



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Health Benefits

## Sample

### Transition Welcome Packet

#### Includes:

Transition Letter

Enrollment Form

Comparison Chart

Information Flyer

Tag Lines





Patricia A. Jones  
17 Main Street  
Raleigh, NC 27603

July 1, 2019

Dear Patricia Jones:

## **There is a new way to get Medicaid health care for most people**

With NC Medicaid Managed Care, you get your same  
Medicaid services, in a new way.

You get most of your health care services from a **health plan**.  
A health plan is a group of doctors, hospitals and  
other providers. They work together to give you the  
health care you need.

You can choose your health plan and **primary care  
provider (PCP)**. Your PCP could be your family doctor, clinic  
or other health care provider. Your PCP will help you with your  
health care needs.

### **NC Medicaid Managed Care gives you:**

- The same Medicaid services you have now
- Added services from your health plan
- A choice of plans to fit your health care needs

## **The people below should choose a health plan by September 13, 2019**

There are 3 steps to enroll:

### **① Choose a PCP for these members**

|                   |                          |
|-------------------|--------------------------|
| Patricia A. Jones | Medicaid ID: 123-45-6789 |
| Rodney M. Jones   | Medicaid ID: 987-65-4321 |
| Sally A. Jones    | Medicaid ID: 254-32-8291 |

More on back ►

To get this information in other languages or formats such as  
large print or audio, call **1-833-870-5500**.

- To keep your doctor, clinic or other provider as your PCP, find out which plans they work with. Then choose one of those plans.
- You can ask your provider which plans they work with. Or you can call us at **1-833-870-5500** (TTY: 1-833-870-5588). You can also find a list of doctors and other specialists for each plan at [ncmedicaidplans.gov](http://ncmedicaidplans.gov).

## ② Choose a health plan

- If you want to keep your provider as your PCP, choose a health plan your PCP works with.
- Read the Health Plan Comparison Chart that came with this letter. It tells you about the plans and added services they offer.
- Compare the plans and choose the best one for you.

## ③ Enroll in one of these ways

- Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov).
- Use the NC Medicaid Managed Care mobile app. To get the free app, search for **NC Medicaid Managed Care** on [Google Play](#) or the [App Store](#).
- Call us at **1-833-870-5500** (TTY: 1-833-870-5588).
- Mail the enrollment form in the envelope that came with this letter. Or fax it to 1-833-898-9655.

## We will choose a health plan for you if you don't choose by September 13, 2019

It's better if you choose because you know your health care needs best.

## If you decide later you want to change your health plan

You will be able to change your health plan until January 1, 2020.

After that, unless you have a special reason, you cannot change your health plan until your Medicaid recertification date.

You may have more choices. To learn more about your choices, call us at **1-833-870-5500** (TTY: 1-833-870-5588).

More on next page ►

## **If you **change** your health plan before October 31, 2019, the new plan will start on November 1, 2019**

After you enroll, your health plan will send you information and a new ID card. You will use your ID card to get health care services. If you have questions, call your health plan's member services number on your ID card.

### **Questions?**

We can help. Go to [ncmedicaidplans.gov](https://ncmedicaidplans.gov). You can also use the "chat" tool on the website.

Or call us at **1-833-870-5500** (TTY: 1-833-870-5588), 7 a.m. to 8 p.m., 7 days a week. After September 13, 2019, we are open from 7 a.m. to 5 p.m., Monday through Saturday.

The call is free. You may need your Medicaid ID number when you call us or go to the website.

Thank you,

NC Medicaid Team



# Questions and answers

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## Who must enroll in NC Medicaid Managed Care?

Most people in NC Medicaid Direct must enroll in NC Medicaid Managed Care. Some people can choose to stay in NC Medicaid Direct. To find out which group you are in, read the letter that came with this welcome packet. To learn more about NC Medicaid Direct, go to [ncmedicaidplans.gov/learn/get-answers](http://ncmedicaidplans.gov/learn/get-answers).

