

# Back Porch Chat: Tailored Plan 101 Ready, Set, Launch! Series

June 16, 2022

## RCC (Relay Conference Captioning)

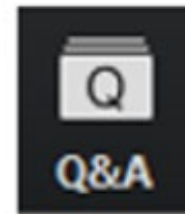
Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=5146941&CustomerID=290>



# Logistics for Today's Webinar

Question during the live webinar



**Technical assistance**

[technicalassistanceCOVID19@gmail.com](mailto:technicalassistanceCOVID19@gmail.com)

# AGENDA

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# Tailored Plans: How We Got To Today



# Transformation Seeks to Integrate Physical & Behavioral Health

Under managed care transformation, both BH I/DD Tailored Plans and Standard Plans are integrated managed care plans that will cover physical health, behavioral health, and pharmacy services for most Medicaid and NC Health Choice enrollees

## Behavioral Health Benefits

1. Both Standard Plans and BH I/DD Tailored Plans **will offer a robust set of behavioral health benefits** including:
  - Pharmacy Services
  - Outpatient & inpatient behavioral health services
  - Crisis Services
  - Withdrawal management services
2. Certain higher-intensity behavioral health, I/DD, and TBI benefits , will **only** be offered under BH I/DD Tailored Plans (or LME-MCOs prior to BH IDD Tailored Plan launch). These services are:
  - Subset of the enhanced and most of the residential BH services
  - Innovations Waiver
  - TBI Waiver
  - 1915(i) Services
  - State-funded Services

### *Why Integrate?*

Currently, behavioral health benefits are administered through LME-MCOs, while physical health benefits are administered separately through Medicaid fee-for-service.

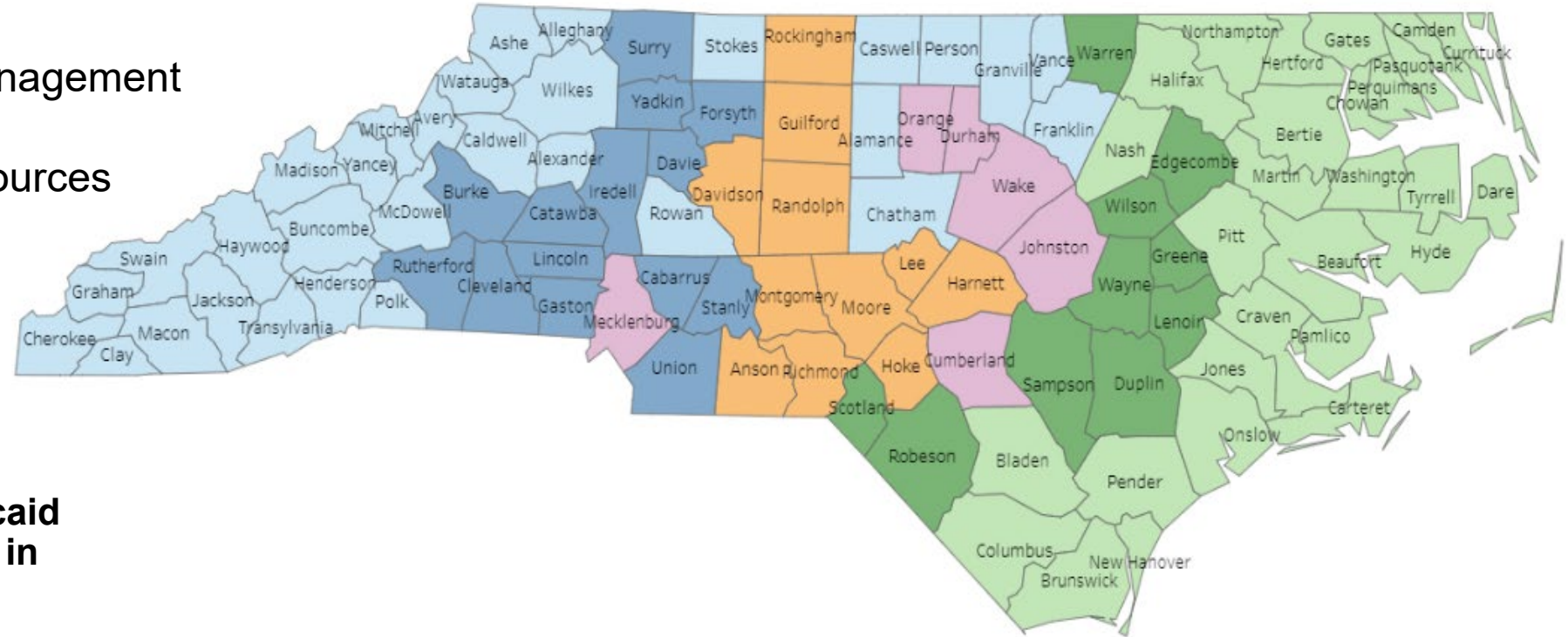
Integrating behavioral and physical health benefits will enable plans, care managers, and providers to deliver **coordinated, whole-person care**.

# Which Health Plans Will Provide BH I/DD Tailored Plans Services?

There are 6 Tailored Plans:

- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

*This map shows Tailored Plan service areas as of 2/1/22*



Approximately **177,000** Medicaid beneficiaries will be enrolled in Tailored Plans.

