



EBCI TRIBAL OPTION



Provider Manual



Purpose of this Provider Manual

The Eastern Band of Cherokee Indians (EBCI) Tribal Option is a unit within 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 (NCDHHS), the Division of Health Benefits (DHB), to participate in the North Carolina Medicaid programs to provide managed care for federally recognized tribal members and other individuals eligible to receive Indian Health Services (IHS) referred to as Member. 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 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 and is an extension of and a supplement to the Primary Care Provider (PCP) contract between the EBCI Tribal Option and primary care physicians.

This Manual is to be used as a guide for PCPs offering services through the NC Medicaid 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 NCTracks.

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 EBCI Tribal Option website at 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. To request a hard copy of the Provider Manual and/or Provider Directory from the plan at no cost, please call Provider Network Services at **1-800-260-9992**.





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

Our Core Purpose is to assure the prosperity of the next seven generations of the EBCI. We do this by working together to help Members achieve physical, mental, emotional, and spiritual wellness through relationship-based healthcare.

The heart of our health care approach 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 and enhance patient/Member and family engagement. By understanding that each patient/Member has their own story that guides their individual lifestyle choices and health care decisions. “*The Right Way*” emphasizes the importance of developing strong, trusting, and healthy relationships between the person supported and their Care Team.

Guiding Principles of Cherokee Indian Hospital and the EBCI Tribal Option

Guiding Principle One - ᎠᏍᏓᏅᏔᏁᏛ - (*u wa shv u da nv te lv*)

(English phonetics: oo wa shuh oo da nuh tay luh)

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

(English phonetics: toe hee)

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

Guiding Principle Three – ᎠᎩᎠᎩᎠᎩ - (ni hi tsa tse li)

(English phonetics: nee hee zah zay lee or nee hee jah jay lee)

“It Belongs to You”

We believe that all health care services belong to the people. CIHA and EBCI Tribal Option serve as stewards of this health care, safeguarding it and providing it to patients/Members when and how they need it.

Guiding Principle Four - ᎠᎩᎩᎩᎩᎩᎩᎩ - (di qua tse li i yu sdi)

(English phonetics: (dee gwa jay lee ee you sdee)

“Like Family to Me”

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

Introduction to EBCI Tribal Option

Welcome to the EBCI Tribal Option Provider Network. We are honored to have you as partners in achieving the goals of the EBCI Tribal Option. Those goals are:

- Supporting the EBCI’s Tribal sovereignty;
- Supporting NCDHHS’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 NCDHHS’s and CIHA’s care management infrastructure; and
- Establishing a Network of PCPs to serve Members at the right time and place.

The EBCI Tribal Option is a PCCM program, managed by Cherokee Indian Hospital. As a PCCM entity (PCCMe), the EBCI Tribal Option will coordinate all medical, behavioral health, and pharmacy services in the North Carolina Medicaid state plans. The EBCI Tribal Option will have a strong focus on primary care, preventive health, chronic disease management, and the providing of 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 (AI/AN) beneficiaries. This will all happen through partnerships with you, the Provider Network.

We want to hear from you. We invite you to participate in our Provider Council or you can call EBCI Tribal Option Provider Network 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 Care Eligible Service Program: A managed care program 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: The twenty-four (24) hour period from midnight to midnight each day. It includes all days in a month, including weekends and holidays. Unless otherwise specified, references to days in the NCDHHS/EBCI Tribal Option Contract are calendar days.

Care Coordination: Care Coordination includes organizing Member 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, services, and supports.

Care Management: Care Management is a team-based, person-centered approach to effectively manage 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 Comprehensive Assessments (across priority populations);
- Development of Care Plans (across priority populations);
- Transitional Care Management: Management of Member needs during transitions of care (e.g., from hospital to home);
- Care Management for special populations [including pregnant women and children at risk of physical, developmental, or socio-emotional delay, those in need of long-term supports, and those with I/DD or Traumatic Brain Injury (TBI)];
- Chronic Care Management (e.g., management of multiple chronic conditions);
- Coordination of services (e.g., appointment/wellness reminders, social services coordination/referrals, and use of community resources and services);
- 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.

Care Needs Screening:

A tool to identify those who have or are at risk for a chronic physical, developmental, behavioral, or emotional conditions and who require health-related or social support services of a type or amount beyond that required generally.

Cherokee Indian Hospital Authority (CIHA): An independent component unit of the Eastern Band of Cherokee Indians tribal government to oversee, supervise, and direct the operations of the Cherokee Indian Hospital and other health programs assigned to CIHA by the EBCI Tribal Council.

CIHA Business Day: Monday through Friday, 8:00am until 4:30pm, Eastern Standard Time, except for holidays observed by CIHA. These holiday dates will be submitted annually to NCDHHS and posted on the EBCI Tribal Option website at www.ebcitribaloption.com.

CMS: Federal Centers for Medicare and Medicaid Services.

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.

Contractor: Cherokee Indian Hospital Authority.

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 that 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.

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, is responsible for operating the State Medicaid programs.

