Medicaid Managed Care Member Enrollment: Part 1 – Health Plan Auto-Enrollment

What is Health Plan Auto-Enrollment and how does it work?

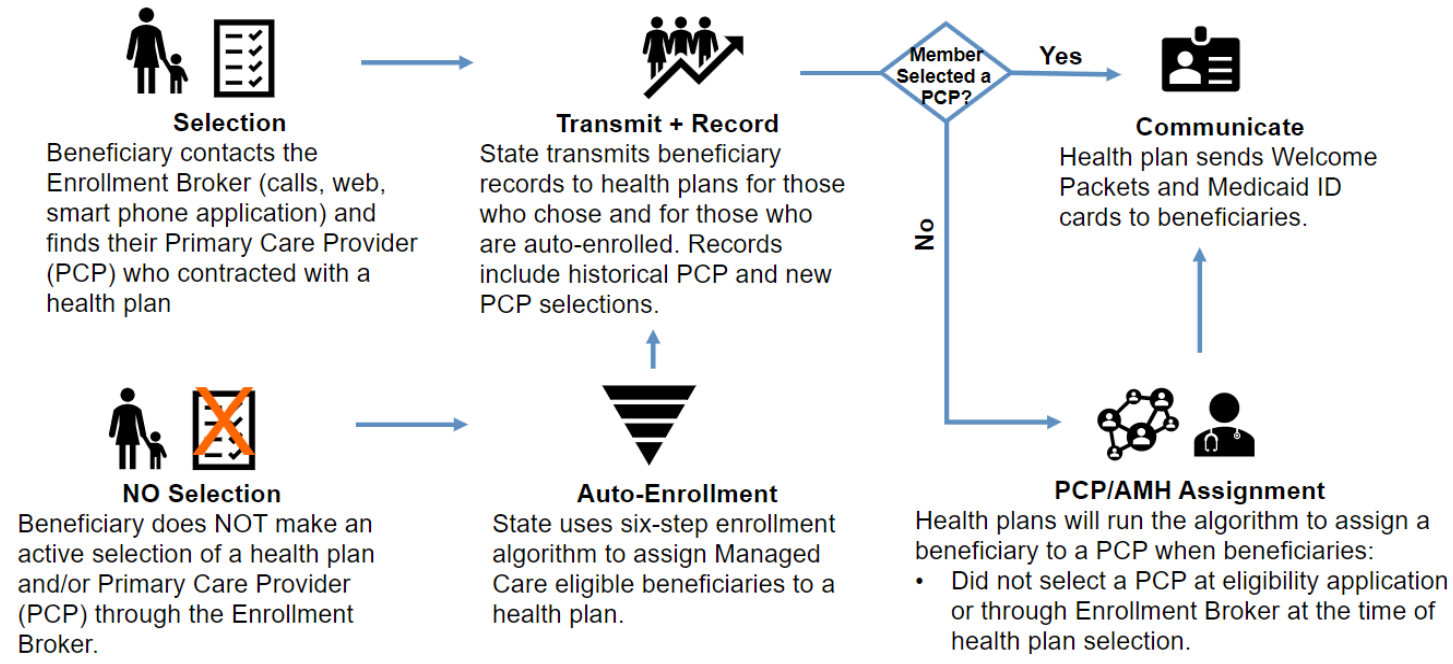
In NC Medicaid Managed Care, most beneficiaries choose their health plan and primary care provider (PCP) or Advanced Medical Home (AMH), which is a type of primary care provider. During open enrollment from March 15 through May 14, 2021, beneficiaries will enroll in a health plan and select their PCP/AMH. If a beneficiary does not select a health plan, they will be automatically enrolled in one by the NC Department of Health and Human Services (DHHS) starting on May 15, 2021. Beneficiaries will be able to change health plans up to 90 days after the effective date. If a beneficiary does not select a PCP/AMH, then the health plan will assign one to them. Beneficiaries will be able to change their PCP/AMH up to 30 days after they receive notice of their initial PCP/AMH assignment. This fact sheet provides information about health plan auto-enrollment and how beneficiaries can select and change their health plan.

HOW DOES HEALTH PLAN ENROLLMENT AND PCP/AMH SELECTION HAPPEN?

