

Fact Sheet

Introduction to Tailored Plans: Enrollment and Timelines

Tailored Plans Launch July 1, 2024

NC Medicaid will transition beneficiaries who need certain services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) to Behavioral Health and I/DD Tailored Plans (Tailored Plans) July 1, 2024. Until then, potential Tailored Plan beneficiaries will receive health care services the same way they do today, through NC Medicaid Direct or Standard Plans.

This fact sheet provides information about Tailored Plans, including which beneficiaries qualify and how and when this transition will occur.

WHAT ARE TAILORED PLANS?

Plans will provide the same services as Standard Plans but will provide additional services that serve individuals with serious mental illness and substance use disorders, I/DDs and TBIs as well as people using State-funded Services.

The plan is responsible for managing two of the State's Medicaid Section 1915(c) Home and Community-Based Services (HCBS) waivers: the NC Innovations waiver for individuals with I/DD and the TBI waiver.

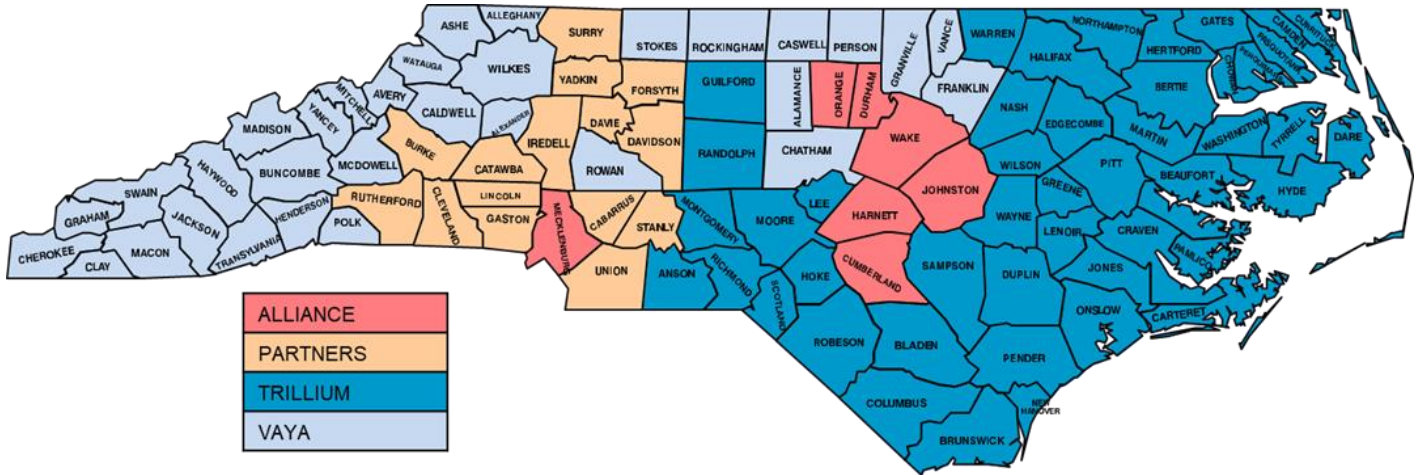
TAILORED PLAN SERVICE AREAS

There are four Tailored Plans and only one Tailored Plan serves each county. Beneficiaries receive services from the Tailored Plan based on the county that manages the beneficiary's Medicaid case (e.g., administrative county).

