Behavioral Health I/DD Tailored Plan Update on Eligibility and Enrollment

UPDATED: October 2022

Tailored Plan Overview

Behavioral Health and Intellectual and Developmental Disabilities (I/DD) Tailored Plans (Tailored Plans) are specialized health plans that target the needs of individuals with significant mental health disorders, substance use disorders, I/DDs and traumatic brain injury (TBI). Tailored Plans are scheduled to launch April 1, 2023, with approximately 150,000 individuals (based on Dec. 1, 2022 member estimates), as part of NC Medicaid's transition to Medicaid Managed Care. In addition to the services provided in Standard Plans, Tailored Plans will offer enhanced behavioral health, I/DD and TBI services. Some beneficiaries will be auto-enrolled into a Tailored Plan based on eligibility criteria and some beneficiaries may choose to enroll in a Tailored Plan.

Eligibility and Enrollment Updates

On Aug. 1, 2022, NC Medicaid began evaluating available data to identify beneficiaries who will be eligible for enrollment in Tailored Plans effective April 1, 2023 based on updated criteria and a new lookback period. This evaluation is known as the **Tailored Plan Criteria Review**.

NC Medicaid will begin notifying beneficiaries of their eligibility for a Tailored Plan beginning Jan. 23, 2023. Additional beneficiaries will be identified and receive notices based on regular review of newly available data every month. The updated criteria used to identify beneficiaries eligible for Tailored Plans relies on data available to NC Medicaid, including but not limited to Medicaid and state-funded services claims and encounters, reports from LME-MCOs, and Medicaid enrollment and eligibility data.

Criteria based on service utilization only or a combination of diagnosis and service utilization (Medicaid and state-funded services) require that the date of service be on or after Dec. 1, 2020. Eligibility criteria that are based on diagnosis alone allow for the longer lookback period of Jan. 1, 2018. NC Medicaid also updated state-funded services criteria to achieve clinical consistency with Medicaid.

Some beneficiaries who previously qualified for an exemption from mandatory Standard Plan enrollment due to meeting Tailored Plan criteria will not be eligible to enroll in a Tailored Plan at launch because their qualifying services are now outside the lookback period, or they do not meet the revised state-funded service use criteria. These beneficiaries may be auto-enrolled in a Standard Plan or remain in NC Medicaid Direct, depending on their specific situation. Some beneficiaries will have no change to their enrollment. Beneficiaries who become required to enroll in a Standard Plan due to the criteria review will have the opportunity to choose a Standard Plan or will be auto-assigned one and will begin receiving health care services from their Standard Plan on April 1, 2023.

For more information about the updated enrollment criteria, please see **Appendix B - Behavioral Health I/DD Tailored Plan Criteria** under "Final Policy Guidance" on the Medicaid Transformation Policy Papers webpage.

Beneficiary Resources

If beneficiaries have questions or want to learn more about their choices, they should contact the NC Medicaid Enrollment Broker:

- By calling 1-833-870-5500 (TTY: 711 or RelayNC.com)
- Online at ncmedicaidplans.gov

The NC Medicaid Ombudsman offers free and confidential support if beneficiaries have trouble getting access to health care and connects people to resources like social services, legal aid and other programs and resources. Beneficiaries may contact the NC Medicaid Ombudsman:

- By calling 1-877-201-3750
- Online at ncmedicaidombudsman.org

If beneficiaries need to move to Tailored Plan to receive the behavioral health, I/DD, or TBI services they need, beneficiaries or their providers can fill out the Request to Move Form. Beneficiaries' needs will be evaluated and if beneficiaries meet the criteria, they will be moved back into NC Medicaid Direct or Tailored Plan based on each beneficiary's specific needs.

- If beneficiaries have a service they currently need, then providers can fill out the Request to Move Provider Form, and it will be expedited.

Provider Resources

https://medicaid.ncdhhs.gov/providers/provider-contracting-health-plansFor general inquiries and complaints regarding Health Plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquires related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each Health Plan's provider manual.

For questions related to your NCTracks provider information, please contact the NCTracks Call Center at 800-688-6696. To update your information, please log into the NCTracks Provider Portal to verify your information and submit a MCR or contact the NCTracks Call Center.