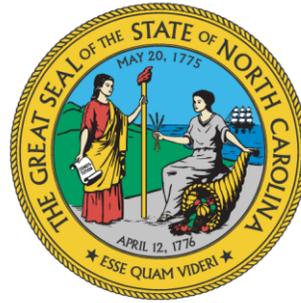


Request to Move to NC Medicaid Direct Process



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Request to Move Overview



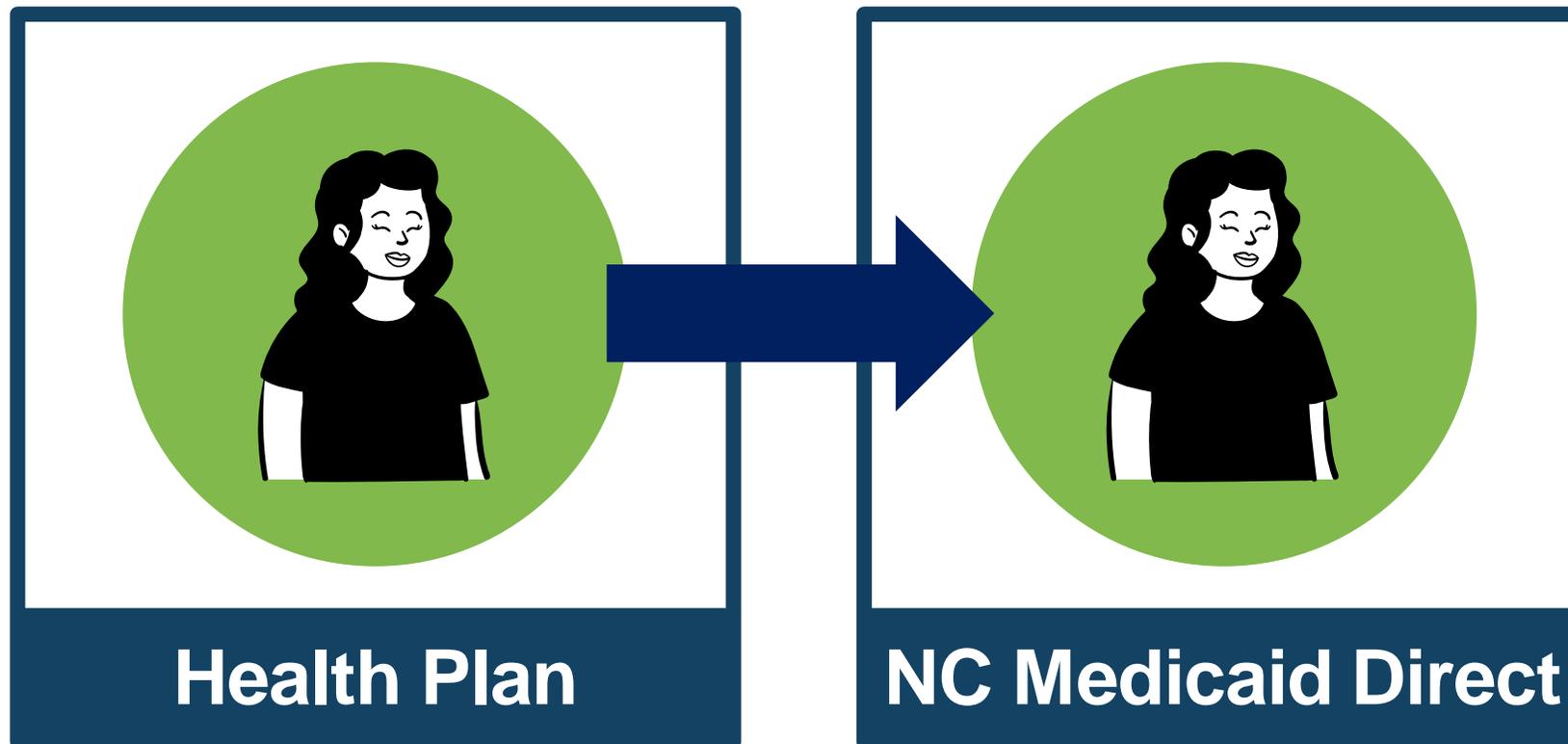
Overview

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.

