Fact Sheet #6
Managed Care Populations and Enrollment Notices

NC Medicaid 2019 County Playbook

While most Medicaid beneficiaries will enroll in NC Medicaid Managed Care and choose a health plan, that is not the case for everyone. This Fact Sheet outlines who must enroll, who cannot enroll, and who has a choice; and it shares the notices that each group will receive. These groups, or populations, will be further defined for DSS employees in NC FAST in the field labeled Managed Care Status. The table below shows which beneficiaries will be included in each Managed Care Status. DSS employees should reference NC FAST Project 14 4.0 training for more information.

Group	Beneficiaries included in this group	Managed Care Status in NC FAST
MUST ENROLL (Mandatory)	Most Family & Children's Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled (includes SSI and SA recipients).	Mandatory Standard Plan
CANNOT ENROLL (Excluded)	Emergency Services Only	Excluded – Emergency Services Only
	Medicaid Be Smart Family Planning Program	Excluded – Family Planning
	Health Insurance Premium Payment	Excluded – HIPP
	Incarcerated individuals	Excluded – Incarcerated
	Medically Needy (spend down)	Excluded – Medically Needy
	Program of all-inclusive care for the elderly	Excluded – PACE
	Partial dually-eligible Medicaid/Medicare	Excluded – Partial Dual Eligible
	Presumptive Eligibility	Excluded – Presumptive Eligibility
	Refugee Medicaid	Excluded – Refugee
MAY ENROLL (Exempt)	Federally recognized tribal members	Exempt - Tribal

Group	Beneficiaries included in this group	Managed Care Status in NC FAST
BECOME MANDATORY LATER (Temporarily Excluded or Temporarily Exempt)	Community Alternatives Program for Children (CAP-C)	Temporarily Excluded – CAP-C
	Community Alternatives Program for Disabled Adults (CAP-DA)	Temporarily Excluded – CAP-DA
	Resident of a Division of State Operated Healthcare Facilities (DSOHF)/Veterans (VA) Home	Temporarily Excluded – DSOHF/VA Home
	Dually-eligible Medicaid/Medicare	Temporarily Excluded – Dual Eligible
	Those who have lived in a nursing facility for over 90 days	Temporarily Excluded – Facility
	Foster Care/Adoption Medicaid	Temporarily Excluded – Foster Care/Adoption
	Foster Care/Adoption Medicaid and receives Medicare	Temporarily Excluded – Foster Care/Adoption – Dual Eligible
	Foster Care/Adoption Medicaid and would qualify for a tailored plan*	Temporarily Excluded – Foster Care/Adoption – Tailored Plan
	Dually-eligible Medicaid/Medicare and would qualify for tailored plan*	Temporarily Excluded – Tailored Plan – Dual Eligible
	Receiving the Innovations/Traumatic Brain Injury (TBI) waiver and would qualify for a tailored plan*	Temporarily Excluded – Tailored Plan – TBI (Traumatic Brain Injury)/Innovation
	Receiving the Innovations/Traumatic Brain Injury (TBI) waiver, would qualify for a tailored plan,* and is dually-eligible Medicaid/Medicare	Temporarily Excluded – Tailored Plan – TBI/Innovation Dual Eligible
	Would qualify for a tailored plan*	Temporarily Exempt – Tailored Plan

*Tailored Plans are specialized plans that offer integrated services for members with significant behavioral health needs and intellectual/developmental disabilities. The target date for these types of plans to be available is mid-2021. Until then, beneficiaries who fall into this category will be Exempt or Excluded.

Auto-Assignment Reminder: Beneficiaries in the Mandatory population who do not choose a health plan will be auto-assigned to one. In some states, only about 10% of beneficiaries choose their own plan. Please encourage beneficiaries in your interactions with them to make an informed choice by contacting the enrollment broker and choosing their own plan.

NOTICES FROM THE ENROLLMENT BROKER

A beneficiary's Managed Care status determines which notice he or she will receive from the Enrollment Broker. Notices include details on enrollment status, steps that need to be taken, and guidance on how to complete those steps. All notices will be labeled with "NC Medicaid" and will instruct recipients to contact the Enrollment Broker with questions. DSS staff will still likely be asked questions as well. Reviewing the sample notices linked in page 3 of this Fact Sheet will help address these questions. The table provides a description of each notice and when it will be sent. In addition to notices related to enrollment, we have included two samples of grievance notices beneficiaries will receive from the Enrollment Broker in the event they file a complaint against the Enrollment Broker.

Please note that all notice text is valid as of the date of this Fact Sheet and is subject to change. The format in the samples provided may also 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).

