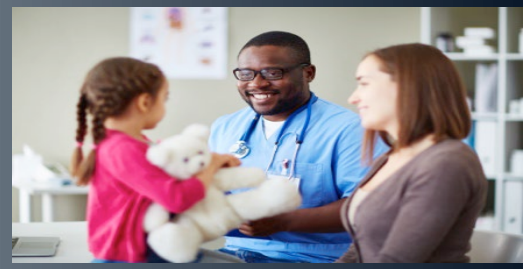






Fireside Chat: Tailored Plan 101

Ready, Set, Launch! Series

November 17, 2022

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:

https://www.captionedtext.com/client/event.aspx?EventID=5287300&CustomerID=290

Logistics for Today's Webinar

Question during the live webinar

Technical assistance

technicalassistanceCOVID19@gmail.com

AGENDA

01 TP Launch Timeline

02 Paying Claims on Time

03 TCM Launch

04 Provider Fact Sheet Updates

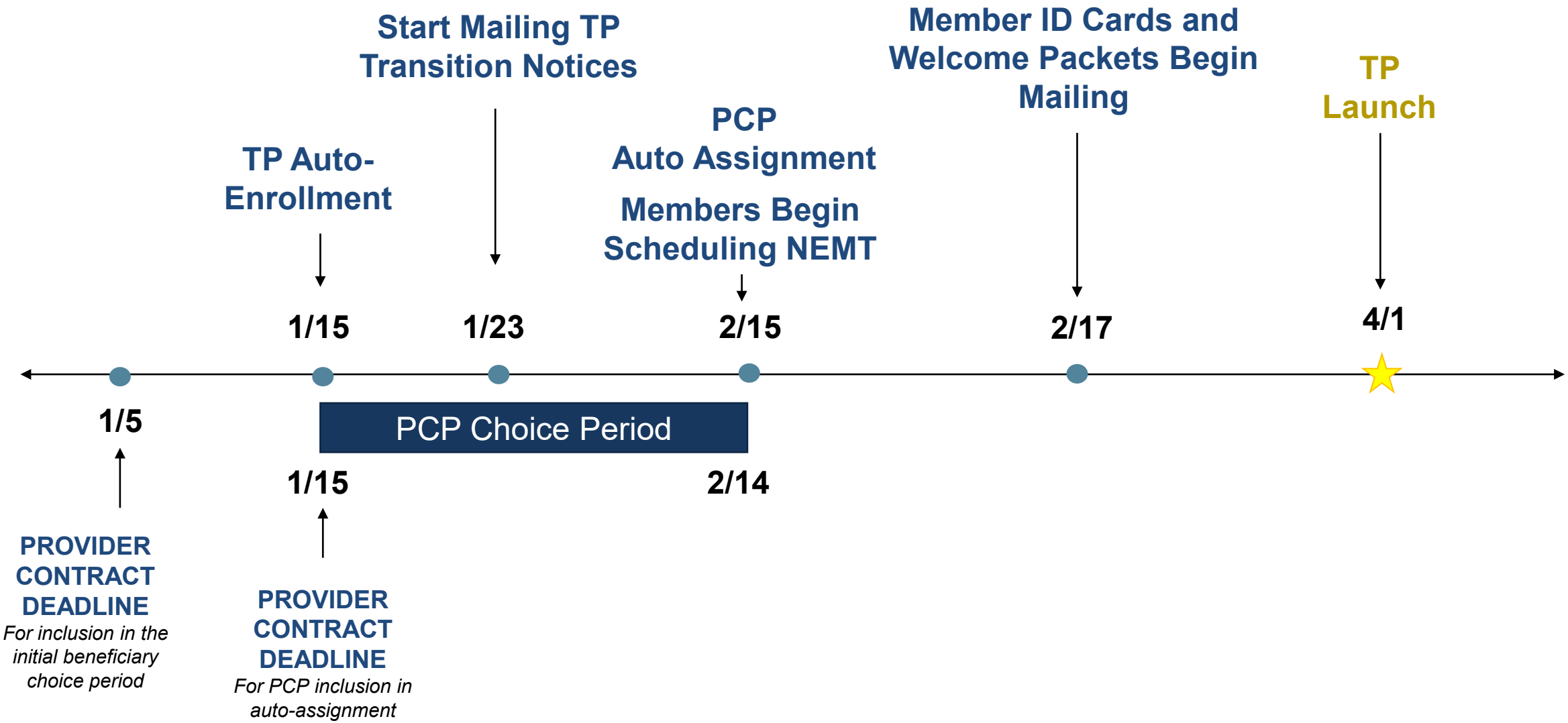
05 Medicaid Hot Topics & Q&A

Tailored Plan Launch Update

Tailored Plans will now go live on April 1, 2023.