Submit forms online

Submit forms online using Adobe Sign

You can submit some forms online using Adobe Sign. To submit a form online:

1. Select the form you want to submit.
2. Select “Go.”
3. Use Adobe Sign to complete, sign and submit the form.

Adobe Sign is the fastest and best way to submit a form. It makes sure your form is complete and correct. It gives you tips while you fill out the form and tells you if something is missing or wrong.

Health Plan Change Request

- **Members:** Fill out and submit the **Health Plan Change Request** form.

Request to move to NC Medicaid Direct or Local Management Entity-Managed Care Organization (LME-MCO)

If a member is in a Standard Plan and needs services for a serious mental health disorder, severe substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI), use one of these forms:

- **Members:** Fill out and sign the **Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Beneficiary Form**.
- **Providers:** Fill out and sign the **Request to Move to NC Medicaid Direct (Fee for Service) or LME-MCO: Provider Form**.
 - The provider form includes a Service Authorization Request (SAR).
 - Both the provider **and** the beneficiary must sign the provider form.
 - To learn how to ask for a person to move to NC Medicaid Direct, watch [Request to Move a Beneficiary to NC Medicaid Direct](#). For audio descriptions, watch [Request to Move a Beneficiary to NC Medicaid Direct \(Audio Description\)](#).

Selected Form

Please select a form

Go

Step 2

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

The screenshot shows the 'Provider Form' interface. At the top left is the NCDHHS logo (NC Medicaid Division of Health Benefits) and 'Powered by Adobe Acrobat Sign'. The page title is 'Please sign: Request to Move to NC ...'. A 'Next Required' indicator shows step 11. The main heading is '2. Provider Submitting this Form' with the instruction 'Fill out the provider information.' A yellow arrow labeled 'Next' points to the right. The form contains five input fields, each with a red asterisk indicating it is required: 'Provider Name (Last, First, M.I.)', 'Telephone Number', 'Provider Agency (if Applicable)', 'NPI/Provider Identifier', and 'Provider email' (with a placeholder 'Enter your email address').

Provider Form

The screenshot shows the 'Beneficiary Form' interface. At the top left is the NCDHHS logo (NC Medicaid Division of Health Benefits) and 'Powered by Adobe Acrobat Sign'. The page title is 'Please sign: Request to Move to NC ...'. A 'Next Required' indicator shows step 9. The main heading is '1. Contact information for person enrolled in NC Medicaid' with the instruction 'Fill out contact information for the person with NC Medicaid'. A yellow arrow labeled 'Next' points to the right. The form contains four input fields, each with a red asterisk indicating it is required: 'Name (First, Middle, Last)', 'Date of Birth (Month/Day/Year)', 'NC Medicaid ID Number', and 'Phone number'.

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)

