



How does North Carolina's Move to Medicaid Managed Care Affect Me?

A Guide for People with Disabilities and Older Adults Who Use NC Medicaid

North Carolina Department of Health and
Human Services

July 2019

This guide is designed to help people with disabilities and older adults who use NC Medicaid understand how the NC Medicaid Managed Care enrollment process scheduled to start in late June 2019 will impact them. It provides a high-level overview and does not and cannot answer every question people may have.

For more information about Medicaid Managed Care, please visit:
(<https://www.ncdhhs.gov/assistance/medicaid-transformation>).

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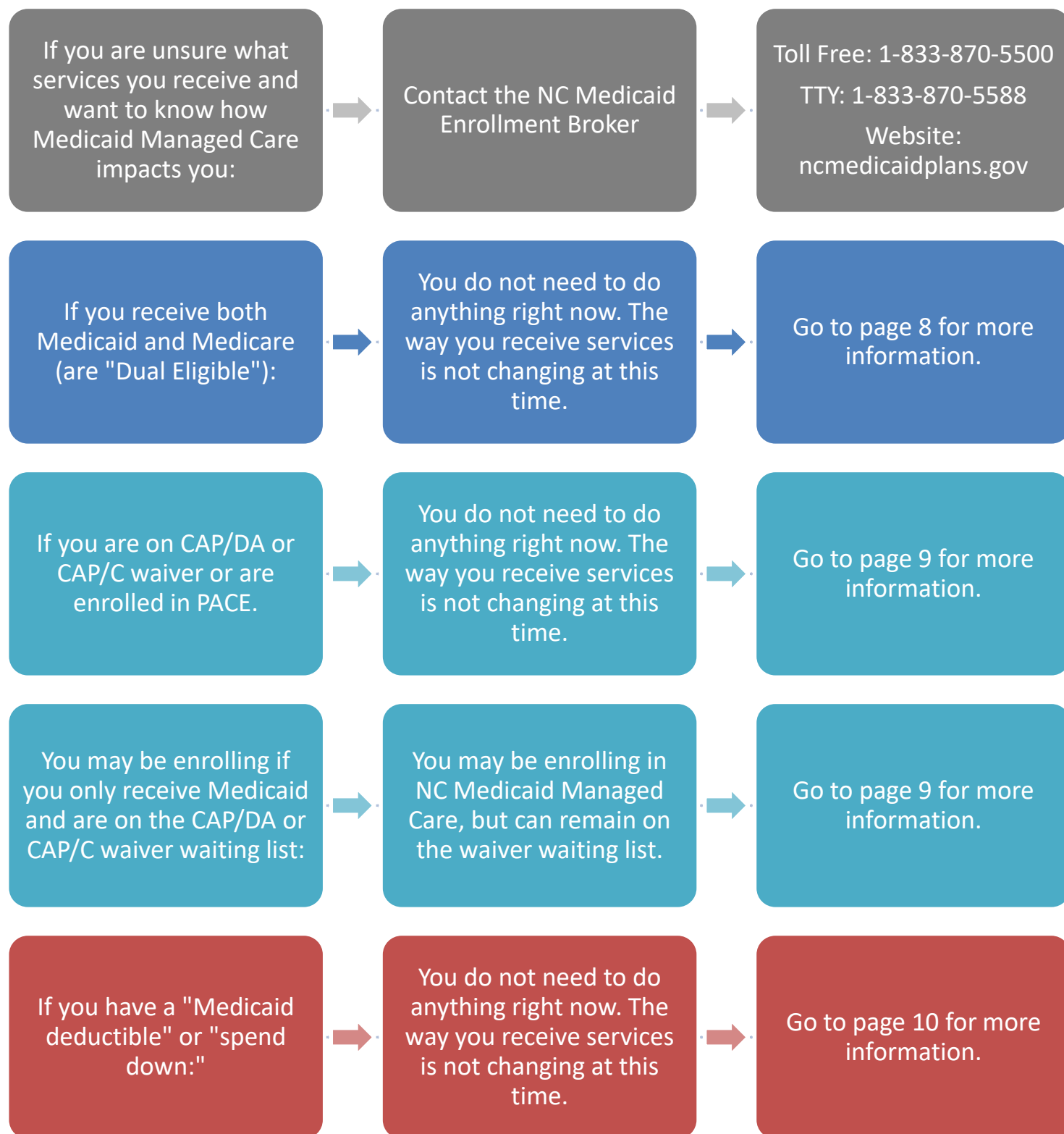
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NC MEDICAID MANAGED CARE ENROLLMENT: A SUMMARY

How Medicaid Managed Care Affects You:



MEDICAID MANAGED CARE ENROLLMENT: A SUMMARY



INTENT and LIMITATIONS OF THIS GUIDE

We know there is a lot of information out there right now about transitioning to NC Medicaid Managed Care in 2019 and 2020. Some people who use Medicaid (called beneficiaries) will be enrolling in a Medicaid Managed Care health plan soon and some people will not. Every person who is eligible for Medicaid will still receive Medicaid.