During the transition to Medicaid Managed Care, beneficiaries may enroll in a health plan and select a PCP/AMH in various ways:

- By calling 833-870-5500 (toll free)
- By visiting ncmedicaidplans.gov
- By completing the paper enrollment form found in their enrollment packet and returning it by fax or mail
- By using the NC Medicaid Managed Care mobile app
- Be automatically enrolled in a health plan and assigned a PCP/AMH if one is not chosen by the deadline.

The diagram below outlines the member enrollment process.



WHEN WILL HEALTH PLAN AUTO-ENROLLMENT HAPPEN?

Auto-enrollment will begin on May 15, 2021 after the open enrollment period ends.

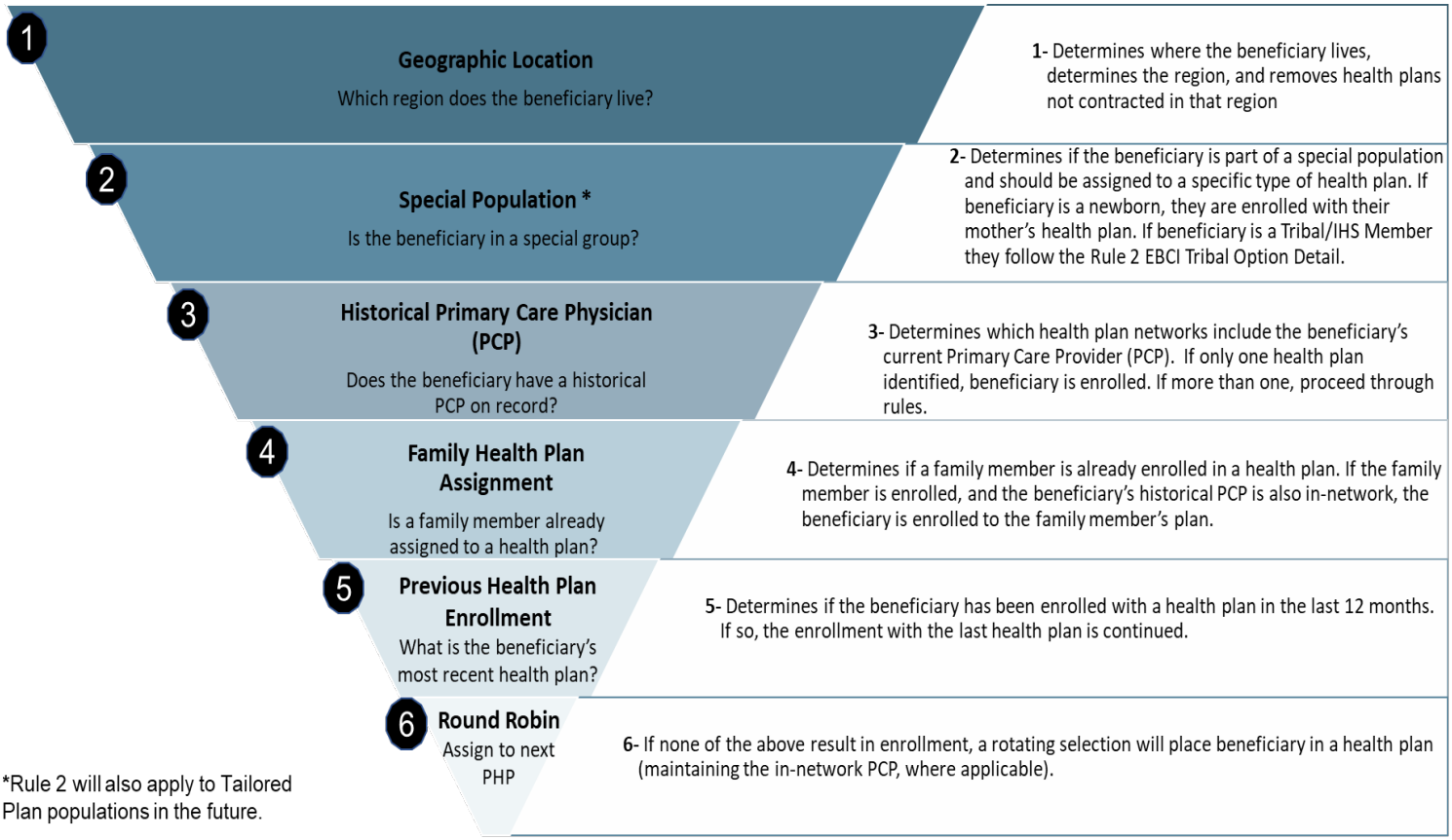
After open enrollment ends, newly eligible Medicaid beneficiaries who are required to enroll in a health plan will be able to choose a plan and/or a PCP/AMH when they apply with a caseworker or through ePASS. If beneficiaries do not choose a health plan, DHHS will enroll them in a health plan. Health plan enrollments, whether selected by the beneficiary or through auto-enrollment, will be processed nightly. If the newly eligible beneficiary does not select a PCP/AMH, then the health plan will assign one to them within 24 hours.