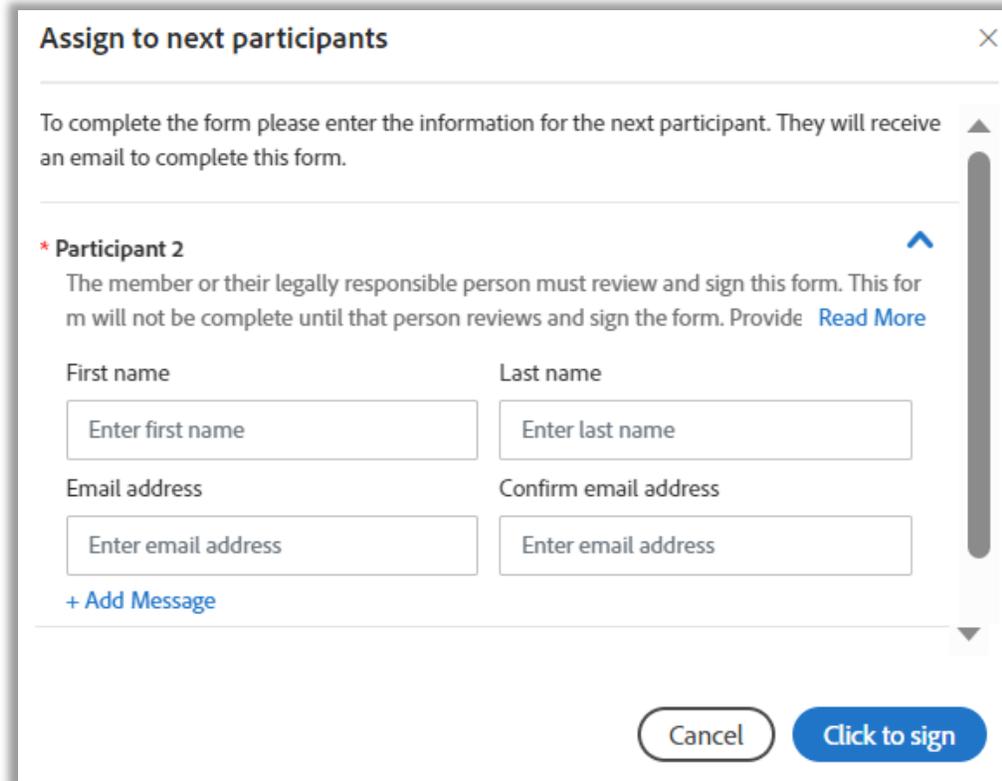
If there is not an immediate need for a service, the process is a "Non-Service Associated Request" and providers do not fill out the SAR form.

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 screenshot shows a pop-up window titled "Assign to next participants" with a close button (X) in the top right corner. The window contains the following text and form elements:

To complete the form please enter the information for the next participant. They will receive an email to complete this form.

*** Participant 2** [^](#)

The member or their legally responsible person must review and sign this form. This form will not be complete until that person reviews and sign the form. Provide [Read More](#)

First name Last name

Email address Confirm email address

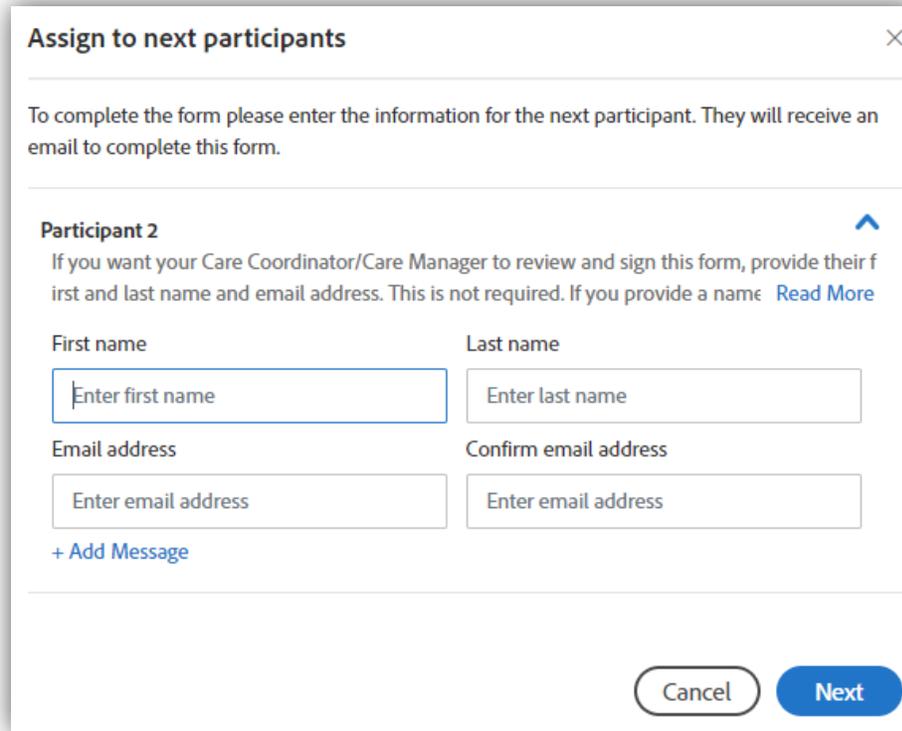
[+ Add Message](#)

At the bottom right, there are two buttons: "Cancel" and "Click to sign".

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.



