NC Medicaid Managed Care
Provider Playbook

Fact Sheet
NC Medicaid Managed Care: Contracting with Tailored Plans

It is important to contract with health plans in advance of the NC Medicaid Tailored Plan launch July 1, 2024

The NC Medicaid Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans will launch July 1, 2024. A Tailored Plan is an integrated health plan for individuals with mental health, substance use disorders, I/DD and traumatic brain injury (TBI). It is a legislative requirement that Tailored Plans must contract with a licensed NC Medicaid Managed Care health plan that covers services required under the Standard Plan contract. Only LME/MCOs were eligible to bid on the contract to become and operate Tailored Plans, and four LME/MCOs currently hold a contract.

The Tailored Plans will serve special populations, including Innovations and TBI waiver enrollees and waitlist members and will be responsible for managing the non-Medicaid (state-funded) mental health, substance use, I/DD and TBI services for uninsured and underinsured North Carolinians.

Qualifying beneficiaries will be assigned to one of four Tailored Plans based on their administrative county. Beneficiaries will be allowed to choose a primary care provider (PCP) and a Tailored Care Management (TCM) provider. TCM provider types include Care Management Agencies (CMAs) that deliver mental health, substance use, and/ or intellectual and developmental disability services and care management; or Advanced Medical Homes (AMH+) that deliver both primary care services and TCM services.

WHAT KEY DATES DO PROVIDERS NEED TO KNOW?

- **March 15, 2024** – Last day for providers to have **fully executed** contracts with Tailored Plans for inclusion in the first day of the beneficiary choice period.
- **April 13 ,2024**– Tailored Plan auto-enrollment begins.
- **April 15, 2024** - Beneficiary Choice Period begin. Beneficiaries can choose a PCP by contacting their Tailored Plan.
- **April 22, 2024** – Enrollment Broker begins mailing Tailored Plan Enrollment Packets to beneficiaries.
- **May 15, 2024** – Last day for beneficiaries to choose a PCP before auto-assignment.
- **May 16, 2024** – PCP auto-assignment for beneficiaries who have not chosen a PCP.

- **July 1, 2024** – NC Medicaid Managed Care Behavioral Health I/DD Tailored Plans launch.

ARE PROVIDERS REQUIRED TO CONTRACT WITH ALL TAILORED PLANS?

No. While NC Medicaid encourages providers to contract with each Tailored Plan in their service area, providers can contract with as many or as few as they desire. However, PCPs who contract with fewer Tailored Plans risk losing beneficiaries. Beneficiaries can select only in-network providers during the beneficiary choice period and will be auto-assigned to only in-network providers for their Tailored Plan. Tailored Plans are encouraged to contract with providers outside of the Tailored Plan's region to ensure services meet beneficiary's accessibility needs.

DO PROVIDERS NEED TO CONTRACT WITH TAILORED PLANS IF THEY ALREADY CONTRACT WITH THE STANDARD PLAN WITH A NETWORK THAT A TAILORED PLAN WILL USE?

A provider who wants to participate in a Tailored Plan network should contact the Tailored Plan to discuss how the provider may participate in the Tailored Plan's network. If the Tailored Plan's partnership with a Standard Plan includes leveraging the Standard Plan's existing provider network, then the provider will receive a referral to the Standard Plan partner to discuss participation.

Under a leveraged network, a provider could have the option to add the Tailored Plan program network to its existing network participation agreement for the Standard Plan program, and therefore may not need a new, separate contract. Contracting contacts for Tailored Plans can be found on the NC Medicaid Health Plans webpage.

WHAT ARE THE TAILORED PLANS/ CONTRACTING RESPONSIBILITIES WITH PROVIDERS?

NC Medicaid expects Tailored Plans to negotiate with any willing physical health or pharmacy services provider in good faith. As outlined in their contracts, Tailored Plans may only exclude eligible providers from their physical health services or pharmacy services networks if the provider refuses to accept network rates.