- This guide was developed to help Medicaid beneficiaries get information about the changes to Medicaid. It focuses on services and questions that may apply to beneficiaries who are older or have disabilities.
- This guide is not going to answer every question, but hopefully it will help “point you in the right direction” for more information.
- This guide only applies until North Carolina transitions to Medicaid Managed Care in late 2019 and early 2020.
- This guide does not focus on Tailored Plans. The Behavioral Health and Intellectual/Developmental Disability Tailored Plan (Behavioral I/DD Tailored Plan) are special health plans that offer services for people with significant behavioral health needs and intellectual and developmental disabilities. Behavioral I/DD Tailored Plans will be implemented in mid-2021. More information will be forthcoming.

IMPORTANT CONTACT INFORMATION

The Enrollment Broker (also known as Maximus)

How the Enrollment Broker can help:

- If you are going to be enrolling in Medicaid Managed Care, they will help explain the enrollment process and how to pick a health plan.
- If you are not enrolling, they will explain why you do not need to enroll at this time.

How to contact the Enrollment Broker:

- Call toll free: 1-833-870-5500 (TTY Option: 1-833-870-5588)
- Online at www.ncmedicaidplans.gov

Your current Local Management Entity-Managed Care Organization (LME-MCO)

How your LME-MCO can help:

- If you use services related to mental health, intellectual/developmental disability (I/DD), traumatic brain injury (TBI), or substance use, your LME-MCO can explain the services you receive and will help you understand how Medicaid Managed Care impacts you.

How to contact your LME-MCO:

- Locate your local LME-MCO office online at <https://www.ncdhhs.gov/providers/lme-mco-directory>.

Your local Division of Social Services (DSS) office

How your local DSS office can help: Your local DSS office will explain your Medicaid eligibility, and help you understand how Medicaid Managed Care impacts you.

How to contact your DSS office: Locate your local DSS office online at <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>.

The NC Medicaid Contact Center

How the NC Medicaid Customer Contact Center can help: If you are not sure who to call, the NC Medicaid Customer Contact Center will help guide you to the right place or person.

How to reach the contact center: Toll Free 1-888-245-0179

THE BASICS: WHAT YOU NEED TO KNOW NOW ABOUT NC MEDICAID MANAGED CARE

THE BASICS:

How is NC Medicaid changing in 2019 and 2020?

Medicaid Transformation is changing the way most people receive Medicaid services. In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and NC Health Choice from a fee-for-service model to managed care.

- Under the fee-for-service model, DHHS reimbursed physicians and healthcare providers based on the number of services provided or the number of procedures ordered. This model will now be known as **NC Medicaid Direct**. Only a small number of people will stay in Medicaid Direct.
- Under Medicaid Managed Care, instead of contracting directly with providers, the state will contract with insurance companies, called health plans. These insurance companies will be paid a pre-determined set rate per person to provide all services, known as a capitated rate. This model is known as **Medicaid Managed Care**. Approximately 1.6 million of the current 2.1 million Medicaid beneficiaries will transition to Medicaid Managed Care.
- Under Medicaid Managed Care, health plans will help coordinate all parts of your care needs: physical health, behavioral health, pharmacy, long-term services and supports (LTSS), and resources such as housing and transportation.

North Carolina awarded contracts to the following organizations to serve as health plans:

THE BASICS:

Who are the PHPs and what regions do they cover?

- AmeriHealth Caritas North Carolina (statewide)
- Blue Cross and Blue Shield of North Carolina (often called “Healthy Blue”) (statewide)
- Carolina Complete Health (for Regions 3 and 5)*.
- UnitedHealthcare of North Carolina (statewide)
- WellCare of North Carolina (statewide)

The start date of the transition to Medicaid Managed Care depends on the coverage region.

THE BASICS:

When does Medicaid Managed Care start in NC?

