

## NC Medicaid Managed Care: Request to Move to NC Medicaid Direct Process

### What is the Request to Move to NC Medicaid Direct Process?

While physical health services are the same for all individuals with Medicaid, some services for people with an intellectual/developmental disability (I/DD), mental illness, traumatic brain injury (TBI), or substance use disorder are only available in NC Medicaid Direct and/or through the LME/MCOs. The Request to Move to NC Medicaid Direct Process is to be used for beneficiaries currently enrolled in a health plan with NC Medicaid Managed Care who need services only available through NC Medicaid Direct and/or through the LME-MCOs.

The Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Beneficiary form and Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Providers form can be submitted indicating that the beneficiary has used or is in need of services only available through NC Medicaid Direct and/or through the LME-MCOs.

### REQUEST TO MOVE TO NC MEDICAID DIRECT (FEE FOR SERVICE) OR LME-MCO: PROVIDER FORM

The **Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Provider form** can be submitted digitally at <https://ncmedicaidplans.gov/submit-forms-online> or by calling the Enrollment Broker at 833-870-5500 to request a downloadable form version that can be mailed or faxed. This form can be filled out by a doctor, therapist or other I/DD, Mental Health, or Substance Use Disorder provider of the person enrolled in NC Medicaid. This form can be used for two types of submissions, Service Associated Requests and Non-Service Associated Requests.

#### Steps for Secure Digital Submission at NCMedicaidPlans.org:

1. Navigate to <https://ncmedicaidplans.gov/submit-forms-online> and select the **Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Provider Form** from the drop down menu.
2. Complete the required highlighted fields.
3. On page 4 of the form, there is a field to attach a Service Authorization (SAR) and necessary supporting documentation.
4. After completing the provider portion of the form, a pop-up window called 'Assign to the Next Participants' appears. This is where the provider will enter the beneficiary's name and email address for the beneficiary's signature.
5. An email is sent to the beneficiary with a direct link to sign the form. Once the beneficiary signs, the document is automatically logged in the Enrollment Broker system and then routed to the appropriate entity within the same day.

The screenshot shows the 'Submit forms online' page on the NCDHHS website. The page title is 'Submit forms online using Adobe Sign'. It provides instructions for submitting forms online and lists three steps: 1. Select the form you want to submit, 2. Select 'Go', and 3. Use Adobe Sign to complete, sign and submit the form. Below the instructions, there is a dropdown menu with 'Request to Move to NC Medicaid Direct or LME-MCO: Provider Form' selected and a 'Go' button. The page also features a 'Please sign: Request to Move to NC Medicaid Direct or LME-M...' section with a 'Next required field' indicator. At the bottom, there is a section titled 'Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Provider Form' and a 'What is this form for?' section. The page includes a chat icon in the bottom right corner.



## SERVICE ASSOCIATED REQUESTS

A service associated request is submitted by a provider with the beneficiary's consent requesting specific services only available through the LME-MCO. If that provider has a beneficiary that develops behavioral health, substance use disorder, I/DD or TBI support needs that are not available in the Standard Plans, this will allow the beneficiary to move to LME-MCO and/or NC Medicaid Direct system to receive services.

It is required that a Service Authorization Request (SAR) (also known as a Treatment Authorization Request), and necessary supporting documentation is submitted with service associated requests. A service provider anticipated to serve a member upon enrollment with LME-MCO is expected to submit a service associated request. This is an expedited process. Service associated requests are sent to the LME-MCO within 24 hours and the individual is moved within one business day retroactively to the date of the request.

### Submission and Review Process of Service Associated Requests:

1. The Provider will submit the form at [ncmedicaidplans.gov](https://ncmedicaidplans.gov) or fax the form to 833-898-9655 and include additional necessary documentation to the Enrollment Broker.
2. Within 24 hours of the provider's submission, the Enrollment Broker will contact the LME-MCO via secure email by sending the service associated request and necessary documentation. The Enrollment Broker also notifies the Department's Eligibility Services Team for processing at the same time.
  - If the beneficiary meets the criteria for NC Health Choice, ages 0-3, or is a fully-qualified immigrant, the form will instead be reviewed and processed by Beacon.
3. The LME-MCO will complete the review of the final service authorization request. The Enrollment Broker will not provide review of any service authorization requests.
  - If the LME-MCO or Beacon does not approve the service authorization request, the member will still transition to NC Medicaid Direct.

## NON-SERVICE ASSOCIATED REQUESTS

A non-service associated request does not include a service authorization request for services and is either submitted directly by a beneficiary (utilizing the Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Beneficiary form) or by any provider (including the hospital) with the member's consent. Non-service associated requests are reviewed for approval or denial within eight business days for Beneficiary forms and five business days for Provider forms.

### Submission and Review Process of Non-Service Associated Requests:

1. The beneficiary or provider will digitally submit the form through the website [ncmedicaidplans.gov](https://ncmedicaidplans.gov), or mail or fax the form to the Enrollment Broker.
2. The Enrollment Broker sends the form to be reviewed and processed by Beacon, the Department Designated Reviewer.
3. Beacon makes a determination of Behavioral Health I/DD Tailored Plan Eligibility
  - If a non-service associated request is denied, the Department Designated Reviewer sends the beneficiary notice with their appeal rights
4. Department Designated Reviewer notifies the Enrollment Broker and State Eligibility team of the approval. The State Eligibility team updates the beneficiary's Behavioral Health I/DD Tailored Plan Eligibility.
5. The beneficiary will receive a notice with NC Medicaid Direct enrollment information and NC Medicaid Direct ID card.

If a beneficiary has a question on the status of their non-service associated requests, you can direct them to call the Enrollment Broker toll-free at 833-870-5500 and select Option 5 in the IVR.