

Medicaid Managed Care Member Enrollment: Part 2 – PCP/AMH Auto-Assignment

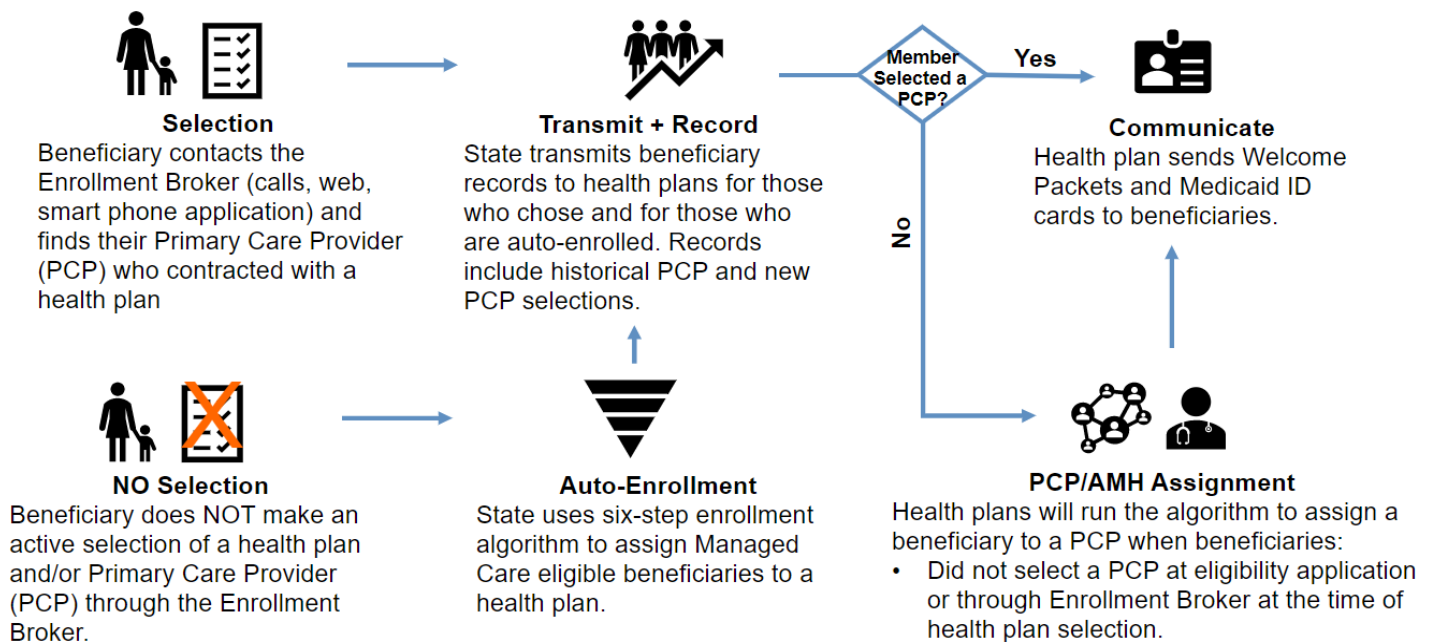
What is PCP/AMH Auto-Assignment and how does each work?

In NC Medicaid Managed Care, beneficiaries can choose their health plan and primary care provider (PCP) or Advanced Medical Home (AMH), which is a type of PCP. 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 PCP/AMH auto-assignment and how beneficiaries can select and change their PCP/AMH.

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.