Enrollment Packet Notices

Notice	Description	When is it sent?
1. Enrollment Packet: Mandatory Notice	Sent to households with beneficiaries in the Mandatory population (people who must choose a health plan). Provides information based on each beneficiary's status on how to choose a health plan and how to choose a primary care provider.	• Phase 1: beginning 6/28/2019* • Phase 2: beginning 9/2/2019*
2. Enrollment Packet: Exempt Notice	Sent to households with beneficiaries in the Exempt population (people who have the option to choose a health plan but are not required to do so). Provides information on how to choose a health plan, how to choose a primary care provider, and how to stay in NC Medicaid Direct.	• Phase 1: beginning 6/28/2019* • Phase 2: beginning 9/2/2019*
3. Enrollment Packet: Mandatory and Exempt in same household	Sent to households with at least one beneficiary in the Mandatory population (people who must choose a health plan) and at least one in the Exempt population (people who have the option to choose a health plan but are not required to do so). Provides information based on each beneficiary's status on how to choose a health plan, how to choose a primary care provider, and when appropriate, how to stay in NC Medicaid Direct.	• Phase 1: beginning 6/28/2019* • Phase 2: beginning 9/2/2019*
4. Enrollment Packet: **a) Information Sheet** **b) Enrollment Form** **c) Health Plan Comparison Chart**	Sent along with the notice in the Enrollment Packet to guide beneficiaries on how to choose a primary care provider and health plan. Please note that the comparison chart example is for Phase 1 counties ONLY. The comparison chart for Phase 2 will also display information on Carolina Complete Health (serving Regions 3 and 5).	• Phase 1: beginning 6/28/2019* • Phase 2: beginning 9/2/2019*

Other Notices

Notice	Description	When is it sent?
5. Managed Care Mandatory	Sent to a beneficiary in the Mandatory population (people who must choose a health plan) after he or she has chosen a health plan or been auto-assigned to a health plan. It lets the beneficiary know which health plan he or she is in.	• After the beneficiary has selected a plan through the Enrollment Broker, or • After the beneficiary has been auto assigned to a health plan. (Auto assignment begins 9/13/2019* for Phase 1 and 12/13/2019* for Phase 2).
6. Managed Care Exempt - Newly Exempt Health Plan Member	Sent to a beneficiary who is currently enrolled in a health plan when his or her Managed Care Status has changed to Exempt (people who have the option to choose a health plan but are not required to do so) Displays the health plan in which the beneficiary is currently enrolled and provides information on how to change health plans, keep the one they have, or switch from a health plan to NC Medicaid Direct.	• After a beneficiary who is currently enrolled in a health plan has a change in Managed Care status to from Mandatory to Exempt.
7. Managed Care Exempt – Assigned to NC Medicaid Direct	Sent to a beneficiary in the Exempt population (people who have the option to choose a health plan but are not required to do so) who is currently assigned to NC Medicaid Direct. Provides information on how to switch from NC Medicaid Direct to a plan.	• After the beneficiary has chosen or been assigned to NC Medicaid Direct (beneficiaries in the exempt population who do not choose a health plan will be in NC Medicaid Direct).
8. Managed Care Exempt – Chose a Health Plan	Sent to a beneficiary in the Exempt population (people who have the option to choose a health plan but are not required to do so) who has chosen a health plan through the Enrollment Broker. Displays the health plan the beneficiary has chosen and provides information on how to change health plans, keep the one they have, or switch from a plan to NC Medicaid Direct.	• After the beneficiary has chosen a plan through the Enrollment Broker.

Other Notices (cont.)

Notice	Description	When is it sent?
9. Managed Care Excluded – Health Plan to NC Medicaid Direct	Sent to a beneficiary who has a change in status from Mandatory (people who must choose a health plan) or Exempt (people who have the option to choose a health plan but are not required to do so), while being enrolled in a health plan to Excluded (people who cannot enroll in a health plan, and who must be in NC Medicaid Direct). Provides the reason of the change.	• Shortly after the change is reported that caused the beneficiary's status to change to Excluded.
10. Managed Care Excluded – Exempt (NC Medicaid Direct) to Excluded	Sent to a beneficiary who has a change in status from Exempt (have an option to choose but not required to do so) and is enrolled in NC Medicaid Direct to Excluded (people who cannot enroll in a health plan), and no longer has the option to select a health plan. Provides the reason for the change.	• Shortly after the change is reported that caused the beneficiary's status to change to Excluded.
11. Reminder Notice - Transition	Sent to Mandatory beneficiaries (people who must choose a health plan) who have not already chosen a plan. Reminds them that they have 30 days remaining to select a plan.	• Phase 1: beginning 8/13/2019* • Phase 2: beginning 11/13/2019*
12. Grievance Acknowledgement	Written acknowledgement of a grievance the beneficiary has submitted to the Enrollment Broker.	• Shortly after the Enrollment Broker has received a complaint from a beneficiary about the Enrollment Broker.
13. Grievance Resolution	Written notice of resolution of a grievance the beneficiary has submitted to the Enrollment Broker.	• No later than 30 calendar days after the Enrollment Broker has received a complaint from a beneficiary about the Enrollment Broker.

Fact Sheets will be updated periodically with new information. Created 6/3/2019.
For more information, please visit https://www.ncdhhs.gov/assistance/medicaid-transformation