services.	First must ensure member is not eligible for Tribal education reimbursement. Will follow the EBCI Higher Education policy. Available for members of the EBCI Tribal Option who do not meet benefit eligibility for enrolled members of EBCI.	Not a Medicaid enrolled provider.

Value Added Service	Definition of Criteria	Prior Authorization?	Responsibility
Offering of nutrition, cooking, and exercise classes.	All EBCI Tribal Option members are eligible for attendance to these classes offered by EBCI, CIHA or other Tribal entities.	None required.	CIHA, EBCI or other Tribal entities or activities sponsored or endorsed by CIHA.
Purchase of 1 pair of sport shoes per calendar year.	Must be 18 and under and ineligible for the EBCI shoe program or maximized benefit from the EBCI shoe program.	Prior authorization required.	Purchase of shoes only through the Birdtown Recreation Center.

### Reporting and Documentation Submission

- PCP shall make copies of medical records available to the EBCI Tribal Option. The records shall be made available and furnished upon request in either paper or electronic form, at no cost, to the requesting party.
- PCP Care Manager, or delegated staff, shall timely respond to the EBCI Tribal Option's data needs, including member visit notes, performance measures and additional information.
- PCP Care Manager shall coordinate with the EBCI Tribal Option's care managers in completing and updating the Members' Comprehensive Assessment and Care Needs Screening and resolving any member issues.
- PCP agrees to provide prompt, reasonable, and adequate access to the EBCI Tribal Option any records, books, documents, and papers that relate to the EBCI Tribal Option and/or the PCP's performance of its responsibilities.

### Provider Grievance/Complaint Process, Investigation and Resolution Procedures

#### Provider Grievance Process

- The EBCI Tribal Option has developed a Provider Grievance Policy ([www.ebcitribaloption.com](http://www.ebcitribaloption.com)) that establishes how PCPs may express dissatisfaction about any matter related to the agreement between the PCP and the EBCI Tribal Option.
- Provider Grievances may be related to, but are not limited to, issues regarding quality of care, professional conduct, and program fraud.



- PCPs may file a Provider Grievance about the Contractor's employees, other PCPs, or their staff, the EBCI Tribal Option's Subcontractors, other Members, or other personnel.
- The EBCI Tribal Option shall allow the PCP to file a Provider Grievance either orally or in writing at any time and shall acknowledge receiving the Grievance.
- The EBCI Tribal Option shall decide regarding the Provider Grievance and provide notice to the PCP of its decision within fifteen (15) CIHA business days of receipt of the Provider Grievance.
- The EBCI Tribal Option may extend the timeframe for processing a Grievance by up to fourteen (14) calendar days if the Contractor shows there is a need for additional information and that the delay is in the best interest of the PCP.
- If a PCP is dissatisfied with the disposition of a Grievance, the PCP may bring the unresolved Grievance to the Department.

#### **Provider Grievances Recordkeeping and Reporting**

- Consistent with 42 C.F.R. § 438.66(c)(3), the EBCI Tribal Option shall maintain a Provider Grievance Log.
- The EBCI Tribal Option shall maintain records of all PCP grievances and shall review the information as part of its ongoing monitoring procedures.

#### **Filing Grievances Directly with the Department**


- PCPs shall also have the option to file a Grievance directly with the Department.
- If the Department is contacted by a provider (PCP or otherwise) or other individuals/entities with a Grievance regarding concerns about the EBCI Tribal Option, the EBCI Tribal Option shall address all issues as soon as possible after the Department has informed the EBCI Tribal Option of the concern.
- The EBCI Tribal Option shall keep the Department informed about progress on resolving concerns in real time and shall advise the Department of final resolution.

#### **Medicaid Managed Care Ombudsman Program**

Providers may contact the NC DHHS Ombudsman Program established to assist Providers with submitting a complaint about the EBCI Tribal Option or any PHP. Providers may call the Medicaid Managed Care Provider Ombudsman Program at 919-527-6666. Providers can also find more information about the Medicaid Managed Care Provider Ombudsman Program and how to submit a complaint via email at [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov).