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

EBCI Tribal Option PCCM Entity: The program 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 the NCDHHS/EBCI Tribal Option Contract, for providing Care Management support and other managed care functions to Medicaid populations using a Medical Home/Care Management model. This Program is referred to as the EBCI Tribal Option.

Eligibility: A series of requirements that determine whether an individual is eligible for North Carolina Medicaid Benefits.

Enrollment: The process through which a Beneficiary selects or is auto-enrolled to the EBCI Tribal Option PCCMe.

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.

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/AN individuals with health care services.

Indian Managed Care Entity (IMCE): A MCO, Prepaid Inpatient Health Plans (PIHP), Prepaid Ambulatory Health Plans (PAHP), PCCM, or PCCMe 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 (UIO), or a consortium, which may be composed of one or more Tribes, Tribal Organizations, or UIOs, and which also may include the Service. 42 C.F.R § 438.14(a).

Local Management Entity/Managed Care Organization (LME/MCO): Has the same meaning as LME/MCO as defined in N.C. Gen. Stat. § 122C-3(20c). For purpose of this Provider Manual, LME/MCO is used as the Tailored Plans.

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 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 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 or support 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 Benefits through the EBCI Tribal Option PCCMe.

NC Medicaid Direct: Refers to the Medicaid FFS program serving Beneficiaries who are not enrolled in the EBCI Tribal Option or other managed Medicaid plans.

Network Primary Care Provider (PCP): Any Primary Care Provider contracted with the EBCI Tribal Option PCCMe 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, 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.

Ombudsman Program: A Department program to provide education, advocacy, and issue resolution for Medicaid Beneficiaries whether they are in the Medicaid Managed Care program or NC Medicaid Direct. This program is separate and distinct from the Long-Term Care Ombudsman program.

Potential Member: A Beneficiary enrolled in Medicaid and eligible for enrollment in the EBCI Tribal Option PCCMe.

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 PCCMe 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 (PCCMe): As defined in 42 C.F.R. § 438.2, an organization that provides any of the following functions, in addition to PCCM services, for NCDHHS:

- 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 NCDHHS;
- 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 (LTSS) 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 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.

Purchased/Referred Care Delivery Area (PRCDA): Formally known as the contract health service delivery area, PRCDA, 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 NCDHHS/EBCI Tribal Option Contract, PRCDA refers to the five-county area where the EBCI Tribal Option PCCMe will primarily operate, which 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 beneficiaries and that are not BH I/DD Tailored Plans as described in N.C.G.S. § 108D1. 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 Article 2, 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 CIHA and/or the EBCI Tribal Option, where the CIHA and/or EBCI Tribal Option use the products and/or services of that entity to fulfill some of its obligations under the NCDHHS/EBCI Tribal Option Contract. Use of a subcontractor does not create a contractual relationship between the subcontractor and NCDHHS, only CIHA. Network PCPs are not considered subcontractors for the NCDHHS/EBCI Tribal Option Contract.

Transition of Care: The process of assisting a Member to transition between Service Delivery Systems or health plans within the Medicaid program. The primary goal is to maintain continuity of care and minimize disruption of services during the Member's transition between plans and/or systems. This includes Members transitioning between EBCI Tribal Option and a PCCM, PHP, LME/MCO [TP], and Medicaid Direct, 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 PCCMe's Network. Details for this type of transition are outlined in the *EBCI Tribal Option and AMH Transition of Care Policy*.

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.

Value Added Services (VAS): Services offered by health plans and the PCCM, EBCI Tribal Option, 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 an 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 an AMH Provider, you have agreed, at a minimum, to:

- Perform primary care services that includes certain preventive and ancillary services;
- Create and maintain a patient/doctor relationship;
- Provide direct patient care a minimum of thirty (30) office hours per week;
- Provide access to medical advice and services twenty-four (24) hours per day, seven (7) days per week to all Members;
- 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/advanced-medical-home-training>.

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 an FFS model (i.e., via NCTracks). 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 Early and Periodic Screening, Diagnostic and Treatment (EPSDT); Medicaid's benefit for children and adolescents under age twenty-one (21) includes a broad selection of preventive, diagnostic, and treatment services. Also known as the 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 twenty-one (21), both PCPs serving children and adults are impacted.

Medicaid's benefit for children and youth ensures that Medicaid beneficiaries under age twenty-one (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 Screenings 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 copay 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 NCTracks, 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 is 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.

North Carolina Medicaid's prior approval vendors conduct most of Medicaid's benefit for children (EPSDT) eligibility and coverage reviews. The DHB reviews request 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 Old," which can be found on the NCTracks 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 fourteen (14) days, and sooner when medically urgent]. Should Medicaid ever decide not to 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://ncgov.servicenowservices.com/sp_beneficiary?id=kb_article&sys_id=febdcb9f1b84a8506aacdb1ee54bcb1c&table=kb_knowledge

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) (refer to the Value Added Services section of this Manual). The EBCI Tribal Option

Care Managers will inform Members about these extra benefits. We ask that you encourage Members to access these services. Request forms can be located at:

- www.ebcitribaloption.com;
- NCDHHS, DHB:
 - 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 from FFS 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.

