Request to Move to NC Medicaid Direct Process

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

8/28/23

Request to Move Overview

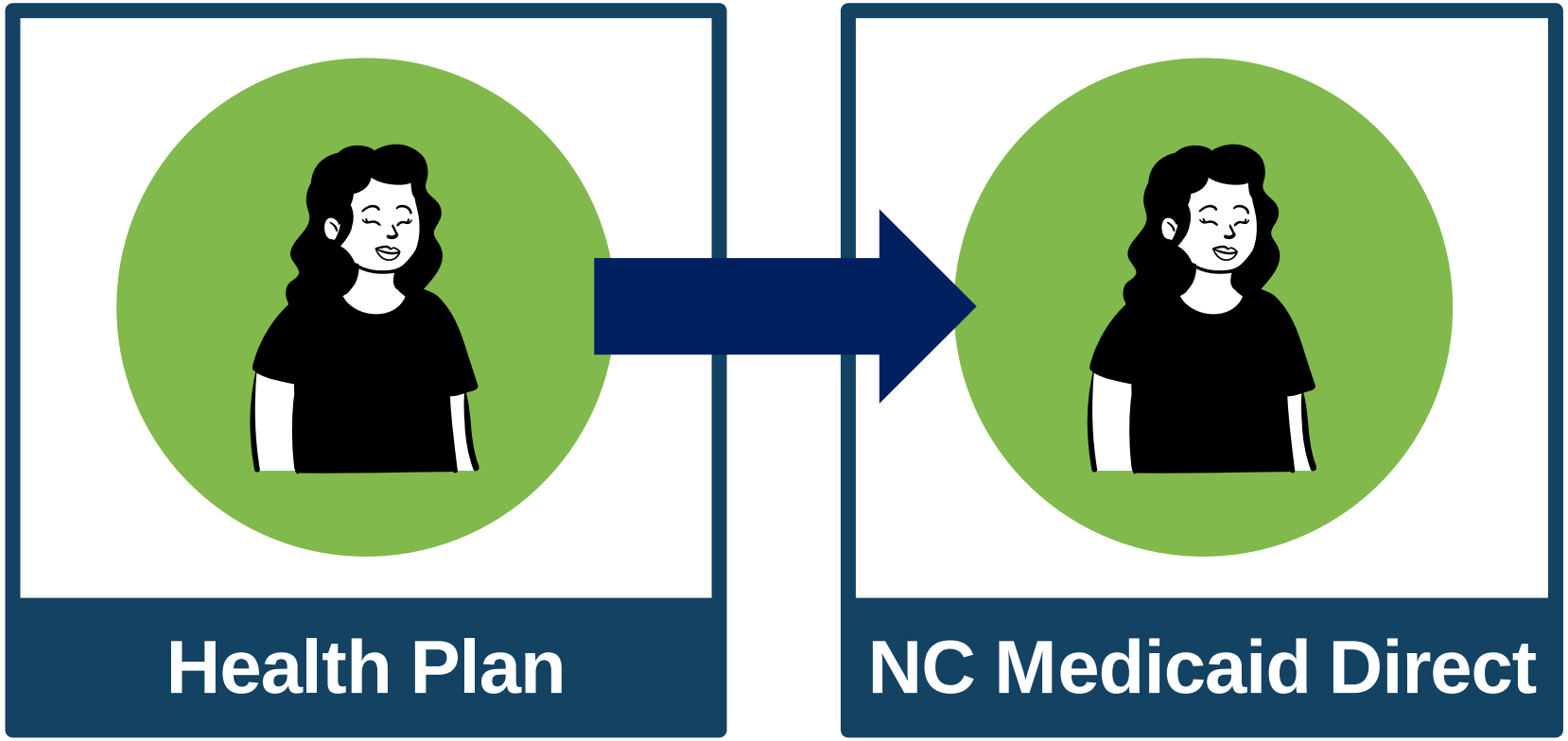
Overview

This presentation provides a step-by-step process for providers and beneficiaries, including how to access the “Request to Move” form, complete and sign the form, determine whether to complete the SAR, have the form sent to the beneficiary for their signature, and understand what happens after the form is submitted.

All Medicaid beneficiaries have the same health care coverage, but some services for people with a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) are only available in NC Medicaid Direct.

What is the Request to Move Process?

