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COMMUNITY CARE OF  
NORTH CAROLINA

*A Member Handbook*



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## *Choosing a Health Home: Community Care of North Carolina*

Community Care of North Carolina (CCNC) is North Carolina's managed care program for Medicaid and Health Choice beneficiaries.

**(NOTE: Health Choice beneficiaries cannot have any other comprehensive health insurance. Payment to providers for services to Health Choice beneficiaries is considered payment in full.)** As a member of CCNC, you can choose a primary care doctor's office as your **health home**. Your health home is where you will go for well-child check ups, help when you are sick or need medical care. The name of your health home will be printed on your Medicaid or Health Choice health insurance ID card.

**To choose your health home, contact your county's Department of Social Services. You can ask to see a list of local primary care doctors who are part of CCNC.**

**CCNC health homes:** These doctors' offices provide medical care and have a place you can call anytime (24 hours a day, 7 days a week) for medical advice. These offices also have access to care managers. If needed, care managers can offer extra help with your health problems or medicines.

**You must go to the health home listed on your card. (If you have Medicare, see "Facts about Medicare," page 3.) You can change your health home once a month.** Contact your caseworker at your county Department of Social Services to request the change. **Your caseworker can tell you when the change is effective. Continue to go to the health home listed on your Medicaid or Health Choice ID card until you receive a new card with your new health home.**

## *What are the benefits of a health home?*

- ▼ Your health home will know you and your medical history. You and your doctor can develop a plan of care that best fits your needs.
- ▼ Your health home can coordinate your health care with other doctors who may need to treat you.
- ▼ Your health home provides a place to go when you are sick.
- ▼ Your health home provides a place to go for preventive care (check-ups, vaccinations or shots, well-woman exams, well-child exams, physicals).
- ▼ Your health home provides a telephone number you can call with medical questions 24 hours a day, 7 days a week.
- ▼ You do not need to go to a hospital or emergency department unless your life or health (or your child's life or health) is in danger.
- ▼ If you have to go to a hospital or emergency department, call your health home afterward to go over what happened. Your doctor can help you understand what happened and what to do to stay in better health.

## *Facts about Medicare*

- ▼ Medicare pays for most medical and mental health services. If you have questions about what Medicare covers, you can call 1-800-MEDICARE or go to the Medicare website (Medicare.gov).
- ▼ There are no restrictions on which doctors you can see, as long as the provider participates in Medicare.
- ▼ Medicaid will cover your Medicare cost sharing amounts (co-pays, co-insurance, and deductibles) if the Medicare provider also is a Medicaid provider.
- ▼ If the provider does not accept Medicaid, you may be responsible for paying a part of the bill. Ask the providers you want to see if they accept Medicaid before you receive services from them.
- ▼ Your primary doctor will refer you to other doctors or medical people who you need to see but they will not restrict your choice. If you have a doctor in mind, suggest this to your primary doctor.
- ▼ There are no limits on the number of times you can see a doctor for Medicare services.
- ▼ If you have questions about how Medicare and Medicaid work together for you, call your Senior Health Insurance Information Program (SHIIP) for assistance at 1-800-443-9354.

## *How do I get medical care?*

- ▼ If you have not been to your health home in the past 12 months, call to make an appointment to establish your medical history. It is important that your primary doctor knows your medical history,

medicines or allergies **before** you get sick.

- ▼ If you have made an appointment and cannot go, **call the doctor's office in advance of your appointment to cancel.** This way someone else can use the appointment time that had been saved for you.
- ▼ Go to your health home when you feel sick or for regular checkups and shots (also known as immunizations or vaccinations).
- ▼ Call your health home before going to the emergency department unless your life or health is in danger.
- ▼ **Call your health home before going to a specialist.** Your primary doctor can help arrange a visit with a specialist if you need one. If you go without a referral from your health home, you may have to pay the bill. **(If you have Medicare, see “Facts about Medicare,” page 3.)**
- ▼ **Keep your most current Medicaid or Health Choice member ID card with you – you will need to show it when you go for medical care. Make sure the provider accepts Medicaid or Health Choice before you receive services.**
- ▼ Everyone in your family who is enrolled will receive a separate card. Always check the cards to be sure that the health home listed is correct. If anything is incorrect, contact your caseworker immediately to help you fix it. A new card with the correct health home information will be mailed to you.
- ▼ Medicaid requires adults 21 years of age and older (except for pregnant women) to pay a co-payment for certain visits. Health Choice beneficiaries also may be



required to pay a co-pay for certain services. The services requiring a co-pay and the amounts for both Health Choice and Medicaid are listed in your consumer guide. If you do not have a consumer guide, ask your caseworker for one. **(See “Facts about Medicare,” page 3.)**

- ▼ If you have Medicaid, you can request assistance with transportation for medical visits from your local Department of Social Services in the county where you live. This service is provided at no cost to you. Health Choice beneficiaries are eligible for emergency transportation only.

