NC Medicaid Managed Care
Provider Playbook

NC Medicaid

Fact Sheet
NC Medicaid Managed Care: Request to Move to Tailored Plan

What is the process to Request to Move to Tailored Plan?

As part of the transition to the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan, beneficiaries eligible for a Tailored Plan were enrolled in NC Medicaid Direct and served by a Local Management Entity/Managed Care Organization (LME/MCO).

Tailored Plans offer the same physical health services as Standard Plans and additional services for a serious mental health illness, severe substance use disorder (SUD), I/DD or traumatic brain injury (TBI). Tailored Plans are different from the LME/MCOs as they focus on whole-person health.

Tailored Plans offer services not available in the Standard Plan. Providers and beneficiaries may request to move to a Tailored Plan if they need certain services. This fact sheet explains the Request to Move to Tailored Plan (formerly the "Request to Move to NC Medicaid Direct") process and how to submit the forms to the NC Medicaid Enrollment Broker.

REQUEST TO MOVE TO TAILORED PLAN: PROVIDER FORM

The "Request to Move toTailored Plan: Provider Form" can be submitted online at ncmedicaidplans.gov/submit-forms-online. Forms can also be mailed or faxed. For a printable form Call the NC Medicaid Enrollment Broker at 1-833-870-5500 (TTY: 711 or RelayNC.com).

The form can be filled out by a doctor, therapist or other I/DD, mental health or substance use disorder provider for the beneficiary. This form can be used for two types of submissions:

- Service-Associated Requests and NonService-Associated Requests.
- Service-Associated Requests require a Service Authorization Request (SAR) and can be found in step three of the form.

	Service-associated Request	Nonservice-assoicated Request
Who can submit requests?	Providers	• Beneficiaries • Providers
Processing time	Within one business day	• Five business days for provider forms • Eight business days for business forms
When does the beneficiary move to a Tailored Plan?	The day the request is submitted	Following approval, the beneficiary is enrolled the first day of the following month

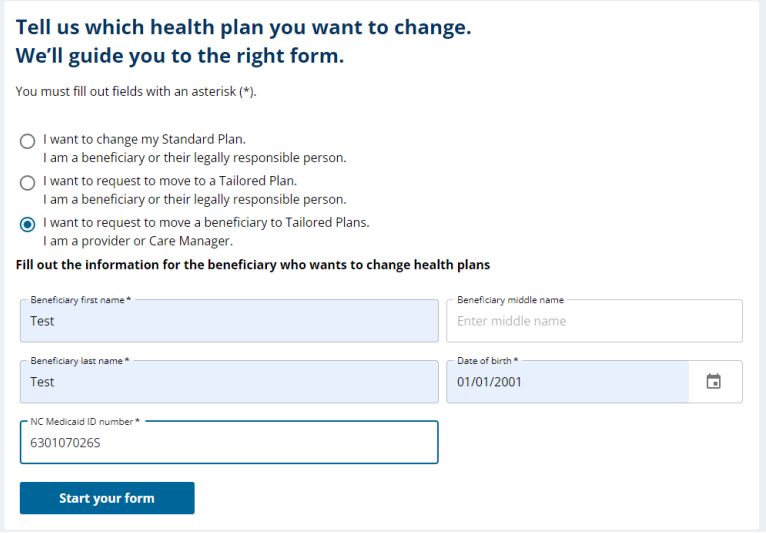
If approved, beneficiaries will receive notice from the Enrollment Broker. The notice will inform the beneficiary the move to a Tailored Plan is effective either the first day of the following month or on the date the request was submitted.

If denied, the Enrollment Broker will send the beneficiary a denial letter which includes information on the beneficiary's right to appeal the decision and the denial reason. The beneficiary has 30 days from the date of the denial notice to request a State Fair Hearing (appeal).

