

Purpose: This document outlines the job aids provided for processes conducted by Care Managers in NCCARE360 for the Healthy Opportunities Pilot (“the Pilot”). Processes are listed in the order that they will most often occur.

Eligibility and Enrollment

Workflow Step 1A: [CARE MANAGERS] Request enrollment in the Pilot from the Member’s Prepaid Health Plan (PHP).

PESA

Workflow Step 1A.i.: [CARE MANAGERS] Complete the PESA with the Member, for initial eligibility, service authorization, and 3- and 6-month follow-ups.

Send Referrals for Passthrough Services

Workflow Step 2: [CARE MANAGERS] Send referrals for Passthrough services to HSOs for a period of 30 days.

Sending Referrals While Requesting Authorization for Pilot Services

Workflow Step 3A: [CARE MANAGERS] Request authorization for Pilot (non-Passthrough) services, or for Passthrough services lasting longer than 30 days from the Member’s PHP.

Send Referrals for Authorized Pilot Services - ARCHIVED

~~**Workflow Step 4: [CARE MANAGERS]** Send referrals to HSOs for authorized services, including Passthrough services needed for longer than 30 days.~~

Ad Hoc Processes

Disenrollment

Workflow Step 8A: [CARE MANAGERS] Request that a Member be disenrolled from the Pilot if no longer eligible.

Transition of Care

Workflow Step 9B: [CARE MANAGERS] Complete the Transition of Care assessment and facilitate the transition to a new PHP; accept a transitioning member to your care management entity; send referrals for Pilot services after a transition takes place.

Diabetes Prevention Program (DPP) Processes - ARCHIVED

~~**Workflow Step 11: [CARE MANAGERS AND HSO USERS]** Request authorization and send referrals for DPP services, and document provision of DPP services.~~

No Wrong Door Processes

Workflow Step 12B: [CARE MANAGERS] Respond to a Referral from an HSO for a Potential Pilot Participant.

NC Task List (User Created)

Workflow Step 14: [ALL USERS] Create, complete, and manage user created tasks within the Task List feature in NCCARE360.

Appendix

Transition of Care Workflow Diagrams

Workflow Step 9A and 9B: [PLAN UTILIZATION MANAGERS and CARE MANAGERS]
Included in the Appendix job aid are workflow diagrams that outline PHP & Care Management transitions, PHP to PHP transitions, and Care Management transitions.

Healthy Opportunities Pilot

Job Aids Version History - Care Managers

Purpose: This document outlines the version history for the Healthy Opportunities Pilot Job Aids for Care Managers

Audience: Care Managers

Version History

Version:	Job Aid(s) Updated:	Updates/Changes:	Date Updated:
V.1	● Send Referrals for Passthrough Services ● Sending Referrals While Requesting Authorization for Pilot Services	● Passthrough workflow updated to reflect Passthrough/Authorization Cap release ● Sending Referrals workflow updated to reflect Passthrough/Authorization Cap release	11/1/23
V.2	● PESA ● Eligibility and Enrollment ● Disenrollment ● Transition of Care (TOC) ● TOC Appendix	● PESA workflow updated to reflect the expanded list of qualifying physical and behavioral health needs ● Disenrollment workflow updated to include new disenrollment reasons. ● Eligibility and Enrollment workflow updated to include adding CM as a Care Team member to the client Face Sheet and new enrollment rejection reason. ● Transition of Care workflows updated to reflect new disenrollment reasons and include changing the CM assigned as a Care Team member to the client Face Sheet. ● New Appendix added with TOC workflow diagrams.	11/29/23
V.3	● Sending Referrals While Requesting Authorization for Pilot Services	● Authorization workflow updated to reflect removal of 30 day holds on unutilized authorized funds when cases with authorization caps are closed.	12/8/23
V.4	● Eligibility and Enrollment	● Eligibility and Enrollment workflow updated to include NCTracks integration workflow.	1/17/23

V.5	● NC Task List (User Created Tasks)	● NC Task List job aid added for the Task List functionality, which allows all platform users to create, track, and assign self-generated tasks through the Tasks tab.	1/24/24
V.6	● Sending Referrals While Requesting Authorization for Pilot Services	● Authorization workflow updated to include guidance for service authorization extensions.	2/28/24
V.7	● Eligibility and Enrollment	● Eligibility and Enrollment workflow updated to include NCTracks enhancement and clarifications.	4/17/24
V.8	● Sending Referrals While Requesting Authorization for Pilot Services	● Authorization workflow updated to include Referral Description guidance for housing services types.	5/28/24
V.9	● Send Referrals for Passthrough Services ● Sending Referrals While Requesting Authorization for Pilot Services	● Passthrough workflow updated to include updated example of monthly cap calculation. ● Authorization workflow updated to include updated example of monthly cap calculation.	7/1/24
V.10	● Eligibility and Enrollment	● Eligibility and Enrollment workflow updated to include new NCTracks enhancements.	7/9/24
V.11	● Eligibility & Enrollment ● Disenrollment	● Social Care Coverage selection workflow updated to include insurance selection for Utilization Manager visibility into client's insurance record and NCTracks verification. ● Disenrollment workflow updated to include new Disenrollment Reason options.	7/24/24
V.12	● Eligibility & Enrollment	● Social Care Coverage workflow updated to include note that overlapping SCCs will no longer be allowed in the platform (with the exception of Passthrough SCC)	9/25/24

Healthy Opportunities Pilot Eligibility and Enrollment Job Aid - September 2024

Purpose: This document outlines the eligibility and enrollment process in NCCARE360 for the Healthy Opportunities Pilot (“the Pilot”).

Audience: Care managers

Workflow step: 1A

Request Enrollment in the Pilot

1. Log in to NCCARE360. If you are a user at more than one organization in NCCARE360, select the organization with “Care Management for Healthy Opportunities Pilot” in the name.
 - If you are a user at more than one HOP Care Management organization, you can always switch which organization you are logged into by clicking the building icon to the right of your name within the Navigation Bar.
2. Click the plus sign at the top right of the screen and select New Client.
3. Create a record for the member and gather their Unite Us consent (or use an existing record, if one has already been created for the member).

All Pilot users are required to complete the Contact Requirements fields on the client profile, which include the Methods of Contact and Times to Contact sections. These fields should also be updated if any changes are communicated by the client.

Contact Requirements must be collected for Pilot enrollees to protect client safety given the sensitive nature of services provided or situations that Pilot enrollees may be experiencing. Recording accurate Contact Requirements facilitates effective and safe service delivery.

You must speak with the client to understand and record safe days, times, and methods for contact.

Contact requirements will apply to non-essential Pilot communications (i.e., any outreach from Pilot entities not related to eligibility and enrollment for the Pilots). Some clients may not wish to receive any Pilot non-essential communications; these requirements should be appropriately documented in the “Methods of Contact” and “Times to Contact” fields.



To enter multiple time slots to one day, select +Add Timeslot button to the right of the day you wish to add to.

Contact Requirements

METHODS OF CONTACT

Phone Call X Text X Select...

IS IT OKAY TO LEAVE VOICEMAIL? * ☐ Yes ☒ No

TIMES TO CONTACT

Selected Contact Times On

☒ Monday	9:00 AM	to	5:00 PM		+ Add Timeslot
☐ Tuesday	Do not contact				
☒ Wednesday	9:00 AM	to	5:00 PM		+ Add Timeslot
☒ Thursday	9:00 AM	to	5:00 PM		+ Add Timeslot
☐ Friday	Do not contact				
☒ Saturday	12:00 PM	to	3:00 PM		+ Add Timeslot
☐ Sunday	Do not contact				

- The Contact Notes field is optional. Any notes added to the Contact Notes will be viewable by any NCCARE360 users with access to this client’s face sheet, so **do not** include any PII, PHI, or other sensitive information. This field may be used for safety planning information shared by the client, for example, “When calling, please say you are from the library.”



If the phone number/email listed on the client’s profile belongs to someone else (i.e., a parent/guardian for minors, a relative helping to coordinate services), this should be documented

in the Contact Notes (for example, “The phone number listed on the member’s profile belongs to her granddaughter Jane, who will help coordinate her services.”). Contact requirements can be viewed/updated for existing clients at any time from the Profile tab of the client’s Face Sheet.

CONTACT NOTES

Please ask the client if there are special instructions that should be followed when contacting them.

When calling, please say you are from the library.

Notes appear throughout client records. Please avoid including sensitive information (including PHI) in your note.

4. From the Overview tab of the member’s Face Sheet, add yourself to the member’s Care Team. Include your role as the Healthy Opportunities Pilot Care Manager and your contact information. If a previous Pilot care manager is still listed in the Care Team, delete that contact using the trash can icon.

Care Team

+ Add Care Team Member

Care Coordinator

Assign

Mary Doe

Mother

mother@gmail.com

(909) 090-9090

🗑️ Delete

✎️ Edit

Karen Caring

Healthy Opportunities Pilot Care Manager

karen.caring@demo.com

(123) 456-7890

🗑️ Delete

✎️ Edit

5. From the member’s Face Sheet, go to the Profile tab and click + Add Insurance

+ Add Insurance

6. Select “Medicaid” as the Plan Type and one of the **Pilot-eligible insurance plans**, add the Medicaid ID in the Member ID field, and add the coverage start date and end date, if you know them. Regardless of the start and end dates entered on the insurance record, NCCARE360 will always send the **first and last day of the current month** as the insurance coverage period to NCTracks, in order to verify current coverage.

The member's Medicaid ID should **always** be 9 numerical characters followed by one alphabetical character (ex: 123456789A). Please note that the last character **MUST** be capitalized in order for the Medicaid ID to be registered as valid.

The screenshot shows a modal window titled "Add Insurance Information" with a close button (X) in the top right corner. The form contains the following fields:

- PLAN TYPE ***: A dropdown menu with "Medicaid" selected.
- INSURANCE PLAN ***: A dropdown menu with "UnitedHealthcare of North Carolina" selected.
- MEMBER ID ***: A text input field containing "123456789L".
- INSURANCE GROUP ID**: An empty text input field.
- COVERAGE START**: A date picker showing "01/01/2024".
- COVERAGE END**: A date picker showing the placeholder "MM/DD/YYYY".

At the bottom right of the form are two buttons: "Cancel" and "Save".

7. Once you've added the member's Insurance information, click Save. NCCARE360 will show the results of the NCTracks verification under the Insurance record - results should be returned in 20 seconds or less. If you do not see results after 20 seconds, refresh the page.

- If the member has active coverage with the Pilot-eligible plan you selected, you should see three green check marks on the Insurance record corresponding to Member ID (Medicaid ID), Managed Care or PIHP Enrollment, and Medicaid Plan.

INSURANCE	Plan Name	Start Date	End Date
	AmeriHealth Caritas North Carolina	4/1/2023	6/30/2023
	Member ID	Group ID	
	465198455P	65D45T	
NC Tracks Verification			
	Member ID	Managed Care or PIHP Enrollment	Medicaid Plan
	✔ Match found for member ID	✔ Active in managed care or PIHP	✔ Match found for plan

- If NCTracks is unable to verify coverage for one or more of the match criteria, you will see a red X next to the corresponding criteria.

INSURANCE	Plan Name	Start Date	End Date		
	AmeriHealth Caritas North Carolina	4/1/2023	6/30/2023		
	Member ID	Group ID			
	465198455P	65D45T			
	NCTracks Verification				
	Member ID	Managed Care or PIHP Enrollment	Medicaid Plan		
	✔ Match found for member ID	✖ Not active in managed care or PIHP	✖ No match found for plan		

- You will also see a message letting you know the date and time of the most recent verification; the verification results reflect coverage for the current month as of the most recent verification. This message will update with subsequent re-verifications.

INSURANCE	Plan Name	Start Date	End Date
	AmeriHealth Caritas North Carolina	4/1/2023	6/30/2023
	Member ID	Group ID	
	465198455P	65D45T	
NCTracks Verification			
	Member ID	Managed Care or PIHP Enrollment	Medicaid Plan
	✔ Match found for member ID	✔ Active in managed care or PIHP	✔ Match found for plan
NCTracks results reflect client's current coverage status as of [DATE] at [TIME] and do not reflect past or future coverage. Coverage is only verified for the current month.			

- On the first of the month, the platform will reverify all active (not expired) Pilot insurance records. If the NCTracks verification discovers the member's Insurance is now expired, you will see a message that reads, "Per an NCTracks query performed on [X date] at [X time], the member's enrollment in this plan has expired." NCCARE360 will not add/update an insurance

end date, but this field can be manually updated for documentation purposes.

INSURANCE				+ Add Insurance	
Plan Name	AmeriHealth Caritas North Carolina	Start Date	4/1/2023	End Date	6/30/2023
Member ID	465198455P	Group ID	65D45T		
NCTracks Verification					
Member ID	Managed Care or PIHP Enrollment	Medicaid Plan			
✓ Match found for member ID	✗ Not active in managed care or PIHP	✗ No match found for plan			
❗ Per an NCTracks query performed on 07/01/23 at 8:14 a.m., the member's enrollment in this plan has expired.					
NCTracks results reflect client's current coverage status as of [DATE] at [TIME] and do not reflect past or future coverage.					
Coverage is only verified for the current month.					



If NCTracks returns expired coverage for a client, NCCARE360 will attempt to re-verify the expired record once per day for the duration of the month during which it is marked as expired, in order to identify instances of “churn.” If NCTracks returns an active coverage at some point during this time period, NCCARE360 will remove the expiration message on the insurance record. However, if by the end of the month NCTracks is still returning expired coverage, the expiration message will remain and NCCARE360 will not continue attempting to re-verify the expired insurance. Updating the start and/or end dates on an insurance record WILL NOT trigger a reverification via NCTracks.

- You may also see error messages if the member’s name or date of birth in NCCARE360 does not match the information in the record returned for the Member ID (Medicaid ID) in NCTracks. As long as there are no errors with the member’s Member ID (Medicaid ID), Managed Care or PIHP Enrollment, and Medicaid Plan verifications, you may continue with the Pilot enrollment process.

