

Fact Sheet

Introduction to Tailored Plans: Enrollment & Timelines

Tailored Plans Launch December 1, 2022

NC Medicaid will transition beneficiaries who may 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) beginning Dec. 1, 2022. Until then, potential Tailored Plan members will receive health care services the same way they do today, through NC Medicaid Direct or Standard Plans.

This fact sheet provides details on what Tailored Plans are, who qualifies for Tailored Plans, and how and when this transition will occur.

WHAT ARE TAILORED PLANS?

Tailored Plans are integrated health plans that provide:

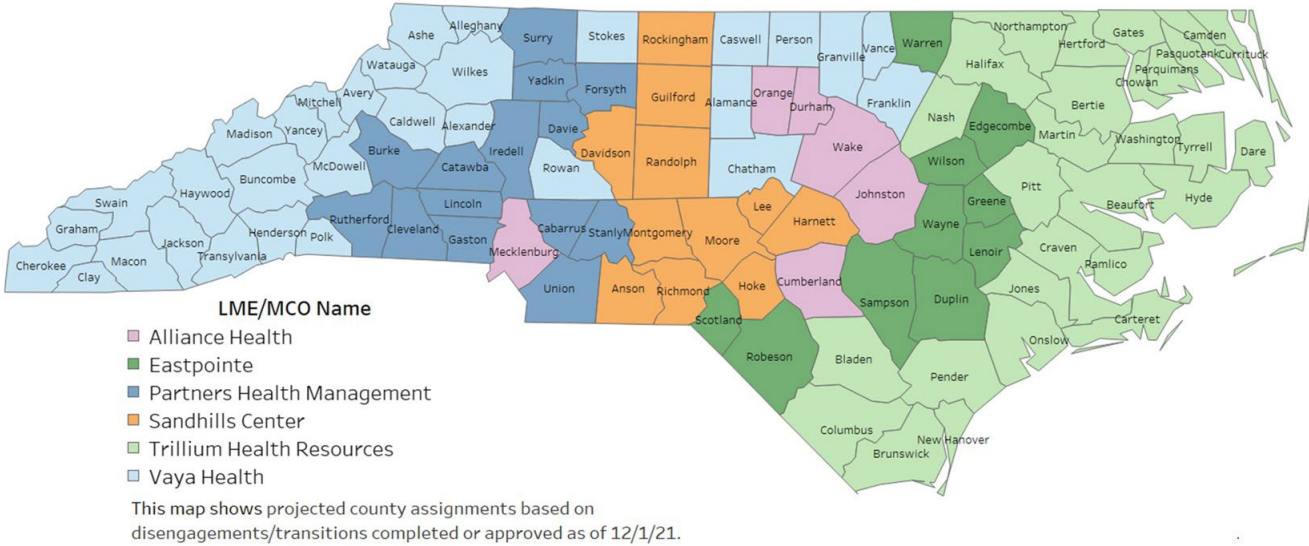
- Physical health, pharmacy, care coordination and behavioral health services for beneficiaries who may have significant mental health needs, severe substance use disorders, I/DDs or TBIs.
- Added services, such as wellness programs.

