



Tailored Plan Provider Contracting Deadlines Questions and Answers

What is changing?

For inclusion in the Enrollment Broker's Medicaid and NC Health Choice Health Plan and Provider Lookup Tool at the start of the Beneficiary Choice Period, provider contracts must be signed and returned to the health plan no later than July 15, 2022. The Tool will be updated daily with any new contracts that have been executed. For inclusion in primary care provider (PCP) auto assignment, provider contracts must be signed and returned to the health plan no later than Sept. 15, 2022. For inclusion in Tailored Care Management (TCM) auto assignment, provider contracts must be signed and returned to the health plan no later than Sept. 30, 2022.

Why are these changes happening?

It takes health plans at least two to three weeks to process provider contracts and ensure that providers can be paid. Additional time is then needed to transmit information to the Department for inclusion in the beneficiary choice period, provider lookup tool, and in the auto-assignment process.

Who is impacted?

All Medicaid and NC Health Choice providers who want beneficiaries to be able to select them as a PCP or TCM provider during beneficiary choice period or to be assigned to them as a PCP and/or TCM provider through auto-assignment and to be reimbursed appropriately on day one of Tailored Plan launch.

Why is it important to contract with Tailored Plans in advance of these enrollment events?

- PCP and TCM providers who do not contract with health plans by the deadlines will limit the number of beneficiaries that either select them during the beneficiary choice period or that are assigned to them through PCP and TCM auto assignment prior to managed care launch.
- Existing PCPs in particular risk losing patients, as beneficiaries may only select in-network (contracted) PCPs during the beneficiary choice period and the department will assign beneficiaries to in-network providers only.
- AMHs who do not contract with health plans in a timely fashion may also miss out on the ability to earn per member per month (PMPM) payments through the Advanced Medicaid Home (AMH) program.

Are providers required to contract with all health plans?

No. Providers may contract with as few or as many health plans as they prefer. However, patients are only able to select in-network providers during the beneficiary choice period and will only be auto-assigned to an in-network provider for the health plan that they are aligned with.

What are health plans' responsibilities with respect to contracting with Medicaid providers?

- The Department acknowledges that contracts between providers and health plans are long-term agreements with many components and recognizes that health systems have to exercise due diligence in getting to a contract that is right for both the provider and the health plan.
- The Department expects health plans to negotiate with any willing provider of physical health care services in good faith.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

- All providers of health care services must be enrolled in Medicaid to be considered for contracting by a health plan. Health plans may only exclude qualified TCM providers and physical health care providers (including PCP/AMHs) from their networks when a provider refuses to accept network rates.
- For behavioral health, I/DD and TBI providers, the Tailored Plan health plans may have a closed network, which means the health plan may exclude providers who do not meet the health plan's participation requirements.

What are required payments for AMHs, a type of PCP?

- Health plans must reimburse in-network physicians and physician extenders no less than 100% of Medicaid fee-for-service rates unless they have mutually agreed to an alternative arrangement.
- In addition to fee-for-service payments, Tailored Plans are required to pay medical home fees to Advanced Medical Homes 1, 2, and 3. Only AMH+s are eligible for TCM payments.
- Tailored Plans are also able to offer quality incentive payments to all AMHs.

What is the timeline for beneficiary choice period and auto-enrollment?

- Beneficiaries in all managed care regions will be aligned to a designated health plan in their region. They will then have the option to choose a PCP and TCM provider during beneficiary choice period. Beneficiary choice period begins statewide on Aug. 15, 2022.
- Beneficiaries may keep their current primary care provider/advanced medical home by selecting the provider as their PCP.
- Beneficiary Choice Period closes on Oct. 14, 2022.
- After beneficiary choice period closes, beneficiaries who have not chosen a **PCP and/or TCM provider** will be automatically assigned one or both by the Department (auto-assignment).
- PCP and TCM auto-assignment must be completed before the health plans mail Medicaid ID cards, which must be mailed to members by Nov. 5, 2022.
- After crossover, new members must be assigned to a PCP and TCM provider within 24 hours of being enrolled in the health plan. Health plans must mail an ID card within eight days of PCP and TCM auto-assignment.

How soon after finalizing a contract with a health plan will I show up in the Enrollment Broker Medicaid and Health Choice Provider Lookup Tool as in-network with that health plan?

- Once the contracting process is complete and the health plan has all the required demographic information from the provider, it typically takes **at least** 2-3 weeks to load a provider into the health plan's system and begin showing as an in-network provider. A provider can help expedite this process by beginning to share physician roster information with the health plans in advance of finalizing their contract. This allows the health plans to begin processing this information and be prepared to enroll a provider most quickly.
- It is important to the Department that a provider not show up as in-network with a health plan until such point that the health plan can make payments to that provider. This ensures that both the beneficiary and provider have the most accurate information about where to seek care and ensure timely payment for services.
- Please ensure that NCTracks provider data are accurate. To make changes to your NCTracks provider record, a provider must submit a Manage Change Request from the Status and Management page of the NCTracks Secure Provider Portal. Providers should review each page and confirm that all service locations (address/phone number), taxonomies, patient restrictions and office hours are correct. There is a minimum of five business days after the Managed Change Request is approved before the updates will appear on the Enrollment Broker Medicaid and NC Health Choice Health Plan and Provider Lookup Tool.

If I am unable to finalize my health plan contract(s) by the deadlines, should I still pursue contracting with a Medicaid Managed Care Health Plan?

- Yes. Providers are encouraged to continue contract negotiations with health plans and finalize the contract as soon as possible. It is important for contracts to be in place prior to Dec. 1, 2022, to ensure that you will be able to continue to serve Medicaid beneficiaries and be reimbursed appropriately on day one.
- At the point at which health systems or providers successfully execute contracts with a health plan, they become in-network providers with that health plan.

If I am unable to finalize my health plan contract(s) by the July and August deadlines, but I do finalize my health plan contracts before Dec. 1, 2022, will my patients be able to select me as their PCP? How?

- Each year, members are given 30 calendar days from the date they receive their PCP assignment to change their PCP without cause. They are allowed one additional without-cause change each year, and are allowed to change their PCP with cause at any time
- Additionally, the Department is extending the initial 30-day period to be 181 days after Tailored Plan Launch (until May 31, 2023).
- Members of federally recognized tribes may change their PCP without cause at any time.
- Beneficiaries will be able to call their health plan and select a PCP different from the one they received during auto-assignment.
- At the point at which health systems or providers can finalize negotiations with a health plan, they become in-network providers with that health plan. In-network PCPs can then be assigned members according to their panel limit agreements with Tailored Plans. For more information on contracting with a health plan, contact them directly. Contact information is located on the Medicaid website at <https://medicaid.ncdhhs.gov/health-plans#behavioral-health-idd-tailored-plans>.

If I am unable to finalize my health plan contract(s) by the July and August deadlines, but I do finalize my health plan contracts before Dec. 1, 2022, will beneficiaries be able to select me as their Tailored Care Management Provider? How?

- Beneficiaries can change their TCM provider twice a year without cause and anytime with cause. Beneficiaries will be able to call their health plan and select a TCM different from the one they received during auto-assignment.
- At the point at which Tailored Care Management providers can complete readiness reviews and finalize contracts with a health plan, they become in-network providers with that health plan. TCM providers in network can then be assigned members according to their panel limit agreements with Tailored Plans. For more information on contracting with a health plan, contact them directly. Contact information is located on the Medicaid website at <https://medicaid.ncdhhs.gov/health-plans#behavioral-health-idd-tailored-plans>.