Client Date of Birth
❗ No match found for client date of birth

- A member must have a valid Member ID (Medicaid ID), active Managed Care or PIHP enrollment, and active enrollment in one of the participating Health Plans to be eligible for the Pilot. Thus, you should confirm the member has three green check marks before continuing with the Pilot enrollment process.
- However, if the member’s NCTracks verification does not return three green checkmarks, and you have confirmed the member’s Member ID (Medicaid ID), active Managed Care/PIHP enrollment, and active enrollment in one of

the participating Health Plans outside of the NCCARE360 platform, please proceed with the Pilot enrollment process.



To edit the Medicaid ID on the insurance record, click the pencil icon to the right of the insurance record, make the change in the Member ID field, then click Save. This **will** trigger a reverification via NCTracks. If you selected the wrong Plan Type, Plan Name, or coverage dates, click the trash can icon to delete the insurance record and add a new insurance record.

Only users who are logged into a Healthy Opportunities Pilot organization in NCCARE360 will be able to return verified coverages via NCTracks. Non-Pilot organizations will not have an NPI/API on file in NCCARE360; this is a required field for the NCTracks verification process to return results. If you see this message on an insurance record, it is because the user that added or updated the Member ID on the insurance record was not part of a Pilot organization or did not have an NPI/API on file in NCCARE360:

Insurance			
INSURANCE	Plan Name	Start Date	End Date
	AmeriHealth Caritas North Carolina	1/1/2024	6/30/2024
	Member ID	Group ID	
	465198455P	65D45T	
	NCTracks Verification		
	❗ NCTracks could not verify this record because the organization associated with the user that added it is not a Healthy Opportunities Pilot entity.		



If you are a user at a Pilot organization, you may add a new insurance record and delete the old one in order to attempt to verify via NCTracks.

8. Go to the Social Care Coverage section and click +Add Social Care Coverage.



9. Select the Healthy Opportunities social care coverage that corresponds with the member’s Medicaid plan. NCCARE360 will check to make sure the client has a corresponding insurance record for that Medicaid plan.

If the insurance record exists, it will show in the Primary Insurance field underneath the selected social care coverage.

Add Social Care Coverage

SOCIAL CARE COVERAGE *

Healthy Opportunities - UHCNC

PRIMARY INSURANCE *

UnitedHealthcare of North Carolina

This plan does not require approval by the plan administrator. The plan will be valid until it expires or the client is disenrolled.

START DATE

Social care coverage will start once the client is enrolled.

END DATE

Social care coverage will end when the client is disenrolled.

Cancel

Save

If the insurance record does not exist, you must add the corresponding insurance before you can proceed with the social care coverage enrollment process.

Add Social Care Coverage

SOCIAL CARE COVERAGE *

Healthy Opportunities - HBNC

PRIMARY INSURANCE *

To add this social care coverage, the client must have a matching health insurance. Please add a matching health insurance:

- Healthy Blue North Carolina

This plan does not require approval by the plan administrator. The plan will be valid until it expires or the client is disenrolled.

START DATE

Social care coverage will start once the client is enrolled.

END DATE

Social care coverage will end when the client is disenrolled.

Cancel

Save

If the client has more than one insurance record for the corresponding Medicaid plan, you will be asked to select the insurance record that should be considered primary. Please select the most current record.

Add Social Care Coverage

SOCIAL CARE COVERAGE *

Healthy Opportunities Provisional - HBNC

PRIMARY INSURANCE PLAN *

Choose primary insurance plan...

Healthy Blue North Carolina (Start Date: 01/01/2023 End Date: 12/31/2023)

Healthy Blue North Carolina (Start Date: 03/01/2024 End Date: --)

Social care coverage will start once the client is enrolled.

END DATE

Social care coverage will end when the client is disenrolled.

Cancel Save



The most current record for this client is the second entry with a start date of 03/01/2024 and no End Date. That most current record is the insurance record that should be selected as the primary insurance.

If the client is already currently enrolled in or has a pending enrollment request for a social care coverage plan, you will not be able to add/request enrollment in that same social care coverage plan again to prevent duplicate requests or records.

Add Social Care Coverage

SOCIAL CARE COVERAGE *

Healthy Opportunities Provisional - Partners PIHP

The client is already enrolled in this social care coverage plan.

This plan does not require approval by the plan administrator. The plan will be valid for 30 days.

START DATE
Social care coverage will start once the client is enrolled.

END DATE
Social care coverage will end 30 days after the start date.

Cancel Save

If the client is already currently enrolled in or has a pending enrollment request for a non-Provisional Pilot social care coverage plan, you will not be able to request enrollment in a secondary social care coverage plan to prevent overlap in active non-Provisional Pilot social care coverage records.



It is possible for a client to have an overlap in their Provisional Pilot social care coverage record and non-Provisional social care coverage record for their corresponding Insurance plan.

Start Date

Add Social Care Coverage ✕

SOCIAL CARE COVERAGE *

Healthy Opportunities - Trillium PIHP (requirements) ✕ ▼

The client is already enrolled in a social care coverage for Healthy Opportunities and cannot be enrolled in another social care coverage under the same contract.

This plan has requirements for enrollment and must be approved by the plan administrator:

- ✓ Client must provide informed consent to be on the Unite Us platform

START DATE
Social care coverage will start once the client is enrolled.

END DATE
Social care coverage will end when the client is disenrolled.

Cancel Next

- Once the Primary Insurance Plan has been selected/populated, click Next. **The NCTracks verification results, as well as if the insurance has expired or has an end date in the past, will not prohibit you from proceeding with the social care coverage enrollment process.**

The Utilization Manager will be able to see the results of the NCTracks verification in the enrollment request when they review it.

- To complete enrollment, you will need to fill out the three steps of the enrollment section. Section 1, the first screen, is a review of the member's information that is pulled from the Face Sheet. Review the member's information and then click Next.

Apply for Healthy Opportunities - SCI Demo 1 Enrollment

01 Review client details

02 Enrollment application

03 Review request

Review the client and social care coverage plan details below.

CLIENT NAME
Gustav Klimt

DATE OF BIRTH
12/12/1970

SOCIAL CARE COVERAGE
Healthy Opportunities - SCI Demo 1

START DATE
Social care coverage will start once the client is enrolled.

END DATE
Social care coverage will end when the client is disenrolled.

Cancel Next

12. In Section 2, you will complete the PESA for the member (please reference the **PESA Job Aid for Care Managers**, workflow step 1Ai, for step-by-step instructions).
13. At the bottom of Section 2 you will also see a supporting documents section for the Healthy Opportunities Pilot Consent form. The url for the downloadable Pilot consent form is found within the PESA. Once complete, upload and attach the Pilot consent to the supporting documents section. Click Next.

Supporting Documents

Upload your documents from your device. Acceptable formats are .CSV, .DOCX, .PDF, .JPG, or .PNG

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES' STANDARDIZED HEALTHY OPPORTUNITIES PILOT CONSENT FORM *

+ Attach Document

FILE NAME	DATE MODIFIED	
EXAMPLE - HOPS Consent Form.pdf	January 12, 2023	

Previous Next

14. Section 3 is the final review page. Confirm the information you've entered is correct and click Submit Enrollment Request. The member's health plan will receive your eligibility and enrollment request.



Enrollment Request Sent!

Your enrollment request to the **Healthy Opportunities Pilot [Test]** for **Rebecca Lawson** has been sent! You'll receive a notification when the request has been approved.

To check the status of the request, visit the client's face sheet and look under "Social Care Coverage" in their "Profile". Forms completed in this enrollment request process will be added to "Forms" in the client face sheet.

[Check Enrollment Request Status](#)

You will receive an email notification from NCCARE360 when the Utilization Manager takes action on the enrollment request. You can also view the status of your enrollment request from the Social Care Coverage section of the Profile tab on the member's Face Sheet.

SOCIAL CARE COVERAGE	Plan Name	Start Date	End Date	Status	
	Healthy Opportunities Pilot [Test]	--	--	Pending enrollment	



If you need to cancel the enrollment request before the member has been enrolled by the Utilization Manager, you can click the pencil Edit icon to the right of the Social Care Coverage status and select Cancel Request from the pop up window. After the request is canceled, the member's Social Care Coverage status will appear as Not Enrolled.

15. If the member's enrollment is not approved, the plan will choose to Reject the enrollment request. You will receive an email notification and can log into

NCCARE360 to review the reason for rejection. The Status of the Social Care Coverage enrollment request will say “Rejected.” You can click on the information icon denoted with the letter “i” next to the rejection status to view the details.

Rejection reasons include:

- Not Enrolled – Priority Enrollment Not Met
- Not Eligible – Not Enrolled in Medicaid Managed Care
- Not Eligible – No Pilot Service Authorized
- Not Eligible – Not in Pilot Region
- Not Eligible – Does not meet physical need
- Not Eligible – Does not meet social need
- Not Eligible – Enrolled in Duplicative Program / Receiving Duplicative Services
- Not Enrolled - Duplicate Enrollment Request
- Not Enrolled - Other

Insurance					
INSURANCE	Plan Name Carolina Complete Health - Medicaid Member ID 1231231234	Start Date 10/31/2023	End Date --	Status Rejected	EDIT

The enrollment request submitted on Jan 12, 2023 was rejected.

Rejection Reason: Not Eligible – Not in Pilot Region

Details: Client must reside in one of the designated pilot regions in order to be eligible for this Social Care Coverage

Note: Member does not live in the Pilot region.

Social Care Coverage					
SOCIAL CARE COVERAGE	Plan Name Healthy Opportunities - HBNC [Test]	Start Date --	End Date --	Status Rejected	EDIT

Last update by Celia Suazo on January 12, 2023

You will also be able to see the rejection note from the PHP, if they elect to provide one.

16. If the member’s enrollment is approved, the plan will choose to Accept the enrollment request. You will receive an email notification and can log into NCCARE360 to review the enrollment status and begin the process to send a service authorization request (See **Service Authorization for Care Managers** job aid).

SOCIAL CARE COVERAGE	Plan Name Healthy Opportunities - HBNC [Test]	Start Date 1/17/2023	End Date --	Status Enrolled	EDIT
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Complete Provisional Enrollment

Once you've submitted an enrollment request to the plan, you can add Provisional Social Care Coverage to begin immediately sending Passthrough service referrals for the member to HSOs. Passthrough services are select Pilot services that members can be referred to for a 30-day period which do not require prior PHP approval. You do not need to wait for the plan to approve the member's enrollment before adding Provisional Social Care Coverage for Passthrough services.

1. To add the Provisional Social Care Coverage, return to the Profile tab of the member's Face Sheet and select + Add Social Care Coverage.
2. Select the Provisional Social Care Coverage that corresponds to the member's Medicaid plan from the drop down. NCCARE360 will check to make sure the client has a corresponding insurance record for that Medicaid plan. If the corresponding insurance record for that Medicaid plan has not been added, please add the insurance record to proceed.

Add Social Care Coverage

SOCIAL CARE COVERAGE *

Healthy Opportunities Provisional - Partners PIHP

×

▼

PRIMARY INSURANCE *

To add this social care coverage, the client must have a matching health insurance. Please add a matching health insurance:

- Partners Health Management PIHP

This plan does not require approval by the plan administrator. The plan will be valid for 30 days.

START DATE

Social care coverage will start once the client is enrolled.

END DATE

Social care coverage will end 30 days after the start date.

Cancel

Save

- Click Save.

The Start Date is the date you add the Provisional Social Care Coverage, and the End Date is 30 days after the Start Date.

SOCIAL CARE COVERAGE	Plan Name	Start Date	End Date	Status	EDIT
	Healthy Opportunities Provisional - HBNC [Test]	1/12/2023	2/11/2023	Enrolled	
Last update by Lisa Schwartz on January 12, 2023					

- Once the Provisional Social Care Coverage is added, you can begin sending referrals for Passthrough services to meet the member's need to HSOs (see the **Send Referrals for Passthrough Services job aid** for Care Managers).

Purpose: This document outlines completion of the Pilot Eligibility and Service Assessment (PESA) form as part of the eligibility and enrollment process, as well as the required 3-month service mix review and 6-month eligibility reassessment, in NCCARE360 for the Healthy Opportunities Pilot (“the Pilot”).

Audience: Care managers and other individual(s) completing the PESA

Workflow step: 1Ai

Complete the Pilot Eligibility and Service Assessment (PESA)

1. Go to the member’s Face Sheet and click on the Profile Tab. Review and update the member’s demographic information, address, Medicaid ID number, and other insurance information, if necessary.



A member’s Medicaid ID number is always 10 characters (9 numbers followed by 1 letter). The member must have a valid Medicaid ID number in order to be enrolled in the Pilot.

2. Note the member’s county of residence when you’re reviewing the address information on the Profile Tab, as you will need this later when completing the PESA.

Contact Information	
PHONE	<i>mobile (primary)</i> (434) 599-0012
ADDRESS	<i>home</i> 2040 Slatestone Rd Washington, NC 27889 <i>county</i> Beaufort County

3. Complete steps 1-8 of the **Eligibility and Enrollment Job Aid for Care Managers** (workflow step 1A).



In addition to completing the PESA to assess for initial Pilot eligibility and make service recommendations, care managers must update the PESA when applicable and necessary, which at minimum includes the 3-month service mix reviews and 6-month eligibility reassessments. See the PESA 3-Month HOP Service Mix Review and 6-Month HOP Eligibility Reassessment Tasks section below for more information.

4. Complete the PESA in Section 2 of the enrollment process.



Answer the questions in the PESA in the order that they appear. Questions with a red asterisk next to them are required. Throughout the assessment, alerts appear if you select (or don't select) any criteria that might make the member ineligible for the Pilot. Be sure to save the form before navigating to another page as responses will not save automatically.

