



Back Porch Chat



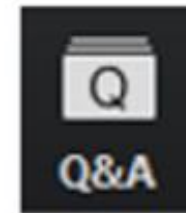
Closed Captioning is available for this webinar

Participants can access real-time captioning by clicking **“Show Captions”** within Zoom.

January 2024

Logistics for Today's Webinar

Question during the live webinar



Technical assistance

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AGENDA

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State of the State

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Medicaid Expansion Update

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Recent North Carolina Medicaid Reports

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Q/A



NC Medicaid Parting Superlatives: The Good, The Bad, The Ugly

With apologies to John Wayne.

Audience Response Question

If you were going to choose a theme song for the last 4+years of Dr. Dowler's Back Porch Chat leadership, you would pick:

- A. What A Long Strange Trip It's Been
- B. The Sound of Sunshine
- C. Under Pressure
- D. Till I Collapse
- E. Eight Days A Week

Best Use of Money

NC Medicaid 2021 Provider Playbook

Fact Sheet
Health Equity Enhanced Payment Initiative

NC Medicaid

Carolina Access Equity Payments Explained

To support the North Carolina Department of Health and Human Services (NCDHHS) goals to achieve health equity, NC Medicaid is introducing an enhanced payment to Carolina Access primary care practices serving beneficiaries from parts of the state with high poverty rates. This initiative ultimately aims to improve access to primary care and preventive services for Medicaid and NC Health Choice beneficiaries in North Carolina at a time when historically marginalized populations are facing challenges highlighted by the COVID-19 public health emergency. These payments will be available for three months as a limited initiative from April-June 2021.

HOW ARE THESE PAYMENTS DETERMINED?

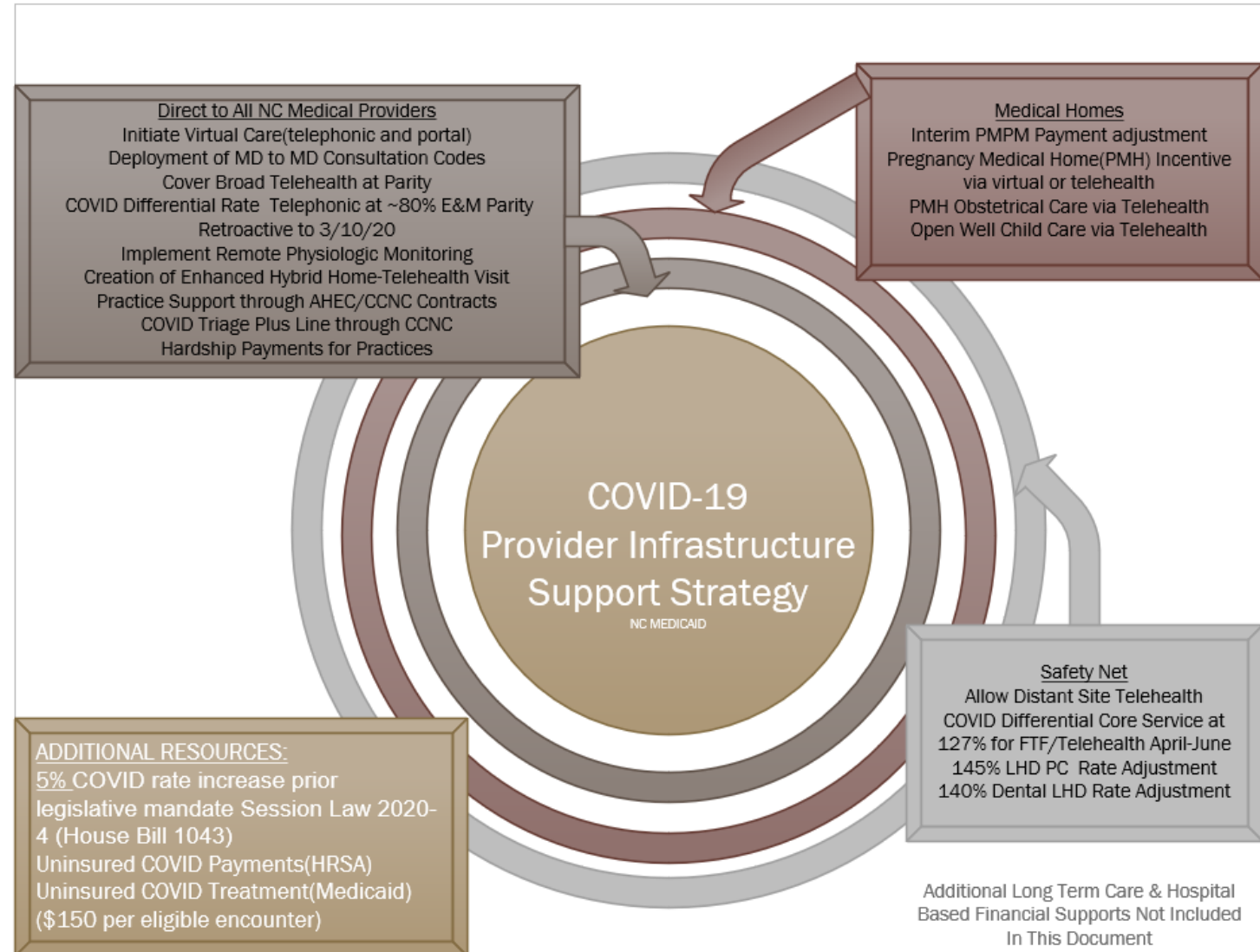
To be eligible for these payments, the practice must be Carolina Access I or II. Practices must meet a minimum beneficiary poverty score, determined by the average poverty rate for the census tract of the beneficiaries assigned to each practice's location. DHHS determined the poverty score for the practice. The payments are made on a per member per month basis. Practices will receive an enhanced per member per month payment if the poverty score falls into Poverty Tier I or Poverty Tier II. The poverty scores are centered on the Medicaid beneficiary average of 19%.

HOW MUCH WILL A PRACTICE RECEIVE?

