



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 that are eligible for Tailored Plan (beginning July 1, 2024) 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 mental health disorder, substance use disorder (SUD), I/DD or traumatic brain injury (TBI). Tailored Plans are different from the LME/MCOs because they will focus on whole-person health care to better serve North Carolinians.

Tailored Plans will offer services not available in the Standard Plan. Providers and beneficiaries may request to move to the 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 to Tailored Plan: Provider Form can be submitted online at ncmedicaidplans.gov/submit-forms-online. Forms can also be mailed or faxed. Call the Enrollment Broker at 1-833-870-5500 (TTY: 711 or RelayNC.com) for a printable form. 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 it can be found in step 3 of the form.

	Service-Associated Request	Nonservice-Associated Request
Who can submit requests?	Providers	Beneficiaries
		Providers
Processing time	Within one business day	Five (5) business days for Provider Forms
		Eight (8) business days for Beneficiary Forms
When does the individual move to Tailored Plan?	The day the request is submitted	After approval, the individual 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 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: ncmedicaidplans.gov/submit-forms-online.

REQUEST TO MOVE TO A TAILORED PLAN: BENEFICIARY FORM

The Request to Move to Tailored Plan: Beneficiary Form can be submitted online at ncmedicaidplans.gov/submit-forms-online. Forms can also be mailed or faxed by completing the downloadable version found here [Request to Move to a Tailored Plan: Beneficiary Form](#). The form can be filled out by the beneficiary or their legally responsible person such as the head of household, legal guardian, or authorized representative. This form can be used for a NonService-Associated Request submission.

If approved, beneficiaries will receive notice from the Enrollment Broker. The notice will inform the beneficiary the move to Tailored Plan is effective the first day of the following month.

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: 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 to a Tailored Plan. I am a beneficiary or their legally responsible person" if completing the beneficiary form or select "I want to request to move a beneficiary to a Tailored Plan. I am a provider or Care Manager" if completing the provider form.



You must fill out fields with an asterisk (*).

I want to change my Standard Plan.
 I am a beneficiary or their legally responsible person.

I want to request to move to a Tailored Plan.
 I am a beneficiary or their legally responsible person.

I want to request to move a beneficiary to Tailored Plans.
 I am a provider or Care Manager.

Fill out the information for the beneficiary who wants to change health plans

Beneficiary first name* Beneficiary middle name

Beneficiary last name* Date of birth*

NC Medicaid ID number*

[Start your form](#)

2. Complete all the required fields on Step 1 and Step 2, entering the beneficiary information and health care needs, and provider information.
3. Supporting documentation can be uploaded on Step 3. This is optional.

Step 3

Tell us about a provider the beneficiary has visited recently

Tell us the name of a recent doctor, therapist or other healthcare provider. We will contact this provider with any questions about the intellectual / developmental disability (I/DD), mental health disorder, traumatic brain injury (TBI) or substance use disorder (SUD). You must fill out fields with an asterisk (*).

Provider or agency name*

Provider phone number*

Optional: You can upload documents to support your request

Attach the most recent psychological evaluations, hospital discharge summaries or other assessments. This helps us review your request faster. If the beneficiary does not have documents, we will contact their provider. You can also send us supporting documents when you get the email to sign and submit this form.

[Upload documents](#)

[Next](#)

UAT Widget... We are closed right...

4. On Step 4, both the provider and the beneficiary need to go to their email and sign the form.




When I submit this form, I am agreeing that:

- NC Medicaid may contact the doctor, therapist or other healthcare provider listed above to obtain my personal medical records including records of intellectual / developmental disability (I/DD), mental health disorder, traumatic brain injury (TBI) or substance use disorder (SUD).
- I expressly consent to NC Medicaid receiving any or all such records needed to make a decision on this request.

I understand that if this request is approved, I will stay in or be moved to a Tailored Plan.
 If I have been assigned to a Standard Plan, I understand that I will no longer be enrolled in that health plan.