- The delayed start **will allow Tailored Plans more time to contract with additional providers to support member choice** and to validate that data systems are working appropriately.
- Some services will still begin on Dec. 1, 2022:
  - Tailored Care Management (TCM)
  - 1915(i) option (requested a Dec. 1, 2022, start date from CMS)
- **Nothing changes for members today—except for adding new services.**
  - Beneficiaries eligible for Tailored Plan will receive Notices about the delay at the end of October.
- Members still receive behavioral health services, I/DD and TBI supports through their LME/MCO and physical health and pharmacy services through NC Medicaid, just as they do today.

Updated Member Notice and Provider Contracting Timeline - April 2023 Tailored Plan Launch



Top Reasons to Contract

- **By contracting with BH I/DD Tailored Plans**, it creates greater choice for Medicaid Beneficiaries.
- **By contracting with BH I/DD Tailored Plans**, it creates better access to care for Medicaid Beneficiaries.
- **By contracting with BH I/DD Tailored Plans**, beneficiaries will not have to choose between their medical home and critical specialty care.
- In-network providers will be paid a higher rate compared to out of network providers (**BH I/DD Tailored Plans** must cap OON payments at 90% of fee schedule – typically the FFS fee schedule).
  - NOTE: By contracting, providers avoid or eliminate the risk of getting paid less than the full Medicaid rate .
- In-network PCPs will receive additional AMH payments.
  - NOTE: These payments are not available for OON providers.
- Out of Network Providers will **still** submit claims and authorization requests to the **BH I/DD Tailored Plans** if they see a beneficiary in a plan they have not contracted with.
  - NOTE: The Department has required the **BH I/DD Tailored Plans** to use the same PA form.
- Out of Network Providers may have to develop single case agreements for out of network care, adding administrative burden.
- **Over the past year DHB has worked closely with the BH I/DD Tailored Plans; BH I/DD Tailored Plans understand NC Medicaid better and have improved on early contracting issues.**
  - **NOTE: If your early experience was not great, consider trying again.**
- **Some providers are contracting with all 6 plans, recognizing it is in the best interest of the beneficiaries.**

Paying Claims

Claim Timely Filing Limits

Health plans are required to process claims received within timely filing limits

Managed Care Medical Claims (Standard Plan, Tailored Plan and Medicaid Direct Behavioral Health)	**Pharmacy claims**	**Medicaid Direct Physical Health Claims**
• Providers have up to **180 days** from the date of service or the member enrollment date to submit timely	• Providers have up to **365 days** from the date of service or the member enrollment date to submit timely	• Providers have up to **365 days** from the date of service or the member enrollment date to submit timely

Additional info coming in January 2023 Back Porch Chat

Prompt Payment of Providers

- Medical
  - Health plans must, **within 18 calendar days** of receiving the Medical claim, notify the provider **whether the claim is clean** or pend the claim and request all additional information needed to timely process the claim.
  - Providers have up to **90 days to submit the additional information** before Health Plans can deny the claim.
  - If the claim is clean upon submission or when it becomes clean with the additional information submitted, the health plan **must pay or deny within 30 days**.

- Pharmacy
  - The health plans shall **within 14 calendar days** of receiving a Pharmacy Claim **pay or deny** a Clean Pharmacy Claim or pend the claim and request from the provider all additional information needed to timely process the claim.
  - A Pharmacy Pended Claim shall be **paid or denied within 14 calendar days** of receipt of the requested additional information.

Additional info coming in January 2023 Back Porch Chat

Interest and Penalties

- **Health plans that do not pay claims** within the required timeframe according to prompt pay requirements **will bear interest at the annual rate of 18 percent** beginning on the date following the day on which the claim should have been paid or was underpaid.

- **In addition** to interest, a health plan shall pay the provider a **penalty equal to one percent of the claim per day**. Providers do not have to make separate requests to the health plan for interest or penalty payments and are not required to submit another claim to collect the interest and penalty.

- **Interest and penalty** also applies **when health plans take more than 45 days to implement** rate changes and reprocess claims for rate floor services.