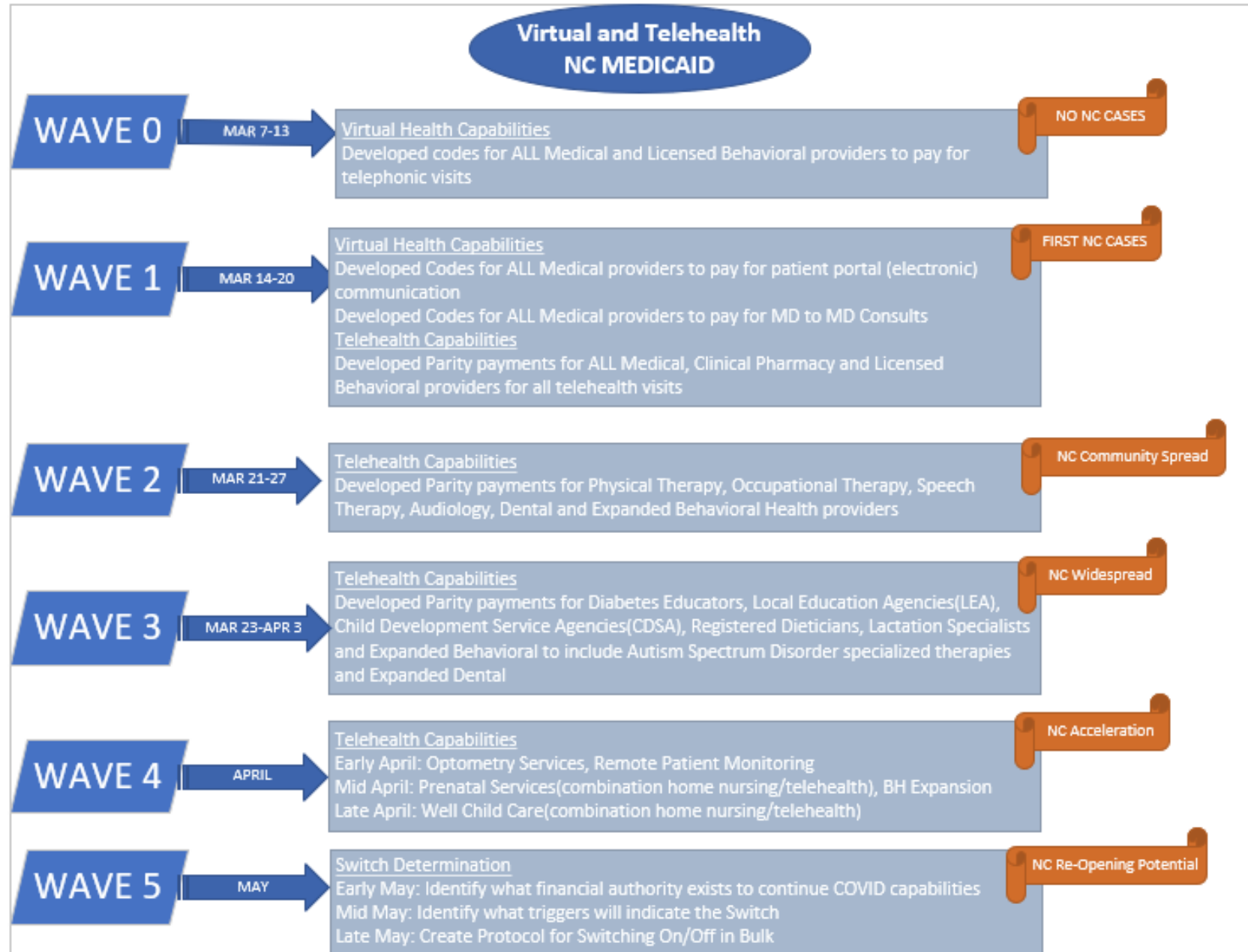
The amount that a Carolina Access provider will receive depends on the poverty score based on the average poverty rate of the beneficiaries' address for the beneficiaries assigned to each practice's location. Enhanced per member per month payment amounts will be as follows:

- \$9.00 per member per month enhancement for practice locations identified as Poverty Tier I (poverty scores above 17% through 21%)
- \$18.00 per member per month enhancement for practice locations identified as Poverty Tier II (poverty scores above 21%)

Supporting the Provider Field in COVID



Most Rapid Time of Change



Most Gratifying Moment



NC Starts Medicaid Transformation Program, Sidesteps Expansion

North Carolina's Medicaid transformation program could face even more challenges amid coronavirus.