#### **Performance Improvement Procedures**

The EBCI Tribal Option is responsible for creating the Provider Performance Reports. The reports will be forwarded to PCPs on a quarterly basis. The purpose of the Provider



Performance Report is to give PCPs a snapshot into how they are performing in specified areas among their network peers.

The reports may include performance data related to Accessibility, Quality Improvement Activities, and various other measures. The data is for informational purposes and may assist the health care provider in improving internal processes, such as data collection and validation.

### **Annual Policy and Procedure Review**

The EBCI Tribal Option and CIHA Quality staff are charged with the maintenance of all EBCI Tribal Option Resources' policies and procedures. This is inclusive of all new and revised policies and procedures and are facilitated through the appropriate approval process and provided to all staff, network providers and contractors. In addition, quality management staff are responsible for ensuring that the annual review of policies and procedures are completed by the Quality Improvement Committee. As a PCP network member, your input and review will be valuable to this process.

### **Satisfaction Surveys**

The Cherokee Indian Hospital Authority and EBCI Tribal Option, are responsible for facilitating the Provider and Member Surveys annually.

### **Survey Analysis**


Once the surveys are completed, they are returned to EBCI Tribal Option. The EBCI Tribal Option will conduct an analysis of the survey results. All results are reviewed by the QIC and other appropriate committees to identify any systematic issues that would need to be addressed by the EBCI Tribal Option through corrective actions or quality improvement activities. The discussion details, conclusions drawn, and any action required would be documented in the meeting minutes.

### **Communication of Survey Results**

The EBCI Tribal Option and CIHA Quality Management staff is committed to sharing information with our Members, families, and PCPs about our quality assurance initiatives. The results of Satisfaction Surveys with Members, families, and PCPs will be posted on the EBCI Tribal Option website and shared with various committees including Patient and Family Advisory Council (PFAC), and the Provider Council.

### **Clinical Practice Guidelines**

The EBCI Tribal Option is contractually mandated to select, communicate, and evaluate the use of Clinical Practice Guidelines utilized by health care providers within the Network. The EBCI Tribal Option is accountable for adopting and disseminating clinical practice guidelines relevant to its members for the provision of acute and chronic health care services. The EBCI Tribal Option uses nationally recognized MCG Health, LLL ("MCG") clinical practice guidelines to help practitioners and members make decisions about appropriate health care for specific clinical disease and/or condition states. We encourage the proper implementation of MCG or equivalency in clinical practice. The clinical guidelines for adoption meet criteria for being evidence-based, measurable and



sustainable. The MCG Chronic Care Guidelines are NCQA accredited and reviewed and edited (as needed) annually.

### **Data Analytics**

The Quality Management staff, in partnership with others leads the analytic function for supporting the continuous quality improvement efforts of the EBCI Tribal Option and for identification and addressing areas of operational need. We can drill down analytics, allowing us the opportunity to discover health disparities in quality metrics and to gain a better understanding across venues of performance. This will broaden our understanding of what is driving the gaps in services and aid in identifying areas for improvements, to improve the quality of care for EBCI Tribal Option members. The EBCI Tribal Option will utilize the information provided to guide process and policy decisions and annual improvement goals. All of this information will be shared with the PCP network for feedback and analysis.

### **Quality Measure Indicators**

In consideration of the Eastern Band of Cherokee Indians (EBCI) Tribal Health Assessment 2018 and in partnership with NC Department of Health and Human Services (DHHS), the EBCI Tribal Option Quality Management Program has adopted the key performance measures established and listed in Attachment A of your PCP Contract. The quality measures are not reflective of the entire scope of services provided by CIHA and the EBCI Tribal Option. They were chosen because they directly impact patient care, reflect standards of care, reliable measures, and readily available data sources.


