NC Medicaid

NC Medicaid Managed Care: Contracting with Tailored Plans

It is important to contract with health plans in advance of NC Medicaid Tailored Plan launch on Dec. 1, 2022

North Carolina will launch the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans (Tailored Plans) on Dec. 1, 2022. A Tailored Plan is an integrated health plan for individuals with significant behavioral health needs and I/DDs. Only LME/MCOs were eligible to bid on the contract to become and operate Behavioral Health I/DD Tailored Plans, and it is a legislative requirement that Tailored Plans must contract with a licensed prepaid health plan (PHP) that covers services required under a Standard Plan contract.

The Tailored Plans will also serve other special populations, including Innovations and Traumatic Brain Injury (TBI) waiver enrollees, and waitlist members, and be responsible for managing the state's non-Medicaid (state funded) behavioral health, developmental disabilities and TBI services for uninsured and underinsured North Carolinians. Qualifying beneficiaries will be assigned to one of six Tailored Plans based on their administrative county. Beneficiaries will be allowed to choose a primary care provider (PCP) and a Tailored Care Management provider. Tailored Care Management provider types include Care Management Agencies (CMAs), who deliver behavioral health, substance use, and/ or intellectual and developmental disability services and care management, or Advanced Medical Homes (AMH+) who deliver both primary care services and tailored care management services.

WHAT KEY DATES DO PROVIDERS NEED TO KNOW?

- **June 15, 2022** – Enrollment Broker provider directory updated to include Tailored Plan providers.
- **August 5, 2022** – Last day for providers to have **fully executed** contracts with PHPs for inclusion in the first day of the beneficiary choice period.
- **Aug. 15, 2022** – Tailored Plan Auto-Enrollment begins. Enrollment Broker begins mailing Enrollment Packets to beneficiaries.
- **Aug. 15, 2022** – Beneficiary Choice Period begins; Beneficiaries can choose a PCP and Tailored Care Management provider by contacting their Tailored Plan.
- **Sept. 15, 2022 –** Last day for PCPs to have **fully executed** contracts with PHPs for inclusion in PCP Auto-Assignment.
- **Sept. 30, 2022 –** Last day for Tailored Care Management providers to have **fully executed** contracts with PHPs for inclusion in Tailored Care Management Auto-Assignment.
- **Oct. 14, 2022** – Last day for beneficiaries to choose a PCP and Tailored Care Management provider before auto-assignment.
- **Post Oct. 14, 2022** – PCP and Tailored Care Management Provider Auto-Assignment (by Tailored Plan) for beneficiaries who have not chosen a PCP or Tailored Care Management provider.
- **Dec. 1, 2022** – Behavioral Health I/DD Tailored Plans launch.

ARE PROVIDERS REQUIRED TO CONTRACT WITH ALL TAILORED PLANS?

No. While we encourage providers to contract with each Tailored Plan in their service area, providers can contract with as many or as few as they desire. However, PCPs who contract with fewer Tailored Plans risk losing beneficiaries. Tailored Plans are encouraged to contract with providers outside of the Tailored Plan's region to ensure services to meet members' accessibility needs.

DO PROVIDERS NEED TO CONTRACT WITH TAILORED PLANS IF THEY ARE ALREADY CONTRACTED WITH THE STANDARD PLAN A TAILORED PLAN WILL USE?

A provider wishing to participate in a Tailored Plan network should contact the Tailored Plan to discuss how the provider may participate in the Tailored Plan's network. If the Tailored Plan's partnership with a Standard Plan includes leveraging the Standard Plan's existing provider network, then the provider will receive a referral to the Standard Plan partner to discuss the participation. Under a leveraged network, a provider could have the option to add the Tailored Plan program network to its existing network participation agreement for the Standard Plan program, and therefore may not need a new, separate contract. Contracting contacts for Tailored Plans can be found on the NC Medicaid Health Plans webpage.

WHAT ARE THE TAILORED PLANS' CONTRACTING RESPONSIBILITIES WITH PROVIDERS?

The Department expects Tailored Plans to negotiate with any willing physical health services or pharmacy services provider in good faith. Tailored Plans may only exclude eligible providers from their physical health services or pharmacy services networks if the provider refuses to accept network rates. Tailored Plans have the authority to maintain a closed network for behavioral health, I/DD and TBI services, and may exclude such providers from their behavioral health, I/DD, or TBI networks if it has a sufficient network of providers of that type.

Providers of behavioral health I/DD and TBI services wishing to participate in a Tailored Plan's network or seeking to check on the status of a contract should contact the Tailored Plan directly regarding contracting with the Tailored Plan. Contracting contacts for Tailored Plans can be found on the NC Medicaid Health Plans webpage.What can providers expect from the partnerships between Tailored Plans and standard plans?

