

## Fact Sheet #2

# Medicaid Transformation: Beneficiary Enrollment & Timelines

### Medicaid Managed Care is Rolling Out in Two Phases

The Department of Health and Human Services (DHHS) will transition most beneficiaries to NC Medicaid Managed Care in two phases based on region. A small number of beneficiaries will stay in NC Medicaid Direct. This Fact Sheet provides details on how and when these transitions will occur. Phase 1 will run from June 28, 2019, to November 1, 2019, and Phase 2 will run from September 2, 2019, to February 1, 2020. For a list of counties by region, please see the Appendix attached to this Fact Sheet.

#### HOW ENROLLMENT OCCURS

Beneficiaries can enroll in plans in various ways. They can:

- select a Primary Care Provider (PCP) and health plan through the Enrollment Broker.
  - By calling 1-833-870-5500 (toll free)
  - Online at [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
  - By completing the paper enrollment form found in their enrollment packet and returning it by fax or mail
  - Using the NC Medicaid Managed Care mobile app
- be Auto-Assigned to a health plan and PCP if they do not choose one by the deadline.

Auto-assignment is based on 1) where the beneficiary lives, 2) whether he or she is a member of a special population, 3) *historical provider-beneficiary relationship*, 4) health plan assignments of other family members, and 5) previous health plan enrollment within the past 12 months.

#### WHEN ENROLLMENT OCCURS

**During the transition/rollout period**, as noted in table below. (Note: Beneficiaries may change health plans at any time during Open Enrollment).

**After Day 1** (when health plans begin coverage for members):

- New Applicants –
  - Enrollment is effective the first day of the month in which the application is approved. Eligibility for months prior to the application approval month will be NC Medicaid Direct.
- Beneficiaries with Change of Circumstance Impacting Enrollment -
  - Enrolled or disenrolled effective the month following the change.
- At Redetermination:
  - Beneficiaries may choose to remain with current health plan or make a change.

Beneficiaries have a 90-DAY CHOICE PERIOD in which to change health plans for any reason. The 90-days starts as of the effective date of enrollment.



EVENT	IMPORTANCE	PHASE 1 DATE(S)	PHASE 2 DATE(S)
<b>Enrollment Packets mailed from Enrollment Broker</b>	Current beneficiaries receive details by mail on who in the household can enroll in a Health Plan, which plans they can choose from, and how they to enroll.	Begins 7/10/2019	Begins 10/1/2019*
<b>Open Enrollment</b>	Beneficiaries may select a PCP & enroll in Health Plans. Postcard reminders will be sent to mandatory population that has not yet enrolled.	7/15/2019 – 9/13/2019*	10/14/2019 – 12/13/2019*
<b>Auto-Assignment</b>	Beneficiaries who have not selected a Health Plan or PCP will be assigned one systematically.	9/16/2019*	12/16/2019*
<b>Day 1 – Health Plan Effective Date</b>	Beneficiaries in Medicaid Managed Care will receive Medicaid services from their assigned Health Plan.	11/1/2019*	2/1/2020*

### WHAT IF A BENEFICIARY WANTS TO KEEP ME AS THEIR PRIMARY CARE PROVIDER

To select a specific doctor, clinic or other provider as their primary care provider, a beneficiary should find out which plans they work with. Then choose one of those plans.

You can tell your patients which provider plans you work with. Please note:

- If a beneficiary selects a health plan, but not a primary care provider (PCP), the health plan will assign them a PCP. If the beneficiary has a record of a PCP with Medicaid, the health plan should assign the beneficiary to that PCP if they participate in that health plan's network.
- If a beneficiary does not select a health plan by the end of open enrollment, they will be assigned to a health plan. If the beneficiary has a record of a primary care provider (PCP) with Medicaid that will be a determining factor in the health plan to which they are assigned.
- Beneficiaries have 90-days after coverage begins to make change their health plan or PCP or primary care provider.

### WHAT IF BENEFICIARIES HAVE QUESTIONS

Most questions that beneficiaries have about choosing a health plan, can be answered by the Enrollment Broker. You can refer beneficiaries to the Enrollment Broker. They are open from 7 a.m. to 5 p.m., Monday through Saturday. Beneficiaries can call the Enrollment Broker at **1-833-870-5500 (TTY: 1-833-870-5588)**.

In addition, the NC Medicaid Managed Care website also includes a [Question and Answers](#) document which addresses common beneficiary questions about the transition to Managed Care.

### CHOICES FOR ENROLLMENT

Beneficiaries will have 4 to 5 health plans to choose from when they enroll, based on the region in which they live:

- WellCare
- UnitedHealthcare Community Plan
- Healthy Blue
- AmeriHealth Caritas
- Carolina Complete Health\*

The Enrollment Broker can assist beneficiaries in choosing a health plan and a PCP.

\*Carolina Complete Health, Inc. is only available to beneficiaries in Regions 3 & 5 (For a list of counties by region, please see the Appendix attached to this Fact Sheet.)

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

