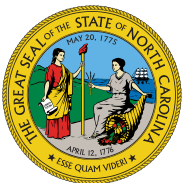




NC Medicaid Managed Care Member Handbook

2024



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits


AmeriHealth Caritas[™]
North Carolina

[amerihealthcaritasnc.com](https://www.amerihealthcaritasnc.com)



English: You can request free auxiliary aids and services, including this material and other plan information in large print. Call **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. If English is not your first language, we can help. Call **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede obtener ayuda y servicios de asistencia sin cargo, que incluyen esta publicación y otra información del plan en letra grande. Llame al **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Si el inglés no es su lengua materna, podemos ayudar. Llame al **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Podemos brindarle la información de esta publicación en su idioma de manera oral o escrita, ofrecerle acceso a servicios de interpretación y ayudarlo a responder sus preguntas en su idioma sin cargo.

中文 (Chinese): 您可以免费索取辅助设备及服务，包括本资料内容及其他计划相关信息的大号字体版。请致电 **1-855-375-8811 (TTY/TDD 1-866-209-6421)**。如果英语不是您的第一语言，我们可以提供帮助。请致电 **1-855-375-8811 (TTY/TDD 1-866-209-6421)**。我们可以免费以您的语言通过口头或书面形式为您提供本资料中的信息，为您提供口译服务，并帮助您使用您的语言解答您的问题。

Tiếng Việt (Vietnamese): Quý vị có thể nhận được các dịch vụ và phương tiện trợ giúp hỗ trợ miễn phí, bao gồm tài liệu này và các thông tin khác về chương trình ở dạng bản in chữ lớn. Vui lòng gọi **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Nếu tiếng Anh không phải là tiếng mẹ đẻ của quý vị, chúng tôi có thể hỗ trợ. Vui lòng gọi **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị bằng lời nói hoặc bằng văn bản, quyền tiếp cận các dịch vụ thông dịch và có thể giúp giải đáp thắc mắc bằng ngôn ngữ của quý vị.

한국어(Korean): 본 자료 및 기타 플랜 정보를 큰 활자체로 요청하는 것을 포함하여, 무료 보조 지원과 서비스를 요청하실 수 있습니다. **1-855-375-8811(TTY/TDD 1-866-209-6421)**번으로 연락하십시오. 영어가 모국어가 아닌 경우, 저희가 도와드릴 수 있습니다. **1-855-375-8811 (TTY/TDD 1-866-209-6421)**번으로 문의하십시오. 저희는 무료로 본 자료의 정보를 귀하의 언어로 구두 또는 서면상 제공하고, 통역 서비스를 제공하고, 귀하의 질문에 대한 답변을 귀하의 언어로 제공해 드릴 수 있습니다.

Français (French): Vous pouvez demander des supports et des services auxiliaires gratuits, y compris le présent document et d'autres informations sur le plan en gros caractères. Appelez au **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Si l'anglais n'est pas votre langue maternelle, nous pouvons vous aider. Appelez-nous au **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Nous pouvons vous fournir gratuitement ces informations verbalement ou par écrit, mettre un interprète à votre disposition et répondre à vos questions dans votre propre langue.

عربي (Arabic): يمكنك طلب مساعدات وخدمات إضافية مجانية تشمل هذه المادة ومعلومات أخرى عن الخطة في مطبوعة كبيرة. اتصل بالرقم **1-855-375-8811 (TTY/TDD 1-866-209-6421)** إذا لم تكن اللغة الإنجليزية لغتك الأولى، فيمكننا مساعدتك. اتصل بالرقم **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. يمكننا أن نقدم لك مجاناً المعلومات الواردة في هذه المادة بلغتك شفهيًا أو كتابيًا، والوصول إلى خدمات المترجمين الفوريين، ويمكننا المساعدة في الإجابة عن أسئلتك بلغتك.



Hmoob (Hmong): Koj tuaj yeem thov ib tus neeg pab cuam pub dawb thiab cov kev pab cuam, suav nrog qhov cuab yeej no thiab lwm txoj phiaj xwm cov ntaub ntauv luam ua tus ntauv loj. Hu rau **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Yog tias lus As Kiv tsis yog koj thawj yam lus hais, peb tuaj yeem pab tau. Hu rau **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Peb tuaj yeem muab cov ntaub ntauv no rau koj, ua koj yam lus ua lus hais los sis ua ntauv sau, tau txais kev pab cuam txhais lus, thiab lwm yam kev pab los teb koj cov lus nug ua koj yam lus yam tsis poob nqi.