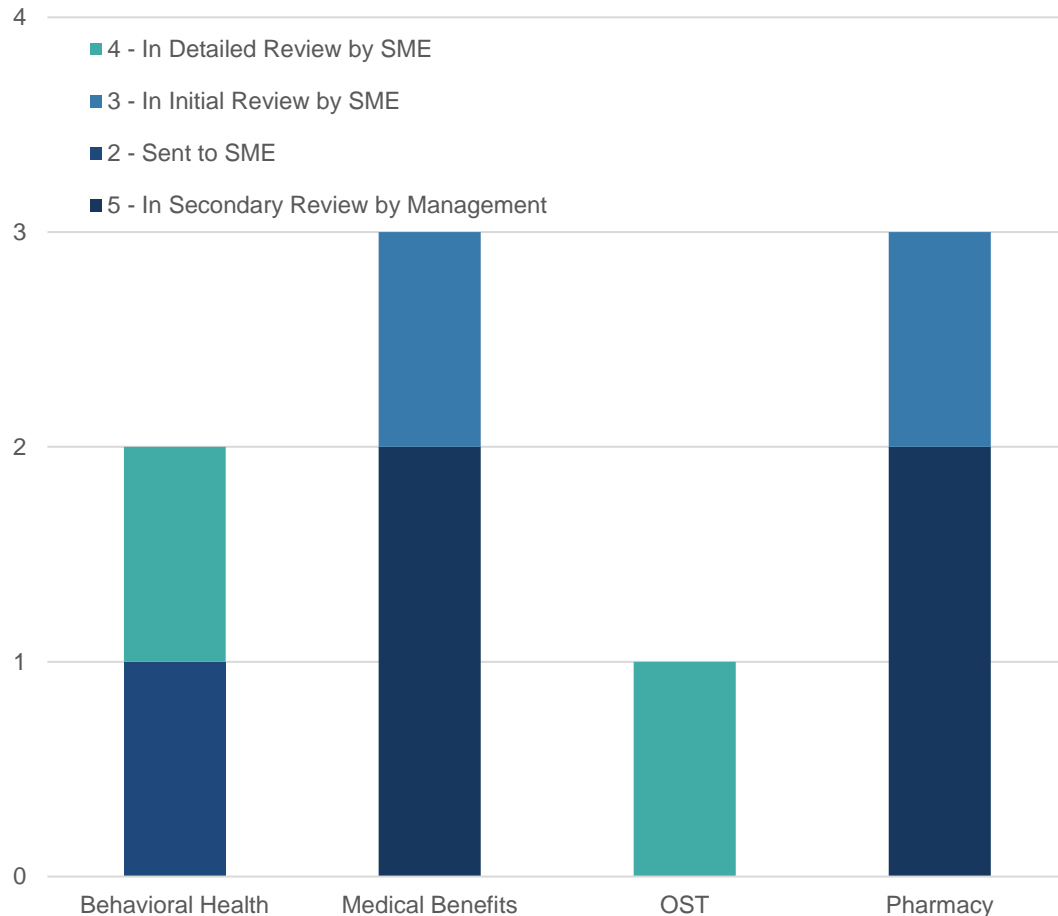


The Most Stressful Time



Most Likely To Succeed

Clinical Coverage Request Summary Report – 12/12/2023



Provider/Stakeholder Request for Coverage Form

Providers and external stakeholders may formally submit a request for coverage of a procedure(s), product(s) and/or service(s) through the [NC Medicaid website](#).

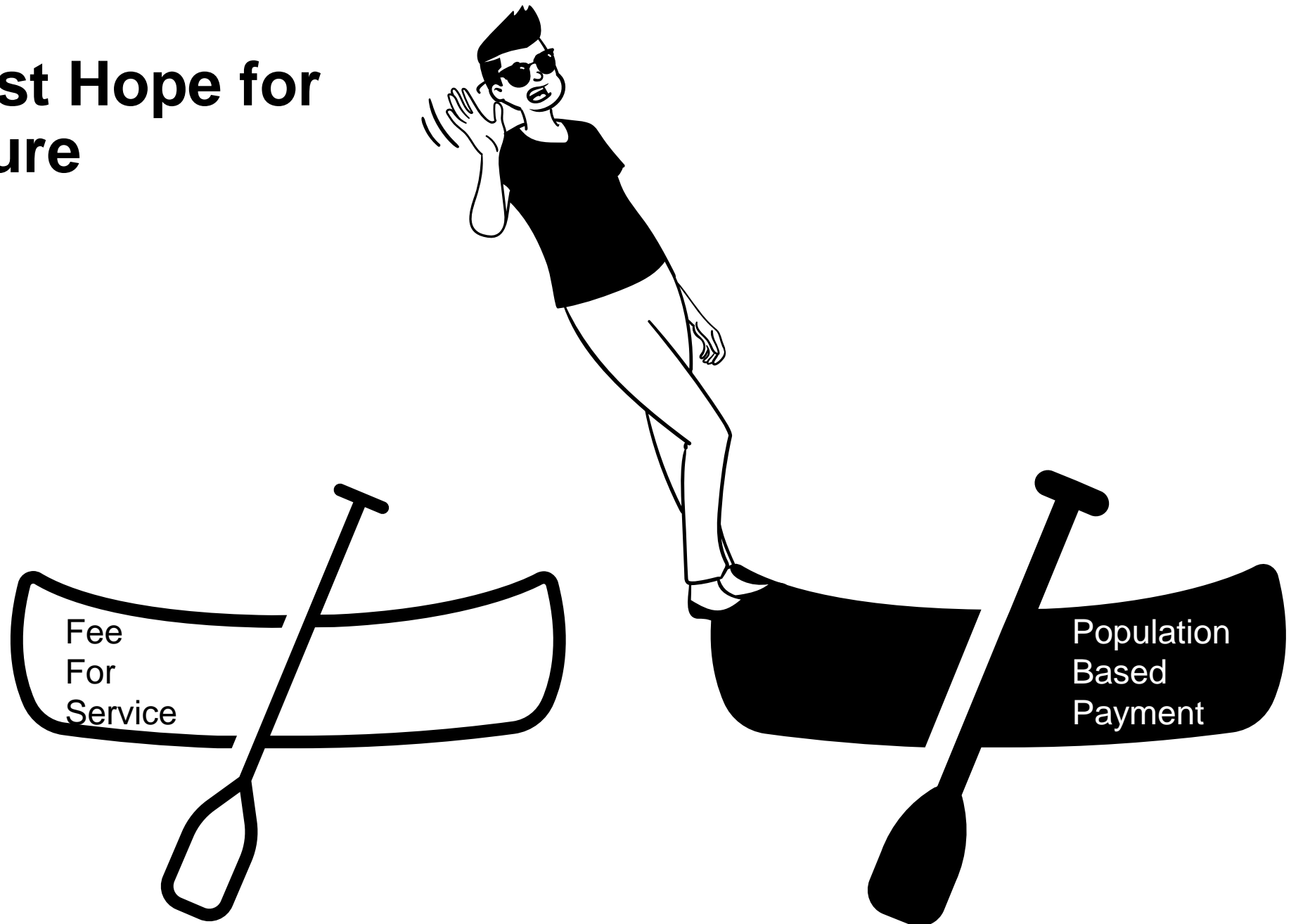
The requestor may fill out the below form and email it to medicaid.coverage.request@dhhs.nc.gov as a single file in PDF format with supporting documentation embedded within. Submissions will only be processed if all required information is completed.

Please check your Spam folder for any responses related to your submission, which will be sent from the medicaid.coverage.request@dhhs.nc.gov email address.

When submitting the Coverage Request form, please ensure your submission has sufficient evidence to support the request. NC Medicaid wants to ensure that we are providing the best evidence-based care for our beneficiaries, and there needs to be solid clinical evidence to support coverage of procedure(s), product(s) and/or service(s).

<https://medicaid.ncdhhs.gov/providers/forms/provider-stakeholder-request-coverage-form>

The Most Hope for the Future



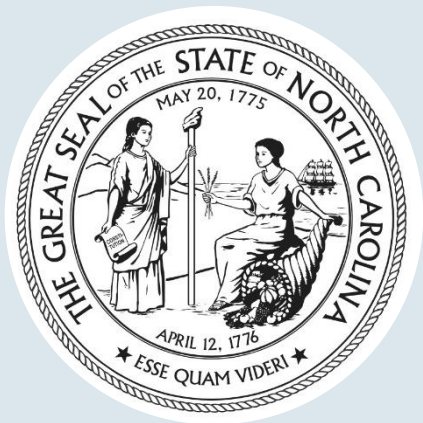
Amazing Unsung Heroes



Audience Response Question

In the future, the Medicaid updates you would most appreciate would be:

- A. Quality Performance
- B. Clinical Policy Changes
- C. Payment Changes and Financial Status
- D. Legislative Updates
- E. Managed Care Updates
- F. Evaluations and Outcomes
- G. Broader DHHS Priorities
- H. A Mix of All of the Above



Medicaid Expansion Update

Audience Response Question

Overall, how do you think Medicaid Expansion will affect your practice/health system?

