

# Beneficiary Health Plan Selection for Providers

## What providers need to know about how beneficiaries select a NC Medicaid Managed Care health plan

As Medicaid transitions to managed care most beneficiaries can choose their health plan and primary care provider (PCP) or Advanced Medical Home (AMH).<sup>\*</sup> During statewide open enrollment, beneficiaries have until December 13, 2019, to enroll in a health plan and select their PCP/AMH. If a beneficiary does not select a health plan or PCP/AMH by the deadline, they will be assigned to one. Beneficiaries will have a 90-day choice period from the health plan effective date to change health plans.

As required by the Centers for Medicare and Medicaid Services (CMS), the Department of Health and Human Services (DHHS) has contracted with a third-party enrollment broker to assist beneficiaries with choice counseling and enrollment. Enrollment specialists provide accurate, unbiased, personalized customer service to beneficiaries as they navigate the transition to managed care. The enrollment broker:

- Educates Medicaid beneficiaries about their health plan options
- Helps Medicaid beneficiaries make informed decisions on choosing a health plan that best meets their needs
- Enrolls Medicaid beneficiaries in a health plan with their preferred primary care provider

Providers are encouraged to tell their beneficiaries with which health plans they are contracted. Providers should direct beneficiaries who have additional questions about choosing a health plan to the enrollment broker. See below for additional information available to help beneficiaries.

<sup>\*</sup>A small number of people will stay in the fee-for-service model, now known as NC Medicaid Direct. A list of populations that do not have to or cannot choose a plan is online <https://files.nc.gov/ncdma/FactSheet1-Intro-Medicaid-Transformation-Part1-20190521.pdf>.

### HOW CAN BENEFICIARIES CONTACT THE ENROLLMENT BROKER?

Real time support from an enrollment specialist is available at 1-833-870-5500 (TTY Toll-free: 1-833-870-5588). They are open from 7 a.m. to 8 p.m. seven days a week.

### HOW CAN BENEFICIARIES CHOOSE A HEALTH PLAN AND PCP?

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

- select a health plan and a Primary Care Provider (PCP) through the Enrollment Broker.
  - By calling 1-833-870-5500 (toll free)
  - Online at [ncmedicaidplans.gov](http://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-enrolled to a health plan and PCP if they do not choose one by the deadline.

## WHEN CAN BENEFICIARIES ENROLL IN AN HEALTH PLAN?

Statewide open enrollment began on Oct. 14, 2019, and ends on Dec. 13, 2019. **Note:** Beneficiaries may change health plans at any time during Open Enrollment and during a 90-day period from the date their plan is effective.

See the Provider Playbook for more information on [Beneficiary Enrollment and Timelines](#).

## HOW CAN BENEFICIARIES GET SUPPORT DURING OPEN ENROLLMENT?

Each beneficiary received a packet that included information on how to access support, including:

- For Real-Time Support, members can call the Enrollment Broker Call Center at 1-833-870-5500 (TTY Toll-free: 1-833-870-5588)
- By visiting the website [ncmedicaidplans.gov](http://ncmedicaidplans.gov)

## WHAT HELP IS AVAILABLE ON THE NCMEDICAIDPLANS.GOV WEBSITE?

The NC Medicaid Managed Care website (available in English and Spanish) provides an integrated experience for beneficiaries to manage their enrollment needs. This is a resource to share with beneficiaries. The website includes the following tools and information:

- Health plan comparison charts and lists of benefits
- Provider network directory with search capability
- Program information, brochures and enrollment forms (as downloadable PDFs)
- Questions and answers
- List of information events in by county

Any website visitor can browse for information and search for a PCP. By creating an account and logging in, beneficiaries can access additional functions.

Beneficiaries can create an account with a valid NCID login to access a secure web portal. The North Carolina Identity Management Service (NCID) provides a secure log in and access to real-time resources, such as Medicaid and other State provided-assistance programs.

More information on the NCID can be found [online](#). Once beneficiaries have an NCID, they can:

- Access case-specific information
- Manage their online account
- Complete choice counseling
- Enroll in their selected health plan
- Choose a PCP
- Access a Chat Tool which to chat with enrollment specialists (via Chat with Us! Button; compatible with iOS and Android operating systems for mobile users)

## HOW CAN A BENEFICIARY KEEP ME AS THEIR PRIMARY CARE PROVIDER?

Make sure beneficiaries know which plans you are working with. Beneficiaries will need to choose one of those plans to keep you as their primary care provider.

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. Historical relationships with a PCP will be a determining factor regarding which health plan they are assigned.
- After Managed Care begins on Feb. 1, 2020, beneficiaries have 90 days to make changes to the either their health plan, their PCP or both.

## HOW CAN PROVIDERS SUPPORT BENEFICIARIES?

Current beneficiaries will receive information by mail that outlines actions to be taken, when to take those actions, and who they can contact for assistance.

Materials are available to share with beneficiaries about the changes. Please consider:

- Displaying a [poster](#) in your office.
- Sharing the [fact sheet](#) and [flyer](#) in your waiting area.
- Handing beneficiaries a [palm card](#) at their next visit.
- Playing the promotional [video](#) in your waiting area.
- Reviewing the [Q&A](#) with your staff.
- Reading the Beneficiary Experience paper to familiarize yourself with the changes that beneficiaries will experience.

With cause, beneficiaries can change their PCP/AMH and PHPs at any time over the course of a year.

## HOW CAN BENEFICIARIES CHANGE THEIR HEALTH PLAN?

Beneficiaries can contact the enrollment broker to change health plans for the first 90 days after their coverage effective date. During Medicaid Transformation, beneficiaries can switch health plans for 90 days after the launch of Managed Care on February 1, 2020

If a beneficiary wants to change their health plan outside of the 90-day choice period, they will have to have complete and submit the [Health Plan Request](#) form with one reasons below:

- Member moved into a different region
- In need of Long-Term Services & Supports (LTSS)
- Member needs access to services not available in the health plan network, including services only available through an LME-MCO or BH I/DD Tailored Plan
- Family member is in a different health plan
- Poor performance of health plan

## HOW CAN BENEFICIARIES CHANGE THEIR PCP/AMH?

Beneficiaries can change PCP/AMH twice each year in the following ways:

- Beneficiaries can select a PCP/AMH at application, recertification, or through choice counseling with the Enrollment Broker when they select a health plan
- Beneficiaries should reach out to their health plan to change their PCP/AMH
- Beneficiaries can change their PCP/AMH through the enrollment broker if they are also changing or selecting a health plan.