# Medicaid Enrollment Numbers Today



■ Standard Plan ■ Tailored Plan ■ Medicaid Direct

**NC Medicaid Enrollment Dashboard:** <https://medicaid.ncdhhs.gov/reports/dashboards>

# Medicaid Enrollment Options

Year 1 (Started July 2021)			Year 2 (Starts Dec 1 2022)	TBD
Standard Plan	EBCI Tribal Option	NC Medicaid Direct	Behavioral Health I/DD Tailored Plan	Children and Families Specialty Plan
<p><b>Standard Plans</b> provide integrated physical health, behavioral health, pharmacy, and long-term services and support to most Medicaid beneficiaries, as well as programs and services that address other unmet health related resource needs.</p>	<p><b>The Eastern Band of Cherokee Indians (EBCI) Tribal Option</b> is available to federally recognized tribal members and their families IHS eligible beneficiaries for primary care case management and will be managed by the Cherokee Indian Hospital Authority (CIHA).</p>	<p><b>NC Medicaid Direct</b> provides Medicaid and NCHC benefits through fee-for service (NCTracks), the LME/MCOs (behavioral health/SUD/I/DD and TBI services) and CCNC (primary care case management services for the Delayed, Excluded, and Exempt Populations).</p>	<p><b>Behavioral Health I/DD Tailored Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant mental health and substance use disorders, I/DDs and traumatic brain injury (TBI Waiver), on the Innovations Waiver, as well as people using state-funded services.</b></p>	<p><b>Foster Care Plan</b> will provide the same services as Standard Plans, as well as enhanced behavioral health services and specialized care management services that aim to address many of the challenges children/youth in the child welfare system face today in receiving seamless, integrated and coordinated health care.</p>



# How are Tailored Plans Different than LME-MCOs?

The transition of NC Medicaid and NC Health Choice Programs from predominantly fee-for-service to Managed Care will drive continued access and improve delivery of care.

Area	Current State LME-MCO Model	Future State Tailored Plan Model*
Scope	<b>Behavioral Health Model</b> – Behavioral Health, I/DD, and TBI	<b>Integrated Model:</b> Physical Health, Behavioral Health, I/DD, TBI, Pharmacy, and LTSS
Entity	Prepaid Inpatient Health Plan	Prepaid Health Plan
Covered Populations	State-Funded Recipients** and NC Medicaid Direct Beneficiaries with full benefits.  Excluding: Ages 0-3, Refugees, Health Choice, and Legal Aliens.	Serious mental illness, serious emotional disturbance, severe substance use disorder, intellectual/developmental disability or traumatic brain injury may be eligible to enroll in a Behavioral Health I/DD Tailored Plan
CMS Authority/Waiver Type	1915(b)(c)	1115
Care Management Model	Care Coordination	Tailored Care Management
Contract Type	Two contracts (DHB and DMH)	Single contract
Contract Oversight approach	DHB contract managed within BH unit by LME/MCO specific contract managers	Matrix approach with TP staff engaging with DHB/DMH equivalent SMEs. TP Plan Oversight team coordinates contract amendments, leadership escalations and issue resolution.

\*Beneficiaries who remain in Medicaid Direct will continue to have BH services through the LME/MCO model.

\*\*For recipients who only receive state-funded services, SFS does not include physical health and pharmacy services.

# Overview on Eligibility for Tailored Plans

## Overall Eligibility

- State law\* outlines **who is eligible** to enroll in a Tailored Plan.
- Beneficiaries who need certain services to address needs for an
  - **intellectual/developmental disability (I/DD),**
  - **traumatic brain injury (TBI),**
  - **serious mental illness,**
  - **serious emotional disturbance,**
  - **or severe substance use disorder (SUD)**may be eligible to enroll in a Tailored Plan.
- **Tailored Plan eligibility criteria is identified via data review:**
  - The Department will conduct reviews regularly to identify eligible beneficiaries.
  - Beneficiaries will also be able to self-identify via a “Raise your Hand” process, allowing the Department to scrutinize their file and evaluate needs.

## BH I/DD Tailored Plan E&E Paper

In July 2019, North Carolina’s Department of Health and Human Services released the Behavioral Health and Intellectual/Developmental Disability (BH I/DD) **Tailored Plan Eligibility and Enrollment (E&E) Final Policy Guidance.**

Today’s webinar reviews key concepts in the paper.  
The full paper can be found [here](#).

\* N.C. Gen. Stat. § 108D-40(a)(12) describes who is eligible for BH I/DD Tailored Plans

# Comparing Plan BH/IDD/TBI Benefits\*

Available In <u>Both</u> SPs and BH I/DD Tailored Plans	Available <u>Only</u> in BH I/DD TPs (or LME-MCOs Prior To Launch)
<p><b>State Plan Services</b></p> <ul style="list-style-type: none"> <li>• Inpatient behavioral health services</li> <li>• Outpatient behavioral health emergency room services</li> <li>• Outpatient behavioral health services provided by direct-enrolled providers</li> <li>• Psychological services in health departments and school-based health centers sponsored by health departments</li> <li>• Peer supports</li> <li>• Research-based intensive BH treatment for Autism Spectrum Disorder</li> <li>• Diagnostic assessment</li> <li>• EPSDT</li> <li>• <i>Partial hospitalization</i></li> <li>• <i>Mobile crisis management</i></li> <li>• <i>Facility-based crisis services for children and adolescents</i></li> <li>• <i>Professional treatment services in facility-based crisis program</i></li> <li>• <i>Outpatient opioid treatment</i></li> <li>• <i>Ambulatory detoxification</i></li> <li>• <i>Non-hospital medical detoxification</i></li> <li>• <i>Medically supervised detoxification crisis stabilization</i></li> </ul>	<p><b>State Plan Services</b></p> <ul style="list-style-type: none"> <li>• Residential treatment facility services</li> <li>• Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)</li> <li>• <i>Child and adolescent day treatment services</i></li> <li>• <i>Intensive in-home services</i></li> <li>• <i>Multi-systemic therapy services</i></li> <li>• <i>Psychiatric residential treatment facilities (PRTFs)</i></li> <li>• <i>Assertive community treatment (ACT)</i></li> <li>• <i>Community support team (CST)</i></li> <li>• <i>Psychosocial rehabilitation</i></li> <li>• <i>Substance abuse non-medical community residential treatment</i></li> <li>• <i>Substance abuse medically monitored residential treatment</i></li> <li>• <i>Substance abuse intensive outpatient program (SAIOP)</i></li> <li>• <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i></li> </ul> <p><b>Waiver Services</b></p> <ul style="list-style-type: none"> <li>• Innovations waiver services</li> <li>• TBI waiver services</li> <li>• 1915(i) services</li> </ul> <p><b>State-Funded behavioral health, I/DD and TBI Services</b></p>