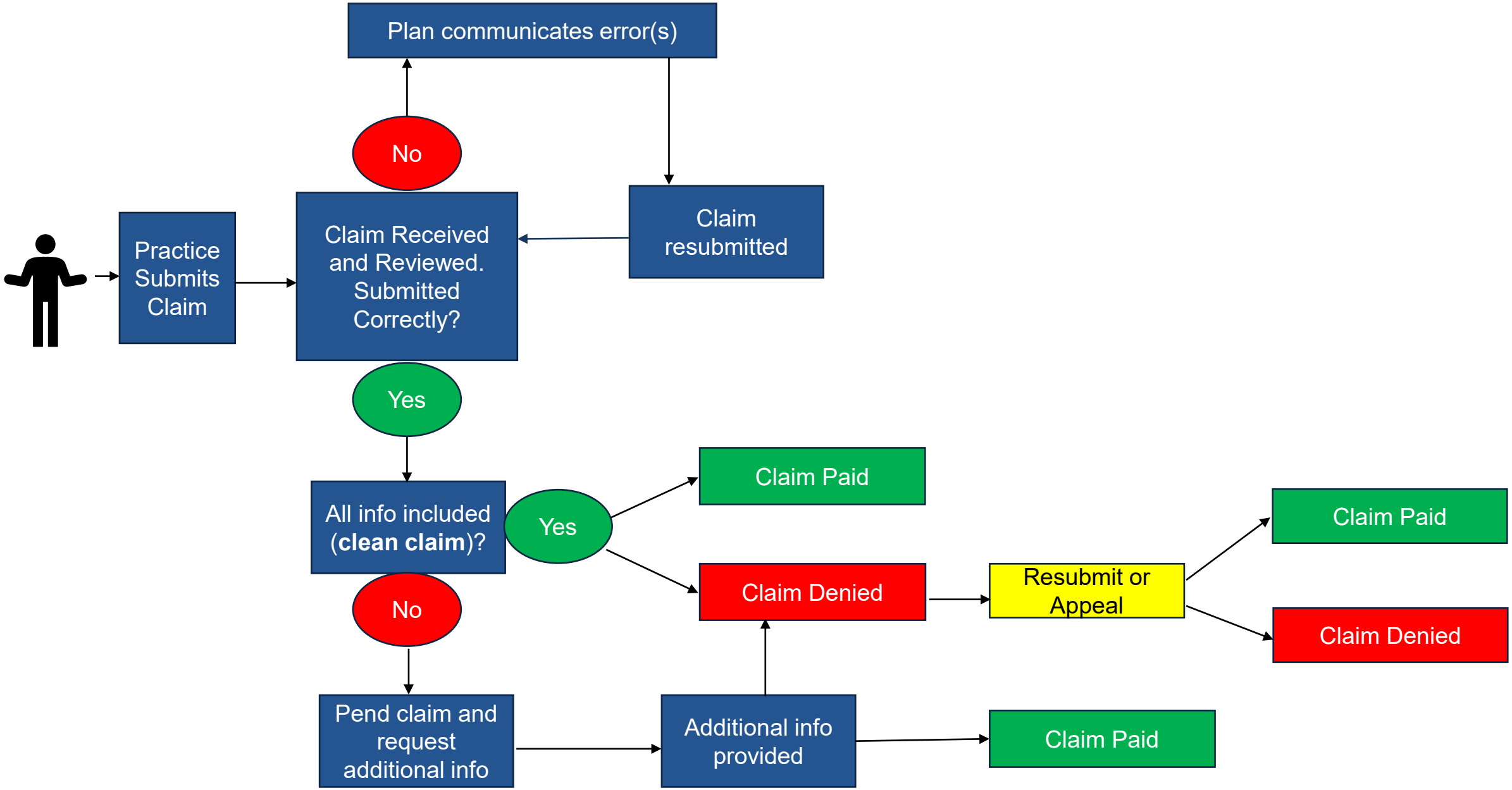
For more information, see the Prepaid Health Plan Interest and Penalties for Provider Claims Bulletin

Payment By Electronic Funds Transfer

Each health plan has specific guidance to follow for enrollment in electronic funds transfers for payments. Your banking information from NCTracks will **not** transfer to the health plan(s).

