

CALL CENTER & FRONT DESK RESOURCE GUIDE

The transition to Medicaid Managed Care will take place on July 1, 2021. As the front line for patients, you will likely receive many questions from the Medicaid beneficiaries we serve following the transition to Medicaid Managed Care.

This is a major change, and we expect there will exist some confusion and frustration among beneficiaries after the transition has taken place. We must strive to be a helpful, positive voice for the Medicaid beneficiaries we serve as they navigate this change. Our ultimate goal during this time of transition will be to direct them to the appropriate resources so they can continue getting the care they need.

Included within this document you will find:

- ▶ **Frequently asked questions and talking points**

- ▶ **Information on where to direct patients for help or further information**
- ▶ **Media protocol reminders**

The following information is not intended to be reproduced or distributed as a handout for patients. The most important information from the FAQ below is included in the [\[NCHA Member\] Patient Guide \[INSERT LINK\]](#), which is available in both electronic and print formats. The guide is located on our website at [\[INSERT LINK\]](#) and available at [\[INSERT LOCATION OF PRINTOUTS WITHIN PHYSICAL NCHA MEMBER LOCATION\]](#).

REMINDER: Should you receive a media inquiry, please follow our internal protocol [\[INSERT LINK TO OR LANGUAGE ON YOUR MEDIA PROTOCOL\]](#).

FREQUENTLY ASKED QUESTIONS & TALKING POINTS

WHAT'S HAPPENING TO MEDICAID IN NORTH CAROLINA?

North Carolina's Medicaid program is changing to Medicaid Managed Care on July 1, 2021. This means that most Medicaid beneficiaries will receive their benefits through health plans (PHPs) for the first time instead of directly from the state. A health plan provides a network of doctors, hospitals, and other providers who work together to provide the care you need.

HOW DO I KNOW IF I NEED TO SELECT A HEALTH PLAN?

Most people in N.C. Medicaid and N.C. Health Choice must choose a new Medicaid health plan. Some patients will not need to choose a new health plan, because of

the specific services they need. Those who must enroll in a new health plan should have received enrollment information in the mail after March 1, 2021. If [\[you are/ the patient is\]](#) eligible, you had an opportunity to choose a plan between March 15 – May 21, 2021, as well as a chance to select a primary care provider (PCP) to help you coordinate your healthcare needs. If you did not



select a plan by May 21, you were likely automatically enrolled in a new health plan.

If you did not receive enrollment information in the mail and have questions about eligibility, visit

Do I Need to Choose a Health Plan [<https://files.nc.gov/ncdma/documents/Medicaid/NCMT-Fact-Sheet-ManagedCarePopulations-20210429.pdf>] or www.ncmedicaidplans.gov.

WHAT ARE THE NEW MEDICAID HEALTH PLANS AND WHAT SERVICES DO THEY OFFER?

The state is contracted with the following health plans:

- ▶ AmeriHealth Caritas of North Carolina
- ▶ Blue Cross and Blue Shield of North Carolina
- ▶ Carolina Complete Health, Inc.*
- ▶ UnitedHealthcare of North Carolina
- ▶ WellCare of North Carolina
- ▶ Eastern Band of Cherokee Indians (EBCI) Tribal Option**

All health plans offer the same basic Medicaid services. Each health plan has its own network of providers. Each health plan, including the EBCI Tribal Option, may also offer different added services to their members.

* Carolina Complete Health is a provider-led entity offered to people who live in these counties: Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren, Wilson.

** The EBCI Tribal Option is a health plan for people who are federally recognized tribal members or qualify for Indian Health Services (IHS) and live in Cherokee, Haywood, Graham, Jackson, or Swain County or in a neighboring county of the five-county region.

WHICH PLANS DOES [NCHA MEMBER] ACCEPT?

[NCHA member] doctors and [hospitals/clinics] in the [insert city/town/metro] area are in-network for the following N.C. Medicaid plans [NOTE: delete those with which you are not contracted]:

- ▶ AmeriHealth Caritas of North Carolina
- ▶ Blue Cross and Blue Shield of North Carolina
- ▶ Carolina Complete Health, Inc.

- ▶ UnitedHealthcare of North Carolina
- ▶ WellCare of North Carolina
- ▶ Eastern Band of Cherokee Indians (EBCI) Tribal Option

I SIGNED UP FOR THE WRONG PLAN. WHAT DO I DO?

At [NCHA member], your health and well-being are our top priority. We want you to have the right plan and work with the right primary care provider. The good news is that you may sign up for a new plan and select a new primary care provider for any reason within 90 days of your initial coverage effective date or until September 30. To sign up for a new plan, you should work with the N.C. Medicaid Enrollment Broker by phone, use the chat feature on the N.C. Medicaid website, or go to the N.C. Medicaid Managed Care mobile app. Please see the contact reference sheet below.

NOTE TO STAFF: Please provide this information to the beneficiary in one or more of the following ways: Provide handout if in-person, direct to [NCHA member URL] where information is hosted or www.ncmedicaidplans.gov, or read the information aloud via phone as noted immediately below or in the quick reference guide following the FAQs.

N.C. Medicaid Managed Care Enrollment Broker

PHONE: 1-833-870-5500; **TTY:** 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. – 5 p.m.)

WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)

MOBILE APP: N.C. Medicaid Managed Care Mobile App

WHAT DO I DO IF MY SERVICES WERE DENIED?

At [NCHA member], your health and well-being are our top priority, and we want you to get the care you need. Under the new Medicaid Managed Care model, some services ordered by providers must now receive prior authorization from your health plan before services may be provided. Prior authorization is a process required by health plans to review the medication or service your provider prescribes. This helps your health plan decide if the medication or service is medically necessary and if it will be covered.

