



Tailored Plan Provider Information Session

Presented by:
Carolina Complete Health Network and
Partners Health Management



carolina complete
health **network**™



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Improving Lives.
Strengthening Communities.®

August 2022

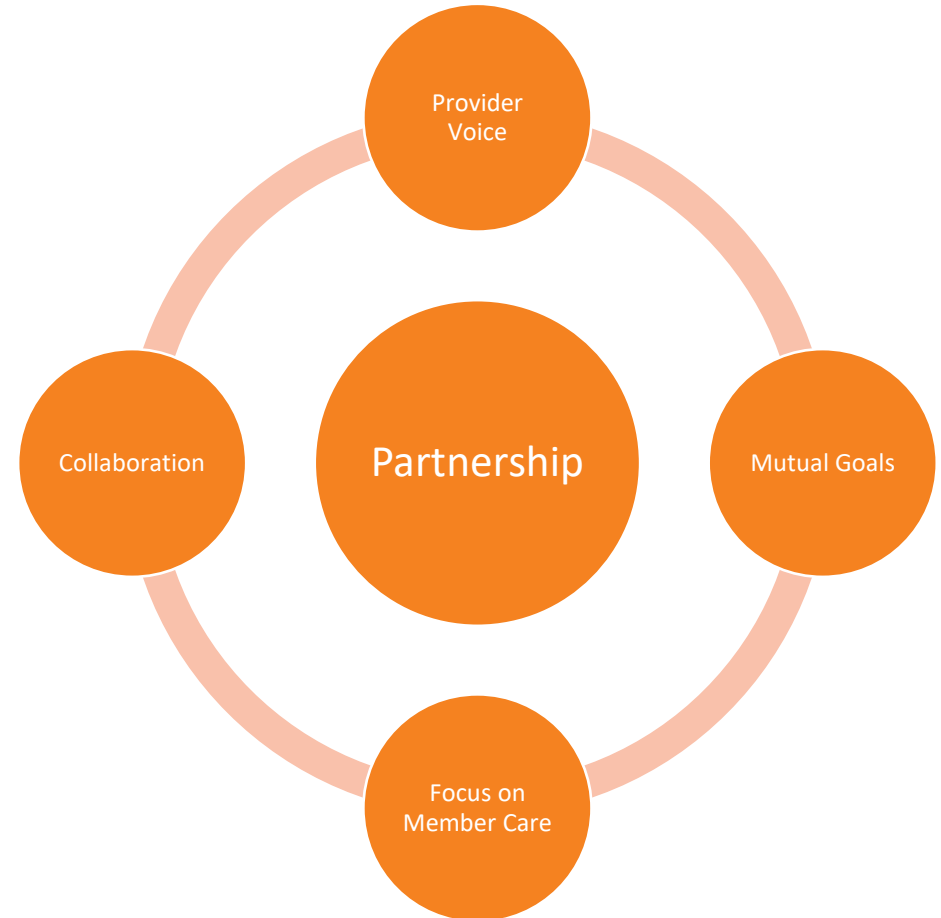
Tailored Plans Launch

- With Tailored Plans, NC is building on the LME/MCO's current management of BH/IDD services to include physical health and pharmacy services for Medicaid beneficiaries who have the most complex needs
- Tailored Plans will **launch on 12/1/2022** to support members with IDD, TBI and significant behavioral health needs