The screenshot shows a pop-up window titled "Assign to next participants" with a close button (X) in the top right corner. Below the title is a horizontal line, followed by the text: "To complete the form please enter the information for the next participant. They will receive an email to complete this form." Another horizontal line follows. Below that is the heading "Participant 2" with a blue upward-pointing arrow icon to its right. Underneath is the text: "If you want your Care Coordinator/Care Manager to review and sign this form, provide their first and last name and email address. This is not required. If you provide a name [Read More](#)". Below this text are four input fields arranged in a 2x2 grid: "First name" (with placeholder "Enter first name"), "Last name" (with placeholder "Enter last name"), "Email address" (with placeholder "Enter email address"), and "Confirm email address" (with placeholder "Enter email address"). Below the input fields is a blue link "+ Add Message". At the bottom right of the window are two buttons: "Cancel" (white with a grey border) and "Next" (solid blue).

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.

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.



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.

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:

Individual Eligibility

Individual Eligibility

Details

Medicaid ID Number	[REDACTED]	Payment Type	9
Integrated Case ID	[REDACTED]	Tribe	
Product Delivery case ID	[REDACTED]	Residential County	058
Sub-Program		Managed Care Status	Tailored Plan
Poverty Level	14	MC Plan Type	
Deductible/PML		MC Plan NPI	
Special Needs		MC Plan Location Code	
PCP/Exemption Code	9900006	MC Plan PCP/AMH-NPI	
Tribal Option Enrollment Indicator	N	MC Plan PCP/AMH Location Code	
IHS Eligibility Indicator	N	Tailored Care Manager NPI	
Special Coverage Code		Tailored Care Manager Location Code	
Ambulation Capacity			
LME-MCO	P		

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)

The screenshot shows the NC FAST interface with the 'MC Plan' tab selected. The record is for a 'Prepaid Health Plan (PHP) - Primary Care Provider (PCP)/Advanced Medical Home (AMH)'. The table below shows the start and end dates, the plan name, and the last updated by.

Start Date	End Date	Prepaid Health Plan	Last Updated By
7/1/2021	8/21/2023	CAROLINA COMPLETE HEALTH INC.	SYSTEM

The screenshot shows the NC FAST interface with the 'Tailored Plan/HIPP' tab selected. The record is for a 'Tailored Plan'. The table below shows the start date, end date, reason, and last updated by.

Start Date	End Date	Reason	Last Updated By
8/22/2023		Assessment - Urgent Need	[REDACTED]

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)

The screenshot shows the 'MC Plan' tab selected in the navigation bar. The main heading is 'Prepaid Health Plan (PHP) - Primary Care Provider (PCP)/Advanced Medical Home (AMH)'. A 'New PHP...' button is visible in the top right. Below the heading is a table with the following data:

Start Date	End Date	Prepaid Health Plan	Last Updated By
12/1/2022	8/31/2023	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	SYSTEM

The screenshot shows the 'Tailored Plan/HIPP' tab selected in the navigation bar. The main heading is 'Tailored Plan'. A 'New...' button and a refresh icon are visible in the top right. Below the heading is a table with the following data:

Start Date	End Date	Reason	Last Updated By
9/1/2023		Assessment - Standard	[REDACTED]
7/1/2019	11/30/2022	DMH Funded Service Use	Conversion Production System User

Additional Resources



Request to Move Videos

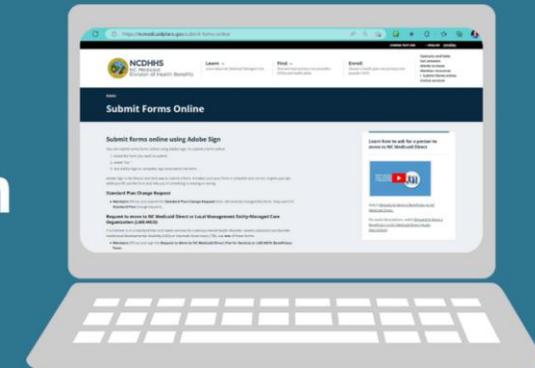
Watch the Provider Video

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.

and select the
**beneficiary form from
the dropdown menu.**



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.

