

**Provider Help Desk  
Questions and Answers for June 2021**

Utilization Management	SAR	When I submit a Service Authorization Request (SAR) in Alpha, I received the error message "Member is a part of the Standard Plan."	If you are receiving the message, you are unable to submit the SAR in AlphaMCS. You must contact the member because the member is a part of one the five NC Medicaid Health Care Plans
Communication	NC Medicaid Managed Health Care Plan	What are the five NC Medicaid Managed Health Care Plans?	Please click on the link to get access the five NC Medicaid Health Care Plans <a href="https://medicaid.ncdhhs.gov/transformation/health-plans">https://medicaid.ncdhhs.gov/transformation/health-plans</a>
Communication	NC Medicaid Managed Health Care Plan	Should I become credentialed with all five NC Medicaid Health Care Plans?	The insurance source will be based on the plan picked or assigned for the member. If you are not credentialed with the insurance source, you will not be able to render services to the member.
Communication	NC Medicaid Managed Health Care Plan	How can I contact the NC Medicaid Managed Health Care Plans to start the credentialing process?	Please click on the link to get access the five NC Medicaid Health Care Plans <a href="https://medicaid.ncdhhs.gov/transformation/health-plans">https://medicaid.ncdhhs.gov/transformation/health-plans</a>
Communication	NC Medicaid Managed Health Care Plan	As a provider, will I automatically be enrolled in the NC Medicaid Health Care Plans?	It is the responsibility of the provider to contract with health plans - if providers would like to contract with the NC Managed Care Plans, please use the contact information found at the <a href="#">Health Plans page</a> . Once the contracting process is complete and the health plan has all the required demographic information from the provider, it typically takes at least two to three weeks to load a provider into the health plan's system and begin showing as an in-network provider. A provider can help expedite this process by sharing physician roster information with the health plans in advance of finalizing their contract. This allows the health plans to begin processing this information and be prepared to enroll a provider most quickly  <a href="https://medicaid.ncdhhs.gov/blog/2021/06/29/nc-medicare-managed-care-provider-update-june-29-2021">https://medicaid.ncdhhs.gov/blog/2021/06/29/nc-medicare-managed-care-provider-update-june-29-2021</a>
Communication	NC Medicaid Managed Health Care Plan	As a provider, how can I find the assigned NC Medicaid Managed Health Care Plan for the member?	The assigned health plan should be shown on the member ID card and validated through the NC Tracks Recipient Eligibility Verification
Finance	Claims	Did Sandhills Center extend the temporary rate increase for Covid-19?	Sandhills Center has announced it will expand temporary funding increases – through September 30, 2021 -- to network providers as a result of the COVID-19 pandemic. Some of the rate enhancements have been in place since March 2020, and cover specific services  <a href="https://www.sandhillscenter.org/sandhills-center-extends-specific-rate-increases-through-september-2021">https://www.sandhillscenter.org/sandhills-center-extends-specific-rate-increases-through-september-2021</a>