Members of the EBCI Tribal Option cannot simultaneously be enrolled in a Standard Plan or a Tailored Plan. They must select only one (1). Members who are eligible for Tailored Care Management may stay in the EBCI Tribal Option.

If the Member chooses to enroll solely into the Tailored Plan, there will be no involvement from the EBCI Tribal Option Care Managers. The Care Management will be provided by the Tailored Plan.

If you need further information on how to enroll in a Medicaid Managed Care health plan, please contact the NC Medicaid Contact Center (1-888-245-0179) with any questions.

Behavioral Health, I/DD, and TBI Services Covered by Both Standard Plans and BH I/DD Tailored Plans	Behavioral Health, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
<i>Enhanced behavioral health services are italicized</i>	
State Plan Behavioral Health and I/DD Services • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • <i>Partial hospitalization</i> • <i>Mobile crisis management</i> • <i>Facility-based crisis services for children and adolescents</i> • <i>Professional treatment services in facility-based crisis program</i> • <i>Outpatient opioid treatment</i> • <i>Ambulatory detoxification</i> • <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i> • <i>Substance abuse intensive outpatient program (SAIOP)**</i> • <i>Research-based intensive behavioral health treatment</i> • <i>Diagnostic assessment</i> • <i>Early and periodic screening, diagnostic and treatment (EPSDT) services</i> • <i>Non-hospital medical detoxification</i> • <i>Medically supervised or ADATC detoxification crisis stabilization</i>	State Plan Behavioral Health and I/DD Services • Residential treatment facility services for children and adolescents • <i>Child and adolescent day treatment services</i> • <i>Intensive in-home services</i> • <i>Multi-systemic therapy services</i> • <i>Psychiatric residential treatment facilities</i> • <i>Assertive community treatment</i> • <i>Community support team</i> • <i>Psychosocial rehabilitation</i> • <i>Substance abuse non-medical community residential treatment</i> • <i>Substance abuse medically monitored residential treatment</i> • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) Waiver Services • Innovations waiver services • TBI waiver services • 1915(b)(3) services State-Funded behavioral health and I/DD Services State-Funded TBI Services

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 Code of Federal Regulations (C.F.R.) Parts 160 and 164. All Member health and enrollment information are used, disseminated, and stored according to EBCI Tribal Option 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 C.F.R., 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 C.F.R. §§ 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.

Provider Network Requirements

PCP must adhere to all terms and conditions agreed upon in the signed contract with the EBCI Tribal Option (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 as required by 45 C.F.R. §455.410 and as a Carolina Access provider or AMH provider;
- Not be excluded from participation in federal health care programs under either section 1128 or 1128A of the Social Security Act. 42 C.F.R. §438.610(b);
- 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 NCDHHS; and all guidelines, policies, provider manuals, implementation updates, and bulletins published by Centers for Medicare and Medicaid Services (CMS), the NCDHHS, 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;
- Make interpretation services available to all Members, which includes oral interpretation and the use of auxiliary aids such as TTY/TDD and American Sign Language. Oral interpretation requirements apply to all non-English languages, not just those that NCDHHS identifies as prevalent. 42 C.F.R. § 438.10(d)(4);
 - Not collect Medicaid deductibles, copayments, coinsurances, or fees from EBCI Tribal Option Members;
 - Complete re-enrollment/re-credentialing of the Participant and Participant's providers with NC Medicaid;
 - Provide a welcome call to new Members to educate them about the services, schedule initial checkups, and 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;
 - Have the ability to file a grievance with the EBCI Tribal Option or NCDHHS;
 - Adopt and maintain a conflict of interest policy that complies with all federal and state laws and meets NCDHHS and Medicaid requirements;
 - Notify the EBCI Tribal Option of changes in address and then notify NCDHHS of these changes through a Managed Change Request (MCR) in NCTracks;
 - Notify the EBCI Tribal Option of changes as new PCPs are enrolled and enrolled or existing PCPs are disenrolled from the EBCI Tribal Option.

Service Provisions

PCP shall:

- Verify Member's active Medicaid eligibility for Care 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, 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, Infants, and Children (WIC) program with the Member's consent to release of relevant medical record information;
- Not make an automatic referral to the emergency room for non-emergencies;
- Arrange for call coverage or other back up to provide services in accordance with this agreement;
- Provide nurse triage and advice services by telephone using a toll-free number that is available twenty-four (24) hours per day, seven (7) days per week to all Members;

- For pregnant women, the PCP uses the NCDHHS'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;
- For at-risk children [birth to five (5) years of age] who were identified in the Care Needs Screening as being at high risk, a Comprehensive Assessment and Care Plan development will be provided. In addition, referrals (submitted on NCDHHS approved forms) to CIHA and/or local health departments for services may originate from providers, hospitals, community organizations, or families;
- 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 NCDHHS within fourteen (14) days upon request in either paper or electronic form, at no cost to the requesting party;
- Maintain and share, 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 PCP, the PCP shall transfer the Member's medical record to the receiving provider upon the change of PCP 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 NCDHHS;
- 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:

Routine Well Care	Within thirty (30) days of presentation or notification
Pregnant Members	Within fifteen (15) days of presentation or notification
Routine Sick Care	Within three (3) days of presentation or notification
Urgent Care Services	Within twenty-four (24) hours of presentation or notification
Emergency Care	Go to the hospital emergency room immediately [available twenty-four (24) hours a day, three hundred sixty-five (365) days a year]
Hospital Discharge Follow-up	PCP Care Manager will follow-up 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 Tribal Option 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.