### **State Reporting**

The EBCI Tribal Option is responsible for ensuring that the reporting requirements outlined in the NC DHHS, Division of Health Benefits and EBCI Tribal Option Contract with DHHS are met. The EBCI Tribal Option, ensures that all state reports are developed according to the NC Medicaid templates provided, reviewed and validated to determine any areas of deficiencies that may need remediated in a timely manner to the appropriate entities.

### **Dashboards**

CIHA and the EBCI Tribal Option are responsible for internal reporting requirements for the purposes of data analysis, tracking, trend identification, compliance and monitoring services provided. The Cherokee Indian Hospital Authority and EBCI Tribal Option have developed an analytical dashboard that highlight strengths and identify areas that may need improvement. The Analytics Dashboard will be reviewed by numerous committees including CIHA Governing Board, CIHA Executive Committee, Quality Improvement Committee, PFAC, and the Provider Council. Identified areas of concern will be addressed by the Quality Improvement Committee for possible corrective action and the PCP network will be informed.

Additionally, the EBCI Tribal Option has developed an operational dashboard that will help facilitate the EBCI Tribal Option Care Management workflow. The Operational Dashboard is generated daily and is inclusive of a variety of care management



functions. The Operational Dashboard will be reviewed daily with the EBCI Care Management team and may trigger communication with your designated office staff or your PCP care manager.

### **Quality Management Program Evaluation**

The EBCI Tribal Option and CIHA will complete an evaluation of the Quality Management Program annually. The evaluation will be an assessment of the effectiveness of the components of the EBCI Tribal Option Primary Care Case Management (PCCM). The evaluation will outline accomplishments, limitations and/or barriers to meeting objectives, and recommendations for the following year. The evaluation will include the structure and functioning of the overall EBCI Tribal Option, the processes in place, and the outcomes of QI activities. The Quality Management evaluation will include the following:

- Review of progress and/or status of annual goals;
- On-going monitoring of identified issues;
- Evaluation of the effectiveness of each quality improvement activity;
- Review of trends of clinical indicators;
- Evaluation of the improvements occurring because of quality improvement efforts;
- Evaluation of PCPs adherence to and implementation of evidence-based care;
- Evaluation of adequate staffing resources;
- Evaluation of program structure and process; and
- Goals and/or recommendations for the quality work plan for the following year.

Based on the annual program evaluation, the annual Quality Management Work Plan may be revised and a new QM Work Plan for the following year developed to guide and focus the work for the next year. Your participation and review of the plan will be requested.

### **Member Rights and Responsibilities**

All PCPs are expected to adhere to the EBCI Tribal Option Member Rights and Responsibilities. Listed below is a copy of the EBCI Tribal Option Member Rights and Responsibilities. The EBCI Tribal Option Member Rights and Responsibility policy may be found at [www.ebcitribaloption.com](http://www.ebcitribaloption.com)


#### **Member's Bill of Rights**

##### **Right to Considerate and Respectful Care**

**You have the right to:**

- Expect that we will respect your dignity and privacy as you utilize our care, services and providers.



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- Expect that we will respect your values and beliefs. We will support your beliefs as long as they do not hinder the well-being of others or your planned course of care.
  - Be cared for and supported with respect without regard to health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity.
  - To report abuse, neglect, discrimination or harassment to any health care worker, manager, or executive director.

### **Right to Information**

#### **You have the right to:**

- Obtain current and understandable information from physicians and caregivers regarding your diagnosis, treatment, and prognosis except in emergencies in which you lack decision-making capacity and the need for treatment is urgent.
- Discuss and request information related to specific procedures and treatments, including risks involved and reasonable alternatives, and to have the information interpreted, when necessary. You or someone you choose will have access to this information and interpreted as necessary, except when restricted by law.

### **Right to Decide or Refuse Treatment**

#### **You have the right to:**

- Take part in planning your care and having an active role in the person-centered plan including refusal of treatment, supports or recommendations at any time.
- Be consulted if a doctor wants you to take part in a research program or donor program, and let you choose whether or not to do so. You will receive quality care and support whether you choose to take part or not.