5. Enter your name as the care manager completing the PESA and select the type of Care Management Entity you are a part of.

Care Management Entity Type *

- PHP/Health Plan
- AMH/AMH+/CMA
- PHP/Health Plan
- Local Health Department
- Unknown

6. If an individual other than the Care Manager is completing the PESA, include their name(s) and organization(s).

Individual(s) Completing the PESA

Veronica Valley

Organization of Individual(s) Completing the PESA

Local Health Department

- Based on the member's county of residence you noted in step 2 above, select the corresponding Network Lead (Network Leads organize the network of HSOs that provide services to qualifying members in different regions of the state). Members must live in a county participating in the Pilots in order to receive Pilot services. If the member doesn't live in any of these counties, they do not qualify for the Healthy Opportunities Pilot.

County Eligibility

Please indicate the member's county of residence (organized by Network Lead)? *

County of residence can be found on the client Face Sheet in the address section. Only members living in one of the Healthy Opportunities Pilot counties listed are eligible for the Pilots.

Choose...

Access East (Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt counties)

Community Care of the Lower Cape Fear (CCLCF) (Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender counties)

Impact Health (Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey counties)

- Confirm that the member has given consent to participate in the Healthy Opportunities Pilot. Consent may be written or attested to verbally. You will need to upload and attach the NC Department of Health and Human Services' standardized Healthy Opportunities Pilot consent form at the bottom of the page. The [url to access the standardized consent form online](#) will be included here. You can also access a job aid for completing the Pilot consent form [here](#).



The enrollment request for the member should be sent to the plan, with the consent attached, before any service requests are sent for the member, including for Passthrough services. You do not need to wait for the plan's response to the

enrollment request before adding Provisional Social Care Coverage and sending referrals for Passthrough services.

9. Indicate if the member has consented to be contacted by Pilot partners.
10. In order to assess if a member has at least one qualifying physical or behavioral health need, select whether or not the member is currently pregnant.

Physical or Behavioral Health Needs

To be eligible for Healthy Opportunities Pilot services, a member must have at least one qualifying physical or behavioral health need. Please complete the following questions to determine if the member meets this criteria.

Is the member pregnant and meet at least one of the qualifying physical or behavioral health needs for pregnant members? *

- ☒ Yes (If Selected, Must Also Select Qualifying Physical Or Behavioral Health Need From List Below.)
- ☐ No (Indicates Member Is Either Not Pregnant, Or Is Pregnant But Does Not Meet The Qualifying Physical Or Behavioral Health Needs For Pregnant Members)

For Pregnant members, please select all the qualifying physical or behavioral health needs: *

Please refer to the PESA Companion Document Section A for full descriptions of the below physical or behavioral health needs. Individual(s) completing this PESA should use their best judgment with the information they have available to select the most applicable physical or behavioral health needs for pregnant members.

- ☐ Less than one year since last delivery
- ☐ History of poor birth outcome
- ☐ Multifetal gestation
- ☐ Chronic condition likely to complicate pregnancy
- ☐ Current or recent (month prior to learning of pregnancy) use of drugs or heavy alcohol
- ☐ Adolescent less than or equal to 15 years of age
- ☐ Advanced maternal age, greater than or equal to 40 years of age
- ☐ Experiencing or previously experienced three or more categories of adverse childhood experiences
- ☐ Enrolled or formerly enrolled in North Carolina's foster care or kinship placement system
- ☐ Intellectual or developmental disability (I/DD)
- ☐ Traumatic brain injury (TBI)
- ☐ Meets the clinical eligibility criteria for Tailored Care Management or North Carolina's Health Home benefit

- If the member is pregnant, you will be asked to select at least one qualifying physical or behavioral health need required for pregnant members.
- If the member is not pregnant, you will be asked to indicate the member's age category and corresponding qualifying physical or behavioral needs. Please refer to the PESA Companion Guide Section A for full descriptions of the qualifying physical or behavioral health needs.

Is the member pregnant and meet at least one of the qualifying physical or behavioral health needs for pregnant members? *

- ☐ Yes (If Selected, Must Also Select Qualifying Physical Or Behavioral Health Need From List Below.)
- ☒ No (Indicates Member Is Either Not Pregnant, Or Is Pregnant But Does Not Meet The Qualifying Physical Or Behavioral Health Needs For Pregnant Members)

Please select the age category the member belongs to from the following: *

- ☐ Children Ages 0-3
- ☐ Children Ages 4-20
- ☒ Adults Ages 21+

For Adults Ages 21+, please select the qualifying physical or behavioral needs: *

Please refer to the PESA Companion Document Section A for full descriptions of the below physical or behavioral health needs to help support decision-making on selecting applicable chronic conditions. Individual(s) completing this PESA should use their best judgment with the information they have available to select the most applicable chronic conditions for adults.

- ☒ Two or more chronic conditions
- ☐ Five or more ED visits or hospital admissions in the last year
- ☐ Previously experienced three or more categories of adverse childhood experiences
- ☐ Formerly enrolled in North Carolina's foster care or kinship placement system
- ☐ Meets the clinical eligibility criteria for Tailored Care Management or North Carolina's Health Home benefit

11. Select the member's social needs, referencing the PESA Companion Guide , Section B, for the list of criteria for each social need. The four main categories of

need covered in the Pilot are food, housing, transportation, and interpersonal violence/toxic stress.

Social Needs

Please select all social needs that apply to the member. *

Please refer to the PESA Companion Document Section B for list of criteria for each social need. To be eligible for the Healthy Opportunities Pilot services, a member must meet at least one of the criteria for a qualifying social need. Individual(s) completing this PESA should use their best judgment with the information they have available to select the most applicable social needs for the member.

- ☒ Food
- ☐ Housing
- ☐ Transportation
- ☐ Interpersonal Violence/Toxic Stress

12. Select the services that you would like to recommend for the member, including any Passthrough services, referencing Section C of the PESA Companion Guide.

Food Services

Passthrough Services do not require Health Plan authorization for the first 30 days.

- ☐ Food and Nutrition Access Case Management Services
- ☐ Evidence-Based Group Nutrition Class
- ☒ Diabetes Prevention Program
- ☐ Fruit and Vegetable Prescription
- ☒ Fruit and Vegetable Prescription [PASSTHROUGH SERVICE]
- ☐ Healthy Food Box (For Pick-Up)
- ☐ Healthy Food Box (For Pick-Up) [PASSTHROUGH SERVICE]
- ☐ Healthy Food Box (Delivered)
- ☐ Healthy Food Box (Delivered) [PASSTHROUGH SERVICE]
- ☐ Healthy Meal (For Pick-Up)
- ☐ Healthy Meal (For Pick-Up) [PASSTHROUGH SERVICE]
- ☐ Healthy Meal (Home Delivered)
- ☐ Healthy Meal (Home Delivered) [PASSTHROUGH SERVICE]
- ☐ Medically Tailored Home Delivered Meal



Consider recommending and sending a referral for a Passthrough Service when the member's needs are urgent. Passthrough Services do not require prior authorization from the plan for the first 30 days. If Passthrough services are needed beyond the first 30 days, you will need to request authorization from the member's plan in the same manner (i.e., submitting a PESA to the plan for review and approval). Passthrough services are labeled "[PASSTHROUGH SERVICE]" within the "Service Selection" section of the PESA.

13. Confirm via member attestation that the member meets all service-specific eligibility criteria for the recommended service(s). If the member does not meet all service-specific eligibility criteria for a selected service, please go back and unselect that recommended service.

Please confirm that the member meets ALL service-specific eligibility criteria for selected recommended services. If the member does not meet all service-specific eligibility criteria for a selected service, please go back and unselect that recommended service.

A quick reference guide for service-specific eligibility is available in section C of the PESA Companion Document. Detailed service-specific eligibility for all services are available in the Pilot Fee Schedule in the minimum eligibility criteria section: <https://www.ncdhhs.gov/media/14071/download?attachment>.

☒ Yes

☐ No

14. Select the next two check-in dates — one within three months from now for the Pilot service mix review, and one within six months from now for the Pilot eligibility reassessment. (Once a member is enrolled in the Pilots, a care manager will need to meet with them at least every three months to understand if the Pilot services that the member is currently receiving are still meeting their needs and at least every six months to reassess the member's eligibility for the Pilots.)

Check-Ins

Please set the date for the 3-month member check-in 3 months from completing and submitting this form. *

06/28/2023


Please set the date for the 6-month member check-in 6 months from completing and submitting this form. *

09/28/2023




If the client is enrolled in HOPs social care coverage, the Unite Us task list will notify you via in-platform notifications when it is time for the 3-month and 6-month reviews. See the PESA 3-Month HOP Service Mix Review and 6-Month HOP Eligibility Reassessment Tasks section below for more information. We recommend that you also record these dates within your own care management system or calendar to track and ensure you follow up with the member accordingly.

15. **Do not complete this question.** The final section labeled FOR PHP USE ONLY is for the plan Utilization Manager to complete when they receive the eligibility and enrollment request.

FOR PHP USE ONLY

Select the member's Impactability Category (select all that apply)

☐ Pregnant Members (Age N/A)
 ☐ Children Ages 0-20
 ☐ High-Cost Population
 ☐ Other PHP Impactability Category Designation
 ☐ Not Applicable

- Below the Impactable Category question, you will see the Supporting Documents section for the Healthy Opportunities Pilot Consent form. Upload and attach the Pilot consent here.

Supporting Documents

Upload your documents from your device. Acceptable formats are .CSV, .DOCX, .PDF, .JPG, or .PNG

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES' STANDARDIZED HEALTHY OPPORTUNITIES PILOT CONSENT FORM *

 Attach Document

FILE NAME	DATE MODIFIED	
EXAMPLE - HOPS Consent Form.pdf	January 12, 2023	

- Click Next.
- Return to the **Eligibility and Enrollment Job Aid for Care Managers** (workflow step 1A) to complete the Pilot enrollment process.

PESA 3-Month HOP Service Mix Review and 6-Month HOP Eligibility Reassessment Tasks

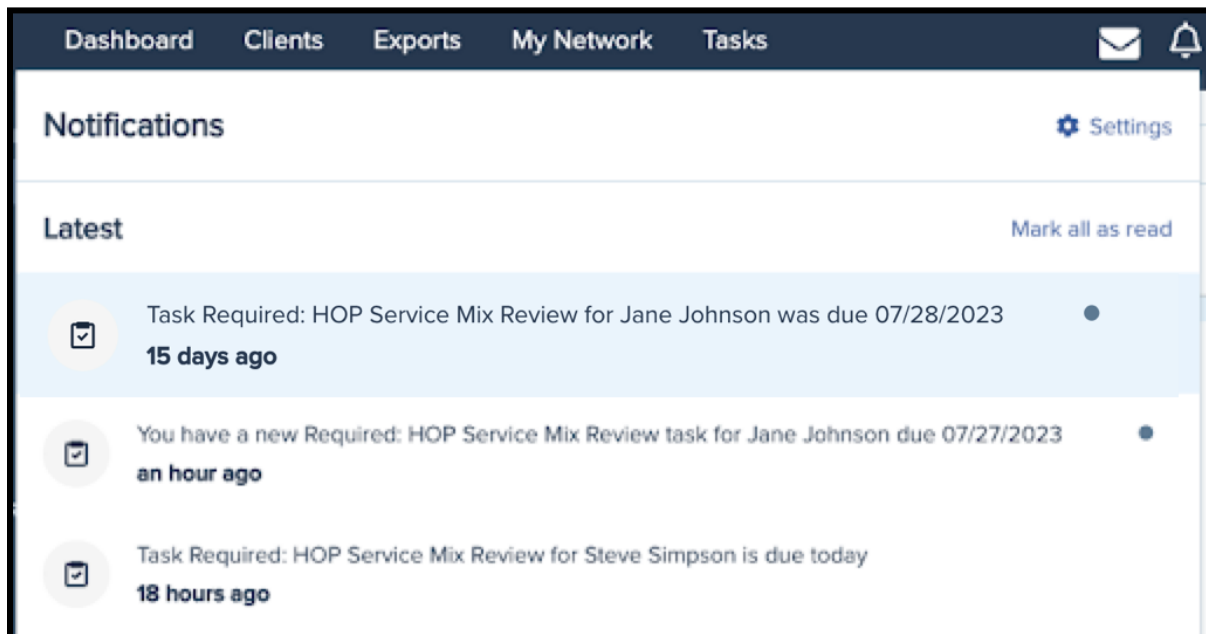
- Once a Utilization Manager accepts an Enrollment Request for the client and the client is enrolled in their Social Care Coverage, the Unite Us system will generate task reminders for the 3-month HOP Service Mix Review and the 6-month HOP Eligibility Reassessment.
- The Care Manager who submitted the Enrollment Request will receive an in-platform notification that a Service Mix Review or Eligibility Reassessment task is upcoming for a client 7 days before the task is due, marked as “To Do”.

3. New task notifications will appear as a red badge in the notification bell in the top navigation bar.

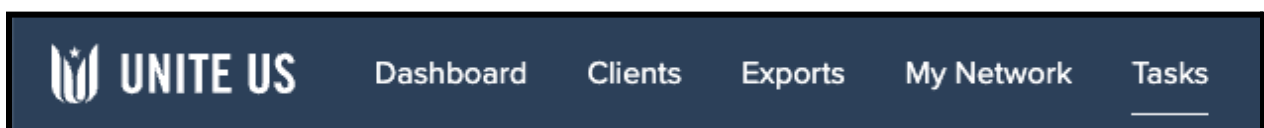


If you have not completed the task by the due date, you will receive another notification the day the task is due. If the task is not completed by the due date, it will become “Overdue”. You will receive another reminder notification 7 days after the task was due if it is still overdue and not completed.

4. Clicking on the notification bell will pull up a list of your latest notifications.



5. Clicking on a notification within the notification bell dropdown will take you to the Tasks tab. You can also navigate to the Tasks tab anytime by clicking on it in the top navigation bar.



