Medicaid Managed Care Member Enrollment

Your Questions Answered

COMMUNITY CARE
PHYSICIAN NETWORK
— BRINGING VALUE HOME —

Member enrollment is a critical issue for CCPN's clinicians. There are several entities which will play a part in enrolling Medicaid members into the Medicaid Prepaid Health Plans (PHP) and then linking them to their PCP.

The NC Department of Health and Human Services (NC DHHS) has contracted MAXIMUS to serve as North Carolina's independent Enrollment Broker. The Enrollment Broker is responsible for educating Medicaid members and enrolling Medicaid members into a Medicaid PHP. Please see our Medicaid Enrollment FAQ (on the back) for more information on this process.

While NC DHHS and MAXIMUS have indicated they are still finalizing some member enrollment issues, based on the information we have currently, Medicaid PHPs will be responsible for managing practice guidelines for member enrollment with PCPs.

CCPN's contracted PHPs have provided us with the following information about enrollment guidelines:

Carolina Complete Health
- Practices may set a cap on enrollees or establish limits on ages or siblings so long as the same rules are applied across all Medicaid payers and are not considered discriminatory.

UnitedHealthcare
- Practices can limit enrollment to siblings of existing patients or set an age limit on enrollees as practices currently do.

WellCare
- PCPs may limit their panels of WellCare members to existing patients, by a maximum count of members, by age range, and by specialty.

- Exceptions may be submitted by a PCP to the plan to add members to the panel who are outside of the limit(s) that the PCP has indicated (e.g., a pediatrician limits patients to 14 years old and younger but submits to add a 16 year old to his or her panel).

- WellCare is open to further discussions about specific types of circumstances which may not be addressed in this information.

Do you have additional questions about Medicaid member enrollment?

Contact your CCPN Provider Relations Representative or CCPN directly at CCPNSupport@communitycarenc.org.

How will Medicaid beneficiaries be enrolled into the Medicaid PHPs?

1. Current Medicaid beneficiaries will select a plan through NC's independent Enrollment Broker.
   - Maximus will contact current Medicaid enrollees and assist them in selecting a Medicaid PHP and PCP.
2. New Medicaid enrollees will select their Medicaid PHP at application.
3. Medicaid beneficiaries who do not choose a Medicaid PHP will be auto-assigned to one. The NC DHHS is finalizing the algorithm for the auto-assignment process.
4. A member has 90 days after their enrollment effective date to change their PHP without cause.
5. At Medicaid redetermination a member can remain with their current PHP or change to a different PHP.

How will the auto-assignment process work for beneficiaries who do not choose a PHP?

Current Beneficiaries*

- NC DHHS developed auto-assignment algorithms for every beneficiary determined Medicaid Managed Care eligible who does not select a PHP during their open enrollment period (for crossover populations only) or during the Medicaid eligibility application process. The auto-assignment algorithm is defined according to the following components in this order:
   a. Whether the beneficiary is a member of a special population (such as a member of a federally recognized tribe, or BH I/DD Tailored Plan eligible).
   b. Beneficiary's geographic location.
   c. Historic provider-beneficiary relationship, determined using claims data and PHP provider networks.
   d. Plan assignments for other family members.
- At redetermination after Medicaid Managed Care launch, if the member does not choose a different plan the member will be auto-assigned into the same PHP from the prior year.

New Beneficiaries

- The auto-assignment algorithm is according to the following components in this order:
   a. Whether the beneficiary is a member of a special population.
   b. Plan assignments for other family members.
   c. Beneficiary's geographic location.
   d. Previous PHP enrollment during the previous twelve (12) months.

This information comes from the RFP. The state has not yet finalized the exact auto-assignment process. Additional information can be found in the DHB presentation NC Medicaid Enrollment Broker Update on 3/8/19.

Can a PCP limit enrollment based on factors such as current patients only or patient age?

How will members choose PCPs?

- During Managed Care Open Enrollment, NC's Enrollment Broker will help current Medicaid members select a PCP. If the member does not select a PCP they will be auto-assigned a PCP.

- After Managed Care Open Enrollment, members will contact their PHP to change their PCP.

- New Medicaid members will select their PCP at application. If they do not choose a PCP they will be auto-assigned a PCP.

What is the timeline for enrolling current Medicaid beneficiaries into the Medicaid PHPs?

Regions 2 and 4

- *June 3, 2019* – Soft Launch begins; Enrollment Broker Call Center opens; Welcome Packets mailed
- *July 15, 2019 - September 13, 2019* – Open Enrollment
- *November 1, 2019* – Managed Care Launch; Enrollment Effective Date

Regions 1, 3, 5, and 6

- *September 2, 2019* – Soft Launch begins; Welcome Packets mailed
- *October 14, 2019 – December 13, 2019* – Open Enrollment
- *February 1, 2020* – Managed Care Launch; Enrollment Effective Date

This information has been condensed for space. Source information for the FAQs are:

NC Medicaid Enrollment Broker Update March 8, 2019
https://files.nc.gov/ncdma/NC-Medicaid-Enrollment-Broker-Update--08Mar2019-.pdf

NC Medicaid Managed Care Update March 8, 2019
https://files.nc.gov/ncdma/MCAC-NC-Medicaid-Managed-Care-Update--08Mar2019-.pdf

DHHS Awards Contract for Medicaid Managed Care Enrollment Broker Services to MAXIMUS https://www.ncdhhs.gov/news/press-releases/dhhs-awards-contract-medic-aid-managed-care-enrollment-broker-services-maximus

RFP 30-190029-DHB Section VI. Contract Performance and Section VII. Attachments A-N.
https://files.nc.gov/ncdhhs/30-19029-DHB-2.pdf

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