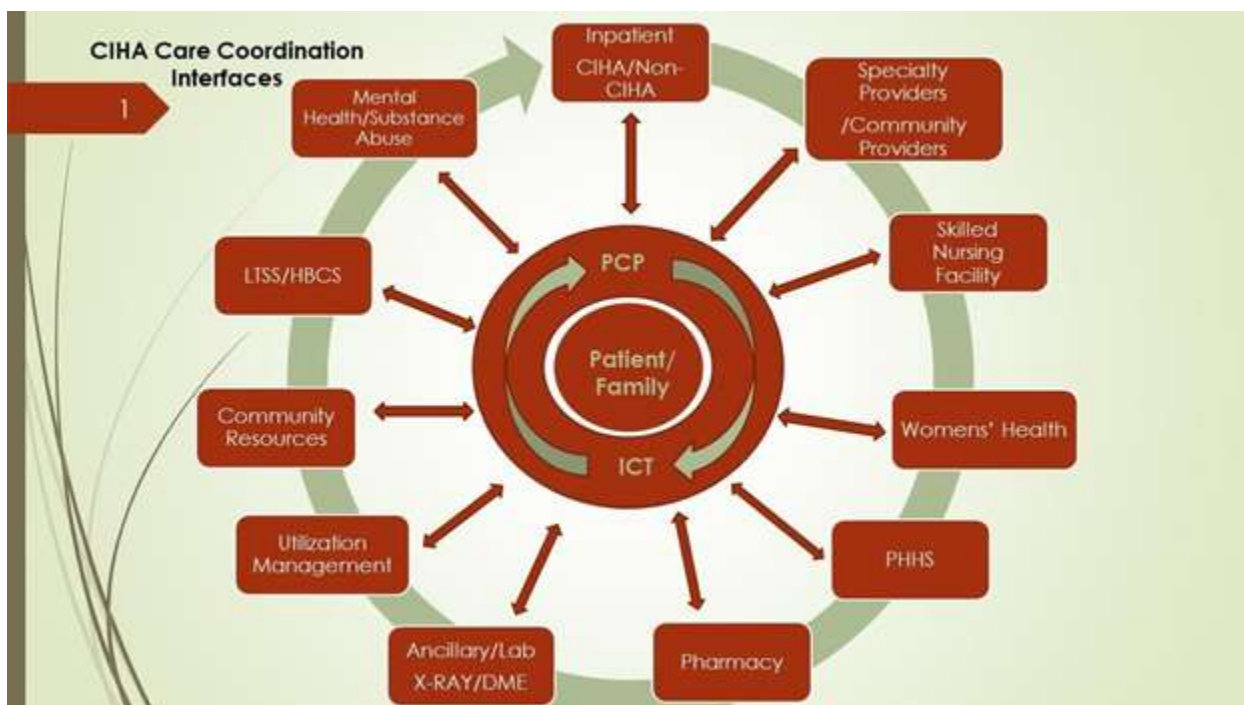
Another distinction is the use of non-verbal cues and gestures. Careful observation is needed to interpret this non-verbal communication. American Indians may look down to show respect or deference to elders. There also needs to be a heightened respect for Tribal leaders, elders, and veterans.

In providing care to an EBCI Tribal Option 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 an 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 and 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 PCPs with trainings on cultural humility and sensitivity. PCPs will ensure that their office locations comply with the Americans with Disabilities Act of 1990 to provide reasonable accommodations for persons with 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, translation services, auxiliary aids, and services to Members. PCPs 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 and supports are coordinated across multiple settings of care; primary care, specialty care, behavioral health, pharmacy, LTSS, home health, and community-based resources, etc. 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, person-centered, Care Plan. Through the utilization of key approaches, such as motivational interviewing, the Care Manager ensures a Member's goals are at the center of the individualized Care Plan and assists the Member in enhancing their autonomy and collaboration within their 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 and alerts;
- Provider referrals;
- Self-referral from Member or primary care giver;
- Referrals from social services;
- Risk stratification data;
- Risk stratification data from Prepaid Health Plans (PHPs);
- NC Medicaid 834 report;
- Medicaid Transition of Care (TOC) report.

