



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

NC MEDICAID DIRECT

PRIMARY CARE CASE MANAGEMENT (PCCM)

MEMBER HANDBOOK

Community Care of North Carolina
March 2022

Auxiliary Aids and Interpreter Services

You can request free auxiliary aids and services, including this material and other information in large print. Call **1-877-566-0943 (TTY 711)**. If English is not your first language, we can help. Call **1-877-566-0943 (TTY 711)**. We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información en letra grande. Llame al **1-877-566-0943 (TTY 711)**. Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **1-877-566-0943 (TTY 711)**. Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

中国人 (Chinese): 您可以申请免费的辅助工具和服务，包括本资料和其他计划信息的大字版。请致电 **1-877-566-0943 (TTY 711)**。如果英语不是您的首选语言，我们能提供帮助。请致电 **1-877-566-0943 (TTY 711)**。我们可以通过口头或书面形式，用您使用的语言免费为您提供本资料中的信息，为您提供翻译服务，并且用您使用的语言帮助回答您的问题。

Tiếng Việt (Vietnamese): Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu này và các thông tin khác dưới dạng bản in lớn. Gọi **1-877-566-0943 (TTY 711)**. Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **1-877-566-0943 (TTY 711)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

한국인 (Korean): 귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타정보가 있습니다. **1-877-566-0943 (TTY 711)** 번으로 전화주시기 바랍니다.

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **1-877-566-0943 (TTY 711)** 번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

Français (French): Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations en gros caractères. Composez le **1-877-566-0943 (TTY 711)**.

Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **1-877-566-0943 (TTY 711)**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmoob (Hmong): Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau **1-877-566-0943 (TTY 711)**. Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **1-877-566-0943 (TTY 711)**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

عربي (Arabic):

يمكنك طلب الخدمات والمساعدات الإضافية المجانية بما في ذلك، هذا المستند ومعلومات أخرى حول الخطة بأحرف كبيرة. اتصل على الرقم

1-877-566-0943 (TTY 711)

1-877-566-0943 (TTY 711). إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم **711** يمكننا أن نقدم لك المعلومات الواردة في هذا المستند بلغتك شفهيًا أو كتابيًا إلى خدمات

Русский (Russian): Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию напечатанную крупным шрифтом. Позвоните по номеру **1-877-566-0943 (TTY 711)**. Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **1-877-566-0943 (TTY 711)**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog (Tagalog): Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon sa malaking print. Tumawag sa **1-877-566-0943 (TTY 711)**. Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **1-877-566-0943 (TTY 711)**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

ગુજરાતી (Gujarati): તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વિનંતી કરી શકો છો. **1-877-566-0943 (TTY 711)**. પર કોલ કરો

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-877-566-0943 (TTY 711)**. પર કોલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વિના મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ.

ខ្មែរ (Khmer): អ្នកអាចស្នើសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃ រួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពី ផ្សេងទៀតនៅជាអក្សរពុម្ពផង។ ហៅទូរសព្ទទៅលេខ **1-877-566-0943 (TTY 711)** ។

ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ **1-877-566-0943 (TTY 711)** យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

Deutsch (German): Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Informationen in Großdruck. Rufen Sie uns an unter **1-877-566-0943 (TTY 711)**. Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **1-877-566-0943 (TTY 711)**. Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

हिंदी (Hindi): आप इस सामग्री और अन्य की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। **1-877-566-0943 (TTY 711) पर कॉल करें।**

अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। **1-877-566-0943 (TTY711) पर कॉल करें।** हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं

ພາສາລາວ (Lao): ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບພຣີ, ລວມທັງ ເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆເປັນຕົວໂຕໃຫຍ່. ໂທຫາເບີ **1-877-566-0943 (TTY 711)**. ຖ້າພາສາແມ່ຂອງ

ທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ **1-877-566-0943 (TTY 711)**. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງບາກເບົາ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

日本 (Japanese): この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。1-877-566-0943 (TTY 711) に電話してください。英語が母国語でない方はご相談ください。1-877-566-0943 (TTY 711) に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。

Notice of Non-Discrimination

CCNC complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. CCNC does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

CCNC provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

CCNC provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call **1-877-566-0943 (TTY 711)**.

If you believe that CCNC has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance with:

CCNC Complaint Coordinator

Online: <https://complaint.n3cn.org/form/webform.asp>

By mail: 1000 CentreGreen Drive, Suite 300, Cary, NC 27513

By phone: **1-877-566-0943 (TTY 711)**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail:
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
- By phone: **1-800-368-1019 (TDD: 1-800-537-7697)**

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aviso de no discriminación

CCNC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, credo, afiliación religiosa, ascendencia, sexo, identidad o expresión de género u orientación sexual. CCNC no excluye a las personas ni las trata de forma diferente por motivos de raza, color, origen nacional, edad, discapacidad, credo, afiliación religiosa, ascendencia, sexo, género, identidad o expresión de género u orientación sexual.

CCNC proporciona ayuda y servicios auxiliares gratuitos a las personas con discapacidades para que se comuniquen eficazmente con nosotros, por ejemplo:

- Intérpretes calificados de lenguaje de señas americano
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

CCNC ofrece servicios lingüísticos gratuitos a las personas para las cual el idioma principal no es el inglés, por ejemplo:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, llame al **1-877-566-0943 (TTY 711)**.

Si cree que CCNC no le ha prestado estos servicios o lo ha discriminado de alguna otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

- En línea: <https://complaint.n3cn.org/form/webform.asp>
- Por correo: 1000 CentreGreen Drive, Suite 300, Cary, NC 27513
- Por teléfono: 1-877-566-0943 (TTY 711)

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos:

En línea: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Por correo:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201

- Por teléfono: 1-800-368-1019 (TDD: 1-800-537-7697)

Los formularios de quejas están disponibles en: hhs.gov/ocr/office/file/index.html.

El NC Medicaid Ombudsman puede proporcionarle apoyo, educación gratuita y confidencial sobre los derechos y responsabilidades que tiene bajo NC Medicaid. Llame al 1-877-201-3750 o visite ncmedicaidombudsman.org.