6. Tasks in the Tasks tab can be sorted by several filters. The default filters will show you To Due, Due, and Overdue tasks that have been assigned to you.

Task List (3)

Type ▼

Status ▼

Assignee (1) ▼

All Dates ▼

Sort by: Newest ▼

Clear Filters

Required: HOP Eligibility Reassessment Steve Simpson	To Do 7/28/2023
Required: HOP Service Mix Review Jane Johnson	To Do 7/28/2023
Required: HOP Service Mix Review Emma Allen	To Do 7/28/2023

You can utilize the filters to filter by the type of task, Status of the task, user assigned to the task, date the task is due, and sort them chronologically.

7. The different task statuses include:

- To Do
- Done
- Overdue
- Deleted

8. Clicking on a task will open details about the task. Here you can view details about the task in the task box.

Status:	To Do	Due At:	7/27/2023 12:10 PM
Client Name:	Tim Gregory	Created At:	7/26/2023 6:20 AM
Assigned To:	Care Manager - DHHS 2	Updated At:	7/27/2023 11:42 AM

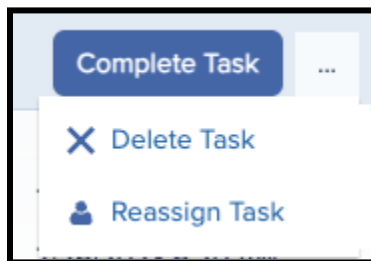
Complete a new PESA and review the **services provided** to determine whether needs are being met.

9. Clicking on the blue Client Name or Services Provided text will take you to the client's Face Sheet where you can review what services this client has been authorized for and received in the Cases and Referrals tabs.
10. Review and update the member's PESA. The PESA shown in the task is read-only and will reflect the most recent answers recorded in the PESA form for this client. It cannot be updated from within the Tasks tab. To make any updates and/or add information to the PESA, you can navigate to the Forms tab on the client Face Sheet, select Add New Form Submission, and select the PESA from the dropdown. Make any updates or edits and then click Save.
11. Once you have completed the HOP Service Mix Review or HOP Eligibility Reassessment for the client, you will click the blue Complete Task button.

Task: Required: HOP Eligibility Reassessment	Complete Task	...
--	---------------	-----

12. You can take additional actions on the task besides completing it by clicking the ellipsis button to the right of the Complete Task button. Additional actions include:
 - Delete Task: If you click delete task, you will need to select a deletion reason and add a detailed note on the reason for deletion. The deletion reason options are:
 - i. Unable to contact client due to missing/incorrect contact information
 - ii. Client did not respond to outreach attempts
 - iii. Client disenrolled

- iv. Client underwent a Transition of Care to new health plan
- v. Other
- Reassign Task: If you click reassign task, you will be able to select a different Care Manager within your organization to complete the task. An example of when to select this is if a different Care Manager has taken over responsibilities for this client. You will select the new Care Manager from the drop down. They will then see the task in their assigned Task List.



13. Logic for System-Generated HOP Service Mix Review tasks:

- The first Service Mix Review task will be generated to be due 90 days after the member is enrolled in the Pilot. (The due date of the first Service Mix Review task should be set using the member's Pilot enrollment date.) The second Service Mix Review task will be generated to be due 90 days after the first Service Mix Review task is completed or deleted. Subsequent Service Mix Review tasks are generated by the NCCARE360 system for 90 days after the previous task is completed or deleted. The system will stop generating Service Mix Review tasks if/when the member is disenrolled from the Pilot.

14. Logic for System-Generated HOP Eligibility Reassessment tasks:

- The first Eligibility Reassessment task will be generated to be due 180 days after the member is enrolled in the Pilot. The second Eligibility Reassessment task will be generated to be due 180 days after the first Eligibility Reassessment task is completed or deleted. Subsequent Eligibility Reassessment tasks are generated by the NCCARE360 system for 180 days after the previous task is completed or deleted. The system will stop generating Eligibility Reassessment tasks if/when the member is disenrolled from the Pilot.

Healthy Opportunities Pilot

Send Referrals for

Passthrough Services

Job Aid - July 2024

Purpose: This document outlines the process by which referrals for Passthrough Healthy Opportunities Pilot (“Pilot”) services are sent to HSOs in NCCARE360.

Audience: Care managers

Workflow step: 2

Send a Referral for a Passthrough Service for 30 Days

1. Complete the steps outlined in the **Eligibility and Enrollment Job Aid** for Care Managers (workflow step 1A) to complete the PESA and send the request for Pilot enrollment to the member’s PHP.
2. If the member is eligible for Passthrough Services, as identified on the PESA:
 - From the member’s face sheet, go to the Profile tab.
 - Click Add Social Care Coverage and select “Healthy Opportunities Provisional - [MEMBER’S HEALTH PLAN].”
 - The start date is the date you plan to send the first referral for Passthrough services; the end date is 30 days from the start date.



If you add a start date for a member’s provisional social care coverage but don’t send the referral(s) for Passthrough services that day, you can NOT change the start date or shift the 30 day Passthrough period for the member. Wait to add the provisional social care coverage until you are ready to send the Passthrough referral(s).

3. Click Refer [Member’s Name] at the top right of the Face Sheet.
4. Use the table below to select the service subtype that corresponds to the Passthrough service you want to send the referral for.

Passthrough Pilot Service	Unite Us Service Type	Unite Us Service Subtype
Fruit and Vegetable Prescription	Food Assistance	Food Pantry
Healthy Food Box (For Pick-Up)	Food Assistance	Food Pantry
Healthy Food Box (Delivered)	Food Assistance	Food Pantry
Healthy Meal (For Pick-Up)	Food Assistance	Prepared Meals
Healthy Meal (Home Delivered)	Food Assistance	Prepared Meals
Reimbursement for Health-Related Public Transportation	Transportation	Transportation Expense Assistance
Reimbursement for Health-Related Private Transportation	Transportation	Transportation Expense Assistance

- Click Browse Map.
- From the Filters window on the right-hand side of the map, in the Contracted Program filter, select Healthy Opportunities Passthrough. You can also change the distance filter to expand your geographic search beyond the default of 50 miles.
- Click the organizations listed on the left-hand side of the map to review the Passthrough Pilot services they offer. Pilot services have a blue star next to their name.

Sort by: Distance

Service Type: Food Pantry

6 results for **Food Pantry** within 50 miles of 101 N State St, Raleigh, NC 27601.

Wake Relief

Food Pantry

616 Tucker St, Raleigh, NC 27603 (1.43 Mi)
(919) 833-6400
wakerelieffp@gmail.com
https://wakerelief.org
Hours today: Fri Closed

Read and Feed

Food Pantry

171 High House Rd, Cary, NC 27511 (9.76 Mi)
(919) 463-9744
info@readandfeed.org
https://readandfeed.org
Hours today: Fri 10:00 AM - 2:00 PM

Heavenly Groceries

Food Pantry

512 W Rosemary St, Chapel Hill, NC 27516 (26.26 Mi)
(919) 960-1670
https://jacksoncenter.info/our-programs/organizing-a-advocacy/our-services/heavenly-groceries

Fruit and Vegetable Prescription

Accepting referrals

Food Assistance

- Food Pantry

Eligibility

Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight,

See More

Fruit and Vegetable Prescription - Passthrough

Accepting referrals

Food Assistance

- Food Pantry

Eligibility

Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight,

See More

Healthy Food Box (Delivered) (Large)

Accepting referrals

Food Assistance

- Food Pantry

- Select the organization you want to send the referral to and click Add and then Add Recipient.
- Select the Passthrough service you are requesting in the Select Program field.

SERVICE TYPE *

Food Pantry

SUGGESTED IN NETWORK ORGANIZATIONS

We've compiled this list based on the service type you selected.
Select one or more recipients for this referral, or click [BROWSE MAP](#) for more options.

Sorted by: Distance

Five N Two Food Pantry (41.41 mi)

+ ADD ANOTHER RECIPIENT

CREATE OUT OF NETWORK CASE

REFERRAL DESCRIPTION *

Only include personally identifiable information (PII), protected health information, or other sensitive information that is necessary to provide services to the client.

Please describe your client's current situation and reason for referral.

Fruit and Vegetable Prescription (Contracted Service)
Fruit and Vegetable Prescription - Passthrough (Contracted Service)
Healthy Food Box (Delivered) (Large) (Contracted Service)
Healthy Food Box (Delivered) (Large) - Passthrough (Contracted Service)
Healthy Food Box (Delivered) (Small) (Contracted Service)
Healthy Food Box (Delivered) (Small) - Passthrough (Contracted Service)
Healthy Food Box (for Pick-Up) (Large) (Contracted Service)

10. Review the Authorization Request information related to this Passthrough Pilot service. Details on unit caps and timeframe will be listed based on the program selected.
 - Unlike with Non-Passthrough Pilot services, the information in the Authorization Request fields does not need to be approved by the member's Health Plan before the referral is sent to the HSO. The platform will use the information in the Authorization Request fields to ensure what is being requested does not exceed the cap and/or the maximum delivery period for Passthrough services (Steps 11-12).
11. Fill in the required Authorization Request fields. The unit amount and service delivery dates you input will be based on the member's need, the type of program, and the services being requested.

Authorization Request

Contracted Program:	Fruit and Vegetable Prescription - Passthrough
Payment Approach:	Cost-based reimbursement up to a cap
Program Cap:	\$248.43 per month Please add a separate \$6.21 service note for every month this client participated in the Fruit and Vegetable Prescription program.

AMOUNT REQUESTED *	Unit
100	Dollars

SERVICE DELIVERY DATE(S) *
07/01/2024 - 07/30/2024 

- The amount you are requesting should always be within the one month program cap if the program has one (i.e. in this example, the Fruit and Vegetable Prescription Service has a \$254.64 monthly cap (\$248.43 for service delivery amount + \$6.21 for the coordination fee), so the amount requested should always be either \$254.64 or less.
 - **The Service Delivery Dates you select need to be within the 30 day enrollment period of the client's Provisional Social Care Coverage.**
12. After inputting a requested amount and service delivery dates, the Amount Available for Authorization section will appear. This section shows approved and pending authorization requests previously submitted for this contracted program that fall within the selected service delivery dates. If the service has a cap, confirm that the amount you are requesting does not exceed the amount available for

authorization using the information in the Amount Available for Authorization section.

- Passthrough services share a cap with the Non-Passthrough service equivalent (i.e., the Fruit and Vegetable Prescription Pilot Service and the Fruit and Vegetable Prescription Passthrough Pilot Service share a cap). Sending a Passthrough service referral impacts the cap available for the non-Passthrough service equivalent for the selected service delivery dates. Likewise, if a member has been authorized to receive the Non-Passthrough service equivalent during the selected service delivery dates, that will impact the cap available for the Passthrough service.
 - i. Ex: A Care Manager sends a Passthrough Fruit and Vegetable Prescription referral. The Amount Requested is \$100 and the Service Delivery Dates are 11/1/2023-11/30/2023. If the Care Manager would like to send an Authorization Request for the non-Passthrough Fruit and Vegetable Prescription service for the period of 11/1/2023-11/30/2023, the Amount Available for Authorization would be \$154.64 (\$254.64 cap - \$100).

AMOUNT AVAILABLE FOR AUTHORIZATION:	\$154.64
Amount Currently Authorized:	\$100.00
Cap:	\$254.64
Cap Period:	7/1/2024 - 7/31/2024
Amount Pending Authorization:	\$0.00
View details	



If the amount requested is more than the amount available, or if the service delivery dates you selected are outside of the client's 30 days of Provisional Social Care Coverage, red warning text will appear and you will not be able to continue sending the referral until both the authorization amount and service delivery dates are within their perspective ranges.



The rates and service limits in this example are provided for demonstrative purposes and may not reflect the actual service index rates and service limits.

! The amount requested is more than the amount available for authorization. Please adjust the amount requested, or search for another program to meet the client's needs.

! Clients can only receive services from this program for 30 days or until their social coverage ends, whichever comes first.



If you would like to view additional details on the Amount Available for Authorization, you can click the View Details button. A pop up window with additional details will appear for you to review. You can click the "X" to exit the pop up window.

Previous Authorization Requests

×

Amount Currently Authorized:

\$100.00

1 request

Hide

^

Referral for Fruit and Vegetable Prescription - Passthrough

Request #23JVBR9Z51:

Auto Accepted on 10/2/2023

Authorized Amount:

\$100.00

Authorized Service Period:

10/2/2023 - 10/31/2023

Case Status:

● Referral Sent

Amount Pending Authorization:

\$0.00

0 requests

13. In the Referral Description field, include any notes or relevant information for the organization delivering the service (HSO) to know about this member and the services they need. Include only the minimum information necessary to provide the requested services. **Do not include any sensitive information (e.g. interpersonal violence, substance use disorder, or legal services information).**
14. Click Next.



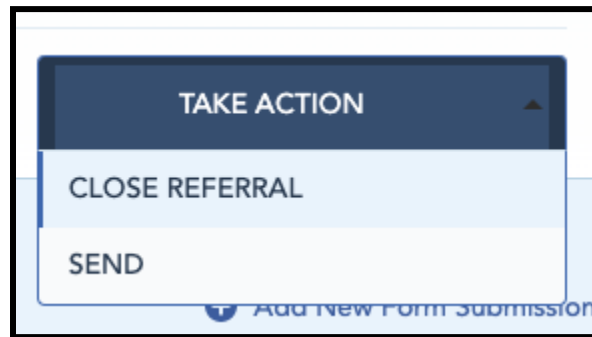
*If you want to send referrals for multiple Passthrough services, you can click Add Another Referral at the bottom of the page and repeat the steps above to select the service subtype, organization, and program. If you want to send a referral to multiple HSOs, click the + Add Another Recipient option to send a “batch” referral. Do **not** uncheck the box next to “Automatically recall outstanding referrals after the first is accepted.”*

15. On the Add Supporting Information page you will see an NCCARE360 network assessment to collect additional information about the client’s need. **This is an optional assessment and is not required for the Healthy Opportunities Pilot.**
16. Click Submit, Everything Looks Good! when you’re ready to send the referral.