Русский (Russian): Вы можете запросить бесплатные дополнительные пособия и услуги, в том числе данный материал и другую информацию о плане, напечатанные крупным шрифтом. Звоните по телефону **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Если ваш родной язык не английский, мы можем помочь. Позвоните по телефону **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Мы можем бесплатно предоставить вам информацию, изложенную в данном материале, на вашем языке в устной или письменной форме, обеспечить доступ к услугам устного переводчика и ответить на ваши вопросы на вашем родном языке.

Tagalog (Tagalog): Maaari kang makakuha ng mga libreng dagdag na tulong at serbisyo, kabilang ang babasahing ito at iba pang impormasyon sa plano sa malaking print. Tumawag sa **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Kung hindi mo unang wika ang Ingles, maaari kaming tumulong. Tumawag sa **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. Maaari ka naming bigyan ng impormasyon sa materyal na ito nang walang bayad sa iyong wika nang pasalita o sa paraang nakasulat, access sa mga serbisyo ng tagapagsalin sa wika, at maaari kaming tumulong sa pagsagot sa iyong mga katanungan sa iyong wika.

ગુજરાતી (Gujarati): તમે મોટા અક્ષરોમાં આ સામગ્રી અને અન્ય પ્લાનની માહિતી સહિત મફત સહાયક મદદ અને સેવાઓની વિનંતી કરી શકો છો. **1-855-375-8811 (TTY/TDD 1-866-209-6421)** પર કોલ કરો. જો ઇંગ્લીશ તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-855-375-8811 (TTY/TDD 1-866-209-6421)** પર કોલ કરો. અમે, વિનામૂલ્યે, તમને આ સામગ્રી ની માહિતી તમારી ભાષામાં મૌખિક અથવા લેખિતમાં આપી શકીએ છીએ, દુભાષિયા સેવાઓને એક્સેસ આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં મદદ કરી શકીએ છીએ.

ខ្មែរ (Khmer): អ្នកអាចស្នើសុំជំនួយ និងសេវាកម្មជំនួយ រួមទាំងសម្ភារ និងព័ត៌មានគម្រោងផ្សេងទៀតជាទម្រង់ បោះពុម្ពផ្តំ។ សូមខលទៅលេខ **1-855-375-8811 (TTY/TDD 1-866-209-6421)**។ ប្រសិនបើភាសាអង់គ្លេស មិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយបាន។ សូមហៅទូរស័ព្ទទៅលេខ **1-855-375-8811 (TTY/TDD 1-866-209-6421)**។ យើងអាចផ្តល់ ឱ្យអ្នកដោយមិនគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជា ភាសារបស់អ្នកដោយផ្ទាល់មាត់ ឬជាលាយលក្ខណ៍អក្សរ ហើយមានសិទ្ធិចូលប្រើសេវាកម្មអ្នកបកប្រែ និងអាចជួយ ឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នកបាន។

Deutsch (German): Sie können kostenlose Hilfsmittel und Dienstleistungen anfordern, einschließlich dieses Materials und anderer Planinformationen in Großdruck drucken. Rufen Sie **1-855-375-8811 (TTY/TDD 1-866-209-6421)** an. Wenn Englisch nicht Ihre Muttersprache ist, können wir Ihnen helfen. Rufen Sie **1-855-375-8811 (TTY/TDD 1-866-209-6421)** an. Wir können Ihnen die Informationen in diesem Material in Ihrer Sprache mündlich oder schriftlich kostenlos zur Verfügung stellen und Ihnen bei der Beantwortung Ihrer Fragen in Ihrer Sprache helfen.