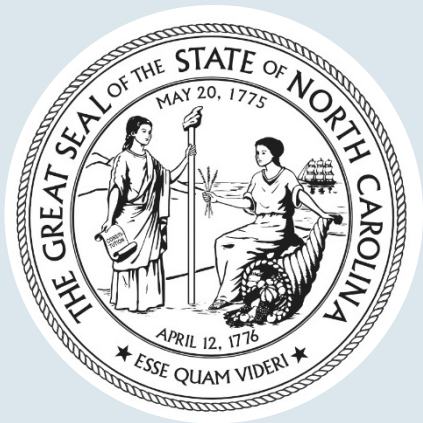
\*Enhanced Behavioral Health Services are Italicized. Request to Move Form can be found [here](#). Please review [Oct 21, 2021, Fireside chat](#) for additional information on RTM process.

# Key Tailored Plan Key Dates June 2022 and onwards

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	<p><b>6/15</b> Outreach to Members Begins</p> <p>Tailored Plan and Enrollment Broker Public Websites Go Live</p> <p>Enrollment Broker Provider Directory Goes Live</p> <p>Tailored Plan Member Service Lines Go Live</p>		<p><b>8/15</b> Tailored Plan Auto Enrollment &amp; Choice Period Begins</p>	<p><b>Member Choice Period</b> 8/15 – 10/15</p>		<p><b>10/17 – 10/21</b> PCP &amp; TCM Auto Assignment Occurs</p>	<p><b>11/1</b> Tailored Plan Nurse &amp; Behavioral Health Crisis Lines Go Live</p>	<p><b>12/1</b> BH/IDD Tailored Plan Managed Care Launch</p>
			<p><b>8/22-24</b> Enrollment Broker sends Enrollment Packets</p>	<p><b>9/19</b> Enrollment Broker sends PCP reminder notice</p>		<p><b>By 11/5</b> Tailored Plans send Welcome Packets</p>		



You Are Here



## What Beneficiaries Need to Know

# Auto-Enrolled vs. Opt-In Populations

Certain beneficiaries who meet Tailored Plan enrollment criteria will be auto-enrolled in Tailored Plans on **8/15/22**. Other beneficiaries who meet Tailored Plan enrollment criteria will not be auto-enrolled but can enroll **during the choice period (8/15/22 – 10/14/22)**.

Auto-enrolled Population Examples	Opt-in Population Examples
<ul style="list-style-type: none"><li>• Innovations Waiver participants (including duals)</li><li>• TBI Waiver participants (including duals)</li><li>• People who need certain services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)</li></ul>	<ul style="list-style-type: none"><li>• Federally recognized tribal members</li><li>• Individuals who qualify for services through Indian Health Service (IHS)</li></ul>

In both scenarios, beneficiaries will receive an Enrollment Packet in the mail.

# Tailored Plan Enrollment Packet

Enrollment Packets will begin mailing August 22, 2022.

- Transition Notice
  - Explains Tailored Plan and the options available to the beneficiary
  - Includes information about how to choose a primary care provider (PCP) and Tailored Care Management provider
- Disenrollment Rights Notice
  - Explains how the beneficiary can leave their Tailored Plan
- Health Care Option Guide
  - Includes the health care options based on the choices available to the beneficiary
  - Highlights the top 10 added services for each health care option
  - Includes phone number, website, and sample ID card for each health care option
- Enrollment Form
  - Allows beneficiaries to choose or change their health care option and PCP

Sample beneficiary notices can be found on the [County Playbook](#). Notices can also be found in the Provider Playbook: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care/beneficiary-materials>

# Tailored Plan Transition Notice

Transition notices are specific to the beneficiary.

Auto-Enrollment Transition Notice		Opt-In Transition Notice
Tailored Plan	Tailored Plan & Standard Plan	Tribal/IHS Tailored Plan
<ul style="list-style-type: none"> <li>• Tailored Plan description and services</li> <li>• Tailored Plan auto-enrollment and start date</li> <li>• How to choose a PCP</li> <li>• How to ask to leave the Tailored Plan</li> <li>• NC Medicaid Ombudsman</li> </ul>	<ul style="list-style-type: none"> <li>• Tailored Plan description and services</li> <li>• Tailored Plan auto-enrollment and start date</li> <li>• How to choose a PCP</li> <li>• How to choose a Standard Plan</li> <li>• NC Medicaid Ombudsman</li> </ul>	<ul style="list-style-type: none"> <li>• Tailored Plan description and services</li> <li>• Stay in current health plan</li> <li>• How to choose the Tailored Plan</li> <li>• NC Medicaid Ombudsman</li> </ul>



# NC Medicaid Enrollment Broker – Roles & Services

Choice Counseling

Outreach and  
Education

Communications &  
Notices

Enrollment  
Assistance

Website and Mobile  
Application

County DSS  
Support

# NC Medicaid Enrollment Broker – Contact

Beneficiaries can contact the NC Medicaid Enrollment Broker in various ways.