Your CCNC Quick Reference Guide

I WANT TO:	I CAN CONTACT:
Find a doctor, specialist or health care service	My primary care provider (PCP). To change your PCP, call your local Department of Social Services (DSS). A list of DSS locations can be found here: ncdhhs.gov/localdss .
Get this handbook in another format or language	CCNC at 1-877-566-0943 (TTY 711)
Keep track of my appointments and health services	My PCP or CCNC at 1-877-566-0943 (TTY 711)
Get help with getting to and from my doctor's appointments	Call your local DSS office to learn more about transportation services. A list of DSS locations can be found here: ncdhhs.gov/localdss .
<ul style="list-style-type: none"> • Understand the services available through CCNC • Understand a letter or notice I got in the mail from CCNC • File a complaint about CCNC 	CCNC at 1-877-566-0943 (TTY 711) or the NC Medicaid Ombudsman at 1-877-201-3750 . You can also find more information about the NC Medicaid Ombudsman in this handbook on page 6 .
Update my address	Call your local DSS office to report an address change. A list of DSS locations can be found here: ncdhhs.gov/localdss .
Find general information about CCNC	CCNC at 1-877-566-0943 (TTY 711) or communitycarenc.org

Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

1. **Advance Directive:** A written set of directions about how medical or mental health treatment decisions are to be made if you lose the ability to make them for yourself.
2. **Adverse Determination:** A decision by NC Medicaid Direct to deny, stop or limit your health care services that are provided by NC Medicaid providers.
3. **Appeal:** If NC Medicaid Direct makes a decision you do not agree with, you can ask them to review it. This is called an “appeal.” Ask for an appeal when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask NC Medicaid Direct for an appeal, you will get a new decision within 30 days. This decision is called a “resolution.” Appeals and grievances are different.
4. **Copayment (Copay):** A fixed amount you pay when you get certain health care services or prescriptions. The copay amount may vary by service or provider. Copays are not required for IHS eligible individuals.
5. **Durable Medical Equipment (DME):** Certain items (like a walker or a wheelchair) your doctor can order for you to use at home if you have an illness or an injury.
6. **Emergency Medical Condition:** A situation in which your life could be threatened, or you could be hurt permanently if you do not get care right away.
7. **Emergency Medical Transportation:** Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.
8. **Emergency Department Care (or Emergency Room Care):** Care you receive in a hospital if you are experiencing an emergency medical condition.
9. **Emergency Services:** Services you receive to treat your emergency medical condition.
10. **Grievance:** Complaint about your provider, care or services. Contact CCNC and tell them you have a “grievance” about your services. Grievances and appeals are different.
11. **Habilitation Services and Devices:** Health care services that help you keep, learn or improve skills and functioning for daily living. **Home Health Care:** Certain services you receive outside a hospital or a nursing home to help with daily activities of life, like home health aide services, skilled nursing or physical therapy services.
12. **Hospitalization:** Admission to a hospital for treatment that lasts more than 24 hours.
13. **Medicaid:** A health coverage program that helps certain families or individuals who have low income or serious medical problems. It is paid with federal, state and county dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your local Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections.
14. **Medically Necessary:** Medical services, treatments or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
15. **Member:** A person enrolled in NC Medicaid Direct.
16. **NC Health Choice:** NC Health Choice offers health insurance coverage for children ages 6 through 18 when their families do not qualify for Medicaid. Medicaid and NC Health Choice are different. You must apply through your local Department of Social Services. NC Health Choice benefits are

not the same as Medicaid benefits. The guarantees of Medicaid’s “EPSDT benefit” and Non-Emergency Medical Transportation (NEMT) do not apply.

17. **NC Medicaid Direct:** Previously known as Medicaid Fee-For-Service, this category of care includes those who are not a part of NC Medicaid Managed Care.
18. **NC Medicaid Ombudsman:** A Department program that provides education and advocacy for Medicaid beneficiaries whether they are in NC Medicaid Managed Care or NC Medicaid Direct. The NC Medicaid Ombudsman provides issue resolution for NC Medicaid Managed Care members. A resource to be used when you have been unable to resolve issues with CCNC or your PCP. The NC Medicaid Ombudsman is separate and distinct from the Long-Term Care Ombudsman Program.
19. **Physician Services:** Health care services you receive from a physician, nurse practitioner or physician assistant.
20. **Plan:** The health benefit option in which a member is enrolled.
21. **Premium:** The amount you pay for your health insurance every month. Most Medicaid and NC Health Choice beneficiaries do not have a premium.
22. **Prescription Drug Coverage:** Refers to how members’ prescription drugs and medications are covered under the NC Medicaid and NC Health Choice State Plan.
23. **Prescription Drugs:** A drug that, by law, requires a provider to order it before a beneficiary can receive it.
24. **Primary Care Provider or Primary Care Physician (PCP):** The doctor or clinic where you get your primary care (immunizations, well-visits, sick visits, visits to help you manage an illness like diabetes). Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it. Your PCP should be your first call for care before going to the emergency room.
25. **Provider:** A health care professional or a facility that delivers health care services, like a doctor, clinician, hospital or pharmacy.
26. **Rehabilitation and Therapy Services and Devices:** Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.
27. **Skilled Nursing Care:** Health care services that require the skill of a licensed nurse.
28. **Specialist:** A provider who is trained and practices in a specific area of medicine.
29. **State Fair Hearing:** The hearing or hearings conducted at the State Office of Administrative Hearings (OAH) under Article 2, Part 6A of Chapter 108A of the General Statutes to resolve a dispute related to an Adverse Determination and under Article 2 of Chapter 108D of the NC General Statutes to resolve a dispute related to an Adverse Determination.
30. **Urgent Care:** Care for a health condition that needs prompt medical attention but is not an emergency medical condition. You can get urgent care in a walk-in clinic for a non-life-threatening illness or injury.

