



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NCCOMeT

Open Enrollment Ends May 14 What Comes Next?

NC Medicaid's Transition to Managed Care

May 14, 2021

NC Medicaid Managed Care Eligibility

Status of Medicaid Managed Care Enrollment per Legislation	Populations
Mandatory (must enroll)	<ul style="list-style-type: none">• Most Family & Children’s Medicaid, NC Health Choice, pregnant women, non-Medicare aged, blind, disabled.
Excluded (cannot enroll, stays in NC Medicaid Direct)	<ul style="list-style-type: none">• Family Planning Program, Medically Needy, Health insurance premium payment (HIPPP), Program of all-inclusive care for the elderly (PACE), Refugee Medicaid• Some beneficiaries are temporarily excluded and become mandatory later. This includes dual-eligible Medicaid/Medicare, Foster Care/Adoption and Community Alternatives Program for Children (CAP-C) and Disabled Adults (CAP-DA).
Exempt (may enroll)	<ul style="list-style-type: none">• Federally recognized tribal members and beneficiaries who would be eligible for behavioral health tailored plans (until they become available). Target launch date for Tailored Plans is July 1, 2022.

NC Health Plans

A health plan coordinates your health care with your doctors, hospital and other providers. They work together to provide beneficiaries with health care including physical and behavioral health services and medicine prescribed for you. Over the next three years, NC will launch four types of health plans.

Standard Plan

Standard Plans will provide integrated physical health, behavioral health, pharmacy, long-term services and supports and services that address unmet health-related resource needs to the majority of non-dual Medicaid beneficiaries.

EBCI Tribal Option

The Eastern Band of Cherokee Indians (EBCI) Tribal Option will be available to tribal members and their families and will be managed by the Cherokee Indian Hospital Authority (CIHA).

Behavioral Health I/DD Tailored Plan

Behavioral Health Intellectual/Developmental Disability (I/DD) Tailored Plans will provide the same services as Standard Plans, as well specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as state-funded and Innovations waiver services.

Specialized Foster Care Plan

The Specialized Foster Care Plan will be available to children and youth currently and formerly involved in the child welfare system and will cover a full range of physical health, behavioral health and pharmacy services.

Services Not in NC Medicaid Managed Care

Some Medicaid and NC Health Choice services are not covered by health plans. These services are covered by NC Medicaid Direct for those enrolled in a health plan.

- Beneficiaries can get these services from any provider who takes NC Medicaid Direct:
 - Dental services
 - Fabrication of eyeglasses (*including complete eyeglasses, eyeglass lenses and ophthalmic frames*)
 - Services provided by Local Education Agencies
 - Services provided by Children’s Developmental Agencies

Health plans will provide non-emergency medical transportation (NEMT) for these services.

- For questions or help accessing benefits only available through NC Medicaid Direct, call the NC Medicaid Contact Center at **888-245-0179** or their health plan (if enrolled).

Major Milestones

May 14	Open Enrollment Ends
May 15	<ul style="list-style-type: none">• Beneficiaries who have not chosen a health plan will be “auto-enrolled” in a plan and notified by mail• Transition of care activities implemented
June 1	NC Medicaid Managed Care members can contact their PHP for non-emergency medical trips taking place on or after July 1, 2021
July 1	<ul style="list-style-type: none">• Medicaid beneficiaries start receiving care through managed care providers• Beneficiaries have 90 days to change their plan selection

Auto-enrollment

Beneficiaries who have not selected a Health Plan by **May 14** will be enrolled in one automatically (auto-enrolled).

Auto-enrollment is based on:

1. Where the beneficiary lives
2. Whether the beneficiary 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

Auto-enrollment

After auto-enrollment

- **Beneficiaries required to enroll in a health plan have 90 days in which they can change health plans or PCP for any reason.**
 - **The 90-days start the effective date of enrollment**
 - **To change health plans, contact the enrollment broker at 833-870-5500**
 - **To change their PCP, beneficiaries should contact their health plan**

Connecting with Resources

- **NC Medicaid Transformation information**
(includes County and Provider Playbooks)
medicaid.ncdhhs.gov/transformation
- **Requests for presentations or to provide feedback**
Medicaid.NCengagement@dhhs.nc.gov