## ONLINE

Online at  
[ncmedicaidplans.gov](http://ncmedicaidplans.gov)  
Chat feature is also  
available



## MOBILE APP

Available on Android or  
iPhone

To get the free app,  
beneficiaries should  
search for NC Medicaid  
Managed Care in Google  
Play or the App Store



## CALL

1-833-870-5500  
(TTY: 711 or  
RelayNC.com)

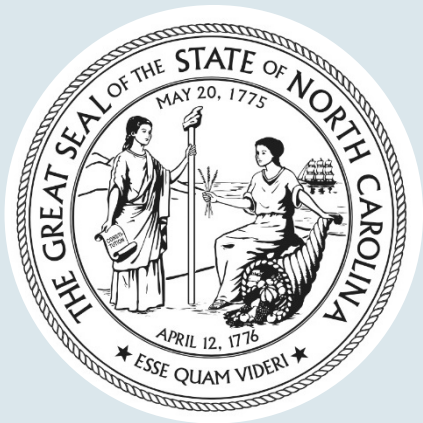
The call is toll free



## MAIL

NC Medicaid  
Enrollment Broker:  
P.O. Box 613  
Morrisville, NC 27560

Fax: 1-833-898-9655



# Primary Care and Tailored Care Management (TCM) Overview

# Primary Care in Tailored Plans

## Vision for Primary Care in Managed Care

*Preserve broad access to primary care services for Medicaid enrollees and strengthen the role of care management, care coordination, and quality improvement as the state transitions to managed care*

- All Tailored Plan members can choose or will be assigned to a Primary Care Provider/Advanced Medical Home
- In Tailored Plans, **ONLY Advanced Medical Home +s** will provide ‘**Tailored Care Management.**’ AMH 3s will not provider care management or receive care management fees.
- Advanced Medical Homes 1, 2, 3 will still receive medical home fees (\$2.50/\$5.00) for TP members

# Beneficiary Choice & Auto Assignment Period for PCP/AMH

**Beneficiary choice period is Aug. 15, 2022- Oct. 14, 2022.**

- **The contracting deadline for PCPs/AMHs is July 15, 2022 for inclusion in the initial beneficiary choice period.**
- **If contracting does not occur by July 15, 2022, providers will still appear in future directories for member choice.**
- After beneficiary choice period closes, beneficiaries who have not chosen a PCP/AMH provider will be automatically assigned one around October 15.
- PCPs/AMHs will still be assigned patients as long as they meet contracting deadlines for Auto Assignment
- **PCP/AMH Contracting Deadline for Providers is Sept. 15, 2022** for inclusion in auto-assignment for 12/1 launch.

# Managing PCP/AMH Patient Panels Before TP Launch

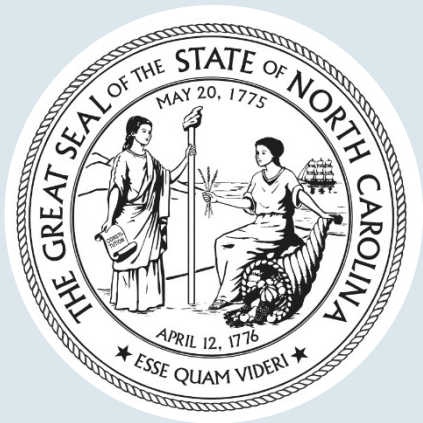
- Current Process
  - **PROVIDERS:** Carolina Access II practices agree to have Medicaid members assigned to their practice
  - **MEMBERS:** Choose a PCP at DSS during Medicaid enrollment OR auto assigned to a practice
- Panel Updates
  - All PCPs/AMHs can look up their patient panels (Medicaid Direct & Managed Care) in NCTracks portal
- Members can call DSS to ask for a change in primary care if:
  - They are seeing you but assigned to another PCP
  - They are assigned to you but seeing another PCP
  - The member wants to change for any reason
- **DHHS is doing some PCP panel clean-up (i.e. removing adults from Pediatric practices, reassigning members to 'best fit' PCP)**

# What is Tailored Care Management (TCM)?

All Tailored Plan eligible members will be assigned to a care management entity. The Entity will be a Care Management Agency (CMA), Advanced Medical Home + (AMH+) or the Tailored Plan

## The Tailored Care Manager will:

- **Coordinate a full set of services** addressing all the member's needs including physical health, behavioral health, TBI, I/DD-related needs, and unmet health-related resource needs.
- **Provide complete, person-centered planning.**
- **Convene a care team** and will coordinate with the members other providers, including their Primary Care Provider/Advanced Medical Home
- **Use data** to ensure providers and plans have the necessary information to provide high quality care.



## What Providers Can Do Now



# Tailored Plan-Standard Plan Partnering

Tailored Plans are partnering with a Standard Plan to provide an integrated plan with behavioral health and physical health services.

<u>Tailored Plan</u>	<u>Standard Plan Partner*</u>	<u>Leveraging Standard Plan Partner's PH Network</u>
Alliance	WellCare Health Plan	Not at this time
Eastpointe	WellCare Health Plan	Yes, at least partially
Partners	Carolina Complete Health	Yes, at least partially
Sandhills	AmeriHealth Caritas of NC	Yes, at least partially
Trillium	Carolina Complete Health	Yes, at least partially
Vaya	WellCare Health Plan	Not at this time

More information on the Tailored Plan-Standard Plan partnering can be found in the [Contracting with Tailored Plans fact sheet](#)

\*Tailored Plans are leveraging their Standard Plan partner for a variety of different functions and additional details can be found [here](#) in the *Contracting with Tailored Plans* Fact Sheet.