When an NC Medicaid beneficiary needs to move from a health plan to NC Medicaid Direct, beneficiaries and providers use the Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO Form. A beneficiary can fill out the Beneficiary Form or a provider can use the Provider Form to submit the request on behalf of the beneficiary.



The Request to Move Process

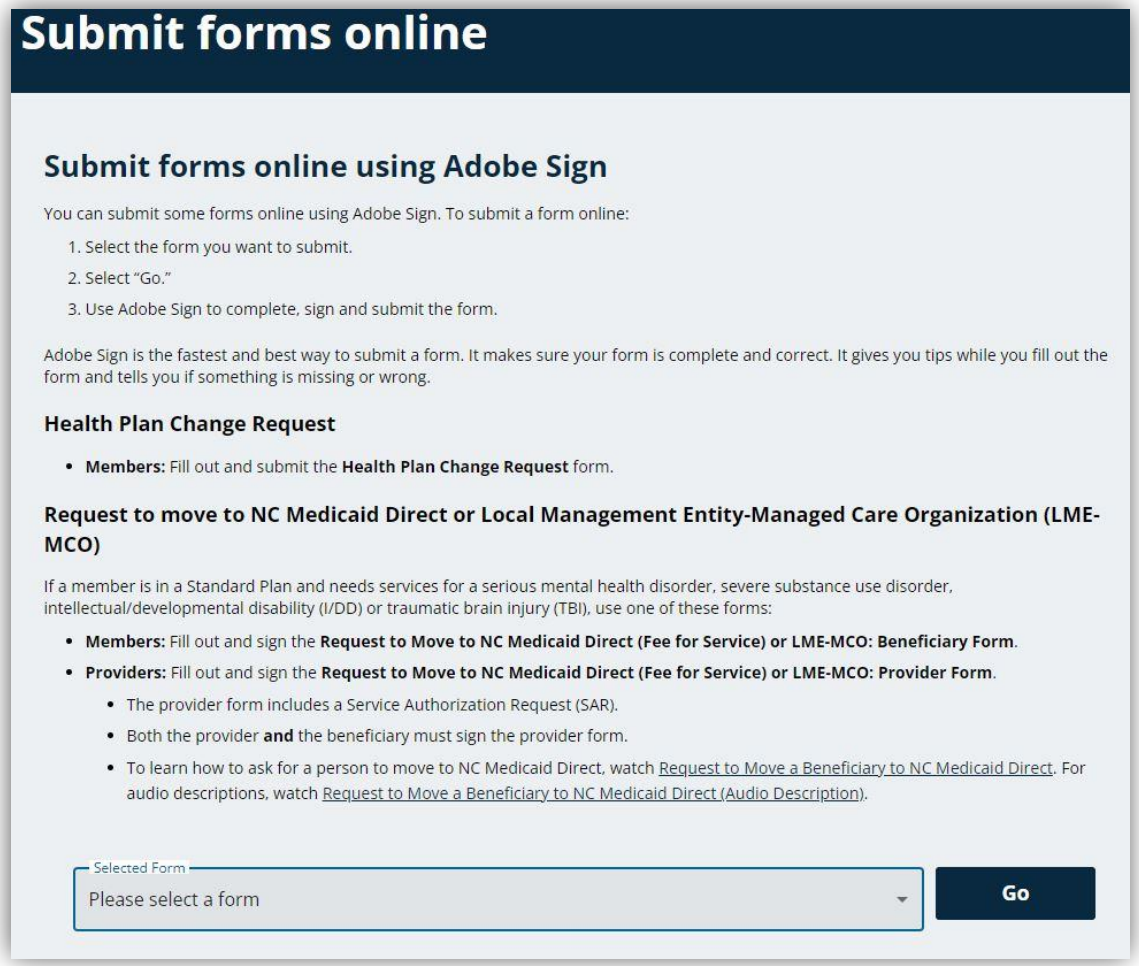
Step 1

For Providers:

To start the process on behalf of a beneficiary, a provider will go to the Submit forms online page at ncmedicaidplans.gov and select the “Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Provider Form” from the dropdown menu.