You can monitor the progress of your Pilot Passthrough service request, as well as the delivery of services within a case, from the Outbound Referrals folder on your dashboard.



If the HSO rejects the referral because they are unable to serve the client, you can send the referral on to another HSO for the same Passthrough service by clicking Take Action and then Send on the rejected referral. You do not need to close the rejected referral and create a new referral as long as the passthrough service being requested is the same.





Healthy Opportunities Pilot Sending Referrals While Requesting Authorization for Pilot Services Job Aid - July 2024

Purpose: This document outlines the process to send referrals for authorized services in NCCARE360, including the service authorization request process, for the Healthy Opportunities Pilot (“the Pilot”).

Audience: Care managers

Workflow step: 3A*

**Note: This job aid now includes the steps outlined in what was previously workflow step 4 - Sending Referrals for Authorized Pilot services - as they are no longer separate processes.*

Send Referrals to HSOs While Requesting PHP Authorization for Pilot Services

When you receive an email that a member’s enrollment in the Pilot has been approved by their Prepaid Health Plan (PHP), you can start sending referrals for Pilot services to HSOs. When creating the referral, you will also complete an Authorization Request section that will be sent to the PHP as a Service Authorization request. The Authorization Request section allows you to select the intended quantity and duration of the service. If the Service Authorization request is approved by the PHP, the Pilot service referral will be automatically sent to the selected HSO for the authorized quantity and duration.

1. Log in to NCCARE360. If you are a user at more than one organization in NCCARE360, select the organization with “Care Management for Healthy Opportunities Pilot” in the name.
 - If you are a user at more than one HOP Care Management organization, you can always switch which organization you are logged into by clicking the building icon to the right of your name within the Navigation Bar.
2. Find the member’s record from the search bar.
3. From the Profile tab, confirm that you have added the Healthy Opportunities - [MEMBER’S HEALTH PLAN] Social Care Coverage to the member’s Face Sheet

(refer to the **Eligibility and Enrollment for Care Managers** job aid) and that their Social Care Coverage has the status of Enrolled.

4. Click Refer [Member's Name] at the top right of the Face Sheet.
5. On the referral page, click the Service Type dropdown. Select the Unite Us Service Subtype of the Pilot service you wish the member to receive (see table below).

Pilot Service	Unite Us Service Type	Unite Us Service Subtype
Fruit and Vegetable Prescription	Food Assistance	Food Pantry
Healthy Food Box (For Pick-Up)	Food Assistance	Food Pantry
Healthy Food Box (Delivered)	Food Assistance	Food Pantry
Healthy Meal (For Pick-Up)	Food Assistance	Prepared Meals
Healthy Meal (Home Delivered)	Food Assistance	Prepared Meals
Food and Nutrition Access Case Management Services	Food Assistance	SNAP/WIC/Other Nutrition Benefits
Diabetes Prevention Program <i>(Please see the DPP Job Aid for Care Managers and HSOs for more information on this service)</i>	Wellness	Nutrition Education
Evidence-Based Group Nutrition Class	Wellness	Nutrition Education
Medically Tailored Home Delivered Meal	Food Assistance	Prepared Meals
Home Accessibility and Safety Modifications	Housing & Shelter	Home Expense Assistance/Repairs
Home Remediation Services	Housing & Shelter	Home Expense Assistance/Repairs
Housing Move-In Support	Housing & Shelter	Moving Assistance
Housing Navigation, Support	Housing & Shelter	Housing Case

and Sustaining Services		Management
Inspection for Housing Safety and Quality	Housing & Shelter	Environmental Exposure Assessment
One-Time Payment for Security Deposit and First Month's Rent	Housing & Shelter	Rent/Mortgage Payment Assistance
Essential Utility Set-Up	Utilities	Utility Bill Payment Assistance
Short-Term Post-Hospitalization Housing	Housing & Shelter	Transitional Housing
Healthy Home Goods	Clothing and Household Goods	Furniture/Home Goods
Medical Respite	Housing and Shelter	Transitional Housing
Evidence-Based Parenting Curriculum	Individual & Family Support	Parenting Education
Home Visiting Services	Individual & Family Support	Family Support Home Visiting Programs
Reimbursement for Health-Related Public Transportation	Transportation	Transportation Expense Assistance
Reimbursement for Health-Related Private Transportation	Transportation	Transportation Expense Assistance
Transportation PMPM Add-On for Case Management Services	Transportation	Ride Coordination
Linkages to Health-Related Legal Supports	Legal	Health Law
Interpersonal Violence (IPV) Case Management Services	Individual & Family Support	Social Services Case Management

Violence Intervention Services	Individual & Family Support	Peer Support
Holistic High Intensity Enhanced Case Management	Individual & Family Support	Social Services Case Management

- To select a recipient HSO, click Browse Map.
- From the Filters window on the right-hand side of the map, in the Contracted Program filter, select Healthy Opportunities. You can also change the distance filter to expand your geographic search beyond the default of 50 miles.
- Click the organizations listed on the left-hand side of the map to review the Pilot services they offer. Pilot services have a blue star next to their name.

Browse Referral Recipients Cancel Browse

FC
Franklin Carey
EMAIL: franklin@demo.com
PHONE NUMBER: (315) 656-8273
DATE OF BIRTH: 11/8/1983 (Age 38)
HOUSEHOLD SIZE: 1
ADDRESS: 123 State Street, Raleigh, NC 27514, Orange County

Referral
SERVICE TYPE: Emergency/One-time Financial Assistance

4 results for Emergency/One-time Financial Assistance within 50 miles of Chapel Hill, NC 27514, USA.

- Orange County Housing and Community Development**
Emergency/One-time Financial Assistance
Hillsborough, NC 27278 (7.93 Mi)
(919) 245-2490
housinghelp@orangecountync.gov
https://www.orangecountync.gov/1101/Housing-Community-Development
Hours today: Tue 8:30 AM - 5:00 PM
- Wisdom Care Transportation, LLC**
Emergency/One-time Financial Assistance
10700 World Trade Blvd Suite 114, Raleigh, NC 27617 (13.98 Mi)
(919) 825-0902
info@wisdomcaretrans.com
http://wisdomcaretrans.com
Hours today: Tue 7:00 AM - 5:00 PM
- Bradford Care Services and Transportation LLC**
Emergency/One-time Financial Assistance
2157 E Wilton Ave 791, Creedmoor, NC 27522 (23.61 Mi)
(984) 302-7180
bcsat1020@gmail.com
Hours today: Tue 6:00 AM - 8:00 PM

United Funds distribution to clients via check or cash.
Eligibility
Client must demonstrate need for funding through City designated screening.
[See Less](#)

City Housing Supports Fund
Accepting referrals
Income Support
This program is part of a contracted agreement that allows the provider to be reimbursed for their services.
Description
City CARES Act funding distribution to clients via check or cash.
Eligibility
Client must demonstrate need for funding through State designated screening and prove residence in Raleigh/Durham area.
[See Less](#)

HOPE Program
Accepting referrals
Benefits Navigation
Housing and Shelter
Income Support
Individual and Family Support Services
Utilities



Make sure to review the HSO's organization description and program description to confirm the member is eligible for services at that organization. If the member is eligible for more than one HSO, you can note the names of the additional HSO(s) you wish to select.

- Select the organization you want to send the referral to. Click Add and then Add Recipient.

10. Select the Pilot service you are requesting from the Select Program field. Two Pilot services will have multiple programs available for selection depending on the unit or quantity being requested for the member.
 - For the Housing Move-In Support service, there are 5 programs, each one reflecting the number of bedrooms being requested for authorization:
 1. Housing Move-In Support - 1 Bedroom
 2. Housing Move-In Support - 2 Bedroom
 3. Housing Move-In Support - 3 Bedroom
 4. Housing Move-In Support - 4 Bedroom
 5. Housing Move-In Support - 5 Bedroom
 - For Diabetes Prevention Program services, programs are divided into 4 sub-phases for Phase 1 (Phase 1a, Phase 1b, Phase 1c, and Phase 1d) and 2 sub-phases for Phase 2 (Phase 2a and Phase 2b). **You will need to create and send a separate referral for each sub-phase** to be approved by the member's plan.
11. If you want to send the referral to multiple HSOs that share the same program, you will click the white +Add Recipient button underneath the first HSO you selected.



- When you select multiple HSOs to send one authorized referral to, this creates a grouped referral. **As soon as one HSO accepts the referral, the system will automatically recall the other referrals so services are not duplicated.**



*If you are sending a grouped referral, make sure you select the **exact** same program for each HSO. If different programs are selected, the authorization request information will be incorrect and the authorization request/referral will be rejected. (ie: if Healthy Food Box (Delivered) (Large) was selected for one HSO and Healthy Food Box (For Pick Up) (Large) was selected at another HSO).*

12. Review the Authorization Request information related to this Pilot program. Details on unit caps and timeframe will be listed based on the program selected.
13. Fill in the required Authorization Request fields. The unit amount and service delivery dates you input will vary based on the member's need, the type of program, and services being requested.

Authorization Request

Contracted Program:

Fruit and Vegetable Prescription

Payment Approach:

Cost-based reimbursement up to a cap

Program Cap:

\$248.43 per month Please add a separate \$6.21 service note for every month this client participated in the Fruit and Vegetable Prescription program.

AMOUNT REQUESTED *

Unit

50

Dollars

SERVICE DELIVERY DATE(S) *

07/01/2024 - 07/31/2024

14. After inputting a requested amount and service delivery dates, the Amount Available for Authorization section will appear. This section shows approved and pending authorization requests previously submitted for this contracted program that fall within the selected service delivery dates. If the service has a cap, confirm that the amount you are requesting does not exceed the amount available for authorization using the information in the Amount Available for Authorization section. Please review the Healthy Opportunities Pilot Fee Schedule for more information about service caps.
15. For services with a monthly/PMPM cap, you should set authorization spans to be in whole month (30 day) intervals (ex: 6/14-7/13, 8/14-10/13, 9/14-12/13, etc.). For authorizations spanning multiple months, the Amount Available for Authorization will adjust accordingly.

If the service has a coordination fee, you must add the coordination fee dollar amount to the dollar amount total on the Authorization Request in order for the HSO to receive the adequate funds to invoice for the coordination fee. Please review the Healthy Opportunities Pilot Fee Schedule for more information about coordination fees.



- Example: For a Fruit and Vegetable RX service authorization spanning 6/14-7/14 (1 month interval), you should request a maximum of the monthly cap + the monthly coordination fee (\$248.43 + \$6.21 for a total of \$254.64). For a Fruit and Vegetable RX service authorization spanning 6/14-8/13 (2 months interval), you should request a maximum of \$509.28, following the same logic.

AMOUNT AVAILABLE FOR AUTHORIZATION:	\$154.64
Amount Currently Authorized:	\$100.00
Cap:	\$254.64
Cap Period:	7/1/2024 - 7/31/2024
Amount Pending Authorization:	\$0.00
 View details	

 If you would like to view additional details on the Amount Available for Authorization, you can click the View Details button. A pop up window with additional details will appear for you to review. You can click the X to exit the pop up window of additional details.

 The rates and service limits in this example are provided for demonstrative purposes and may not reflect the actual service index rates and service limits.

Previous Authorization Requests

×

Amount Currently Authorized:

\$100.00

1 request

Hide

▲

Referral for Fruit and Vegetable Prescription - Passthrough

Request #23JVBR9Z51:

Auto Accepted on 10/2/2023

Authorized Amount:

\$100.00

Authorized Service Period:

10/2/2023 - 10/31/2023

Case Status:

● Referral Sent

Amount Pending Authorization:

\$0.00

0 requests

16. In the Referral Description field, include any notes or relevant information for the organization delivering the service (HSO) to know about this member and the services they need. Include only the minimum information necessary to provide the requested services. Do not include any sensitive information (e.g. interpersonal violence, substance use, or legal services information).



When submitting the service authorization request for Healthy Home Goods, Home Accessibility and Safety Modifications, or Home Remediation Services, you should include in the Referral Description a summary of the member's needs and the examples of the items or services being requested under the Pilot service. You should also note how delivering the Pilot service will help eliminate health and safety risks in a member's living environment.

❗ Include only the minimum information necessary to provide the requested services. Do not include sensitive information (e.g., interpersonal violence, substance use, or legal services information).

Requesting client receive an additional \$50 for Fruit and Vegetable prescription services.

Please describe your client's current situation and reason for referral.

17. Click Next.



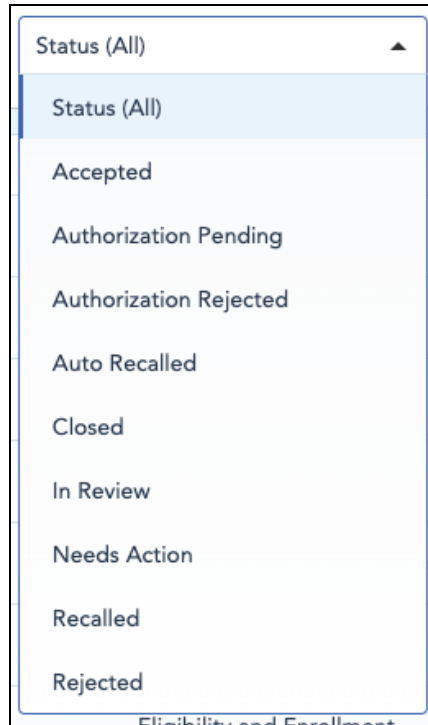
If you want to send referrals for multiple services, or for all sub-phases of a Diabetes Prevention Program service, you can click Add Another Referral at the bottom of the page and repeat the steps above to select the service subtype, organization, and program.