Regions 2 and 4 start on November 1, 2019 (Phase I)*

Regions 1, 3, 5, 6 start on February 1, 2020 (Phase 2)*

(*) For counties covered under each region see Appendix A.

The Enrollment Broker will be responsible for answering Medicaid Managed Care questions.

THE BASICS:

Who will help me if I have questions?

There are a lot of people who will help you understand what is going on, but there is a new role called the Enrollment Broker who is there to help you understand your options related to Medicaid Managed Care.

- Call: 1-833-870-5500
- Visit: www.ncmedicaidplans.gov
- TTY: 1-833-870-5588

FACT:

If you receive both Medicaid and Medicare right now, you will not transition to Medicaid Managed Care at this time.

- People who receive both Medicaid and Medicare are sometimes called “Duals” because they are “dually eligible” for both programs.
- Medicaid beneficiaries who also receive Medicare will not enroll in Medicaid Managed Care in November 2019 or February 2020 and will remain in Medicaid Direct.
- The current Medicaid services a dually eligible beneficiary receives will not change when Medicaid Managed Care starts.

YOUR NEXT STEP:

- You do not need to do anything right now. The way you receive services is not changing at this time.
- If you want have questions about your current services, contact your local DSS office or call the NC Medicaid Customer Contact Center at 1-888-245-0179.
- If you have questions about Medicaid Managed Care, you can call 1-833-870-5500.

FACT:

If you receive Medicaid and use any of the services listed below, you will not transition to Medicaid Managed Care at this time. However, if you are on a waiting list, it is possible you will be enrolling in a Medicaid Managed Care health plan.

Remember: If you receive Medicaid and Medicare, you will not be enrolling in Medicaid Managed Care any time soon.

If you receive use any of the following Medicaid services, you are excluded from the transition to Medicaid Managed Care for now.

- Community Alternatives Program for Disabled Adults (CAP/DA)
- Community Alternatives Program for Children (CAP/C)
- Program for the All-Inclusive Care for the Elderly (PACE)
- You've been in a nursing facility for longer than 90 days.

On the Waiting List? If you receive only Medicaid and are on the waiting list for CAP/DA or CAP/C, you will likely enroll in Medicaid Managed Care unless you are part of another excluded group. You can remain on the waiver waiting list. If you are awarded a waiver slot, you will transition out of Medicaid Managed Care and back into Medicaid Direct.

YOUR NEXT STEP:

- If you receive any of the services listed above, you do not have to do anything right now. The way you receive services is not changing.
- If you are on the waiting list for CAP/DA or CAP/C, call 1-833-870-5500 for more information.
- If you want to talk more about your current services, contact your local DSS office, your CAP/DA Lead Agency or your PACE program.

FACT:

If you have a Medicaid deductible or “spend down,” you will not be enrolling in Medicaid Manage Care.

- Medicaid beneficiaries who have a deductible or “spend down” are part of a Medicaid eligibility group called “Medically Needy.”
- Medically Needy beneficiaries are people who only qualify for Medicaid because of their high medical expenses.
- Medically Needy beneficiaries are excluded from Medicaid Managed Care at this time.
- If you fall into this category, the way you currently receive services is not changing at this time.

YOUR NEXT STEP:

- If you are enrolled in the Medically Needy Medicaid category, you do not have to do anything. The way you receive Medicaid is not changing at this time.
- If you are not sure if you are in this category, call your DSS worker.

FACT:

The next steps for a person who uses services through an LME-MCO depends on the person and the services.

- **Remember:** If you receive Medicare and Medicaid, you are not enrolling in Medicaid Managed Care any time soon.
- **More specific questions?** Contact your LME-MCO or the Enrollment Broker.
- **Not sure who your LME-MCO is?** Visit <https://www.ncdhhs.gov/providers/lme-mco-directory>
- **Want to call the Enrollment Broker?** Call 1-833-870-5500.

Does this apply to you?	Here is your next step:
Do you receive the Innovations or TBI Waiver, or on the waiting list for either waiver?	You are staying with your LME-MCO and are not transitioning to another health plan unless you want to. Important: If you on the waiver, changing to another health plan may impact your waiver so do not change without thinking it through.
Did you receive a letter that looks like the one in Appendix C-2?	You are staying with your LME-MCO and are not transitioning to another health plan unless you want to. If you want to move into a different health plan, you can <i>but it is important to first understand what services are provided by your LME-MCO.</i> Call your LME-MCO and then Enrollment Broker for more information.
Did you use LME-MCO state services (sometimes called “IPRS”) but don’t have Medicaid?	You are staying with your LME-MCO and are not transitioning to another health plan. You do not have to do anything.
Do you use LME-MCO services and received a letter that looks like on Appendix C-1?	You are likely going to enroll in a health plan under Medicaid Managed Care. Make a toll-free call to the Enrollment Broker to learn about the different plans and to select your option: 1-833-870-5500.