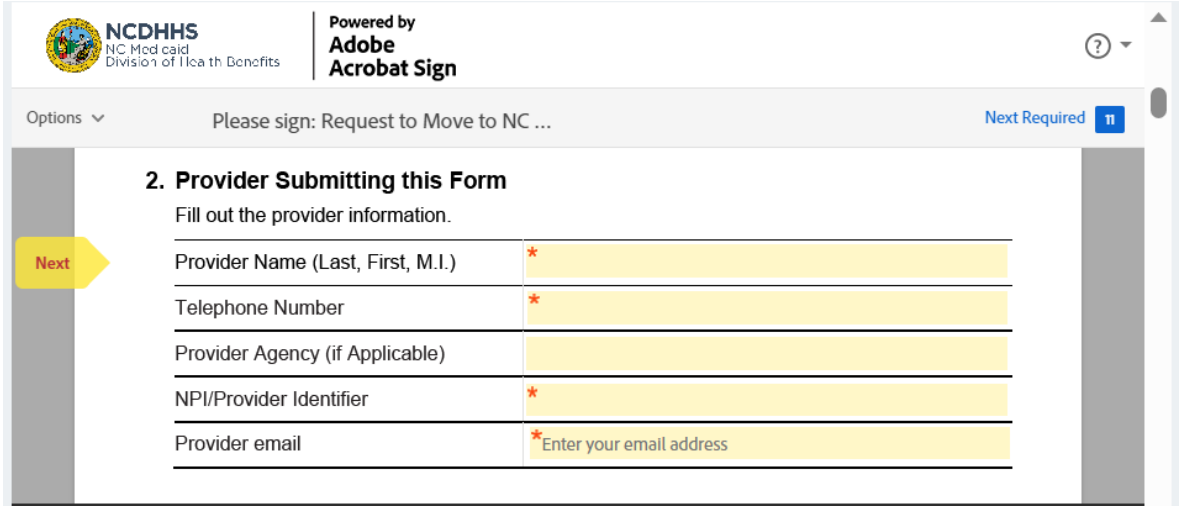
For Beneficiaries:

If a beneficiary is filling the form out, he/she will go to the Submit forms online page at ncmedicaidplans.gov and select the “Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Beneficiary Form” from the dropdown menu.

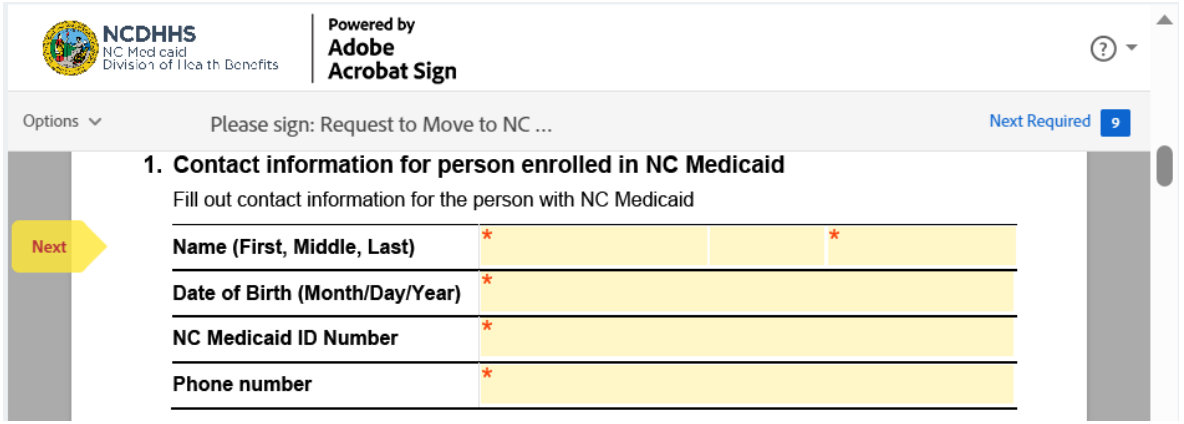


Step 2

Next, providers or beneficiaries will complete the required fields and sign the form.



Provider Form



Beneficiary Form

*SAR vs Non-SAR for Providers

Service Associated Request (SAR)

If the beneficiary has an immediate need for services within the current month, the process is a “Service Associated Request (SAR).

Providers will need to complete the Service Authorization Request Form and necessary supporting documentation.

