



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 have received 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) and will not need to choose a health plan. NC Medicaid Managed Care has sent you a letter that tells you if you must enroll.

If you don't choose a health plan by **May 21, 2021**, the State will choose one for you. But you will have until **September 30, 2021**, to change your plan for any

reason. You know your needs best, so it's better if you choose.

Although most beneficiaries will enroll in NC Medicaid Managed Care when it launches in July 2021, some can choose to stay in NC Medicaid Direct. NC Medicaid Direct provides all of the same services currently covered for intellectual/developmental disability (I/DD), behavioral health, traumatic brain injury and substance use disorder. Changing from NC Medicaid Direct to a health plan may affect your ability to continue receiving some of these services.

Some beneficiaries must remain in NC Medicaid Direct. These include, but are not limited to, those who: receive Family Planning Medicaid only, receive Medically Needy Medicaid (which means they must meet a deductible), participate in the Health Insurance Premium Payment (HIPP) program, participate in the Program of All-inclusive Care for the Elderly (PACE) or receive Refugee Medical Assistance. Also included are children in foster care, children receiving adoption assistance, children receiving

CAP/C services and adults receiving CAP/DA services.

Beneficiaries receiving both Medicare **and** Medicaid 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.

Please reference the "Do I Need to Choose a Health Plan?" fact sheet for detailed information. If you don't think you should have to enroll in a health plan but received a letter telling you to do so, you or your provider can request that you remain in NC Medicaid Direct. You, your provider, or care manager can fill out and submit a form at ncmedicaidplans.gov. The Enrollment Broker or NC Medicaid Ombudsman can help you with this process.

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

- **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.



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

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