HOW WILL AUTO-ENROLLMENT WORK?

First, DHHS will auto-enroll the beneficiary in a health plan. Once the health plan receives the beneficiary information, the health plan will auto-assign a PCP/AMH to the beneficiary. For more information on health plan auto-assignment of PCP/AMHs, please see the **Medicaid Managed Care Member Enrollment – Part 2** Fact Sheet.

HOW DOES HEALTH PLAN AUTO-ENROLLMENT WORK?

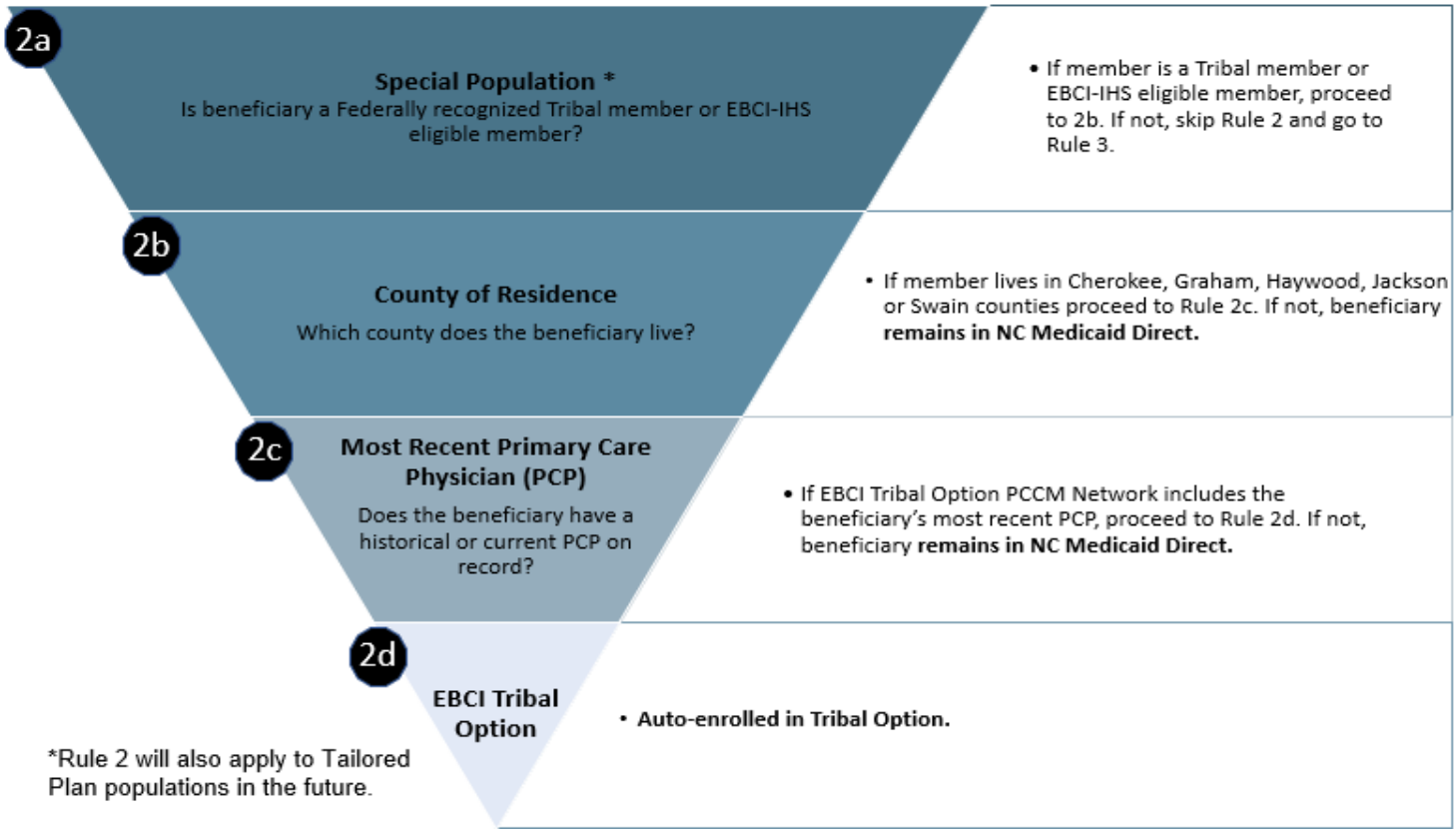
If a beneficiary does not choose a Prepaid Health Plan or the Eastern Band of Cherokee Indians (EBCI) Tribal Option, they are auto-enrolled according to the criteria in the diagram below.