Non-Service Associated Request (Non-SAR)

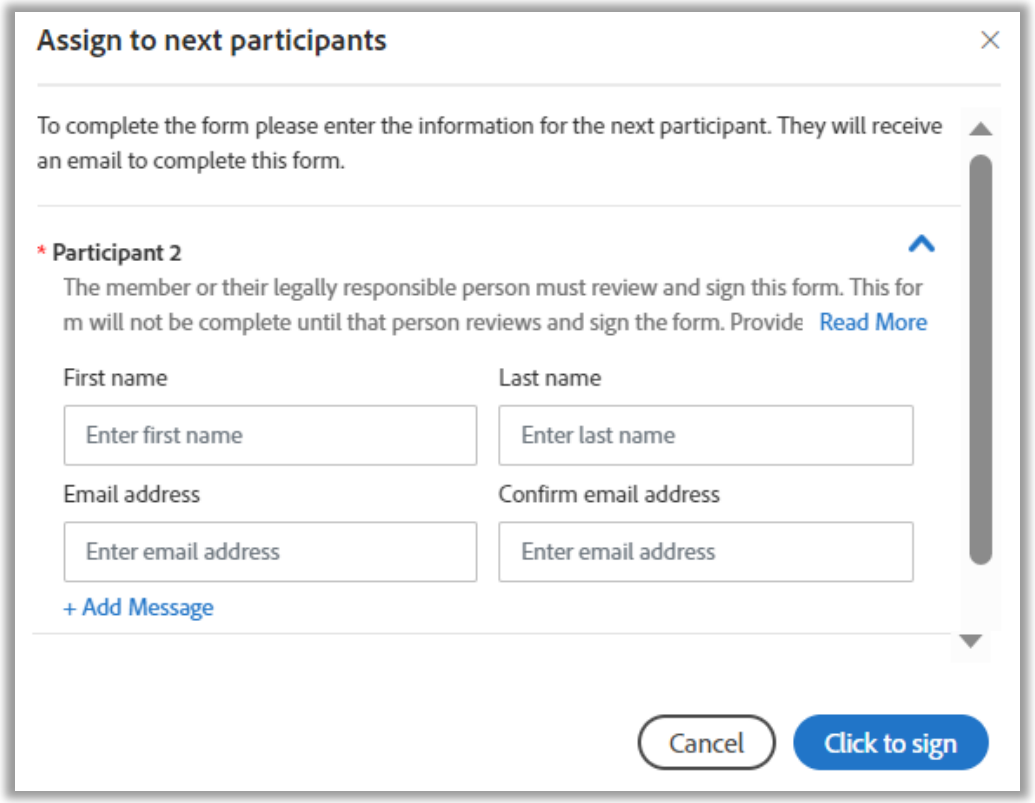
If there is not an immediate need for a service, the process is a “Non-Service Associated Request" and providers do not fill out the SAR form.

Providers do not have to attach the SAR form.

**This process only applies to providers. Beneficiaries should contact their provider if they have an immediate need for services.*

Step 3: Providers

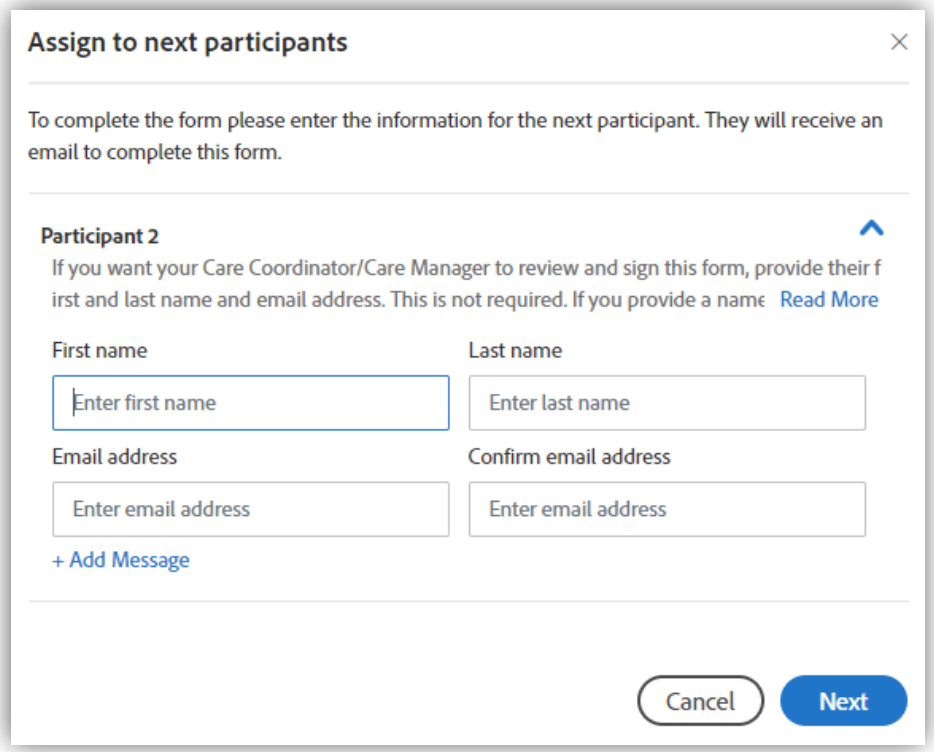
A pop-up window called “Assign to next participants” appears.