All providers of health care services must be enrolled in NC Medicaid to be considered for contracting by a Tailored Plan. Tailored Plans may exclude qualified physical health care providers (including PCP/AMHs) from their networks only when a provider refuses to accept network rates.

Tailored Plans have the authority to maintain a closed network for mental health, substance use, I/DD and TBI services, and may exclude such providers from their mental health, substance use, I/DD or TBI networks if it has a sufficient network of providers of that type.

Providers of mental health, substance use, I/DD and TBI services who want to participate in a Tailored Plan network or want to check on the status of a contract should contact the Tailored Plan directly regarding contracting with the Tailored Plan. Contracting contacts for Tailored Plans are on the NC Medicaid Health Plans webpage.

WHAT CAN PROVIDERS EXPECT FROM PARTNERSHIPS BETWEEN TAILORED PLANS AND STANDARD PLANS?

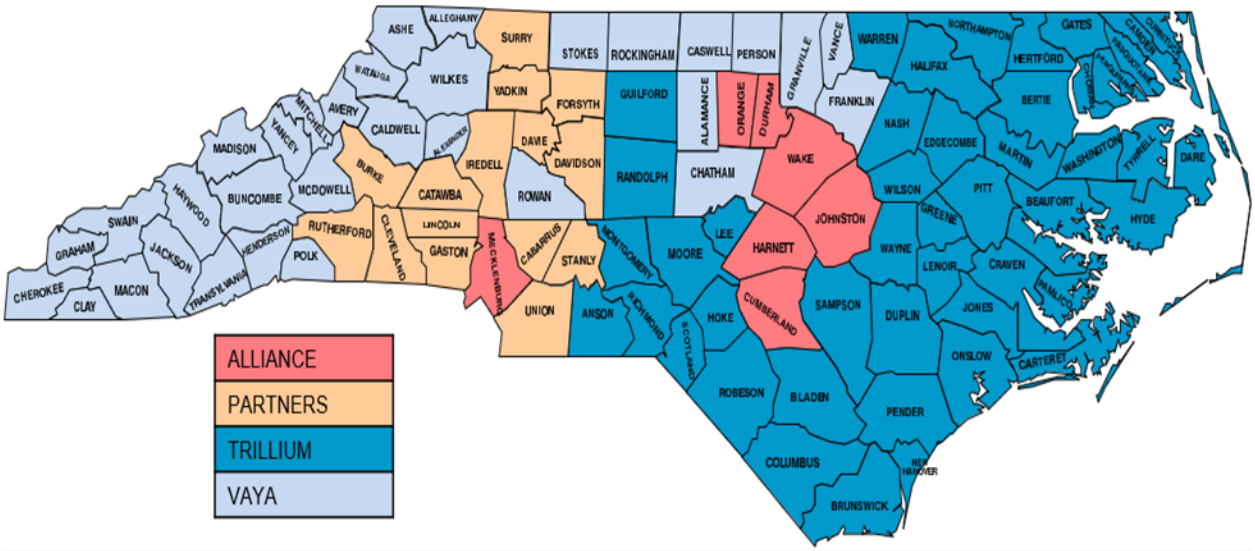
All Tailored Plans are required to contract with an entity that:

1. Holds a PHP license granted by NC Department of Insurance
2. Covers the services required to be covered under a Standard Plan benefit contract.

Partnerships vary between Tailored Plans. Standard Plan involvement in the provider network and provider contracting also varies. In general, Tailored Plans may leverage all or part of their Standard Plan partner's provider network and provider contracts. A Tailored Plan can also leverage their Standard Plan partner to help with other operational and administrative duties.

The information below provides a high-level overview of some Tailored Plans contracted partners and vendors. It is not intended to be a comprehensive list, but rather to provide a general insight into the partnerships for the Tailored Plans. NC Medicaid has provided contact information for any provider who wants to contract with a specific Tailored Plan.