Additional info coming in January 2023 Back Porch Chat

Provider Payment



Tailored Care Management Updates

Auto Assignment Updates for 12/1 through 4/1

- **33% of members have been assigned to a provider (AMH+/CMA)**
  - **We exceeded our target goal of 30% provider-based care management**
  - **Member choice was honored prior to auto assignment**

- **4/1 TP auto assignment will run in mid-February 2023**
  - **That run will incorporate 0-3 members and NCHC members**
  - **Members who were assigned for 12/1/22 will NOT be moved from a panel unless they request to move**

- **In December, Jan, Feb, March—DHB will assign new members to TCM (new to Medicaid or new to TCM clinical criteria).**

- **Tailored Plans will begin managing auto assignment on 4/1/23**

- **NEW** TCM Provider by LME by Population Served

Tailored Care Management (TCM)
Welcome Letter
Member Choice

Tailored Care Management Member Assignment Letters

- LMEs began sending out TCM Assignment Letters this week. All letters will be mailed before 11/23/22.
- Explains what Tailored Care Management is and how the care manager can assist the member.
- Explains that the member can make a change in the Tailored Care Manager.
- Provides the LME's phone number so members can request changes in their Tailored Care Manager.
- Explains that the member can opt out of Tailored Care Management and that the LME/MCO will coordinate the members services.

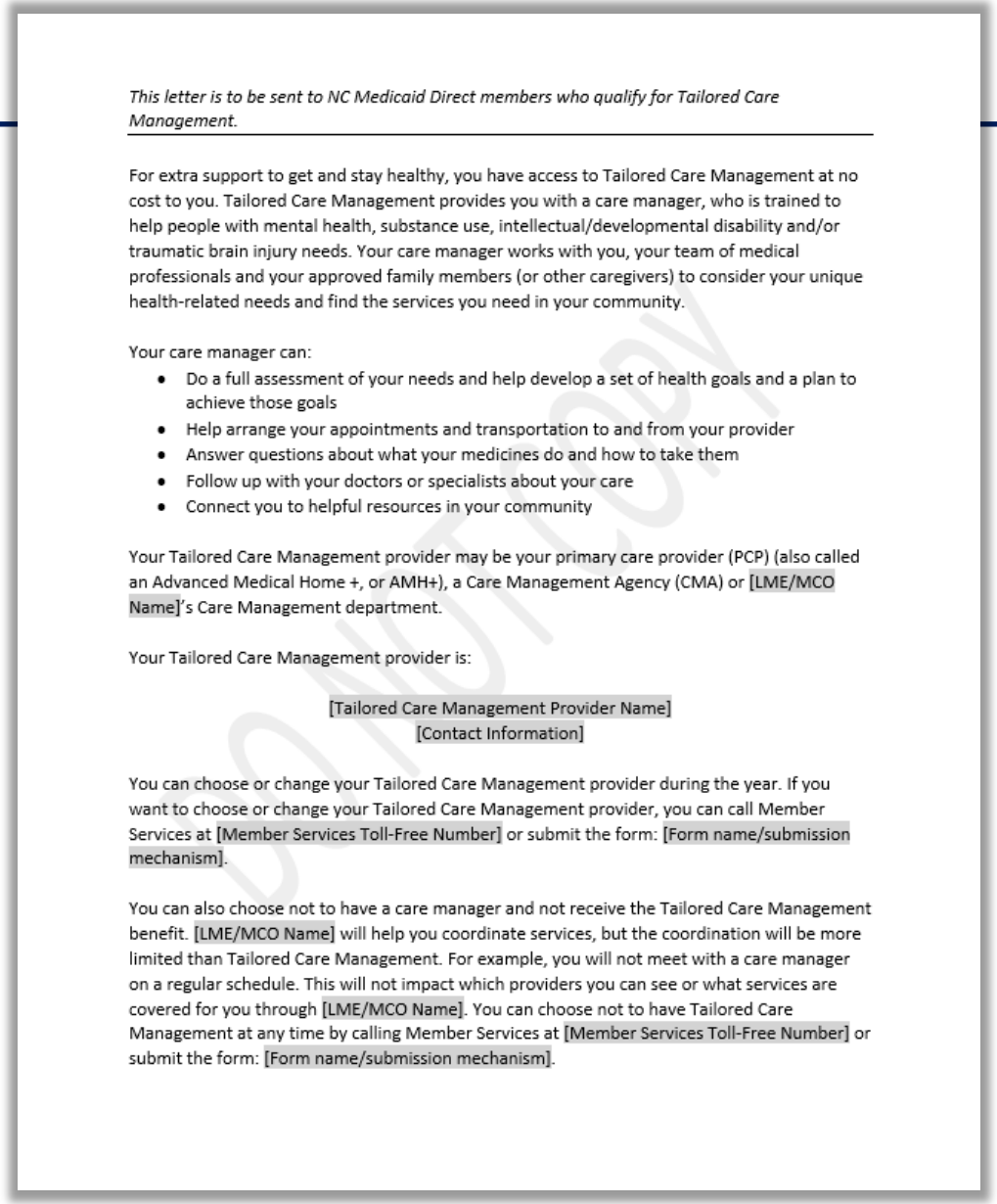
- **Links to the letters:**

  download (ncdhhs.gov) – English
  download (ncdhhs.gov) - Spanish

Tailored Care Management Welcome Letter Cont'd.