Care Coordination and Discharge Planning

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

- Scheduling medical appointments;
- Obtaining proper medical equipment;
- Providing health education and health coaching; and
- Maintaining age-appropriate immunizations, preventive screenings, and routine well visits.
- Assisting Members with the following activities to improve health:
 - Managing chronic disease (i.e., disease management programs);
 - Providing population health programs that include Member self-management and goal setting;
 - Addressing gaps in care;
 - Managing medications;
- Coordinating with obstetricians, midwives, family physicians and other providers involved in the care of a Member who is pregnant or has recently delivered;
- Ensuring Members have access to reasonable and adequate hours of operation, including:

- Appropriate weekend and evening hours for non-emergent care; and
- Twenty-four (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, as part of Care Coordination, shall:
 - 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;
 - Obtain services through the use of the NC Resource Platform utilizing community resources. Needs may also be met with other referrals to any entity providing the needed service.

Discharge/Transitional 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 service discharge planning. The Care Managers involvement begins at the point of admission. Early participation ensures that the discharge planning process considers the Member's medical/behavioral health needs, housing, and social support systems and oversees that supports are in place on the day of discharge. The EBCI Tribal Option Care Manager shall update the existing Care Plan 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, skilled nursing facility (SNF) and LTSS admissions or emergency department visits;
- Discharges from inpatient or enhanced behavioral health services, facility-based crisis services, non-hospital medical detoxification, medically supervised or alcohol drug abuse treatment center;
- Neonatal Intensive Care Unit (NICU) discharges; and
- Clinical complexity, severity of condition, medications, risk score.

Risk Stratification

Risk Stratification is a part of the Integrated Care Management Platform. The stratification process is used to help identify Members based on clinical and/or social factors in order to identify or separate the served populations into levels of acuity or need. The software

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 to the EBCI Tribal Option, which includes medical records, Care Management records, open service authorizations, prescheduled appointments [including those for Non-Emergency Medical Transportation (NEMT)], and other pertinent materials. Notification of the establishment of care with the EBCI Tribal Option will be a priority so that the TOC shall incur minimal disruption to Members' established relationships with providers and existing treatment Care Plans/ISP.

When EBCI Tribal Option becomes aware that a Member disenrolls from the EBCI Tribal Option and is notified of enrollment with an SP, TP, and/or CFSP or CCNC via the NC Medicaid 834 report, (or via a notification from the SP, TP, and/or CFSP), the Care Manager will contact the SP, TP, and/or CFSP or CCNC within five (5) business days of becoming aware of the Member's disenrollment and will provide the relevant Member information. Relevant information includes any pertinent medical records, an updated assessment, and Care Plan (if applicable). The Care Manager will be available to respond to questions regarding the Member's care needs and services.

Terminated Providers

When an EBCI Tribal Option Network provider leaves the Network for expiration or non-renewal of the EBCI Tribal Option Contract and the Member is in ongoing course of treatment or has an ongoing special condition, the Member may continue seeing their provider, regardless of the provider's Network status, as long as the provider continues participation in the Medicaid network.

When a PCP Practice is no longer enrolled in the EBCI Tribal Option Provider Network, 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.

EBCI Tribal Option will immediately terminate a PCP or PCP Practice's enrollment upon termination of the NCDHHS/EBCI Tribal Option Contract or failure to meet any of the requirements as listed in the EBCI Tribal Option PCP Contracting and Monitoring Policy.

Upon any of these occurrences with a PCP Practice's particular provider, EBCI Tribal Option may exclude that provider from participating in the EBCI Tribal Option, while allowing the PCP Practice and its remaining providers to continue their participation.

An enrolled PCP or PCP Practice may be terminated if failure to comply with the EBCI Tribal Option policies, procedures, and reporting requirements, identify and work on

improvement opportunities to achieve the performance measures and EBCI Tribal Option Program goals, or comply with the EBCI Tribal Option Care Management staff requests within fourteen (14) calendar days of each request.

The EBCI Tribal Option or the enrolled PCP or PCP Practice may terminate their participation for cause with at least a thirty (30) calendar day notice in writing, without cause and for any reason upon a ninety (90) calendar day written notice, or by mutual consent.

Quality Oversight of the Care Coordination and Care Management Program

The Care Management staff members will assist the EBCI Tribal Option to meet quality measures/initiatives and reporting needs. This will be accomplished through the use of a standardized Integrated 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 Helps You from the Heart) and Di qua tse li i yu sdi (Like Family to Me), two (2) core principles of CIHA and the EBCI Tribal Option. At all times, the Care Managers shall adhere to the EBCI Tribal Option and AMH Members Rights and Responsibility Policy in their provision of Care Management.

The EBCI Tribal Option has adopted and adheres to the EBCI Tribal Option Quality Improvement Plan. The PCP will utilize this Plan, as applicable, in addition to participating in the health plan's quality plan and population health priorities. 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 additional services that are referred to as Value Added Services (VAS). These services are unique to the EBCI Tribal Option and are not offered by the health plans. VAS can be identified and explained to Members by either the NC Enrollment Broker or the Care Manager in the Health Plan Choice Guide, the EBCI Tribal Option website at <https://ebcitribaloption.com/members/health-promotion-and-education/>, the Member welcome packet, and the Member Handbook. PCPs will be notified of the availability of these services via the EBCI Tribal Option website, the Provider Manual, and the EBCI Tribal Option Care Manager.

