

## Fact Sheet

# Tailored Plan Member Enrollment: What is the Primary Care Provider Choice Period

## What is Auto-assignment and how does it work?

Prior to the launch of Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan, Tailored Plan members must choose a primary care provider (PCP) during the choice period from **April 15, 2024, through May 15, 2024**. If a member does not select a PCP, then one will be automatically assigned to them by May 23, 2024. This fact sheet provides information about the PCP choice period and how Tailored Plan members select and change their PCP.

### HOW DOES PCP AUTO-ASSIGNMENT WORK?

Once a member is enrolled in a Tailored Plan, if they did not select a PCP the Tailored Plan will assign a PCP to them based on the following factors:

- The member's current PCP assignment will be preserved unless the PCP is not contracted with the Tailored Plan or the member is unengaged with the provider.
- If the member is reassigned to another PCP, the following criteria will be used:
  - Member historical treatment relationship with another PCP.
  - Member family relationship with in-network PCPs when the member does not have a history directly with any PCPs based on claims history.
  - Member's geographic location.

A member will only be assigned a PCP that is in-network for their Tailored Plan.

### HOW WILL MEMBERS BE INFORMED OF THEIR PCP ASSIGNMENT?

Once Tailored Plan members are assigned a PCP, they will be notified by mail as follows:

- The Tailored Plan will send each member a welcome letter, member handbook and Medicaid ID card. The Medicaid ID card will list the member's PCP and the PCP's phone number and address.

**Note:** Members will also be able to view information on their Tailored Plan and PCP assignments on the NC Medicaid [Enrollment Broker website](#) and mobile app.

## HOW CAN I SEE WHICH MEMBERS ARE ASSIGNED TO ME?

If you are a PCP, you can see your assignments by:

- Accessing information on your panel through the NCTracks Provider Portal, which will list your members in each Standard Plan, Tailored Plan and NC Medicaid Direct.
- Using the Recipient Eligibility function in NCTracks to verify this information for a single member.
- Using the NCTracks batch eligibility verification function.
- Using the Beneficiary Assignment file shared by each Tailored Plan you are contracted with.

## WHAT ABOUT MEMBERS WHO WANT TO KEEP ME AS THEIR PCP?

PCPs need to be in the Tailored Plan's network for the member to choose the practice or be assigned to the practice.

As a reminder, Tailored Plan members cannot select a different Tailored Plan. Enrollment in the Tailored Plan is based on the county that manages the member's Medicaid case (administrative county). There are four Tailored Plans and only **one** Tailored Plan serves each county.

Please note:

- If a member does not select a PCP, their Tailored Plan will assign them a PCP.
- If the member has a record of an assigned PCP or an active relationship with a PCP with NC Medicaid, the health plan should assign the member to that PCP if participating in that health plan's network.

Members can change their PCP up to 214 days following Tailored Plan Launch (until Jan. 31, 2025) without cause (first instance) and can change their PCP without cause up to one time per year thereafter (second instance).

Below are the different ways members can change their PCP:

- Select a PCP at application, recertification or with cause (e.g., PCP moves to a different location that is no longer convenient or PCP no longer provides the services needed).
- Contact their Tailored Plan to change their PCP. Contact information can be found in the Member Handbook and on the [Health Plan Contacts and Resources Page](#).

Members can change their PCP any time over the course of the year if they have care or quality concerns.

## WHAT IF MEMBERS HAVE QUESTIONS?

A welcome packet from the member's Tailored Plan will be mailed to them in late May. The packet will include a Member Handbook and a new member ID card. If members have questions about their health plan or the services covered, they should contact their Tailored Plan. Contact information can be found on their new Medicaid ID card or on the [NC Medicaid website](#).

If members have questions about changing their health plan, they can contact the NC Medicaid Enrollment Broker. To view health plan information and learn more about NC Medicaid Managed Care, members can:

- Call 833-870-5500 (Toll free), (TTY: 711 or RelayNC.com) 7 a.m. to 5 p.m., Monday - Saturday
- Go online at [ncmedicaidplans.gov](https://ncmedicaidplans.gov)

The **NC Medicaid Ombudsman** is available to help members with issues members have been unable to resolve working with their health plan or provider. Go to [ncmedicaidombudsman.org](https://ncmedicaidombudsman.org) to learn more.

## WHAT IF I HAVE QUESTIONS?

Additional resources for providers can be found in the [Provider Playbook](#) .

For general inquiries and complaints regarding Tailored Plans, the Medicaid **Provider Ombudsman** is available to represent the interests of the provider community. The Ombudsman will provide resources and assist providers with issues through resolution.

Provider Ombudsman inquiries, concerns or complaints can be submitted to [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto: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 Tailored Plan's provider manual.

For questions related to your NCTracks provider information, contact NCTracks Call Center at 800-688-6696. To update your information, please log into the [NCTracks provider portal](#) to verify your information and submit a MCR or contact the NCTracks Call Center.