Overview of Tailored Care Management

Tailored Care Management Provider Contact Information



This letter is to be sent to NC Medicaid Direct members who qualify for Tailored Care Management.

For extra support to get and stay healthy, you have access to Tailored Care Management at no cost to you. Tailored Care Management provides you with a care manager, who is trained to help people with mental health, substance use, intellectual/developmental disability and/or traumatic brain injury needs. Your care manager works with you, your team of medical professionals and your approved family members (or other caregivers) to consider your unique health-related needs and find the services you need in your community.

Your care manager can:

- Do a full assessment of your needs and help develop a set of health goals and a plan to achieve those goals
- Help arrange your appointments and transportation to and from your provider
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community

Your Tailored Care Management provider may be your primary care provider (PCP) (also called an Advanced Medical Home +, or AMH+), a Care Management Agency (CMA) or [LME/MCO Name]'s Care Management department.

Your Tailored Care Management provider is:

[Tailored Care Management Provider Name]
[Contact Information]

You can choose or change your Tailored Care Management provider during the year. If you want to choose or change your Tailored Care Management provider, you can call Member Services at [Member Services Toll-Free Number] or submit the form: [Form name/submission mechanism].

You can also choose not to have a care manager and not receive the Tailored Care Management benefit. [LME/MCO Name] will help you coordinate services, but the coordination will be more limited than Tailored Care Management. For example, you will not meet with a care manager on a regular schedule. This will not impact which providers you can see or what services are covered for you through [LME/MCO Name]. You can choose not to have Tailored Care Management at any time by calling Member Services at [Member Services Toll-Free Number] or submit the form: [Form name/submission mechanism].

LME Member Services Contact Information

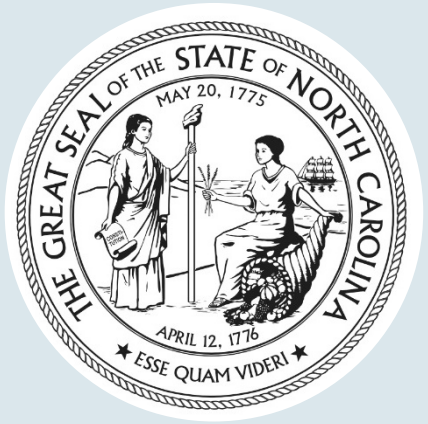
Opt-out Information

TCM Member Choice

Supporting Member Choice:

- **Effective now, members can change their TCM provider at any time through 4.1.22 by calling the LME-MCO and making a request.**
- **The number of changes in TCM providers through 4.1.22 is not limited and will not be counted against the number of (without cause) changes a member may make during the year.**
- **Members who are already assigned to their preferred TCM agency will not need to do anything. Their choice will remain in place for the 4.1.22 launch of Tailored Plan unless they call to change their TCM entity..**

- Some members chose their TCM providers during the choice period. These choices are honored in the 12.1.22 member assignment.
- Members can still select you a TCM provider by **calling the LME**.
- LMEs have TCM providers in on-line directories and their call centers are equipped to offer choice based on member's county, age, and clinical needs (BH, IDD, TBI, SUD)



Fact Sheet Updates

Fact Sheet Updates

- Transition of Care – LTSS Populations In or Out
- AMH Program Overview (Refresher)
- Enhanced Medical Home Payments for AMHs Serving Members Eligible for TCM

Upcoming Fact Sheets:

- Tailored Care Management (County Playbook & Provider Playbook)

Hot Topics

New Standardized PHP Notification of Nursing Facility Level of Care Form

To streamline processes for nursing facility admissions and the determination of long-term care financial eligibility, NC Medicaid created a new standardized PHP Notification of Nursing Facility Level of Care Form (NC Medicaid-2039) for PHPs and nursing facilities to communicate with local Departments of Social Services (DSS).

