



NC MEDICAID
OMBUDSMAN

NC MEDICAID OMBUDSMAN: YOUR ADVOCATE FOR QUALITY CARE

On July 1, 2021, there will be a new way to get health care under Medicaid in North Carolina. Most people will get the same Medicaid services in a new way – through health plans. You can contact us with any questions or issues that you have not been able to resolve with your new health plan or primary care provider during this transition. We are here to help!

FREQUENTLY ASKED QUESTIONS

WHAT IS NC MEDICAID MANAGED CARE?

If you have Medicaid, you may get a letter asking you to enroll with a health plan. If you are required to enroll and don't pick a plan, one will be chosen for you. On **July 1, 2021**, this health plan will start managing your care. That means you will work with doctors who are in your health plan to coordinate your care.

DOES EVERYONE NEED TO ENROLL IN A NC MEDICAID MANAGED CARE PLAN?

Most Medicaid recipients must choose a health plan in the NC Medicaid Managed Care program. Some people can choose to stay in NC Medicaid Direct (formerly known as fee-for-service). They will not need to choose a health plan. NC Medicaid Managed Care will send you a letter that tells you if you must enroll.

Even if you already chose a health plan, you will need to choose again. If you don't choose a health plan, the State will choose one for you. You know your needs best, so it's better if you choose.

Although most beneficiaries will enroll in Managed Care when it launches in July 2021, some will remain in NC Medicaid Direct because it provides services that meet specific needs. For example, it provides the same services currently covered for developmental disability, mental illness, traumatic brain injury and substance abuse disorder. Additionally, some beneficiaries will remain in Medicaid Direct because beneficiaries in certain programs are not able to enroll with a health plan.

Beneficiaries receiving both Medicare and Medicaid are sometimes called "duals" because they are dually

eligible for both programs. Duals are temporarily excluded from NC Medicaid Managed Care and will remain in NC Medicaid Direct at this time. The way you receive services will not change and you do not need to do anything at this time.

If you don't think you should have to enroll in a managed care plan but got a letter telling you to do so, you can request to remain in Medicaid Direct by filling out a form you can find at ncmedicaidplans.gov.

If you are unsure about what type of Medicaid coverage you have, contact your local Department of Social Services office or call the NC Medicaid Contact Center at **888-245-0179**.



CONTACT NC MEDICAID OMBUDSMAN TODAY: ncmedicaidombudsman.org 877-201-3750

- **WHAT IS THE NC MEDICAID OMBUDSMAN?**

NC Medicaid Ombudsman is an advocate for beneficiaries to provide free, confidential assistance to educate and empower people with Medicaid during this change. We also connect people to resources like social services, housing resources, food assistance, legal aid and other programs.

- **WHAT ARE YOUR RIGHTS UNDER NC MEDICAID MANAGED CARE?**

- Get free advice over the phone from the NC Medicaid Managed Care Call Center about whether you need to enroll in a health plan and learn which health plan is the best choice for you and your family.
- Get information in your preferred language for free.
- Switch health plans for any reason within 90 days of being enrolled. After 90 days, unless you have a special reason, you cannot change your health plan until your Medicaid recertification date.

- You have the option to choose a health plan or keep your existing coverage (now called NC Medicaid Direct) if you require services to address a developmental disability, behavioral health, traumatic brain injury or substance use disorder.
- Continue to receive the same NC Medicaid coverage (now called NC Medicaid Direct) and services you receive now.
- Get care from a provider outside your health plan's network if medically necessary services are not available from the health plan's group of providers.
- Receive care without interruption when transitioning between health plans or into or out of managed care.
- Ask for an appeal if your health plan denies, reduces or stops coverage for health care you need by contacting your health plan.



- **HOW AND WHEN CAN YOU REACH THE NC MEDICAID OMBUDSMAN?**

- The NC Medicaid Ombudsman program has begun.
- You can call us at **877-201-3750** from 8:00 a. m. to 5:00 p. m., Monday through Friday, except State holidays.
- You can also learn more at our website: ncmedicaidombudsman.org.



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