Value Added Services (VAS)

Value Added Services (VAS)	Definition of Criteria	Prior Authorization	Responsibility
Cherokee language classes and supplemental learning materials	Enrollment limited only to classes offered by Cherokee Choices	None required	Provided by Cherokee Choices
			Not provided by Medicaid providers
Car Safety Seat with education on installation and use	- Car Safety Seat limited to newborns only; - EBCI Tribal Option Member is not eligible to get car seats from other agencies or programs	Care Manager referral	Not provided by Medicaid providers
Up to \$75 worth of gift cards or a breast pump (approx \$200 value) for Members who attend the required prenatal appointments	- Adherence to prenatal appointments as defined in the Member's Care Plan. - Adherence to required appointments as ordered by the treating physician for the pregnancy	Care Manager submits the authorization to Member Services Manager for distribution of \$25 gift card per trimester	EBCI Tribal Option issues the gift cards
Up to \$250 voucher for a computer, if accepted and enrolled full time in an institution of higher education	- Must be ineligible for EBCI Higher Education services - Proof of acceptance to and full-time enrollment at an institution of higher education	- Adherence to the EBCI Higher Education policy - Purchase is available for Members of the EBCI Tribal Option who do not meet benefit eligibility for EBCI enrolled members	Not provided by Medicaid providers

Value Added Services (VAS)	Definition of Criteria	Prior Authorization	Responsibility
Transportation for job training and other activities to implement person's Care Plan	• Transportation for job training and other activities required for implementing an individual's Care Plan	• Care Manager referral	Provided by Cherokee Transit
Up to a \$750 voucher for Associate Degree, tuition, and materials	• Must be 21 years of age or older • Submit request to Member Services for approval • Must be ineligible for EBCI Department of Education services	• Submit request to Member Services • Must adhere to the EBCI Higher Education policy • Available for EBCI Tribal Option Members who do not meet benefit eligibility for EBCI enrolled members	Not provided by a Medicaid provider
Up to \$250 Graduate Equivalency Degree (GED®) test voucher materials, and life skills training	• Must be 19 years of age or older • Submit request to Member Services for approval • Must be ineligible for EBCI Higher Education services	• Must be ineligible for tribal education reimbursement • Must adhere to the EBCI Higher Education Policy • Available for EBCI Tribal Option Members who do not meet benefit eligibility for EBCI enrolled members	Not provided by a Medicaid provider
Nutrition, cooking, and exercise classes	• Members are eligible to attend these classes	• None required	CIHA, EBCI, or other tribal entities or CIHA sponsored or endorsed activities
1 pair of sport shoes per calendar year	• Must be 18 years of age or younger • Must be ineligible for the EBCI shoe program or its maximized benefit	• 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 within fourteen (14) days 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 required 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) 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, dissatisfaction with Care Manager or other EBCI Tribal Option staff, complaints related to PCPs, professional conduct, failure to respect Member's rights, and program fraud.
- PCPs may file a Provider Grievance about the EBCI Tribal Option'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 EBCI Tribal Option shows there is a need for additional information and that the delay is in the best interest of the PCP.
- If the timeframe is extended, the EBCI Tribal Option Provider Network Manager or designee will make every effort to give the provider prompt verbal notice of the delay and give the provider written notice within two (2) calendar days. The notice will include the reason for the decision to extend the timeframe.

- If a PCP is dissatisfied with the disposition of a Grievance, the PCP may bring the unresolved Grievance to the Department. At any point, the provider may file a grievance with NCDHHS.

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 NCDHHS

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

Medicaid Managed Care Provider Ombudsman

Providers may contact the Provider Ombudsman to receive assistance with submitting a complaint about the EBCI Tribal Option or any PHP.

Providers may call the Medicaid Managed Care Provider Ombudsman line at 866-304-7062. Providers can also find more information about the Provider Ombudsman and how to submit a complaint via email at Medicaid.ProviderOmbudsman@dhhs.nc.gov.

Responsibilities of EBCI Tribal Option and CIHA Staff

Annual Policy and Procedure Review

The EBCI Tribal Option and CIHA staff are charged with the maintenance of policies and procedures of EBCI Tribal Option resources. The annual review is inclusive of all new and revised policies and procedures, which are facilitated through the appropriate approval process and provided to all staff.

Satisfaction Surveys

CIHA and EBCI Tribal Option are responsible for facilitating the Provider and Member Surveys annually.

