

Fact Sheet

Standard Plan Beneficiary Transitions

How can Standard Plan beneficiaries change health plans?

Most NC Medicaid beneficiaries must enroll in a Standard Plan as part of the State’s transition to NC Medicaid Managed Care (Mandatory – Standard Plan). If these beneficiaries want to change their health plan, they can use one of the following request processes:

- “Without cause” change request
- “With cause” change request
- Request to Move to a Tailored Plan

	“Without Cause” Standard Plan Change Request	“With Cause” Standard Plan Change Request	Request to Move to a Tailored Plan
<i>Change request description</i>	<ul style="list-style-type: none"> • Request made for any reason • Approval not required 	<ul style="list-style-type: none"> • Request made for a special reason • Approval required 	<ul style="list-style-type: none"> • Request made when needed services are only offered by a Tailored Plan • Approval required
<i>When the request is used</i>	<ul style="list-style-type: none"> • Within 90 days of Standard Plan enrollment 	<ul style="list-style-type: none"> • After 90 days of Standard Plan enrollment 	<ul style="list-style-type: none"> • At any time
<i>Who submits the request</i>	<ul style="list-style-type: none"> • Beneficiary 	<ul style="list-style-type: none"> • Beneficiary 	<ul style="list-style-type: none"> • Beneficiary or provider
<i>When the request becomes effective</i>	<ul style="list-style-type: none"> • First day of the following month 	<ul style="list-style-type: none"> • First day of the following month 	<ul style="list-style-type: none"> • Non-service Associated Request: First day of the following month • Service-associated Request: Retroactive to the date of the request
<i>Who sends out Medicaid ID card</i>	<ul style="list-style-type: none"> • New Standard Plan 	<ul style="list-style-type: none"> • New Standard Plan 	<ul style="list-style-type: none"> • NC Medicaid

“WITH CAUSE” REASONS TO REQUEST A DIFFERENT STANDARD PLAN

Within the first 90 days of enrollment, Standard Plan beneficiaries can change their health plan for any reason. After that, they can change their health plan if they have a special or “with cause” reason, such as:

- Moved out of their health plan’s service area
- Have a family member in a different health plan
- Cannot get all the related services they need from providers in their health plan, and there is a risk to getting the services separately
- A different health plan may be better for their complex medical conditions
- Their Long Term Services and Supports (LTSS) provider is not in their health plan
- Health plan does not cover a service they need for moral or religious reasons
- Other reasons (poor quality of care, lack of access to services covered, lack of access to providers experienced in dealing with their health care needs)

REMINDERS

All health plan change requests are processed by the NC Medicaid Enrollment Broker.

Phone: 1-833-870-5500

Website: ncmedicaidplans.gov

- Medicaid ID numbers do not change because of health plan changes
- Providers verify beneficiary Medicaid eligibility through NCTracks

