Fact Sheet
Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines

Medicaid Managed Care is Rolling Out in Two Phases

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 EBCI Tribal Option will be on July 1, 2021.

NC MEDICAID MANAGED CARE TRANSITION TIMELINE

Local DSS will continue to determine Medicaid Eligibility and direct beneficiaries to the proper support system

Enrollment Broker will provide beneficiary support through choice counseling

Health plans will provide beneficiary support through website content and member services
HOW ENROLLMENT OCCURS

Once Open Enrollment begins on March 15, 2021, beneficiaries can enroll in Health 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 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 6 Health Plans 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 NC 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 primary care provider.

Please note:

- If a beneficiary selects a Health Plan, but not a primary care provider (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.
- If a beneficiary does not select a Health Plan by the end of open enrollment, they will be assigned to a Health Plan and the Health Plan will assign to a PCP.
- Beneficiaries have 90 days after the effective date of initial enrollment to change their Health Plan or PCP for any reason.

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 will open March 1, 2021 from 7 a.m. to 5 p.m., Monday through Saturday. Please refer beneficiaries to 1-833-870-5500 (TTY: 1-833-870-5588) for assistance.

Fact Sheets will be updated periodically with new information. Created December 2020. For more information, please visit https://www.ncdhhs.gov/assistance/medicaid-transformation