FACT:

If you only receive Medicaid and do not fall into the other categories listed earlier in this guide, you will likely enroll in Medicaid Managed Care. It is important to call the Enrollment Broker to learn more.

You will likely be transitioning to Medicaid Managed Care in November 2019 or February 2020. Most Medicaid beneficiaries will transition to Medicaid Managed Care.

- You can choose among several health plans.
- Your enrollment date will depend on where you live (See Appendix A).
- The Enrollment Broker can help educate and guide you on your options, including how to stay with your doctor and other providers if you choose.

LETTER ALERT!

If you get a letter that looks like the one in Appendix C-1, call the Enrollment Broker to select your health plan.

YOUR NEXT STEP:

Call the Enrollment Broker:
1-833-870-5500
to learn about the enrollment process and how to select a health plan.

SPECIAL CIRCUMSTANCES

There are some situations that are not otherwise outlined in this guide. We have identified and addressed some of them below.

If a Medicaid-only beneficiary becomes eligible for Medicare after enrolling in Medicaid Managed Care.

- Some beneficiaries who are only receiving Medicaid now, may become eligible for Medicare after they have already enrolled in Medicaid Managed Care.
- If that happens, the beneficiary becomes “dually eligible.”
- The beneficiary may move from being enrolled in to excluded from Medicaid Managed Care.
- If that happens, the person will receive a letter like the one in Appendix C-4.
- The beneficiary will continue receiving the services s/he is getting under Medicaid Direct.

If a Medicaid-only beneficiary is in a nursing facility for longer than 90 days after enrolling in Medicaid Managed Care.

- Some beneficiaries who are in a nursing facility for less than 90 days when signing up for Medicaid Managed Care may end up in the facility for longer than 90 days.
- If that happens, the beneficiary will become excluded from Medicaid Managed Care.
- If that happens, the person will receive a letter like the one in Appendix C-4.
- The beneficiary will continue receiving the services s/he is getting under Medicaid Direct.

If a person does not receive Medicaid but only state funded services.

- The person does not enroll in Medicaid Managed Care. The person’s state services do not change.

If a family has both members who are included in Medicaid Managed Care and others are exempt.

- The members who are included in Medicaid Managed Care will choose a health plan and enroll in Medicaid Managed Care. The members who are exempt have the option to enroll but do not have to.

ANSWERS TO OTHER QUESTIONS YOU MAY HAVE

“Will it cost me more if I enroll in Medicaid Managed Care on a new health plan?”

- No, your costs will not change if you get Medicaid through a health plan.
- Like today, you may need to pay a copay for certain services, but you will not need to pay a premium (monthly fee).

“Why did my friend or neighbor get a different letter than what I got?”

- Most people who get Medicaid will start getting Medicaid services from a health plan in either November 2019 or February 2020. But, some people who have certain health care needs will continue getting their Medicaid services through Medicaid Direct and LME-MCOs.
- You and your friend may have different situations. For example, maybe you have Medicaid and your friend has both Medicaid and Medicare.

“What is the Tailored Plan?”

- The Behavioral/IDD Tailored Plans will offer services for people with significant behavioral health needs and intellectual and developmental disabilities.
- The Behavioral/IDD Tailored Plans will be available in mid-2021.
- For now, people who look like they should enroll in Tailored Plans will stay in Medicaid Direct and with their LME-MCOs. They will not be enrolling in Medicaid Managed Care.
- For more information on the Behavioral/IDD Tailored Plans see: [Behavioral Health and Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment.](#)

“What’s the difference between “Medicaid Managed Care” and an LME-MCO? Aren’t they both managed care?”

- “Medicaid Managed Care” refers to the five prepaid health plans that are also sometimes called the “Standard Plan.” Both health plans and LME-MCOs manage services and are both a type of “managed care” organization, but they manage different services.

“I live in an adult care home. Am I impacted by Medicaid Managed Care?”