LME / MCO COVERAGE MAP (AS OF FEB.1, 2024



LME/MCO	Counties in LME/MCO Catchment Area
Trillium	Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Guilford, Halifax, Hertford, Hoke, Hyde, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Randolph, Richmond, Robeson, Sampson, Scotland, Tyrrell, Warren, Washington, Wayne, Wilson
Alliance	Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, Wake
Partners	Burke, Cabarrus, Catawba, Cleveland, Davie, Davidson, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
Vaya	Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rockingham, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey

Note: If a Tailored Plan has an agreement with a Standard Plan to provide, administer or manage the Tailored Plan's physical health network, or an agreement with a Pharmacy Benefit Manager to provide, administer or manage the Tailored Plan's pharmacy health network, the Tailored Plan should refer an eligible provider of physical health services or pharmacy services to the partnering Standard Plan or Pharmacy Benefit Manager to discuss contracting.

The following information is based upon information from the Tailored Plans and may change over time, so NC Medicaid strongly advises providers to reach out to the Tailored Plans to verify information before making a decision.

Partners and Vendors

Tailored Plan	Standard Plan Partner	Hospital Contracting Lead[1]	NEMT Broker	Pharmacy Benefit Manager	Vision Administrator	Specialties
Alliance	WellCare	Alliance	ModivCare	Navitus	Avesis	Northwood: Durable Medical Equipment (DME); WellCare: Complex Labs, Cardiac Imaging, Radiation Oncology, Musculoskeletal, Orthopedics, Imaging Procedures
Partners	**Carolina Complete Health**	**Carolina Complete Health for Physical Health; Partners for Behavioral Health**	**ModivCare**	**CVS Caremark**	**Envolve Vision**	**Carolina Complete Health**
Trillium	**Carolina Complete Health**	**Trillium / Carolina Complete Health**	**ModivCare**	**PerformRx**	**Envolve**	**Carolina Complete Health**
Vaya	**Wellcare**	**Vaya**	**ModivCare**	**Navitus**	**Vaya**	**Vaya/Utilization Management subcontractors TBD**

Catchment Area and Operational Information

Tailored Plan	Claims Payment and Processing[2]	Prior Authorizations[2]	Primary Care Contracting	AMH Contracting	AMH+ / CMA Contracting
Alliance	Alliance	Alliance	Alliance	Alliance	Alliance
Partners	Claims review through Partners; claims payment and processing through Carolina Complete Health	Partners	Carolina Complete Health	Carolina Complete Health	Partners
Trillium	Trillium/ Carolina Complete Health (Behavioral health with Trillium; Physical health with Carolina Complete Health)	Trillium/Carolina Complete Health (Behavioral health with Trillium; Physical health with Carolina Complete Health)	Carolina Complete Health	Carolina Complete Health	Trillium
Vaya	Vaya	Vaya	Vaya	Vaya	Vaya

[1] Refers both to behavioral health and physical health contracting and services provided in an inpatient setting; please reach out directly to the Tailored Plans for further information.

[2] Does not necessarily include NEMT, Pharmacy Benefit Management or other specialty areas; please reach out directly to Tailored Plans for further information.

HOW WILL BENEFICIARIES CHOOSE OR BE ENROLLED INTO A TAILORED PLAN?

Beneficiaries who qualify will be enrolled into a Tailored Plan on April 13, 2024, based on:

1. Administrative county (county that manages the beneficiary's Medicaid case)
2. Special population considerations (e.g., Innovations and TBI Waiver beneficiaries and services for non-Medicaid (state-funded) mental health, substance use, I/DD or TBI or Tribal/Indian Health Services eligibility)
3. A lookback period of 24 months to review claims for Tailored Plan-only services to identify beneficiaries exempt from Standard Plan (e.g., claims history, diagnosis of psychotic disorder, use of clozapine, two or more episodes of using behavioral health crisis services).