The standardized form includes all information a local DSS needs to begin the financial determination for long-term care as required by the Centers for Medicare and Medicaid Services (CMS). Once counties conduct the financial determination and establish the patient monthly liability (PML), the PML will be shared with health plans and allow payments to proceed to nursing facilities.

To further clarify how this process works, NC Medicaid created stakeholder-specific fact sheets for counties, for health plans, and for providers (including hospitals and nursing facilities). The fact sheets outline the information flow, timelines and requirements for the long-term care financial eligibility determination process.

- County Fact Sheet
- Health Plan Fact Sheet
- Provider Fact Sheet

NC Medicaid will host stakeholder webinars to answer questions in the coming weeks, more information will be forthcoming as these webinars are scheduled. Stay tuned to the Medicaid provider bulletin for the latest information.

New Fee Schedule and Covered Codes Webpage Live

Effective on Thursday Nov. 3, 2022, all fee schedules currently listed on the NC Medicaid website have been moved to a new Fee Schedule and Covered Code Portal available to the public. The new website offers enhanced search options for fee schedules, covered procedure codes and covered revenue code data. These enhancements include:

- Fee Schedules – (NC Medicaid Website Fee Schedules Only)
  - Fee schedules are available in a formatted, standardized template
  - A single link is available to download all current and archived fee schedule files
  - A single link is available to access a new lookup tool that allows users to search for fee schedule data using filters

- Covered Procedure Code Combinations and Covered Revenue Code Documents
  - These documents are housed on a new website accessible to Health Plans and Providers
  - A single link allows users to download each of the covered procedure code combinations and covered revenue code files
  - A single link is available to access a new lookup tool to search for covered procedure code combinations data and covered revenue code data using filters

Please review the User Guide for additional information on navigating the new Fee Schedule and Covered Code Portal.

All fee schedule data created prior to Nov. 3, 2022, will remain on the current NC Medicaid website.