Tailored Plans and Health Plan Partnerships

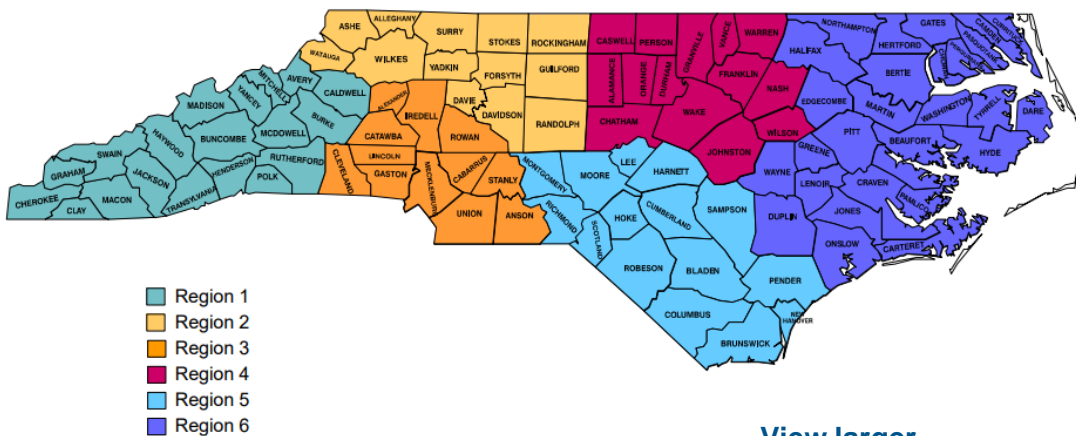
- **Partners Health Management** and **Carolina Complete Health** bring a shared vision for true partnerships with all providers across the system of care, which is reflected in our network management model.
- As the only Provider-led PHP in North Carolina's Medicaid Transformation, **CCH** offers North Carolina providers a voice in the development of medical policy and influence on quality measurement.
- Since **Partners'** inception as a managed care organization, **Partners** has executed a strategy of collaboration with providers.
- Our mutual goals is to aid provider success as they offer accessible, robust and effective services for members.



Medicaid Managed Care

- North Carolina has three programs under Medicaid Managed Care: Standard Plans, Tailored Plans and the ECBI Tribal Option
- July 1, 2021 Standard Plans went live with 5 Pre-Paid Health Plans (PHPs), including Carolina Complete Health.
- Tailored Plans will launch on December 1, 2022. The six Tailored Plans will be managed by NC's LME/MCOs.

Standard Plan Regional Map



[View larger](#)

