

Fact Sheet

Tailored Plan Enrollment & Timelines

County Playbook: NC Medicaid Managed Care

The Tailored Plan Launches December 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 Intellectual/Developmental Disabilities (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:

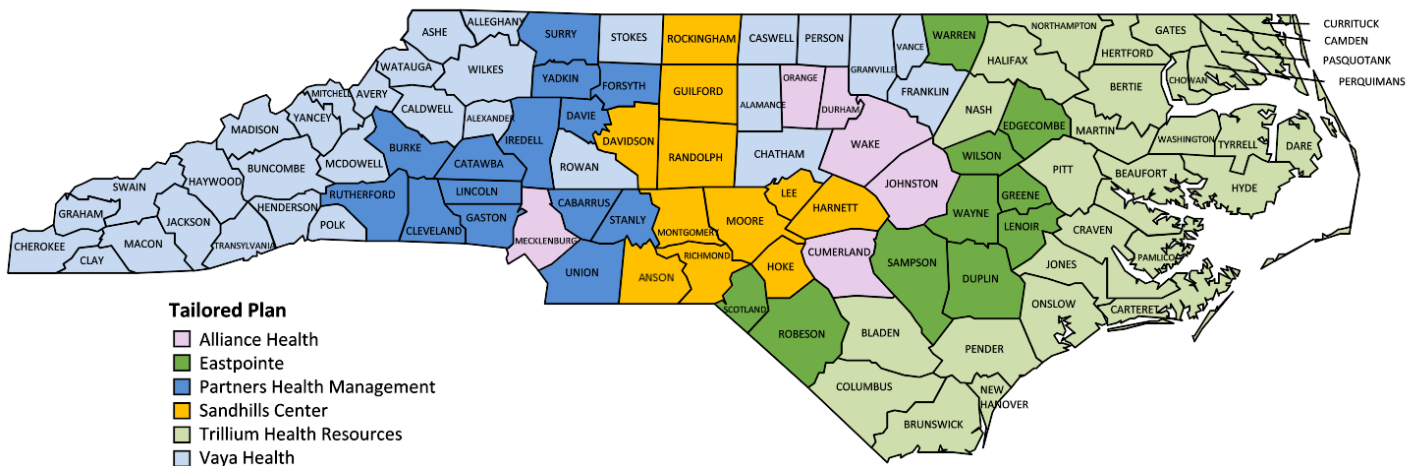
- Physical health, pharmacy, care coordination and behavioral health services for beneficiaries who may have significant mental health needs, severe substance use disorders, I/DDs or TBIs.
- Added services, such as wellness programs.

TAILORED PLAN SERVICE AREAS

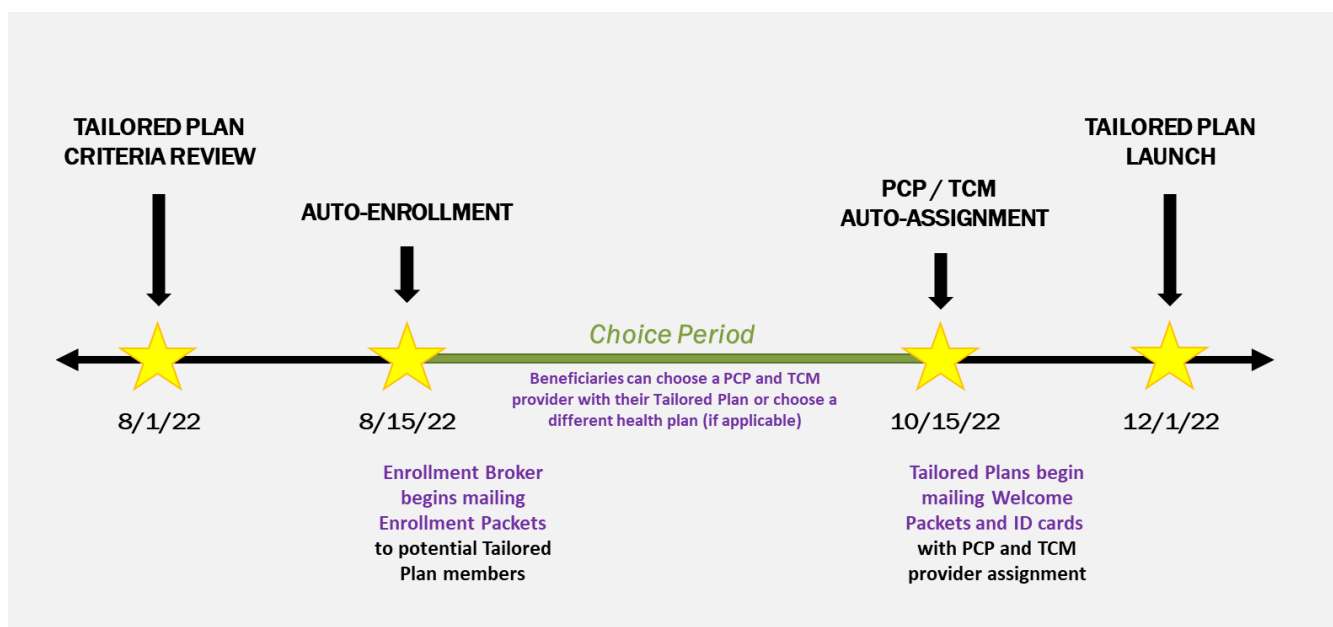
There are six Tailored Plans, and **only one Tailored Plan serves each county**. Tailored Plan service areas are based on the county that manages the beneficiary's Medicaid case (administrative county).

- **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

Note: These are projected county assignments based on disengagements/transitions completed or approved as of Dec. 1, 2021.



TAILORED PLAN TRANSITION TIMELINE



MILESTONE	IMPORTANCE	TIMELINE	WHO CAN HELP?
Tailored Plan Criteria Review	NC Medicaid will complete a review of all Medicaid beneficiaries to determine who qualifies for Tailored Plan. <i>Note: Beneficiaries who no longer qualify for Tailored Plan will receive a notice from the Enrollment Broker about their choices.</i>	8/1/2022*	
Auto-Enrollment	Beneficiaries who qualify for Tailored Plan will be auto-enrolled in Tailored Plans based on managed care status and administrative county.	Beginning 8/15/2022*	Beneficiaries should contact the Enrollment Broker for assistance.

	Beneficiaries will receive a notice from the Enrollment Broker with their enrollment and choices.		
Choice Period	Beneficiaries need to choose a primary care provider (PCP) and Tailored Care Management provider with their Tailored Plan. Beneficiaries may choose a different health plan (if applicable).	8/15/2022 – 10/14/2022*	Beneficiaries should contact their Tailored Plan to choose a PCP and Tailored Care Management provider. Beneficiaries should contact the Enrollment Broker to choose a different health plan (if applicable).
PCP & TCM Auto-Assignment	Beneficiaries who do not choose a PCP and Tailored Care Management provider will be assigned to one by their Tailored Plan.	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

NCDHHS is responsible for managing and maintaining Tailored Plan enrollment criteria. NCDHHS collects and reviews claims, encounters and information from the Tailored Plans (such as Innovations and TBI Waiver waitlists) to identify beneficiaries that qualify for Tailored Plan.

Identification for Tailored Plan enrollment will continue to be an ongoing process.

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
- Tribal - Foster Care/Adoption - Tailored Plan
- Foster Care/Adoption - Tailored Plan
- IHS - Foster Care/Adoption - Tailored Plan

AUTO-ENROLLMENT

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

- Choose a PCP and Tailored Care Management provider with their Tailored Plan
- Choose a different health plan (if applicable)
 - By calling **1-833-870-5500** (TTY: 711 or RelayNC.com)
 - Online at ncmedicaidplans.gov

Auto-enrollment for Tailored Plan is based on:

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

Fact Sheets will be updated periodically with new information. Created Feb. 24, 2021.
For more information, please visit medicaid.ncdhhs.gov/transformation.