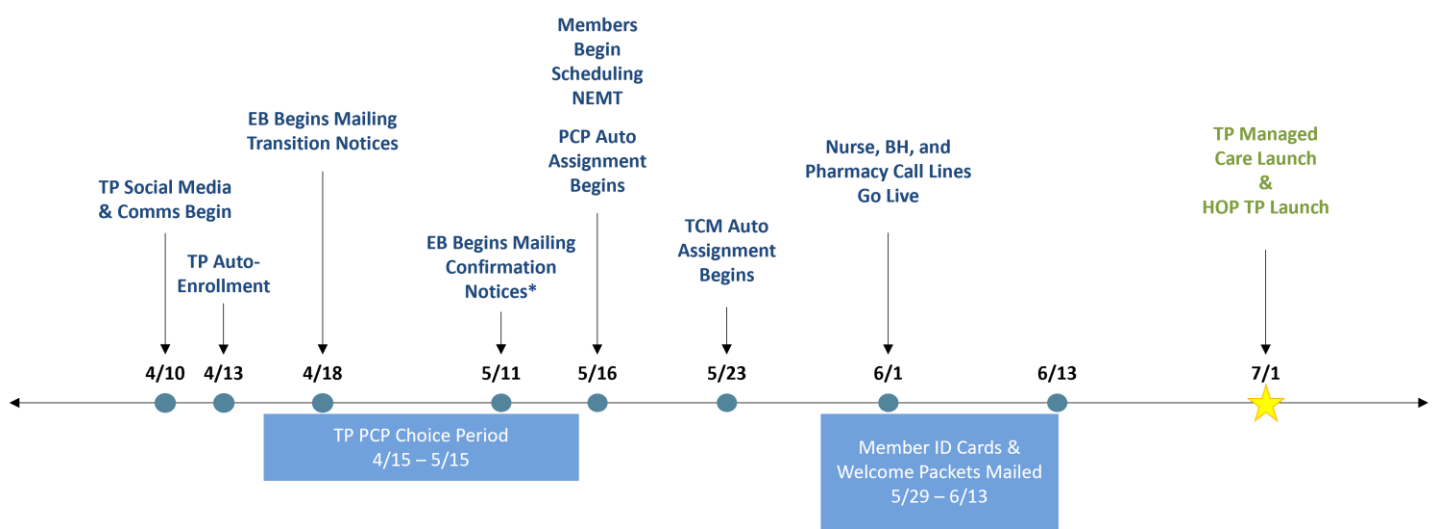
- **Alliance Health:** Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, Wake
- **Partners Health Management:** Burke, Cabarrus, Catawba, Cleveland, Davie, Davidson, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
- **Trillium Health Resources:** Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Guildford, Halifax, Hertford, Hoke, Hyde, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans,

Pitt, Randolph, Richmond, Robeson, Sampson, Scotland, Tyrrell, Warren, Washington, Wayne, Wilson

- **Vaya Total Care:** Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rockingham, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey



2024 TAILORED PLAN TIMELINE



Milestone	Importance	Timeline	For More Information
Tailored Plan Criteria Review	NC Medicaid completed a review of all Medicaid beneficiaries to determine who qualified for a Tailored Plan.	8/1/2022*	Completed. No action for beneficiaries to take.

Milestone	Importance	Timeline	For More Information
	<p>Note: Beneficiaries who no longer qualified for a Tailored Plan received a notice from the Enrollment Broker about their health care options.</p>		
Auto-enrollment	<p>Beneficiaries who qualify for a Tailored Plan were auto-enrolled in a Tailored Plan based on managed care status and administrative county.</p> <p>Beneficiaries received a notice from the Enrollment Broker with their enrollment and health plan options (if applicable).</p>	Beginning 4/13/2024*	Beneficiaries should contact the Enrollment Broker for help.
Choice Period	<p>Beneficiaries were to choose a primary care provider (PCP) with their Tailored Plan.</p> <p>Beneficiaries may choose a different health plan (if applicable). There is only one Tailored Plan that serves each county.</p> <p>Beneficiaries cannot select a different Tailored Plan.</p>	4/15/2024 – 5/15/2024*	<p>Beneficiaries should contact their Tailored Plan to choose a PCP.</p> <p>Beneficiaries should contact the Enrollment Broker to choose a different health plan (if applicable).</p>
PCP Auto-assignment	Beneficiaries who do not choose a PCP were assigned to one.	5/16/2024*	Beneficiaries should contact their Tailored Plan for assistance.
TCM auto-assignment	<p>Beneficiaries keep their TCM from their LME/MCO when they transition to a Tailored Plan.</p> <p>Beneficiaries who do not have a TCM assignment were assigned one.</p>	5/23/2024*	Beneficiaries should contact their Tailored Plan for assistance.
Day 1 – Tailored Plan Start Date	Beneficiaries begin receiving health care services from their Tailored Plan.	7/1/2024	Beneficiaries should contact their Tailored Plan and/or the Enrollment Broker for assistance.