The provider enters the beneficiary’s name and email address and selects the Click to sign button.

Step 3: Beneficiaries

A pop-up window called “Assign to next participants” appears.



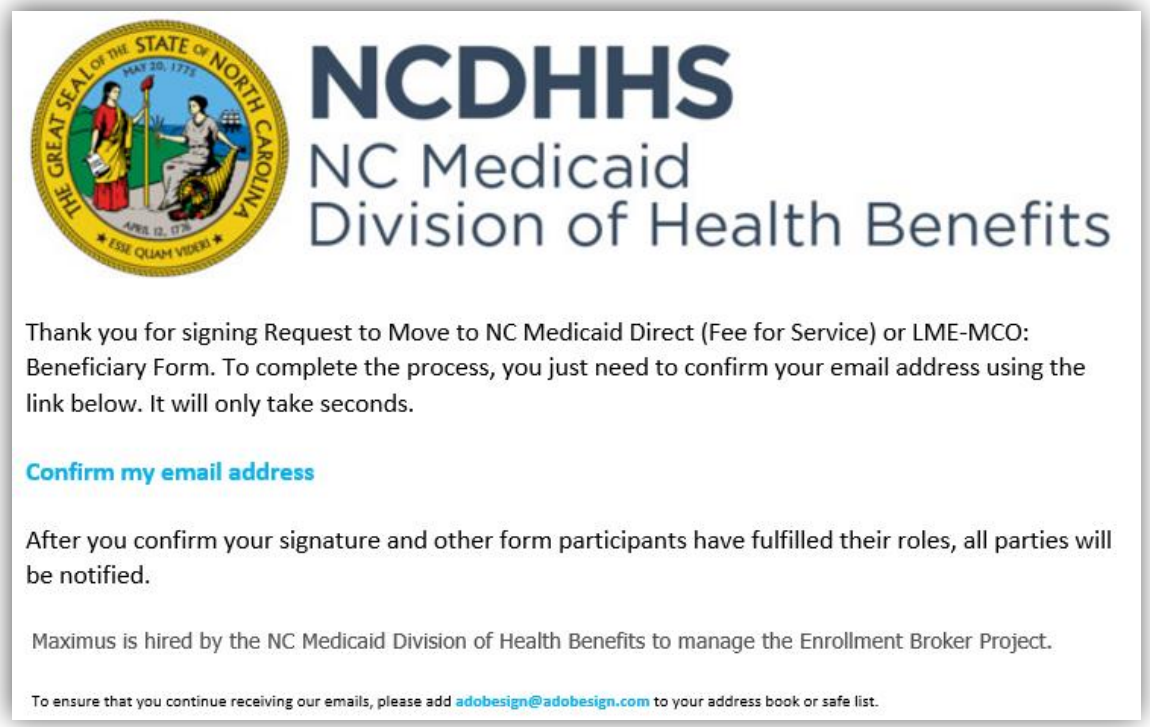
If a care coordinator or care manager assisted a beneficiary with completing the form, the beneficiary should enter their information. The care coordinator or manager must review the form and sign their name. If a beneficiary does not want to provide the form to a care manager, they select the Next button.

Step 4

For Providers:

The beneficiary will get an email from adobesign@adobesign.com with a direct link to sign the form. The provider must inform the beneficiary that Adobe will send them an email asking them to sign.

The beneficiary will have 7 days from the date of the email to sign the form. Adobe will send the provider an email when the beneficiary has signed the form.



