

Tailored Plan Member Enrollment: PCP/TCM Auto-Assignment

What is PCP & TCM Auto-Assignment and how does each work?

Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan members can choose a primary care provider (PCP) and a tailored care management (TCM) provider with their Tailored Plan. During the Tailored Plan choice period beginning Aug. 15, 2022, through Oct. 14, 2022, beneficiaries will select their PCP and their TCM provider. If a beneficiary does not select TCM, a PCP and TCM provider will be assigned to them. This fact sheet provides information about PCP and TCM auto-assignment and how Tailored Plan members can select and change their PCP and TCM provider.

- As a reminder, beneficiaries are enrolled in the Tailored Plan that serves the county that manages their Medicaid case (administrative county). There are six Tailored Plans and only one Tailored Plan serves each county. Tailored Plan members may not select a different Tailored Plan.
- During the transition to NC Medicaid Managed Care, beneficiaries may select a PCP and TCM provider by contacting their designated Tailored Plan. Beneficiaries will be automatically assigned a PCP, TCM, or both if they do not select one for themselves.

HOW DOES PCP ASSIGNMENT WORK?

After the Tailored Plan choice period ends on Oct. 15, 2022, newly eligible NC Medicaid beneficiaries will be able to choose a PCP when they apply for Medicaid with a caseworker or through [ePASS](#). If the newly eligible beneficiary does not select a PCP, the Tailored Plan will assign one to them within 24 hours of being enrolled in the Tailored Plan. Tailored Plans are responsible for informing PCPs of attributed members once the assignment occurs.

The NCTracks Provider Portal will continue to share a monthly Panel report for PCPs that includes members assigned to them by Plan (NC Medicaid Direct, each Standard Plan, each Tailored Plan) and will also include the member's TCM provider.

Once a beneficiary is enrolled in a Tailored Plan, if the beneficiary did not select a PCP, the Tailored Plan will assign a PCP to them based on the following factors:

- Member's PCP assignment will be preserved unless the PCP is not contracted with the Tailored Plan or the member is unengaged with the provider.
- If the member is reassigned to another PCP, the following criteria will be used:
 - Member historical treatment relationship with another PCP.
 - Member family relationship with in-network PCPs when the member does not have a history directly with any PCPs based on claims history.
 - Member's geographic location.

A beneficiary will only be assigned a PCP that is in-network for their Tailored Plan

HOW DOES TCM AUTO ASSIGNMENT WORK?

Tailored Plan members who do not choose an organization for TCM will receive an assignment in a way that preserves current treatment relationship. The assignment algorithm looks at the following factors:

- Member's **existing PCP assignment to an Advanced Medical Home + (AMH+) practice or an existing treatment relationship with a Care Management Agency (CMA)** within the Tailored Plan's network
- Member's **existing relationship with an LME/MCO Innovations waiver care coordinator**
- Member's **exceptional physical health and/or behavioral health needs** – *examples* include:
 1. Members receiving cancer treatment or with end stage organ failure/organ transplant will be prioritized for AMH+ or Tailored Plan-based TCM
 2. Members in child behavioral health residential services will be prioritized for CMA or Tailored Plan-based TCM
- Member's **geographic location**
- AMH+ practice's or CMA's care management **panel size capacity**
- Federal **conflict-free** case management requirements for people using home and community-based services (HCBS), which prohibit a provider organization from delivering HCBS and care management to one individual

HOW WILL BENEFICIARIES BE INFORMED OF THEIR PCP & TCM ASSIGNMENTS?

Once Tailored Plan members are assigned a PCP/TCM, the beneficiary will be notified by mail as follows:

- The Tailored Plan will send each member a welcome letter, member handbook, Medicaid ID card and information about both their PCP and TCM provider.

Note: Beneficiaries will also be able to view their Tailored Plan, PCP and TCM assignments on the [enrollment website](#) and mobile app.

HOW CAN I SEE WHICH BENEFICIARIES ARE ASSIGNED TME?