All Tailored Plans are required to contract with an entity that:

1. Holds a PHP license and,
2. Covers the services required to be covered under a Standard Plan benefit contract.

The partnerships vary between Tailored Plans. The level of the Standard Plan's involvement in the provider network and provider contracting also varies. In general, Tailored Plans may leverage all or part of their Standard Plan partner's provider network and provider contracts. A Tailored Plan can also leverage their Standard Plan partner to assist with paying claims.

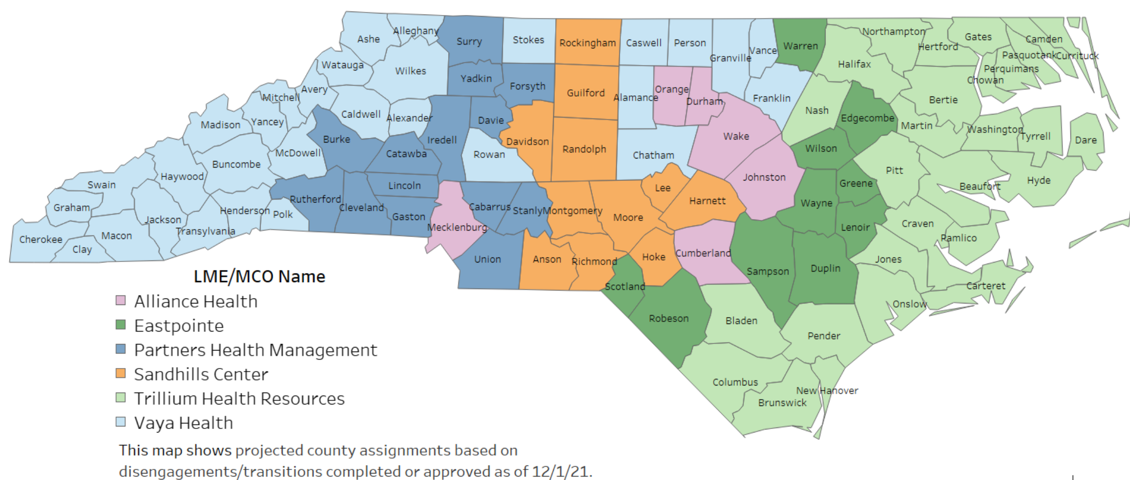
The information included in the tables below provides a high-level overview of some of the Tailored Plans' contracted partners and vendors. It is not intended to be a comprehensive list, but rather to provide a general insight into the networks for the Tailored Plans. The Department has provided contact information below for any provider wishing to contract with a given Tailored Plan. This information may change over time, so the Department strongly advises providers to reach out to the Tailored Plans for the most up to date information.

Note: If a Tailored Plan has an agreement with a Standard Plan to provide, administer or manage the Tailored Plan's physical health network or an agreement with a Pharmacy Benefit Manager (PBM) to provide, administer or manage the Tailored Plan's pharmacy health network, the Tailored Plan should refer an eligible provider of physical health services or pharmacy services to the partnering Standard Plan or PBM to discuss contracting.

This information is accurate as of the stated dates within the tables. Providers should reach out to the Tailored Plans directly to verify information.

Tailored Plan	Partners and Vendors as of 4/19/2022					
	Standard Plan Partner	**Hospital Contracting Lead**[1]	**NEMT Broker**	**Pharmacy Benefit Manager (PBM)**	**Vision Administrator**	**Specialties**
Alliance	WellCare	Alliance	ModivCare	Navitus	Avesis	Northwood: Durable Medical Equipment (DME); WellCare: Complex Labs, Cardiac Imaging, Radiation Oncology, Musculoskeletal, Orthopedics, Imaging Procedures
Eastpointe	WellCare	Eastpointe/ WellCare	MTM	Express Scripts	WellCare	WellCare (please reach out to Tailored Plan directly with questions)
Partners	Carolina Complete Health	Carolina Complete Health for Physical Health; Partners for Behavioral Health	ModivCare	CVS Caremark	Envolve Vision	Carolina Complete Health
Sandhills	AmeriHealth	Sandhills Center/ AmeriHealth	ModivCare	PerformRx	AmeriHealth	AmeriHealth
Trillium	Carolina Complete Health	Trillium / Carolina Complete Health	ModivCare	PerformRx	Envolve	Carolina Complete Health
Vaya	WellCare	Vaya	ModivCare	Navitus	Vaya	Vaya/ Utilization Management (UM) subcontractors TBD

Regional Behavioral Health and Intellectual/Developmental Disability Tailored Plans - Projected County Alignments at Tailored Plan Launch for December 1, 2022