NCDHHS
NC Medicaid
Division of Health Benefits

Thank you for signing Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Beneficiary Form. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

Confirm my email address

After you confirm your signature and other form participants have fulfilled their roles, all parties will be notified.

Maximus is hired by the NC Medicaid Division of Health Benefits to manage the Enrollment Broker Project.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

For Beneficiaries:

To sign the form, enter your email on the screen following the “Assign to next participants” pop-up and select the Click to sign button. You will have 7 days from the date of the email to sign the form.

Next Steps

What happens next?

If the document isn’t signed:

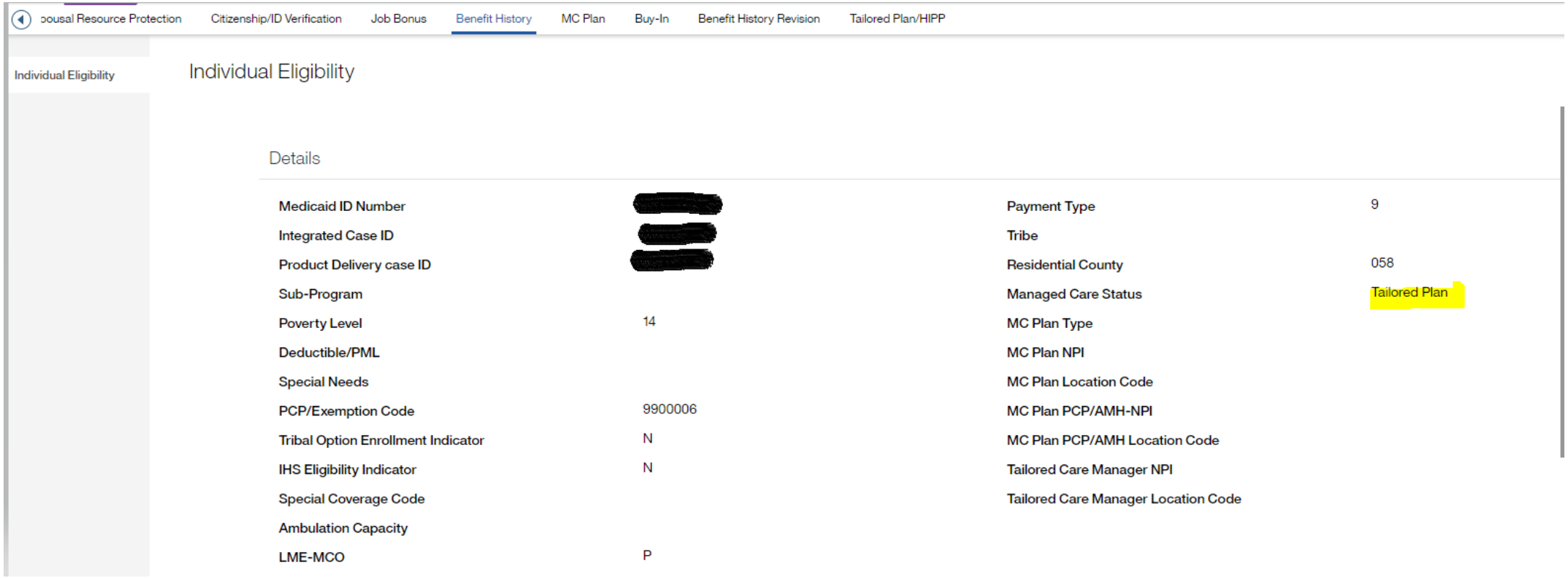
- If the beneficiary doesn’t sign and submit the form by the seventh day, the request is canceled.
- Both the provider and the beneficiary will get an email telling them that the request was canceled.

After the document is signed:

- The document is automatically logged into the system and routed to the appropriate entity that same day.
- Service Associated Requests are processed in one business day and the beneficiary is moved to NC Medicaid Direct retroactively, based on the date of the request.
- Non-Service Associated Requests are processed in five business days, and, upon approval, the beneficiary is enrolled in NC Medicaid Direct on the first day of the following month.
- If the request is not approved, the Medicaid beneficiary will get a letter in the mail telling them they will stay in a health plan and how to appeal if they don’t agree with the decision.

