Fact Sheet
What Providers Need to Know:
Part 3 – Before Tailored Plan Launch

Pre-Launch Provider Checklist and Information

The statewide launch of the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan (Tailored Plan) will be **Dec. 1, 2022**. Approximately 150,000 beneficiaries will enroll into Tailored Plans. This fact sheet offers information providers need to know before Tailored Plan launch.

**KEY DATES FOR TRANSITIONING TO TAILORED PLANS**

The following list includes key dates that providers should be aware of:

- **June 15, 2022** – Tailored Plan Member Services lines go-live
- **Aug. 1, 2022** – Beneficiaries will be assessed to confirm qualification for Tailored Plan. Beneficiaries that no longer qualify will receive a notice from the Enrollment Broker about their choices
- **Aug. 15, 2022** – Beneficiary Choice Period begins; Beneficiaries can choose a Primary Care Provider (PCP) by contacting their Tailored Plan
- **Aug. 15, 2022** – Tailored Plan Auto-Enrollment begins. Enrollment Broker begins mailing Enrollment Packets to beneficiaries
- **Oct. 14, 2022** – Last day for beneficiaries to choose a PCP before PCP auto-assignment
- **Oct. 15, 2022** – PCP Auto-Assignment (by Tailored Plan) for beneficiaries who have not chosen a PCP
- **Dec. 1, 2022** – Tailored Plan launch

**KEY REMINDERS FOR PROVIDERS**

All providers are strongly encouraged to complete the following checklist of key actions prior to Tailored Plan launch. More information on some of these items are detailed in the following pages.

- Explore contracting options with each Tailored Plan
  - Make sure staff know the Tailored Plans you are contracted with and the areas of service.
- Review each page of the NCTracks provider record for each applicable individual provider and organization for accuracy and submit changes using the Manage Change Request (MCR) process.
- Encourage beneficiaries to respond to their enrollment notification to self-select a PCP prior to Oct.15, 2022.
**PROVIDER CONTRACTING REMINDERS**

Providers wishing to participate in a Tailored Plan provider network should contact the Tailored Plan directly to discuss the process and requirements. Each Tailored Plan will have its own provider contract templates and processes.

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<th>TAILORED PLAN</th>
<th>CONTACT INFORMATION</th>
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| Alliance Health                             | Email: [ProviderNetwork@alliancehealthplan.org](mailto:ProviderNetwork@alliancehealthplan.org)  
|                                             | Phone: 919-651-8500                                                                   |
| Eastpointe                                  | Email: [networkoperations@eastpointe.net](mailto:networkoperations@eastpointe.net)    
|                                             | Phone: 888-977-2160                                                                   |
| Partners Health Management                  | Email: [contracts@Partnersbhm.org](mailto:contracts@Partnersbhm.org)                
|                                             | Phone: 877-964-1454, option 4, option 2                                               |
| Sandhills Center                            | Email: [providercontracts@sandhillscenter.org](mailto:providercontracts@sandhillscenter.org) 
|                                             | Phone: 855-777-4652                                                                   |
| Trillium Health Resources                   | Email: [networkservicessupport@trilliumnc.org](mailto:networkservicessupport@trilliumnc.org) 
|                                             | Phone: 855-250-1539                                                                   |
| Vaya Health                                 | Email: [provider.info@vayahealth.com](mailto:provider.info@vayahealth.com)           
|                                             | Phone: 866-990-9712, option 3                                                        |

**ENSURE YOUR INFORMATION IS CORRECT**

The Provider Directory Listing Report, as well as the Provider Affiliation Report, is available to all actively enrolled NC Medicaid and NC Health Choice providers. In combination, these reports allow all providers to confirm the information visible to NC Medicaid beneficiaries as each utilizes the “Medicaid and NC Health Choice Provider and Health Plan Look-up Tool” to find participating provider information.

- Providers may use the NCTracks MCR process, available in the Secure NCTracks Provider Portal, to modify any provider record or service location information as well as individual to organization affiliations.
- If the Provider Affiliation information is incorrect, the affiliated provider or the Office Administrator for the affiliated provider must update the group affiliation.
- Providers unable to find their practice associated with the correct Tailored Plan, should reach out directly to the Tailored Plan to discuss contracting options.

It is important for enrolled providers to act now to thoroughly review their individual and organization provider enrollment record in NCTracks. Take the time now to review your provider records in NCTracks and submit changes as needed using the MCR process.

Not only is ensuring accuracy a requirement in the legal and binding NCDHHS Provider Administrative Participation Agreement, but correct information on the NCTracks provider record will assist beneficiaries with the search for PCPs in the Medicaid and NC Health Choice Provider and Health Plan Look-Up tool.
ASSIST YOUR BENEFICIARIES WITH THE TRANSITION

Ensure beneficiaries who currently receive certain services for a mental health disorder, substance use disorder, I/DD or traumatic brain injury (TBI) know they will be auto-enrolled into a Tailored Plan, if applicable, based on:

- The county that manages the beneficiary’s Medicaid case (administrative county)
- Special population considerations
- A lookback period of 24 months
- If a beneficiary was disenrolled solely because they lost Medicaid or NC Health Choice eligibility for two months or less

Also notify beneficiaries of the Aug.15, 2022, through Oct.14, 2022, Choice Period they will have to select a PCP and a tailored care management provider. Beneficiaries who do not select a PCP or a tailored care management provider during this time will be auto-assigned a PCP and tailored care management provider on Oct. 15, 2022.

Beneficiaries will begin receiving health care services from their Tailored Plan on Dec. 1, 2022.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

Beneficiaries can contact the NC Medicaid Enrollment Broker if they have questions about the transition to Tailored Plans or need enrollment assistance. Beneficiaries can contact the NC Medicaid Enrollment Broker:
- By calling 833-870-5500 (TTY: 711 or RelayNC.com)
- Online at ncmedicaidplans.gov

WHAT IF I HAVE QUESTIONS?

General inquiries regarding Tailored Plans can be submitted to Medicaid.TailoredCareMgmt@dhhs.nc.gov.

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 NCTracks (nctracks.nc.gov) Secure Provider Portal and use the MCR to review and submit changes.

For questions related to member eligibility, please call the NCTracks Call Center for more information: 800-688-6696.

Fact Sheets will be updated periodically with new information. Created September 2022. For more information, please visit ncdhhs.gov/assistance/medicaid-transformation