Auxiliary Aids and Interpreter Services

हिंदी (Hindi): आप निःशुल्क सहायक सहायता और सेवाओं का अनुरोध कर सकते हैं, जिसमें यह सामग्री और अन्य योजना संबंधी जानकारी को बड़े अक्षरों में शामिल हैं **1-855-375-8811 (TTY/TDD 1-866-209-6421)** पर कॉल करें। अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम आपकी मदद कर सकते हैं। **1-855-375-8811 (TTY/TDD 1-866-209-6421)** पर कॉल करें। हम आपको इस सामग्री की जानकारी मौखिक रूप से या लिखित रूप में, दुभाषिया सेवाओं तक पहुंच प्रदान कर सकते हैं, और आपकी भाषा में आपके प्रश्नों का उत्तर देने में मदद कर सकते हैं।

ພາສາລາວ (Laotian): ທ່ານສາມາດຂໍຄວາມຊ່ວຍເຫຼືອ ແລະຮັບບໍລິການການຊ່ວຍເຫຼືອໄດ້ພຣີ, ລວມທັງ ເອກະສານນີ້ແລະຂໍ້ມູນແຜນອື່ນໆ ໃນຕົວອັກສອນ ຂະຫນາດໃຫຍ່ໄດ້ ໂທ **1-855-375-8811**

(TTY/TDD 1-866-209-6421).

ຖ້າພາສາອັງກິດບໍ່ແມ່ນພາສາທຳອິດຂອງທ່ານ, ພວກເຮົາສາມາດຊ່ວຍທ່ານໄດ້. ໂທຫາ **1-855-375-8811 (TTY/TDD 1-866-209-6421)**. ເພື່ອຂໍຂໍ້ມູນໃນເອກະສານນີ້ ຈາກພວກເຮົາໃນພາສາຂອງທ່ານໄດ້. ພວກເຮົາສາມາດ ຂໍໃຫ້ມີບໍລິການນາຍພາສາແລະສາມາດຊ່ວຍຕອບຄຳຖາມ ຂອງທ່ານໃນພາສາຂອງທ່ານໄດ້.

日本語 (Japanese): この資料と他のプラン情報の拡大版を含む、無料の補足的援助とサービスをリクエストできます。 **1-855-375-8811 (TTY/TDD 1-866-209-6421)** までお電話ください。英語が母国語でない方には、サポート致しますので、こちらにお電話下さい。 **1-855-375-8811 (TTY/TDD 1-866-209-6421)** この資料に関する情報をご自分の言語で無料にて直接または書面でさしあげます。また通訳サービスによる質問対応が可能です。

Notice of Nondiscrimination

AmeriHealth Caritas North Carolina 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. AmeriHealth Caritas North Carolina 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.

AmeriHealth Caritas North Carolina provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AmeriHealth Caritas North Carolina 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, call at **1-855-375-8811 (TTY 1-866-209-6421/TDD 1-800-537-7697)**.

If you believe that AmeriHealth Caritas North Carolina 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:

- **AmeriHealth Caritas North Carolina
Grievances Department
P.O. Box 7382
London, KY 40742-7382**

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

- Online: **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
- By phone at **1-800-368-1019 (TDD 1-800-537-7697)**

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

Your AmeriHealth Caritas North Carolina Quick-Reference Guide

I want to:	I can contact:
Find a doctor, specialist or health care service, including behavioral health services.	My primary care provider (PCP). If I need help with choosing my PCP, I can call Member Services at 1-855-375-8811 (TTY 1-866-209-6421) .
Learn more about choosing or enrolling in a health plan.	Call toll free: 1-833-870-5500
Get this handbook in another format or language.	Member Services at 1-855-375-8811 (TTY 1-866-209-6421) .
Keep track of my appointments and health services.	My PCP or Member Services at 1-855-375-8811 (TTY 1-866-209-6421) .
Get help with getting to and from my doctor's appointments.	ModivCare at 1-833-498-2262 . I can also find more information on transportation services in this handbook on page 23 .
Get help to deal with thoughts of hurting myself or others, distress, severe stress or anxiety, or any other behavioral health crisis.	Behavioral Health Crisis Line at 1-833-712-2262 , at any time, 24 hours a day, 7 days a week. If I am in danger or need immediate medical attention, I can call 911 .
Get answers to basic questions or concerns about my health, symptoms or medicines.	Nurse Line at 1-888-674-8710 at any time, 24 hours a day, 7 days a week, or talk with my PCP.
<ul style="list-style-type: none"> • Understand a letter or notice I got in the mail from my health plan. • File a complaint about my health plan. • Get help with a recent change or denial of my health care services. 	Member Services at 1-855-375-8811 (TTY 1-866-209-6421) or the NC Medicaid Ombudsman at 1-877-201-3750 . I can also find more information about the NC Medicaid Ombudsman in this handbook on page 61 .
Update my address.	My local Department of Social Services (DSS) office to report an address change. A list of DSS locations can be found at dhhs.nc.gov/localdss . You can also use ePASS to update your address and information. Epass.nc.gov is North Carolina's secure self-service website where you can apply for benefits and services. You can create a basic ePASS account, then choose to update to an Enhanced ePASS account. Sign up for ePASS at epass.nc.gov .
Find my AmeriHealth Caritas North Carolina health care provider directory or other general information about my health plan	Visit our website at amerihealthcaritasnc.com or call Member Services at 1-855-375-8811 (TTY 1-866-209-6421) .

Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Adult Care Home	A licensed residential care setting with seven or more beds for older adults or people who are disabled who need some additional supports. These homes offer supervision and personal care appropriate to the person's age and disability.
Adult Preventive Care	Care consisting of wellness checkups, patient counseling and regular screenings to prevent adult illness, disease and other health-related issues.
Advance Directive	A written set of directions about how medical or mental health treatment decisions are to be made if you lose the ability to make them for yourself.
Adverse Benefit Determination	A decision your health plan can make to deny, reduce, stop or limit your health care services.
Appeal	If AmeriHealth Caritas North Carolina makes a decision you do not agree with, you can ask them to review it. This is called an "appeal." Ask for an appeal when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask your health plan for an appeal, you will get a new decision within 30 days. This decision is called a "resolution." Appeals and grievances are different.
Behavioral Health Care	Mental health and substance use disorder treatment and recovery services.
Beneficiary	A person who is receiving Medicaid.
Benefits	A set of health care services covered by your health plan.
Care Coordination	A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources or monitoring treatment attendance.
Care Management	A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services, and help you find access to resources like transportation, healthy food and safe housing.
Care Manager	A health professional who can help you meet your health goals by coordinating your medical, social and behavioral health services, and help you find access to sources like transportation, healthy food and safe housing.

Key Words Used in This Handbook

Children’s Screening Services	A medical examination to monitor how a child is developing. Screening services can help identify concerns and problems early. The screenings assess social/emotional behavior, vision and hearing, motor skills and coordination, cognitive abilities, and language and speech.
Complaint	Dissatisfaction about your health plan, provider, care or services. Contact your health plan and tell them you have a “complaint” about your services. Complaints and appeals are different.
Copayment (Copay)	An amount you pay when you get certain health care services or a prescription.
County Department of Social Services (DSS)	The local (county) public agency that is responsible for determining eligibility for Medicaid and other assistance programs.
Covered Services	Health care services that are provided by your health plan.
Crossover	The time frame immediately before and after the start of North Carolina Medicaid Managed Care.
Durable Medical Equipment (DME)	Certain items (like a walker or a wheelchair) your doctor can order for you to use at home if you have an illness or an injury.
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	A Medicaid benefit that provides comprehensive and preventive health care services for children under age 21 who receive Medicaid. When children need medical care, services are not limited by AmeriHealth Caritas’ coverage policies. Medicaid makes sure that members under age 21 can get the medical care they need, when they need it, including health care services to prevent future illnesses and medical conditions.
Early Intervention	Services and supports available to babies and young children with developmental delays and disabilities and their families. Services may include speech and physical therapy and other types of services.
Eastern Band of Cherokee Indians (EBCI) Tribal Option	The primary care case management entity (PCCMe) created by the Cherokee Indian Hospital Authority (CIHA). It manages the primary care needs of federally recognized tribal members and others who qualify for services through Indian Health Service (IHS) and live in Cherokee, Haywood, Graham, Jackson or Swain County or in a neighboring county of the 5-county region.
Emergency Department Care (or Emergency Room Care)	Care you receive in a hospital if you are experiencing an emergency medical condition.
Emergency Medical Condition	A situation in which your life could be threatened or you could be hurt permanently if you do not get care right away.

