Background on Transition of Care:
As part of the State’s implementation of the Standard Plan Managed Care Option (“Medicaid Transformation”), the NC DHHS has established various safeguards to ensure member continuity of care and alleviate provider burden during a member’s transition to the Standard Plan option.

In November, 2019 Medicaid Transformation activity was suspended. In summer, 2020, the NCGA reactivated Medicaid Transformation, setting a revised managed care launch date of July 1, 2021. As part of this reactivation, and in light of COVID-19, NC DHHS is evaluating requirements established prior to Suspension to ensure they continue to meet the goals of transition of care in the most effective and efficient manner.

The Issue: Under current 42 CFR Part 2, Medicaid beneficiaries transitioning from the LME-MCO to the PHP at Managed Care Launch (July 1, 2021) utilizing services covered under 42 CFR Part 2 must provide PHP-specific consent in order for the beneficiary’s LME-MCO to be authorized to transfer the member’s Prior Authorization (PA) prior to Managed Care Launch.

In 2019 (prior to Medicaid Transformation activity being suspended), the NC DHHS developed a process that would require intaking providers to secure a PHP-specific consent from the applicable beneficiary prior to the LME-MCO transferring relevant prior authorizations.

This Process:
- Emphasized securing consent for transitioning members with open PAs and/or requiring warm handoff (communication between the LME-MCO and the PHP about the member’s care);
- Targeted non-Outpatient BH Services, since Outpatient BH unmanaged visits are resetting to zero at Managed Care Launch.
- Prioritized securing consent in last month prior to Managed Care Launch (appointments or admissions during this time) on members using the following priority services:
  - i. Outpatient opioid treatment
  - ii. Ambulatory detoxification
  - iii. Non-hospital medical detoxification
  - iv. Medically supervised or alcohol drug g abuse treatment center (ADATC) detoxification crisis stabilization

Members impacted by this process are referred to as “Priority Members” in this document.

Prior to Suspension, NC Medicaid had launched a training series to orient providers on this anticipated process.

Exploring An Alternative Option: NC Medicaid Transition of Care Team is considering modifying the process to require impacted providers to submit a new PA directly to the transitioning member’s PHP after Managed Care Launch instead of requiring the provider to secure the consent necessary for LME-MCO to transfer open PAs to the (which may not always be given) before Managed Care Launch. This NC Medicaid Transformation, Transition of Care: NC DHHS Reevaluation of Consent Securing Process for 42 CFR Part 2
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may actually be more streamlined for the providers and will streamline process with LME-MCOs. The NC Medicaid Transition of Care team is seeking feedback from impacted partners.

**Option 1, Current Process:**
- **Before July 1, 2021 (before Managed Care Launch):**
  - Provider submits new PAs for member to LME-MCO.
  - LME-MCOs work with providers to identify those members anticipated to fall into the Priority Member Category.
  - Starting with PA submissions 1 month prior to Managed Care Launch, provider will also secure member consent that is specific to the member’s new PHP (as selected or auto assigned) using the DHHS-sponsored consent form and provide to the LME-MCO.
  - Consent provides authorization necessary for the member’s LME-MCO to transfer the PA for services covered under 42 CFR Part 2 and to engage in pre-transition communication with the PHP.
- **On or After July 1, 2021:**
  - Managed Care Launch: member is now enrolled in PHP
  - PHPs are required to honor open PAs for up to 90 days post Managed Care Launch.
  - If a consent is not secured within established timeframe after Managed Care Launch, the provider will need to submit a new Prior Authorization for services to the member’s PHP.

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<tr>
<th>Option 1 Strengths</th>
<th>Option 1 Challenges</th>
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<tbody>
<tr>
<td>• Provider does not have to resubmit PA for priority member who provides consent for the LME-MCO to transfer PAs to the member’s PHP.</td>
<td>• Provider has to secure PHP-specific consent from member and if not secured, will have to resubmit evidence of PA after Managed Care Launch anyway.</td>
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<td>• Providers potentially have “lift” of 2 processes: 1) securing/submitting consent and 2) resubmitting Pas for those who don’t provide consent.</td>
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<td>• At this time, member’s future eligibility segment (i.e. which PHP the member is enrolled in) is not visible to providers through NC Tracks. Confirming member’s PHP may require provider coordination with LME-MCO.</td>
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**Option 2, Alternative Process:**
- **Before July 1, 2021 (pre Managed Care Launch):**
  - Provider submits PA to LME-MCOs to authorize services needed prior to July 1, 2021.
  - LME-MCOs work with providers to identify those members anticipated to fall into the Priority Member Category.
  - State sets expectation that authorized PAs are covered under State requirement that PHPs honor identified PAs for at least 90 days (or current end date, whichever occurs first).
• On or after July 1, 2021:
  o Managed Care Launch: member is now enrolled in the PHP.
  o At Managed Care Launch, provider submits new PA to client’s PHP.
  o Managed Care Launch requirement of honoring for duration of PA, up to 90 days, is in effect.

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<th>Option 2 Strengths</th>
<th>Option 2 Challenges</th>
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<tr>
<td>• More streamlined process prior to Managed Care Launch</td>
<td>• Will require providers to submit new PAs</td>
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<td>• Better assurance that all PAs will be received by PHP</td>
<td>• Potential risk of PA gap.</td>
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<td>• Requires policy and contractual modification.</td>
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**Feedback Welcomed:**

NC DHHS Transition of Care team is partnering with the LME-MCO network in seeking provider feedback on the 2 available options. The Transition of Care team will also be inviting feedback from the PHPs and other stakeholders to inform its final direction. Importantly, the current established process may not change. However, the team appreciates input on making this important process as effective as possible.

Please submit feedback on the questions below to your LME-MCO by COB Thursday, 12/3/2020.

1. Which option, in your opinion, is the least likely, to disrupt member care at the time of transition?
2. Which option, in your opinion, best ensures uninterrupted authorization to provider?
3. The requirements in Options have been reviewed to ensure compliance with 42 CFR Part 2. Is there another option that is not being considered?
4. Additional Feedback?