



August 9, 2025

SUTTON JOSEPH
456 MAPLE STREET
DURHAM NC 27703 0000

Dear SUTTON JOSEPH:

On August 7, 2025, SUTTON JOSEPH asked to change the health plan from WellCare to Carolina Complete Health for the member listed below. The request to change health plans for the member listed below is **denied**.

Name	ID number
SUTTON JOSEPH	XXXXXXXXXXXX

SUTTON JOSEPH's request is denied for the following reasons:

- The plan you chose does not serve the county you are in. Contact your local DSS for more information about your Medicaid eligibility. Find your local DSS here: www.ncdhhs.gov/localDSS.
- The request is denied because you do not have Medicaid eligibility. Contact your local DSS for more information about your Medicaid eligibility. Find your local DSS here: www.ncdhhs.gov/localDSS.

The decision is effective August 9, 2025.

Authority supporting this decision:

42 C.F.R. § 438.56

Article 1A of Chapter 108D of the NC General Statutes

[More on back](#) ►

You can get free auxiliary aids and services, including information in other languages or formats such as large print or audio. Call us toll free at **1-833-870-5500**.

What happens next?

Unless SUTTON JOSEPH has a special or “with cause” reason, SUTTON JOSEPH will stay in their current health plan until the next time they can change health plans without a with cause reason. At set times during the benefit year, SUTTON JOSEPH can choose a different health plan without a with cause reason. The set times when SUTTON JOSEPH does **not** need a with cause reason to change their health plan are:

- At least once every 12 months. This is usually at the same time Medicaid eligibility is reviewed (also called “recertification” or renewal).
- At any time during the first 90 days the health plan starts managing SUTTON JOSEPH’s health care (also called “choice period”).

During those set times, SUTTON JOSEPH may keep their current health plan. Or they can choose a different health plan that offers benefits and services where they live. SUTTON JOSEPH will receive a letter telling them when they can change their current health plan without a with cause reason.

If SUTTON JOSEPH wants to leave their current health plan at any other time during the benefit year, they can do so **only** if they have one of these with cause reasons:

- They moved out of their current health plan’s service area
- They have a family member in a different health plan
- They cannot get all the related services they need from providers in their current 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 current health plan
- Their current health plan does not cover a service they need for moral or religious reasons
- Other reasons (poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with their health care needs)

The with cause reasons for health plan changes are also listed on the Standard Plan Change Request form. For a copy of the form, go to ncmedicaidplans.gov.

If SUTTON JOSEPH does not agree with the decision

SUTTON JOSEPH has 30 calendar days from the date listed on page 1 of this letter to ask for an appeal. The last day to ask for an appeal is September 8, 2025. Instructions on how to file an appeal came with this letter.

More on next page ►

MEDICAID EB DIS DENIAL DD-ENG 250701

If SUTTON JOSEPH thinks their health is at serious risk because of this decision, they can ask for a faster appeal. The State Fair Hearing Request Form that came with this letter says how to ask for a faster appeal.

Questions?

The NC Medicaid Ombudsman can offer help if you cannot get access to health care. They can connect you to other resources and help you understand your rights and responsibilities.

Go to ncmedicaidombudsman.org. Or call toll free at **1-877-201-3750**, 8 a.m. to 5 p.m., Monday through Friday.

Thank you,

NC Medicaid Team

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