* Dates are approximate and subject to change.

TAILORED PLAN ENROLLMENT CRITERIA

NC Medicaid identifies beneficiaries who qualify for a Tailored Plan based on programs, diagnoses, admissions or visits and services available only through the Tailored Plans. For a detailed description of specific eligibility criteria, see [Appendix B — Tailored Plan Eligibility Criteria](#).

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"> • Innovations Waiver (or waiting list) • TBI Waiver • Transition to Community Living (TCL) • Children with complex needs 	<ul style="list-style-type: none"> • Have used a Medicaid service that will be available only through the Tailored Plan during the lookback period* • Have used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds during the lookback period*
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"> • Qualifying I/DD diagnosis code • Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period* • Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or receive electroconvulsive therapy (ECT) during the lookback period* 	<ul style="list-style-type: none"> • Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility • Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*

* The lookback period reviews for claims and encounters based only on service utilization 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 a longer look back period of Jan. 1, 2018.

TAILORED PLAN POPULATIONS – MANAGED CARE STATUS

Beneficiaries with the following managed care status in NC FAST were auto-enrolled in the Tailored Plan that serves their administrative county (the county that manages the beneficiary’s Medicaid case):

- Tailored Plan
- Tailored Plan - TBI/Innovation
- Tailored Plan - TBI/Innovation - Dual Eligible
- Tailored Plan - TCL (Transitions to Community Living)
- Tailored Plan - ICF (Intermediate Care Facilities)
- Tailored Plan - SFR (State-funded Residential)

Beneficiaries with the following managed care status were not auto-enrolled in Tailored Plans but can choose to enroll in the Tailored Plan that serves their county.

- Tribal - Tailored Plan
- IHS - Tailored Plan
- Tribal - Tailored Plan - TBI/Innovation
- IHS - Tailored Plan - TBI/Innovation
- Tribal - Tailored Plan - TBI/Innovation - Dual Eligible
- IHS - Tailored Plan - TBI/Innovation – Dual Eligible
- Tribal - Tailored Plan – TCL
- IHS - Tailored Plan – TCL
- Tribal - Tailored Plan – ICF
- IHS - Tailored Plan – ICF

AUTO-ENROLLMENT

Auto-enrollment was held April 13, 2024. Potential Tailored Plan beneficiaries were enrolled in a Tailored Plan. Member choice period was April 15 – May 15, 2024. During this time, beneficiaries could:

- Choose a PCP with their Tailored Plan
- Choose a different health care option (if applicable) through the NC Medicaid Enrollment Broker

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

Certain mental health, substance use, I/DD or TBI services are only offered by Tailored Plans.

Beneficiaries who choose to enroll in a Standard Plan must do so via phone or enrollment form.

Auto-enrollment for Tailored Plan was based on:

1. If a beneficiary meets the Tailored Plan enrollment criteria
2. The county that manages the beneficiary's Medicaid case (administrative county)
3. Special population considerations (e.g., EBCI/IHS eligible)

WHAT IF A BENEFICIARY WANTS TO KEEP ME AS THEIR PRIMARY CARE PROVIDER?

Make sure your Medicaid patients know which Tailored Plans you are contracted with.