- It depends what enrollment category you are in. Some people in adult care homes will enroll in Medicaid Managed Care and others will not. The best thing to do is to call the Enrollment Broker at 1-833-870-5500.

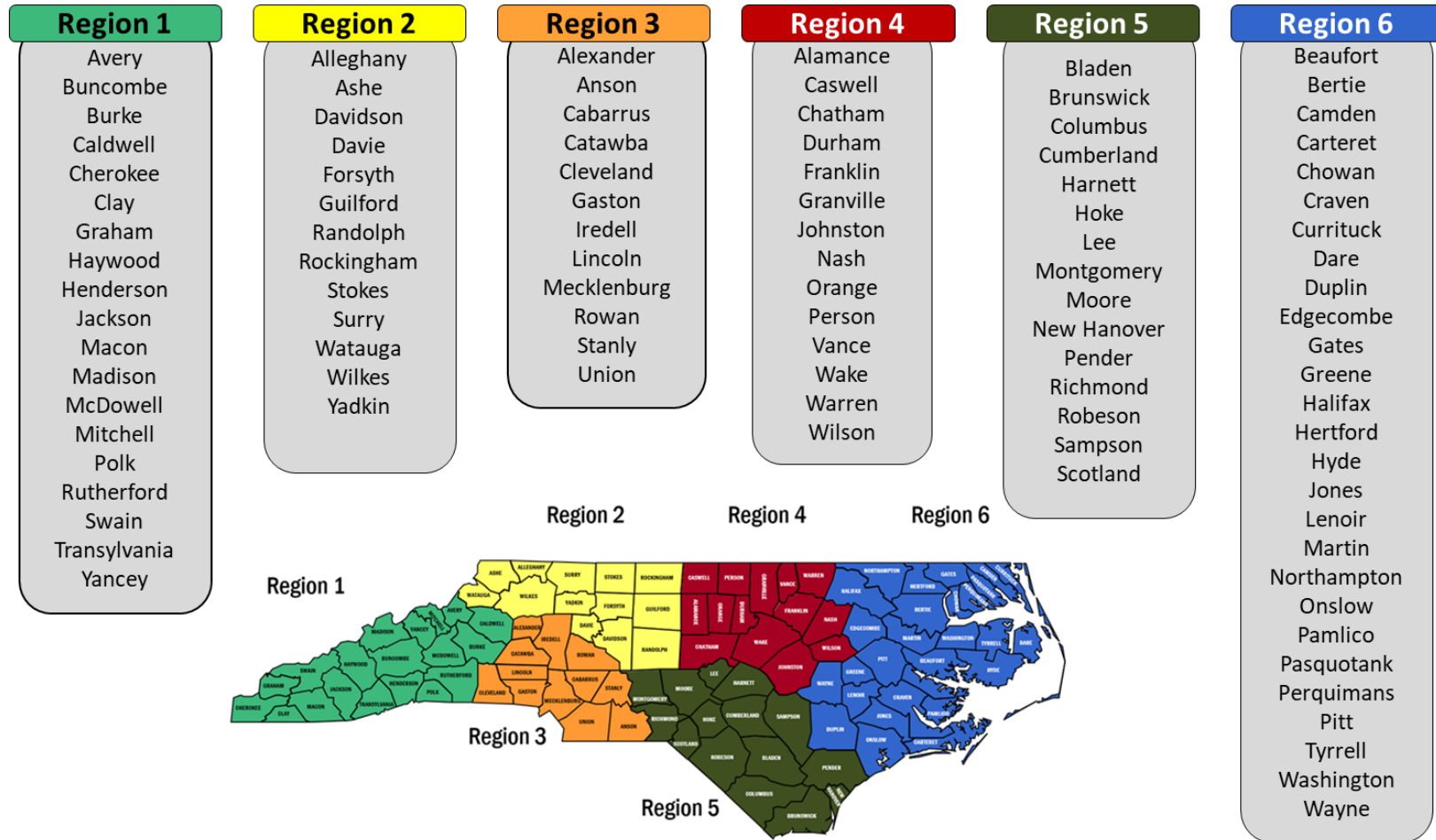
**STILL HAVE QUESTIONS?
CONTACT THE ENROLLMENT BROKER!**

The Enrollment Broker will help guide you through the enrollment process and help you understand your options and why you may or may not be enrolling.