- A. Positive
- B. Negative
- C. No change

Our strategic goals at NC DHHS

Get People Covered

- New applicants and existing beneficiaries who meet eligibility have coverage for full Medicaid benefits

Get People Care

- Eligible beneficiaries can successfully receive care
- Providers are prepared to provide services and receive payment

Collaborate with Partners

- County and community partners have the tools they need to share key information about expansion and help people get enrolled in coverage

Medicaid Expansion: Will provide health coverage to over 600,000 North Carolinians with low-income, providing the opportunity to build healthy lives and strengthening the state's economy.

Medicaid Expansion Updates

- As of today, **318,977 people** are enrolled in Medicaid health coverage due to Medicaid expansion.
 - Initial data appears to show that Medicaid applications in December 2023 were almost **double** the amount from December 2022. Counties report most applications are from **FFM and ePASS**.
- Our **paid media campaign** launched on January 15! Look for our digital and radio ads.
- NC is becoming an **FFM Determination state on 2/1/2024** – individuals who apply via the Federally Facilitated Marketplace (FFM) on HealthCare.gov can be determined eligible for Medicaid before being transferred to the state's eligibility system (NC FAST).
- **CMS is sending letters beginning 2/1/24** to individuals with Marketplace plans with income **between 100% and 150% FPL** notifying them they may qualify for Medicaid due to expansion.

Those eligible through expansion are North Carolinians with low-incomes. They represent the future of our state.

North Carolinians without health insurance and with low incomes:

- More than half are under 40
- Most are employed in industries crucial to the economy
- One-third are parents of children
- More than half are women
- Represent all races and ethnicities, with White non-Hispanics being a majority at 33.2%, Black non-Hispanics at 25.4%; Hispanics at 9.1%; and American Indian at 2.3%.

Medicaid Expansion FAQs

Who will be able to get health coverage through NC Medicaid?

Most people can get health care coverage through Medicaid if they meet the criteria below.

- You live in North Carolina
- Age 19 through 64
- You are a citizen. Some non-US citizens can get health coverage through NC Medicaid.
- And if your household income fits within the chart below

Household Size	Annual Income
Single Adults	\$20,120 or less
Family of 2	\$27,214 or less
Family of 3	\$34,307 or less
Family of 4	\$41,400 or less
Family of 5	\$48,493 or less
Family of 6	\$55,586 or less

Medicaid Expansion FAQs

Are non-US citizens eligible for health care coverage through NC Medicaid?

Some non-US citizens can get health coverage through Medicaid. To be eligible you must be:

- A person living in North Carolina
- A qualified non-citizen for at least five years
 - This means a person must wait five years after receiving “qualified” immigration status before they can get Medicaid.
 - There are exceptions. For example, refugees, asylees, or lawful permanent residents who used to be refugees or asylees don’t have to wait five years.

Non-citizens without documents who do not qualify for full health coverage under Medicaid may be able to get temporary coverage for emergency conditions that need to be treated in an emergency room.

Immigration Status and Eligibility for Medicaid Expansion:

<https://medicaid.ncdhhs.gov/questions-and-answers-about-medicaid-expansion>

Medicaid Expansion FAQs

Under the new and existing rules, how much will people pay in monthly premiums and copays?

You do not have to pay any monthly premiums. Medicaid pays the cost for most health care services. The highest copay is \$4 and that is only required for some services.

Service	Copay
Chiropractic visits	
Doctor visits	
Non-emergency and emergency department visits	
Optometrist and optical visits	\$4 per visit
Outpatient visits	
Podiatrist visits	
Dental Services	
Generic and brand prescriptions	\$4 per prescription

There are **no NC Medicaid copays** for:

- Beneficiaries under age 21
- Beneficiaries who get hospice care
- Beneficiaries enrolled in LTSS services
- Federally recognized tribal members or services from IHS facilities
- Beneficiaries who are pregnant including prenatal, childbirth and postpartum costs
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) or Family Planning beneficiaries
- People living in an institution who get coverage for cost of care
- Children/youth in foster care
- Innovations, TBI, CAP/C, CAP/DA waiver enrollees
- Behavioral health, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) services
- Prevention services and antiretroviral drugs

Paths to Enrollment

People can enroll now, even if they didn't qualify in the past

How to apply:



ePASS

epass.nc.gov



Paper application

ncgov.servicenow.com



**In person at your
local DSS office**

ncdhhs.gov/localDSS



Call DSS office

ncdhhs.gov/localDSS

Benefits of Using ePASS

ePASS is North Carolina's secure self-service website where you can apply for various benefits, including Medicaid.

Apply from ePASS using a computer or mobile device without having to visit or contact your local DSS.

Update Information Online: Create an enhanced account to report changes, updated your information, and upload documents online. More information on creating an enhanced account can be found here:

<https://medicaid.ncdhhs.gov/media/12236/download?attachment>

Providing all information upfront in ePASS can help eligible applicants get access to their benefits more quickly:

Applications that are complete require less follow up from a caseworker, which helps alleviate the overall workload and results in quicker processing overall.

Applications can be approved as quickly as one week using ePASS (as opposed to weeks to months)

Get Engaged

Help North Carolinians get health coverage through Medicaid.

- Go to [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov) and sign up for updates about Medicaid expansion, including new resources.
- Use the Medicaid expansion toolkit to share information with your networks and communities: [medicaid.ncdhhs.gov/north-carolina-expands-Medicaid](https://www.medicaid.ncdhhs.gov/north-carolina-expands-Medicaid).
- Give presentations to help people know if they may be eligible and what to do. The Medicaid expansion toolkit includes a Medicaid Essentials deck with talking points: [medicaid.ncdhhs.gov/medicaid-essentials](https://www.medicaid.ncdhhs.gov/medicaid-essentials).

Be on the lookout for more information about Medicaid Essentials training.