Survey Analysis

CIHA and the EBCI Tribal Option will conduct an analysis of the Member and Provider Survey results in partnership with our technology vendors and/or subcontractors. All results are reviewed by the EBCI Tribal Option Quality Improvement Committee (QIC)

and other appropriate committees, such as Patient and Family Advisory Council (PFAC) and/or the EBCI Tribal Option Provider Council, 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 staff is committed to sharing information with our Members, families, and Provider Network about our quality assurance initiatives. The results of Satisfaction Surveys with Members, families, and the Provider Network will be posted on the EBCI Tribal Option website and shared with various committees, including PFAC and the Provider Council.

Oversight of Any Delegated Functions

The EBCI Tribal Option staff maintain oversight responsibility of delegated activities and retain the right to modify or withdraw the nature of the contractual relationship, including the termination of the provider contract and/or the delegation of activities as specified in the contract or agreement with entities. The delegation review process seeks to ensure that the subcontractor, vendor, or delegates' activities adhere to CIHA and EBCI Tribal Option policies and procedures and regulatory and performance goals, as required by the NCDHHS/EBCI Tribal Option Contract. In the event of not meeting performance goals, the QIC may require improvement and would be responsible for monitoring corrective action plans.

Quality Improvement Program Evaluation

The EBCI Tribal Option and CIHA may complete an evaluation of the Quality Improvement program annually for an assessment of the effectiveness of the components of the EBCI Tribal Option. The evaluation may outline accomplishments, limitations, and/or barriers to meeting objectives and recommendations for the following year. The Quality Improvement Evaluation may 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 as a result of quality improvement efforts;
- Evaluation of adequate staffing resources;
- Evaluation of program structure and process; and
- Goals and/or recommendations for the Quality Improvement Plan for the following year.

Based on the annual program evaluation, the Quality Improvement Plan will be revised, and a new Quality Improvement 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.

Data Analytics

The Quality team, in collaboration with analytical expertise vendor(s) and/or subcontractor(s), leads the analytic function for supporting the continuous quality improvement efforts of the EBCI Tribal Option and for identifying and addressing areas of operational need. We have the ability to 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 broadens our understanding of what is driving the gaps in services and aids in identifying areas for improvements in an attempt 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 Provider Network for feedback and analysis.

Quality Measure Indicators

In consideration of the EBCI Tribal Health Assessment 2023 and the EBCI Tribal Option Disease and/or Condition Data Trend and in partnership with NCDHHS, the EBCI Tribal Option Quality Improvement Plan agrees to the key performance measures established. The quality measures are not reflective of the entire scope of measures or quality activities provided by CIHA and the EBCI Tribal Option. The quality measure indicators for this Plan were chosen because they directly impact Member care, reflect standards of care, reliable measures, and readily available data sources.

State Reporting

The EBCI Tribal Option and CIHA are responsible for ensuring that the reporting requirements outlined in the NCDHHS, DHB and Cherokee Indian Hospital IMCE Contract #30-2020-014-DHB are met. The EBCI Tribal Option ensures that all state reports are developed according to the 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 reporting requirements for the purposes of data analysis, tracking, trend identification, compliance, and monitoring services provided. CIHA and EBCI Tribal Option will utilize dashboards to assist in the monitoring of quality.

These dashboards will highlight strengths and identify areas that may need improvement [i.e., population health, care management, addressing Social Determinants of Health (SDOH), and others]. The dashboards will help facilitate the EBCI Tribal Option Care Management workflow. The dashboards generate regularly and are inclusive of a variety of Care Management functions that directly impact the overall quality of the care management tasks and process measures. The dashboards provide insight into activities, such as the timeliness of the required functions of screenings, assessments, Care Plan development.

The dashboards are reviewed regularly with the EBCI Tribal Option Care Management team, EBCI Tribal Option Director, EBCI Tribal Option Director of Care Management, EBCI Tribal Option Quality team, and the EBCI Tribal Option Quality Director. Additionally, the dashboards information is presented to numerous committees, including CIHA Governing Board, CIHA Executive Committee, EBCI Tribal Option QIC, PFAC, and the Provider Council.

Provider Performance Data

The EBCI Tribal Option will issue Provider Performance Reports in a manner that does not violate any anti-trust rules. The Reports will be forwarded to providers on a quarterly basis. The purpose of the Provider Performance Report is to give providers a snapshot into how they are performing in specified areas among their network peers. In addition, overall network trending will be provided at the aggregate, which will also assist with the improvement activities.

The Reports may include performance data related to Performance Improvement Projects (PIPs), provider availability, 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.

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 and AMH Member Rights and Responsibilities may be found at www.ebcitribaloption.com.

Member 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.
- 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 race, color, National Guard or Veteran's status, national origin, age, disability, sex, ethnicity, pregnancy, religion, sexual orientation, culture, language, health status, need for health care services, physical or mental disability, socioeconomic status, marital status, or gender identity or expression.
- 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 the capacity to make decisions and the need for treatment is urgent.
- Have misinformation removed from or disagreeing opinions about treatment or recommendations added to your medical record. Any changes to your medical record will be made free of charge.
- Discuss and request information related to specific procedures and treatments, including risks involved and reasonable alternatives, and receive assistance when you need information interpreted. You or someone you choose will have access to this information, which can be interpreted, if necessary, except when restricted by law.