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Regular Health Care

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21

Early and Periodic Screening and Diagnosis

The “T” in EPSDT: Treatment for Members under 21 years old

Maternity Care

Hospital Care

Behavioral Health Services (Mental Health and Substance Use Disorder Services)

Home Health Services

Personal Care Services (Adults Only)

Hospice Care

HIV and STI Screening

Vision Care

Pharmacy

Emergency Care

Specialty Care

Nursing Home Services

Transportation Services

Long-Term Services and Supports (LTSS)

Family Planning

Other Covered Services

Copays

Services NOT Covered

NC Medicaid Direct Primary Care Case Management Program

This handbook will help you understand the Medicaid primary care case management services available to you. You can also call CCNC with questions at **1-877-566-0943 (TTY 711)** or visit our website at <https://www.communitycarenc.org/what-we-do/care-management>.

How NC Medicaid Direct Works

Welcome to CCNC's primary care case management program. CCNC is part of NC Medicaid Direct. Our care management team works with you and your providers to help improve your health and wellness. Some of the services our team can provide are to:

- Listen to you and answer questions about your health
- Teach you about your health conditions and ways to take care of yourself
- Help you learn more about the medicines you take
- Connect you with resources and support in your community
- Work with you to find doctors and dentists

NC Medicaid Direct is North Carolina's health care program for Medicaid and NC Health Choice beneficiaries who are not enrolled in a health plan. NC Medicaid Direct includes:

- Regular health care services provided by NC Medicaid Primary Care Providers (PCPs)
- Care management provided by Community Care of North Carolina (CCNC)
- Six regional Local Management Entity-Managed Care Organizations (LME-MCOs) that coordinate services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)

How NC Medicaid Direct Primary Care Case Management Works

As a member of CCNC, you may qualify for a care manager who will coordinate with your primary care provider to connect you with the right specialists and health resources to address your complete care needs. The care manager can help make sure you get the medical, behavioral health, I/DD, TBI, pharmacy and additional care beyond medical needs you may need, such as help with housing or food assistance.

You Have a Health Care Team. CCNC has a contract to meet the health care needs of people enrolled in NC Medicaid Direct. We partner with a group of primary care providers and have care managers who work with your health care providers and coordinate all your services. CCNC can work closely with you and your primary care practice to coordinate services, arrange appointments or help to coordinate transportation. CCNC can also help you after you've been to the emergency room or after being discharged from the hospital.

How to Use This Handbook

This handbook tells you how CCNC works. It is your guide to health and wellness services.

Read pages **2-15** now. These pages have information that you need to start using your primary care case management services.

When you have questions about your primary care case manager, you can:

- Use this handbook
- Ask your primary care provider (PCP)
- Ask your care manager
- Call CCNC at **1-877-566-0943 (TTY 711)**
- Visit our website at: <https://www.communitycarenc.org/what-we-do/care-management>

Help from CCNC

CCNC has people to help you. You can call CCNC at **1-877-566-0943 (TTY 711)**.

- For help with non-emergent care management issues and questions, call CCNC Monday – Saturday, 8:30 a.m. to 4:30 p.m. If you leave a message after normal business hours, someone from our care team will call you back on the next business day during normal business hours. **In case of a medical emergency, call 911.**
- **You can call to get help when you have a question.** You may call us to get information about choosing or changing your primary care provider (PCP), to ask about resources and services, to talk to a care manager about your medical or behavioral health conditions and medications, to get help with referrals or ask about any change that might affect you or your family's benefits.
- If English is not your first language, we can help. Call us and we will find a way to talk with you in your own language.
- **For people with disabilities:**
 - If you have difficulty hearing or need assistance communicating, please call us. If you are reading this on behalf of someone who is blind, deaf-blind or has difficulty seeing, we can help. We can tell you if a doctor's office is equipped with special communications devices. Also, we have services like:
 - TTY 711 [RelayNC.com](https://www.relaync.com)
 - Information in large print, when available
 - Help in making or getting to appointments
 - Care managers who can help you get the care you need

- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor’s office is wheelchair accessible and assist in making or getting to appointments.

Special Aids and Services

If you have a hearing, vision or speech disability, you have the right to receive information about your care and services in a format that you can understand and access. CCNC provides free services to help people communicate effectively with us, like:

- A TTY machine (Enrollee must have a TTY machine)
- Qualified American Sign Language interpreters, where available
- Written information in other formats (like large print, accessible electronic format and other formats)

These services are available for free. To ask for services, call CCNC at **1-877-566-0943 (TTY 711)**.

CCNC complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that CCNC failed to provide these services, you can file a complaint. To file a complaint or to learn more, call CCNC at **1-877-566-0943 (TTY 711)**.

Your Medicaid ID Card

Your Medicaid ID card has been mailed to you. The mailing address on the card is the same as the address on file at your local DSS office. Your Medicaid ID card has:

- Your primary care provider’s (PCP’s) name and phone number
- Your Medicaid Identification Number

If anything is wrong on your Medicaid ID card or if you lose your Medicaid ID card, call your local DSS office right away. A list of DSS locations can be found here: ncdhhs.gov/localdss. Always carry your Medicaid ID card with you. You will need to show it each time you go for care.

Part I: Your Primary Care Case Management Services

Accessing Primary Care Case Management Services

CCNC provides care management services in addition to the benefits and health care services covered by NC Medicaid Direct. A description of benefits provided by NC Medicaid Direct is included in Appendix A.

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help. As a member of CCNC, you are eligible to have a care manager on your health care team unless you are getting certain services that provide care management. A care manager is a specially trained health care worker who works with you and your doctors to make sure you get the right care when and where you need it. The care manager knows what resources are available in your community and will work with local providers to get you the help you need.

CCNC will match you to a care manager that has specialized training to meet your needs. You may change your care manager at any time and for any reason.

Your care manager can:

- Help connect you to your PCP
- Help understand your Medicaid benefits, including transportation benefits
- Help you understand your medications and find a pharmacy
- Help your transition home from the hospital
- Help arrange your appointments and transportation to and from your doctor
- Support you in reaching your goals to better manage your ongoing health conditions
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community
- Help you continue to receive the care you need if you switch doctors

To help you manage your health care needs, your care manager will ask about your health concerns and create a care plan with your input that lists your specific goals and ways to reach them. This care plan will cover your complete health and other related needs as needed, including:

- Care from your PCP
- Pharmacy/medications
- Behavioral health

- Long-term services and supports
- Health-related resource needs

Your care manager may use your health records, discussions with other health care and social services providers, and other documents to help create the care plan. The care plan will also list services in the community that can help you reach your health goals. Your care manager will review your care plan at least once a year or whenever your circumstances, needs or health condition changes significantly. You may also ask for a review of your care plan at any time.