## What is a health plan?

A health plan is a group of doctors, hospitals and other providers. They work together to give you the health services you need.

All health plans are required to have the same Medicaid services, such as office visits, blood tests and X-rays. To see the full list of NC Medicaid covered services provided by the plans, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov).

Health plans also have added services such as programs to help you quit smoking, eat healthier and have a healthy pregnancy.

## What is a primary care provider (PCP)?

Your PCP is your family doctor, clinic or other health care provider. Your PCP will help you with your health care needs. They will also coordinate your care with other health providers.

## Can I keep my doctor as my PCP?

Yes, if your doctor is in the health plan you choose. Ask your doctor what health plans they are in. Or, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) or use the mobile app.

## Will I lose any services?

No. You will not lose any services. Some plans have added services.

**To get this information in other languages or formats such as large print or audio call 1-833-870-5500.**

ATTENTION: For free interpreter services, call **1-833-870-5500** (TTY: 1-833-870-5588).

Español (Spanish)  
ATENCIÓN: Para servicios gratuitos de interprete, llame al **1-833-870-5500** (Número de TTY: 1-833-870-5588).

繁體中文 (Chinese)  
注意: 如需免費的譯員服務, 請撥打 **1-833-870-5500** (TTY: 1-833-870-5588).

## What if I have more questions?

We can help!

Call us at **1-833-870-5500** (TTY: 1-833-870-5588),

7 a.m. to 5 p.m.,

Monday through Saturday.

We can speak with you in other languages.



NC DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
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In NC Medicaid Managed Care, you choose a doctor for most of your Medicaid-covered services. You also choose a health plan that is right for you. All plans offer the same Medicaid services you have today. Each plan offers added services.

## Here are steps to help you choose a primary care provider (PCP) and health plan



### Step 1: Choose a PCP

To keep your family doctor, clinic or other health care provider as your PCP, first find out which plans they work with. Then choose one of those plans.

Here are three ways you can find out which plans your provider works with:

- Ask your provider
- Call us at **1-833-870-5500** (TTY: 1-833-870-5558)
- Find a list of doctors and other specialists for each plan at [ncmedicaidplans.gov](http://ncmedicaidplans.gov) or on the mobile app. To get the free app, search for **NC Medicaid Managed Care** on [Google Play](#) or the [App Store](#).

To help you choose a new PCP, think about your answers to these questions:

- Is there a doctor you already like?
- How far are you willing to travel to see a doctor? To find providers near you, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) or use the mobile app.
- Do you need a PCP who speaks a certain language? To find providers who speak languages other than English, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) or use the mobile app.



### Step 2: Choose a health plan

Choose a plan your PCP is in. Use these questions to help you choose the best plan for you:

- Do you want to keep your current doctor or clinic? Or do you want a new one?
- Does the health plan have the doctors, hospitals and specialists you use? To find out, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) or use the mobile app.
- Does anyone in your family have special health needs?
- What added services does the plan have? To see each plan's added services, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) or use the mobile app. Or read the Health Plan Comparison Chart that came with this welcome packet.



### Step 3: Enroll in one of these ways

- Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
- Use the NC Medicaid Managed Care mobile app
- Call us at **1-833-870-5500** (TTY: 1-833-870-5588)
- Fill out the enrollment form and mail it in the envelope that came with this welcome packet. Or fax it to 1-833-898-9655.





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**HEALTH AND  
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# Enrollment Form

You can use this form to choose or change a health plan and PCP for each person listed. Or enroll online, using the mobile app, or by phone.