18. On the Add Supporting Information page you will see an NCCARE360 network assessment to collect additional information about the member's need. **This is an optional assessment and is not required for the Healthy Opportunities Pilot.**

19. Click Confirm and Submit when you're ready to send the referral.

- The Service Authorization request will go to the member's PHP for review.

You can monitor the progress of your Service Authorization request from the Outbound Referrals folder on your dashboard. In addition to the standard referral statuses, you can also filter the Outbound Referrals folder by authorization status for Pilot services: Accepted, Authorization Pending, or Authorization Rejected.



Once the Utilization Manager accepts the Service Authorization request, the referral for the authorized service will be automatically sent to the HSO.

After the HSO accepts the referral, you can view the open case in the External Cases - All folder of the Dashboard. You can view any services that the HSO documents in the contracted service section of the case.



*Contracted service notes, as well as any notes left in the Notes section of a case, will be viewable by the Care Manager who sent the referral **unless** the case is for a sensitive service type/contracted program. For sensitive service cases (ie: IPV services), the Care Manager will only be able to see if the referral was accepted and/or closed. They will not be able to view any contracted services provided or notes left within the case. Other NCCARE360 users who may work with the client will have no visibility of sensitive service referrals/cases.*

Service Authorization Requests Rejected by the Health Plan

If the PHP's Utilization Manager rejects the Service Authorization request, you will receive an email from NCCARE360. That email will take you to the rejected referral. You can also view the rejected referral in the Outbound Referrals - Rejected folder of the Dashboard.

- The referral will say Authorization Rejected if the Utilization Manager rejected the Service Authorization request.

- The Utilization Manager's rejection reason and rejection note, if provided by the Utilization Manager, will be listed in the Authorization Request section of the referral box.
- After you have reviewed the rejection information, you can click Close Referral.
- If you want to make edits and request authorization for the service again, you can create a new referral (start from Step 4 of this job aid).

Sarah Iceland's Referral		AUTHORIZATION REJECTED	
SENDING ORGANIZATION	HOPS Care Management - DHHS	CASE RESOLUTION	Pending
SENDING USER	Care Manager DHHS	RECIPIENT	Wake Relief
SENDING NETWORK	Payments Demo Network	DATE SENT	6/11/2024 at 11:27 am
SERVICE TYPE	Food Pantry	PROGRAM	Healthy Food Box (Delivered) (Large)
REFERRAL DESCRIPTION			
Needs food boxes			
AUTHORIZATION STATUS	● Rejected	REQUESTED AMOUNT	30 food boxes
AUTHORIZATION REJECTION REASON	Needs More Information	REQUESTED SERVICE DELIVERY DATE(S)	7/1/2024 - 7/12/2024
UNITE US AUTHORIZATION ID	24RE42KM0T	UNIT	Food Box
SOCIAL CARE COVERAGE PLAN	Health Opportunities Pilot [Test] 2/26/2024 - present	RATE	\$176.51 per food box
SOCIAL CARE COVERAGE STATUS	✔ Enrolled		
REJECTION NOTE	The request is missing required information		

Referrals Rejected by the HSO

If the plan authorizes the service but the HSO Rejects the referral because they are unable to serve the member, you will receive an email from NCCARE360. That email will take you to the rejected referral. You can also view the rejected referral in the Outbound Referrals - Rejected folder of the Dashboard.

- The referral will say Rejected and include a rejection reason if the HSO rejected the authorized Pilot referral.
- The HSO's rejection reason will be listed at the top of the referral, and also in the Notes section.

- After you have reviewed the rejection information, you can click Close Referral.

Jaime Limon's Referral

Reason: We only serve pediatric clients at this program. **REJECTED**



If you sent a grouped referral (a referral to multiple HSOs), you can scroll down to the Referral History section to review the status of the referral to other HSOs. Once you review the information, you can click Close Referral to close the rejected referral.

Referral History

SENDER	RECIPIENT	SENT DATE	STATUS
Care Management Demo 1 - SCI Team	Wake Relief	February 23, 2023	● Rejected
Care Management Demo 1 - SCI Team	Greater Hickory Cooperative Christian Ministry	February 23, 2023	● Needs Action



If you did not send a grouped referral, you can close the rejected referral and then create a new referral for the same member and service. When you send the referral to a different HSO, include a note to the Utilization Manager that it is a repeat referral because the original HSO rejected the first referral.

- For referrals to HSOs providing IPV-related services, the HSO may need to collect an additional, HSO-specific consent from the member before they are able to accept the referral.
 - If the member does not provide consent for the HSO to share their information, the HSO will Reject the referral with the reason code “Other” and add one of the following into the Notes field:
 - HSO can neither confirm nor deny that the referral was accepted – Care Manager follow-up is recommended
 - HSO can neither confirm nor deny that the referral was accepted – Care Manager follow-up is not recommended

- For rejected referrals from HSOs providing IPV-related services, please use the information in the Notes field to inform whether you need to conduct additional follow-up with the member about this service.

Requesting Authorization Extension

If a case requires an extended authorization timeline (either for unutilized (unbilled) funds/units for a service with an Authorization cap, or for continuation of a service without or beyond an Authorization cap period) the HSO will submit all contracted services notes for any services already provided and then close the case. They will then reach out to you, the client's Care Manager, requesting that you send an updated Authorization Request for the same program for an extended authorization service delivery date range.

If you need to send an authorization request to extend the authorization service delivery date range:

1. Repeat the steps in the "Send Referrals to HSOs While Requesting PHP Authorization for Pilot Services" section of this Job Aid to create the Authorization Request/Referral.
2. Make sure to select the *same* HSO and program as the recipient of the referral that you selected for the initial case. (unless you are transitioning the client to another HSO for services)
3. For the Service Delivery Dates, select a reasonable time period that you believe will cover the remaining services, taking into account any relevant authorization cap periods.
4. In the Referral Description, include detailed notes on why the timeline needs to be extended (ex: housing inspection was delayed beyond original date range; client is still eligible for healthy food boxes so requesting an additional 3 months of healthy food boxes, etc.) for both the Utilization Manager's awareness and the HSO's documentation.

 *The HSO should reach out to the client's Care Manager to request that the Care Manager send an updated Authorization Request for the same program for an extended authorization service delivery date range. You should not send an additional request until the original case is closed. The HSO is responsible for documenting and invoicing for any contracted services already delivered before closing a case.*

Purpose: This document outlines the process for requesting a member be disenrolled from the Healthy Opportunities Pilot (“the Pilot”) in NCCARE360.

Audience: Care managers

Workflow step: 8A

Request Disenrollment from the Pilot

If you have determined or have been notified by the member’s plan that the member is no longer eligible for the Pilot, you can submit a disenrollment request in NCCARE360:

1. Log into NCCARE360. If you are a user at more than one organization in NCCARE360, select the organization with “Care Management for Healthy Opportunities Pilot” in the name.
2. Find the member’s record from the search bar.
3. From the Profile tab on the member’s Face Sheet, go to the Social Care Coverage section. Click the pencil Edit icon to the right of the member’s Enrolled Social Care Coverage.

SOCIAL CARE COVERAGE						 EDIT
	Plan Name	Start Date	End Date	Status		
	Healthy Opportunities - SCI Demo 2	1/12/2023	--	Enrolled		
Last update by Care Manager - SCI 1 on January 12, 2023						

4. Click Disenroll Client.

Edit social care coverage
×

This client is **enrolled** in the Healthy Opportunities - SCI Demo 2 social care coverage plan.

SOCIAL CARE COVERAGE
Healthy Opportunities - SCI Demo 2

START DATE
1/12/2023

END DATE
Social care coverage will end when the client is disenrolled.

Disenroll Client

5. Select the most appropriate Disenrollment Reason. Reasons include:
 - Could not be reached after three (3) attempts to contact
 - Not Eligible - Enrolled in Duplicative Program / Receiving Duplicative Services
 - Not Eligible - No Longer Enrolled in Medicaid Managed Care, or in Medicaid Population Eligible for HOP
 - Not Eligible - No Longer Meets Physical/Behavioral Health Criteria
 - Not Eligible - No Longer Meets Social Need Criteria
 - Not Eligible - Not in Pilot Region
 - Not Eligible - Social Needs Met by HOP Services
 - Not Enrolled - Member Opt's Out of HOP/Withdraws Consent
 - Not Enrolled - Undergoing Transition of Care (health plan change only)
 - Other
6. If additional detail is needed, enter a note detailing why the member is no longer eligible for the Pilot.
7. Click Request Disenrollment.

DISENROLLMENT REASON *

Not Eligible – Not in Pilot Region
 

NOTE

Member moved out of the Pilot region.

Cancel

Request Disenrollment

8. The PHP Utilization Manager will receive your disenrollment request.
9. You will receive an email notification from NCCARE360 when the Utilization Manager takes action on the disenrollment request. You can also view the status of your disenrollment request from the Social Care Coverage section of the Profile tab on the member's Face Sheet.

SOCIAL CARE COVERAGE	Plan Name	Start Date	End Date	Status	
	Healthy Opportunities - HBNC [Test]	1/12/2023	--	Pending disenrollment	



If you need to cancel the disenrollment request before the member has been disenrolled by the Utilization Manager, you can click the pencil Edit icon to the right of the Social Care Coverage status and select Cancel Request from the pop up window. The member's Social Care Coverage status will return to Enrolled.

10. If the member's disenrollment is not approved, the plan will reject the disenrollment request. You will receive an email notification and can log into NCCARE360 to review the reason for rejection. The Status of the Social Care Coverage will still say "Enrolled" but there will now be an information icon denoted with the letter "i" next to the status.
 - You can click the information "i" icon to view the rejection details. These will include the Rejection Reason, as well as a note left by the Utilization Manager providing details on why they rejected the disenrollment request.

The disenrollment request submitted on Feb 15, 2023 was rejected.

Rejection Reason: Rejected - Disenrollment Request Denied

Details:

Note: Reached out to the member-confirmed that they are still living in the Pilot region.

Start Date	End Date	Status	EDIT
2/6/2023	--	 Enrolled	

- If the member's disenrollment is approved, the plan will accept the disenrollment request. You will receive an email notification and can log into NCCARE360 to review the disenrollment status. The member's Social Care Coverage will have an end date reflecting the date the disenrollment was approved.

SOCIAL CARE COVERAGE				
Plan Name	Start Date	End Date	Status	
Healthy Opportunities - HBNC [Test]	1/12/2023	1/13/2023	Not enrolled	

- Once the member is disenrolled, the Unite Us system will automatically send an email notification to any open case's primary worker when a member's social care coverage associated with that case changes to the status of Disenrolled. You should also notify the member's Network Lead *outside of NCCARE360* that the member has been disenrolled, since the Network Lead does not receive the Disenrollment email notification from the platform. The Network Lead will then monitor that service delivery has been discontinued.

Healthy Opportunities Pilot “No Wrong Door” Workflow Job Aid - December 2022

Purpose: This document outlines the process to receive a referral from an HSO in NCCARE360 for a potentially eligible member for the Healthy Opportunities Pilot (“the Pilot”).

Audience: Care managers

Workflow step: 12B

Respond to a Referral from an HSO for a Potential Pilot Participant

When an HSO identifies a Medicaid member who could potentially be eligible for the Healthy Opportunities Pilot, the HSO will send a Benefits Eligibility Screening referral to the care management organization for the member’s PHP in NCCARE360. Once received, Care Managers should confirm the client’s Medicaid information, begin the process to assess eligibility and request enrollment in the Pilot.

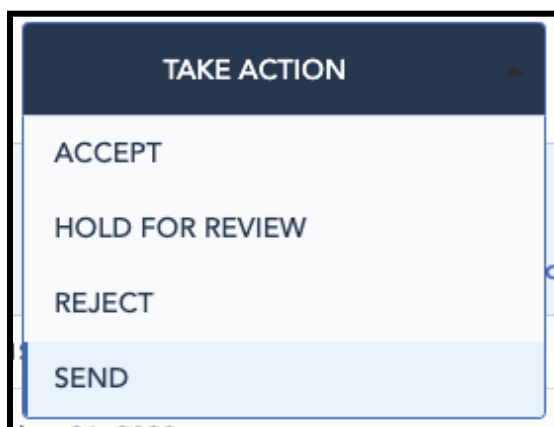
1. Log in to NCCARE360. If you are a user at more than one organization in NCCARE360, select the organization with “Care Management for Healthy Opportunities Pilot” in the name.
2. Click Inbound Referrals - Needs Action. You can see the new referrals that require your action here.
3. Click the new Benefits Eligibility Screening referral to review it. The HSO should include the client’s Medicaid ID number, if available, in the Referral Description. (Whether or not the Medicaid ID was included in the referral description, follow your standard process to confirm the client’s Medicaid information in NCTracks).

REFERRAL DESCRIPTION

Please review this client's information and consider them for the Healthy Opportunities Pilot. Their Medicaid ID number is 123123123.

4. You will take one of the following actions on the referral:

- **Accept** - You will click Accept if you confirm that the client is enrolled with your PHP and that your plan is providing care management to the client directly.
- **Send** - You will click Send if you confirm that the client is enrolled with your PHP, but care management is being provided by a CIN or other care management organization. You will then select the correct care management organization and send the referral on to them.
- **Reject** - You will click Reject if you cannot confirm the client's Medicaid enrollment with your plan, or if you determine they are otherwise not eligible for the Pilot based on the provided information. Prior to rejecting the referral, conduct outreach to the client outside of NCCARE360 in an attempt to confirm their insurance information.



5. If you accept the referral, you will select a Primary Worker from the drop down list and click Save.
6. The Primary Worker will receive an email notification indicating that they have been assigned, and can log in to NCCARE360 to begin evaluating the client for Pilot eligibility and needed services (see **Eligibility and Enrollment Job Aid for Care Managers** (workflow step 1A)).

