

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 April 1, 2023

The NC Medicaid Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans will launch April 1, 2023. A Tailored Plan is an integrated health plan for individuals with behavioral health and 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 all six LME/MCOs were awarded 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) behavioral health, I/DD and TBI services for uninsured and underinsured North Carolinians.

Qualifying beneficiaries will be assigned to one of six Tailored Plans based on their administrative county. Beneficiaries will be allowed to choose a primary care provider and a Tailored Care Management provider. Tailored Care Management provider types include Care Management Agencies (CMAs) that deliver behavioral 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 tailored care management services.

WHAT KEY DATES DO PROVIDERS NEED TO KNOW?

- **Jan. 5, 2023** – Last day for providers to have **fully executed** contracts with Tailored Plans for inclusion in the first day of the beneficiary choice period.
- **Jan. 15, 2023** – Tailored Plan auto-enrollment and Beneficiary Choice Period begin. Beneficiaries can choose a PCP by contacting their Tailored Plan.
- **Jan. 15, 2023** – Last day for PCPs to have **fully executed** contracts with Tailored Plans for inclusion in PCP auto-assignment.
- **Jan. 23, 2023** – Enrollment Broker begins mailing Tailored Plan Enrollment Packets to beneficiaries.
- **Feb. 14, 2023** – Last day for beneficiaries to choose a PCP before auto-assignment.
- **Post Feb. 15, 2023** – PCP auto-assignment for beneficiaries who have not chosen a PCP.
- **April 1, 2023** – NC Medicaid Managed Care Behavioral Health I/DD Tailored Plans launch.

ARE PROVIDERS REQUIRED TO CONTRACT WITH ALL TAILORED PLANS?

No. While we encourage providers to contract with each Tailored Plan in their service area, providers can contract with as many or as few as they desire. However, Primary Care Providers (PCPs) who contract with fewer Tailored Plans risk losing beneficiaries. Tailored Plans are encouraged to contract with providers outside of the Tailored Plan's region to ensure services to 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.

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

Providers of behavioral health, 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:

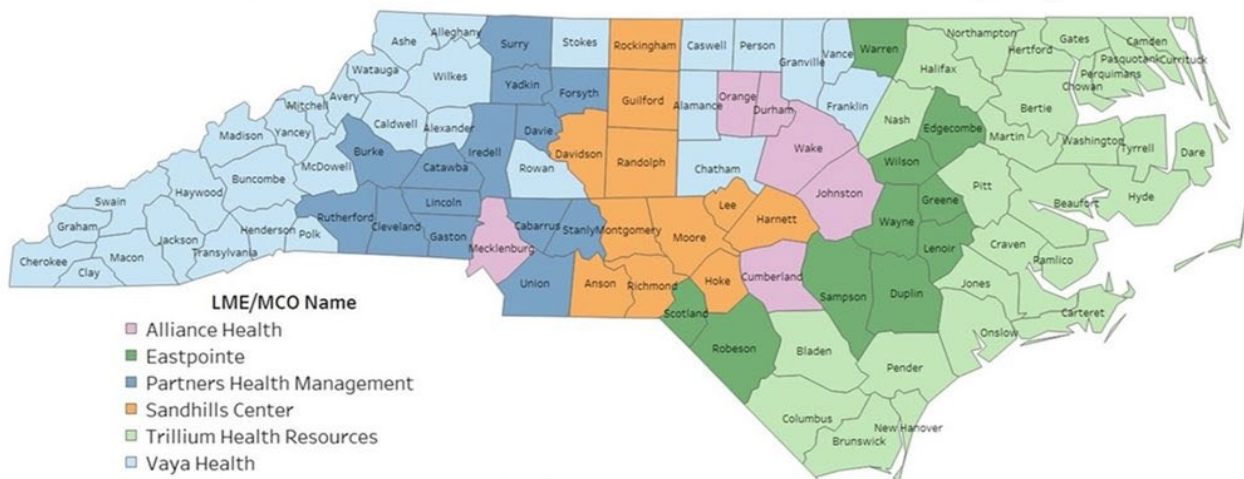
1. Holds a PHP license granted by NC Department of Insurance
2. Covers the services required to be covered under a Standard Plan benefit contract.

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.

Behavioral Health and I/DD Tailored Plans Launch on April 1, 2023



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
Eastpointe	WellCare	Eastpointe/ WellCare	MTM	Express Scripts	WellCare	WellCare (please reach out to Tailored Plan directly with questions)
Partners	Carolina Complete Health	Carolina Complete Health for Physical Health; Partners for Behavioral Health	ModivCare	CVS Caremark	Engive Vision	Carolina Complete Health
Sandhills	AmeriHealth	Sandhills Center/ AmeriHealth	ModivCare	PerformRx	AmeriHealth	AmeriHealth
Trillium	Carolina Complete Health	Trillium / Carolina Complete Health	ModivCare	PerformRx	Engive	Carolina Complete Health

Catchment Area and Operational Information

Tailored Plan	Catchment Area ²	Claims Payment and Processing ³	Prior Authorizations ³	Primary Care Contracting	AMH Contracting	AMH+ / CMA Contracting
Alliance	Cumberland, Durham, Johnston, Orange, Mecklenburg, Wake	Alliance	Alliance	Alliance	Alliance	Alliance
Eastpointe	Duplin, Edgecombe, Greene, Lenoir, Robeson,	Eastpointe	Eastpointe	WellCare	WellCare	Eastpointe

	Sampson, Scotland, Wayne, Wilson, Warren					
Partners	Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin	Claims review through Partners; claims payment and processing through Carolina Complete Health	Partners	Carolina Complete Health	Carolina Complete Health	Partners
Sandhills	Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Rockingham	AmeriHealth for Physical Health/ Sandhills Center for Behavioral Health	Sandhills Center	AmeriHealth	AmeriHealth	Sandhills Center
Trillium	Bladen, Brunswick, Carteret, Columbus, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Halifax, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Onslow, Pender, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington	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	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	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 [Counties mapped](#)

³ 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 Jan. 15, 2023, 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 reviews claims for Tailored Plan-only services with dates of service of Dec. 1, 2020, or after 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 Jan. 15 through Feb. 15, 2023, by contacting their Tailored Plan. Beneficiaries who do not choose a PCP during this time will be auto-assigned a PCP after Feb. 15, 2023. Generally, beneficiaries can change their PCP one time within the first 30 days and one additional time during the state fiscal year without cause. Beneficiaries can change their PCP an unlimited number of times per year with cause and should contact their Tailored Plan to make this change.

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 behavioral health 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 behavioral health services are managed by a Local Management Entity/Managed Care Organization (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 (HIPPP) 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) inquiries 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.

