

Fact Sheet

Managed Care Populations and Enrollment Notices

County Playbook: NC Medicaid Managed Care

While most Medicaid beneficiaries receive services through NC Medicaid Managed Care, some beneficiaries do not. The table below outlines the health care options for each group (population) by managed care status (**beginning Dec. 1, 2022**).

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
MCS001	Mandatory – Standard Plan	Y	N	N	N
MCS004	Tailored Plan – TBI/Innovation	N	Y	N	N
MCS005	Tailored Plan	Y	Y	N	N
MCS006	Tailored Plan – TBI/Innovation Dual Eligible	N	Y	N	N
MCS007	Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	N	Y
MCS008	Temporarily Excluded – Dual Eligible	N	N	N	Y
MCS009	Temporarily Excluded – Facility	N	N	N	Y
MCS010	Temporarily Excluded – DSOHF/VA Home	N	N	N	Y
MCS011	FosterCare/Adoption	N	N	N	Y
MCS012	FosterCare/Adoption – Tailored Plan	N	N	N	Y
MCS013	Temporarily Excluded – FosterCare/Adoption – Dual Eligible	N	N	N	Y
MCS014	Temporarily Excluded – CAP/C	N	N	N	Y
MCS015	Temporarily Excluded – CAP/DA	N	N	N	Y
MCS016	Excluded – Medically Needy	N	N	N	Y
MCS017	Excluded – HIPP	N	N	N	Y



MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct
MCS018	Excluded – Family Planning	N	N	N	Y
MCS019	Excluded – PACE	N	N	N	Y
MCS020	Excluded – Partial Dual Eligible	N	N	N	Y
MCS021	Excluded – Emergency Services Only	N	N	N	Y
MCS022	Excluded – Refugee	N	N	N	Y
MCS023	Excluded – Incarcerated	N	N	N	Y
MCS024	Excluded – Presumptive Eligibility	N	N	N	Y
MCS025	Tribal – Temporarily Excluded – CAP/C	N	N	Y	Y
MCS026	Tribal – Exempt	Y	N	Y	Y
MCS027	Tribal – Tailored Plan	Y	Y	Y	Y
MCS028	Tribal – Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	Y	Y
MCS029	Tribal – Temporarily Excluded – Dual Eligible	N	N	Y	Y
MCS030	Tribal – FosterCare/Adoption	N	N	Y	Y
MCS031	Tribal – FosterCare/Adoption – Tailored Plan	N	N	Y	Y
MCS032	Tribal – Temporarily Excluded – FosterCare/Adoption – Dual Eligible	N	N	Y	Y
MCS033	Tribal – Excluded – Medically Needy	N	N	Y	Y
MCS034	IHS – Exempt	Y	N	Y	Y
MCS035	IHS – Tailored Plan	Y	Y	Y	Y
MCS036	IHS – Temporarily Excluded – Tailored Plan – Dual Eligible	N	N	Y	Y
MCS037	IHS – Temporarily Excluded – Dual Eligible	N	N	Y	Y
MCS038	IHS – FosterCare/Adoption	N	N	Y	Y
MCS039	IHS – FosterCare/Adoption – Tailored Plan	N	N	Y	Y
MCS040	IHS – Temporarily Excluded – FosterCare/Adoption – Dual Eligible	N	N	Y	Y
MCS041	IHS – Excluded – Medically Needy	N	N	Y	Y
MCS042	IHS – Non-EBCI – Exempt	Y	N	N	Y
MCS043	Excluded – COVID	N	N	N	Y

MC Status Code Value	Managed Care Status Description	Standard Plan	Tailored Plan	EBCI Tribal Option	NC Medicaid Direct
MCS044	Tribal – Temporarily Excluded – CAP/DA	N	N	Y	Y
MCS045	Tribal – Tailored Plan – TBI/Innovation	N	Y	Y	Y
MCS046	Tribal – Tailored Plan – TBI/Innovation Dual Eligible	N	Y	Y	Y
MCS047	IHS – Temporarily Excluded – CAP/C	N	N	Y	Y
MCS048	IHS – Temporarily Excluded – CAP/DA	N	N	Y	Y
MCS049	IHS – Tailored Plan – TBI/Innovation	N	Y	Y	Y
MCS050	IHS – Tailored Plan – TBI/Innovation Dual Eligible	N	Y	Y	Y
MCS051	Tailored Plan – TCL	N	Y	N	N
MCS052	Tribal – Tailored Plan – TCL	N	Y	Y	Y
MCS053	IHS – Tailored Plan – TCL	N	Y	Y	Y
MCS054	Tailored Plan – ICF	N	Y	N	N
MCS055	Tribal – Tailored Plan – ICF	N	Y	Y	Y
MCS056	IHS – Tailored Plan – ICF	N	Y	Y	Y
MCS057	Tailored Plan – SFR	N	Y	N	N
MCS058	Tribal – Tailored Plan – SFR	N	Y	Y	Y
MCS059	IHS – Tailored Plan – SFR	N	Y	Y	Y

Table Key:

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

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

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

ENROLLMENT BROKER NOTICES

A beneficiary’s managed care status determines which notice they receive from the Enrollment Broker. Notices include enrollment and health care choice information. All notices are labeled with “NC Medicaid” and instruct beneficiaries to contact the Enrollment Broker with questions.

Beneficiaries may still contact DSS staff with questions. Reviewing the sample notices on the [County Playbook](#) can help address these questions. The format in the sample notices may differ from the actual notices that are mailed to beneficiaries, and titles have been added for your reference (titles will not appear on the actual notices).

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

Notice	Description	When is it sent?
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Transition Notice	Sent to a beneficiary who qualifies for the Tailored Plan; provides information on their health care choices	<ul style="list-style-type: none"> • Standard Plan: N/A • Tailored Plan: Beginning 8/15/22
Enrollment Packet Insert	Provides information related to services covered outside health plans, Medicaid drug list and Medicaid copays	<ul style="list-style-type: none"> • Standard Plan: Ongoing • Tailored Pan: Beginning 8/15/22
Health Care Option Guide	Provides the beneficiary's health care choices; highlights each health plan's added services	<ul style="list-style-type: none"> • Standard Plan: Ongoing • Tailored Plan: Beginning 8/15/22
Enrollment Form	Allows beneficiaries to change their health plan and/or PCP	<ul style="list-style-type: none"> • Standard Plan: Ongoing • Tailored Plan: Beginning 8/15/22
Confirmation Notice	Sent to a beneficiary after a managed care status change and/or health plan change	<ul style="list-style-type: none"> • Standard Plan: Ongoing • Tailored Plan: Beginning 11/1/22
Grievance Acknowledgement Notice	Sent to a beneficiary who has submitted a complaint to the Enrollment Broker	<ul style="list-style-type: none"> • Shortly after the Enrollment Broker has received a complaint from a beneficiary
Grievance Resolution Notice	Sent to a beneficiary after a complaint submitted to the Enrollment Broker has been resolved	<ul style="list-style-type: none"> • No later than 30 calendar days after the Enrollment Broker has received a complaint from a beneficiary