

WORKING DOCUMENT – ITEMS SUBJECT TO CHANGE

**Tailored Plan Implementation Issues**

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| **ISSUE** | **QUESTIONS** | **COMMENTS – ACTION ITEMS** |
| **Material Changes in LME Operations** | -Are there anticipated major changes in the operations of the TP -Addition of the medical services-Changes from 1st half of the year to 2nd half of the year due to the start date | -Providers should be given plenty of lead time to prepare for major changes |
| **Provider Contracting** | -Who are we contracting with and for what?-Differences – Medical services shift to TPs-Do current contracts carry over-Are new contracts anticipated and what is the timing 12-1-23-Glitches/delays in the transition e.g. authorizations and contract renewals | * All providers are strongly encouraged to complete the following checklist of key actions prior to Tailored Plan launch. More information on some of these items are detailed in the following pages.
* Make sure staff know the ------- you are contracted with and the areas of service.
* Review each page of the NC Tracks provider record for each applicable individual provider and organization for accuracy and submit changes using the Manage Change Request (MCR) process.
* Oct.15, Explore contracting options with each Tailored Plan
* Tailored Plan Encourage beneficiaries to respond to their enrollment notification to self-select a PCP prior to 2022.
* Providers should begin to reach out to LME contacts and discuss changes to the contract process.
* The Process will be different at each LME/TP
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| **Interoperability - Implementation of New Data Systems and Claims Testing** | -Providers have volunteered to do claims testing -Would be good to have a ‘sandbox’ for claims testing so that providers are not testing in a live environment-Will cut over to new data systems be in a live environment | -NCPC will develop a list of systems in use by the LME/TPs |
| **Material Changes in LME/TP Network** | -Big providers vs smaller providers-Will tailored plans adjust their networks at start or will contracts carry over | -Several LME directors have stated that small providers will not succeed in the new environment |
| **Provider Directory** |  | -Providers should check all listing through TRACKS and be sure the company is listed properly |
| **ICF/IDD Providers** | -Some ICF recipients will be enrolled in the 1115-Some recipients will be enrolled in Medicaid Direct | -Recipients will receive letters |
| **Enrollment and Provider Choice** |  | * **June 15, 2022** – Tailored Plan Member Services lines go-live
* **Aug. 1, 2022** – Beneficiaries will be assessed to confirm qualification for Tailored Plan. Beneficiaries that no longer qualify will receive a notice from the Enrollment Broker about their choices
* **Aug. 15, 2022** – Beneficiary Choice Period begins; Beneficiaries can choose a Primary Care Provider (PCP) by contacting their Tailored Plan
* **Aug. 15, 2022** – Tailored Plan Auto-Enrollment begins. Enrollment Broker begins mailing Enrollment Packets to beneficiaries
* **Oct. 14, 2022** – Last day for beneficiaries to choose a PCP before PCP auto-assignment
* **Oct. 15, 2022** – PCP Auto-Assignment (by Tailored Plan) for beneficiaries who have not chosen a PCP
* **Dec. 1, 2022** – Tailored Plan launch
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| **Communications** | -LMEs communicating with providers in advance of cut over-DHB communicating with providers on large scale policy changes effecting the providers ability to conduct business | -Providers should review the DHB fact sheets-Providers to attend all new webinars and information session sponsored by TPs  |
| **B-3 Services** | -Do B-3 services continue until the implementation of the I-waiver |  |
| **Value Based Contracting Efforts** | -Heidis Measures only |  |
| **Care Management Implementation** | -CMAs going live at time of TP Launch | -Review 4-21-22 Update for CMAs-Timeframes are becoming more challenging-CM data systems at LME not operable |
| **Provider Financial Liability** | -If the Case/Care manager makes a mistake on paperwork or process who bears the financial liability for reimbursement |  |
| **Learn From Standard Plans** | -Be sure that the Tailored Plans are aware of the problems with Standard Plans e.g. claims, assignment, code lists, so as not to repeat the same mistakes after launch |  |
| **Batches of Funding through the LMEs** |  |  |
| **Readiness Reviews** |  |  |
| **Workforce**  | NCPC Rate study  | Increased FlexibilitiesCOLASDetrimental service definition changes should be delayed  |
| **Medical Networks** | Alliance – Manages their own medical networkVAYA – Manages their own medical networkTrillium – Carolina CompleteEastPointe – WellCarePartners – Carolina CompleteSandhills - AmeriHealth |  |
| **CMA Implementation - New Issues**  |  | **CMA GO LIVE DEC 1** |
| **Assignment Algorithm** | State designed – LME designed - Where is It - Transparency of LME variances to the DHB structure - LME variances may be good/bad but at a minimum, we all need to be aware of how each LME variance from the DHB structure. - How does DHB plan to ensure transparency to the authorized algorithm variances | How does the algorithm account for clients that are out of CMA coverage district Data will come but will take some time Deployment schedule – Letter Nov firsts week - Panels out mid Nov - first 4 months engagement flexible # contacts |
| **Staff Training** | **80 Hour requirement Flexibility** for replacement staff who are replacing staff with an active case load - Core Training – Non-Core - What is “Core” and what is not - For statewide organizations, with multiple TCM locations, does the organization train as to 1 LME (most business) or does each TCM location train to the standard of the local LME (presumably the most business). | New Hires after launch must be able to assume the existing caseload day 1 Members will prioritize the training share with KellyFour months flexibility - minimum set of trainingsWill give longer time  |
| **New ‘Aggregated Rate’ for CMAs** | What is that? | Exploring One flat rate for all as opposed to 7 acuity-based rates same code one rate – simplify at launch – budget predictability |
| **Capacity Funding**  | Will there be a Round 2 –  | Additional funds needed |
| **New Clients from I-waiver** | CMAs Involved in I-Waiver eligibility determination?How many members will there be who eligible for the I-Waiver  |  |
| **State Funded Medicaid Direct for ‘Duals’**  | Which funding source controls if the member is state funded and Medicaid direct and Dual eligible | How does that work – Not many Innovations |
| **Testing the Eligibility Process** |  | Initial errors and glitches at DSS |
| **IT Readiness and Claims Testing** |  |  |
| **Foster Care and Former Foster Youth Auto Assigned to TP vs. Choice** |  |  |
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