Accept Referral

PROGRAM *

Healthy Opportunities Pilots - Enrollment Review

PRIMARY WORKER *

Care Manager - DHHS 5

CASE OPENED *

12/07/2022

CANCEL

SAVE

7. The Primary Worker will go to the Cases tab of the client's Face Sheet and click into the open Benefits Eligibility Screening case.
8. The Primary Worker will click Close Case and close the case as resolved. They will leave a detailed note (for example: "Medicaid information confirmed, beginning process to assess eligibility for the Pilot.") The case's status will be updated as "Closed" within NCCARE360, and the outcome and notes will be viewable within the closed case to both the sending HSO and the receiving care management organization.

Close Case

×

IS RESOLVED? *

Resolved

×

▼

OUTCOME *

Other

×

▼

NOTE *

Medicaid information confirmed, beginning eligibility assessment for HOPS for this client.

CLOSED DATE *

12/07/2022

CANCEL

CLOSE CASE

- The Primary Worker will then begin the Care Manager workflow to complete the PESA and assess the member for Pilot eligibility (see **Eligibility and Enrollment Job Aid for Care Managers** (workflow step 1A)), including confirming that the member's Medicaid ID and coverage dates have been entered correctly on the Face Sheet.

Healthy Opportunities Pilot

NC Task List Job Aid - January 2024

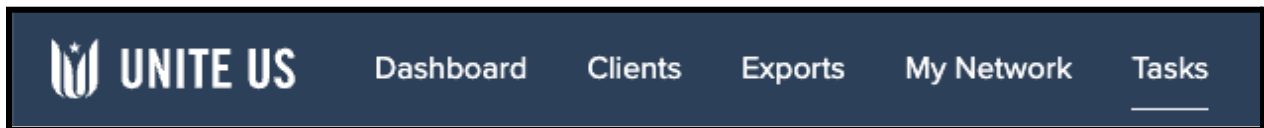
Purpose: This document outlines the process for utilizing the Task List feature for all HOPs user groups.

Audience: Care Managers, Utilization Managers, HSOs, Network Leads

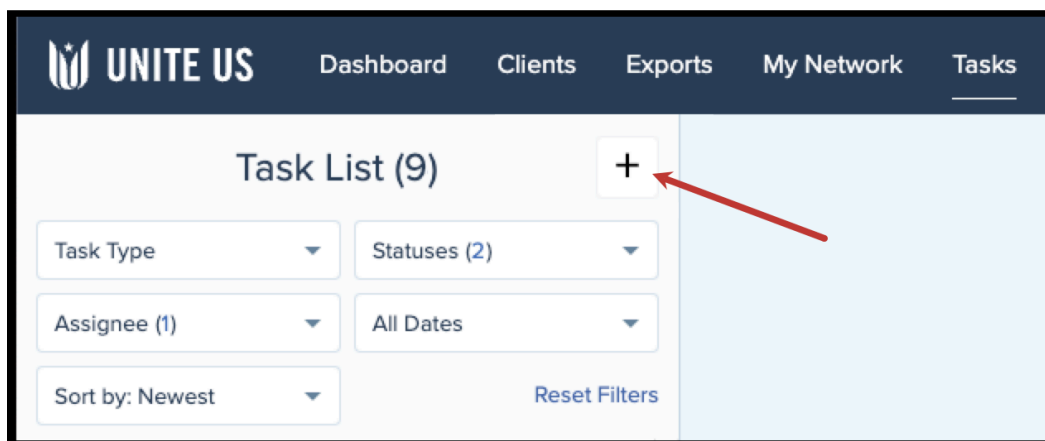
Task List

When you want to set a task reminder for yourself or others at your organization, you can utilize the Task List feature within Unite Us to create task reminders.

1. Log in to NCCARE360.
2. Click into the Tasks tab in the top navigation bar

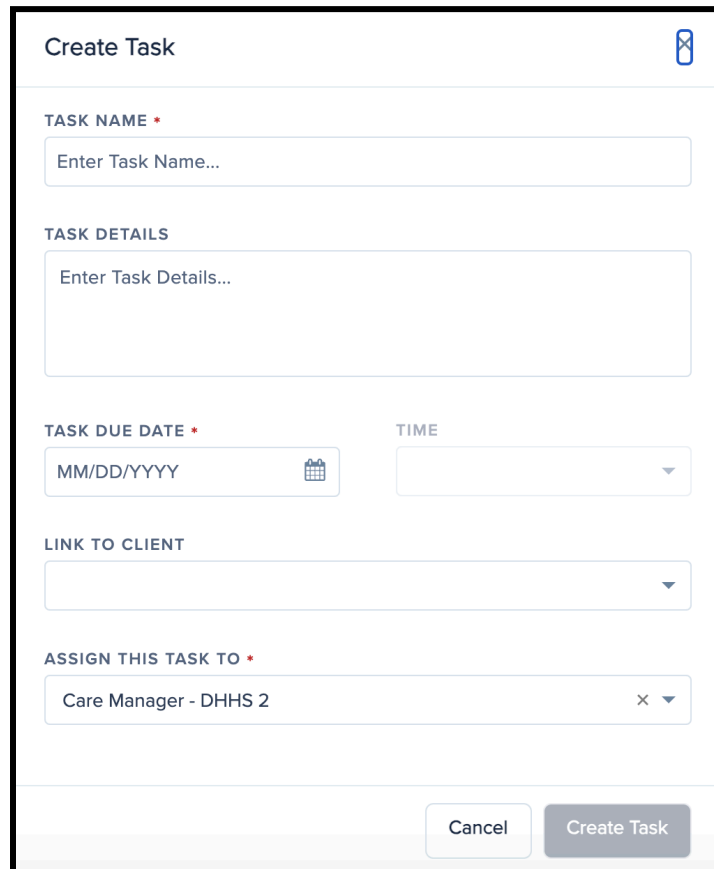


3. To create a new task, click the plus sign at the top of the task list on the left hand side



4. In the Create Task window that appears, fill in the required fields (marked with a red asterisk) along with any other additional information you wish to include.

- Required fields include the Task Name, Task Due Date, and the Task Assignee (includes the option to assign the task to yourself).



The screenshot shows a 'Create Task' form with the following fields and options:

- TASK NAME ***: A text input field with the placeholder 'Enter Task Name...'.
- TASK DETAILS**: A larger text input field with the placeholder 'Enter Task Details...'.
- TASK DUE DATE ***: A date picker showing 'MM/DD/YYYY' with a calendar icon.
- TIME**: A dropdown menu.
- LINK TO CLIENT**: A dropdown menu.
- ASSIGN THIS TASK TO ***: A dropdown menu showing 'Care Manager - DHHS 2' with a close icon (x) and a dropdown arrow.
- Buttons**: 'Cancel' and 'Create Task' buttons at the bottom right.

- You have the option to include an additional note about the Task Details, as well as the ability to link the task to a specific client your organization is currently working with in NCCARE360.
- Here is an example of a filled out task you could create:

Create Task

×

TASK NAME *

Check Emma Allen's Enrollment Status

TASK DETAILS

Check back on client Emma Allen's Enrollment Status in her Face Sheet.

TASK DUE DATE *

01/05/2024

TIME

09:00 am

▼

LINK TO CLIENT

Emma Allen - 1/3/1970

×

▼

ASSIGN THIS TASK TO *

Care Manager - DHHS 2

×

▼

Cancel

Create Task

5. Click Create Task.
 - The task will appear in the task list of the user you assigned the task to.

Task List (1)

+

Task Type ▼

Statuses (2) ▼

Assignee (1) ▼

This Week ▼

Sort by: Newest ▼

Reset Filters

Check Emma Allen's Enrollment Status

To Do

User Created Task

1/18/2024

6. When you create a task, the due date you select will prompt notifications to the task assignee within NCCARE360.

7. New task notifications will appear as a red badge in the notification bell in the top navigation bar.

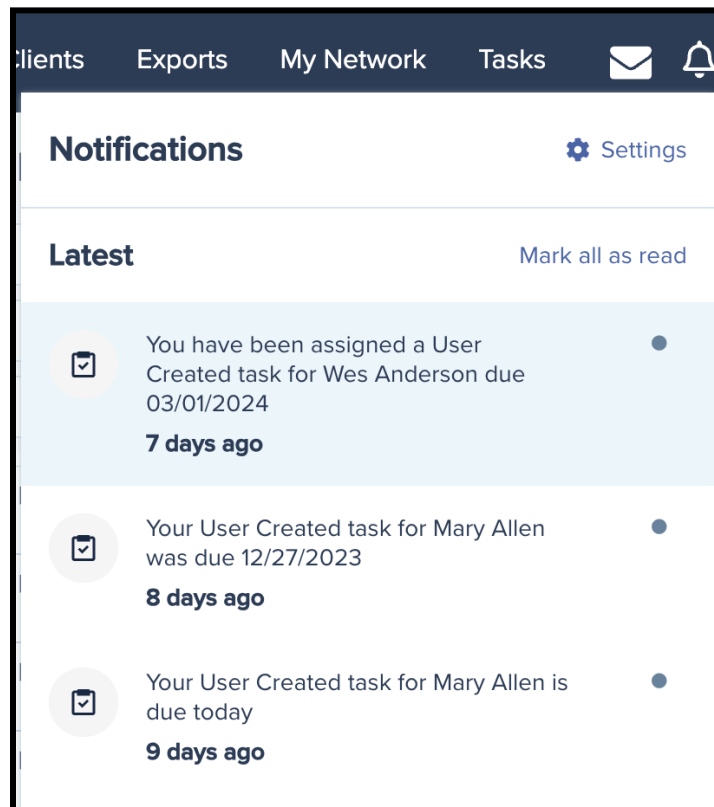


- Notifications will appear in an assignee's notification bell when:
 - The task is due in 14 days
 - The task is due today
 - The task is 7 days overdue
 - Someone assigns or reassigns a task to you.



Once you reassign a task to a different user, you will no longer receive notifications for the task. Only the new task assignee will receive notifications going forward.

- Clicking on the notification bell will pull up a list of your latest notifications.



- Clicking on a notification within the notification bell dropdown will take you to the Tasks tab. From there, you will have to navigate to the specific task you want to review.
8. Tasks in the Tasks tab can be sorted by several filters. The default filters will show you To Do, Due, and Overdue tasks that have been assigned to you.

Task List (4)		+
Task Type ▼	Statuses (2) ▼	
Assignee (1) ▼	All Dates ▼	
Sort by: Newest ▼	Reset Filters	
New tasks made on 12/18		Completed
User Created Task		12/18/2023
Update Mary Allen's Medicaid Information		Completed
New Reminder Process		12/27/2023
Check Emma Allen's Enrollment Status		To Do
User Created Task		1/05/2024
Verify Completion of Service Delivery		Completed
User Created Task		3/01/2024

 You can utilize the filters to filter by the type of task, Status of the task, user assigned to the task, date the task is due, and sort them chronologically.

9. Clicking on a task will open details about the task. Here you can view details about the task in the task box.

Task: **Check Emma Allen's Enrollment Status**

Complete Task

...

Status: To Do

Due At: 1/5/2024 9:00 AM

Client Name: [Emma Allen](#)

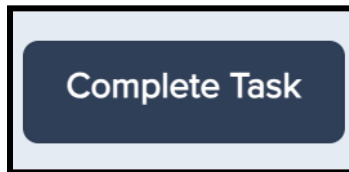
Created At: 1/4/2024 1:24 PM

Assigned To: Care Manager - DHHS 2

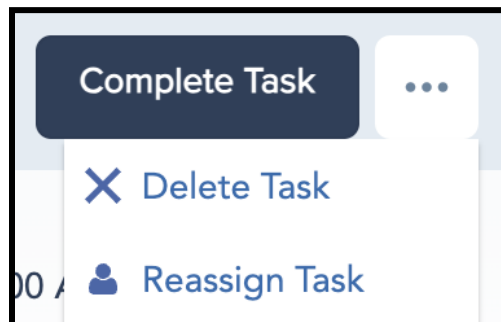
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Check back on client Emma Allen's Enrollment Status in her Face Sheet.

10. Once you have completed a task, click into the task from either the Tasks tab in the navigation bar, and then click the blue Complete Task button.



11. You can take additional actions on the task besides completing it by clicking the ellipsis button to the right of the Complete Task button. Additional actions include:
- Delete Task: If you click delete task, you can add a detailed note on the reason for deletion, and then click Delete.
 - Reassign Task: If you click reassign task, you will be able to select a different user within your organization to complete the task. An example of when to select this is if a different user has taken over responsibilities for this client. You will select the new user from the drop down, then click Reassign. They will then see the task in their assigned Task List.



Healthy Opportunities Pilot

Transition of Care

Job Aid – November 2023

Purpose: This document outlines the transition of care (TOC) process in NCCARE360 for the Healthy Opportunities Pilot (“the Pilot”).

Audience: Care managers

Workflow step: 9B

Transition a Member to a Different Prepaid Health Plan (PHP)

When you receive a notification from a member’s plan (outside of NCCARE360) that the member is moving to a new PHP, you need to facilitate that transition:

1. Log in to NCCARE360. If you are a user at more than one organization in NCCARE360, select the organization with “Care Management for Healthy Opportunities Pilot” in the name.
2. Search for the member’s record using the search bar at the top of the page.
3. From the member’s Face Sheet, go to the Profile tab.
4. In the Insurance section, confirm that the previous plan has a coverage end date and the new PHP has been added.
5. In the Social Care Coverage section:
 - a. Select Edit next to the current Social Care Coverage (associated with the previous PHP)
 - b. Select Disenroll Client. Choose the Disenrollment Reason “Not Enrolled – Undergoing a Transition of Care” Add any relevant notes.
 - c. Click Request Disenrollment.

This social care coverage plan requires payer approval for disenrollment. To disenroll Jane Johnson from **Healthy Opportunities - SCI Demo 1**, a request will be sent to the payer.