# Provider Contracting

## **Are Providers Required to Contract with All Tailored Plans?**

- Not required, but providers are encouraged to contract with each Tailored Plans (or the Tailored Plan's Standard Plan partner) in their service area to ensure member continuity and access.
- Providers may contract with as many or as few plans as they desire

## **Do Providers Need to Contract With Tailored Plans if They Are Already Contracted with the Standard Plan Partner?**

- A provider wishing to participate in the Tailored Plan network should contact the Tailored Plan to discuss how the provider may participate in the 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 may have an option to add the Tailored Plan program network to its existing provider participation agreement with the Standard Plan partner via an amendment
  - In this case the provider does not need a new, separate contract.

# Provider Contracting

## What are a Tailored Plan's Contracting Responsibilities With Providers?

- Must negotiate in good faith with any willing physical health services provider or pharmacy services provider
- May only exclude qualified physical health services or pharmacy services providers from their physical health network if, after a good faith contracting effort, the provider refuses the network rates
  - This applies to a Standard Plan partner whose PH network is leveraged under the partnership and to subcontractors/vendors for PH services/networks
- Tailored Plans have authority to maintain a closed network for their behavioral health service providers and may exclude such providers from the BH, I/DD or TBI networks.

## Will Tailored Plans utilize subcontractors or vendors for contracting?

- In some cases, yes. Tailored Plans (or their Standard Plan partners) may use subcontractors/vendors for some network administration
  - Most frequently this includes a Pharmacy Benefit Manager for the pharmacy network, a Vision Network Vendor for vision network, or a broker for Non-emergency Medical Transportation network.
  - If a health plan has received approval from the Department to have such a subcontractor/vendor arrangement, then providers of those types wishing to participate in the Tailored Plan's network will need to contract with the subcontractor/vendor.

# Provider Contracting

## **Why is it important to contract with health plans in advance of the enrollment events?**

- Providers who contract early and prior to launch will likely find the transition smoother for themselves and their patients
- Providers who contract will avoid the risk of being reimbursed at 90% of the current Medicaid fee for service rate as an out-of-network provider

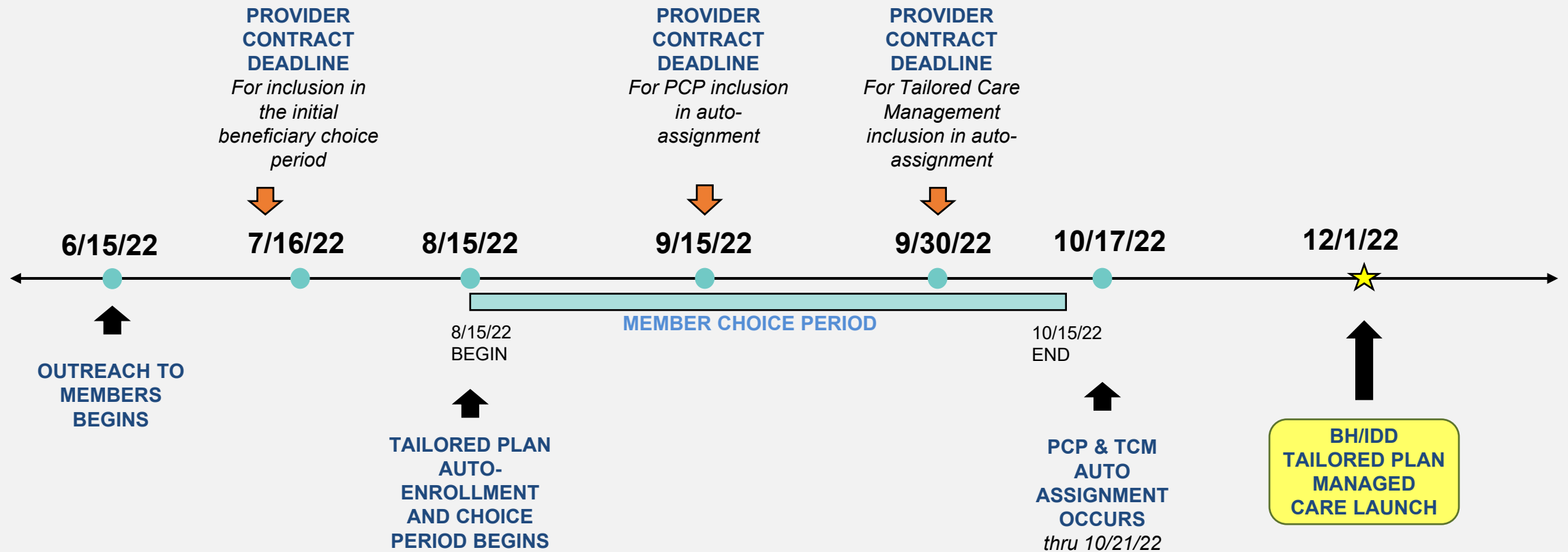
## **Why is it important as a PCP to contract with health plans in advance of these events?**

- PCPs/AMH who do not contract with health plans by the deadlines for open enrollment or by auto-assignment:
  - Risk losing patients as selection and assignment is only made with in-network providers
  - Risk missing out on the ability to earn per member per month payments through the Advanced Medicaid Home (AMH) program

Providers wishing to participate in a Tailored Plan provider network should contact the Tailored Plan directly to discuss the process and requirements. Each Tailored Plan will have its own provider contract templates and processes. Tailored Plan contracting contact information can be found at: <https://medicaid.ncdhhs.gov/health-plans#behavioral-health-idd-tailored-plans>.