### **Right to Privacy**

#### **You have the right to:**

- Every consideration of privacy. Discussion of your care, consultations, examinations, and treatment will be conducted privately and discreetly. Individuals not directly involved in your care must have your permission to be present.

### **Right to Confidentiality**

#### **You have the right to:**

- Expect that all communications and records pertaining to your care will be treated as confidential except in cases of suspected abuse and public health hazards when reporting is required by law.

### **Right to Reasonable Response**

#### **You have the right to:**

- Obtain second opinions or request external assistance in accomplishing your care plan goals. You may include family, friends, and advocates on your care team to assist you with understanding and addressing your identified care support needs,
- Obtain second opinions or request external assistance in accomplishing your care plan goals. You may include family, friends and advocates on your care team to assist you with understanding and addressing your identified care support needs.

### **Right to Continuity of Care**

#### **You have the right to:**

- Reasonable continuity of care. You have the right to know in advance what appointment times and physicians are available.
- Expect that your providers and other support agencies will keep you informed of your continuing health care requirements following discharge.

### **Right to Advance Directive**

#### **You have the right to:**

- An Advance Directive, such as a living will or healthcare power of attorney. These documents express your choices about your future care or name someone to make decisions if you cannot speak for yourself. A copy of the healthcare power of attorney will be required whenever that person is making decisions on your behalf.
- Receive information and assistance in the formulation of advance directives. You can receive this help by contacting your Primary Care Provider, Care Manager, or EBCI Tribal Option Member Services.

### **Right to Knowledge of Policies and Practices Affecting Your Care**

#### **You have the right to:**

- Be informed of our policies and practices that relate to your care and services.
- Voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
- Be informed of resources for resolving disputes and grievances. If your concerns are not resolved with the EBCI Tribal Option, you may report them to the NC DHHS Office of Civil Rights.

### **Right to an Interpreter**

#### **You have the right to:**

- An interpreter, translation services or other forms of communication if you do not speak English or if you have trouble reading or hearing.
- You have the right to a minister/spiritual advisor of your choice.
- You have the right to present your concerns, receive spiritual care, receive advice concerning ethical issues related to care, discharge planning, and money

matters concerning care. You can also receive help with protection from abuse, discrimination, and neglect. You can report your concerns to your Primary Care Provider, your Care Manager, or EBCI Tribal Option Member Services, or by visiting the EBCI Tribal Option website: [www.ebcitribaloption.com](http://www.ebcitribaloption.com)

### **Member Responsibilities**

- Provide correct and complete reports about your health.
- Let your doctor and care manager know if you do not understand the plan for your care and services or your role in that plan.
- Participate in your plan of care and services prepared by you, your PCP and your care team.
- Understand the fact that you may cause your health to become worse if you refuse treatment or do not follow your care plan.
- Report changes in your health and keep your appointments.
- Take into account the needs and feelings of other patients and members of your care team.
- Provide Advance Directives (Five Wishes, Living Will or Healthcare Power of Attorney) if you have one.

### **Rights and Responsibilities for Pediatric Members and their Families**

In addition to the rights and responsibilities listed, the following rights and responsibilities apply to pediatric patients (individuals under 18 years of age):  
You have the right to:

- Receive timely reports about your care that you can understand.
- Emotional support.
- Your need to grow, play and learn.
- Make your own choices when you are able.

### **Families Responsibilities**

- Provide correct, complete reports about your child's health.
- Give your child the care he or she needs.
- Think about and respect the rights of other patients, families, and other members of the care team.

### **Provider Program Integrity**

The EBCI Tribal Option is committed to ensuring that it operates under the highest ethical and moral standards, and that its business activities comply with applicable laws and with the ethical directives for our health care entity. This level of integrity is evidenced through truthfulness, the absence of deception, and respect for, and adherence to, applicable laws. PCPs are expected to follow the NC Medicaid policies, EBCI Tribal Option policies as well as all applicable state and federal laws, and conduct

their business and personal activities with the highest level of integrity. Illegal or dishonest activities include violations of federal, state or local laws; billing for services not performed or for goods not delivered; and other fraudulent financial reporting.