Medicaid Expansion Regional Trainings

The Medicaid Expansion Regional Trainings are a collaborative effort of **Care Share Health Alliance, the NC Community Health Center Association, and the NC Navigator Consortium**. They will be offered in 2 parts. Part 1 is offered in-person in Raleigh and virtually. Part 2 will be available in 6 locations across the state. **No previous experience with Medicaid is required! These trainings are free to attend.**

- **Part 1: Medicaid 101**
 - This training will be offered twice and will include the same content:
 - Medicaid 101 & Managed Care Structure
 - Immigrant Eligibility for Medicaid
 - How to Apply & Next Steps After Applying
 - NC Medicaid Ombudsman
 - Dental Coverage for Medicaid Beneficiaries
 - Locations:
 - In-person at the McKimmon Center in Raleigh, NC on January 31st, 2024
 - Virtually via Zoom on February 7th, 2024
 - Register for part 1 here: [Part 1 Registration Form](#)
- **Part 2: Medicaid Expansion Outreach, Education, and Enrollment**
 - This training will be offered 6 times, in-person, in locations across the state. Content at every session includes:
 - Progress & Roadblocks since Expansion Launch
 - Medicaid Expansion Workflows
 - Messaging Guidelines for Medicaid Expansion
 - Outreach Considerations for Special Populations
 - Application & Enrollment Considerations for Special Populations
 - Overview of Medicaid Expansion Tools
 - Locations:
 - February 1st in Raleigh
 - February 8th in Mooresville
 - February 13th in Greenville
 - February 21st in Winston-Salem
 - February 27th in Fayetteville
 - March 5th in Waynesville
 - Register for Part 2 here: [Part 2 Registration Form](#)

Medicaid Expansion Enrollment Dashboard

The North Carolina Department of Health and Human Services (NCDHHS) launched a [dashboard](#) to track monthly enrollment in NC Medicaid for people eligible through expansion.

The NC Medicaid Expansion Enrollment Dashboard offers a detailed overview of enrollment trends in newly eligible adults ages 19-64 who can now [apply](#) for full health care coverage.

On day one of expansion, nearly 273,000 people were enrolled and covered by Medicaid expansion, most of which were part of the family planning population who were automatically moved to full coverage. The platform provides a look at enrollee characteristics that include age, race, ethnicity and other demographics. Information on the percentage of eligible adults newly enrolled in NC Medicaid by county and type of health plan, as well as specifically within rural areas of the state, is also available.

The dashboard represents a snapshot of enrollments known at the beginning of each month and does not capture enrollments processed after the start of the month. This new dashboard for Medicaid expansion is in addition to the department's existing [NC Medicaid Enrollment dashboard](#).

For more information, visit the [NCDHHS press release](#).

NC Medicaid Expansion Enrollment Dashboard

Last Update on December 1, 2023
Updated Monthly

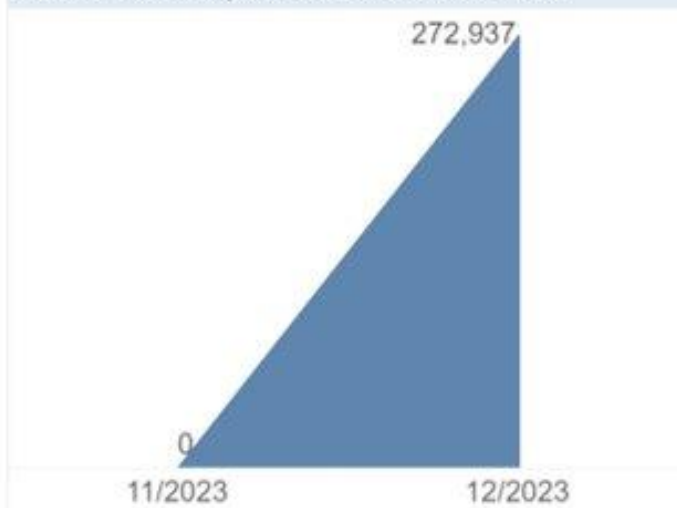
NC Medicaid Expansion Enrollment as of December 1, 2023: **272,937**

Note: Enrollments processed after December 1st are not reflected in this dashboard.

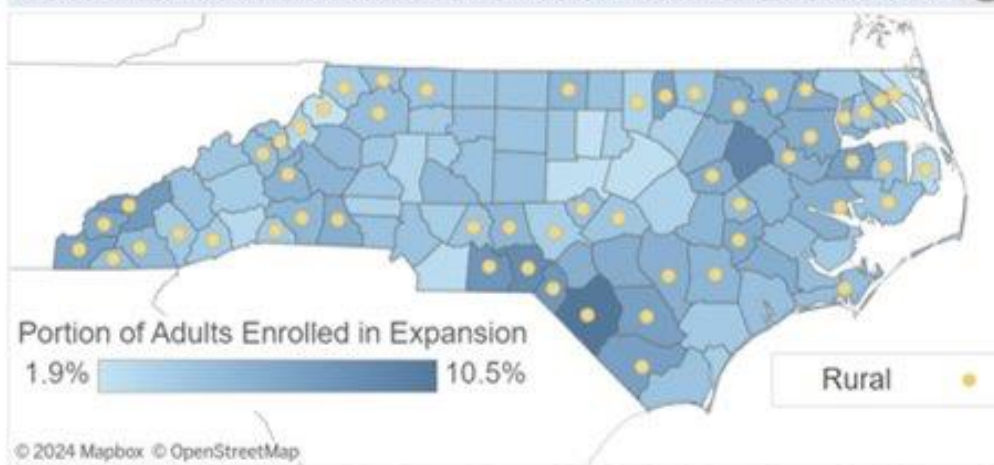
This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage. The charts can be viewed by health plan, demographics, and/or county by using the filters below. *Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.*

Health Plan	Age Group	Sex	Ethnicity	Race	Rurality	County
(All)	(All)	(All)	(All)	(All)	(All)	(All)