STARTING JULY 1, 2019:

- Call: 1-833-870-5500 (TTY Option: 1-833-870-5588)
- Visit: ncmedicaidplans.gov

Appendix A: NC Medicaid Managed Care Regions

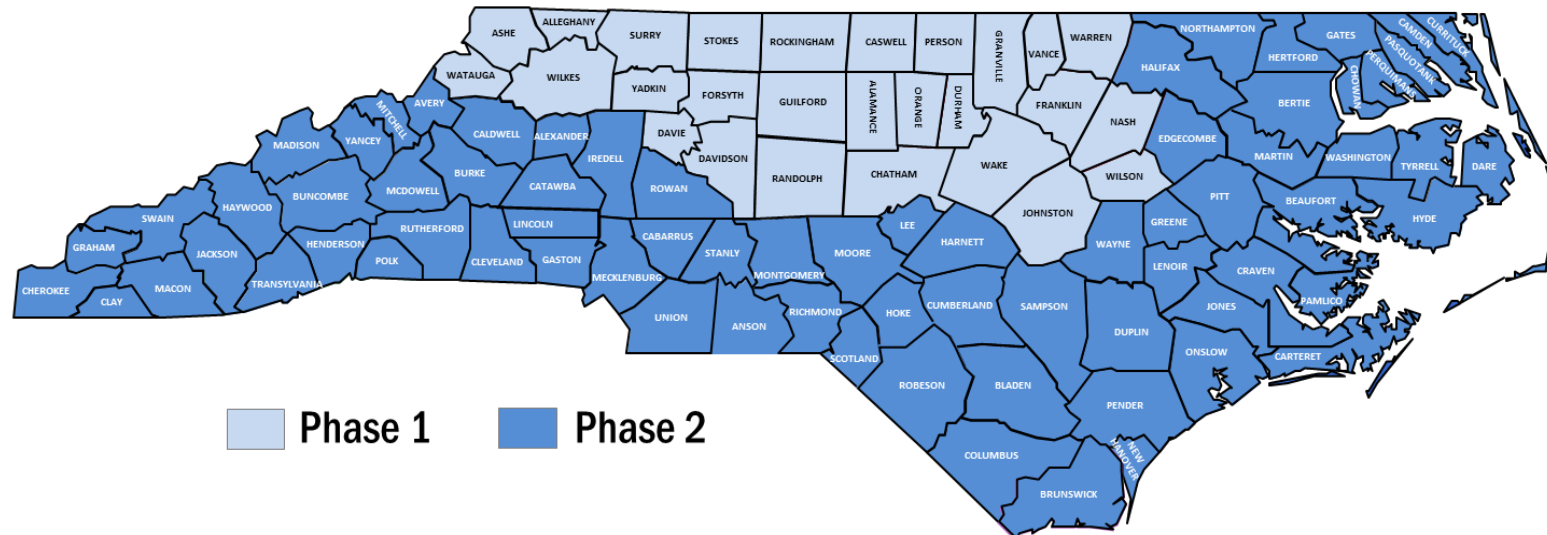


To get this information in other languages/formats, such as large print or audio, call 1-833-870-5500.

Appendix B: NC Medicaid Roll Out Phases by County

Phase 1: November 2019

Phase 2: February 2020



Appendix C: NC Medicaid Managed Care Letter Samples that Will Be Sent to Impacted Beneficiaries starting July 1, 2019 (for Phase I)*

* Date subject to change.

Included here:

1. Sample letter mailed to a Medicaid beneficiary who will be enrolling in Medicaid Managed Care.
2. Sample letter mailed to a Medicaid beneficiary who is exempt from enrolling in Medicaid Managed Care but have an option to move into Medicaid Managed Care or can elect to stay in Medicaid Direct.
3. Sample letter mailed to a family/household where some members will enroll in Medicaid Managed Care and some members are exempt from enrolling.
4. Sample letter mailed to a Medicaid beneficiary who enrolled in Medicaid Managed Care but later became excluded (because enrolled in Medicare, etc.).
5. **Important! Letters will be mailed to beneficiaries in Phase I regions in Summer 2019 and to beneficiaries in Phase 2 regions in Fall 2019.**

Appendix C-1



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov.
Or call us at **1-833-870-5500** (TTY: 1-833-870-5588),
7 a.m. to 5 p.m., Monday through Saturday. We can
speak with you in other languages.