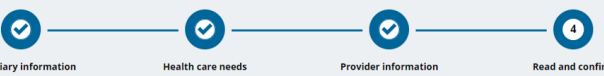
I understand and agree



We will send a link to your email.
Click the link and sign the form to submit this request.

Send link to email to sign the form

[Cancel](#)



Step 4
Read and confirm
 Go to your email and click the link to sign the form.

Next steps for you

- Adobe Sign will send an email to the email address you gave in Step 1.
 email@email.com
- You have **7 days** to sign the form sent to your email.
- If you do **not** sign the form by day 7, your request will be canceled. You will need to submit a new form.

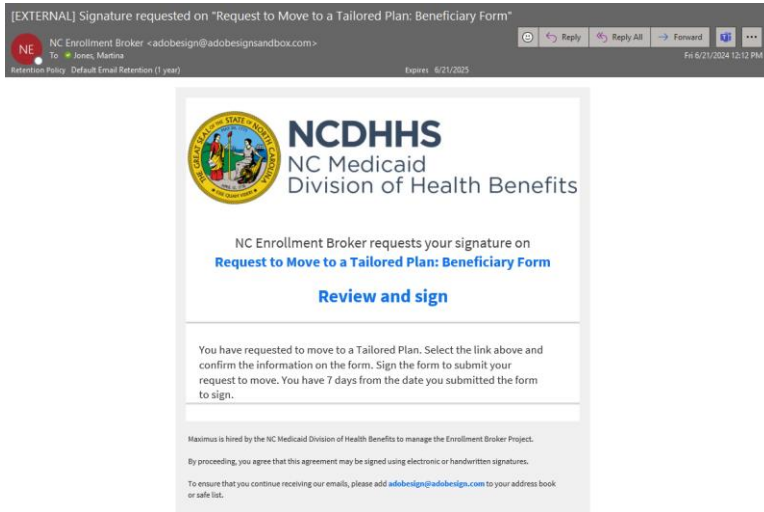
What we will do

- Once we get the signed form, NC Medicaid will review this request. If we need more information, we will contact the beneficiary's doctor, therapist or other healthcare provider.
- If we **approve** the request, we will send a letter to tell the beneficiary when they will start getting Medicaid services through a Tailored Plan.
- If we **deny** the request, we will send a letter to tell the beneficiary they will stay in the Standard Plan. The letter will tell the beneficiary how to appeal if they do not agree with our decision.

[Go back to Submit forms online](#)

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 individual 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 the Tailored Plan. This request allows the beneficiary to get services for mental illness, substance use disorder, I/DD or TBI that are 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 of SARs

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

*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 the hospital) with the beneficiary's consent. Nonservice-associated Requests are reviewed for approval or denial within eight (8) business days for Beneficiary forms and five (5) 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.	<p>If approved: the beneficiary will receive a notice with Tailored Plan enrollment information and an NC Medicaid ID card</p> <p>If denied: the beneficiary will receive a notice with denial reason and appeal rights to request a State Fair Hearing.</p>

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

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

What's Changed with Tailored Plan Launch

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

What is Changing?

- Beneficiaries enrolled in a Standard Plan who need services for mental health disorder, SUD, I/DD or TBI will move to Tailored Plan and no longer NC Medicaid Direct.
- The name of the forms has changed to the following but the required information to fill out remains the same as does the process.



Current Name	New Name
Request to Move to NC Medicaid Direct (Fee or 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 is Staying the Same?

- Processing times for Service- and Nonservice-associated Requests will remain the same.
 - Service-associated Requests: Completed within 1 business day
 - Nonservice-associated Requests
 - Five (5) days to process for provider requests
 - Eight (8) days to process beneficiary requests
- The process to submit a request will remain the same. Requests to move to Tailored Plan can be submitted digitally at <https://ncmedicaidplans.gov/submit-forms-online> or by calling the Enrollment Broker at 833-870-5500 to request a downloadable form version that can be mailed or faxed.