NC Medicaid Expansion Enrollment Trend

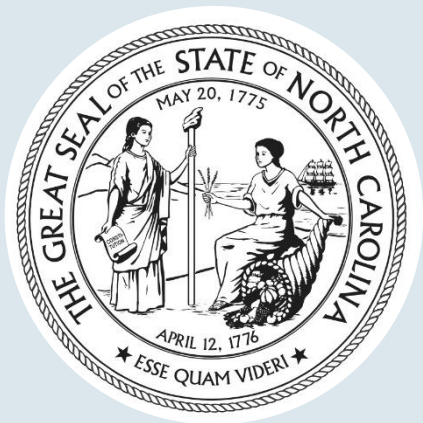


Portion of Adults (19-64) by County Enrolled in NC Medicaid Expansion



© 2024 Mapbox © OpenStreetMap
The OSBM determination of rural and urban is used for reporting. Fifty-four NC counties are classified as rural, and forty-six NC counties are classified as urban.
<https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/countystate>

<https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard>



Recent and Upcoming NC Medicaid Reports

Tele-Transformation in North Carolina

The North Carolina Department of Health and Human Services is pleased to share a policy evaluation brief, *Tele-Transformation in North Carolina: Telehealth Policy Lessons Learned During the COVID-19 Pandemic and Beyond* and companion chart pack

- [Tele-Transformation in North Carolina: Telehealth Policy Lessons Learned During the COVID-19 Pandemic and Beyond](#)
- [Tele-Transformation in North Carolina Supporting Charts](#)

Summary of Findings



Telehealth use increased dramatically during the COVID-19 pandemic and is now more integrated into the Medicaid delivery system compared to the pre-pandemic baseline. The extent of integration is evidenced by higher utilization levels that persist more than two years after the start of the pandemic.



Though all demographic groups increased use of telehealth during the COVID-19 pandemic, utilization rates are lower for older, Black, Hispanic and rural dwelling members. Utilization rates were higher for individuals with chronic conditions.



Disparities in telehealth offer rates and use persist over time for Black and Hispanic members relative to White members.



Telehealth may have helped members maintain access to needed behavioral health-related prescriptions and services as well as chronic disease care.



The vast majority of members reported high satisfaction with receiving services via telehealth and continued to utilize this modality when offered.

NC Medicaid Quality Fact Sheet Series

The document distill quality measure information for public use, providing readers insight into NC Medicaid's performance across select domains and initiatives aimed at improving performance.

- [Readers Guide on NC Medicaid Quality Fact Sheets](#)
- [Racial Disparities in Vaccination Fact Sheet](#)
- [Behavioral Health Services Fact Sheet](#)
- [Tobacco Use, Substance Use, and Substance Use Disorder Fact Sheet](#)

Fact Sheet

Racial Disparities in Vaccination

Introduction

By teaching your immune system how to fight infections quickly and efficiently, vaccinations are one of the most effective ways to prevent illness, disease, and death.¹ Although vaccinations are important for all, there are significant racial disparities in vaccination rates among NC Medicaid beneficiaries. At NC Medicaid, we are dedicated to reducing these disparities.

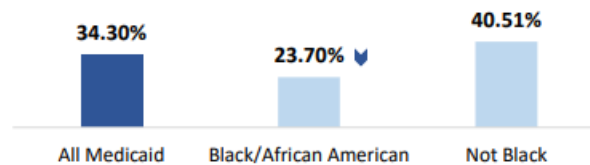
In this fact sheet, various sources were used to measure vaccination by race in the NC Medicaid population. As a result, race is classified differently depending on the source, with data drawn from quality measures* utilizing Black and Non-Black demographics and data drawn from survey measures utilizing White, Black, Multiracial, and Other.² Disparities in quality measures are identified by a relative difference of more than 10% between the group of interest (Black) and the reference group (Not Black), while disparities in survey measures are determined by tests that identify statistically significant differences between the White demographic and the Black, Multi-Racial, and Other race demographics. If you would like to learn more about how to read and interpret this fact sheet, [please click here](#).

*Quality measures are a set of data-driven measures, created and endorsed by external measure stewards (such as CMS or NCQA) as well as internal measures specific to the NC Medicaid population (developed by NC DHHS), that evaluate Medicaid beneficiaries' access to quality and effective healthcare services.

CHILDREN/ADOLESCENTS

Fewer Black children received the full set of recommended childhood immunizations (Combination 10) by their second birthday when compared to non-Black children (as seen in Figure 1). The Combination 10 includes vaccinations for DTaP, Polio, MMR, H. influenza type B, HepB, Chicken Pox, Pneumococcal, HepA, Rotavirus, and Flu.

Figure 1: 2021 Childhood Immunization Status (CIS) Combination 10 Rate



⚡ Indicates a disparity (a relative difference greater than or equal to 10%).

Fact Sheet Behavioral Health Services

Introduction

By providing members with mental health or substance use disorders care that promotes their mental health, wellbeing, and medical needs, behavioral health services are a crucial component of overall care. Behavioral health services can include therapeutic, rehabilitative, medical, and case management activities, and often involve family and other social supports.¹ At NC Medicaid, we are committed to providing high quality behavioral health care. This fact sheet provides a broad look into how NC Medicaid beneficiaries are receiving behavioral health services.

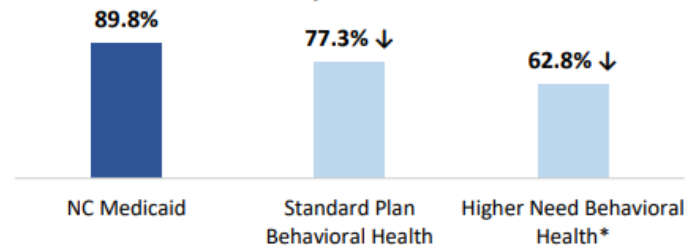
If you would like to learn more about how to read and interpret this fact sheet, [please click here](#).

CHILDREN AND ADOLESCENTS

As seen in Figure 1, while most caregivers of children in the NC Medicaid Program rated their child's mental or emotional health status positively, caregivers of children with behavioral health needs rated it positively less often.

Further, children with the highest behavioral health needs reported the lowest rate of positive mental or emotional health.

Figure 1: Percentage of Child CAHPS Respondents Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good in 2022



*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.

Fact Sheet

Tobacco Use, Substance Use, and Substance Use Disorder (SUD)

Introduction

Substance use disorder (SUD) and substance dependency is a national health crisis. In 2020, 40.3 million Americans ages 12+, who encompass roughly 14.5% of the US population, were identified as having a SUD.¹ SUD is a condition in which individuals have an uncontrolled use of substances (like tobacco, alcohol, or illicit drugs) that hinders their ability to engage in functions of daily living.² NC Medicaid is committed to providing the best health care to beneficiaries that are impacted by substance use and SUD.