QUESTIONS

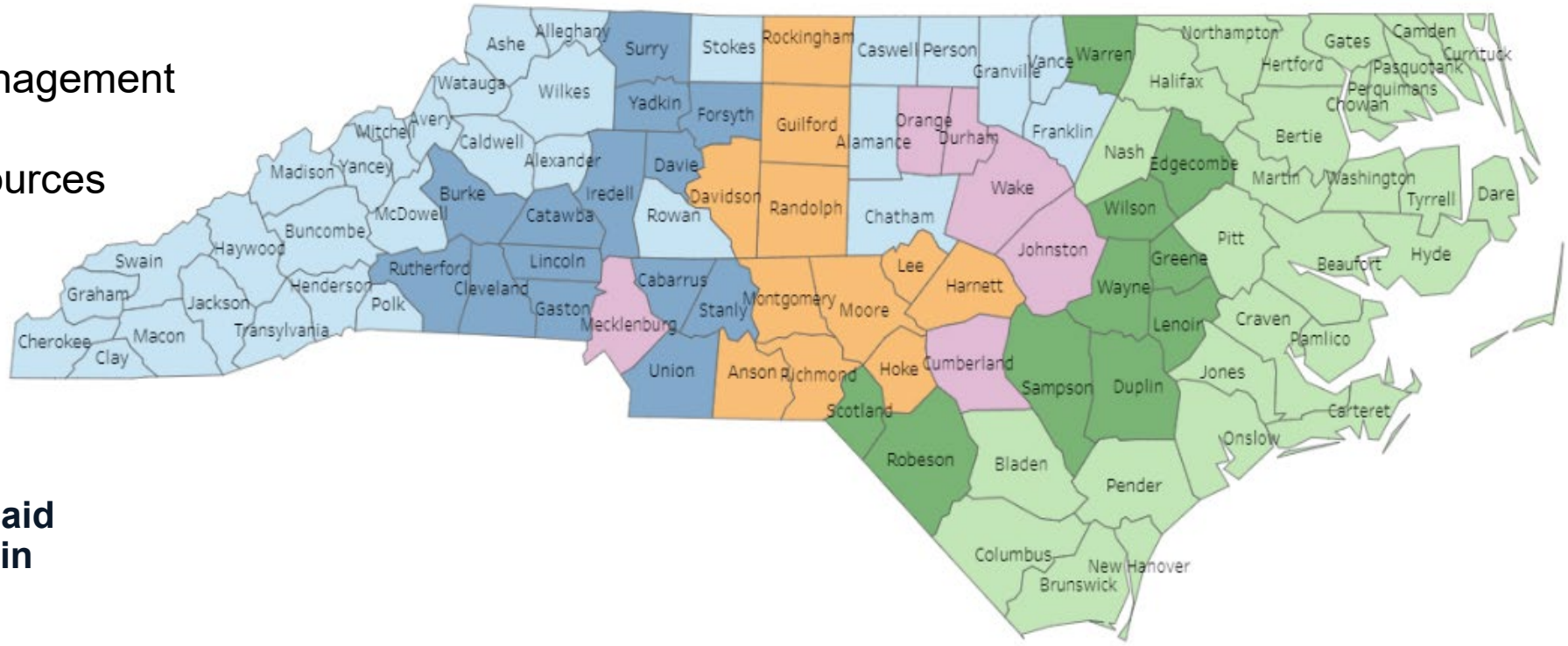
APPENDIX

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 150,000 Medicaid beneficiaries will be enrolled in Tailored Plans.

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.

Tailored Plan	Standard Plan Partner*	Leveraging Standard Plan Partner's PH Network
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.

