

# North Carolina State Health Plan

## Provider questions & answers

### What role will Aetna serve for the NC State Health Plan?

The State Health Plan is transitioning its third-party administrator from Blue Cross NC to Aetna® beginning January 1, 2025. This includes the following commercial plans:

- Enhanced PPO Plan (80/20)
- Basic PPO Plan (70/30)
- High Deductible Health Plan (HDHP)

This change does NOT impact members enrolled in the Humana Medicare Advantage plans. Also, the current PBM for the State Health Plan is CVS Caremark®, which will not change.

### When is Open Enrollment?

Open enrollment will take place from September 30th - October 25th, 2024. Members will need to re-choose a primary care provider (PCP) during open enrollment.

### What if members were not able to find and select their PCP during Open Enrollment?

Members can select or change their PCP at any time.

### What is the North Carolina State Health Plan Network?

The North Carolina State Health Plan Network will only include providers who join the Clear Pricing Project (CPP) and the Aetna Choice POS II network.

### How can I participate in the State Health Plan Network?

If you are not participating in the Aetna Choice POS II network, please submit an onboarding application at [Go.aetna.com/joinournetwork](https://Go.aetna.com/joinournetwork).

### What is the Clear Pricing Project (CPP)?

CPP is part of the NC State Health Plan. Its main goal is to provide a fair and transparent network for State Health Plan members while preserving and protecting the plan's financial sustainability. CPP is a custom fee schedule based on Medicare. Some benefits, such as PCP and specialist office visits, have reduced member copays for CPP providers. More information is available at [SHPNC.org/nc-state-health-plan-network](https://SHPNC.org/nc-state-health-plan-network)

### Do I need to join the Aetna network to serve NC State Health Plan members?

Yes. You must be an Aetna participating provider in the Choice POS II network to be in network for NC State Health Plan members starting 1/1/25. To join the Aetna network visit [Go.Aetna.com/joinournetwork](https://Go.Aetna.com/joinournetwork)

### Can I join CPP without joining Aetna?

No. Providers will need to first join the Aetna network and complete contracting and credentialing (if required). Once you're part of the Aetna network, then you can join CPP during a CPP open enrollment period.

### If my practice only has a Medicare Advantage contract, can we participate with the NC State Health Plan?

No. The NC State Health Plan will use Aetna's Choice POS II network (this is the network most of our commercial group business uses). Providers must join the Choice POS II network and they then have the option to join CPP.

### If I'm currently part of the CPP with the current TPA for the State Health Plan, will I automatically be in the CPP with Aetna?

No. The State Health Plan requires providers to re-join the CPP with Aetna. You'll need to sign a new CPP amendment to your Aetna agreement at [Go.aetna.com/joincpp](https://Go.aetna.com/joincpp).

### Why do I need to enroll in CPP if I already participate with Aetna?

If you participate in the Aetna Choice POS II network, you'll be in network for NC State Health Plan members at your Aetna contract rates (NC Preferred if applicable). You may choose to join the CPP network to be paid according to the CPP fee schedule. If so, some benefits have lower member copays for CPP providers.

### How do I join CPP?

Visit [Go.aetna.com/joincpp](https://Go.aetna.com/joincpp) to get started.

### **Can I find out if I'm already participating in the CPP with Aetna?**

To check your participation status, send us an email. You can reach us at [NorthCarolinaNetwork@Aetna.com](mailto:NorthCarolinaNetwork@Aetna.com). Make sure to include your tax identification number (TIN).

### **Do I need to join CPP for each provider in the practice?**

You only join CPP once for your TIN. All providers practicing under that TIN will be part of CPP.

### **I have questions about the fee schedule. Who should I contact?**

You can visit [SHPNC.org/nc-state-health-plan-network](https://SHPNC.org/nc-state-health-plan-network) to view the CPP service and rate schedule document. If you have additional questions, send us an email at [NorthCarolinaNetwork@Aetna.com](mailto:NorthCarolinaNetwork@Aetna.com).

### **Can I negotiate a different rate for CPP?**

The NC State Health Plan sets CPP rates. They are the same for all CPP providers and posted for transparency. They aren't negotiable. If you choose not to join CPP, your Aetna contract rates apply (NC Preferred if applicable).

### **I have questions about the amendment. Who should I contact?**

You can visit [SHPNC.org/nc-state-health-plan-network](https://SHPNC.org/nc-state-health-plan-network) to view the amendment and CPP service and rate schedule documents. If you have additional questions, send us an email at [NorthCarolinaNetwork@Aetna.com](mailto:NorthCarolinaNetwork@Aetna.com).

### **Can I request changes to the agreement?**

The agreement isn't negotiable. If you choose not to join CPP, your Choice POS II Aetna® contract will apply.

### **What will the CPP fee schedule be? Will it be the same as the current CPP fee schedule?**

As with the current CPP professional fee schedule, it will be based on 160 percent of current year Medicare for most professional services. There may be some differences for codes that don't have Medicare fees. The CPP service and rate schedule document is posted at [SHPNC.org/nc-state-health-plan-network](https://SHPNC.org/nc-state-health-plan-network)

### **How will my enrollment in the CPP be indicated in the Aetna provider search tool to members?**

There will be a CPP badge in the Aetna provider search tool for members to easily find this information. The badge will be the apple from the NC State Health Plan logo. And it has the words "Clear Pricing Project Provider" as shown in the image below.



### **Who do I contact with questions?**

Please call the Aetna Provider Contact Center at 1-888-MD AETNA or 1-888-632-3862. You can also access information on our provider site on [Aetna.com](https://Aetna.com) or through the [Availity provider portal](#).