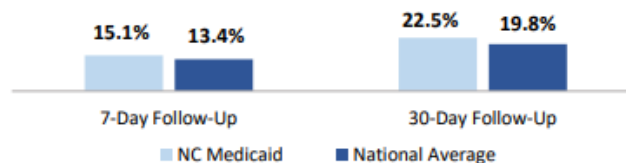
In this fact sheet, multiple dimensions of how people are experiencing SUD and engaging with SUD treatment are discussed. If you would like to learn more about how to read and interpret this fact sheet, [please click here](#).

CARE FOR MEMBERS WITH SUD

Follow-up care for individuals with SUD is associated with a decrease in substance use, and future emergency department visits and hospital admissions due to SUD.^{3,4,5} As seen in Figure 1, NC Medicaid enrollees, ages 13+, who visited the emergency department for substance use received follow-up at both the 7- and 30-day follow-up points at higher rates compared to the national average.

While NC outperforms the national average, both the NC Medicaid and national average rates indicate a need for better follow-up care for those with SUD.

Figure 1: 2021 Follow-Up After Emergency Department Visit for Substance Use (Ages 13+)



Treatment for SUD should be individualized but may include detoxification, cognitive and behavioral therapies, and medication-assisted therapies.⁶ These treatments can be delivered in both outpatient

Coming Soon: Provider Experience Survey Results






This is the third year fielding the Provider Experience Survey to PCP and OB/GYN practices.

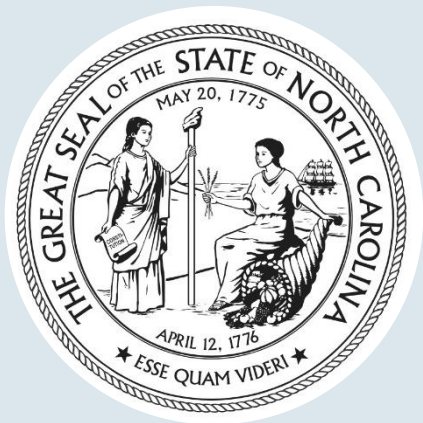
- Results reflect 346 responses of providers or practice managers, $\frac{3}{4}$ of which are part of independent practices.
- Items are grouped into administrative and clinical domains.

Provider relations overall
Timeliness to answer questions and/or resolve problems
Timeliness of claims processing
Process for managing prior authorizations
Adequacy of reimbursement to provide the care needed for Medicaid patients
Access to medical specialists for Medicaid patients
Access to behavioral health prescribers for Medicaid patients
Access to behavioral health therapists for Medicaid patients
Access to needed drugs for Medicaid patients (formulary)
Care/Case management for patients
Customer/Member support services for patients
Support for addressing social determinants of health
Data sharing for quality and care management (timeliness and accuracy)

Coming Soon: Standard Plan Report Cards

Card compares plans to one another, rather than national standards. Card will include a Companion Guide intended for use by members and their families, the primary audience for this information.

Rating	Plan Performance Compared to Statewide Average	
	Highest Performance	The plan's performance was 1.96 standard deviations or more above the North Carolina SP average.
	High Performance	The plan's performance was between 1 and 1.96 standard deviations above the North Carolina SP average.
	Average Performance	The plan's performance was average compared to all North Carolina SP average.
	Low Performance	The plan's performance was between 1 and 1.96 standard deviations below the North Carolina SP average.
	Lowest Performance	The plan's performance was 1.96 standard deviations or more below the North Carolina Medicaid SP average.



AMH Evolution and VBP

The Advanced Medical Home Model

The AMH model supports the Department's vision of building an innovative, whole-person system of care that addresses both medical and non-medical drivers of health through a primary care medical home and care management model.

Goals for the Advanced Medical Home included:

- Maintaining the strengths of North Carolina's existing medical home and care management infrastructure in the managed care environment
- Promoting delivery of care management in the community
- Delivering appropriate and timely health care
- Managing population health through connections with needed medical and non-medical resources

Advanced Medical Home Expectations

All AMHs meet medical home requirements, such as:*

- Primary care, preventive, and care coordination services (referrals, 24/7 coverage)
- 30 hours of direct patient care per week and
- Provide a unified medical record
- Arrange referrals for medically necessary healthcare services

AMHs may choose to serve as an AMH Tier 3. An additional member-based payment is provided to support Tier 3 providers with the care management requirements which include:*

- Risk stratification
- Comprehensive assessments for priority populations
- Care management for high need patients, including care plans
- Transitional care management, including medication management, for members at risk of readmission or poor outcomes
- Ability to receive and report data while meeting state security standards.

Practices attest to meeting these requirements to be a Tier 3 practice. Some or all of these requirements may be met on the practice's behalf by a CIN/Other Partner.

* For a more detailed list of requirements, review the [AMH Provider Manual](#), [download \(ncdhhs.gov\)](#)

Strengths, Opportunities, and Gaps in NC Medicaid's AMH Tier 3 Program

Strengths

- Strong member engagement and access to primary care
- Significant investments in local care management to support and extend primary care team services
- Model alignment across a discrete set of quality metrics

Opportunities

- Strong market interest in utilizing care management to further improve member outcomes and experience
- Desire to examine existing care management services alignment to the Tier 3 model design
- AMH incentives lay foundation for PHPs on VBP approaches, and a review could examine if they have strength to drive consistent improvement

Gaps

- Assignment, attribution, and accreditation issues create challenges for PHPs and providers
- Integrity of shared data needs improvement
- Complexity and administrative burden for providers

Goals for Next Stage of Primary Care Reforms in the AMH Program

The next stage of primary care reforms in the AMH program is examining fidelity to the model design and developing strategies to address gaps in the system and leverage opportunities to further improve the health of North Carolinians through this unique care management program.

Goals for Primary Care Reforms in the AMH Program:



Improve quality outcomes and reduce disparities



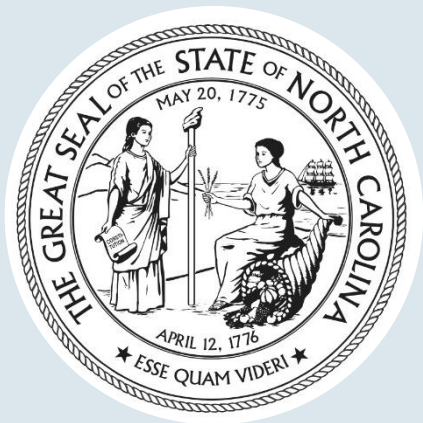
Maintain strong access to primary care and member engagement



Further integrate health-related resource needs in primary care



Increase provider flexibility and lower administrative burden



LME/MCO Consolidation Update

LME/MCO Consolidation (Overview)

Guiding Principles

1. What is best for the people we serve and for the providers who deliver services?
2. What will promote the value of whole-person care and move us to tailored plans faster?
3. What will reduce complexity, create less disruption, and make things easier for everyone involved?