**ENROLLMENT PACKET NOTICE TO HOUSEHOLD WHERE ALL PEOPLE MUST CHOOSE
A HEALTH PLAN (MANDATORY)**
NC Medicaid 20190531 v1.0

Patricia A. Jones
17 Main Street
Raleigh, NC 27603

June 28, 2019

Dear Patricia A. Jones:

There will be a new way to get Medicaid health care

Starting **November 1, 2019**, most people will get the same Medicaid services in a new way –
through health insurance plans.

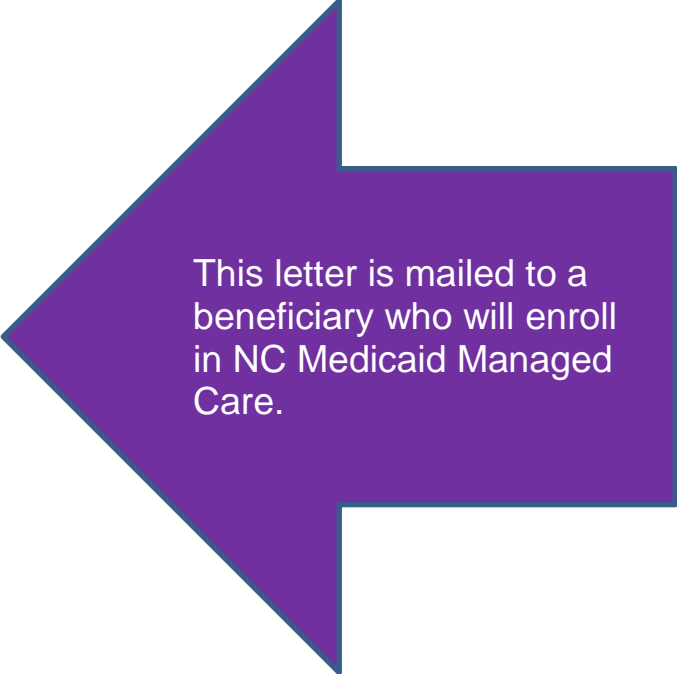
A **health plan** is a group of doctors, hospitals and other providers. They work together to give
you the health care you need. Everything will come from the same plan. This includes physical
health, mental health, and medicine. Some health plans provide added services like programs to
help you quit smoking.

Some things will stay the same

Medicaid eligibility rules are not changing.

**The people below should choose a primary care provider and health
plan by September 13, 2019**

Patricia A. Jones	Medicaid ID: XXX-XX-XXXX
Rodney M. Jones	Medicaid ID: XXX-XX-XXXX



This letter is mailed to a
beneficiary who will enroll
in NC Medicaid Managed
Care.

Appendix C-2



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov.
Or call us at **1-833-870-5500** (TTY: 1-833-870-5588),
7 a.m. to 5 p.m., Monday through Saturday. We can
speak with you in other languages.

**ENROLLMENT PACKET NOTICE TO HOUSEHOLD WHERE ALL PEOPLE HAVE THE
OPTION TO CHOOSE A HEALTH PLAN BUT ARE NOT REQUIRED TO DO SO (EXEMPT)**
NC Medicaid 20190531 v1.0

Patricia A. Jones
17 Main Street
Raleigh, NC 27603

June 28, 2019

Dear Patricia A. Jones:

There will be a new way to get Medicaid health care

Starting **November 1, 2019**, most people will get the same Medicaid services in a new way –
through health insurance plans.

A **health plan** is a group of doctors, hospitals and other providers. They work together to give
you the health care you need. Everything will come from the same plan. This includes physical
health, mental health, and medicine. Some health plans provide added services like programs to
help you quit smoking.

Some things will stay the same

Medicaid eligibility rules are not changing.