# Provider Contracting

Providers are encouraged to contract with all PHPs. Contact information each PHP to engage in contracting is available [here](#).



## Provider and Tailored Plan Contract Deadlines

In preparation for the December 2022 launch of NC Medicaid Tailored Plans, provider contracts are due to the Tailored Plans in a series of recommended contract deadlines for inclusion in the beneficiary choice period and auto-assignment.

**These deadlines, outlined in today's NC Medicaid Provider Bulletin article [Provider and Tailored Plan Contract Deadlines for Inclusion in Beneficiary Choice Period and Auto-Assignment](#), allow health plans time to process provider contracts and ensure that provider records are loaded correctly and transmitted to the Department.** The bulletin provides detail as well as resources with more information for questions regarding Tailored Plans.

\*

More information about Tailored Plans is available on the [NC Medicaid Behavioral Health I/DD Tailored Plan webpage](#).

# Medicaid Managed Care Provider Directory and Health Plan Look Up Tool

The public version of the **Medicaid and NC Health Choice Provider and Health Plan Lookup Tool** is available at: <https://ncmedicaidplans.gov/enroll/online/find/find-provider?lang=en>. Providers are encouraged to use this tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.

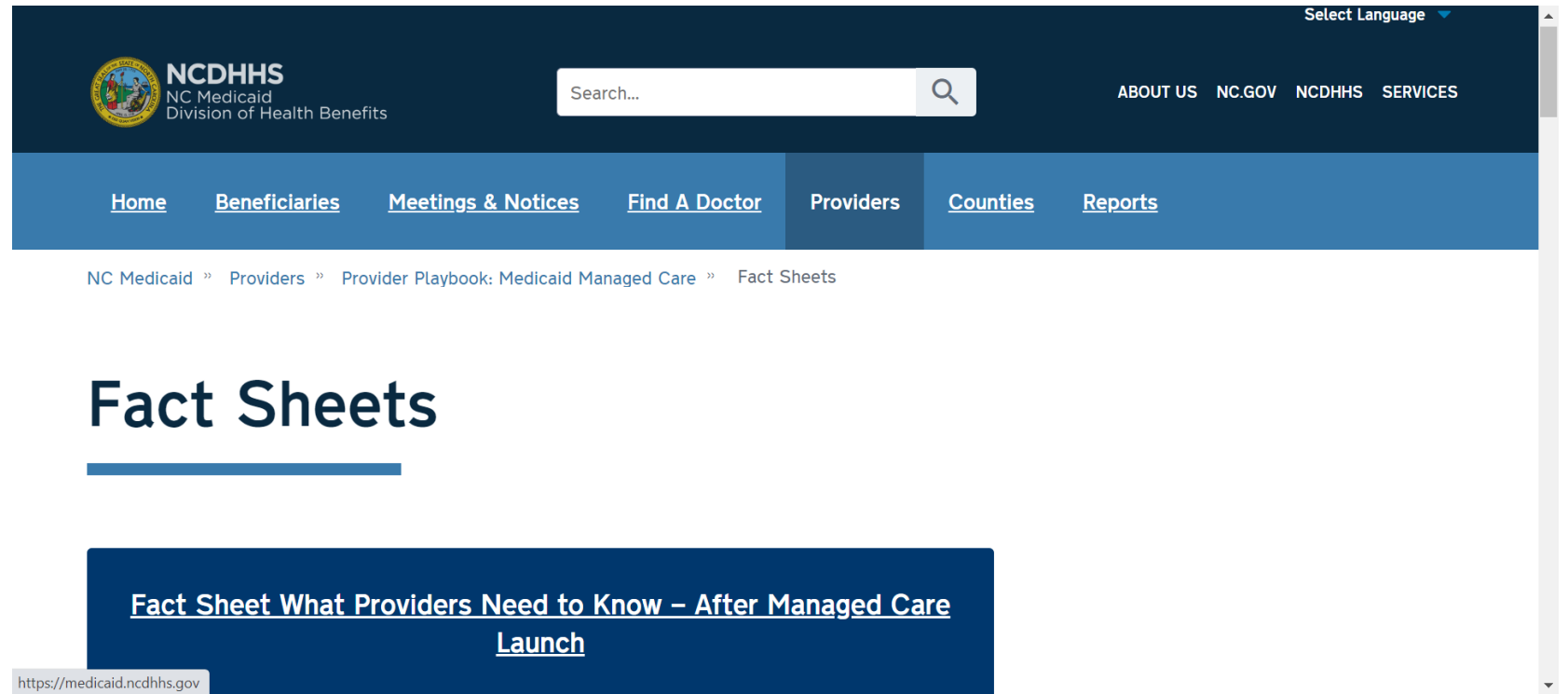
The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations. The authenticated portal will be available to beneficiaries beginning **August 15, 2022**.

The screenshot shows the top navigation bar with links for 'CHANGE TEXT SIZE', 'ENGLISH', 'ESPAÑOL', and 'REPORT AN ERROR'. Below this is the NCDHHS logo and navigation menus for 'Learn' (Learn about NC Medicaid Managed Care) and 'Find' (Find and view primary care providers (PCPs) and health plans). A sidebar on the right contains 'Contacts and links', 'Get answers', 'Words to know', and 'Member resources'. The main content area features a breadcrumb trail 'Home | Find | Find a provider' and a large heading 'Find a primary care provider (PCP)'. Below the heading are three image-based sections: 'Watch a video' (with a video thumbnail), 'View your choices' (with a text description and a photo of an elderly couple), and a 'We are closed right now' notification (with a photo of a doctor and a chat icon).

