

Patient Resource Guide

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 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 at 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**

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 CONE HEALTH ACCEPT?

Cone Health is in-network for the following N.C. Medicaid plans:

- Blue Cross and Blue Shield of North Carolina
- UnitedHealthcare of North Carolina
- WellCare of North Carolina

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

At Cone Health, 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 enrollment 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 visit the N.C. Medicaid Managed Care mobile app. Please see the contact reference sheet below.



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WHAT DO I DO IF MY SERVICES WERE DENIED?

At Cone Health, 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 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 the NCDHHS website.

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)

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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

AmeriHealth Caritas	1-855-375-8811	www.amerhealthcaritasnc.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		

N.C. Medicaid Contact Center
(Mon. – Fri. 8 a.m. - 5 p.m.) 1-888-245-0179 www.ebcitribaloption.com

EBCI Tribal Option Member Services
(Mon. – Fri. 8 a.m. - 5 p.m.) 1-800-260-9992 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

CONE HEALTH

NC Medicaid Questions - 336-890-1000