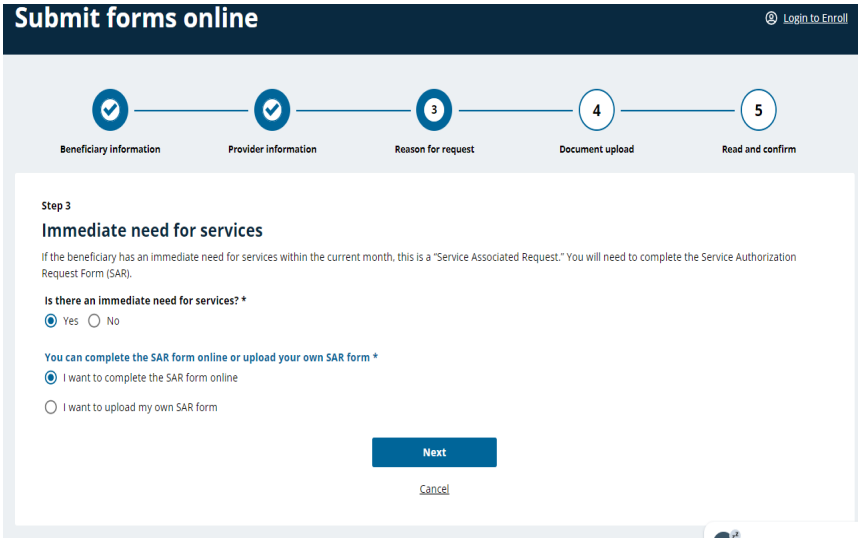
Watch this video To learn more about how to complete the request, an educational video is avaialable ncmedicaidplans.gov/submit-forms-online.

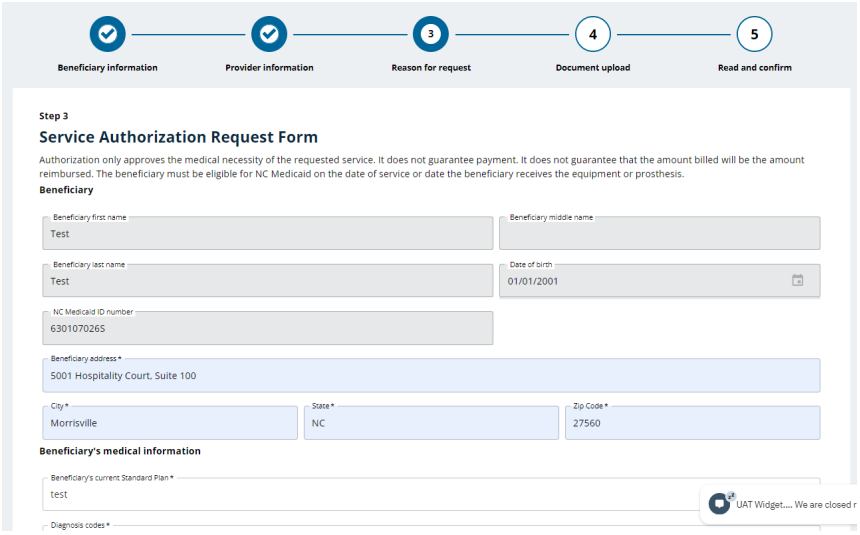
TO SUBMIT A SECURE REQUEST ONLINE

1. Go to ncmedicaidplans.gov/submit-forms-online and select "Get started with guided forms." Select "I want to request to move a beneficiary to Tailored Plans," then "I am a provider or Care Manager" to complete the provider form.

