NC Medicaid Managed Care
Provider Playbook

Fact Sheet
Tailored Plan Provider Contracting Deadlines Questions and Answers

WHAT IS CHANGING ?

To be included in the Enrollment Broker's Medicaid Health Plan and Provider Lookup Tool at the start of the Tailored Plan beneficiary choice period, provider contracts must be signed and returned to the Tailored Plan **no later than March 15, 2024**.

WHY ARE THESE CHANGES HAPPENING?

It often takes Tailored Plans at least two to three weeks to process provider contracts and ensure that providers can be paid. Additional time is then needed to transmit information to the Department to be included in the beneficiary choice period, Provider Lookup Tool and in the auto-assignment process.

WHO IS IMPACTED?

All Medicaid providers who want beneficiaries to be able to select them as a primary care provider (PCP) during beneficiary choice period or to be assigned as a PCP and/or Tailored Care Management (TCM) provider through auto-assignment, and to be reimbursed appropriately on day one of Tailored Plan launch.

WHY IS IT IMPORTANT TO CONTRACT WITH TAILORED PLANS IN ADVANCE OF THE BENEFICIARY CHOICE PERIOD AND AUTO-ASSIGNMENT?

- PCPs who do not contract with Tailored Plans by the deadlines will limit the number of beneficiaries that either select them during the beneficiary choice period or who are assigned to them through PCP auto-assignment prior to Tailored Plan launch.
- Existing PCPs in particular risk losing patients on current patient panels, as beneficiaries may select only in-network (contracted) PCPs during the beneficiary choice period and the Department will auto-assign beneficiaries to only in-network providers.
- Advanced Medical Homes (AMHs) that do not contract with Tailored Plans on time may also miss earning per member per month (PMPM) medical home payments through the AMH program.

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.

WHAT ARE TAILORED PLANS' RESPONSIBILITIES WITH RESPECT TO CONTRACTING WITH MEDICAID 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, intellectual and developmental disabilities (I/DD) and traumatic brain injuries (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 ARE REQUIRED PAYMENTS FOR AMHS, A TYPE OF PCP ?

- Tailored Plans must reimburse in-network physicians and physician extenders no less than 100% of NC Medicaid Direct (fee-for-service) rates unless they have mutually agreed to an alternative arrangement.
- In addition to NC Medicaid Direct payments, Tailored Plans are required to pay medical home fees to AMH Tiers 1, 2, 3s/ and AMH+.
- Tailored Plans are able to also offer quality incentive payments to all AMH Tier 3s.
- In Tailored Plans, only AMH+ can bill for providing tailored care management (TCM)and receive associated care management payments based on their assigned TCM panel.

WHEN IS THE BENEFICIARY CHOICE PERIOD AND AUTO-ENROLLMENT ?

- Beneficiaries in all managed care regions will be assigned to a designated Tailored Plan in their region. They will then have the option to choose a PCP during the Tailored Plan beneficiary choice period. The beneficiary choice period begins on April 15, 2024
- Beneficiaries may keep their current PCP/AMH if they have contracted with their assigned Tailored Plan by selecting the provider as their PCP.
- Tailored Plan beneficiary choice period closes on May 15, 2024.
- After the beneficiary choice period closes, beneficiaries who have not chosen a PCP will be automatically assigned one by their Tailored Plan (auto-assignment) starting on May 16, 2024.
- PCP auto-assignment will be completed before the Tailored Plans mail Welcome Packets and Medicaid ID cards, which will begin being mailed to beneficiaries on May 17, 2024 . Beneficiaries who are already assigned to their preferred TCM provider will continue to be assigned to that provider when Tailored Plan launches on July 1, 2024.
- After launch new beneficiaries must be assigned to a PCP and TCM provider within 24 hours of being enrolled in the Tailored Plan. Tailored Plans must mail an ID card within eight days of PCP assignment.

HOW SOON AFTER FINALIZING A CONTRACT WITH A TAILORED PLAN WILL I SHOW UP IN THE ENROLLMENT BROKER MEDICAID HEALTH PLAN PROVIDER LOOKUP TOOL AS IN-NETWORK WITH THAT TAILORED PLAN ?

- Once the contracting process is complete and the provider has delivered all the required demographic information to the Tailored Plan, it takes at least two to three weeks but may take longer to load a provider into the Tailored Plan’s system and begin showing as an in-network provider. A provider can help expedite this process by beginning to share physician roster information with the Tailored Plan in advance of finalizing their contract. This allows the Tailored Plan to begin processing this information and be prepared to enroll a provider more quickly.
- A provider is not allowed to show up as in-network with a Tailored Plan until such point that the Tailored Plan can make payments to that provider. This ensures that both the beneficiary and provider have the most accurate information about where to seek care and ensure timely payment for services.
- Providers must ensure that data in NCTracks are accurate. To make changes to your NCTracks provider record, a provider must submit a Manage Change Request from the Status and Management page of the NCTracks provider portal. Providers should review each page and confirm that service locations (address/phone number), taxonomies, patient restrictions and office hours are correct. There is a minimum of five business days after the Managed Change Request is approved before the updates will appear on the Enrollment Broker Medicaid Provider Lookup Tool.

IF I AM UNABLE TO FINALIZE MY TAILORED PLAN CONTRACTS BY THE DEADLINES, SHOULD I STILL PURSUE CONTRACTING WITH A TAILORED PLAN?

- Yes. Providers are encouraged to continue contract negotiations with Tailored Plans and finalize the contract as soon as possible. It is important for contracts to be in place prior to July 1, 2024, to ensure that you can continue to serve Medicaid beneficiaries and be reimbursed appropriately on day one.

IF I AM UNABLE TO FINALIZE MY TAILORED PLAN CONTRACTS BY THE DEADLINES, BUT I DO FINALIZE MY TAILORED PLAN CONTRACTS BEFORE JULY 1, 2024, WILL MY PATIENTS BE ABLE TO SELECT ME AS THEIR PCP? HOW?

- Each year, 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. Additionally, the Department is extending the initial 30-day period to 214 days after Tailored Plan launch (through Jan. 31, 2025).
- Members of federally recognized tribes may change their PCP without cause at any time.
- Beneficiaries may call their Tailored Plan and select a different PCP than the one they received during auto-assignment.
- When health systems or providers can finalize negotiations with a Tailored Plan, they become in-network providers with that Tailored Plan. In-network PCPs can then be assigned beneficiaries according to their panel limit agreements with Tailored Plans. Contact the Tailored Plan directly for more information on contracting.

IF I AM UNABLE TO FINALIZE MY TAILORED PLAN CONTRACTS THE SPECIFIC DEADLINES, BUT I DO FINALIZE MY TAILORED PLAN CONTRACTS BEFORE JULY 1, 2024, WILL BENEFICIARIES BE ABLE TO SELECT ME AS THEIR TAILORED CARE MANAGEMENT PROVIDER? HOW?

- After July 1, 2024, beneficiaries can change their TCM provider twice a year without cause and anytime with cause. Beneficiaries may call their Tailored Plan and select a TCM different from the one they received during auto-assignment.
- When TCM providers can complete readiness reviews and finalize contracts with a Tailored Plan, they become in-network providers with that Tailored plan. In-network TCM providers can then be assigned beneficiaries according to their panel limit agreements with Tailored Plans. Contact the Tailored Plan directly for more information on contracting with a Tailored Plan. Contact information is located on the NC Medicaid Tailored Plan webpage.