The people below will stay in NC Medicaid Direct

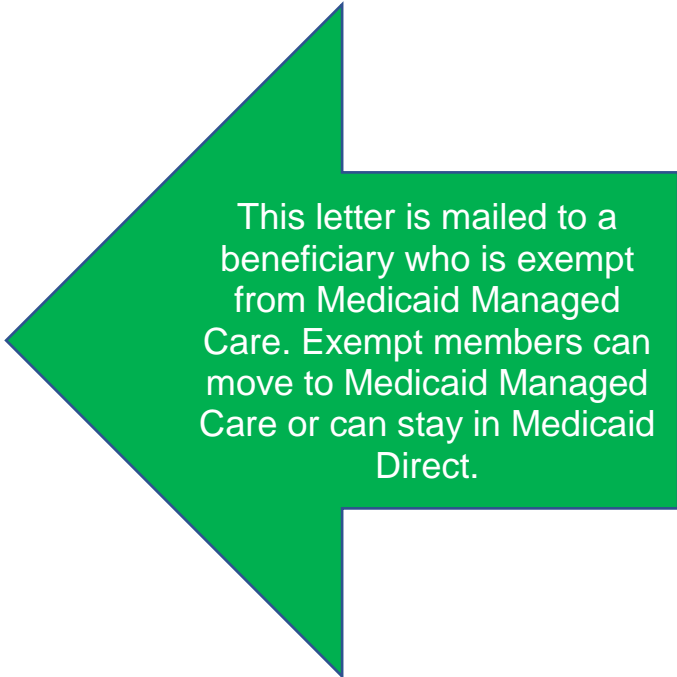
Sally A. Jones

Medicaid ID: XXX-XX-XXXX

Beginning November 1, 2019, you will get your same Medicaid services through NC Medicaid
Direct. It will provide the same services currently covered for developmental disability, mental
illness, traumatic brain injury and substance use disorder.

More on back ►

MEDICAID TRANS ENG 190508



This letter is mailed to a
beneficiary who is exempt
from Medicaid Managed
Care. Exempt members can
move to Medicaid Managed
Care or can stay in Medicaid
Direct.

To get this information in other languages/formats, such as large print or audio, call 1-833-870-5500.

Appendix C-3



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov.
Or call us at **1-833-870-5500** (TTY: 1-833-870-5588),
7 a.m. to 5 p.m., Monday through Saturday. We can
speak with you in other languages.

**ENROLLMENT PACKET NOTICE TO HOUSEHOLD WHERE SOME PEOPLE MUST
CHOOSE A HEALTH PLAN (MANDATORY) AND SOME PEOPLE MAY ENROLL BUT ARE
NOT REQUIRED TO (EXEMPT)**
NC Medicaid 20190531 v1.0

Patricia A. Jones
17 Main Street
Raleigh, NC 27603

June 28, 2019

Dear Patricia A. Jones:

There will be a new way to get Medicaid health care

Starting **November 1, 2019**, most people will get the same Medicaid services in a new way –
through health insurance plans.

A **health plan** is a group of doctors, hospitals and other providers. They work together to give
you the health care you need. Everything will come from the same plan. This includes physical
health, mental health, and medicine. Some health plans provide added services like programs to
help you quit smoking.

Some things will stay the same

Medicaid eligibility rules are not changing.

**The people below should choose a primary care provider and health
plan by September 13, 2019**

Patricia A. Jones	Medicaid ID: XXX-XX-XXXX
Rodney M. Jones	Medicaid ID: XXX-XX-XXXX

More on back ►

MEDICAID TRANS ENG 190508

To get this information in other languages or formats such as
large print or audio, call **1-833-870-5500**.

1

This letter is mailed if some
members of a household
will enroll in Medicaid
Managed Care and some
are exempt.

Appendix C-4



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Questions? Go to ncmedicaidplans.gov.
Or call us at **1-833-870-5500** (TTY: 1-833-870-5588),
7 a.m. to 5 p.m., Monday through Saturday. We can
speak with you in other languages.

**NOTICE TO HEALTH PLAN MEMBER WHO MAY NO LONGER ENROLL (EXCLUDED) AND
WILL NOW BE NC MEDICAID DIRECT**
NC Medicaid 20190531 v1.0

Patricia A. Jones
17 Main Street
Raleigh, NC 27603

June 28, 2019

Dear Patricia A. Jones:

You are now in NC Medicaid Direct

The people below will get health care services through NC Medicaid Direct starting on the date listed. This change is because Patricia A. Jones is [\[reason\]](#).

Name / ID Number	Health Care Services / Start Date
Patricia A. Jones XXX-XX-XXXX	NC Medicaid Direct December 1, 2019

Due to this change, you cannot choose a health plan through NC Medicaid Managed Care.

What happens next?

You will get a new ID card and details in the mail. Use the plan you are in now until your NC Medicaid Direct starts. If you need to see a doctor before you get your new ID card, bring this letter with you to your visit.

This letter is mailed if the beneficiary is enrolling in Medicaid Managed Care, but something changes (like the beneficiary receives Medicare or stay in a nursing facility for more than 90 days). If you get this letter, you will be excluded from Medicaid Managed Care.

More on back ►

MEDICAID EB EXCLU ENG 190508

Appendix D: Current LME-MCO Map

Local Management Entities/Managed Care Organizations July 2019