DISENROLLMENT REASON *

Not Enrolled – Undergoing a Transition of Care

NOTE

Client is transitioning to a new PHP. Requesting disenrollment so that the client can be enrolled in social care coverage with the new PHP.

- The Social Care Coverage will now have the status of Pending Disenrollment.

SOCIAL CARE COVERAGE	Plan Name	Start Date	End Date	Status	EDIT
	Healthy Opportunities Pilot [Test]	1/12/2023	--	Pending disenrollment	
Last update by Utilization Manager 5 on January 13, 2023					

- Review steps 8-11 in the **Disenrollment job aid** (step 8a) for additional details on the disenrollment process.
- Once a member has been disenrolled by the Utilization Manager, the status of the previous PHP's Social Care Coverage in the Profile tab of the Face Sheet will say Not Enrolled.

SOCIAL CARE COVERAGE	Plan Name	Start Date	End Date	Status
	Healthy Opportunities - SCI Demo 1	1/30/2023	1/30/2023	Not enrolled

- Once Disenrollment from the previous PHP's Social Care Coverage has been confirmed, **complete the Transition of Care Assessment**. From the Forms tab on the Face Sheet, click + Add New Form Submission and select the Healthy Opportunities Pilot - Transition of Care assessment.

10. Complete the assessment, documenting all of the services that have previously been authorized for the member, including Passthrough services that have been provided. For those services that are still being administered, document the following information:
 - a. The name of the HSO providing the service
 - b. The service start date
 - c. The number of services remaining.

Once complete, click Save.

Authorized and Passthrough Food Services Remaining

Enter the HSO providing the Healthy Food Box (Delivered) services, the service start date, the last time the service was delivered, and the amount of services remaining: *

HSO Wake Relief is currently providing Healthy Food Boxes (Delivered) (Large) to this client. Services started 3/1. They have 8 food boxes (units) remaining.

11. You can then select +Add Social Care Coverage to enroll the member in the new PHP's Social Care Coverage. Review the **Eligibility and Enrollment job aid** for additional details on enrolling a member (step 1a).



*Guidance from NC DHHS: If the member is currently receiving ongoing services approved by the previous plan, or if an HSO has accepted a referral for services but not yet administered them, contact the HSO currently delivering services and the corresponding Network Lead **outside of NCCARE360** and communicate the transition for the HSO to invoice for only services rendered while the member was enrolled with that plan.*

12. From the Referrals tab on the member's Face Sheet, check to see if there are any referrals that have been sent to HSOs for Pilot services that have not yet been accepted (the status will be listed as Pending).
 - a. Select any pending referrals and click Recall. In the Reason field, select Other, then note that the member is transitioning to a new PHP.
 - b. You can send additional referrals after they're authorized by the new plan, if needed (see Send Referrals for Services After a Transition of Care section below).

Enroll a Member in Your Entity's Care Management Organization

When you receive an email about a transition of care referral from a PHP:

1. Log into NCCARE360. If you are a user at more than one organization in NCCARE360, select the organization with "Care Management for Healthy Opportunities Pilot" in the name.
2. Click Inbound Referrals - Needs Action.
3. Click the new transition of care referral.
4. Accept the referral and enroll the member in the Transition of Care program to continue your review. You've created a case and now have access to the member's Face Sheet.
5. From the member's Face Sheet, go to the Profile tab.
6. If the member is also undergoing a plan transition:
 - a. From the Insurance section, review and confirm that the member's new PHP information has been added. Make any necessary changes.
 - b. From the Social Care Coverage section, review and confirm that the member's new Social Care Coverage corresponding to the new PHP has been added.
7. **Go to the Forms Tab to review the Healthy Opportunities Pilot - Transition of Care assessment.**
8. From the Overview tab, add yourself to the member's Care Team. Include your role as the Healthy Opportunities Pilot Care Manager and your contact information. If the previous care manager is still listed in the Care Team, delete that contact using the trash can icon.

Care Team

+ Add Care Team Member

Care Coordinator

Assign

Mary Doe

Mother

mother@gmail.com

(909) 090-9090

🗑️ Delete

✎ Edit

Karen Caring

Healthy Opportunities Pilot Care Manager

karen.caring@demo.com

(123) 456-7890

🗑️ Delete

✎ Edit

9. Go to the Cases tab and select the open Transition of Care case.
10. Click Close Case and select a resolution and outcome.
 - a. If the transition has been completed successfully, select Resolved and choose the outcome Transition of Care Case Received (by Care Manager).
 - b. If the transition has not been completed, select Unresolved and choose the outcome Transition of Care Case Denied (by Care Manager).

Send Referrals for Services After a Transition of Care

As a member's care manager, you need to ensure continuity of services after they transition from one PHP to another, and/or from one care management entity to another.

1. From the member's Face Sheet, go to the Forms tab.
2. Click the +Add New Form Submission button and select the PESA assessment. Review the previously entered information. You may need to update the 3-month and 6-month check-in dates. Click Save.



NC DHHS guidance: "In a Transition of Care scenario, the next check-in date for a member shall be set within the first 90 days following the transition and recorded in the PESA, then set based on the date at which the care manager completes the first Pilot Eligibility Assessment and Service Mix Review following the transition to the receiving PHP."

3. Click The Healthy Opportunities Pilot - Transition of Care assessment and review any services that were in progress before the transition.
4. If needed, follow the steps in the **Sending Referrals While Requesting Authorization for Pilot Services** job aids to receive plan authorization and send referrals for any services the member still needs.

Healthy Opportunities Pilot Transition of Care Workflow Diagrams - November 2023

Purpose: This document outlines the transition of care (TOC) process in NCCARE360 for the Healthy Opportunities Pilot (“the Pilot”).

Audience: Plan utilization managers and care managers

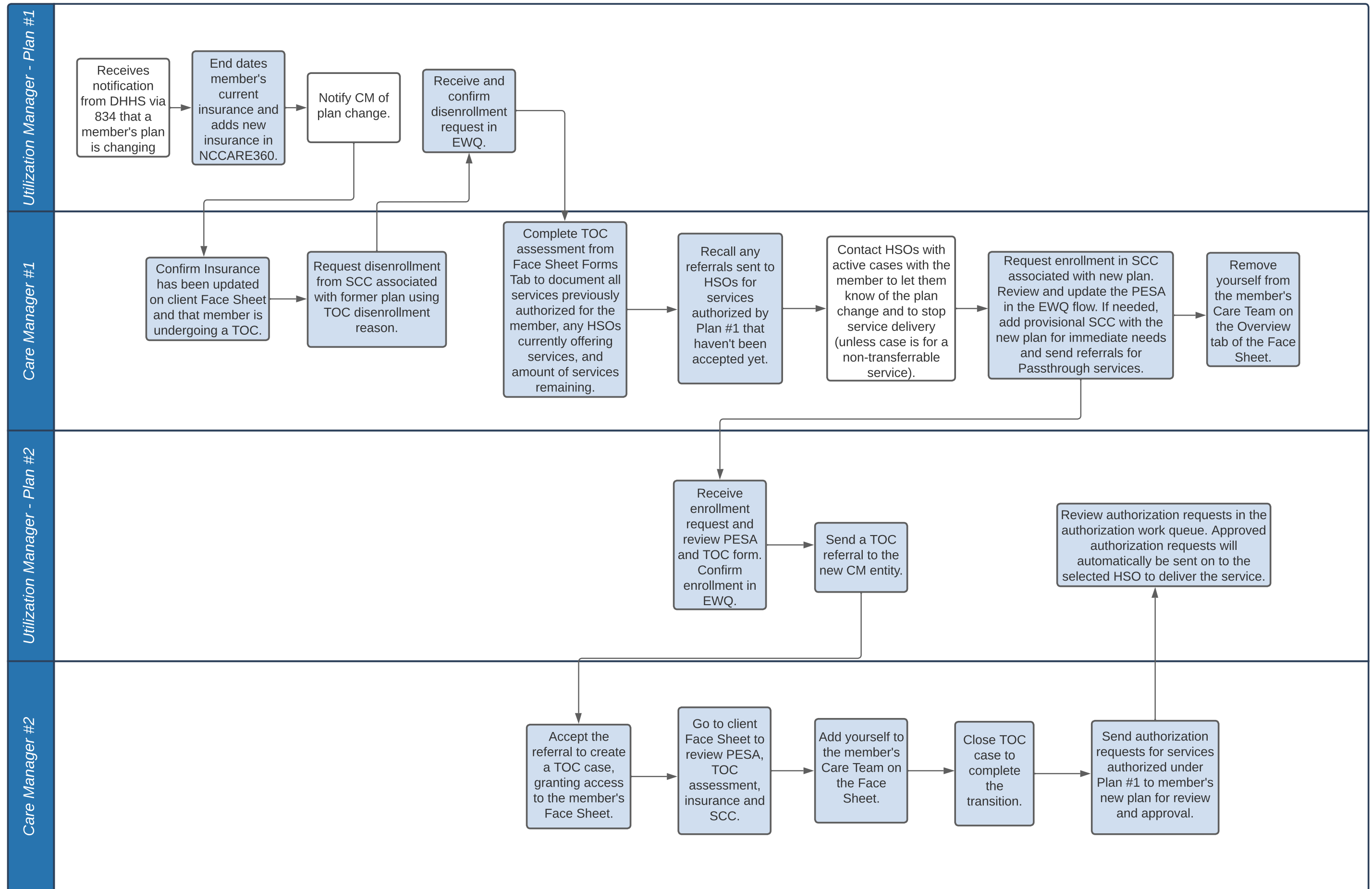
Workflow step: Appendix B

Included in this Appendix job aid are workflow diagrams that outline:

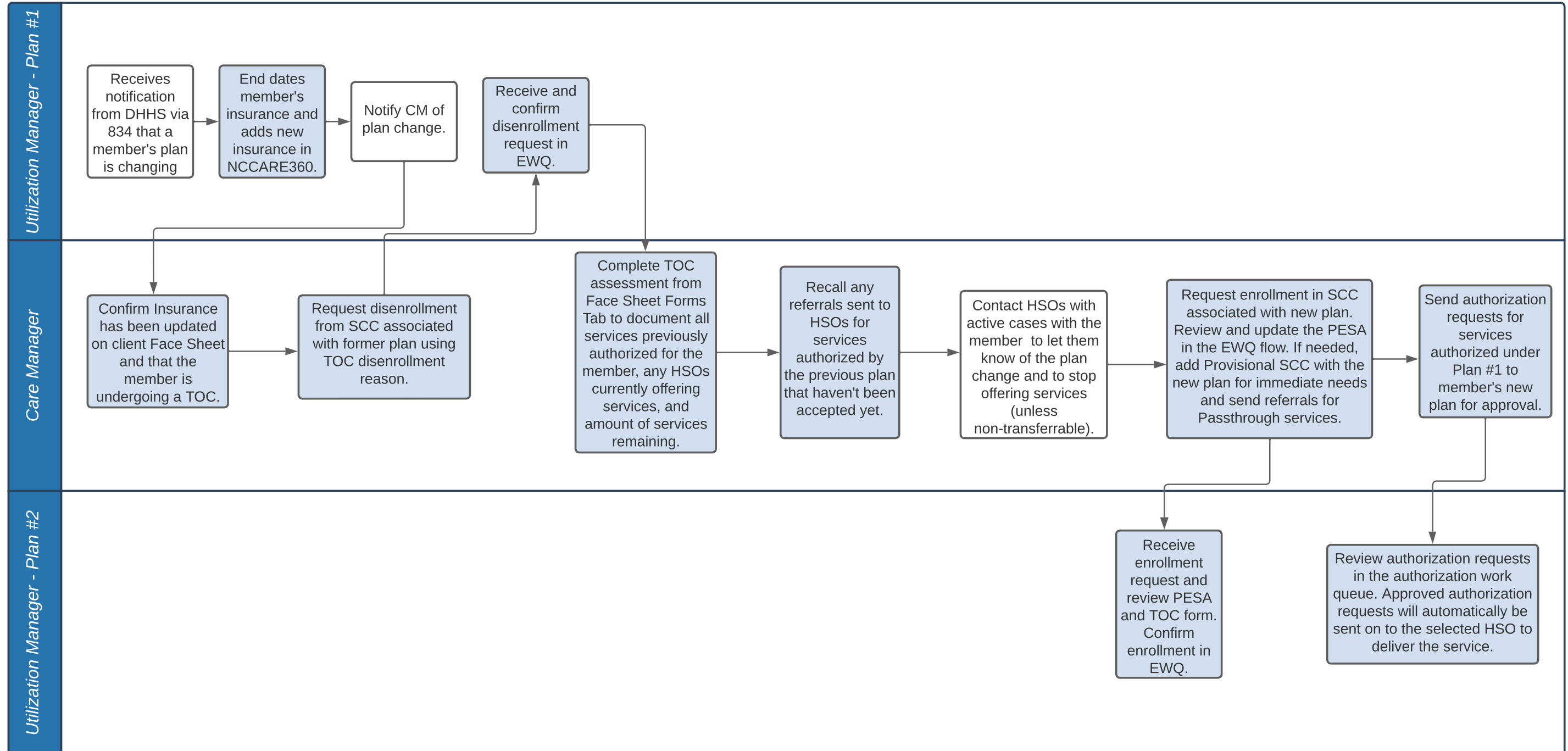
- I. PHP & Care Management Transitions**
- II. PHP to PHP Transitions**
- III. Care Management Transitions**

Transition of Care Workflow for Plan and Care Manager Transitions

*steps in blue represent actions taken in Unite Us, steps in white are actions taken outside of Unite Us



Transition of Care Workflow for Plan Transitions ONLY
**steps in blue represent actions taken in Unite Us, steps in white are actions taken outside of Unite Us*



Transition of Care Workflow for Care Manager Transitions ONLY
**steps in blue represent actions taken in Unite Us, steps in white are actions taken outside of Unite Us*