TAILORED PLAN SERVICE AREAS

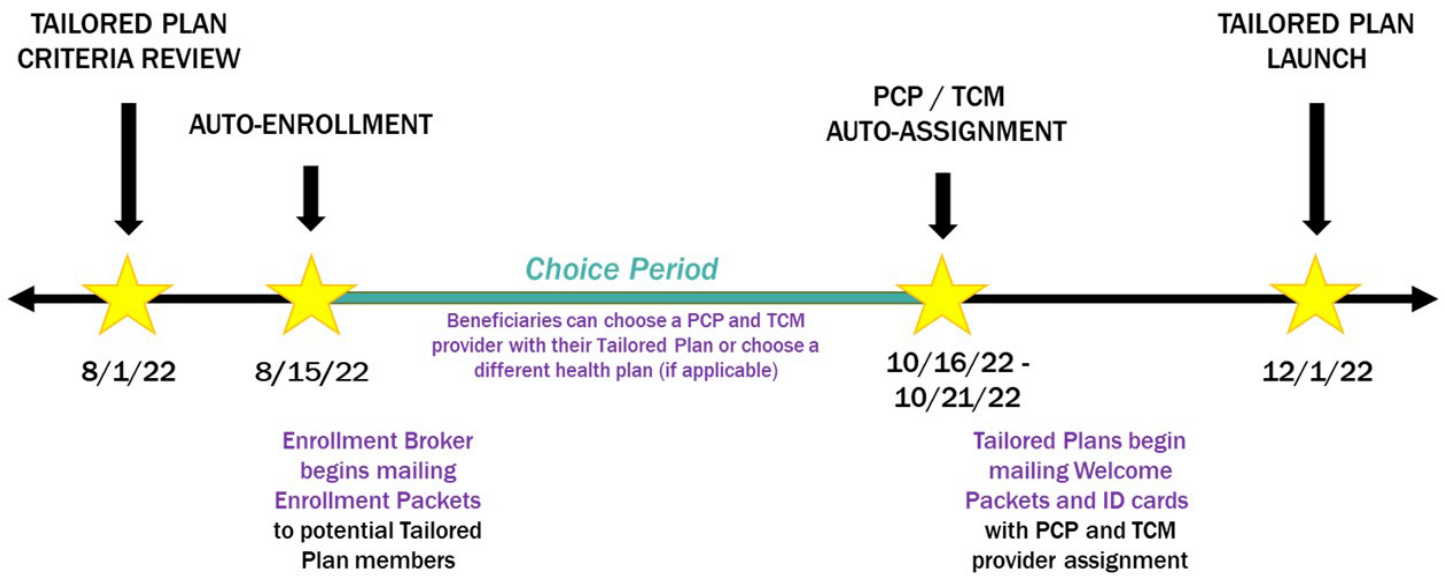
There are six Tailored Plans, and only one Tailored Plan serves each county. Tailored Plan service areas are based on the county that manages the beneficiary's Medicaid case (administrative county).

- **Alliance Health:** Cumberland, Durham, Johnston, Mecklenburg, Orange, Wake
- **Eastpointe:** Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Warren, Wayne, Wilson
- **Partners Health Management:** Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
- **Sandhills Center:** Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Rockingham
- **Trillium Health Resources:** Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Halifax, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
- **Vaya Health:** 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

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



TAILORED PLAN TRANSITION TIMELINE



MILESTONE	IMPORTANCE	TIMELINE	FOR MORE INFORMATION:
Tailored Plan Criteria Review	<p>NC Medicaid will complete a review of all Medicaid beneficiaries to determine who qualifies for a Tailored Plan.</p> <p><i>Note: Beneficiaries who no longer qualify for a Tailored Plan will receive a notice from the Enrollment Broker about their choices.</i></p>	8/1/2022*	No action for beneficiaries to take.
Auto-Enrollment	<p>Beneficiaries who qualify for a Tailored Plan will be auto-enrolled in a Tailored Plan based on managed care status and administrative county.</p> <p>Beneficiaries will receive a notice from the Enrollment Broker with their enrollment and health plan choices (if applicable).</p>	Beginning 8/15/2022*	Beneficiaries should contact the Enrollment Broker for assistance.
Choice Period	<p>Beneficiaries need to choose a primary care provider (PCP) and Tailored Care Management provider with their Tailored Plan.</p> <p>Beneficiaries may choose a different health plan (if applicable).</p>	8/15/2022 – 10/14/2022*	<p>Beneficiaries should contact their Tailored Plan to choose a PCP and Tailored Care Management provider.</p> <p>Beneficiaries should contact the Enrollment Broker to choose a different health plan (if applicable).</p>
PCP & TCM Auto Assignment	Beneficiaries who do not choose a PCP and Tailored Care Management provider will be assigned to one.	Beginning 10/15/2022*	Beneficiaries should contact their Tailored Plan for assistance.
Day 1 – Tailored Plan Start Date	Beneficiaries will begin receiving health care services from their Tailored Plan.	12/1/2022	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 will identify beneficiaries who qualify for a Tailored Plan based on programs, diagnoses, admissions or visits and services only available through the Tailored Plans.

Beneficiaries will be assessed based on a 24-month lookback period.*

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"> Innovations Waiver (or waiting list) TBI Waiver (or waiting list) Transition to Community Living (TCL) 	<ul style="list-style-type: none"> Have used a Medicaid service that will be available only through the Tailored Plan Have used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"> Children with complex needs 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*

TAILORED PLAN POPULATIONS – MANAGED CARE STATUS

Beneficiaries with the following managed care status in NC FAST will be auto enrolled in the Tailored Plan that serves their county.