For more information, please visit the Provider Playbook for an updated NC Provider Directory fact sheet <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care/fact-sheets#enrollment-broker>

# Provider and Health Plan Lookup Tool Fact Sheet

The [Medicaid and NC Health Choice Provider and Health Plan Lookup Tool Fact Sheet](#) is located on the [Provider Playbook Fact Sheet](#) page.



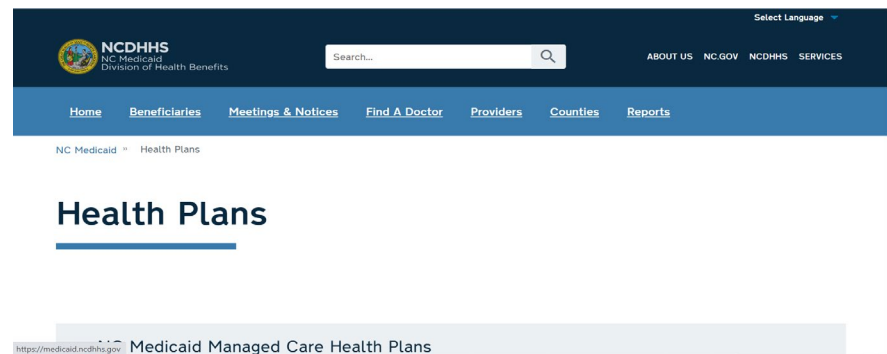
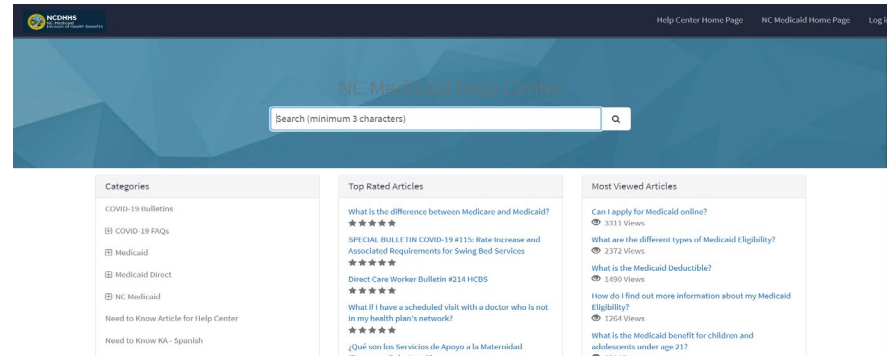
The screenshot shows the NCDHHS website interface. At the top, there is a dark blue header with the NCDHHS logo and the text "NCDHHS NC Medicaid Division of Health Benefits". To the right of the logo is a search bar with the placeholder text "Search...". Further right are links for "ABOUT US", "NC.GOV", "NCDHHS", and "SERVICES". Below the header is a navigation menu with links for "Home", "Beneficiaries", "Meetings & Notices", "Find A Doctor", "Providers", "Counties", and "Reports". The "Providers" link is highlighted. Below the navigation menu is a breadcrumb trail: "NC Medicaid » Providers » Provider Playbook: Medicaid Managed Care » Fact Sheets". The main content area features a large heading "Fact Sheets" with a blue underline. Below this is a dark blue button with white text that reads "Fact Sheet What Providers Need to Know – After Managed Care Launch". At the bottom left of the button, there is a small URL: "https://medicaid.ncdhhs.gov".

## Tailored Plans

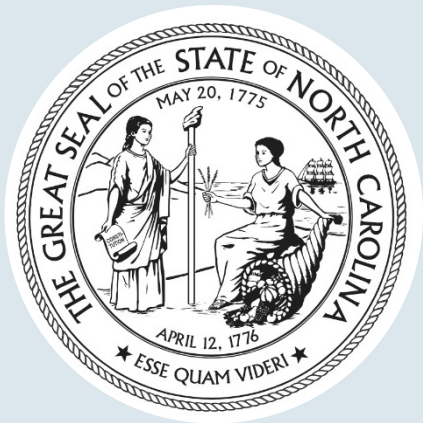
- [What Providers Need to Know: Part 3 – Before Tailored Plan Launch](#) - Jan. 3, 2022



# Reminder: Key Provider Information Resources



- [NC Medicaid Help Center](#)
- [NCDHHS Transformation website \(Including County & Provider Playbooks\)](#)
- [Health Plan websites](#)



# Medicaid Hot Topics

# Hot Topics Worth a Mention

## SPECIAL BULLETIN COVID-19 #251: Sunsetting of Temporary COVID-19 Flexibilities Tied to the NC State of Emergency

*Some flexibilities will sunset on June 30, 2022*

June 15, 2022

As communicated previously in [SPECIAL BULLETIN COVID-19 #237: Extension of NC State of Emergency Temporary Flexibilities](#), multiple COVID-related flexibilities are set to sunset on June 30, 2022.

To support providers and the NC Medicaid community, the NC Medicaid team compiled a comprehensive list of all the clinical policy flexibilities developed in response to COVID-19. Information on these can be found in [SPECIAL BULLETIN COVID-19 #237](#) and includes:

- flexibilities that have been or are being incorporated into permanent policy.
- temporary flexibilities that will end on June 30, 2022.
- temporary flexibilities that will end at the end of the federal public health emergency (PHE) (date TBD).