0000332048HP

Patricia A. Jones  
157 Main Street  
Raleigh, NC 27603

## Choose or change your health plan in one of these ways:

1. Online at [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
2. Use the NC Medicaid Managed Care mobile app
3. Call us at **1-833-870-5500** (TTY: 1-833-870-5588)
4. Fill out this form and mail it to us in the envelope provided. Or fax it to 1-833-898-9655.

|   |                                    |   |
|---|------------------------------------|---|
| <b>Person 1</b>   | <b>Patricia A. Jones, 07/04/88</b> | ID Number: <b>123-45-6789</b>             |
| <b>► Choose a primary care provider (PCP).</b> Make sure the PCP is in the plan you choose.                             |                                    |   |
| PCP's first and last name   |                                    | PCP's phone number (optional)<br>(      ) |
| PCP's address (street, city, state, ZIP Code)   |                                    |   |
| Do you want this PCP for everyone listed on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                    |   |
| <b>► Choose one health plan</b> (put an X in the box).  |                                    |   |
| <input type="checkbox"/> WellCare <input type="checkbox"/> HealthyBlue  |                                    |   |
| <input type="checkbox"/> UnitedHealthcare Community Plan <input type="checkbox"/> AmeriHealth Caritas                   |                                    |   |
| Do you want this health plan for everyone listed on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |   |

|   |                                  |   |
|---|----------------------------------|---|
| <b>Person 2</b>   | <b>Rodney M. Jones, 12/31/88</b> | ID Number: <b>987-65-4321</b>             |
| <b>► Choose a primary care provider (PCP).</b> Make sure the PCP is in the plan you choose.           |                                  |   |
| PCP's first and last name   |                                  | PCP's phone number (optional)<br>(      ) |
| PCP's address (street, city, state, ZIP Code)   |                                  |   |
| <b>► Choose one health plan</b> (put an X in the box).  |                                  |   |
| <input type="checkbox"/> WellCare <input type="checkbox"/> HealthyBlue                                |                                  |   |
| <input type="checkbox"/> UnitedHealthcare Community Plan <input type="checkbox"/> AmeriHealth Caritas |                                  |   |

|   |                                 |   |
|---|---------------------------------|---|
| <b>Person 3</b>   | <b>Sally A. Jones, 01/01/06</b> | ID Number: <b>012-34-5678</b>             |
| <b>► Choose a primary care provider (PCP).</b> Make sure the PCP is in the plan you choose.           |                                 |   |
| PCP's first and last name   |                                 | PCP's phone number (optional)<br>(      ) |
| PCP's address (street, city, state, ZIP Code)   |                                 |   |
| <b>► Choose one health plan</b> (put an X in the box).  |                                 |   |
| <input type="checkbox"/> WellCare <input type="checkbox"/> HealthyBlue                                |                                 |   |
| <input type="checkbox"/> UnitedHealthcare Community Plan <input type="checkbox"/> AmeriHealth Caritas |                                 |   |

**Questions?** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Or call us at **1-833-870-5500** (TTY: 1-833-870-5588), 7 a.m. to 5 p.m., Monday through Saturday. We can speak with you in other languages.

To get this information in other languages or formats such as large print or audio, call **1-833-870-5500**.

|   |  |
|---|--|
| <b>Person 4</b>   | ID Number:                                   |
| ► <b>Choose a primary care provider (PCP).</b> Make sure the PCP is in the plan you choose. |  |
| PCP's first and last name   | PCP's phone number (optional)<br>(      )    |
| PCP's address (street, city, state, ZIP Code)   |  |
| ► <b>Choose one health plan</b> (put an X in the box).                                      |  |
| <input type="checkbox"/> WellCare   | <input type="checkbox"/> HealthyBlue         |
| <input type="checkbox"/> UnitedHealthcare Community Plan                                    | <input type="checkbox"/> AmeriHealth Caritas |

|   |  |
|---|--|
| <b>Person 5</b>   | ID Number:                                   |
| ► <b>Choose a primary care provider (PCP).</b> Make sure the PCP is in the plan you choose. |  |
| PCP's first and last name   | PCP's phone number (optional)<br>(      )    |
| PCP's address (street, city, state, ZIP Code)   |  |
| ► <b>Choose one health plan</b> (put an X in the box).                                      |  |
| <input type="checkbox"/> WellCare   | <input type="checkbox"/> HealthyBlue         |
| <input type="checkbox"/> UnitedHealthcare Community Plan                                    | <input type="checkbox"/> AmeriHealth Caritas |