Your care manager will work with a team of health care professionals and service providers, who will help you get services in your community to address your care needs. Your care management team will generally include your primary care provider (PCP) and other health care professionals who can help you with your needs and goals. Your care manager will task one of the members of your team to help you get each service listed in your care plan. Your care manager can work with family members and friends on this team if you want.

As part of the care management process, your care manager will meet with you regularly, either in person, over the phone or using video chat. Your care manager will also have regular conversations with your care management team to make sure they are helping you make progress on your health goals and getting you the services that you need. Your care manager will also track and monitor the services you receive. Your health needs and goals will be at the center of the care management process, and you will have an important role in creating your care plan and making decisions about your care.

Your care manager will be in touch with you soon after you enroll to find out what care you need and to help you with appointments. Your care manager or someone from your care team is available to you 24 hours a day, 7 days a week. To learn more about how you can get extra support to manage your health, talk to your PCP or care manager, or call CCNC at **1-877-566-0943 (TTY 711)**.

Help with Problems beyond Medical Care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. CCNC can connect you to resources in your community to help you manage issues beyond your medical care.

Call CCNC at **1-877-566-0943 (TTY 711)** if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed yourself or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic or community violence. If you are in immediate danger, **call 911**.

Other Programs to Help You Stay Healthy

CCNC wants to help you and your family get and stay healthy. If you want to quit smoking or are a new mom who wants to learn more about how to best feed your baby, we can connect you with the right program for support.

Call CCNC at **1-877-566-0943 (TTY 711)** to learn more about:

- Tobacco cessation services to help you stop smoking or using other tobacco products
- Women, Infants and Children (WIC) special supplemental nutrition program
- Newborn screening program
- Hearing screening program
- Early intervention program

Opioid Misuse Prevention Program

Opioids are powerful prescription medications that can be the right choice for treating severe pain; however, opioids may also have serious side effects, such as addiction and overdose. CCNC supports safe and appropriate opioid use through our Opioid Misuse Prevention Program. If you have any questions about our program, call CCNC at **1-877-566-0943 (TTY 711)**.

If You Have Problems with CCNC, You Can File a Grievance

We hope CCNC serves you well. If you are unhappy or have a complaint, you may talk with your primary care provider, and you may call CCNC at **1-877-566-0943 (TTY 711)** or write to: **1000 CentreGreen Drive, Suite 300, Cary, NC 27513**.

A grievance and a complaint are the same thing. Contacting us with a grievance means that you are unhappy with CCNC or your care manager. Most problems like this can be solved right away. Whether we solve your problem right away or need to do some work, we will document your call, your problem and our solution. We will inform you when we have received your grievance. We will also notify you when we have finished working on your grievance.

You can ask a family member, a friend, your provider or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filling out any forms, we can help you.

You can contact us by phone or in writing at any time:

- By phone, call CCNC at **1-877-566-0943 (TTY 711)**, Monday – Saturday, 8:30 a.m. to 4:30 p.m.
- You can write to us with your complaint at: **1000 CentreGreen Drive, Suite 300, Cary, NC 27513**.

Resolving Your Grievance

We will let you know in writing that we got your grievance. We will review your complaint and tell you how we resolved it within 45 days of receiving your complaint.

If You Have Problems with your PCP, You Can File a Grievance

You have a right to make a complaint if you think your primary care doctor has not provided good care. To file a complaint, contact the **CCNC Complaint Coordinator** in one of the following ways:

Online: <https://complaint.n3cn.org/form/webform.asp>

By mail: 1000 CentreGreen Drive, Suite 300, Cary, NC 27513

By phone: **1-877-566-0943 (TTY 711)**

Appeals

CCNC members have a right to appeal decisions stopping, limiting or denying a health service requested by your doctor. If a health service is stopped, limited or denied, you will receive a letter from either NC Medicaid Direct or your LME/MCO. The path for your appeal depends on whether you receive an Adverse Determination letter from NC Medicaid or whether you receive a Notice of Adverse Determination from an LME/MCO. No matter who sends the decision stopping, limiting or denying a health service, the letter will explain how to file an appeal and what happens next. Here is an overview of the appeals processes.

Appealing an Adverse Determination from NC Medicaid

In most cases, a decision to stop, deny or limit services will be made by NC Medicaid. If NC Medicaid decides to stop, limit or deny a health care service requested by your doctor, they will send you a letter of Adverse Determination along with an Appeal Request Form. This letter and form will explain your right to appeal NC Medicaid's decision by requesting a State Fair Hearing.

- If you do not agree with the Adverse Determination, you have the right to appeal the decision by requesting a State Fair Hearing. A State Fair Hearing will be held by the North Carolina Office of Administrative Hearings. An administrative law judge will review your request and any new information you may provide to make a decision about your service request.
- You have thirty (30) days from the date on the Adverse Determination letter to ask for a State Fair Hearing.
- You can request a State Fair Hearing by using one of the options below:
 - o **MAIL:** Fill out and sign the Appeal Request Form that you receive with the letter of Adverse Determination. Mail it to the address listed on the form. Your request must be received no later than thirty (30) days after the date on the Adverse Determination letter.

