

Fact Sheet

Transition of Care

How does NC Medicaid Managed Care impact beneficiaries with disabilities and older adults?

Medicaid Transformation is changing the way most people receive Medicaid services. In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and NC Health Choice from fee-for-service to managed care. DHHS will transition most beneficiaries to NC Medicaid Managed Care statewide on July 1, 2021. Some beneficiaries will stay in fee-for-service, now known as NC Medicaid Direct. This fact sheet provides details on which beneficiaries with disabilities and older adults will be mandatory, exempt, excluded or delayed from enrolling in NC Medicaid Managed Care and who to contact for more information. Enrollment options may be different for beneficiaries eligible for the Tribal Option. Beneficiaries eligible for the [Tribal](#) Option should contact the Enrollment Broker at 833-870-5500 for more information.

I RECEIVE BOTH MEDICARE AND MEDICAID. WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries receiving both Medicare and Medicaid are sometimes called “duals” because they are dually eligible for both programs. Beneficiaries who receive both Medicare and Medicaid are temporarily excluded and will remain in NC Medicaid Direct at this time. The way you receive services will not change and you do not need to do anything at this time. If you have questions, contact your [local Department of Social Services \(DSS\)](#) or call the NC Medicaid Contact Center at 888-245-0179.

I RECEIVE SERVICES UNDER THE COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA) OR COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C) WAIVER. WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries receiving services under the CAP/DA or CAP/C waiver are temporarily excluded and will remain in NC Medicaid Direct at this time. The way you receive services will not change and you do not need to do anything at this time. If you have questions, contact your [local DSS](#) or contact your CAP/DA or CAP/C case management entity.

I AM ON THE WAITING LIST FOR THE CAP/DA OR CAP/C WAIVER. WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries receiving only Medicaid and who are on the waiting list for the CAP/DA or CAP/C waiver will likely enroll in NC Medicaid Managed Care unless you are part of another excluded group. You can remain on the waiver waiting list while enrolled in NC Medicaid Managed Care. If you are awarded a waiver slot while receiving services under NC Medicaid Managed Care, you will transition out of NC Medicaid Managed Care and back into NC Medicaid Direct. If you have questions, you can contact the NC Medicaid Enrollment Call Center at 833-870-5500/TTY: 833-870-5588.

I RECEIVE SERVICES UNDER THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE). WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries receiving services under PACE will not transition into NC Medicaid Managed Care because your services are already provided in a managed care program. The way you receive services will not change and you do not need to do anything at this time. If you have questions, contact your [PACE organization](#) or your [local DSS](#).

I HAVE BEEN IN A NURSING FACILITY FOR MORE THAN 90 DAYS. WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries receiving Medicaid services and who have been in a nursing facility for more than 90 days will not transition into NC Medicaid Managed Care. The way you receive services will not change and you do not need to do anything at this time. If you have questions, contact your [local DSS](#) or the NC Medicaid Contact Center at 888-245-0179.

I HAVE A DEDUCTIBLE OR “SPEND DOWN.” WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries who have a deductible, sometimes called a “spend down,” are part of a Medicaid category called Medically Needy and qualify for Medicaid because of their high medical expenses. Beneficiaries in this category will not transition into NC Medicaid Managed Care. The way you receive services will not change and you do not need to do anything at this time. If you have questions, contact your [local DSS](#).

I RECEIVE SERVICES UNDER THE INNOVATIONS WAIVER. WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries who receive services and supports under the Innovations waiver will not transition into NC Medicaid Managed Care until Tailored Plans launch in 2022. You will stay with your local management entity/managed care organization (LME/MCO) and will not transition to another health plan unless you want to. **Important: if you are on the waiver, you may not change to another health plan unless you give up your waiver slot.** If you have questions, contact your [LME/MCO](#).

I RECEIVE SERVICES UNDER THE TRAUMATIC BRAIN INJURY (TBI) WAIVER. WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries who receive services and supports under the TBI waiver will not transition into NC Medicaid Managed Care. You will stay with your LME/MCO and will not transition to another health plan unless you want to. **Important: you may not change to a managed care plan unless you give up your waiver slot.** If you have questions, contact your [LME/MCO](#).

I AM ON THE INNOVATIONS WAIVER REGISTRY OF UNMET NEEDS (WAIT LIST). WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Individuals on the Registry of Unmet Needs may remain in Medicaid Direct until the launch of Tailored Plans or they may choose an NC Medicaid Managed Care health plan. You should contact the [LME/MCO](#) to better understand how managed care will impact you based on your specific circumstances and the services that you receive.

I RECEIVE BEHAVIORAL HEALTH OR INTELLECTUAL/DEVELOPMENTAL DISABILITY (I/DD) SERVICES THROUGH MY LME/MCO. WILL I TRANSITION INTO NC MEDICAID MANAGED CARE?

Beneficiaries who receive Behavioral Health or I/DD services from an LME/MCO will have health plan options that depend on the services received. You should contact the LME/MCO to better understand how managed care will impact you based on your specific circumstance and the services that you receive.

WHAT IF I HAVE QUESTIONS?

Additional resources for providers on the transition to managed care can be found in the [NC Medicaid Help Center](#), the [Provider Playbook](#) and on the [Medicaid Transformation website](#).

For general provider inquiries and complaints regarding health plans, contact the **Provider Ombudsman** at Medicaid.ProviderOmbudsman@dhhs.nc.gov, or 919-527-6666. The Provider Ombudsman contact information is also published in each health plan's provider manual.

For questions related to your NCTracks provider information, please contact the NCTracks Call Center at 800-688-6696. To update your information, please log into NCTracks (<https://www.nctracks.nc.gov>) provider portal to verify your information and submit a MCR.

For all other questions, please contact the NC Medicaid Contact Center at 888-245-0179.

Fact Sheets will be updated periodically with new information. Updated April 2021. For more information, please visit <https://www.ncdhhs.gov/assistance/medicaid-transformation>