Right to Decide or Refuse Treatment

You have the right to:

- Take part in planning your care and have 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 participate in a research or donor program and allowed to choose whether or not you want to participate. You will receive quality care and support whether or not you choose to participate.

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 to be 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 health care power of attorney. These documents express your choices about your future care or name someone to make decisions for you if you cannot speak for yourself. A copy of the health care power of attorney will be required whenever that person is making decisions on your behalf.
- Receive information and assistance that can help you formulate an Advanced Directive. Contact your Primary Care Provider, Care Manager, or Member Services to request this information and assistance.

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 about resources that resolve disputes and grievances. If your concerns are not resolved with the EBCI Tribal Option, you may report them to the NCDHHS.
- You can also contact the NC Medicaid Ombudsman any time you feel you were not fairly treated.

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 have trouble reading, hearing, or communicating.
- A minister/spiritual advisor of your choosing.
- Present your concerns, receive spiritual care, receive advice concerning ethical issues related to care, discharge planning, and money matters concerning care.

Right to Protection

You have the right to:

- Receive help with protection from abuse, discrimination, and neglect. You can report your concerns to your Primary Care Provider, your Care Manager, or Member Services or by using the contact form on the EBCI Tribal Option website at <https://ebcitribaloption.com/contact/>.

Member Responsibilities

- Work with your Care Manager to protect and improve your health.
- Find out how your primary care case management coverage works.
- Listen to your Care Manager's advice and ask questions.
- Treat health care staff with respect.
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the Emergency Department only for emergencies.
- Call your PCP when you need medical care, even if it is after hours.
- Give correct and complete reports about your health.
- Tell your doctor and Care Manager if you do not understand the plan for your care and services or know what your role is within that plan.
- Participate in the plan of care and services that you, your PCP, and your Care Team have prepared.
- Understand that you may cause your health to decline if you refuse treatment or do not follow your Care Plan.
- Report changes in your health and keep scheduled appointments.
- Consider the needs and feelings of other patients and members of your Care Team.
- Give Advance Directives (Five Wishes, a living will, or a health care power of attorney) if you have any.

Rights and Responsibilities for Pediatric Members and their Families

In addition to the Member rights and responsibilities previously listed, the following rights and responsibilities specifically apply to pediatric Members [under eighteen (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 to do so.

Family 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 or fraud, and respect for and adherence to applicable laws. PCPs are expected to follow the NC Medicaid policies, EBCI Tribal Option policies, and 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, and/or abuse/misuse or other illegal activity, PCPs should report to one (1) or more of the following entities:

- EBCI Fraud, Waste and Abuse Tip Line at 1-800-455-9014
- U.S. Office of Inspector General Fraud Line at 1-800-HHS-TIPS (1-800-447-8477)
- Office of the State Auditor's Tip Line at 1-800-730-TIPS (1-800-730-8477)
- NC Medicaid Fraud, Waste and Abuse Program Tip Line at 1-877-DMA-TIP1 (1-877-362-8471)
- NC Medicaid Fraud and Abuse Confidential Complaint Form at <https://medicaid.ncdhhs.gov/meetings-notices/report-fraud-waste-or-abuse/medicaid-fraud-and-abuse-confidential-complaint>

You also have the right to file a whistleblower action. For more details about the CIHA Whistleblower Protection Policy, refer to the EBCI Tribal Option website at <https://ebcitribaloption.com/members/>.

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 NCDHHS, 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 NCDHHS 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 NCDHHS 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 available at <https://ebcitribaloption.com> and hard copies may be requested by contacting the EBCI Provider Network Services at **1-800-260-9992**.

- CIHA Conflict of Interest Policy
- CIHA Whistleblower Protection Policy
- EBCI Tribal Option and AMH Fraud, Waste, and Abuse Prevention Policy and Plan
- EBCI Tribal Option and AMH Member and Provider Grievance Policy
- EBCI Tribal Option and AMH Member Rights and Responsibilities Policy
- EBCI Tribal Option Marketing and Website Policy
- EBCI Tribal Option Non-Discrimination Policy for Employees, Members, and Providers
- EBCI Tribal Option Primary Care Provider Contracting and Monitoring Policy



Attachments

Provider Application

Participating Practice and Provider Application Form

[Please complete one (1) form for each practice location]

Practice Information

Practice Legal Name:

Group NPI:

Practice DBA:

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 NPI	Gender	Specialty	Certifications

As a participating practice of the EBCI Tribal Option, we attest to the following:

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 for the same filed against it.

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

- Have not been debarred, excluded, suspended, or otherwise ineligible to participate in any federal or state 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 federal or state health care program.
- Have not plead guilty or no contest to or have not been convicted of any criminal offense related to the provision of health care items or services.
- Are not currently subject to any disciplinary action by any federal or state regulator body or agency.
- Are not currently the subject of any administrative, judicial, or other proceeding, action, or settlement related to alleged violations of health care fraud, abuse or patient safety laws, or regulations.

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