- If a beneficiary did not select a PCP with their Tailored Plan by May 15, 2024, they were assigned one. If the beneficiary had a record of an active relationship with a PCP with Medicaid, the health plan assigned the beneficiary to that PCP, provided they participate in the Tailored Plan's network.
- Beneficiaries can change their PCP as often as they want through Jan. 31, 2025. After Jan. 31, 2025, beneficiaries have 30 calendar days from the date they receive their new PCP assignment to change their PCP without cause. After that, beneficiaries can change their PCP once a year without cause. They can change their PCP with cause at any time.
- Examples of "with cause" reasons to change a PCP include if a PCP moves to a different location that is no longer convenient or if a PCP no longer provides the services needed. To change their PCP, beneficiaries should call their Tailored Plan.
- If a beneficiary is currently receiving ongoing treatment or if they have a ongoing special condition, the Tailored Plan will work with the provider to make sure the beneficiary can continue their treatment plan. Until Jan. 31, 2025, beneficiaries can continue seeing their current provider (even if they are out-of-network) for their current treatment.

WHAT IF I WANT TO INFORM MY BENEFICIARIES OF THEIR OPTION TO KEEP ME AS THEIR PRIMARY CARE PROVIDER?

NC Medicaid welcomes this engagement from our providers but note not all Medicaid beneficiaries are moving to Tailored Plans. Receiving letters or other information from providers about Tailored Plans could cause confusion for beneficiaries who are not moving to NC Medicaid Managed Care at this time.

If your practice plans to conduct outreach, NC Medicaid encourages you to include the following language in any communication to patients about contracted health plans and enrolling in NC Medicaid Managed Care:

This letter is not an official enrollment notice.

Depending on your current eligibility, you may not be required to enroll with a health plan. Please call the Enrollment Broker at 833-870-5500 (TTY: 833-870-5588) for assistance.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

- Most questions beneficiaries have about NC Medicaid Managed Care can be answered by the NC Medicaid Enrollment Broker. Refer beneficiaries to 833-870-5500 (TTY: 833-870-5588) for assistance. The hours of operation are 7 a.m. to 5 p.m., Monday through Saturday.
- The NC Medicaid Ombudsman can offer help if a beneficiary cannot get access to health care, connect them to other resources and help them understand their rights and responsibilities. Go to ncmedicaidombudsman.org or call 877-201-3750, 8 a.m. to 5 p.m., Monday through Friday. The call is toll-free.

WHO CAN BENEFICIARIES CONTACT FOR ADDITIONAL INFORMATION ABOUT THEIR TAILORED PLAN?

Most questions beneficiaries have about NC Medicaid Managed Care can be answered by the NC Medicaid Enrollment Broker.

Who do I contact if...	Contact information
<ul style="list-style-type: none">• I don't know if I qualify for NC Medicaid Managed Care• I don't know which health plan I am enrolled in• I want to change my health plan	NC Medicaid Enrollment Broker: 833-870-5500 (TTY: 711 or RelayNC.com)
Who do I contact if...	Contact information
<ul style="list-style-type: none">• I have questions about my new health plan• I need to know who my primary care provider is• I need to know who my Tailored Care Management provider is• I need to get a replacement Medicaid ID card	Alliance Member Services 800-510-9132 Website alliancehealthplan.org Partners Member Services 888-235-4673 partnersbhm.org Trillium

	<p>Member Services 877-685-2415 trilliumhealthresources.org</p> <p>Vaya Total Care</p> <p>Member Services 800-962-9003 vayahealth.com</p> <p>Hours of operation vary by health plan.</p>
<p>Who do I contact if...</p>	<p>Contact information</p>
<ul style="list-style-type: none"> • I need to know which providers my health plan works with • I need to know what benefits my new health plan provides • I can't get my services (e.g., in-home aide does not show up as planned, medical supplies are not received, provider won't take the new health plan) • I need to know if my approved services will continue • I want to check on my appeal currently under review <p>Reminder: This contact information is also on your new health plan ID card you received from your health plan.</p>	<p>Alliance</p> <p>Member Services 800-510-9132 Pharmacy Line 855-759-9300 alliancehealthplan.org</p> <p>Partners</p> <p>Member Services 888-235-4673 Pharmacy Line 866-453-7196 partnersbhm.org</p> <p>Trillium</p> <p>Member Services 877-685-2415 Pharmacy Line 866-245-4954 trilliumhealthresources.org</p> <p>Vaya Total Care</p> <p>Member Services 800-962-9003 Pharmacy Line 800-540-6083 vayahealth.com</p> <p>Hours of operation vary by health plan.</p>
<p>Who do I contact if...</p>	<p>Contact information</p>
<ul style="list-style-type: none"> • I have questions about my new health plan • I need to know who my primary care provider is • I need to know who my Tailored Care Management provider is • I need to get a replacement Health Plan ID card • I need to know which providers my health plan works with • I need to know what benefits my new health plan provides 	<p>Alliance</p> <p>Member Services 800-510-9132 alliancehealthplan.org</p> <p>Partners</p> <p>Member Services 888-235-4673 partnersbhm.org</p> <p>Trillium</p> <p>Member Services 877-685-2415 trilliumhealthresources.org</p>

<ul style="list-style-type: none"> • I can't get my services (e.g., in-home aide does not show up as planned, medical supplies are not received, provider won't take the new health plan) • I need to know if my approved services will continue • I want to check on my appeal currently under review 	<p>Vaya Total Care</p> <p>Member Services: 800-962-9003</p> <p>vayahealth.com</p>
<p>Who do I contact if...</p> <p>I need a ride to an appointment. Non-Emergency Medical Transportation (NEMT) will be provided for Tailored Plan members.</p>	<p>Contact information</p> <p>Beneficiaries can call to reserve a ride for appointments scheduled on or after July 1, 2024, by calling:</p> <p>Alliance</p> <p>ModivCare 855-759-9600</p> <p>Partners</p> <p>ModivCare 855-397-3611</p> <p>Trillium</p> <p>ModivCare 877-685-2425</p> <p>Vaya Total Care</p> <p>ModivCare 888-621-2084</p>
<p>Who do I contact if...</p> <p>I am having a crisis related to mental health, substance use disorder or intellectual or developmental disabilities</p>	<p>Contact information</p> <p>If this is a life-threatening emergency, call 911.</p> <p>If your crisis is urgent but is not life-threatening, contact the behavioral health crisis line for your health plan:</p> <ul style="list-style-type: none"> • Alliance 877-223-4617 • Partners 833-353-2093 • Trillium 888-302-0738 • Vaya Total Care 800-849-6127 <p>You can also call or text the 988 Suicide & Crisis Lifeline.</p> <p>Hours of Operation: 24 hours a day, 7 days a week.</p>
<p>Who do I contact if...</p> <p>I need medical advice/support.</p>	<p>Contact information</p> <p>If this is a life-threatening emergency, call 911.</p> <ul style="list-style-type: none"> • Alliance Nurse Line 855-759-9400 • Partners Nurse Line 888-369-2452

• Trillium Nurse Line 877-685-2415

• Vaya Nurse Line 800-290-1623

Note: These phone numbers are active now. Hours of operation are 24 hours a day, 7 days a week.

WHO CAN I CONTACT IF I HAVE QUESTIONS AS A PROVIDER?

The Provider Ombudsman represents the interests of the provider community by receiving and responding to inquiries and complaints regarding health plans. Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or providers may use the Provider Ombudsman line at 866-304-7062.

For questions about authorization, billing, claims, enrollment and credentialing, or other issues, call the health plan Provider Services Support Lines at the numbers below.

Tailored Plan	Provider Services Support Line
Alliance Health	855-759-9700
Partners Health Management	877-398-4145
Trillium Health Resources	855-250-1539
Vaya Total Care	866-990-9712