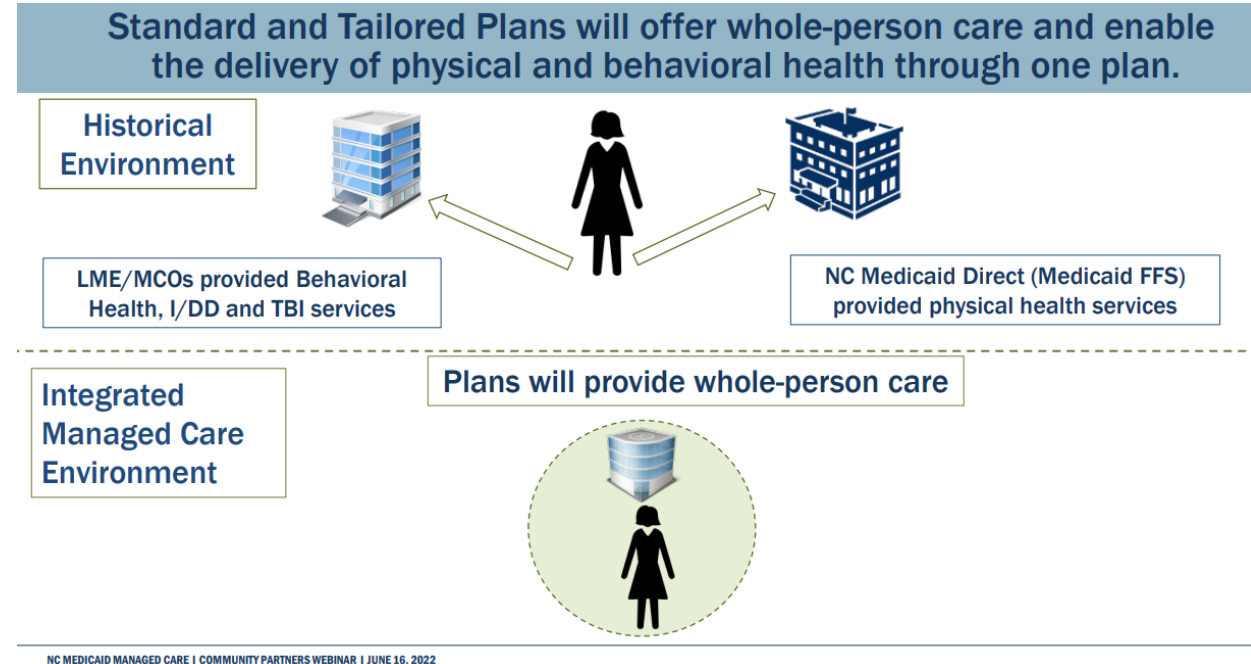
Tailored Plan Service Areas



[View larger](#)

Integrated Physical and Behavioral Health

- Both programs integrate physical and behavioral health services for members as well as maintain networks of physical and behavioral health providers.
- Standard Plans are geared toward the majority of Medicaid members, including individuals with mild-to-moderate behavioral health needs.
- Tailored Plans are for individuals with significant Behavioral Health (BH) needs.
- Tailored Plan membership will also include individuals who receive Intellectual/Developmental Disabilities (IDD) and Traumatic Brain Injury (TBI) services



Tailored Plan – What is it?



The Tailored Plan will provide:

- Physical health, pharmacy and enhanced behavioral health services for beneficiaries who may have significant mental health needs, severe substance use disorders, intellectual/developmental disabilities (I/DD) or traumatic brain injury (TBI)
- Services for Innovations and TBI Waiver beneficiaries and Waiver waitlist beneficiaries
- Added services, such as wellness programs
- Non-emergency medical transportation (NEMT) for Medicaid-covered services (including carved out services)
- Tailored care management
 - Tailored care management will focus on the whole person and help address physical health, pharmacy, behavioral health, I/DD, TBI and long-term services and supports (LTSS) needs. It will also address unmet health-related resource needs.
- State-funded services

Partners Health Management

Partners covers the following 14 counties:

- *Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin*



Tailored Plan Physical Health Providers

- This is an opportunity to remain “in-network” for members who are eligible and are part of a Tailored Plan.
- **When Tailored Plans launch, providers and hospitals will no longer be reimbursed by Medicaid Direct for most physical health services rendered to Tailored Plan members.**
- Those services will be reimbursed by the Tailored Plans.

Primary Care in Tailored Plans

Vision for Primary Care in Managed Care: Build on the Carolina ACCESS program to **preserve broad access to primary care services** for Medicaid enrollees and **strengthen the role of primary care in care management, care coordination, and quality improvement** as the state transitions to managed care

- All TP members can choose or will be assigned to a Primary Care Provider/AMH.
- In Tailored Plans, ONLY AMH+ will provide ‘Tailored Care Management’.
- AMH Tiers 1, 2, and 3 should receive a PMPM medical home for each TP member assigned to their practice for primary care.
 - On August 5th, the state announced that the TP PMPM rate will go from \$5 to \$20 PMPM from Dec. 1, 2022, through June 30, 2023.
- AMH Tiers 3 should be offered an incentive/APM program based on the current AMH measure set. This is option for Tiers 1 and 2.

[Back Porch Chat July 21, Tailored Plan 101: Ready, Set, Launch!](#)

[Medicaid Bulletin: Enhanced Medical Home Payments for Advanced Medical Homes Serving Members Eligible for Tailored Care Management](#)

How do Physical Health Providers Join the Partners' Tailored Plan Network?

- If you are currently participating in CCH's network, you can sign a contract amendment to join Partners' Tailored Plan Network.
- If you are not currently participating as a CCH provider, complete our [Tailored Plan Contract Request Form](#)
- For more information, current CCH providers: contact CCH Provider Relations and Support: NetworkRelations@cch-network.com



Important Contracting Deadlines

1

July 16, 2022: Provider contracts must be signed and returned to health plan for inclusion in the Enrollment Broker's Medicaid and NC Health Choice Health Plan and Provider Lookup Tool at the start of the Beneficiary Choice Period. *The Tool will be updated daily with any new contracts that have been executed*

2

Sept. 15, 2022: Provider contracts must be signed and returned to health plan for inclusion in primary care provider (PCP) auto assignment.