- 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 will not be auto-enrolled in Tailored Plans but can choose 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
- Tribal - Tailored Plan - SFR
- IHS - Tailored Plan - SFR
- Foster Care/Adoption - Tailored Plan
- Tribal - Foster Care/Adoption - Tailored Plan
- IHS - Foster Care/Adoption - Tailored Plan

AUTO-ENROLLMENT

Once auto-enrollment begins on Aug. 15, 2022, potential Tailored Plan members will be enrolled in Tailored Plans and can:

- Choose a PCP/AMH and Tailored Care Management provider with their Tailored Plan
- Choose a different health plan (if applicable)
- By calling **833-870-5500** (TTY: 711 or RelayNC.com)
- Online at ncmedicaidplans.gov

Auto-enrollment for Tailored Plan is based on the following factors:

- If a beneficiary meets the Tailored Plan enrollment criteria within the lookback period of 24 months
- The county that manages the beneficiary's Medicaid case (administrative county)
- Special population considerations
- If a beneficiary was disenrolled only because they lost NC Medicaid or NC Health Choice eligibility for two months or less

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

Make sure your Medicaid and NC Health Choice patients know which Tailored Plans you are contracted with.

Please note:

- If a beneficiary does not select a PCP with their Tailored Plan, they will be assigned to one. If the beneficiary has a record of an active relationship with a PCP with Medicaid, the Department should assign the beneficiary to that PCP if they participate in that Tailored Plan's network.
- Beneficiaries have 181 days after auto-assignment (Oct. 15, 2022) to change their PCP. Beneficiaries can call the Tailored Plan during that 30-day window.
- Beneficiaries can change their PCP one time within the first 30 days and one additional time during the state fiscal year without cause. Beneficiaries can change their PCP an unlimited number of times per year with cause and should contact their Tailored Plan to make this change.

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

The Department welcomes this engagement from our providers, but please note that 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 is conducting outreach, we encourage providers to include the following language in any communication to patients about your 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 Enrollment Broker. Please refer beneficiaries to 833-870-5500 (TTY: 833-870-5588) for assistance. Hours of operation are 7 a.m. to 5 p.m., Monday through Saturday.

Beneficiaries who have questions or issues impacting their health care services should contact the NC Medicaid Ombudsman. The NC Medicaid Ombudsman is available to address specific Medicaid-related questions from beneficiaries, make referrals to applicable resources and assist in resolving issues.

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

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 	<p>NC Medicaid Enrollment Broker 833-870-5500 (TTY: 711 or RelayNC.com)</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 Medicaid ID card • 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 Medicaid ID card that you received from your health plan.</p>	<p>Alliance Member Services: 919-651-8500 Website: alliancehealthplan.org</p> <p>Eastpointe Member Services: 888-977-2160 Website: eastpointe.net</p> <p>Partners Member Services: 877-864-1454, option 4, option 2 Website: partnersbhm.org</p> <p>Sandhills Member Services: 855-777-4652 Website: sandhillscenter.org</p> <p>Trillium Member Services: 855-250-1539 Website: trilliumhealthresources.org</p> <p>Vaya Member Services: 866-990-9712, select option 3 Website: vayahealth.com</p> <p>Hours of operation vary by health plan</p>

Who do I contact if...	Contact Information
<p>I need a ride to an appointment (non-emergency medical transportation) that occurs after Dec. 1, 2022</p>	<p>Beginning Oct.17, 2022, you can call to reserve a ride for an appointment scheduled for Dec. 1, 2022, or after by calling:</p> <ul style="list-style-type: none"> • Alliance: ModivCare 855-759-9600 • Eastpointe: MTM 800-913-6109 • Partners: ModivCare 888-235-4673 • Sandhills: ModivCare800-256-2452 • Trillium: ModivCare 855-397-3612 • Vaya: ModivCare 888-621-2084 <p>Hours of operation vary by health plan</p>
<p>I am having a crisis related to mental health, substance use disorder or intellectual or developmental disabilities</p>	<p>If this is a life-threatening emergency, please call 911.</p> <p>If your crisis is urgent but not life-threatening, please contact the behavioral health crisis line for your health plan:</p> <ul style="list-style-type: none"> • Alliance 855-759-9600 • Eastpointe 800-913-6109 • Partners: 888-235-4673 • Sandhills: 800-256-2452 • Trillium: 855-397-3612 • Vaya: 800-849-6127 <p>Hours of Operation: 24 hours a day, 7 days a week</p>
<p>I need medical advice/support.</p>	<ul style="list-style-type: none"> • Alliance Nurse Line: 855-759-9400 • Eastpointe Nurse Line: 866-248-9512 • Partners: Nurse Line: 888-369-2452 • Sandhills: Nurse Line: 800-325-4141 • Trillium: Nurse Line: 877-685-2415 • Vaya: Nurse Line: 800-290-1623 <p>Hours of Operation: 24 hours a day, 7 days a week</p>

Fact sheets are updated periodically with latest information. Created June 2022. For more information, visit [medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)