- o **FAX:** Fill out, sign and fax the Appeal Request Form no later than thirty (30) days after the date on the Adverse Determination letter. You will find the fax number listed on the form.
- o **BY PHONE:** You can call the Office of Administrative Hearings at **1-984-236-1860** and ask for an appeal. There are instructions on the form that tell you what to do.
- You can ask for a State Fair Hearing yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call the NC Medicaid Contact Center at **1-888-245-0179** if you need help with your State Fair Hearing request.
- When you request a State Fair Hearing, you and any person you have chosen to help you can see the health records and criteria NC Medicaid used to make the decision you are appealing. If you choose to have someone help you, you must give them written permission.
- Once you file your State Fair Hearing request, you do not need to take any other action to continue receiving your services. If you file your State Fair Hearing request within ten (10) days of the date on the Adverse Determination letter you will continue to receive services without interruption. If you file your State Fair Hearing request between day eleven (11) and thirty (30) from the date on the letter of Adverse Determination, you may experience an interruption in services before they are reinstated pending the outcome of your appeal. This level of service will continue until a Final Decision is issued on your appeal.
- If you need any assistance understanding the Adverse Determination letter or the State Fair Hearing process, you can contact the **NC Medicaid Contact Center at 1-888-245-0179, the Medicaid Appeals Line at 919-855-4350 or the NC Medicaid Ombudsman at 1-877-201-3750.**
- If you need a quick decision because your life, physical or mental health, or ability to attain, maintain, or regain good health is in danger, you may request an expedited State Fair Hearing by phone, mail or fax. The Appeal Request Form received with your Adverse Determination letter will provide instructions on how to ask for an expedited appeal.
 - o If your request for an Expedited State Fair Hearing is granted, you will have a State Fair Hearing as quickly as possible.
 - o If your request for an Expedited State Fair Hearing is denied, your State Fair Hearing will be decided in the standard appeal timeline.
- When you request a State Fair Hearing, you will be contacted by the Mediation Network of North Carolina within five (5) business days to schedule a telephone mediation to resolve your appeal quickly. You do not have to participate in mediation. You can ask for

the State Fair Hearing to be scheduled, or you can schedule a mediation to attempt to resolve your appeal.

- If you choose to forego mediation or mediation is unable to resolve your appeal, a State Fair Hearing will be held within fifty-five (55) days of receipt of your appeal request, unless an extension is granted. The Administrative Law Judge will have twenty (20) days from the State Fair Hearing to issue a Final Decision on your appeal.

If you disagree with the Final Decision, you may appeal that decision to the Superior Court in the county where you live by filing the appeal with your county Superior Court within thirty (30) days from the day you receive the State Fair Hearing Final Decision.

In addition to your NC Medicaid Direct appeal rights, you have the right appeal any adverse determination made by your LME-MCO that might impact your Behavioral Health benefits. For more information about your LME-MCO appeal rights, please reference your LME-MCO member handbook.

Transition of Care

Your Care When You Change Health Plans or Providers

- If you join CCNC from another health plan, we will work with your previous health plan to get your health information, like your care plan, service authorizations and other information about your current care into our records.
- CCNC will help you move to a new care manager if necessary. Your current and new care manager will work together to come up with a plan to make sure you continue to receive the care you need.

If you have any questions, call CCNC at **1-877-566-0943 (TTY 711)**.

Member Rights and Responsibilities

As a member of CCNC, you have certain rights and responsibilities. CCNC will respect your rights and make sure that no one working for our plan, or any of our providers, will prevent you from using your rights. Also, we will make sure that you are aware of your responsibilities as a member of our plan.

Your Rights

As a member of CCNC, you have a right to:

- Be cared for with respect and with consideration for your dignity and privacy without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity.
- Be told what services are available to you.
- Be told where, when and how to get the services you need from CCNC.
- Be told of your options when getting services so you or your guardian can make an informed choice.
- Give your approval of any treatment.
- Give your approval of any plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Get information about your health care.
- Get a copy of your medical record and talk about it with your PCP.
- Ask, if needed, that your medical record be amended or corrected.
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract or with your approval.
- Use the CCNC complaint process to settle complaints. You can also contact the **NC Medicaid Ombudsman** at **1-877-201-3750** any time you feel you were not fairly treated.
- Use the State Fair Hearing system.
- Appoint someone you trust (relative, friend or lawyer) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment, free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

Your Responsibilities

As a member of CCNC, you agree to:

- Work with your care manager to protect and improve your health.
- Find out how your primary care case management coverage works.
- Listen to your care manager's advice and ask questions.

- Treat health care staff with respect.
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the Emergency Department only for emergencies.
- Call your PCP when you need medical care, even if it is after hours.

Advance Directives

There may come a time when you become unable to manage your own health care. If this happens, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure that you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has three ways for you to make a formal advance directive. These include living wills, health care power of attorney and advance instructions for mental health treatment.

Living Will

In North Carolina, a “living will” is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness
- Have advanced dementia or a similar condition which results in a substantial loss of attention span, memory, reasoning and other brain functions, and it is highly unlikely the condition will be reversed

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your

wishes with friends, family and your doctor now, so that they can help make sure that you get the level of care you want at the end of your life.

Health Care Power of Attorney

A **health care power of attorney** is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later became unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.

Forms You Can Use to Make an Advance Directive

You can find the advance directive forms at sosnc.gov/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also call 919-807-2167 or write to:

Advance Health Care Directive Registry

Department of the Secretary of State

P.O. Box 29622

Raleigh, NC 27626-0622

You can change your mind and update these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself.

Talk to your primary care provider (PCP) or call the NC Medicaid Contact Center at 1-888-245-0179 if you have any questions about advance directives.

Concerns About Abuse, Neglect and Exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of them (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult **must** be report these concerns to the local DSS office. A list of DSS locations can be found here: ncdhhs.nc.gov/localdss. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect or exploitation of a child or disabled adult receiving mental health, substance use disorder, intellectual and developmental disability services (I/DD) and/or traumatic brain injury (TBI) services from an unlicensed staff to the local DSS and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to the Healthcare Personnel Registry Section is https://www.ncnar.org/verify_listings1.jsp. The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, contact your care manager or CCNC at **1-877-566-0943 (TTY 711)**.

Fraud, Waste and Abuse

If you suspect that someone is committing Medicaid fraud, report it. Examples of Medicaid fraud include:

- An individual does not report all income or other health insurance when applying for Medicaid.
- An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission.
- A doctor or a clinic bills for services that were not provided or were not medically necessary.

You can report suspected fraud and abuse in any of the following ways:

- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at 1-877-DMA-TIP1 (1-877-362-8471).
- Call the State Auditor's Waste Line at 1-800-730-TIPS (1-800-730-8477).
- Call the U.S. Office of Inspector General's Fraud Line at 1-800-HHS-TIPS (1-800-447-8477).

