

NC Medicaid Managed Care Provider Playbook

NC Medicaid

To ensure beneficiaries can seamlessly receive care on day one, the North Carolina Department of Health and Human Services (NCDHHS) is delaying the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans). Tailored Plan launch was scheduled for Oct. 1, 2023, **but will now go forward at a date still to be determined.**

What Providers Need to Know: NC Health Choice Move to Medicaid

NC Health Choice ended April 1, 2023.

North Carolina has had two programs that offer medical coverage for eligible children – Medicaid and NC Health Choice. A provision included in the North Carolina state budget, approved in July 2022, directed NCDHHS to move NC Health Choice beneficiaries to Medicaid.

Beneficiaries ages 6-18 who are currently eligible for NC Health Choice are eligible for Medicaid benefits as part of the Medicaid for Infants and Children program beginning April 1, 2023.

Beneficiaries did not lose Medicaid eligibility or coverage because NC Health Choice ends.

WHAT HAPPENED AND WHEN ?

Beneficiaries served under the NC Health Choice program moved to Medicaid effective April 1, 2023, to an existing Medicaid eligibility code and benefit plan, Medicaid for Infants and Children (MIC). The MIC program expanded to include beneficiaries ages 6-18 whose household income is > 133% and <= 211% of the Federal Poverty Level.

Approximately 55,000 children enrolled in NC Health Choice moved to Medicaid. These beneficiaries received new Medicaid ID cards to replace their old NC Health Choice ID card.

WHAT DOES THIS MEAN FOR BENEFICIARIES?

Beneficiaries moving from NC Health Choice to Medicaid now:

- Are eligible for Early & Periodic Screening, Diagnosis and Treatment (EPSDT), a benefit designed to discover and treat health conditions before they become serious
- No longer have enrollment fees or copays
- Are eligible for non-emergency medical transportation (NEMT) to access Medicaid-covered services

Beneficiaries do not need to take any action. Their Medicaid ID (Recipient ID) number will not change.

WHAT DO PROVIDERS NEED TO DO?

- Providers enrolled in both NC Health Choice and NC Medicaid do not need to do anything.
- The NC Health Choice health plan was end-dated on NCTracks provider records effective April 1, 2023, if there was no pending action on their record.
- Providers enrolled in only the NC Health Choice health plan likely terminated and will need to re-enroll through the secure NCTracks Provider Portal to render and receive payment from NC Medicaid.
- Providers must continue to verify beneficiary's eligibility through NCTracks with their Medicaid ID number.

WHAT IF I HAVE QUESTIONS?

For more information, please see Medicaid bulletin article [NC Health Choice Move to Medicaid: Timeline for Claims Adjudication and Process for Prior Approvals](#) published on March 15, 2023.

Additional resources for providers on the transition to managed care can be found in the [NC Medicaid Help Center](#) the [Provider Playbook](#) and on the [Medicaid Transformation website](#). The **Day One Quick Reference Guide** can also be found on the Provider Playbook [Fact Sheet](#) page.

For general provider inquiries and complaints regarding health plans, contact the **Provider Ombudsman** at Medicaid.ProviderOmbudsman@dhhs.nc.gov, or 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 NCTracks Call Center at 800-688-6696. To update your information, please log into the [NCTracks provider portal](#) to verify your information and submit an MCR. For all other questions, please contact the NC Medicaid Contact Center at 888-245-0179.