3

Sept. 30, 2022: Provider contracts must be signed and returned to the health plan for inclusion in Tailored Care Management (TCM) auto assignment.

Source: [NC DHHS Tailored Plan Provider Contracting Deadlines Questions and Answers](#)

Beneficiary Choice and Auto Assignment Period for PCP/AMH

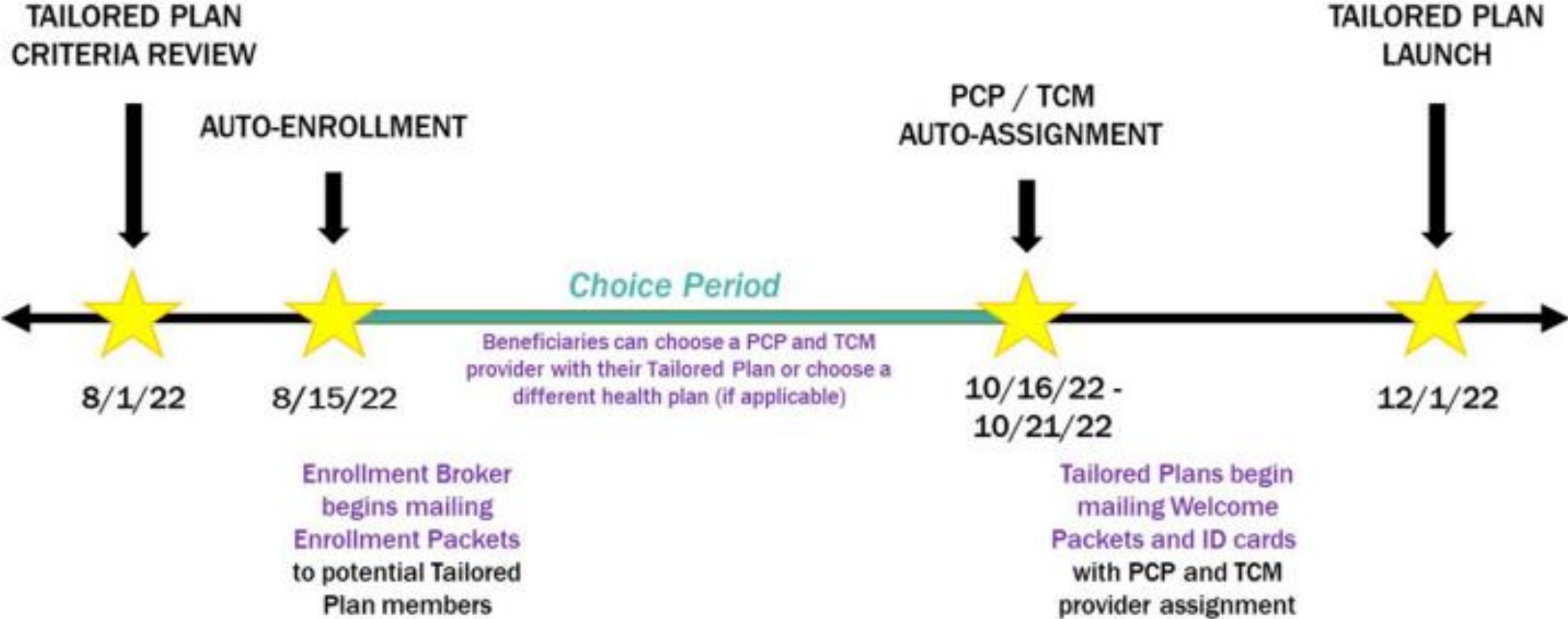
Beneficiary choice period is Aug. 15, 2022- Oct. 15, 2022.

