

Fact Sheet

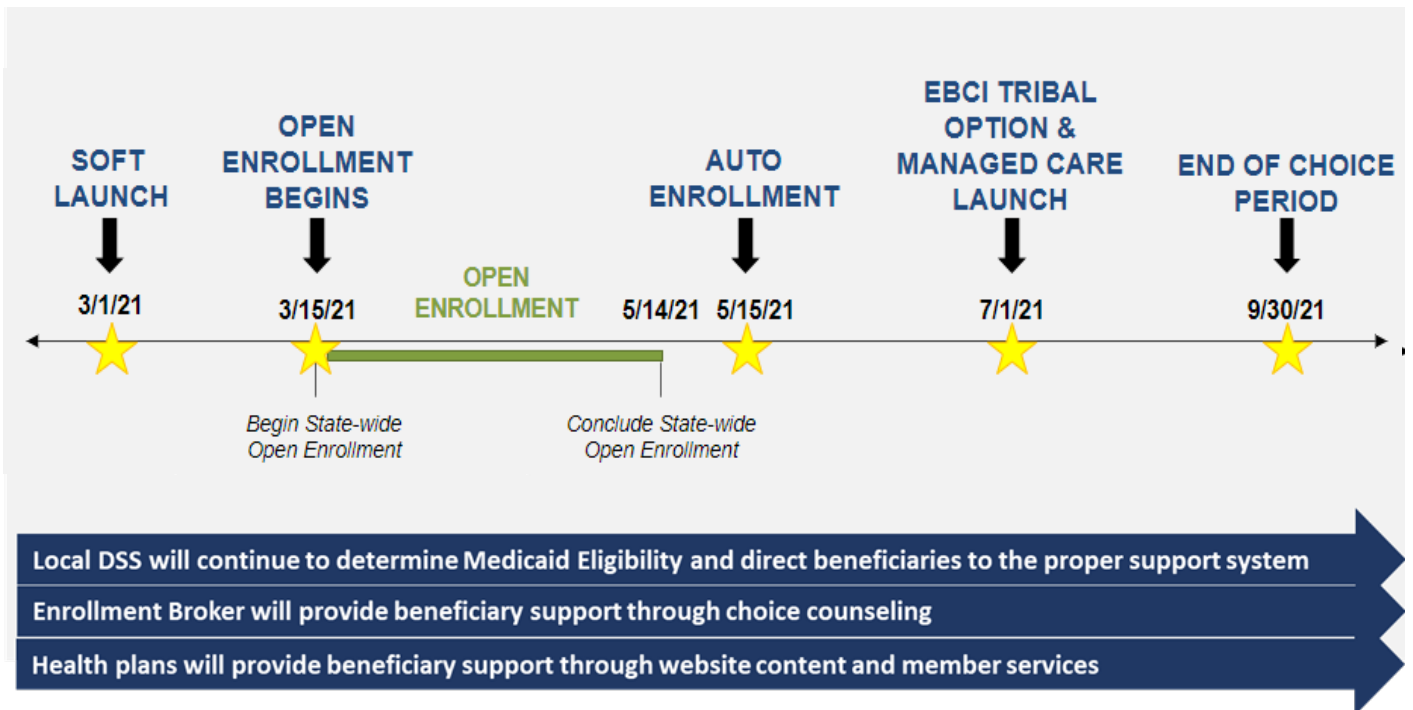
Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines

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 July 1, 2021. A small percentage of beneficiaries will stay in NC Medicaid Direct. This fact sheet provides details on how and when these transitions will occur. Open enrollment for beneficiaries will begin on March 15, 2021, and end on May 14, 2021.

The statewide launch of NC Medicaid Managed Care and the Eastern Band of Cherokee Indians (EBCI) Tribal Option will be on **July 1, 2021**.

NC MEDICAID MANAGED CARE TRANSITION TIMELINE



MILESTONE	IMPORTANCE	TIMELINE	WHO CAN HELP?
Enrollment Packets mailed from Enrollment Broker	Current beneficiaries received details by mail on who in their household must enroll or may choose to enroll in a health plan, what plans they have to choose from, and how they can enroll. Beneficiaries may select a primary care provider (PCP) and enroll in a health plan.	Beginning March 1, 2021	Beneficiaries should contact the enrollment broker for assistance.
Open Enrollment	Beneficiaries may select a PCP and enroll in a health plan. Postcard reminders will be sent to beneficiaries during open enrollment.	March 15, 2021 – May 14, 2021	Beneficiaries should contact the enrollment broker for assistance.
Auto-Enrollment	Beneficiaries who have not selected a health plan will be enrolled in one automatically.	Beginning May 15, 2021	Beneficiaries should contact the enrollment broker for assistance.
Auto-Assignment	Beneficiaries who have not selected a PCP/Advanced Medical Home (AMH) will be automatically assigned one by their health plan. Beneficiaries will receive Welcome Packets and ID cards from their health plan following auto-assignment.	Beginning May 15, 2021	Beneficiaries should contact their health plan for assistance.
Day 1 – Health Plan Effective Date	Beneficiaries in NC Medicaid Managed Care will now receive Medicaid services from their health plan.	July 1, 2021	Beneficiaries should contact their health plan and/or the enrollment broker for assistance.

