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**SAMPLES**

NCEB

NC Medicaid Managed Care

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Language: EN

Welcome Packet Indicator: Yes

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NC DEPARTMENT OF  
**HEALTH AND  
 HUMAN SERVICES**  
 Division of Health Benefits

**Questions?** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). The call is free. We can speak with you in other languages.

December 14, 2019

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00001  
 JANE SMITH  
 10520 CHAPEL HILL RD  
 MORRISVILLE NC 27560-3000

00001  
 ABC1234  
 00-NCEBLT1E-2  
 MCH

Dear JANE SMITH:

**Important Update: For now, your Medicaid will not change to new health plans.**

**You do not need to take any action. Your Medicaid benefits stay the same.**

**Keep using your NC Medicaid benefits as you have been.** You can go to the same primary care provider (printed on your Medicaid card) and specialists you have now. You do not need to choose a health plan at this time.

**Why did this happen?** Due to ongoing state budget issues, the new Medicaid health plans cannot start at this time.

**When will Medicaid move to new health plans?** For now, the move to new health plans is on hold. We will tell you when it restarts and when you will be able to choose a health plan.

**What if I already chose a health plan?** We will save your health plan choice. When Medicaid health plans restart, you will have an opportunity to change your health plan if you choose.

**More questions?** We can help. For information, [visit medicaid.ncdhhs.gov](http://visit.medicaid.ncdhhs.gov) or call **1-833-870-5500** (TTY: 1-833-870-5588).

We understand that this may be confusing. Remember, for now, keep using your Medicaid benefits as you do today. You are our top priority. We will keep you updated if anything changes for your Medicaid benefit.

Thank you,

NC Medicaid Team

To get this information in other languages or formats such as large print or audio, call **1-833-870-5500**.



## Help in Other Languages

**ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call 1-833-870-5500 (TTY: 1-833-870-5588).

**SPANISH ESPANOL ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-870-5500 (TTY: 1-833-870-5588).

**简体中文 | SIMPLIFIED CHINESE 注意:** 如果您不会说英语, 可免费获得语言协助服务。请致电 1-833-870-5500 (TTY 用户: 1-833-870-5588)。

**VIETNAMESE CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-870-5500 (TTY: 1-833-870-5588).

**KOREAN 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-870-5500 (TTY: 1-833-870-5588). 번으로 전화해 주십시오.

**FRENCH FRANCAIS ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-870-5500 (TTY: 1-833-870-5588).

**ARABIC تنبيه:** إذا كنت لا تتحدث اللغة الإنجليزية، يمكنك الحصول على خدمات المساعدة اللغوية، بالمجان. اتصل على الرقم 1-833-870-5500 (الضعاف السمع: 1-833-870-5588).

**HMONG LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-833-870-5500 (TTY: 1-833-870-5588).

**RUSSIAN ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-870-5500 (TTY: 1-833-870-5588).

**TAGALOG PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-870-5500 (TTY: 1-833-870-5588).

**ગુજરાતી | GUJARATI સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-870-5500 (TTY: 1-833-870-5588).

**ខ្មែរ | CAMBODIAN ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-833-870-5500 (TTY: 1-833-870-5588)។

**GERMAN DEUTSCH ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-870-5500 (TTY: 1-833-870-5588).

**HINDI ध्यान द:** यदि आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-833-870-5500 (TTY: 1-833-870-5588). पर कॉल कर।

**LAOTIAN ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-833-870-5500 (TTY: 1-833-870-5588).

**JAPANESE 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-833-870-5500 (TTY: 1-833-870-5588) まで、お電話にてご連絡ください。



## Notice of Non-Discrimination

**NC Medicaid** complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. NC Medicaid does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

**NC Medicaid** provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**NC Medicaid** provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact NC Medicaid at **1-833-870-5500** (TTY: 1-833-870-5588)

If you believe that NC Medicaid has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

DHHS ADA/RA Complaints  
Office of Legal Affairs  
2001 Mail Service Center  
Raleigh, NC 27699-2001

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Legal Affairs is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **electronically** through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **by mail** at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201; *or*
- **by phone** at **1-800-368-1019** (TDD: 1-800-537-7697)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).