- **The contracting deadline for PCPs/AMHs is July 16, 2022 for inclusion in the initial beneficiary choice period**
- **If contracting does not occur by July 16, 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**

**Some PCPs may be working with CINs to negotiate contracts.
You can check-in with your CIN on progress.**

[NC Medicaid Managed Care: Contracting with Tailored Plans](#)

Tailored Plan Timeline



Member Notifications that you may be asked about...

8/15/22

Transition notice sent to members

Enrollment Packet sent to Members

Health Care Option Guide sent

Enrollment Form sent

11/1/22

Confirmation notice sent to members after a managed care status change/health plan change

Source: NC Medicaid Fact Sheet Managed Care Populations and Enrollment Notices

Tailored Plan Provider Trainings

Tailored Plan 101: Ready, Set, Launch webinar series (NC DHHS and NC AHEC)

- This webinar series occurs the third Thursday of each month at 5:30PM and is designed to support all Medicaid providers, practice managers, quality improvement professionals, care coordinators and other leaders within your practice to help you prepare for the launch. [Register for the series.](#)
- Previous dates are recorded and available in the Archives section.

Tailored Care Management, Learning Collaborative Sessions (NC AHEC)

- The sessions are designed to provide content experts and peer-to-peer learning opportunities to AMH+ and CMA organizations as they prepare for TCM implementation and site reviews by the North Carolina Department of Health and Human Services. Sessions will continue every first and third Wednesday of the month from 12:30–1:30 PM.
- [TCM Webinar Series for Providers | NC AHEC](#)

Partners' Resources

- Learn more about Partners Health Management:
<https://www.partnersbhm.org/tailoredplan/>
- Contact Us
<https://www.partnersbhm.org/tailoredplan/contact-us/#member-and-recipient-services>
- Partners offers training to providers on a regular basis accessibility through our Training page on Partners' website:
<https://www.partnerstraining.org/>
- Partners offers community training accessible by clicking this link:
<https://www.partnerstraining.org/community-training-catalog/>

Carolina Complete Health Resources

- Provider Website: <https://network.carolinacompletehealth.com/>
- Contact Us:
<https://network.carolinacompletehealth.com/about-us/contact-us.html>
- Provider Education & Training:
<https://network.carolinacompletehealth.com/resources/education-and-training.html>
- Provider Communications:
<https://network.carolinacompletehealth.com/ProviderUpdates/cchn-bulletins-and-newsletters.html>

Appendix

Appendix: Tailored Plan Enrollment Criteria

Programs	Tailored Plan-Only Services
<ul style="list-style-type: none"> • Innovations Waiver (or waiting list) • TBI Waiver (or waiting list) • Transition to Community Living (TCL) 	<ul style="list-style-type: none"> • Have used a Medicaid service that will be available only through the Tailored Plan. • Have a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds.
Diagnoses	Admissions/Visits
<ul style="list-style-type: none"> • Children with complex needs • Qualifying I/DD diagnosis code • Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period* • Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or receive electroconvulsive therapy (ECT) during the lookback period* 	<ul style="list-style-type: none"> • Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including, but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility • Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*

Source: Fact Sheet Introduction to Tailored Plans: Enrollment & Timelines

Appendix: Enhanced BH Services

The state looked back at 24 months claims history to see which members have accessed these services.

Behavioral Health, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)

- State Plan Behavioral Health and I/DD Services
- Residential treatment facility services
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services
- Psychiatric residential treatment facilities (PRTFs)
- Assertive community treatment (ACT)
- Community support team (CST)
- Psychosocial rehabilitation
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Substance abuse intensive outpatient program (SAIOP)
- Substance abuse comprehensive outpatient treatment (SACOT)
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Waiver Services
- Innovations waiver services
- TBI waiver services
- 1915(b)(3) services
- State-Funded behavioral health and I/DD Services
- State-Funded TBI Services

Thank you!

Contact us: NetworkRelations@cch-network.com