If you are a **PCP**, you can see your assignments by:

- Accessing information on your panel through the NCTracks Provider Portal which will list your members in each Standard Plan, each Tailored Plan, and in NC Medicaid Direct.
- Using the Recipient Eligibility function in NCTracks to verify this information for a single beneficiary.
- Using the NCTracks batch eligibility verification function.

If you are a **TCM agency**, you can review the beneficiary assignment file you will receive from the Tailored Plan.

WHAT ABOUT BENEFICIARIES WHO WANT TO KEEP ME AS THEIR PCP?

PCPs will need to be in network with the Tailored Plan in order for the member to choose that practice or to be assigned to that practice.

As a reminder, Tailored Plan members cannot select a different Tailored Plan. Enrollment in the Tailored Plan is based on the county that manages the beneficiary's Medicaid case (administrative county). There are six Tailored Plans and only **one** Tailored Plan serves each county.

Please note:

- If a beneficiary selects a health plan, but not a PCP, their health plan will assign the beneficiary a PCP.
- If the beneficiary has a record of an assigned PCP or an active relationship with a PCP with NC Medicaid, the health plan should assign the beneficiary to that PCP if participating in that health plan's network.
- If a beneficiary does not select a health plan by the end of the choice period, they will be auto-enrolled into a health plan and the health plan will auto-assign them to a PCP. Auto-enrollment into a health plan will take current assignment into account if the beneficiary's current PCP is in-network with at least one health plan.

HOW CAN BENEFICIARIES CHANGE THEIR PCP & TCM Provider?

Beneficiaries can change their PCP 181 days from receipt of notification (until May 31, 2023) of their PCP assignment to change their PCP without cause (first instance) and can change their PCP provider without cause up to one time per year thereafter (second instance).

Beneficiaries can change their TCM provider without cause twice each year. Beneficiaries have 30 days from receipt of notification of their TCM provider assignment to change their TCM provider without cause (first instance) and can change their TCM provider without cause up to one time per year thereafter (second instance).

Below are the different ways beneficiaries can change their PCP or TCM provider:

- Beneficiaries can select a PCP at application, recertification or through choice counseling with the NC Medicaid Enrollment Broker
- Beneficiaries can contact their Tailored Plan to change their PCP or TCM provider. Contact information can be found in the Member Handbook and on the [Health Plan Contacts and Resources Page](#).

Beneficiaries can change their PCP or TCM provider any time over the course of the year if they have care or quality concerns.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

DHHS will be posting a Question and Answer document to the NC Medicaid Managed Care website to address common beneficiary questions about the transition to managed care. More information will be posted in the January 2023 timeframe.

Once a beneficiary is enrolled with a Tailored Plan, information and a new Medicaid card will be mailed within five days. At that point, if beneficiaries have questions about their health plan or services covered, they should contact their assigned Tailored Plan. Contact information for a Tailored Plan can be found at the number on their new Medicaid card or on the [NC Medicaid website](#).

If beneficiaries have questions about changing their assigned health plan, they can contact the NC Medicaid Enrollment Broker. The NC Medicaid Enrollment Broker Call Center is open from 7 a.m. to 5 p.m., Monday through Saturday. To view health plan information and learn more about NC Medicaid Managed Care, beneficiaries can:

- Call 833-870-5500 (Toll free), (TTY: 711 or RelayNC.com)
- Go online at ncmedicaidplans.gov

In addition to the NC Medicaid Enrollment Broker, the **NC Medicaid Ombudsman** is available to help resolve beneficiary concerns. Go to ncmedicaidombudsman.org to learn more.

WHAT IF I HAVE QUESTIONS?

Additional resources for providers on the transition to NC Medicaid Managed Care can be found in the [Provider Playbook](#).

For general inquiries and complaints regarding Tailored 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) inquiries 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 Tailored Plan's provider manual.

For questions related to your NCTracks provider information, please contact 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 GDIT Call Center.