

# NC Medicaid Managed Care County Playbook

NC Medicaid

## Fact Sheet Managed Care Populations and Enrollment Notices

NC Medicaid uses managed care status to assign beneficiaries to **one** of the options in the chart below to receive their health care services. Some beneficiaries have **multiple options**.

Enrollment notices are based on the managed care status and tell the beneficiary their current enrollment and if they have other choices.

To find a beneficiary's managed care status in NC FAST, go to the Benefit History tab of the Person page.

MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct	CFSP
MCS001	Mandatory – Standard Plan	Y	N	N	N	N
MCS004	Tailored Plan – TBI/Innovation	N	Y	N	N	N
MCS005	Tailored Plan	Y	Y	N	N	N
MCS006	Tailored Plan – TBI/Innovation Dual Eligible	N	Y	N	N	N
MCS007	Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	N	Y	N
MCS008	Temporarily Excluded – Dual Eligible	N	N	N	Y	N
MCS009	Temporarily Excluded – Facility	N	N	N	Y	N
MCS010	Temporarily Excluded – DSOHF/VA Home	N	N	N	Y	N
MCS011	Foster Care/Adoption	Y	N	N	N	Y
MCS012	Foster Care/Adoption – Tailored Plan	Y	Y	N	N	Y



MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct	CFSP
MCS013	Temporarily Excluded – Foster Care/Adoption – Dual Eligible	N	N	N	Y	N
MCS014	Temporarily Excluded – CAP/C	N	N	N	Y	N
MCS015	Temporarily Excluded – CAP/DA	N	N	N	Y	N
MCS016	Excluded – Medically Needy	N	N	N	Y	N
MCS017	Excluded – HIPP	N	N	N	Y	N
MCS018	Excluded – Family Planning	N	N	N	Y	N
MCS019	Excluded – PACE	N	N	N	Y	N
MCS020	Excluded – Partial Dual Eligible	N	N	N	Y	N
MCS021	Excluded – Emergency Services Only	N	N	N	Y	N
MCS022	Excluded – Refugee	N	N	N	Y	N
MCS023	Excluded – Incarcerated	N	N	N	Y	N
MCS024	Excluded – Presumptive Eligibility	N	N	N	Y	N
MCS025	Tribal – Temporarily Excluded – CAP/C	N	N	Y	Y	N
MCS026	Tribal – Exempt	Y	N	Y	Y	N
MCS027	Tribal – Tailored Plan	Y	Y	Y	Y	N
MCS028	Tribal – Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	Y	Y	N
MCS029	Tribal – Temporarily Excluded – Dual Eligible	N	N	Y	Y	N
MCS030	Tribal – Foster Care/Adoption	Y	N	Y	Y	Y
MCS031	Tribal – Foster Care/Adoption – Tailored Plan	Y	Y	Y	Y	Y
MCS032	Tribal – Temporarily Excluded – Foster Care/Adoption – Dual Eligible	N	N	Y	Y	N



MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct	CFSP
MCS033	Tribal – Excluded – Medically Needy	N	N	Y	Y	N
MCS034	IHS – Exempt	Y	N	Y	Y	N
MCS035	IHS – Tailored Plan	Y	Y	Y	Y	N
MCS036	IHS – Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	Y	Y	N
MCS037	IHS – Temporarily Excluded – Dual Eligible	N	N	Y	Y	N
MCS038	IHS – Foster Care/Adoption	Y	N	Y	Y	Y
MCS039	IHS – Foster Care/Adoption – Tailored Plan	Y	Y	Y	Y	Y
MCS040	IHS – Temporarily Excluded – Foster Care/Adoption – Dual Eligible	N	N	Y	Y	N
MCS041	IHS – Excluded – Medically Needy	N	N	Y	Y	N
MCS042	IHS – Non-EBCI – Exempt	Y	N	N	Y	N
MCS043	Excluded – COVID	N	N	N	Y	N
MCS044	Tribal – Temporarily Excluded – CAP/DA	N	N	Y	Y	N
MCS045	Tribal – Tailored Plan – TBI/Innovation	N	Y	Y	Y	N
MCS046	Tribal – Tailored Plan – TBI/Innovation Dual Eligible	N	Y	Y	Y	N
MCS047	IHS – Temporarily Excluded – CAP/C	N	N	Y	Y	N
MCS048	IHS – Temporarily Excluded – CAP/DA	N	N	Y	Y	N
MCS049	IHS – Tailored Plan – TBI/Innovation	N	Y	Y	Y	N
MCS050	IHS – Tailored Plan – TBI/Innovation Dual Eligible	N	Y	Y	Y	N
MCS051	Tailored Plan – TCL	N	Y	N	N	N
MCS052	Tribal – Tailored Plan – TCL	N	Y	Y	Y	N
MCS053	IHS – Tailored Plan – TCL	N	Y	Y	Y	N
MCS054	Tailored Plan – ICF*	N	Y	N	N	N



MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct	CFSP
MCS055	Tribal – Tailored Plan – ICF	N	Y	Y	Y	N
MCS056	IHS – Tailored Plan – ICF	N	Y	Y	Y	N
MCS057	Tailored Plan – SFR*	N	Y	N	N	N
MCS058	Tribal – Tailored Plan – SFR	N	Y	Y	Y	N
MCS059	IHS – Tailored Plan – SFR	N	Y	Y	Y	N
MCS062	Minor Children of CFSP Eligible Beneficiaries	Y	N	N	N	Y
MCS063	Minor Children of CFSP Eligible Beneficiaries – Tailored Plan	Y	Y	N	N	Y
MCS064	Tribal – Minor Children of CFSP Eligible Beneficiaries	Y	N	Y	Y	Y
MCS065	Tribal – Minor Children of CFSP Eligible Beneficiaries – Tailored Plan	Y	Y	Y	Y	Y
MCS066	IHS – Minor Children of CFSP Eligible Beneficiaries	Y	N	Y	Y	Y
MCS067	IHS – Minor Children of CFSP Eligible Beneficiaries – Tailored Plan	Y	Y	Y	Y	Y
MCS068	Extended Foster Care	Y	N	N	N	Y
MCS069	Tribal – Extended Foster Care	Y	N	Y	Y	Y
MCS070	IHS – Extended Foster Care	Y	N	Y	Y	Y
MCS071	Extended Foster Care – Tailored Plan	Y	Y	Y	Y	Y
MCS072	Tribal – Extended Foster Care – Tailored Plan	Y	Y	Y	Y	Y
MCS073	IHS – Extended Foster Care – Tailored Plan	Y	Y	Y	Y	Y
MCS074	FI – Mandatory Standard Plan	N	N	N	Y	N
MCS075	FI – Tailored Plan	N	N	N	Y	N
MCS076	FI – Tailored Plan – TBI/Innovation	N	N	N	Y	N



MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct	CFSP
MCS077	FI- Tailored Plan – TBI/Innovation Dual Eligible	N	N	N	Y	N
MCS078	FI – Foster Care/Adoption	N	N	N	Y	N
MCS079	FI – Foster Care/Adoption – Tailored Plan	N	N	N	Y	N
MCS080	FI – Tailored Plan – TCL	N	N	N	Y	N
MCS081	FI – Tailored Plan – ICF	N	N	N	Y	N
MCS082	FI – Tailored Plan - SFR	N	N	N	Y	N
MCS083	FI – Temporarily Excluded – Dual Eligible	N	N	N	Y	N
MCS084	FI – Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	N	Y	N
MCS085	FI – Temporarily Excluded – CAP/C	N	N	N	Y	N
MCS086	FI – Temporarily Excluded – CAP/DA	N	N	N	Y	N
MCS087	FI – Temporarily Excluded – DSOHF/VA Home	N	N	N	Y	N
MCS088	FI – Temporarily Excluded – Facility	N	N	N	Y	N
MCS089	FI – Temporarily Excluded – Foster Care/Adoption – Dual Eligible	N	N	N	Y	N
MCS090	FI – Tribal – Excluded – Medically Needy	N	N	Y	Y	N
MCS091	FI – Tribal – Exempt	N	N	Y	Y	N
MCS092	FI – Tribal – Foster Care/Adoption – Tailored Plan	N	N	Y	Y	N
MCS093	FI – Tribal – Foster Care/Adoption	N	N	Y	Y	N
MCS094	FI – Tribal – Tailored Plan	N	N	Y	Y	N
MCS095	FI – Tribal – Tailored Plan – TBI/Innovation	N	N	Y	Y	N
MCS096	FI – Tribal – Tailored Plan – TBI/Innovation – Dual Eligible	N	N	Y	Y	N
MCS097	FI – Tribal – Tailored Plan – TCL	N	N	Y	Y	N
MCS098	FI – Tribal – Tailored Plan – ICF	N	N	Y	Y	N
MCS099	FI – Tribal – Tailored Plan – SFR	N	N	Y	Y	



MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct	CFSP
MCS100	FI – Tribal – Temporarily Excluded – CAP/C	N	N	Y	Y	N
MCS101	FI – Tribal – Temporarily Excluded – CAP/DA	N	N	Y	Y	N
MCS102	FI – Tribal – Temporarily Excluded – Dual Eligible	N	N	Y	Y	N
MCS103	FI – Tribal – Temporarily Excluded – Foster Care/Adoption – Dual Eligible	N	N	Y	Y	N
MCS104	FI – Tribal – Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	Y	Y	N
MCS105	FI – IHS – Excluded – Medically Needy	N	N	Y	Y	N
MCS106	FI – IHS – Exempt	N	N	Y	Y	N
MCS107	FI – IHS – Foster Care/Adoption	N	N	Y	Y	N
MCS108	FI – IHS – Foster Care/Adoption – Tailored Plan	N	N	Y	Y	N
MCS109	FI – IHS – Non-EBCI – Exempt	N	N	N	Y	N
MCS110	FI – IHS – Tailored Plan	N	N	Y	Y	N
MCS111	FI – IHS – Tailored Plan – TBI/Innovation	N	N	Y	Y	N
MCS112	FI – IHS – Tailored Plan – TBI/Innovation – Dual Eligible	N	N	Y	Y	N
MCS113	FI – IHS – Tailored Plan – TCL	N	N	Y	Y	N
MCS114	FI – IHS – Tailored Plan – ICF	N	N	Y	Y	N
MCS115	FI – IHS – Tailored Plan – SFR	N	N	Y	Y	N
MCS116	FI – IHS – Temporarily Excluded – CAP/C	N	N	Y	Y	N
MCS117	FI – IHS – Temporarily Excluded – CAP/DA	N	N	Y	Y	N
MCS118	FI – IHS – Temporarily Excluded – Dual Eligible	N	N	Y	Y	N
MCS119	FI – IHS – Temporarily Excluded – Foster Care/Adoption – Dual Eligible	N	N	Y	Y	N
MCS120	FI – IHS – Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	Y	Y	N
MCS121	FI – Excluded – Family Planning	N	N	N	Y	N



MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct	CFSP
MCS122	FI – Excluded – HIPPP	N	N	N	Y	N
MCS123	FI – Excluded – Medically Needy	N	N	N	Y	N
MCS124	FI – Excluded – PACE	N	N	N	Y	N
MCS125	FI – Excluded – Partial Dual Eligible	N	N	N	Y	N
MCS126	FI – Excluded – Refugee	N	N	N	Y	N
MCS127*	FI – Minor Children of CFSP Eligible Beneficiaries	N	N	N	Y	N
MCS128*	FI – Minor Children of CFSP Eligible Beneficiaries – Tailored Plan	N	N	N	Y	N
MCS129*	FI – Tribal – Minor Children of CFSP Eligible Beneficiaries	N	N	Y	Y	N
MCS130*	FI – Tribal – Minor Children of CFSP Eligible Beneficiaries – Tailored Plan	N	N	Y	Y	N
MCS131*	FI – IHS – Minor Children of CFSP Eligible Beneficiaries	N	N	Y	Y	N
MCS132*	FI – IHS – Minor Children of CFSP Eligible Beneficiaries – Tailored Plan	N	N	Y	Y	N
MCS133*	FI – Extended Foster Care	N	N	N	Y	N
MCS134*	FI – Tribal – Extended Foster Care	N	N	Y	Y	N
MCS135*	FI – IHS – Extended Foster Care	N	N	Y	Y	N
MCS136*	FI – Extended Foster Care – Tailored Plan	N	N	N	Y	N
MCS137*	FI – Tribal – Extended Foster Care – Tailored Plan	N	N	Y	Y	N
MCS138*	FI – IHS – Extended Foster Care – Tailored Plan	N	N	Y	Y	N