Important Phone Numbers

- CCNC Call Center: 1-877-566-0943 (TTY 711) Monday to Saturday, 8:30 a.m. to 4:30 p.m.
- NC Medicaid Contact Center: 1-888-245-0719, Monday to Friday, 8 a.m. to 5 p.m.
- NC Medicaid Ombudsman: 1-877-201-3750, Monday to Friday, 8 a.m. to 5 p.m. except state holidays
- The NC Mediation Network: 1-336-461-3300, 8 a.m. to 5 p.m.
- Free Legal Services Line: 1-866-219-5262, Monday to Friday, 8:30 a.m. to 4:30 p.m.; Monday and Thursday, 5:30 p.m. to 8:30 p.m.
- NC Medicaid Fraud, Waste and Abuse Tip Line: 1-877-362-8471
- State Auditor Waste Line: 1-800-730-TIPS (1-800-730-8477)
- U.S. Office of Inspector General Fraud Line: 1-800-HHS-TIPS (1-800-447-8477)

Keep Us Informed

Call your local DSS office whenever these changes happen in your life:

- You have a change in Medicaid eligibility.
- You give birth.
- There is a change in Medicaid coverage for you or your children.

If you no longer get Medicaid, check with your local DSS office. You may be able to enroll in another program.

NC Medicaid Ombudsman

The NC Medicaid Ombudsman is a resource you can contact if you need help with your health care needs. The NC Medicaid Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families under NC Medicaid Direct get access to the care that they need.

The NC Medicaid Ombudsman can:

- Answer your questions about benefits.
- Help you understand your rights and responsibilities.
- Provide information about NC Medicaid Direct.
- Help you understand a notice you have received.
- Refer you to other agencies that may be able to assist you with your health care needs.
- Be an advocate for you if you are dealing with an issue or a complaint affecting access to health care.
- Provide information to assist you with your appeal, grievance, mediation or fair hearing.
- Connect you to legal help if you need it to help resolve a problem with your health care.

You can contact the NC Medicaid Ombudsman at **1-877-201-3750** or online at: ncmedicaidombudsman.org.

Part II: Things You Should Know

How to Choose Your PCP

- Your primary care provider (PCP) is a doctor, nurse practitioner, physician assistant or other type of provider specialty (e.g., obstetrician/gynecologist, pediatrician, etc.) who will:
 - Care for your health
 - Coordinate your needs
 - Help you get referrals for specialized services if you need them
- As a Medicaid beneficiary, you had an opportunity to choose your own PCP. If you did not choose a PCP, NC Medicaid will choose one for you based on your past health care. You can find your PCP's name and contact information on your Medicaid ID card. If you would like to change your PCP, you can do so at any time. (See "How to Change Your PCP" to learn how to make those changes.)
- When deciding on a PCP, you may want to find a PCP who:
 - You have seen before

- Understands your health history
 - Is taking new patients
 - Can serve you in your language
 - Is easy to get to
- Each family member enrolled in CCNC can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. To get help with choosing a PCP that is right for you and your family, call your local DSS office. A list of DSS locations can be found here: ncdhhs.gov/localdss.
 - You do not need a PCP referral to see a plan OB/GYN doctor or another provider who offers women’s health care services. You can get routine check-ups, follow-up care if needed and regular care during pregnancy.
 - If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP.
 - You can find a full list of NC Medicaid providers, including PCPs, at ncmedicaidplans.gov.

If Your PCP Leaves NC Medicaid Direct

- If your primary care provider leaves NC Medicaid Direct, NC Medicaid will tell you within 30 days and help make sure you choose a new PCP.

How to Request a Printable List of NC Medicaid Providers

- If you want a printable list of NC Medicaid providers, the NC Medicaid Enrollment Broker can help you. To request a printable NC Medicaid Provider Directory, please call the NC Medicaid Enrollment Broker at **1-833-870-5500** (TTY: 711 or RelayNC.com).

How to Change Your PCP

- You can find your PCP’s name and contact information on your Medicaid ID card. To change your PCP, call your local DSS office. A list of DSS locations can be found here: ncdhhs.gov/localdss. You can change your PCP at any time and for any reason.

How to Get Regular Health Care

- When you need regular health care, please contact your PCP to schedule an appointment. The contact information for your PCP is listed on your Medicaid ID card.
- “Regular health care” means exams, regular check-ups, shots or other treatments to keep you well and address illness or other symptoms. It also includes giving you advice when you need it and referring you to the hospital or specialists when needed. You and your PCP work together to keep you well or to see that you get the care you need.

- Your PCP is always available. Call your PCP when you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how NC Medicaid Direct and CCNC works.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you ever cannot keep an appointment, call to let your PCP know.
- **Making your first regular health care appointment.** As soon as you choose or are assigned a PCP, if it is a new provider, call to make a first appointment. There are several things you can do to help your PCP get to know you and your health care needs.
- How to prepare for your first visit with a new provider:
 - Request a transfer of medical records from your current provider to your new PCP.
 - Make a list of problems you have now, and be prepared to discuss your general health, past major illnesses, surgeries and other health issues.
 - Make a list of questions you want to ask your PCP.
 - Bring medications and supplements you are taking to your first appointment.It is best to visit your PCP within three months of enrolling in NC Medicaid Direct.
- **If you need care before your first appointment,** call your PCP's office to explain your concern to see if you can get an earlier appointment to address that particular health concern.

Emergencies

You are always covered for emergencies. An emergency medical or behavioral condition is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that won't stop or a bad burn
- Broken bones
- Trouble breathing, convulsions or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever or vomiting
- Drug overdose

If you believe you have an emergency, call 911 or go to the nearest emergency room.

- You can go to any hospital or setting to get emergency care.
- You **do not** need approval from your plan or your PCP before getting emergency care, and you are not required to use our hospitals or doctors.
- **If you're not sure, call your PCP at any time, day or night.** Tell the person you speak with what is happening. Your PCP's team will:
 - Tell you what to do at home
 - Tell you to come to the PCP's office
 - Tell you about community services you can get, like a shelter
 - Tell you to go to the nearest urgent care emergency room

Remember: If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible.