If a PCP suspects fraud, waste or abuse or other illegal activity, PCPs should report to one of the following entities:

- CIHA or the EBCI Tribal Option
- The Department of Health and Human Services, Office of the Secretary
- The Office of the State Auditor
- The Office of the Attorney General
- **EBCI Tribal Option Hotline: 1-800-455-9014**
- **NC Medicaid Hotline: 1-877-362-8471**
- NC Medicaid Fraud and Abuse Confidential Complaint Form:  
<https://medicaid.ncdhhs.gov/meetings-and-notices/report-fraud-or-abuse/medicaid-fraud-and-abuse-confidential-complaint>

You also have the right to file a whistleblower action. For more details about the EBCI Tribal Option Whistleblower Policy, refer to the EBCI Tribal Option website:  
**[www.ebcitribaloption.com](http://www.ebcitribaloption.com)**

PCP is subject to all applicable state and federal laws, rules, regulations, waivers, policies and guidelines, and court-ordered decrees, settlement agreements, or other court orders that apply to this agreement and the EBCI Tribal Option's managed care contract with NC DHHS, and all persons or entities receiving state and federal funds. Any violation by a PCP of a state or federal law relating to the delivery of services, or any violation of the EBCI Tribal Option's contract with NC DHHS, could result in liability for money damages, and/or civil or criminal penalties and sanctions under state and/or federal law.

PCP must notify, in writing, the EBCI Tribal Option and the NC DHHS of any criminal conviction of PCP or its Providers within twenty (20) days of the date of the conviction. The EBCI Tribal Option will receive updates from NC Medicaid regarding PCP credentialing and other actions that may occur through licensure boards or criminal convictions.

Policies:

The following policies must be reviewed as they directly impact your participation in the EBCI Tribal Option. These policies are included in this manual via hyperlink and hard copies may be requested by contacting the EBCI Network Services at **1-800-260-9992**.

EBCI Whistleblower Policy

EBCI Non-Discrimination Policy





EBCI Member, Provider and Employee Conflict of Interest Policy

EBCI Grievance Policy

EBCI Member Rights and Responsibility Policy



# Attachments



## Provider Application

### Participating Practice and Provider Application Form (Please complete one (1) form for each practice location)

#### Practice Information

Practice Legal Name:

\_\_\_\_\_

Practice D/B/A:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Office Phone: \_\_\_\_\_ After-Hours Phone: \_\_\_\_\_

Hours/Days Open: \_\_\_\_\_

Website URL: \_\_\_\_\_ Accepting New Patients? \_\_\_\_\_

Affiliations (with Hospital, Health System, etc)?

\_\_\_\_\_

Linguistic Capabilities?

\_\_\_\_\_

Completed Cultural Sensitivity Training? \_\_\_\_\_ Is office accessible? \_\_\_\_\_

Practice Key Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Provider Information**

Provider's Name	Provider NP	Gender	Specialty	

**Certifications**

Our practice:

- Can meet all the requirements of the EBCI Tribal Option Primary Care Provider Agreement.
- Has not filed a petition for bankruptcy or insolvency and has not had an involuntary petition filed against it.

Our providers, our personnel and those with 5% or more ownership interest in our practice:

- Have not been debarred, excluded, suspended or otherwise ineligible to participate in any federal health care program.
- Have not had their license terminated, suspended, restricted, or reduced in any manner.
- Are not suspended or otherwise barred from participation in any state or federal health care program.
- Have not plead guilty or no contest to, or have not been convicted of a criminal offense related to the provision of health care items or services.
- Are not the subject of disciplinary action by any state or federal body or agency.
- Are not the subject of any administrative, judicial, or other proceeding, action or settlement involving the alleged violation of a state or federal health care fraud and abuse or patient safety law, rule, or regulation.

I attest that all information contained in this application is a true and accurate representation of our practice and providers and we will immediately notify the EBCI Tribal Option of any changes in this application.

\_\_\_\_\_  
Authorized Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title