NC FAST

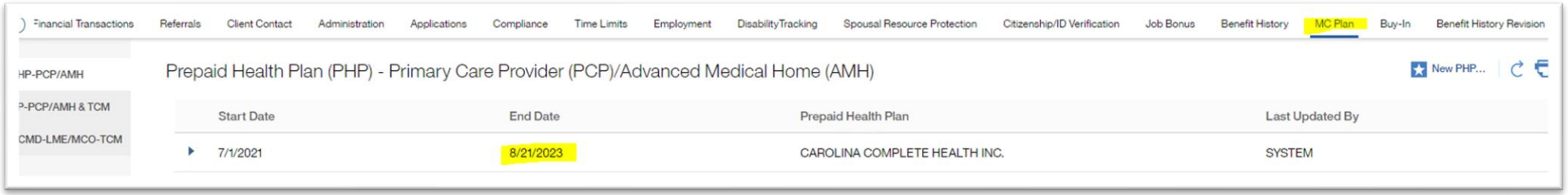
When the Request to Move is completed, the caseworker will see the change in NC FAST on the Benefit History tab:

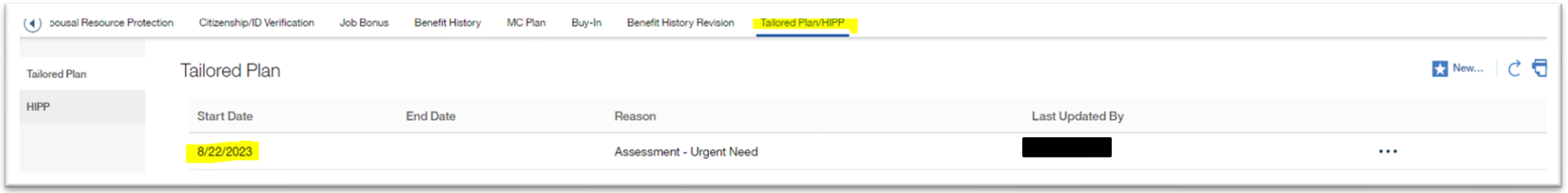


NC FAST – SAR Screenshots

The start and end dates of coverage will change based on the type of RTM and when the request was submitted. **SARs are effective mid-month.**

Service Associated Request (SAR)

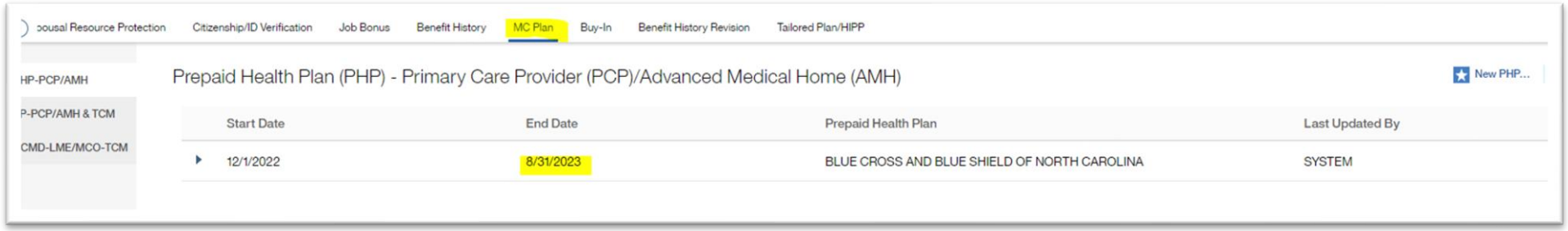


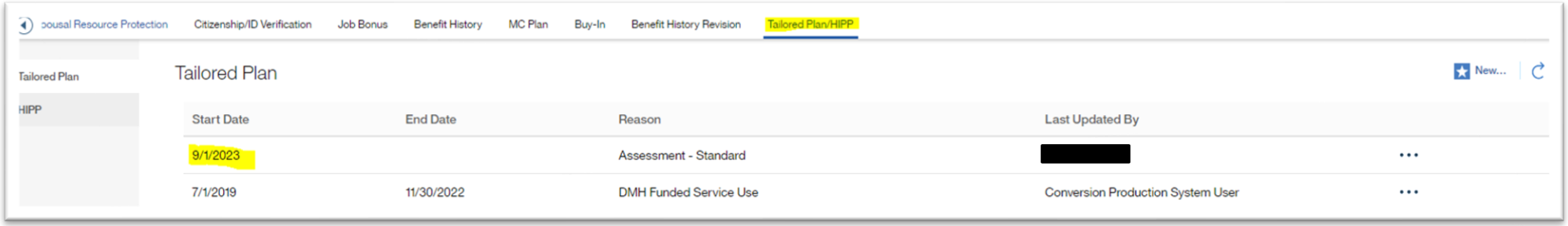


NC FAST – Non-SAR Screenshots

The start and end dates of coverage will change based on the type of RTM and when the request was submitted. **Non-SARs are effective the first of the following month.**