## *What services can I get without going through my health home?*

**(If you have Medicare, see “Facts about Medicare,” page 3.)**

You do not need to contact your health home for:

- ▼ Ambulance services
- ▼ Anesthesiology
- ▼ At-risk case management (except for HIV case management services)
- ▼ Community Alternatives Program services (CAP)
- ▼ Dental care (children need to have a dental checkup at least every six months). Ask your health home to refer you to a dentist who takes Medicaid or **call DHHS Customer Service at 1-800-662-7060 (TTY: 1-877-452-2514)** to learn more about Medicaid dental services.
- ▼ Children’s Developmental Service Agency (CDSA)

- ▼ Emergency department services
- ▼ Family planning
- ▼ Health department services
- ▼ Hearing aids (for beneficiaries under age 21 years)
- ▼ Hospice services
- ▼ Laboratory services
- ▼ Optical supplies/visual aids (glasses and medically necessary contact lenses)
- ▼ Outpatient behavioral health services for beneficiaries age 21 years and older
- ▼ Pathology services
- ▼ Pharmacy services
- ▼ Radiology
- ▼ Routine eye exams (for beneficiaries under age 21 years)

## *Behavioral Health and Substance Abuse Treatment Services*

Children (under age 21 years) must be referred for these services by either:

- ▼ Your child's health home, or
- ▼ Your local management entity, also known as an LME (does not apply to Health Choice), or
- ▼ A psychiatrist who takes Medicaid or Health Choice.

Medicaid beneficiaries age 21 years or older do not need a referral for mental health or substance abuse services. **Questions? Call DHHS Customer Service at 1-800-662-7060 (TTY: 1-877-452-2514).**

## *Emergency Care*

If you ever feel that your life or health – or health of your unborn baby – is in immediate danger, call 911 or go to the nearest hospital emergency department. If you are not sure what to do, call the after hours phone number for your health home that is printed on your Medicaid or Health Choice ID card.

## *Health Check*

Health Check is North Carolina's **Medicaid Program for children ages 0 to 20 years**. Health Check covers medical and dental services for children. There are no waiting lists or limits on the number of visits for medically necessary health care when ordered by the child's doctor. Your consumer guide provides more information about Health Check and the services it covers.

If your child has Health Choice, refer to your Consumer Guide for more detailed information about Health Choice and the services it covers.

## *Making a Complaint Against Your Health Home*

You have a right to make a complaint against your primary doctor or health home. If you decide to make a complaint, contact your caseworker at your county Department of Social Services. Your caseworker will give you a CCNC Provider Complaint Form and instructions on how to fill out the form. Your complaint will remain confidential, unless you choose to have it shared with the provider. Your complaint is very important and will be investigated.

**For assistance, call your caseworker or DHHS Customer Service at 1-800-662-7030 (TTY: 1-877-452-2514).**

# *Important Phone Numbers*

**DSS Caseworker's name:**

\_\_\_\_\_

DSS Caseworker's number:

\_\_\_\_\_

**Your health home (primary doctor):**

\_\_\_\_\_

Office number: \_\_\_\_\_

After hours number: \_\_\_\_\_

**Your Care Manager:**

\_\_\_\_\_

Office number: \_\_\_\_\_

**Oldest child's name:**

\_\_\_\_\_

**Oldest child's health home (primary doctor):**

\_\_\_\_\_

Office number: \_\_\_\_\_

After hours number: \_\_\_\_\_

**Second child's name:**

\_\_\_\_\_

**Second child's health home (primary doctor):**

\_\_\_\_\_

Office number: \_\_\_\_\_

After hours number: \_\_\_\_\_

**Third child's name:**

\_\_\_\_\_

**Third child's health home (primary doctor):**

\_\_\_\_\_

Office number: \_\_\_\_\_

After hours number: \_\_\_\_\_

**Your children's Care Manager:**

\_\_\_\_\_

Office number: \_\_\_\_\_

## *Resources*

### **DHHS Customer Service**

1-800-662-7030

TTY: 1-877-452-2514

### **Medicaid website**

[www.ncdhhs.gov/dma](http://www.ncdhhs.gov/dma)

### **Health Choice Program**

1-800-443-9354

TTY: 9-9-715-0319

### **Health Choice website**

[www.ncdhhs.gov/dma/healthchice/index.htm](http://www.ncdhhs.gov/dma/healthchice/index.htm)

### **If you have Medicare:**

#### **State Health Insurance Assistant Program (SHIP)**

1-800-443-9354

## *Record of Doctor Visits*

**(If you have Medicare, see “Facts about Medicare,” page 3.)**

Between July 1 and June 30 each year, Medicaid will cover 22 visits to a doctor if you are age 21 years or older. Medicaid also will cover up to 8 visits to a chiropractor, optometrist or a podiatrist. (This means a total of 8 visits; for example, 2 visits to the podiatrist and 6 visits to the chiropractor.)

Keep a record of your visits. If you have more than the limits allow, you may have to pay. Ask if a care manager can help you manage your visits.

*You can record your visits using the chart on the next page.*

## *Doctor Visits*

<b>Doctor</b>	<b>Date</b>	<b>Patient/Reason for Visit</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		

If you go to the emergency department, record your visit and talk about it with your doctor at your health home.

### *Emergency Department Visits*

Date	Patient/Reason for Visit

***Keep this handbook.***  
*It provides important information about your health care plan.*



State of North Carolina  
Pat McCrory, Governor  
Department of Health and Human Services  
Aldona Z. Wos, M.D., Secretary

[www.ncdhhs.gov](http://www.ncdhhs.gov)

N.C. DHHS is an equal opportunity employer and provider.

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