Patients have the right to appeal to prior authorization denials. If you need help with filing an appeal, you may reach out to your provider and your health plan for assistance.

The best and most efficient way for you to get answers regarding benefits and services is to reach out directly to your health plan. You can access a complete list of contact information for all N.C. Medicaid health plans on both the NCDHHS and [NCHA member] websites [INSERT LINK].

NOTE TO STAFF: Please provide the appropriate health plan contact to the patient in one of the following ways: Provide handout if in-person, direct to [NCHA member URL] where information is hosted or www.ncmedicaidplans.gov, or read the information aloud via phone as noted in the quick reference guide following the FAQs.

WHAT IS PRIOR AUTHORIZATION?

Prior authorization is a process required by health plans to review the medication or service your provider prescribes. This helps your health plan decide if the medication or service is medically necessary and if it will be covered.

Patients have the right to appeal to prior authorization denials. If you need help with filing an appeal, you may reach out to your provider and your health plan for assistance.

WHAT IF I HAVE A MEDICAL EMERGENCY?

If you have a medical emergency, please visit the closest hospital emergency room. You will be seen for a medical emergency regardless of health plan.

WHERE TO SEND PATIENTS FOR HELP AND FURTHER INFORMATION

+ FOR GENERAL QUESTIONS

Help choosing a PHP/PCP, enrollment, technical support

CONTACT: N.C. Medicaid Managed Care Enrollment Broker
PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. - 5 p.m.)
WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)
MOBILE APP: N.C. Medicaid Managed Care Mobile App

+ FOR QUESTIONS REGARDING ELIGIBILITY OR TO MAKE ADDRESS, HOUSEHOLD, OR CIRCUMSTANCE CHANGES

CONTACT: Local County DSS
DIRECTORY: https://www.ncdhhs.gov/divisions/social-services/local-dss-directory

+ FOR INFORMATION ON HOW TO CHANGE PLANS

For those currently enrolled in a new N.C. Medicaid health plan or ECBI Tribal Option

CONTACT: N.C. Medicaid Managed Care Enrollment Broker
PHONE: 1-833-870-5500; TTY: 1-833-870-5588 (Hours: Mon. – Sat., 7 a.m. - 5 p.m.)
WEBSITE: www.ncmedicaidplans.gov (see chat feature on the bottom right hand of the page)
MOBILE APP: N.C. Medicaid Managed Care Mobile App

+ FOR QUESTIONS REGARDING HEALTH PLAN MEMBER SERVICES, COVERAGE, CLAIMS/BILLING, PRIOR AUTHORIZATIONS, NON-EMERGENCY MEDICAL TRANSPORTATION, REPLACEMENT CARDS, OR TO UPDATE YOUR PRIMARY CARE PROVIDER

For those currently enrolled in a new Medicaid health plan or ECBI Tribal Option

	PHONE NUMBER	WEBSITE
AmeriHealth Caritas	1-855-375-8811	www.amerihealthcaritasnc.com
Carolina Complete Health	1-833-552-3876	www.carolinacompletehealth.com
HealthyBlue	1-844-594-5070	www.healthybluenc.com
UnitedHealthcare	1-800-349-1855	www.uhccommunityplan.com/nc
WellCare	1-866-799-5318	www.wellcare.com/nc
ECBI Tribal Option ONLY	<p>N.C. Medicaid Contact Center (Mon. – Fri. 8 a.m. - 5 p.m.) 1-888-245-0179</p> <p>ECBI Tribal Option Member Services (Mon. – Fri. 8 a.m. - 5 p.m.) 1-800-260-9992</p>	www.ebcitribaloption.com

+ FOR QUESTIONS REGARDING N.C. MEDICAID MANAGED CARE AND N.C. HEALTH CHOICE RIGHTS AND APPEAL OPTIONS, HEALTH PLAN / PROVIDER ISSUES, OR REFERRALS

CONTACT: N.C. Medicaid Ombudsman (8 a.m. – 5 p.m.)

PHONE: 1-877-201-3750

WEBSITE: www.ncmedicaidombudsman.org

+ FOR QUESTIONS REGARDING N.C. MEDICAID DIRECT

CONTACT: N.C. Medicaid Contact Center

PHONE: 1-888-245-0179

CONTACT: Local County DSS: <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>

CONTACT: Local LME/MCO: www.ncdhhs.gov/providers/lme-mco-directory

FOR ALL OTHER INQUIRIES FROM THE MEDIA OR GENERAL PUBLIC

MEDIA PROTOCOL

[NCHA MEMBER NOTE: PLEASE INCLUDE YOUR FULL MEDIA PROTOCOL OR AN ABBREVIATED VERSION HERE FOR QUICK REFERENCE. IF YOU DO NOT HAVE ONE, PLEASE LET US KNOW AND WE WILL PROVIDE SUGGESTIONS.]

Regardless of how a media inquiry is received, it is important to avoid immediate response. It is imperative that relevant information is collected from the media first, and any substantive response is delayed and from the appropriate spokesperson.

[NCHA MEMBER NOTE: INSERT HOLDING STATEMENT AND/OR PROCEDURE FROM MEDIA PROTOCOL. IF YOU DO

NOT HAVE A HOLDING STATEMENT, PLEASE CONSIDER SOMETHING LIKE THE FOLLOWING:]

HOLDING STATEMENTS

Non-media inquiry: I'm not the appropriate person to speak on this topic, but I'm happy to connect you to someone who can help. [TAKE DOWN INFORMATION AND ROUTE ACCORDING TO PROTOCOL]

Media inquiry: I am not an authorized spokesperson for [NCHA MEMBER], but I am happy to put you in touch with the appropriate contact. [TAKE DOWN INFORMATION AND ROUTE ACCORDING TO PROTOCOL]