

Fact Sheet

Children and Youth Transitioning from NC Medicaid Managed Care to Foster Care for Providers

Information and Guidance for Providers

The North Carolina Department of Health and Human Services (NCDHHS) transitioned most Medicaid beneficiaries to NC Medicaid Managed Care (Standard Plans) on July 1, 2021. Additional Medicaid beneficiaries will move into the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan on July 1, 2024.

At the time of transition, children already in foster care remain in NC Medicaid Direct without the option to choose an NC Medicaid Managed Care Plan (e.g., Standard Plan, Tailored Plan).

Children who are enrolled in NC Medicaid Managed Care and enter foster care are disenrolled from their Managed Care plan and moved back to NC Medicaid Direct. This fact sheet addresses questions related to this process.

WHAT HAPPENS IF A CHILD IS ENROLLED IN A HEALTH PLAN AT THE TIME THEY ENTER FOSTER CARE?

Once the local Department of Social Services (DSS) is aware that a child has entered foster care, the Medicaid caseworker adds foster care evidence in NC FAST (NCDHHS' eligibility system). If a child is enrolled in a health plan at the time they enter foster care, the child will be disenrolled from the health plan and moved back to NC Medicaid Direct.

When the child moves to NC Medicaid Direct, the health plan works with Community Care of North Carolina (CCNC) and/or the Local Management Entity/Managed Care Organization (LME/MCO) to transition care management, services and supports for the child. All organizations work together to minimize any disruption of services or care.

WHAT IS THE DISENROLLMENT PROCESS TIMELINE?

NC Medicaid Direct enrollment is effective retroactive to the first day of the month that the child entered foster care.

HOW WOULD I KNOW WHEN A CHILD IS DISENROLLED FROM THE HEALTH PLAN?

Providers would know if a child is disenrolled when they verify the child's Medicaid eligibility in NCTracks which should be done before each visit. A letter is also mailed to the Authorized Representative when the foster child's managed care status changes.

CAN I STILL SEE A CHILD WHO HAS ENTERED FOSTER CARE?

Children in foster care who are eligible for Medicaid can continue to receive health care services from any provider who accepts NC Medicaid.

WHAT IF A CHILD EXITS FOSTER CARE?

- If the child is reunified with their family, resulting in foster care disenrollment, this will change the child's Medicaid status.
- The child's Medicaid status will change the first day of the month following the month the child is reunified with family. There is no exception as long as child welfare reports the reunification to the Medicaid caseworker and the caseworker makes the changes in NC FAST. Even if keyed on the last day of the month, the managed care status will change the first day of the next month.
- Depending on the child's resulting managed care status code, the child will potentially return to a health plan.
- Any member with former foster care eligibility evidence, will be deemed high risk, eligible for health plan care management.

HOW DO I SUBMIT CLAIMS FOR A CHILD IN FOSTER CARE WHO HAS NOT YET BEEN DISENROLLED FROM THE HEALTH PLAN?

Claims submitted to NCTracks prior to enrollment in NC Medicaid Direct will be denied due to the child being enrolled in a Standard Plan or Tailored Plan. Claims may be resubmitted once the enrollment in NC Medicaid Direct has occurred if the dates of service align with the NC Medicaid Direct enrollment dates.

If the claim is filed with the Standard Plan or Tailored Plan, it will be recouped after the retroactive enrollment in NC Medicaid Direct has occurred.

HOW DO I SUBMIT CLAIMS FOR A CHILD IN FOSTER CARE WHO IS IN NC MEDICAID DIRECT?

For members that remain in NC Medicaid Direct, providers will continue to submit claims as they do today. Physical health claims for beneficiaries enrolled in NC Medicaid Direct should continue to be submitted to NCTracks. Behavioral health claims for members enrolled in NC Medicaid Direct, should be submitted to the assigned LME/MCOs as shown on their member ID card.

Member Eligibility: Providers must check eligibility in NCTracks prior to the beneficiary visit, even if the beneficiary presents with a Medicaid ID or Medicaid Managed Care health plan card to determine which health benefit the beneficiary is enrolled in and whether their eligibility remains current. While

each health plan will have its own internal eligibility system, NCTracks is recognized as the real-time eligibility system for providers contracting with NC Medicaid.

HOW TO GET HELP FROM THE CHILD’S HEALTH PLAN?

The health plan, through its call centers, will be available 24/7 to meet urgent needs.

NC Medicaid Health Plan	Front Door for Foster Care	After Hours Number or Additional Instruction	TTY
AmeriHealth	855-375-8811	855-375-8811, after language and COVID- 19 prompts, select “0” to be connected to the operator.	866-209-6421
Carolina Complete Health	833-552-3876	The afterhours number for Nurse Advice Line is available by selecting 2 and then 4 when calling 833-552-3876	711
Healthy Blue	844-594-5070	844-545-1427	711
United	800-349-1855	855-202-0992	711
WellCare of North Carolina	866-799-5318	800-919-8807	711
Alliance	800-510-9132	877-223-4617	711
Partners	888-235-4673	833-353-2093	711
Trillium	877-685-2415	888-302-0738	711
Vaya	800-962-9003	800-849-6127	711
Community Care of North Carolina	877-566-0943		711
EBCI Tribal Option	828-359-1520		711

WHAT IF I HAVE QUESTIONS?

If you have questions about a child’s **Medicaid eligibility**, please contact the NCTracks Call Center at 800-688-6696.

For general inquiries and complaints regarding health plans, NC Medicaid has created a Provider Ombudsman to represent the interests of the provider community, provide resources and assist providers with issues through resolution.

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 NCTracks Call Center at 800-688-6696. To update your information, please log into the [NCTracks Secure Provider Portal](#) and utilize the Managed Change Request (MCR) to review and submit changes.

For questions related to member eligibility, please call the NCTracks Call Center for more information: 800-688-6696.

For all other questions, please contact the NC Medicaid Help Center at 888-245-0179 or email at Medicaid.HelpCenter@dhhs.nc.gov.