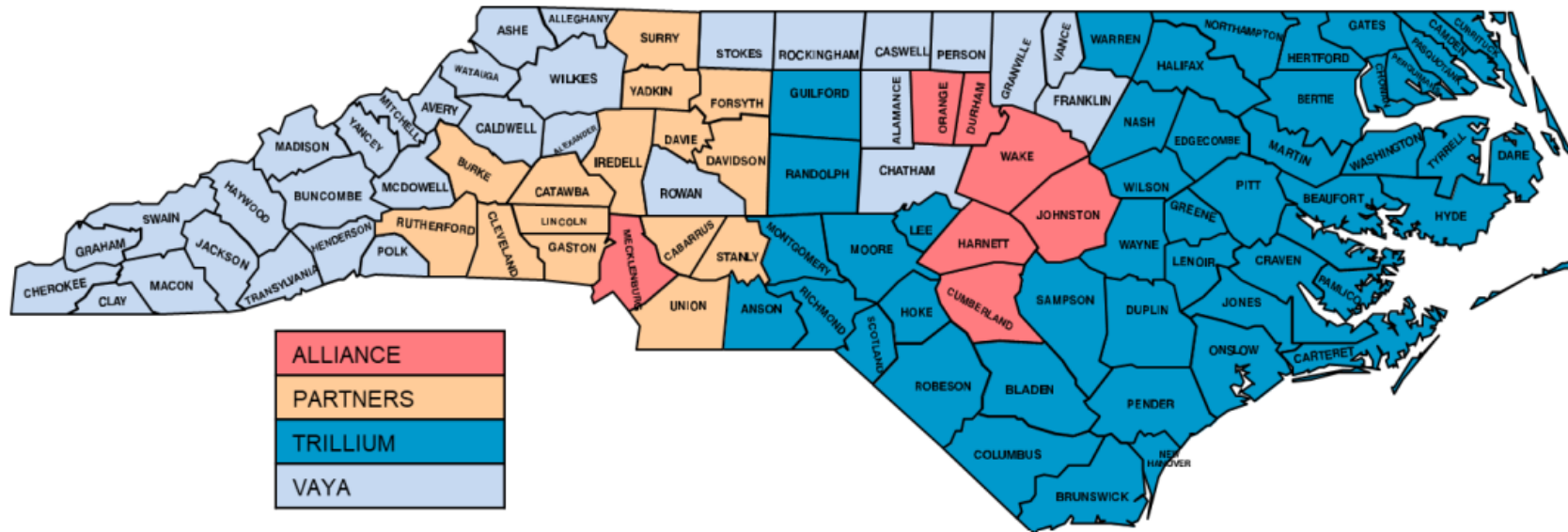
Secretary's Directive (11/1)

- Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center catchment area aligned to Eastpointe except as follows: Davidson counties will align with Partners Health Management; Harnett County will align with Alliance Health; and Rockingham County will align with Vaya Health.
- Eastpointe shall consolidate with Trillium Health Resources. DHHS has approved the consolidation agreement between the 2 entities.
- Consolidation is effective on 2/1/2024.

DHHS has released FAQs on consolidation for [providers](#) and [beneficiaries](#)

LME/MCO Consolidation County Realignment

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



LME/MCO	Resulting LME/MCO County Alignment*
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

*Bold Counties will be realigned as part of LME/MCO consolidation effective on Feb. 1, 2024

LME/MCO Consolidation Milestones & Status

Key Milestone	Dates	Status
County and Member LME/MCO Reassignment in DHHS and LME/MCO systems	12/18/2023 - 1/6/2024	Complete
PIHP Welcome Packets Mailing	1/8/2024 – 1/18/2024	In Progress
Enrollment Broker LME/MCO Assignment Letter Mailing	1/8/2024 – 1/20/2024	In Progress
Plan-Based TCM Reassignment	1/10/2024 – 1/17/2024	In Progress
Warm Handoff Process for High Needs Members	1/15/2024 – 2/9/2024	In Progress
Consolidation Go-Live	2/1/2024	Pending
LME/MCO Consolidation Flexibilities	2/1/2024 - 5/31/2024	Pending
TCM Provider Contracting & Panel Submission Deadline	4/30/2024	Pending
Provider-Based TCM Reassignment from OON TCM Providers	5/15/2024 – 5/22/2024	Pending
TCM Inserts Mailed to Members that Are Reassigned for OON TCM Providers	5/23/2024 – 5/30/2024	Pending

LME/MCO Consolidation Policy Flexibilities

The Department is enacting Policy Flexibilities supporting Transition of Care (TOC) and Tailored Care Management (TCM) due to PIHP consolidation for a duration of 120 days beginning on 2/1/24.

Policy Flexibilities relaxing prior authorization (PA) requirements for Behavioral Health and I/DD Services

- The goal of this flexibility is to alleviate the burden to providers during the transition period. The Department and other vendors will send PAs to PIHPs, but PIHPs must also implement other flexibilities to support providers during the transition.
- Each LME/MCO submitted a Consolidation Plan to the Department for approval detailing how they plan to enact PA flexibilities for Members.
- PIHPs can implement flexibilities in a variety of ways, including:
 - Allow for retroactive PA (at no penalty to the provider and or member).
 - Waive PA for specific services and allow retroactive services.
 - Note: For inpatient hospitalizations, PIHPs can still allow for concurrent review.

Policy Flexibilities Supporting Tailored Care Management (TCM):

- Members will be able to continue to see their current Tailored Care Management provider, regardless of contracting status with their new LME/MCO, for the TOC period (120 days beginning 2/1/2024).
- Members that are assigned to a provider-based TCM entity will not be reassigned as long as their current TCM provider completes a contract with the member's new LME/MCO by the contracting deadline of 4/30/2024



Do you know...

Who's Who on the Medicaid Medical Leadership team?



QUESTIONS?