- **If you are out of the area when you have an emergency:**
 - Go to the nearest emergency room.

Remember: Use the Emergency Department only if you have an emergency. If you have questions, call your PCP or CCNC at **1-877-566-0943 (TTY 711)**.

Some examples of **non-emergencies** are colds, upset stomach or minor cuts and bruises.

Care Outside North Carolina and the United States

In some cases, NC Medicaid Direct may pay for health care services you get from a provider located along the North Carolina border or in another state. Your PCP and CCNC can give you more information about which providers and services are covered outside of North Carolina and how you can get them if needed.

- If you need medically necessary emergency care while traveling anywhere **within** the United States and its territories, NC Medicaid Direct will pay for your care.
- NC Medicaid Direct will not pay for care received **outside** of the United States and its territories.

If you have any questions about getting care outside of North Carolina or the United States, talk with your PCP or call CCNC at **1-877-566-0943 (TTY 711)**.

Appendix A: Services Covered by NC Medicaid Direct

You may receive the services below from any NC Medicaid provider. Services must be medically necessary and coordinated by your PCP. These services are available to both NC Medicaid and NC Health Choice beneficiaries, unless otherwise specified.

Regular Health Care

- Office visits with your PCP, including regular check-ups, routine labs and tests
- Referrals to specialists
- Vision/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Help with quitting smoking or other tobacco use

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21

Members under 21 years old (excluding NC Health Choice members) have access to a broad menu of federal health care benefits referred to as “Early and Periodic Screening, Diagnosis and Treatment Services.” The “EPSDT guarantee” covers wellness visits and treatment services.

Early and Periodic Screening and Diagnosis

These “screening” visits are wellness care. They are free for members under age 21. These visits include a complete exam, free vaccines and vision, and hearing tests. Your provider will also watch your child’s physical and emotional growth and well-being at every visit and “diagnose” any conditions that may exist. At these visits, you will get referrals to any treatment services your child needs to get well and to stay healthy.

The “T” in EPSDT: Treatment for Members under 21 years old

Sometimes children need medical treatment for a health problem. NC Medicaid Direct might not offer every service covered by the federal Medicaid program. When a child needs treatment, NC Medicaid Direct will pay for any service that the federal government’s Medicaid plan covers. The proposed treatment must be evaluated on its ability to treat, fix, or improve your child’s health problem or condition. This decision is made specifically for your child. NC Medicaid Direct cannot deny your child’s service just because of a policy limit. Also, NC Medicaid Direct cannot deny a service just because that service is not included in our coverage policies. We must complete a special “EPSDT review” in these cases.

When NC Medicaid Direct approves services for children, important rules apply:

- There are no copays for Medicaid covered services to members under 21 years old.

- There are no limits on how often a service or treatment is given.
- There is no limit on how many services the member can get on the same day.
- Services may be delivered in the best setting for the child's health. This might include a school or a community setting.

Maternity Care

- Prenatal, delivery, and post-partum care
- Childbirth education classes
- Professional and hospital services related to maternal care and delivery
- One medically necessary post-partum home visit for newborn care and assessment following discharge, but no later than 60 days after delivery
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery

Hospital Care

- Inpatient care
- Outpatient care
- Labs, X-rays and other tests

Behavioral Health Services (Mental Health and Substance Use Disorder Services)

Behavioral health care includes mental health (your emotional, psychological and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. For most, behavioral health services are provided by your LME/MCO. Information about your LME/MCO is available on your Medicaid ID card.

The behavioral health services include:

- Assertive community treatment (ACT)
- Behavioral health crisis services and withdrawal management services
 - Facility-based crisis services for children and adolescents
 - Mobile crisis management services
 - Professional treatment services in a facility-based crisis program
 - Ambulatory detoxification services
 - Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization

- Non-hospital medical detoxification services
- Child and adolescent day treatment services
- Community support team (CST)
- Diagnostic assessment services
- Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 21
- Multi-systemic therapy services
- Intensive in-home services
- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Partial hospitalization
- Peer support services
- Psychiatric residential treatment facilities (PRTFs)
- Psychological services in health departments and school-based health centers sponsored by health departments
- Psychosocial rehabilitation
- Research-based intensive behavioral health treatment
- Residential treatment facility services for children and adolescents

The substance use disorder (SUD) specific services include the following:

- Outpatient opioid treatment services
- All Substance abuse comprehensive outpatient treatment (SACOT)
- Substance abuse medically monitored residential treatment
- Substance abuse non-medical community residential treatment

Home Health Services

- Time-limited skilled nursing services.
- Specialized therapies, including physical therapy, speech-language pathology and occupational therapy (prior authorization required treatment services; beneficiaries aged 21 and older limited to 27 visits per year across all therapy disciplines combined; see the

10-series of Specialized Therapies policies for more details:
<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>).

- Home health aide services for help with activities such as bathing, dressing, preparing meals and housekeeping.
- Medical equipment and supplies.

Personal Care Services

- Help with common activities of daily living, including eating, dressing and bathing, for individuals with disabilities and ongoing health conditions

Hospice Care

- Hospice helps patients and their families with the special needs that come during the final stages of illness and after death
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers
- You can get these services in your home, in a hospital or in a nursing home

HIV and STI Screening

- You can get human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing and treatment and counseling service any time from your PCP or CCNC doctors. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you get this service as part of a family planning visit.
- You can choose to go either to your PCP or to the local health department for diagnosis and/or treatment. You do not need a referral to go to the local health department.