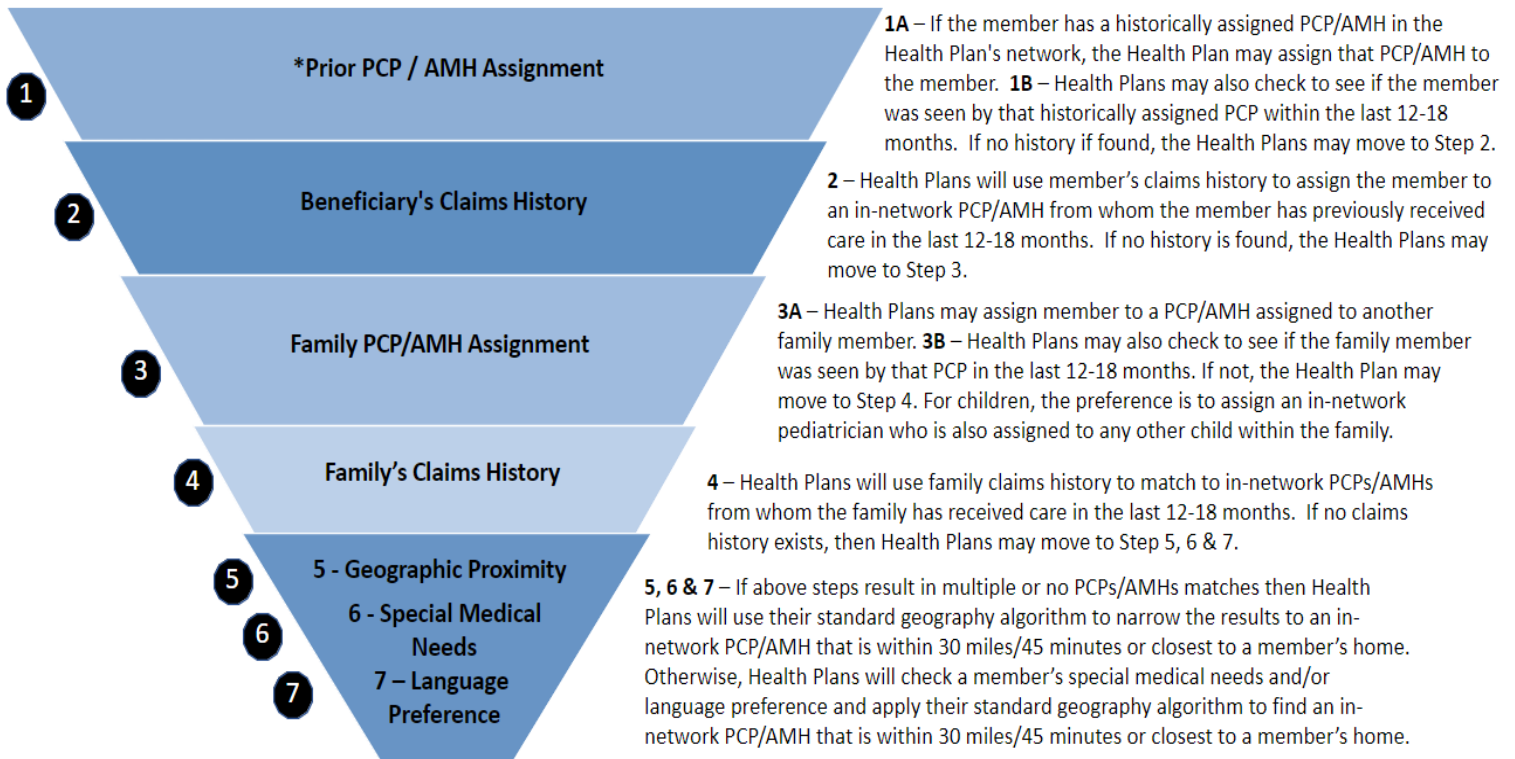


WHEN WILL PCP/AMH AUTO-ASSIGNMENT HAPPEN?

After open enrollment ends on May 14, 2021, 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 for Medicaid 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. Health plans are responsible for informing PCP/AMH of attributed members once assignment occurs. In addition, NC Tracks will offer a monthly report to PCP/AMH to view beneficiaries assigned to them in Managed Care as well as FFS.

HOW DOES PCP/AMH AUTO-ASSIGNMENT WORK?

Once a beneficiary is enrolled in a health plan, if the beneficiary did not select a PCP/AMH, the health plan will assign a PCP/AMH to them based on the criteria in the diagram below.



*Applies to Standard Plan beneficiaries who did not select a PCP/AMH

A beneficiary will only be assigned a PCP/AMH that is in-network for their health plan.

HOW WILL BENEFICIARIES BE INFORMED OF THEIR ASSIGNMENTS?

Once the beneficiary has been assigned a health plan and/or PCP/AMH, 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 I SEE WHICH BENEFICIARIES ARE ASSIGNED TO ME?

Once the beneficiary has been assigned to the PCP/AMH, a provider can see these assignments by:

- Working with your contracted health plan
- Accessing information through the NCTracks Provider Portal
- Using the Recipient Eligibility function in NCTracks to verify this information for a single beneficiary.
- Using the NCTracks batch eligibility verification function.
- If you are an AMH, you can review the beneficiary assignment file you will receive from the health plan.

Providers cannot currently view their assigned beneficiaries as a list in NCTracks. DHHS will announce new functionality prior to the launch of NC Medicaid Managed Care, where providers will receive a monthly report to view the beneficiaries assigned to them.

WHAT ABOUT BENEFICIARIES WHO WANT TO KEEP ME AS THEIR PCP?

The Enrollment Broker will provide enrollment assistance and help beneficiaries choose a health plan and PCP. You can also make sure your Medicaid and NC Health Choice patients know which health plans you are contracted with. Beneficiaries will need to choose one of those health plans to keep you as their PCP.

Please note:

- If a beneficiary selects a health plan, but not a PCP, the health plan will assign them a PCP.
- If the beneficiary has a record of an assigned PCP or an active relationship with a PCP with Medicaid, the health plan should assign the beneficiary to that PCP if participating in that health plan's network.
- If a beneficiary does not select a health plan by the end of open enrollment, they will be auto-enrolled into a health plan and the health plan will auto-assign them to a PCP. Auto-enrollment into a health plan will take current assignment into account if the beneficiary's current PCP is in network with at least 1 health plan.

HOW CAN BENEFICIARIES CHANGE THEIR PCP/AMH?

Beneficiaries can change their PCP/AMH without cause twice each year. Beneficiaries have thirty (30) days from receipt of notification of their PCP/AMH assignment to change their PCP/AMH without cause (1st instance) and can change their PCP/AMH without cause up to one time per year thereafter (2nd instance).

Below are the different ways beneficiaries can change their PCP/AMH:

- Beneficiaries can select a PCP/AMH at application, recertification, or through choice counseling with the Enrollment Broker when they select a health plan.
- Beneficiaries can contact their health plan to change their PCP/AMH. Contact information can be found in the Member Handbook on the [Health Plan Contacts and Resources Page](#).
- Beneficiaries can change their PCP/AMH through the Enrollment Broker if they are also changing or selecting a health plan.

Beneficiaries can change their PCP or health plan at any time over the course of the year if they have care or quality concerns.

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 PCP and health plan through the Enrollment Broker, beneficiaries can:

- Call 833-870-5500 (toll free), (TTY: 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 health plan auto enrollment and the transition to Medicaid Managed Care can be found in the [Provider Playbook](#) and on the NC . 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) inquiries 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 General Dynamics Information Technology (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.