Tailored Plan	Catchment Area and Operational Information as of 7/20/2022					
	Catchment Area[2]	**Claims Payment and Processing[3]**	**Prior Authorizations[3]**	**Primary Care Contracting**	**AMH Contracting**	**AMH+ / CMA Contracting**
Alliance	Cumberland, Durham, Johnston, Orange, Mecklenburg, Wake	Alliance	Alliance	Alliance	Alliance	Alliance
Eastpointe	Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson, Warren	Eastpointe	Eastpointe	WellCare	WellCare	Eastpointe
Partners	Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin	Claims review through Partners; claims payment and processing through Carolina Complete Health	Partners	Carolina Complete Health	Carolina Complete Health	Partners
Sandhills	Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Rockingham	AmeriHealth for Physical Health/ Sandhills Center for Behavioral Health	Sandhills Center	AmeriHealth	AmeriHealth	Sandhills Center
Trillium	Bladen, Brunswick, Carteret, Columbus, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Halifax, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Onslow, Pender, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington	Trillium/ Carolina Complete Health (Behavioral health with Trillium; Physical health with Carolina Complete Health)	Trillium/Carolina Complete Health (Behavioral health with Trillium; Physical health with Carolina Complete Health)	Carolina Complete Health	Carolina Complete Health	Trillium
Vaya	Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey	Vaya	Vaya	Vaya	Vaya	Vaya

[1] Refers both to behavioral health and physical health contracting and services provided in an inpatient setting; please reach out directly to Tailored Plans for further information.

[2] Counties mapped

[3] Does not necessarily include NEMT, PBM or other specialty areas; please reach out directly to Tailored Plans for further information.

HOW WILL BENEFICIARIES CHOOSE OR BE ENROLLED INTO A TAILORED PLAN?

Beneficiaries who qualify for a Tailored Plan will be auto-enrolled into a Tailored Plan on Aug. 15, 2022, based on:

1. Their administrative county (The county that manages the beneficiary's Medicaid case),
2. Special population considerations (e.g. Innovations and TBI Waiver beneficiaries and services for non-Medicaid (state-funded) mental health, substance use, I/DD or TBI),
3. A lookback period of 24 months (e.g. Claims history, diagnosis of psychotic disorder, use of clozapine, two or more episodes of using behavioral health crisis services),
4. If a beneficiary was disenrolled solely because they lost Medicaid or NC Health Choice eligibility for two months or less.

HOW WILL BENEFICIARIES CHOOSE OR BE ASSIGNED TO A PCP AND TAILORED CARE MANAGEMENT PROVIDER?

Following Tailored Plan auto-enrollment, the NC Medicaid Enrollment Broker will begin sending enrollment notices to beneficiaries. Enrollment notices will include Tailored Plan enrollment information and health care choices and explain how beneficiaries can choose a PCP and Tailored Care Management provider.

Beneficiaries will be allowed to choose a PCP and Tailored Care Management provider during the Choice Period beginning Aug. 15, 2022, until Oct. 14, 2022, by contacting their Tailored Plan. Beneficiaries who do not choose a PCP or Tailored Care Management provider during this time frame will be auto-assigned a PCP and Tailored Care Management provider on Oct. 15, 2022.

WHAT IS THE SIGNIFICANCE OF PCP ASSIGNMENT?

Primary and preventative care is central to Medicaid's care delivery system. Each member should have a primary care practice that helps ensure a member receives all preventive and primary care and that specialty care is coordinated.

WHO ARE THE TAILORED PLAN EXEMPT AND EXCLUDED POPULATIONS?

Beneficiaries who are "exempt" **may enroll** in NC Medicaid Managed Care on an opt-in basis, if they meet other eligibility requirements for being enrolled in NC Medicaid Managed Care.

Most exempt populations receive their Medicaid coverage through NC Medicaid Direct. Physical health services are managed by NC Medicaid Direct, and behavioral health services are managed by a Local Management Entity/Managed Care Organization (LME/MCO). Exempt beneficiaries may choose to enroll in NC Medicaid Managed Care or NC Medicaid Direct at any time, upon request to the Enrollment Broker. Exempt populations are:

1. Federally recognized tribal members and individuals who qualify for services through Indian Health Service (IHS)

Beneficiaries who are "excluded" cannot enroll in NC Medicaid Managed Care. Excluded populations receive their Medicaid coverage through NC Medicaid Direct. Physical health services are managed by NC Medicaid Direct, and behavioral health services are managed by a Local Management Entity/Managed Care Organization (LME/MCO). Excluded populations are:

1. Children who receive Community Alternatives Program for Children (CAP/C) services
2. People who receive Community Alternatives Program for Disabled Adults (CAP/DA) services
3. People who are medically needy
4. People in the Health Insurance Premium Payment (HIPP) program
5. People who receive Medicaid and Medicare
6. People in nursing facilities for more than 90 days
7. DSOHF/VA Home
8. Children in foster care
9. Former foster care youth
10. Children receiving adoption assistance

HOW DO I CONTRACT WITH A TAILORED PLAN?

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 has its own provider contract

templates and processes. Tailored Plan contracting contact information can be found on the NC Medicaid Health Plans webpage.

WHAT IF I HAVE QUESTIONS?

For questions about contracting, contact the Health Plan. Information can be found here.

For general inquiries and complaints regarding Health Plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquires related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each Health Plan's provider manual.

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 the NCTracks Provider Portal to verify your information and submit a MCR or contact the NCTracks Call Center.