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye exams, medically necessary contact lenses, and eyeglasses. Opticians may also fit and dispense medically necessary contact lenses and eyeglasses.
- Coverage frequency for routine eye exams and eyeglasses varies for children and adults.
 - Children may receive services once every year (365 days).
 - Adults may receive services once every two years (730 days).
 - Early eye exams and eyeglasses can be approved, based on medical necessity.
- Specialist referrals for eye diseases or defects

Pharmacy

- Prescription drugs

- Some medicines sold without a prescription (also called “over-the-counter”), like allergy medicines
- Insulin and other diabetic supplies like syringes, test strips, lancets and pen needles
- Smoking cessation agents, including over-the-counter products
- Emergency contraception
- Medical and surgical supplies, available through DME pharmacies and suppliers
- NC Medicaid Direct also provides a Pharmacy Lock-In Program, which helps identify members that are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics).
- The Pharmacy Lock-In Program also helps identify members who get the medications from more than one prescriber (doctor, nurse practitioner or physician assistant). If you qualify for this program, NC Medicaid Direct will notify you by mail and only pay for your pain medications and nerve medications when:
 - Your medications are ordered by one prescriber. You will be given a chance to pick a prescriber enrolled in NC Medicaid Direct.
 - You have these prescriptions filled from one pharmacy. You will be given a chance to pick a pharmacy enrolled in NC Medicaid Direct.
 - If you qualify for the Pharmacy Lock-In Program, you will be in the program for a two-year period. If you do not agree with our decision that you should be in the program, you can appeal our decision using the appeals form, which is included with your notification letter.

Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition.
- Depending on the need, you may be treated in the Emergency Department, in an inpatient hospital room or in another setting.

Specialty Care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services

- Surgical services

Nursing Home Services

- Includes short-term or rehabilitation stays and long-term care
- Covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy and speech-language pathology

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call 911.
- **Non-Emergency:** Transportation to help you get to and from your appointments for Medicaid-covered care. This service is free to you. If you need an attendant to go with you to your doctor's appointment, or if your child (18 years old or younger) is a member of the plan, transportation is also covered for the attendant, parent or guardian. Non-emergency transportation includes personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation. **NC Health Choice members are not eligible to receive non-emergency transportation services.**

How to Get Non-Emergency Transportation. Call your local DSS office to schedule transportation services. A list of DSS locations can be found here: ncdhhs.gov/localdss.

Long-Term Services and Supports (LTSS)

If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing or doing light household chores, including services like home health and personal care services.

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices, and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions

Other Covered Services

- Durable medical equipment/prosthetics/orthotics (when medically necessary; prior authorization and other limits may apply, see the 5-series of Medical Equipment policies for more details: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>).
- Hearing aid products and services
- Telehealth
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Federally Qualified Health Center (FQHC) services
- Local Health Department services
- Free clinic services
- Dental services
- Services provided or billed by Local Education Agencies that are included in your child's Individualized Education Program, Individual Family Service Plan, a section 504 Accommodation Plan, an Individual Health Plan, or a Behavior Intervention Plan
- Services provided and billed by Children's Developmental Agencies (CDSAs) or providers contracted with CDSAs that are included in your child's Individualized Family Service Plan

Appendix B: Copays

You may be required to pay a copay. A "copay" is a fee you pay when you get certain health care services from a provider or pick up a prescription from a pharmacy.

Copays if You Have Medicaid*

Service	Your Copay
Doctor visits Non-emergency Emergency Department visits Optometrist visits Outpatient services Podiatrist visits	\$3 per visit
Generic and brand prescriptions	\$3 for each prescription
Chiropractic visits Optical services/supplies	\$2 per visit

**There are NO copays for the following people or services:*

- Members under age 21
- Members who are pregnant
- Members receiving hospice care
- Federally recognized tribal members
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) beneficiaries
- Children in foster care
- People living in an institution who are receiving coverage for cost of care
- Behavioral health services
- Intellectual or developmental disability (I/DD) services
- Traumatic brain injury (TBI) services

A provider cannot refuse to provide services if you cannot pay. If you have any questions about Medicaid copays, please call CCNC at **1-877-566-0943 (TTY 711)**.

Copays if Your Child Has NC Health Choice

Service	Your Copay
If you <u>do not</u> pay an annual enrollment fee for your child or children:	
Office visits	\$0 per visit
Generic prescriptions Brand prescriptions when generic is not available Over-the-counter medications	\$1 for each prescription
Brand prescriptions when generic is available	\$3 for each prescription
Non-emergency Emergency Department visits	\$10 per visit
If you <u>do</u> pay an annual enrollment fee for your child or children:	
Office visits Outpatient hospital visits	\$5 per visit
Generic prescriptions Brand prescriptions when generic is not available Over-the-counter medications	\$1 for each prescription
Brand prescriptions when generic is available	\$10 for each prescription
Non-emergency Emergency Department visits	\$25 per visit

If you have any questions about NC Health Choice copays, call CCNC at **1-877-566-0943 (TTY 711)**.

If your PCP is not able to accommodate your special needs, call your local DSS office to learn more about how you can change your PCP.

Appendix C: Services NOT Covered

Below are some examples of services that are **not available** from CCNC or NC Medicaid Direct. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery if not medically necessary
- Personal comfort items such as cosmetics, novelties, tobacco or beauty aids
- Routine foot care, except for beneficiaries with diabetes or a vascular disease
- Routine newborn circumcision (medically necessary circumcision is covered for all ages)
- Experimental drugs, procedures or diagnostic tests
- Infertility treatments
- Sterilization reversal

- Sterilization for patients under age 21
- Medical photography
- Biofeedback
- Hypnosis
- Blood tests to determine paternity (contact your local child support enforcement agency)
- Chiropractic treatment unrelated to the treatment of an incomplete or partial dislocation of a joint in the spine
- Erectile dysfunction drugs
- Weight loss or weight gain drugs
- Liposuction
- “Tummy tuck”
- Ultrasound to determine sex of child
- Hearing aid products and services for beneficiaries age 21 and older
- Services for which you need a referral (approval) in advance, and you did not get it
- Services for which you need prior authorization in advance, and you did not get it
- Medical services provided out of the United States
- Tattoo removal
- Payment for copies of medical records

This list does not include all services that are not covered. To determine if a service is not covered, call CCNC at **1-877-566-0943 (TTY 711)**.

A provider who agrees to accept Medicaid generally cannot bill you. You may have to pay for any service that your PCP or NC Medicaid Direct does not approve. Or, if before you get a service, you agree to be a "private pay" or "self-pay" patient, you will have to pay for the service. This includes:

- Services not covered (including those listed above)
- Unauthorized services by NC Medicaid Direct or your LME/MCO