

# Fact Sheet

NC Medicaid

## NC Medicaid Managed Care

### Do I need to choose a health plan?

Most people in NC Medicaid must choose a health plan as part of the State's transition to NC Medicaid Managed Care. Some people will stay in NC Medicaid Direct, and others will be able to choose whether they move to a health plan or not. This Fact Sheet outlines who *must* choose a health plan, who *may* choose a health plan, and who *cannot* choose a health plan.

You may receive information from your health care provider encouraging you to choose a health plan they are contracted with in NC Medicaid Managed Care so you can continue being their patient. Communication from providers is not an official enrollment notice. Depending on your current eligibility, you may not be required to choose a health plan. For questions, including whether you need to enroll, please call the NC Medicaid Enrollment Broker Call Center at **833-870-5500** or visit [ncmedicaidplans.gov](http://ncmedicaidplans.gov).

Who <b>must</b> choose a health plan?	Who <b>may</b> choose a health plan?	Who <b>cannot</b> choose a health plan?
MANDATORY	EXEMPT	EXCLUDED
<ul style="list-style-type: none"><li>• Most families and children</li><li>• Children receiving NC Health Choice</li><li>• Pregnant women</li><li>• People who are blind or disabled and not receiving Medicare</li></ul> <p><b>Note:</b> These groups must choose a health plan unless exempt or excluded for any reason.</p>	<ul style="list-style-type: none"><li>• Federally recognized tribal members or others eligible for services through Indian Health Service (IHS)</li><li>• People with significant behavioral health needs, intellectual/developmental disabilities (I/DD), traumatic brain injury (TBI) and substance use disorders</li></ul> <p><b>Note:</b> These groups may choose a health plan unless excluded for any reason.</p> <p><b>Note:</b> Beneficiaries with behavioral health needs may lose important services if they choose a health plan.</p>	<ul style="list-style-type: none"><li>• People receiving Family Planning Medicaid only</li><li>• People who are medically needy</li><li>• People participating in the Health Insurance Premium Payment (HIPP) program</li><li>• People participating in the Program of All-Inclusive Care for the Elderly (PACE)</li><li>• People receiving Refugee Medical Assistance</li><li>• Children in foster care</li><li>• Children receiving adoption assistance</li><li>• Children receiving Community Alternatives Program for Children (CAP/C) services</li><li>• People receiving Community Alternatives for Disabled Adults (CAP/DA) services</li><li>• People receiving Medicaid AND Medicare</li><li>• People receiving Innovations Waiver services</li><li>• People receiving Traumatic Brain Injury (TBI) Waiver services</li></ul>