|   |  |
|---|--|
| <b>Person 6</b>   | ID Number:                                   |
| ► <b>Choose a primary care provider (PCP).</b> Make sure the PCP is in the plan you choose. |  |
| PCP's first and last name   | PCP's phone number (optional)<br>(      )    |
| PCP's address (street, city, state, ZIP Code)   |  |
| ► <b>Choose one health plan</b> (put an X in the box).                                      |  |
| <input type="checkbox"/> WellCare   | <input type="checkbox"/> HealthyBlue         |
| <input type="checkbox"/> UnitedHealthcare Community Plan                                    | <input type="checkbox"/> AmeriHealth Caritas |

|  |                          |
|--|--------------------------|
| <b>Sign and date</b>   |                          |
| ► <b>Head of household or guardian</b> sign here   | Date                     |
| ► <b>Authorized representative</b> If you are an authorized representative for this household, fill out this section and sign below. |                          |
| Name of authorized representative  | Phone number<br>(      ) |
| Address (street, city, state, ZIP Code)  |                          |
| ► <b>Authorized representative</b> sign here   | Date                     |



NC DEPARTMENT OF  
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## Health Plan Comparison Chart

All plans are required to have the same type of Medicaid services you get now. These include:

- Doctor visits
- Hospital visits
- Behavioral health care
- Prescriptions
- Eye care
- Medical supplies
- Lab tests and X-rays
- Therapies
- Hospice

To see the full list of NC Medicaid covered services provided by the plans, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Use this chart to learn more about your plan choices.

|                                      |  |  |
|--------------------------------------|--|--|
| <br>Beyond Healthcare. A Better You. | <b>1-866-799-5318</b><br>TTY 711<br><a href="http://wellcare.com/nc">wellcare.com/nc</a><br>7 a.m. to 6 p.m.,<br>Monday through Saturday<br>Statewide (all 100 counties) | <br>Member ID: 99999999<br>Plan Name: Sample Plan<br>Primary Care Provider (PCP):<br>Sally Smith<br>WATSON CLINIC<br>101 MAIN ST<br>STE 400<br>MOOREVILLE, NC 28586<br>PCP Phone: 1-555-555-1235<br>Medicaid #: 1234567<br>BANK: 00435<br>RCPN: MCJUDAY<br>RGRP: R0075 |
|--------------------------------------|--|--|

|                    |  |   |
|--------------------|--|---|
| <br>Community Plan | <b>1-800-349-1855</b><br>TTY 711<br><a href="http://uhccommunityplan.com/nc.html">uhccommunityplan.com/nc.html</a><br>7 a.m. to 6 p.m.,<br>Monday through Saturday<br>Statewide (all 100 counties) | <br>Health Plan (00040) 911-87726-04<br>Member ID: A9999999991<br>Payer ID: 8726<br>Group Number: NCMMIC<br>MEMBER NAME<br>AMH/PCP Name:<br>PROVIDER NAME<br>AMH/PCP Phone: (000)000-0000<br>PROVIDER STREET ADDRESS<br>CITY, STATE, ZIP<br>OPTUMRx<br>Rx Bn: 610494<br>Rx Suf: AOUNC<br>Rx PCN: 4949<br>0001 Administered by UnitedHealthcare Community Plan of North Carolina, Inc. |
|--------------------|--|---|

|  |  |  |
|--|--|--|
|  | <b>1-844-594-5070</b><br>TTY 711<br><a href="http://HealthyBlueNC.com">HealthyBlueNC.com</a><br>7 a.m. to 6 p.m.,<br>Monday through Saturday<br>Statewide (all 100 counties) | <br>Member Name:<br>Member ID:<br>Effective Date:<br>Date of Birth:<br>Primary Care Provider (PCP):<br>PCP Telephone #:_____<br>PCP Address:_____<br>RGIN: XXXXXX<br>RCPN: XX<br>RUGRP: XXXX |
|--|--|--|