*Rule 2 will also apply to Tailored Plan populations in the future.

HOW DOES SPECIAL POPULATION AUTO-ENROLLMENT WORK?

If a beneficiary is a part of a special population, such as- EBCI Tribal Option, they are auto-enrolled according to the criteria in the below diagram.



HOW WILL BENEFICIARIES BE INFORMED OF THEIR HEALTH PLAN ASSIGNMENT?

Once the beneficiary has been assigned a health plan, the beneficiary will be notified by mail as follows:

- The Enrollment Broker will send each head of household a notice listing the health plan and PCP/AMH assignments for all members of the household.
- The health plan will send each member a welcome letter, a member handbook, Medicaid ID card, and information about their PCP/AMH.

Note: Beneficiaries will also be able to view their health plan and PCP/AMH assignments on the enrollment website (ncmedicaidplans.gov) and mobile app.

HOW CAN BENEFICIARIES CHANGE THEIR HEALTH PLAN?

Beneficiaries can contact the Enrollment Broker to change health plans for the first 90 days after their coverage effective date. If a beneficiary wants to change their health plan outside of the 90-day choice period "with cause", they will have to contact the Enrollment Broker and submit the Health Plan Change Request form. With cause reasons are detailed in the PHP Contract Section VII. Attachment M.1. page 84 of 110.

In addition, during their yearly eligibility recertification process, beneficiaries have the option to choose a new health plan.

Note: Beneficiaries who are exempt can change their health plan at any time.

WHAT IF BENEFICIARIES HAVE QUESTIONS?

Most questions beneficiaries have about choosing a health plan or PCP can be answered by the Enrollment Broker. The Enrollment Broker Call Center will open beginning **March 1, 2021** from 7 a.m. to 8 p.m., Monday through Sunday. To select a Primary Care Provider (PCP) and health plan through the Enrollment Broker, beneficiaries can:

- Call 833-870-5500 (toll free), (TTY: 1-833-870-5588)
- Go online at ncmedicaidplans.gov
- Complete and return a paper enrollment form by fax or mail
- Use the NC Medicaid Managed Care mobile app

DHHS will be posting a Question and Answer document to the NC Medicaid Managed Care website to address common beneficiary questions about the transition to Managed Care. More information will be posted in the January timeframe.

Once a beneficiary is enrolled with a health plan, information and a new Medicaid card will be mailed within five days. At that point, if beneficiaries have questions about their health plan or services covered, they should contact their health plan. Contact information for health plans can be found at the number on their new Medicaid card or on the NC Medicaid website here.

In addition, DHHS will partner with the **NC Medicaid Ombudsman**, who is appointed to help resolve beneficiary concerns. More information will be forthcoming.

WHAT IF I HAVE QUESTIONS?

Additional resources for providers on the transition to managed care can be found in the Provider Playbook and on the NC Medicaid Transformation website. Additional resources for providers on health plan auto enrollment and PCP/AMH auto assignment can be found on the Medicaid Managed Care Webinar Series for Providers under Beneficiary Attribution.

For general inquiries and complaints regarding health plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquires related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each health plan's provider manual.

For questions related to your NCTracks provider information, please contact the GDIT Call Center at 800-688-6696. To update your information, please log into NCTracks (https://www.nctracks.nc.gov) provider portal to verify your information and submit a MCR or contact the GDIT Call Center.

For all other questions, please contact the NC Medicaid Contact Center at 888-245-0179.