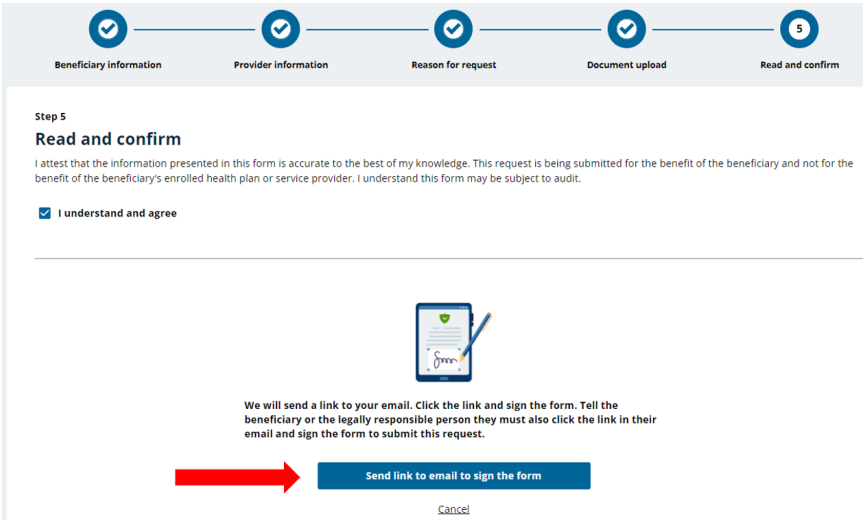


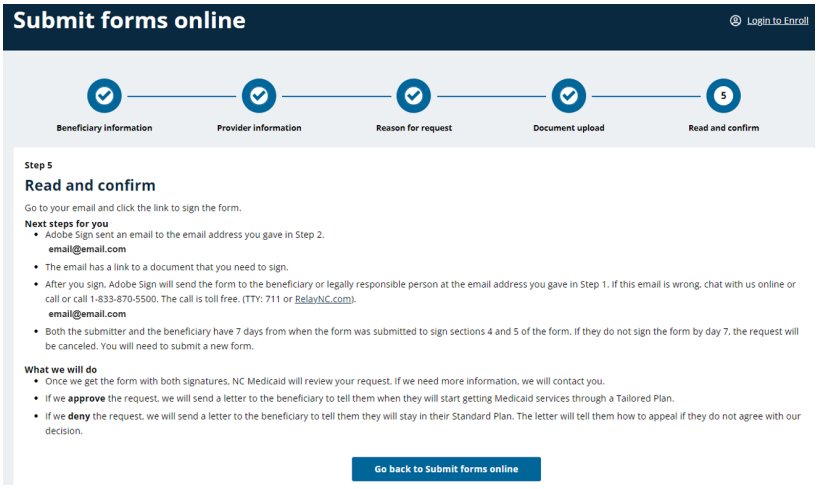
2. Complete the required fields in Step 1 and 2, entering the beneficiary and provider information.
3. The guided form will populate with the SAR on Step 3. This can be filled out or a SAR and any necessary supporting documentation can be uploaded.



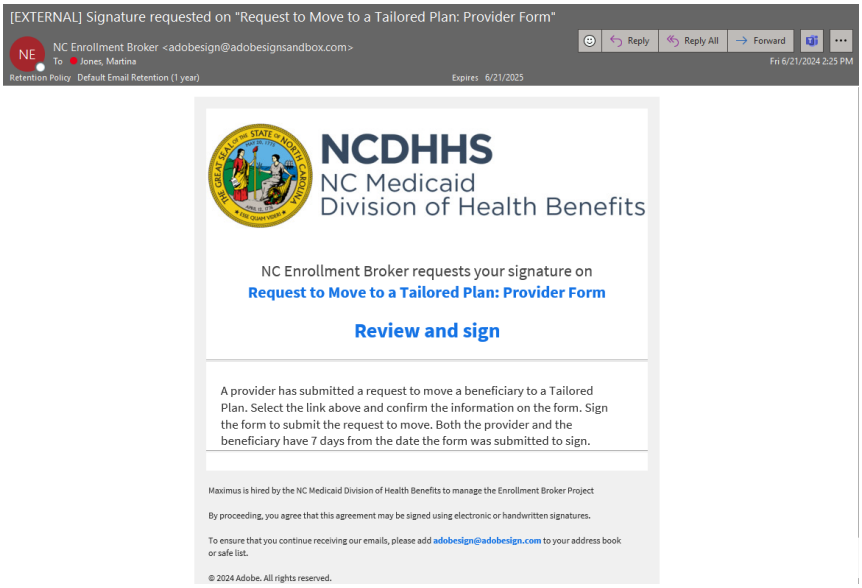


4. Step 5, both the provider and the beneficiary will need to go to their email and sign the form that was sent.





5. An email from Adobe is sent to the beneficiary and provider with a direct link to sign the form. Once both the beneficiary and provider sign the form, the document is automatically logged in the Enrollment Broker's system and routed to the appropriate entity on the same day.



