

North Carolina Department of Health and Human Services Division of Medical Assistance

Pat McCrory Governor Richard O. Brajer Secretary

Dave Richard Deputy Secretary for Medical Assistance

September 2, 2015

SUBJECT: Medicaid and Health Choice Primary Care Provider/Medical Home Assignment will Begin Sept. 2015

Dear County Director of Social Services:

A recent review shows that approximately 240,000 N.C. Medicaid and Health Choice beneficiaries have not chosen a primary care provider (PCP) and medical home and, therefore, are not receiving the benefits of care coordination and case management services. To ensure beneficiaries and the state benefit from the improved health outcomes and cost savings that these services provide, DHHS will send a letter (sample attached) to these beneficiaries to ask them to select a PCP, or have one assigned to them if they do not make a choice by a date shown in their letter.

Each beneficiary letter will include an assigned PCP/medical home in the ZIP code where the beneficiary lives. This PCP/medical home will be available to provide direct care, coordinate services by other providers and connect beneficiaries with case managers, as appropriate.

Beneficiaries will be able to contact the DMA Call Center at 1-888-245-0179 to select a PCP or change their assigned PCP, or if they have questions about scheduled medical appointments or how to use a PCP/medical home.

Updated Medicaid or Health Choice ID cards will be sent in a separate mailing. Beneficiaries may use their current ID card until the new one is received.

DMA and I appreciate your continued efforts to ensure new or re-enrolling Medicaid and Health Choice beneficiaries choose a PCP or are assigned one. By DMA and county DSS staff working together, beneficiaries will be quickly connected with the PCP of their choice and receive the advantages of a medical home.

If you have any questions, please contact the DMA Call Center at 1-888-245-0179.

Sincerely,

Dave Richard

www.ncdhhs.gov Tel 919-855-4100 • Fax 919-733-6608 Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603 Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501 An Equal Opportunity / Affirmative Action Employer



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COUNTY DEPARTMENT OF SOCIAL SERVICES MAILING ADDRESS CITY, STATE ZIP AREA CODE PHONE NUMBER

<mark>DATE</mark>

RECIPIENT NAME C/O CASEHEAD NAME MAILING ADDRESS Line 1 MAILING ADDRESS Line 2 CITY, STATE ZIP

SUBJECT: Choose Your New Primary Care Provider and Medical Home by [effective date]

[RECIPIENT ID]

Dear [Recipient Name]:

As a North Carolina Medicaid or Health Choice beneficiary, you have help to manage and improve your health. To get these valuable services, you must choose a doctor to visit or call when you need medical care that is not an emergency.

The doctor you choose is called a "primary care provider." Your doctor's office is called a "medical home." When you need medical care, **first call your medical home any time, day or night.** (For emergencies, always dial 911 instead.) Your primary care provider and medical home will make sure you:

- **Receive the care you need.** This includes visiting your primary care provider when you are sick, and for regular checkups or shots.
- Visit a specialist, if you need to. Your medical home will help you make an appointment with a medical expert who cares for special health issues.
- **Receive medical advice 24 hours a day, 7 days a week.** Your medical home will answer your questions and give you advice.
- Improve your health. Your medical home will help you become healthier.

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SUBJECT: Choose Your New Primary Care Provider and Medical Home Page 2

We noticed that you have not chosen a primary care provider and medical home. To get the most out of your Medicaid or Health Choice benefits, you must tell us the name of the primary care provider you want. Please call the DMA Call Center at **1-888-245-0179**, **8am to 5pm, Monday through Friday.**

If you do not tell us the name of your primary care provider by [date], the doctor below will be your primary care provider starting [effective date]:

Your Primary Care Provider: [Name of Primary Care Provider] Medical Home: [site formatted name] Address: [street, suite, city, state ZIP] Phone: [XXX-XXX-XXXX]

You can change your primary care provider by contacting the DMA Call Center at **1-888-245-0179**, **8am to 5pm, Monday through Friday.** The DMA Call Center also can:

- Answer questions about a medical appointment before you had a primary care provider.
- Explain how to use your medical home or primary care provider.

You may use current Medicaid or Health Choice ID card until a new one arrives in the mail.

Sincerely,

Dee Jones Division of Medical Assistance Director of Operations