

Fact Sheet

Standard Plan Auto-Enrollment

County Playbook: NC Medicaid Managed Care

What is auto-enrollment and how does it work?

NC Medicaid transitioned most Medicaid beneficiaries to NC Medicaid Managed Care on July 1, 2021.

As of July 1, 2021, new Medicaid beneficiaries **who *must* enroll in a Standard Plan** (Mandatory – Standard Plan) are automatically enrolled in a Standard Plan by NC Medicaid. This process, called auto-enrollment, enrolls beneficiaries in a Standard Plan based on their unique circumstances.

This Fact Sheet provides additional details on the auto-enrollment process.

HOW DOES AUTO-ENROLLMENT WORK?

Once the Medicaid application is approved, NC Medicaid determines if the beneficiary must enroll in a Standard Plan. This is defined by the beneficiary's managed care status in NC FAST.

If the beneficiary must enroll in a Standard Plan, NC Medicaid automatically enrolls them in a Standard Plan based on the criteria below:

- Geographic location
- Special population considerations (e.g., federally recognized tribal member)
- Existing provider relationships and preference*
- Health plan assignments of family members
- Previous health plan enrollment
- Equitable health plan distribution

*Beneficiaries may choose a health plan preference at application.

After auto-enrollment occurs, the Standard Plan assigns a primary care provider (PCP) to the beneficiary.



HOW ARE BENEFICIARIES INFORMED OF THEIR ENROLLMENT?

Once a beneficiary has been enrolled in a Standard Plan, the head of the beneficiary household receives a notice by mail that includes enrollment information.

The Standard Plan also sends the beneficiary a welcome letter, Member Handbook and Medicaid ID card.

HOW CAN BENEFICIARIES CHANGE THEIR STANDARD PLAN?

Most beneficiaries can change their Standard Plan **within the first 90 days of their Standard Plan start date**. To change Standard Plans, beneficiaries can contact the NC Medicaid Enrollment Broker:

- Call **1-833-870-5500**
- Visit the ncmedicaidplans.gov website
- Use the **NC Medicaid Managed Care** mobile app

After the first 90 days, beneficiaries can change their Standard Plan:

- At their Medicaid recertification date
- If they are required to change Standard Plans
- If they have a special or “with cause” reason (e.g., poor quality of care)

If beneficiaries would like to keep the Standard Plan they are enrolled in, they do not need to do anything.

REMINDERS

This document describes auto-enrollment for new Medicaid beneficiaries **who *must* enroll in a Standard Plan** (Mandatory – Standard Plan). Beneficiaries who ***may* enroll in a Standard Plan** (Exempt) or ***cannot* enroll in a Standard Plan** (Excluded) are not auto-enrolled in a Standard Plan. They are auto-enrolled in NC Medicaid Direct or the EBCI Tribal Option if they qualify. Learn more about the differences between the NC Medicaid Managed Care populations in this [NC Medicaid Managed Care Fact Sheet](#).

The below people can change health plans at any time:

- Federally recognized tribal members
- Individuals who qualify for services through Indian Health Service (IHS)
- Beneficiaries with Tailored Plan Exempt status who need certain services to address a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)

Fact Sheets will be updated periodically with new information. Created Jan. 13, 2021.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.