**Table Key:**

Y = Beneficiary is eligible for the health care option listed.

N = Beneficiary is not eligible for the health care option listed.

FI = Formerly Incarcerated.



Reminder: Tribal/IHS populations may only choose the EBCI Tribal Option if they live in the 11-county region.

\*Status will not have beneficiaries populated until CFSP launch.

## ENROLLMENT BROKER NOTICES

A beneficiary's managed care status determines which notice they receive from the Enrollment Broker. Most beneficiaries in NC Medicaid will receive the **Confirmation Notice** once each year, it notifies them of their current health plan enrollment, and for the next 90 days they can choose a different health plan without cause.

All notices are labeled with "NC Medicaid" and sent to the head of household or casehead and the Authorized Representative. The letters instruct beneficiaries to contact the Enrollment Broker with questions.

Notices can also be sent digitally and be viewed in the beneficiary's portal on the Enrollment Broker's website. The beneficiary must opt-in to get digital letters.

Beneficiaries may still contact DSS staff with questions. Reviewing the sample notices on the [County Playbook](#) can help address these questions. DSS can reach out to their OST Representative if they have additional concerns after reviewing this Fact Sheet.

The table below provides a description of each notice and when it is sent.

Notice	Description	When is it sent?
<a href="#">Transition Notice</a>	Sent to a beneficiary who qualifies for the Children and Families Specialty Plan; provides information on their auto-enrollment into the Children and Families Specialty Plan or that they can choose it and their health care choices if they have them	<ul style="list-style-type: none"><li>Children and Families Specialty Plan: Beginning 10/8/2025 - 11/24/2025</li></ul>
<a href="#">Copay Insert</a>	Provides information related to services covered outside health plans (carved out), Medicaid drug list and Medicaid copays	<ul style="list-style-type: none"><li>Standard Plan, Tailored Plan, EBCI Tribal Option: Ongoing</li><li><i>Children and Families Specialty Plan: Beginning 10/8/2025</i></li></ul>
<a href="#">Health Care Option Guide</a>	Provides the beneficiary's health plan choices; highlights each health plan's value added services, displays logo and sample Medicaid ID card, website, phone number and hours of operation	<ul style="list-style-type: none"><li>Standard Plan, Tailored Plan, EBCI Tribal Option: Ongoing</li><li><i>Children and Families Specialty Plan: Beginning 10/8/2025</i></li></ul>





Enrollment Form	Allows beneficiaries to change their health plan and their PCP	<ul style="list-style-type: none"> <li>Standard Plan, Tailored Plan, EBCI Tribal Option: Ongoing</li> <li><i>Children and Families Specialty Plan: Beginning 10/8/2025</i></li> </ul>
Confirmation Notice	Sent to a beneficiary after a managed care status change and/or health plan change (most common letter)	<ul style="list-style-type: none"> <li>Standard Plan, Tailored Plan, EBCI Tribal Option: Ongoing</li> <li><i>Children and Families Specialty Plan: Beginning 12/1/2025</i></li> </ul>
Grievance Acknowledgement Notice	Sent to a beneficiary who has submitted a complaint to the Enrollment Broker	Shortly after the Enrollment Broker receives a complaint from a beneficiary
Grievance Resolution Notice	Sent to a beneficiary after a complaint submitted to the Enrollment Broker has been resolved	No later than 30 calendar days after the Enrollment Broker receives a complaint from a beneficiary
Medicaid Recertification Reminder	Sent to a beneficiary about three months before their redetermination date.	Standard Plan: Ongoing

