

CHANGE NOTICE FOR MANUAL NO. 05-10, NCHC MANDATORY PARTICIPATION IN CCNC/CA

DATE: FEBRUARY 18, 2010

Manual: Aged, Blind and Disabled Medicaid

Change No: 05-10

To: County Directors of Social Services

Effective: March 01, 2010

I. BACKGROUND

In October 1998, North Carolina Health Choice (NCHC) was established under Title XXI of the Social Security Act, providing medical coverage for children through age 18 whose countable income exceeded the eligibility limit for full Medicaid. Benefits are provided through the State Employees Health Plan. A child cannot receive NCHC if he is eligible for full Medicaid or is covered by a comprehensive insurance plan.

In 2005, the North Carolina General Assembly passed legislation requiring NCHC children to be linked with a Community Care of North Carolina/Carolina Access (CCNC/CA) provider. Effective August 1, 2009, counties began linking NCHC recipients (except NCHC-L recipients) to their provider if their provider was participating in CCNC/CA. However, an exemption was allowed if the recipient failed to choose a CCNC/CA provider.

II. CONTENT OF CHANGE

MA-2425, Community Care Of North Carolina/Carolina ACCESS, policy and figures have been updated to include NCHC recipients. Most figures have been assigned a form number and are now available in the online forms folder.

- A. In I, Background, added policy directing caseworkers to begin auto enrolling Medicaid/NCHC recipients who fail to choose a CCNC/CA provider within a reasonable time period of 10 calendar days, unless they qualify for an exemption.**
- B. In II, Policy Principles, added policy directing caseworkers to focus on enrolling recipients into the CCNC network so they can take advantage of additional managed care services.**
- C. In IV, County DSS Responsibilities, clarified that the CCNC/CA Handbook is to be given to all Medicaid a/rs. Clarified and assigned form numbers for the handouts, CCNC/CA: The Benefits of being a Member. There are now two versions of this handout due to the differences in benefits for Medicaid and NCHC recipients. The DMA-9016 should be given to Medicaid A/Rs and the DMA-9017 should be given to NCHC A/Rs.**

- D. In VII, Enrollment, deleted policy which stated not to auto enroll a NCHC a/r with a CCNC/CA provider. Changed the entry on the chart of Mandatory Coverage Groups from NCHC to MIC-A, MIC-J, MIC-K, and MIC-S to clarify that policy does not apply to a recipient of MIC-L. Added MIC-L to Ineligible Coverage Groups.**
- E. In VIII, Assignment Protocols for Medicaid and NCHC Recipients, clarified that individuals approved for MIC-L are exempt from CCNC/CA enrollment. Deleted policy which stated not to select a provider for NCHC children. Added the requirement to give or mail the CCNC/CA handbook, and the DMA-9016, CCNC/CA: The Benefits of being a member-Medicaid handout, to all mandatory and optional Medicaid applicants/recipients. For Medicaid applications/reviews and mail in NCHC reviews which result in NCHC eligibility, caseworkers must give or mail the DMA-9017, CCNC/CA: The Benefits of being a member-NCHC handout, including the Provider name and phone number. New requirement added to allow at least 10 calendar days for the a/r to select a PCP participating in CCNC/CA before auto enrolling.**
- F. In IX, Recipient Education, added that the name of the medical home, along with the address and telephone number will be provided to NCHC recipients on a notice which will be mailed. Added that the CCNC/CA handbook has a complete list of services for which a referral is not required. Clarified that the visit restrictions apply only to Medicaid recipients.**

III. EFFECTIVE DATE AND IMPLEMENTATION

Community Care North Carolina/Carolina Access auto enroll policy for NCHC and other changes were issued in F&C Medicaid Change Notice 02-10 and were effective February 01, 2010. Apply these policy changes to any applications or redeterminations received on or after March 01, 2010.

IV. MAINTENANCE OF MANUAL

- A. Remove: MA-2425, pages 1-27, and Figures 1, 3, 6, 7, 8, 9, 10, 11a, 11b, 12a, and 12b.**
- B. Insert: [MA-2425](#), pages 1-27, and Figures [1](#), [3](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12a](#), [12b](#). dated 03/2010.**

If you have any questions, please contact your Medicaid Program Representative.

Craig L. Gray, MD, MBA, JD, Director

(This material was researched and written by Linda Faulkner, Policy Coordinator, Medicaid Eligibility Unit.)