HOW WILL BENEFICIARIES CHOOSE OR BE ASSIGNED TO A PCP?

Following Tailored Plan auto-enrollment, the NC Medicaid Enrollment Broker will begin sending enrollment notices to beneficiaries. Enrollment notices will include Tailored Plan enrollment information and health care choices, and explain how beneficiaries can choose a PCP.

Beneficiaries may choose a PCP during the Choice Period from April 15, 2024, through May 15, 2024, by contacting their Tailored Plan. Beneficiaries who do not choose a PCP during this time will be auto- assigned a PCP starting on May 16, 2024. Beneficiaries are given 30 calendar days from the date they receive their PCP assignment to change their PCP without cause. Beneficiaries are allowed one additional without-cause change each year. Beneficiaries are allowed to change their PCP with cause at any time.

WHAT IS THE SIGNIFICANCE OF PCP ASSIGNMENT?

Primary and preventative care is central to Medicaid's care delivery system. Each beneficiary should have a PCP that helps ensure preventive and primary care service are received and that specialty care is coordinated.

WHO ARE THE TAILORED PLAN EXEMPT AND EXCLUDED POPULATIONS?

"Exempt" beneficiaries may enroll in NC Medicaid Managed Care on an opt-in basis, if they meet other eligibility requirements for NC Medicaid Managed Care.

Most exempt populations receive their Medicaid coverage through NC Medicaid Direct. Physical health services are managed by NC Medicaid Direct, and mental health, substance use, IDD and TBI services are managed by an LME/MCO. Exempt beneficiaries may choose to enroll in NC Medicaid

Managed Care or NC Medicaid Direct at any time, by submitting a request to the Enrollment Broker. Exempt populations are:

1. Federally recognized tribal members
2. Individuals who qualify for services through Indian Health Services

“Excluded” beneficiaries cannot enroll in NC Medicaid Managed Care. Excluded populations receive their Medicaid coverage through NC Medicaid Direct. Physical health services are managed by NC Medicaid Direct, and mental health, substance use, IDD and TBI services are managed by a LME/MCO. Excluded populations are:

1. Children who receive Community Alternatives Program for Children (CAP/C) services
2. People who receive Community Alternatives Program for Disabled Adults (CAP/DA) services
3. People who are medically needy
4. People in the Health Insurance Premium Payment (HIPP) program
5. People who receive Medicaid and Medicare
6. People in nursing facilities for more than 90 days
7. NC Division of State Operated Healthcare Facilities (DSOHF/VA) home
8. Children in foster care
9. Former foster care youth
10. Children receiving adoption assistance

Exceptions to the excluded populations include Innovations or TBI Waiver participants. Beneficiaries on the Innovations or TBI waiver will be enrolled in the Tailored Plan. Beneficiaries in an excluded category who are on the Innovations or TBI Waiver waiting list will NOT be enrolled in the Tailored Plan.

HOW DO PROVIDERS CONTRACT WITH A TAILORED PLAN?

Providers who want to participate in a Tailored Plan provider network should contact the Tailored Plan directly to discuss the process and requirements. Each Tailored Plan has its own provider contract templates and processes. Tailored Plan contracting contact information can be found on the NC Medicaid Health Plans webpage.

QUESTIONS?

For questions about contracting, contact the Tailored Plan. Information can be found on the Provider Contracting with Health Plans webpage.

For general inquiries and complaints regarding Health Plans, a **Provider Ombudsman** represents 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) inquires related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Submit inquiries, concerns or complaints to Medicaid.ProviderOmbudsman@dhhs.nc.gov or call 866-304-7062. Provider Ombudsman contact information is also published in each health plan's provider manual.

For questions related to your NCTracks provider information, contact the NCTracks Call Center at 800-688-6696. To update your information, log into the NCTracks Provider Portal to verify your information and submit a MCR, or contact the NCTracks Call Center.