The flexibilities detailed in [SPECIAL BULLETIN COVID-19 #237](#) have not changed.

### Permanent Telehealth Services Flexibilities

NC Medicaid updated telehealth flexibilities in:

- Policy 1-H: Telehealth, Virtual Communications and Remote Patient Monitoring
- Policy 1A-34: Dialysis Services
- Policy 1E-7: Family Planning Services
- Policy 1M-2: Childbirth Education
- Policy 4A: Dental Services
- Policy 8-C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- Policy 8-F: Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)
- Policy 8-G: Peer Support Services
- Policy 8-J: Children's Developmental Service Agencies (CDSAs)
- Policy 8-P: North Carolina Innovations
- Policy 10-B: Specialized Therapies
- Policy 10-C: Local Education Agencies (LEAs)
- Policy 10-D: Independent Practitioners Respiratory Therapy Services

The bulletin and list of all the flexibilities made permanent and ending on June 30 can be found [here](#).

# MEDICAID LEVERS

<https://www.ncdhhs.gov/medicaid-breastfeeding-support/download?attachment>

## Broad Coverage for Lactation Consultation

- Broad medical necessity criteria without claim edits
- Service is available without prior authorization
- Available in person and via telehealth
- Available for Medicaid Direct and Standard Plans




## Donor Breast Milk

- Covered service for NICU babies, reimbursement in DRG
- Can also be requested under EPSDT if medical necessity criteria met

## Improved Coverage for Breast Pumps

- **Medicaid Direct:** Available with prior authorization under DME based on strict clinical criteria. Revisiting policy to broaden coverage.
- **PHPs:** Almost all cover as a value-added service
  - Remaining PHP is adding it as a value-added service
  - Making it easier for families to access with a family-facing table since each PHP has different contact info and vendors
  - Met with PHP on optimizing benefits & requested not requiring moms to choose (i.e., car seat vs breast pumps)

## Internal / External Communications

-  Met with **NCHA:** Requested they partner with moms to access lactation support, VAS while in newborn and in antepartum period
-  Direct communication to providers and beneficiaries from PHPs & via NC Tracks blast and Back Porch Chat
-  Adding to infant formula shortage facts sheets for providers and beneficiaries

# Standard Plan Claims Processing

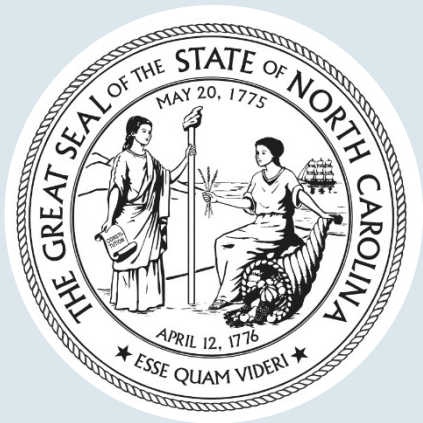
**PHPs maintain known issue lists for provider information.**

<b>AmeriHealth Caritas</b>	<a href="https://www.amerihealthcaritasnc.com/assets/pdf/provider/known-system-issues-tracker.pdf">https://www.amerihealthcaritasnc.com/assets/pdf/provider/known-system-issues-tracker.pdf</a>
<b>Carolinas Complete</b>	<a href="#">Home   Carolina Complete Health Network</a>
<b>Healthy Blue</b>	<a href="https://provider.healthybluenc.com/north-carolina-provider/home">https://provider.healthybluenc.com/north-carolina-provider/home</a>
<b>United Healthcare</b>	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/commpplan/nc/resources/NC-Known-Issues-Log.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/commpplan/nc/resources/NC-Known-Issues-Log.pdf</a>
<b>WellCare</b>	<a href="#">Claims (wellcarenc.com)</a>



**QUESTIONS?**

# APPENDIX



## Other Hot Topics Worth A Mention



# State Funded Services and Eligibility

State-Funded Services previously managed by LME/MCOs will be administered under the Behavioral Health I/DD Tailored Plan and are limited to behavioral health services primarily for the uninsured.

## Eligibility

- SF service eligibility is determined by the LME/MCO based on approved policies that follow DHHS guidelines.
  - SF services target populations with low and modest incomes who would not otherwise have access to behavioral health services.
- NC Medicaid and NC Health Choice recipients who are members of Standard Plans are not eligible for State-Funded Services.
- SF services do not include physical health services.

## Case/Care Management

- Tailored Plan case management will be available for SF recipients with complex behavioral health conditions that meet SF Case Management Service definition criteria.
- Tailored Plans will provide care management to a subset of uninsured high-need recipients with an I/DD or TBI diagnosis.
- TP case/care management will be coordinated by a designated TP State-Funded BH Care Management Coordinator.

# Healthy Opportunities Housing and Transportation Services Available

Effective Sunday, May 1, 2022, qualifying Medicaid Standard Plan members in 33 North Carolina counties may receive housing and transportation services in addition to food services which became available March 15.

Examples of housing services include:

- Navigation support and sustaining services
- Inspection for housing safety and quality
- Move-in support
- Essential utility setup
- Home remediation services
- Accessibility and safety modifications

Examples of transportation services include:

- Reimbursement for health-related public or private transportation
- Transportation for case management services

To be eligible for and receive Pilot services, NC Medicaid Managed Care members must live in a Pilot region and have at least one qualifying physical or behavioral health condition and one qualifying social risk factor, as defined by the Department. For more information, please see [frequently asked questions](#).

Those interested in pilot services should contact their health plan or care manager. For more information, please visit the [Healthy Opportunities Pilots webpage](#).