

Frequently Asked Questions

Prepaid Health Plan (PHP) Enrollment Letters

Question: Can you tell me what this letter means?

Answer: You received this letter because you receive Medicaid in NC. This letter outlines your options related to receiving Medicaid in the future. It's important that you read it thoroughly and reach out to Maximus, NC's enrollment broker who has been selected to assist individuals to choose the Medicaid health plan that works best for them.

Hours of Operation: Mon-Sat 7am-5pm (Extended Hours During Open Enrollment: Mon-Sun 7am-8pm).

Toll Free Phone Number: 1-833-870-5500

TTY: 1-833-870-5588

Website: ncmedicaidplans.gov

Mobile App: NC Medicaid Managed Care Mobile App

Question: Which Plan is best for me?

Answer: North Carolina has employed the services of a company called Maximus. Their role in transformation is to assist individuals in reviewing the Medicaid health plan options and helping you make the best decision for you and your eligible family members regarding a Medicaid health plan. You can reach Maximus the following ways:

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Question: I receive IIHS, ACTT, or CST services, can I still choose a standard plan?

Answer: Some services, such as IIHS, ACTT, and CST among other services, will only be offered by the current LME-MCOs and the future tailored plans. There is a list of services that will only be available by the current LME-MCO system. If you receive one of these services, but opt into a standard plan, these services will no longer be available to you. Please see the table below with the list of services only available within the current LME-MCO system or the future tailored plans. If you wish to continue these services, you do not need to choose a plan right now.

Question: Is there a plan that I could choose that would prevent me from continuing to receive my current services?

Answer: Your continued services will be somewhat dependent on the option you choose. If remaining with your current services is something that is important to you, please share that with your Maximus representative so that they can assist you with understanding which option works best for your goals.

Question: I receive a standard plan service (outpatient, psychiatry, etc.). Are there any of the PHPs that would stop me from being able to continue the services I receive with you?

Answer: It is the intent of our company to contract with all of the PHPs, also known as "standard plans." Currently we are in talks with each of the companies that offer standard plan benefits and will share if your services with us will be negatively affected in any way by the choice you make as soon as possible.

Question: What happens if I do nothing to choose a plan?

Answer: If you receive services only offered in a Tailored Plan or current LME/MCO, you will remain with that LME/MCO. If you qualify for a standard plan and do not make a choice, the Department will auto-enroll you in a plan before your region goes live.

Question: Can you help me choose a plan?

Answer: We can't tell you which plan to choose, that is your decision. However, even though Maximus will have this information, we can let you know which standard plan companies we have contracts with.

**Covered Exclusively by Behavioral Health I/DD Tailored Plans
(or LME-MCOs Prior To Launch)**

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services
- Psychiatric residential treatment facilities
- Assertive community treatment
- Community support team
- Psychosocial rehabilitation
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Clinically managed low-intensity residential treatment services
- Clinically managed population-specific high-intensity residential programs
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Waiver Services
- Innovations Waiver services
- TBI Waiver services
- 1915(b)(3) services
- State-Funded Behavioral Health and I/DD Services
- State-Funded TBI Services

Covered by Both Standard Plans and Behavioral Health I/DD Tailored Plans

- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Partial hospitalization
- Mobile crisis management
- Facility-based crisis services for children and adolescents
- Professional treatment services in facility-based crisis program
- Peer supports
- Outpatient opioid treatment
- Ambulatory detoxification
- Substance abuse comprehensive outpatient treatment program (SACOT)
- Substance abuse intensive outpatient program (SAIOP)
- Clinically managed residential withdrawal (social setting detoxification services)
- Research-based intensive behavioral health treatment
- Diagnostic assessment
- Early and periodic screening, diagnostic and treatment (EPSDT) services
- Non-hospital medical detoxification
- Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization