

Fact Sheet

LME/MCO Consolidation Overview and FAQs – For Providers

Overview

In effort to improve delivery of care, stabilize the public behavioral health system, and launch NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan, the North Carolina General Assembly in October directed the Secretary for the North Carolina Department of Health and Human Services to reduce the number of Local Management Entity/Managed Care Organizations (LME/MCOs) to a total of no more than five, and at least four.

On Nov. 1, 2023, the Secretary issued a [directive](#) stating that Sandhills Center will be dissolved, and Eastpointe and Trillium Health Resources will be consolidated into one entity.

The majority of Sandhills' counties will be reassigned to Trillium, with the exception of Davidson, Harnett and Rockingham counties.

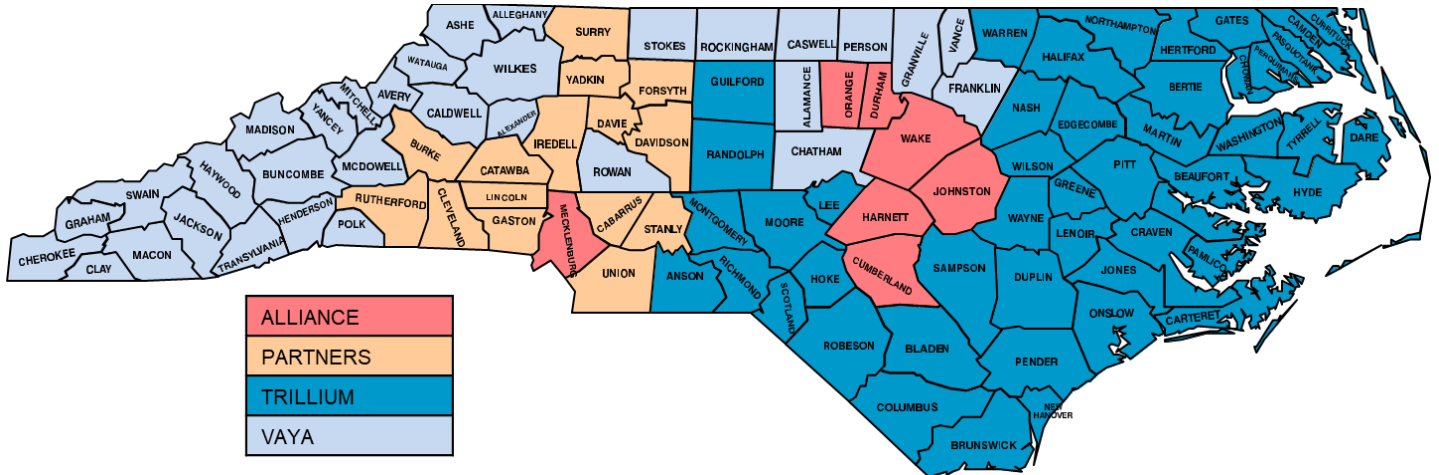
Davidson County will be served by Partners Health Management, Harnett County will be served by Alliance Health, and Rockingham County will be served by Vaya Health.

TRILLIUM AND EASTPOINTE FINAL CONSOLIDATION AGREEMENT

Trillium Health Resources and Eastpointe Human Services, which was already in the process of merging with Sandhills Center came together in mutual agreement to build on their collective strengths and administer state and Medicaid-funded Mental Health, Substance Use Disorder, (SUD), Intellectual Developmental Disabilities(I/DD), Traumatic Brain Injury (TBI) services and supports in 46 counties in the combined region effective Jan. 1, 2024.

For members and providers, the consolidation transition will occur Feb.1, 2024. Under the agreement, Trillium was named the surviving entity of consolidation. No later than January 2025, this new consolidated entity will re-brand under a new name.

LME/MCO COVERAGE MAP (AS OF FEB.1, 2024)



LME/MCO	Resulting LME/MCO County Alignment*
Trillium	Anson , Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin , Edgecombe , Gates, Greene , Guilford , 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
Alliance	Cumberland, Durham, Harnett , Johnston, Mecklenburg, Orange, Wake
Partners	Burke, Cabarrus, Catawba, Cleveland, Davie, Davidson , Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
Vaya	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

***Bold Counties** will be realigned as part of LME/MCO consolidation effective Feb. 1, 2024

WHAT ARE THE KEY DATES PROVIDERS SHOULD KNOW ?

Work to implement the necessary changes for LME/MCO Consolidation is already underway. Below are key dates that providers should be aware of in advance of consolidation.

Key Milestones and Member/Recipient Communications

- **November 2023 – Ongoing**: The four remaining LME/MCOs begin contracting with providers in their new assigned counties, if not already contracted
- **Jan. 8 –18, 2024**: Welcome packet sent to members/recipients from new LME/MCO.
- **Jan. 8 –20, 2024**: Enrollment Broker sends new LME/MCO assignment letter to members
- **Jan. 15 – Feb. 9, 2024**: LME/MCOs perform warm handoff process for high needs members to newly assigned LME/MCOs

- Feb. 1, 2024: Consolidation go-live (effective date of coverage under the new LME/MCO for each impacted member/recipient)

WHAT INFORMATION WILL BE PROVIDED TO IMPACTED MEMBERS?

Members will receive a package of educational materials and resources to help them navigate services with their new LME/MCO, including:

- An LME/MCO assignment letter from the NC Medicaid Enrollment Broker two to three weeks prior to consolidation go-live.
- New member welcome packets and Tailored Care Management (TCM) inserts (as appropriate) for their new LME/MCO, including the NC Medicaid Direct Prepaid Inpatient Health Plan (PIHP) welcome letter and member handbook, to impacted members prior to consolidation go-live.

WILL MEMBERS BE REASSIGNED TO A NEW TAILORED CARE MANAGER PROVIDER?

From Feb. 1, 2024 through May 30, 2024 members receiving TCM provided by community-based TCM providers, will be able to keep their current providers. Community-based TCM providers will need to contract with the member's new LME/MCO by April 30, 2024, to keep providing services and not have members reassigned to a new TCM provider.

Members receiving TCM provided by Sandhills Center care managers will be assigned a new TCM provider. If members prefer to get TCM from a certain provider, they should call their new LME/MCO and make the assignment request.

High needs members will be identified by the Department and prioritized by Sandhills and the LME/MCO assuming care to determine when warm handoffs (care manager to care manager live discussion regarding the key summary details and needs for each member) may be required.

The following populations will be included in this process:

- Members receiving in-home long-term services and supports (LTSS)
- Members authorized for transplantation
- Members who require complex treatment circumstances or multiple service interventions
- Members authorized for out of state services
- Members enrolled in Care Management for At-Risk Children (CMARC)
- Members in Foster Care who have been identified as Tailored Plan eligible
- Transition to community living (TCL) participants
- Other high need Members or group of members identified by the Department or the health plan.
- Innovations waiver members (validated through Supplemental Questions (SQ) process for exceptional support needs or assigned an individual budget tool level of F or G).

Members can continue to see their primary care provider (PCP) and other NC Medicaid Direct providers for physical health services.

WILL MEMBERS/RECIPIENTS HAVE ACCESS TO THE SAME SERVICES/BENEFITS?

Yes, members will continue to have access to state-plan and waiver behavioral health, I/DD and traumatic brain injury (TBI) services. Additionally, the Department and LME/MCOs are reviewing Medicaid In-lieu of Services (ILOS) and State Funded Alternative Services offered by Sandhills to ensure a successful transition of those services.

Per the Department's [Transition of Care policy](#), LME/MCOs shall permit transitioning members to continue seeing their provider, regardless of network status following a transition between LME/MCOs and when the member is in an ongoing course of treatment.

For State-Funded Services, recipients will continue to have access to state-funded mental health, substance use disorder, I/DD and TBI services without interruption during the transition. This includes any Cross Area Service Program (CASP) services.

DO I NEED TO CONTRACT WITH MY MEMBERS'/RECIPIENTS' NEW LME/MCO?

The LME/MCOs that will remain operational following consolidation have been encouraged to execute provider contracts prior to Feb. 1, 2024 to ensure members/recipients are able to more seamlessly access services during the transition.

Medicaid behavioral health, I/DD, TBI and TCM providers who are serving impacted counties but are not contracted with the LME/MCO that will assume area authority are encouraged to complete contracting activities as soon as possible to limit any disruption in services for members.

State-funded providers who are serving impacted counties but not contracted with the LME/MCO that will assume Tailored Plan authority under the new LME/MCO realignment are encouraged to complete contracting activities as soon as possible to limit any disruption in services for recipients.

WHAT HAPPENS IF I HAVEN'T FINALIZED A CONTRACT WITH MY MEMBERS'/RECIPIENTS' NEW LME/MCO BY FEB. 1, 2024?

To ease beneficiary confusion and provider administrative burden, the Department and LME/MCOs will enact transition of care (TOC) Flexibilities for a **120-day TOC Period**, detailed below.

Relax Medical Prior Authorization (PA) Requirements

- To alleviate burden to providers during the transition period, LME/MCOs are required to relax medical PA requirements for Medicaid-funded behavioral health and I/DD services for a duration of 120 days beginning Feb. 1, 2024 through May 31, 2024.
- The Department has provided LME/MCOs with several recommendations on how this flexibility can be implemented. Providers should contact LME/MCOs they are contracted with to learn how this will be applied.
- Per the Department's [Transition of Care policy](#), LME/MCOs will also honor existing Medicaid behavioral health and I/DD PAs.
- To alleviate burden to providers and ensure continuity of care during the transition period, LME/MCOs will be required to relax any existing PA requirements for state-funded mental health, substance use disorder, I/DD and TBI services for a duration of 120 days beginning Feb. 1, 2024 through May 31, 2024.

Out-of-network Providers Paid at In-network Provider Rates

- Between Feb. 1, 2024 and May 31, 2024, medically necessary behavioral health and/or I/DD services will be reimbursed at the same rate for both in- and out-of-network providers. Out-of-network providers must still be enrolled in NC Medicaid to be reimbursed by the LME/MCO.
- Receiving LME/MCOs are strongly encouraged to do the same for medically necessary state-funded services.

Out-of-network Providers Follow In-network PA Rules

Between Feb. 1, 2024 and Aug. 31, 2024, LME/MCOs receiving new counties may not require any additional requirements (i.e., PA and/or referral requirements) for out-of-network behavioral health and/or I/DD providers to provide services to transitioning LME/MCO members.

TCM Flexibilities

- For a duration of 120 days, beginning Feb. 1, 2024, members will be able to continue to see their current TCM provider, regardless of contracting status with their new LME/MCO, for the TOC period.
- Members who are assigned to a provider-based TCM entity will not be reassigned as long as their current TCM provider completes a contract with the member's new LME/MCO by the contracting deadline of April 30, 2024.

HOW WILL CLAIMS AND ENCOUNTERS BE HANDLED?

For all services provided to members/recipients who have transitioned from Sandhills, providers should follow these rules:

- Prior to Consolidation Go-Live (2/1/2024), all LME/MCOs will continue to process their own claims and encounters.
- For Sandhills and Eastpointe claims submitted after consolidation Go-Live (on or after 2/1/2024) that have a date of service prior to consolidation Go-Live (up to 1/31/2024), providers will continue to submit claims through LME/MCO legacy systems within timely filing and adjustment timeframe restrictions.
- For claims with a date of service on or after Consolidation Go-Live (on or after 2/1/2024), providers will submit their claims to the LME/MCO that the member/recipient is assigned to for coverage.
- Providers are expected to file claims within the timely filing requirements in their contracts, however the LME/MCOs are encouraged to work with providers to reduce unnecessary denials during the transition.

WILL MY REIMBURSEMENT RATES BE IMPACTED BY THE CONSOLIDATION?

The Department will ensure that capitation payments to LME/MCOs support the preservation of provider reimbursement arrangements with Sandhills and Eastpointe.

HOW WILL STATE FUNDS BE ALLOCATED?

To streamline the provider contracting process and ensure continuity of services, Sandhills will provide the remaining LME/MCOs a list of state-funded providers that are contracted to provide block grant, county, grant, and other pass-through funding. DMH/DD/SUS will review the populations moving to new LME/MCOs, as well as specific programs with unique funding, and will communicate with the LME/MCOs about how these dollars will transition as we get closer to consolidation go-live.

WHAT NUMBER DO I CALL IF I HAVE QUESTIONS?

To streamline the provider contracting process and ensure continuity of services, Sandhills will offer the following supports:

Provider Service Line

Before Feb. 1, 2024

- Providers can continue using the LME/MCO service lines for each member's/recipient's existing LME/MCO until Jan. 31, 2024.
- For existing LME/MCO contact information, please reference to the following:
 - [Alliance Health](#): 1-800-510-9132
 - [Eastpointe](#): 1-800-913-6109
 - [Partners Health Management](#): 1-888-235-4673
 - [Sandhills Center](#): 1-800-256-2452
 - [Trillium Health Resources](#): 1-877-685-2415
 - [Vaya Health](#): 1-800-962-9003

After Feb. 1, 2024

For issues regarding members/recipients who are transitioning to Trillium

- A single phone number for the provider service line will be selected.
- Calls made using the number that was not selected will be forwarded to Trillium for two months following consolidation go-live.
- After 60 calendar days post consolidation go-live, provider lines will be updated with a new IVR message that directs providers to the Trillium provider line for one month before being shut off.

For issues regarding members/recipients who are transitioning to Alliance, Partners, and Vaya

- Transitioning Sandhills members/recipients will begin receiving services under their new LME/MCO starting Feb. 1, 2024. Questions regarding the provisioning of new services can be directed to Alliance, Partners, or Vaya depending on the members'/recipients' assignment. Contact information for all LME/MCOs is listed above.
- For questions regarding services provided to Sandhills members/recipients with a date of service prior to Feb. 1, 2024, providers will be able to contact Trillium for support.

Member/Recipient Services Lines

Before Feb. 1, 2024

- Members/recipients can continue using their current LME/MCO's service lines through Feb. 1, 2024.
- For existing LME/MCO contact information, please reference LME/MCO website links and numbers above.

After Feb. 1, 2024

- A single phone number for member/recipient line will be selected as part of the consolidation.
- The member/recipient lines not selected will be updated with voice message for 60 calendar days post consolidation go-live prompting members/recipients to call their new LME/MCO.

WHAT WILL HAPPEN WITH SANDHILLS CONSUMER AND FAMILY ADVISORY COMMITTEES (CFAC)?

Sandhills is providing the following information to Trillium, Alliance, Vaya and Partners:

- List of CFAC members impacted by the transition and their contact information
- List of CFAC current initiatives underway in transitioning areas
- Plan for transitioning county CFAC and Governing Board representation

DMHDDSUS staff will use information received and work with all LME/MCO's and affected CFACs to develop and implement a transition plan.

After Feb. 1, 2024 Trillium or receiving LME/MCOs will act as the responsible party for maintaining ongoing engagement with local Consumer and Family Advisory Committees.

WILL LME/MCO CONSOLIDATION IMPACT TAILORED PLAN LAUNCH?

No. The Department and LME/MCOs continue to work together to prepare for Tailored Plan launch on July 1, 2024. More information about Tailored Plans is available here: [Provider Playbook: NC Medicaid Managed Care | NC Medicaid](#)

