

Fact Sheet

Medicaid Transformation: Beneficiary Enrollment & Timelines

Medicaid Managed Care is Rolling Out Statewide

The Department of Health and Human Services (DHHS) will transition most beneficiaries to NC Medicaid Managed Care statewide on Feb. 1, 2020. A small number of beneficiaries will stay in NC Medicaid Direct. This Fact Sheet provides details on how and when these transitions will occur. Beneficiaries in Regions 2 and 4 will begin open enrollment in June 2019, while beneficiaries in Regions 1, 3, 5 and 6 will begin open enrollment in October 2019. The statewide launch of Medicaid Managed Care will be on February 1, 2020. For a list of counties by region, please see the Appendix attached to this Fact Sheet.

HOW ENROLLMENT OCCURS

Beneficiaries can enroll in plans in various ways. They can:

- select a Primary Care Provider (PCP) and health plan through the Enrollment Broker.
 - By calling 1-833-870-5500 (toll free)
 - Online at ncmedicaidplans.gov
 - By completing the paper enrollment form found in their enrollment packet and returning it by fax or mail
 - Using the NC Medicaid Managed Care mobile app
- be Auto-Assigned to a health plan and PCP if they do not choose one by the deadline.

Auto-assignment is based on 1) where the beneficiary lives, 2) whether he or she is a member of a special population, 3) *historical provider-beneficiary relationship*, 4) Health Plan assignments of other family members, and 5) previous Health Plan enrollment within the past 12 months.

WHEN ENROLLMENT OCCURS

During the transition/rollout period, as noted in table below. (Note: Beneficiaries may change health plans at any time during Open Enrollment).

After Day 1 (when health plans begin coverage for members):

- New Applicants –
 - Enrollment is effective the first day of the month in which the application is approved. Eligibility for months prior to the application approval month will be NC Medicaid Direct.
- Beneficiaries with Change of Circumstance Impacting Enrollment -
 - Enrolled or disenrolled effective the month following the change.
- At Redetermination:
 - Beneficiaries may choose to remain with current health plan or make a change.

Beneficiaries have a 90-DAY CHOICE PERIOD in which to change health plans for any reason. The 90-days starts as of the effective date of enrollment.



EVENT	IMPORTANCE	Regions 2 and 4	Regions 1, 3, 5 and 6
Enrollment Packets mailed from Enrollment Broker	Current beneficiaries receive details by mail on who in the household can enroll in a Health Plan, which plans they can choose from, and how they to enroll.	Begins 7/10/2019	Begins 10/1/2019*
Open Enrollment	Beneficiaries may select a PCP & enroll in Health Plans. Postcard reminders will be sent to mandatory population that has not yet enrolled.	7/15/2019 – 12/13/2019 *	10/14/2019 – 12/13/2019 *
Auto-Assignment	Beneficiaries who have not selected a Health Plan or PCP will be assigned one systematically.	12/16/2019*	
Day 1 – Health Plan Effective Date	Beneficiaries in Medicaid Managed Care will receive Medicaid services from their assigned Health Plan.	2/1/2020*	

- Carolina Complete Health*
The Enrollment Broker can assist beneficiaries in choosing a health plan and a PCP.
*Carolina Complete Health, Inc. is only available to beneficiaries in Regions 3, 4 & 5 (For a list of counties by region, please see the Appendix attached to this Fact Sheet.)

WHAT IF A BENEFICIARY WANTS TO KEEP ME AS THEIR PRIMARY CARE PROVIDER

To select a specific doctor, clinic or other provider as their primary care provider, a beneficiary should find out which plans they work with. Then choose one of those plans.

You can tell your patients which provider plans you work with. Please note:

- If a beneficiary selects a health plan, but not a PCP, the Health Plan will assign them a PCP. If the beneficiary has a record of a PCP with Medicaid, the health plan should assign the beneficiary to that PCP if they participate in that health plan’s network.
- If a beneficiary does not select a health plan by the end of open enrollment, they will be assigned to a health plan. If the beneficiary has a record of a PCP with Medicaid that will be a determining factor in the health plan to which they are assigned.
- Beneficiaries have 90-days after coverage begins to make change their health plan or PCP or primary care provider.

WHAT IF BENEFICIARIES HAVE QUESTIONS

Most questions that beneficiaries have about choosing a health plan, can be answered by the Enrollment Broker. You can refer beneficiaries to the Enrollment Broker. They are open from 7 a.m. to 5 p.m., Monday through Saturday. Beneficiaries can call the Enrollment Broker at **1-833-870-5500 (TTY: 1-833-870-5588)**.

In addition, the Medicaid Managed Care website also includes a [Question and Answers](#) document which addresses common beneficiary questions about the transition to Managed Care.

CHOICES FOR ENROLLMENT

Beneficiaries will have 4 to 5 health plans to choose from when they enroll, based on the region in which they live:

- WellCare
- UnitedHealthcare Community Plan
- Healthy Blue
- AmeriHealth Caritas

Fact Sheets will be updated periodically with new information. Created July 2019. For more information, please visit <https://www.ncdhhs.gov/assistance/medicaid-transformation>