|                    |   |  |
|--------------------|---|--|
| <br>North Carolina | <b>1-855-375-8811</b><br>TTY 1-866-209-6421<br><a href="http://amerihealthcaritasnc.com">amerihealthcaritasnc.com</a><br>24 hours a day,<br>7 days a week<br>Statewide (all 100 counties) | <br>North Carolina<br>Member Name:<br>John L. Doe<br>AmeriHealth Caritas North Carolina ID<br>XXXXXX000000<br>State ID: PC00000000000000000000<br>Cognitive<br>ER (S) PCP (S) SPEG (S)<br>Under only apply to select services.<br>Primary doctor<br>PCP first name, PCP last name<br>PCP (Group name)<br>PCP/Group address<br>PCP/Group phone number<br>PCP/Group fax number<br>Effective date<br>(MM/DD/YYYY)<br>All Healthcare |
|--------------------|---|--|

**Questions?** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). We can speak with you in other languages. You can get this information in other languages or formats, such as large print or audio.



## Help in Other Languages

**ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call 1-833-870-5500 (TTY: 1-833-870-5588).

**SPANISH ESPANOL ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-870-5500 (TTY: 1-833-870-5588).

**简体中文 | SIMPLIFIED CHINESE 注意：**如果您不会说英语，可免费获得语言协助服务。请致电 1-833-870-5500 (TTY 用户：1-833-870-5588)。

**VIETNAMESE CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-870-5500 (TTY: 1-833-870-5588).

**KOREAN 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-870-5500 (TTY: 1-833-870-5588). 번으로 전화해 주십시오.

**FRENCH FRANCAIS ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-870-5500 (TTY: 1-833-870-5588).

**ARABIC تنبيه:** إذا كنت لا تتحدث اللغة الإنجليزية، يمكنك الحصول على خدمات المساعدة اللغوية، بالمجان. اتصل على الرقم 1-833-870-5500 (لضعاف السمع: 1-833-870-5588).

**HMONG LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-833-870-5500 (TTY: 1-833-870-5588).

**RUSSIAN ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-870-5500 (TTY: 1-833-870-5588).

**TAGALOG PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-870-5500 (TTY: 1-833-870-5588).

**ગુજરાતી | GUJARATI સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-870-5500 (TTY: 1-833-870-5588).

**ខ្មែរ | CAMBODIAN ប្រយ័ត្ន៖** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-833-870-5500 (TTY: 1-833-870-5588)។

**GERMAN DEUTSCH ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-870-5500 (TTY: 1-833-870-5588).

**HINDI ध्यान दः** यदि आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-833-870-5500 (TTY: 1-833-870-5588). पर कॉल कर।

**LAOTIAN ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-833-870-5500 (TTY: 1-833-870-5588).

**JAPANESE 注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。1-833-870-5500 (TTY: 1-833-870-5588) まで、お電話にてご連絡ください。

## Notice of Non-Discrimination

**NC Medicaid** complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. NC Medicaid does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

**NC Medicaid** provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**NC Medicaid** provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact NC Medicaid at **1-833-870-5500** (TTY: 1-833-870-5588)

If you believe that NC Medicaid has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

DHHS ADA/RA Complaints  
Office of Legal Affairs  
2001 Mail Service Center  
Raleigh, NC 27699-2001

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Legal Affairs is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **electronically** through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **by mail** at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201; or
- **by phone** at **1-800-868-1019** (TDD: 1-800-537-7697)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).



**Choose a health plan now!**



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

## Choose a health plan by September 13, 2019

If you don't choose a plan, we will choose one for you. It's best if you choose!

Choose a plan in one of these ways:

1. Online at [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
2. Use the NC Medicaid Managed Care mobile app
3. Call us at **1-833-870-5500**  
(TTY: 1-833-870-5588)
4. Mail the Enrollment Form we sent you

### Questions?

We can help. Call us at **1-833-870-5500**  
(TTY: 1-833-870-5588).

Patricia A. Jones  
157 Main Street  
Raleigh, NC 27603