

Instructions for enrolling your Medicaid patients into Community Care of North Carolina/Carolina ACCESS

For Patients who have Medicare, please read the attached special insert that should accompany the Handbook. All patients who receive the Handbook should receive this insert until the Handbook is modified.

1. **REMEMBER:** Patients have freedom of choice. They do not have to choose you as their medical home. If they prefer to choose another provider or do not want to enroll, refer them to their caseworker at the department of social services.
2. Check the Medicaid card. If the patient is enrolled with another practice but requests to have your practice as their medical home, complete the enrollment form with the information for your practice.
3. Explain the benefits of being a member of Carolina ACCESS.
 - A medical home with a primary care provider (PCP). The medical home is a place for well check-ups, sick visits, treatment of special health care needs, etc.
 - Medical advice available 24/7. There is no need to go to the ER unless patients have a health care issue that will impact their life or health without immediate treatment.
 - Coordinated medical services so that patients receive necessary care either by the PCP or by a referral to a specialist. The PCP will help find the right specialist.
 - Arrangements for hospitalization when necessary
 - Care management services available through the CCNC/CA network.
4. Inform the patient of all services they can get without authorization of the PCP. These services are listed in the Member Handbook and also in the Basic Medicaid Billing. For your patients with Medicare, there are no authorizations for services covered by Medicare. Guide found on the DMA web site at: <http://www.ncdhhs.gov/dma/basicmed/>
5. Discuss any office policy. Include circumstances under which a member will be disenrolled.
6. Remind them to take their Medicaid card anytime they seek services.
7. Unless they are under 21 years old, receive Medicare, or are pregnant, they are limited to 22 medical visits and 8 visits to a chiropractor, podiatrist, or optometrist per state fiscal year (July 1 thru June 30). Remind them that they must be responsible for keeping up with their visits.
8. The Community Care of North Carolina/Carolina ACCESS Enrollment Form for Medicaid Recipients must be completed by a staff member with your practice on behalf of the recipient. Your Carolina ACCESS provider number should not be shared with the recipient.

COMPLETE AN ENROLLMENT FORM AND HAVE THE PATIENT OR GUARDIAN SIGN. MAIL OR FAX TO THE LOCAL DEPARTMENT OF SOCIAL SERVICES. ALWAYS GIVE YOUR PATIENT A CAROLINA ACCESS MEMBER HANDBOOK. (If the patient has Medicare, always include the insert "Facts About Medicare").

This book can be your guide when explaining the benefits and requirements of being a member of

Carolina ACCESS. You can order handbooks by contacting the Division of Medical Assistance, Managed Care Section, at 919-855-4780 or faxing a request to the Managed Care Section at 919-

715-0844 or 919-715-5235. Handbooks are available in English and Spanish

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Facts About Medicare

(Insert to Member Handbook)

This Member Handbook describes Medicaid benefits in Carolina ACCESS. If you also have Medicare, you should read the information below:

- 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 who you can see as long as the provider participates in Medicare.
- Medicaid will cover your Medicare cost-sharing amounts (copays, coinsurance, and deductibles) if the Medicare provider is also a Medicaid provider.
- If the provider doesn't 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 Medicare and Medicaid working together for you, you can call your Senior Health Insurance Information Program (SHIIP) for assistance. Their toll free number is 1-800-443-9354.