Non-Service Associated Request (Non-SAR)



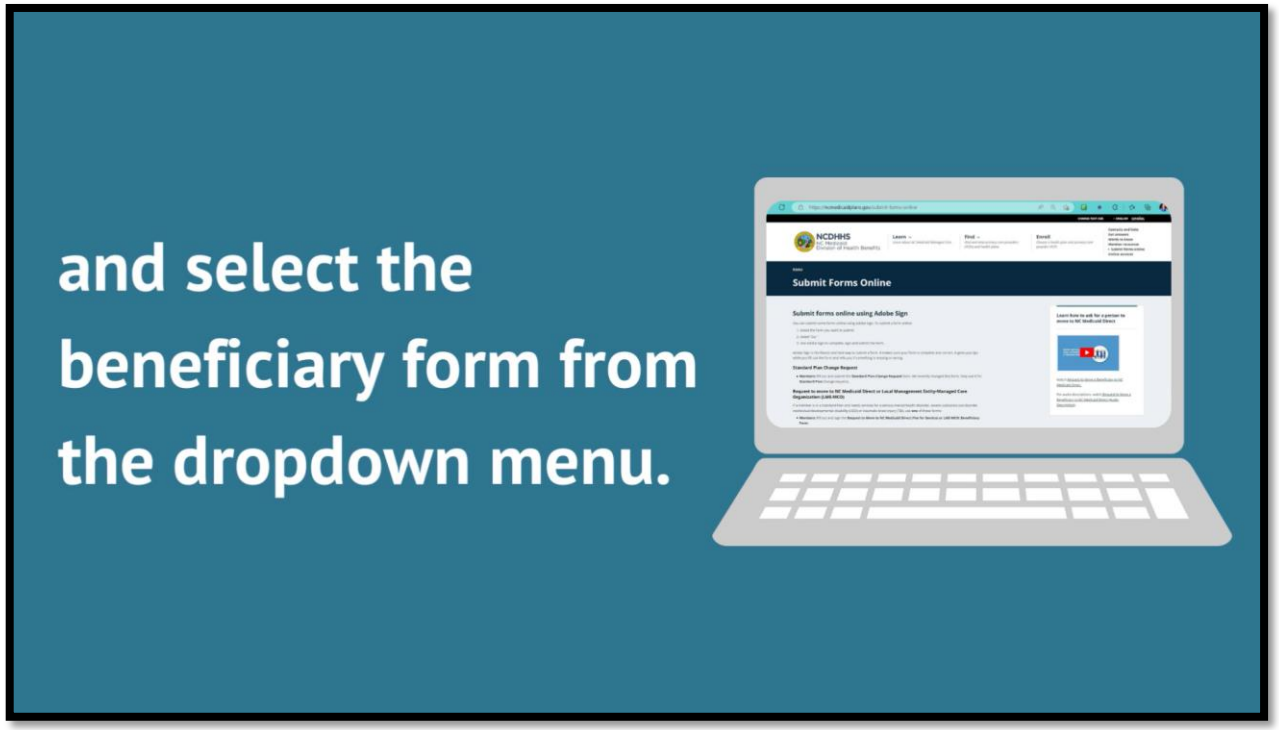


Additional Resources

Request to Move Videos

Watch the Provider Video
Visit the Submit forms online page to watch the Request to Move a Beneficiary to NC Medicaid Direct: Provider video.

Watch the Beneficiary Video
Click play to watch the Request to Move to NC Medicaid Direct: Beneficiary video.



DSS Support Line

If you have any questions, contact the North Carolina Medicaid Enrollment Broker DSS support line at 1-833-870-5500 and follow the prompts. Have your county code available if you are calling about case specific questions. General questions do not require a county code.