SERVICE-ASSOCIATED REQUESTS (SAR)

This is an expedited process. SARs are sent to the Tailored Plan within 24 hours and the beneficairy is moved within one business day, retroactive to the date of the request.

A SAR is submitted by the provider with the beneficiary's consent, requesting specific services only available through a Tailored Plan. This request allows the beneficiary to get services for serious mental illness, severe substance use disorder, I/DD or TBI not available in the Standard Plans.

A SAR is required along with any necessary support documentation, to be submitted. Providers can use the SAR embedded in the "Request to Move to Tailored Plan" form or upload their own SAR.

Submission and Review Process for SARs

Step 1	Step 2	Step 3	Step 4
The provider submits form to the Enrollment Broker either online at ncmedicaidplans.gov or by fax to 833-898-9655. Additional documentation is included as necessary.	Within 24 hours of the provider's submission, the Enrollment Broker will review, process the form and request any additional documentation needed from the provider.	The Tailored Plan and the Enrollment Broker complete the review of SARs.	If approved, the beneficiary will receive a notice with Tailored Plan enrollment information and a health plan ID card. If denied, the beneficiary will receive a notice with the reason for denial and appeal rights to request a State Fair Hearing.

*If approved, Service-associated Requests are effective the date the request was submitted.

NONSERVICE-ASSOCIATED REQUESTS

A Nonservice-associated Request can be submitted directly by a member using the "Request to Move to Tailored Plan: Beneficiary" form and does not require a SAR. The form can also be submitted by any provider (including a hospital) with the beneficiary's consent. Nonservice-associated Requests are reviewed for approval or denial within eight business days for beneficiary forms and five business days for provider forms.

Submission and Review Process of Nonservice-Associated Requests

Step 1	Step 2	Step 3	Step 4
The beneficiary or provider submits the form either online at ncmedicaidplans.gov/submit-forms-online, by mail or via fax to the Enrollment Broker.	The Enrollment Broker reviews and processes the form.	If additional clinical documentation is needed, the Enrollment Broker clinical team will reach out to the beneficiary/provider.	**If approved**: the beneficiary will receive a notice with Tailored Plan enrollment information and an health plan ID card **If denied**: the beneficiary will receive a notice with thel reason for denial and appeal rights to request a State Fair Hearing.

*If approved, the request is effective on the first day of the month following the approval.

If the form is not signed, there is missing or incorrect information, the beneficiary will get a letter from the Enrollment Broker to let them know.

WHAT CHANGED WITH TAILORED PLAN LAUNCH

Tailored Plans launched July 1, 2024. Services for serious mental health illness, severe SUD, I/DD or TBI are available in Tailored Plans. As a result, the process was renamed “Request to Move to the Tailored Plan” July 1, 2024. There will no longer be an option for Standard Plan members to move to NC Medicaid Direct to receive these services unless they are a federally recognized tribal member or IHS eligible beneficiary.

- Beneficiaries enrolled in a Standard Plan who need services for a serious mental health illness, severe SUD, I/DD or TBI moved to a Tailored Plan and are no longer enrolled in NC Medicaid Direct.
- The name of the forms have changed but the required information remains the same, as does the process.

Current Name	**New Name**
Request to Move to **NC Medicaid Direct** (Fee for Service) or LME/MCO: Beneficiary Form	Request to Move to a **Tailored Plan:** Beneficiary form
Request to Move to **NC Medicaid Direct** (Fee for Service) or LME/MCO: Provider Form	Request to Move to a Tailored Plan: Provider form

WHAT REMAINS THE SAME?

- Processing times for Service and Nonservice-associated Requests remains the same.
  - Service-associated Requests will be completed within one business day
  - Nonservice-associated Requests will take:
    - Five days to process for provider requests
    - Eight days to process beneficiary requests

The process to submit a request remains the same. Requests to move to Tailored Plan can be submitted digitally at ncmedicaidplans.gov/submit-forms-online or by calling the Enrollment Broker at 833-870-5500 to request a downloadable form to be mailed or faxed.