### **How do we find Aetna policies?**

The best way is through our provider site on [Aetna.com](https://Aetna.com) or through the [Availity provider portal](#). We offer webinars for providers, including a Working with Aetna on Availity® webinar. Sign up for webinars [here](#). In Availity, there is an Aetna payer space with news, policies and a code edit tool. You can also contact us through Availity.

### **Do practices need to sign up for the HIE? Will they be unable to see NC State Health Plan members if they don't?**

No. Only the CPP amendment requires practices to participate in the HIE

### **Do advanced practice providers need to be credentialed?**

It's optional. Practices can decide if they want to credential nurse practitioners and physician assistants. Advanced practice providers (APP) need to be credentialed to be listed in the directory and for members to select them as their PCP. A member can select a physician as their PCP and still get the lower copay when they visit an APP in the same practice.

### **Can specialists be seen without referral?**

For the NC State Health Plan and most plans we sell (including Individual Marketplace plans), specialists can be seen without a referral. However, it depends on the plan.

### **Will the PCP name be on the card? If so, are members required to see the PCP on the card to have tier 1 benefits?**

Per NC State Health Plan requirements, the member will select an individual PCP and that PCP will be on the member ID card. However, the member can see any provider in their selected PCP's practice to get the lower copay.

### **Will Aetna be ready for a smooth NC State Health Plan transition in 2025?**

The NC State Health Plan has been working with Aetna since January 2023 on a two-year transition process to insure a smooth transition. Providers can help by going to [Go.aetna.com/ncshp](https://Go.aetna.com/ncshp) to see what they can do to get ready. Aetna will provide updates on this site as we approach open enrollment in the fall of 2024.

## **How will an inpatient hospital stay beginning in 2024 and continuing into 2025 be handled (transitioned)?**

BCBSNC is covering the facility claims for inpatient stays that cross into 2025. The associated professional claims will be paid based on date of service. Aetna is responsible for any case management of members discharged on or after 1/1/2025.

## **When will the ID cards be in the members' hands?**

Member ID cards will be in the mail before December 1, 2024. Members will have the opportunity to register for the Aetna Member Portal starting Monday, November 25, 2024, where they can print an ID card or access the ID card via the Aetna Mobile App until their plastic card is received.

## **When will NC State Health Plan eligibility be available for providers to validate?**

Eligibility will be available after December 2, 2024, for a provider to contact the Aetna provider contact center at 1-888-MD-Aetna (1-888-632-3862) to validate a member's eligibility for post 1/1/2025. The Availity system through Real Time Eligibility will provide member eligibility after 1/1/2025.

## **Will Aetna utilize specific vendors for prior approval/authorization for services for the State Health Plan or will the process follow the standard workflows established today?**

Aetna will be responsible for prior approval/authorizations for the NC State Health Plan and will not utilize specific vendors. The NC State Health Plan will be utilizing Aetna's National Precertification list for services which are required to have authorization.

## **What are the timely filing deadlines for claims?**

The initial timely filing limit is 180 days. The NC State Health Plan has 18-month timely filing for their plan.

## **Will current authorizations/referrals that cover dates of service on or after January 2025 be grandfathered (automatically transferred) to a valid Aetna authorization?**

Prior authorizations for medical services on or after January 1, 2025, that were authorized by BCBSNC will be transferred to Aetna. Once the service is completed, additional services will require authorization through Aetna (for services on Aetna's National Precertification List). If BCBSNC does not require an authorization, and services are being scheduled, please review the Aetna National Precertification List to determine if authorization is required. Aetna will be able to accept authorizations from providers beginning December 2, 2024, for services scheduled after January 1, 2025.

## **Will medically administered medications which require authorization be transitioned to Aetna?**

Prior authorizations for administered medication services covered under the medical plan for dates of service on or after January 1, 2025, that were authorized by BCBSNC will be transferred to Aetna. Once the service is completed, additional services will require an authorization through Aetna (if on Aetna's National Precertification List).

If BCBSNC doesn't require authorization and services are scheduled, please review the Aetna National Precertification List to determine if authorization is required. Aetna will be able to accept authorizations from providers beginning December 2, 2024, for services scheduled on or after January 1, 2025. Medications that are within the CVS Pharmacy formulary will remain status quo for NC State Health Plan since CVS Caremark will remain their PBM.

## **Will Aetna apply its site of care policy restrictions to authorizations BCBSNC has made?**

Prior authorizations for medical services on or after January 1, 2025, that were authorized by BCBSNC will be transferred to Aetna. Once the service is completed, additional services will require an authorization through Aetna (if on Aetna's National Precertification List).

If BCBSNC does not require an authorization, and services are being scheduled, please review the Aetna National Precertification List to determine if authorization is required. Aetna will be able to accept authorizations from providers beginning December 2, 2024, for services scheduled on or after January 1, 2025.

## **How can I sign up for ERAs/EFTs?**

If you have already signed up for your Aetna business, you don't need to do anything. Or you can sign up at this [link](#).

## **How soon will prior authorization teams be able to submit for authorizations for services on or after January 1, 2025?**

All providers can submit authorization requests beginning December 2, 2024. Providers can utilize online systems (Availity) or contact Aetna Provider service center at 1-888-MD-Aetna (1-888-632-3862).

## **Will there be unique Group #'s to help identify the 80/20 plan vs the 70/30?**

Yes, there will be four distinct suffixes for the NC State Health Plan which will identify the benefit plan:

- Suffix 10- 80/20
- Suffix 11-70/30
- Suffix 12- HDHP (closed group)
- Suffix 13 – Split Family 80/20 & 70/30 Medicare Prime