**Dates are approximate and subject to change*

HOW ENROLLMENT OCCURS

Since Open Enrollment began on **March 15, 2021**, beneficiaries can enroll in health plans in various ways. They can:

- Select a PCP and health plan through the enrollment broker.
 - By calling 833-870-5500 (toll free)
 - Online at ncmedicaidplans.gov
 - By completing and returning a paper enrollment form by fax or mail
 - Using the NC Medicaid Managed Care mobile app
- Be auto-enrolled in a health plan and PCP if they do not choose one by May, 14, 2021.

Auto-enrollment 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 and preference
- 4) Health plan assignments of other family members
- 5) Previous health plan enrollment within the past 12 months
- 6) Equitable health plan distribution.

Beneficiaries may also indicate PCP and health plan preference in NC FAST (via ePASS application or caseworker entry).

WHEN ENROLLMENT OCCURS

During the open enrollment period as noted above. (Note: Beneficiaries may change health plans at any time during open enrollment).

After NC Medicaid Managed Care launch, beneficiary enrollment occurs or may change:

- New Applicants –
 - Enrollment is effective the month the application is dispositioned. (This may mean a portion of their eligibility period will be NC Medicaid Direct).
- Beneficiaries with a 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.

Mandatory beneficiaries (required to enroll in a health plan) have a 90-day choice period in which they can change health plans for any reason. The 90-days start as of the effective date of enrollment.

Exempt beneficiaries (those who may enroll in a health plan) can change health plans at any time.

CHOICES FOR ENROLLMENT

Beneficiaries will have six health care options to choose from when they enroll, based on the region in which they live:

- WellCare
- UnitedHealthcare Community Plan
- Healthy Blue
- AmeriHealth Caritas
- Carolina Complete Health*
- EBCI Tribal Option**

The enrollment broker can assist beneficiaries in choosing a health plan and a PCP.

*Carolina Complete Health, Inc. is only available to beneficiaries in these counties: Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren and Wilson.

**The EBCI Tribal Option is only available to federally-recognized tribal members or others eligible for Indian Health Services (IHS) who live in Cherokee, Graham, Haywood, Jackson, or Swain County. Eligible members in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison and Transylvania.

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

Make sure your Medicaid and NC Health Choice patients know which plans you are contracted with. Beneficiaries will need to choose one of those plans to keep you as their PCP.

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 an active relationship with a PCP with Medicaid, the health

plan should assign the beneficiary to that PCP if they participate in that health plan's network.

- Beneficiaries have 90 days after the effective date of initial enrollment to change their health plan or PCP for any reason.

WHAT IF I WANT TO INFORM MY BENEFICIARIES OF THEIR OPTIONS TO KEEP ME AS THEIR PRIMARY CARE PROVIDER?

The Department welcomes this engagement from our providers, but please note that not all Medicaid beneficiaries are moving to managed care. Receiving letters or other information from providers to sign up for a health plan is causing some confusion for beneficiaries who are not required to sign up at this time.

If your practice is conducting outreach, we encourage providers to include the following language in any communication to patients about your contracted health plans and signing up for NC Medicaid Managed Care:

This letter is not an official enrollment notice. Depending on your current eligibility, you may not be required to enroll with a health plan. Please call the enrollment broker at 833-870-5500 (TTY: 833-870-5588) for assistance.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

Most questions beneficiaries have about choosing a health plan can be answered by the enrollment broker. The enrollment broker Call Center opened on March 1, 2021 from 7 a.m. to 5 p.m., Monday through Saturday. Please refer beneficiaries to 833-870-5500 (TTY: 833-870-5588) for assistance.

Beneficiaries who have questions or issues impacting their health care services should contact the NC Medicaid Ombudsman. The NC Medicaid Ombudsman will be available to address specific Medicaid-related questions from beneficiaries, make referrals to applicable resources and assist in resolving issues with managed care.