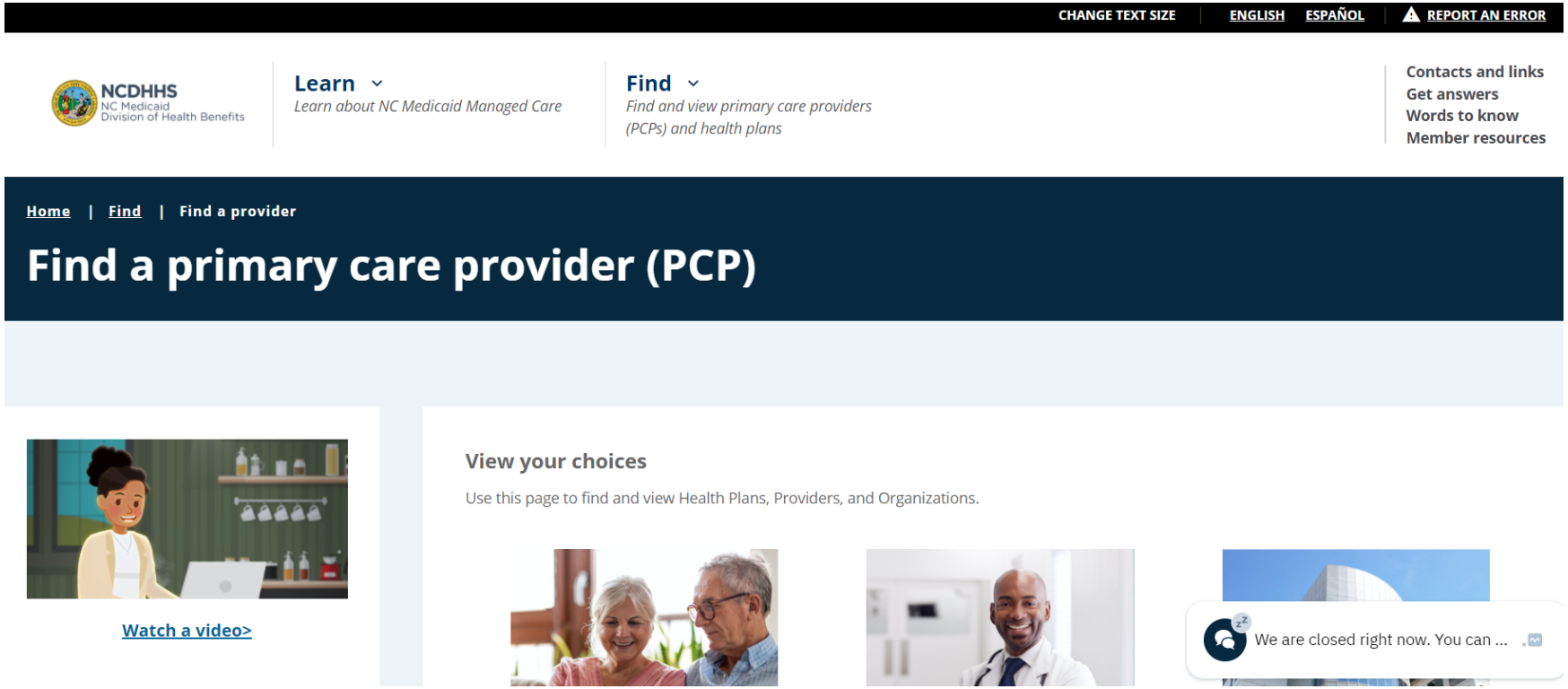
Tailored Plan-Standard Plan Partnering

Tailored Plan	Partners and Vendors as of 4/19/2022							
	Standard Plan Partner	**Primary Care Contracting Lead**	**Behavioral Health Contracting Lead**	**AMH+/CMA Contracting Lead**	**Hospital Contracting Lead**	**Pharmacy Benefit Manager (PBM)**	**Vision Administration**	**Specialties**
Alliance	Wellcare	Alliance	Alliance	Alliance	Alliance	Navitus	Avesis	**Northwood**: Durable Medical Equipment (DME); **WellCare**: Complex Labs, Cardiance Imaging, Radiation Oncology, Musculoskeletal, Orthopedics, Imaging Procedures
Eastpointe	WellCare	Wellcare	Eastpointe	Eastpointe	Eastpointe/ WellCare	Express Scripts	WellCare	WellCare (please reach out to Tailored Plan directly with questions
Partners	Carolina Complete Health	Carolina Complete Health	Partners	Partners	Carolina Complete Health for Physical Health; Partners for Behavioral Health	CVS Caremark	Envolve Vision	Carolina Complete Health
Sandhills	AmeriHealth	AmeriHealth	Sandhills	Sandhills	Sandhills Center/AmeriHealth	PerformRX	AmeriHealth	AmeriHealth
Trillium	Carolina Complete Health	Carolina Complete Health	Trillium	Trillium	Trillium / Carolina Health Complete Health	PerformRX	Envolve Vision	Carolina Complete Health
Vaya	WellCare	Vaya	Vaya	Vaya	Vaya	Navitus	Vaya	Vaya/ Utilization Management (UM) subcontractors TBD

Medicaid Managed Care Provider Directory and Health Plan Look Up Tool

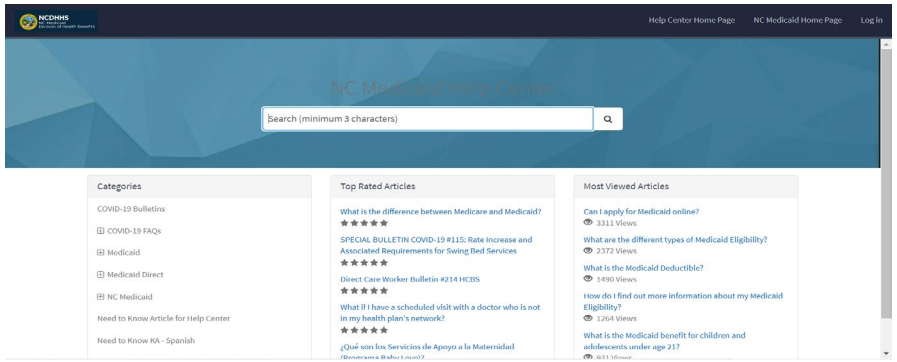
The public version of the **Medicaid and NC Health Choice Provider and Health Plan Lookup Tool** is available at: https://ncmedicaidplans.gov/enroll/online/find/find-provider?lang=en. Providers are encouraged to use this tool to confirm the availability and accuracy of information contained in their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

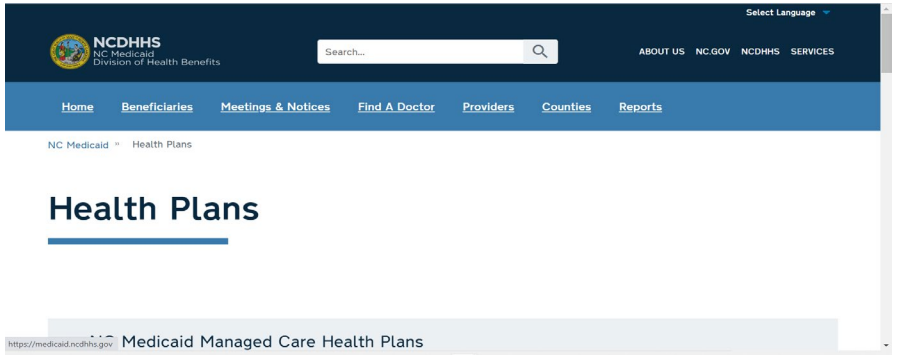
The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations. The authenticated portal has been available to beneficiaries since **August 15, 2022**.



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

Reminder: Key Provider Information Resources





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