Key Words Used in This Handbook

Emergency Medical Transportation	Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.
Emergency Services	Services you receive to treat your emergency medical condition.
Enrollment Broker	An unbiased, third-party entity that provides managed care choice counseling and enrollment assistance and coordinates outreach and education to beneficiaries.
Excluded Services	Services covered by the NC Medicaid Direct program but not by your health plan. You can get these services from any provider who takes Medicaid.
Fair Hearing	See “State Fair Hearing.”
Grievance	A complaint about your health plan, provider, care or services. Contact AmeriHealth Caritas North Carolina and tell us you have a “grievance” about your services. Grievances and appeals are different.
Habilitation Services and Devices	Health care services that help you keep, learn or improve skills and functioning for daily living.
Health Insurance	A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.
Health Plan (or Plan)	The organization providing you with health care services.
Home Health Care	Certain services you receive outside a hospital or a nursing home to help with daily activities of life, like home health aide services, skilled nursing or physical therapy services.
Hospice Services	Special services for patients and their families during the final stages of terminal illness and after death. Hospice services include certain physical, psychological, social and spiritual services that support terminally ill individuals and their families or caregivers.
Hospitalization	Admission to a hospital for treatment that lasts more than 24 hours.
Hospital Outpatient Care	Services you receive from a hospital or other medical setting that do not require hospitalization.
Institution	Health care facility or setting that may provide physical and/or behavioral supports. Some examples include, but are not limited to, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Skilled Nursing Facility (SNF) and Adult Care Home (ACH).

Key Words Used in This Handbook

Legal Guardian or Legally Responsible Person	A person appointed by a court of law to make decisions for an individual who is unable to make decisions on their own behalf (most often a family member or friend unless there is no one available, in which case a public employee is appointed).
Local Management Entity/Managed Care Organization (LME-MCO)	The organization providing behavioral health services to beneficiaries in the NC Medicaid Direct program.
Long-Term Services and Supports (LTSS)	Care provided in the home, in community-based settings or in facilities to help individuals with certain health conditions or disabilities with day-to-day activities. LTSS includes services like home health and personal care services.
Managed Care	A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical health, behavioral health and other health services for Medicaid beneficiaries.
Medicaid	Medicaid is a health coverage program. The program helps certain families or individuals who have low income or serious medical problems. It is paid with Federal, state and county dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your local Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections. See the websites below for more information about Medicaid and your rights: amerihealthcaritasnc.com and medicaid.ncdhhs.gov/medicaid/your-rights.
Medically Necessary	Medical services, treatments or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
Member	A person enrolled in and covered by a health plan.
Member Services	The phone number you can call to speak to someone and get help when you have a question. AmeriHealth Caritas North Carolina's number is 1-855-375-8811 (TTY 1-866-209-6421) .
NC Department of Health and Human Services (NCDHHS)	The state agency that includes NC Medicaid (Division of Health Benefits), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), Division of Social Services (DSS), Division of Aging and Adult Services (DAAS) and other health and human services agencies. The NCDHHS website is ncdhhs.gov .
NC Medicaid (State Medicaid Agency)	An agency that manages Medicaid health care programs, pharmacy benefits and behavioral health services on behalf of NCDHHS.

Key Words Used in This Handbook

NC Medicaid Direct	Previously known as traditional Medicaid, this category of care includes those who are not a part of NC Medicaid Managed Care.
NC Medicaid Ombudsman	A Department program that provides education and advocacy for Medicaid beneficiaries whether they are in NC Medicaid Managed Care or NC Medicaid Direct. The NC Medicaid Ombudsman provides issue resolution for NC Medicaid Managed Care members. It is a resource to be used when you have been unable to resolve issues with your health plan or PCP. The NC Medicaid Ombudsman is separate and distinct from the Long-Term Care Ombudsman Program.
Network (or Provider Network)	A group of doctors, hospitals, pharmacies and other health professionals who have a contract with your health plan to provide health care services for members.
Network Provider	A provider that is in your health plan's provider network.
Non-Covered Services	Health care services that are not covered by your health plan.
Non-Emergency Medical Transportation (NEMT)	Transportation your health plan can arrange to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-buses, mountain-area transports and public transportation.
Ongoing Course of Treatment	When a member, in the absence of continued services, reflected in a treatment or service plan or as otherwise clinically indicated would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.
Ongoing Special Condition	A condition that is serious enough to require treatment to avoid possible death or permanent harm. A chronic illness or condition that is life-threatening, degenerative, or disabling and requires treatment over an extended period. This definition also includes pregnancy in its second or third trimester, scheduled surgeries, organ transplants, inpatient stays or being terminally ill.
Out-of-Network Provider	A provider that is not in your health plan's provider network.
Palliative Care	Specialized care for a patient and family that begins at diagnosis and treatment of a serious or terminal illness. This type of care is focused on providing relief from symptoms and stress of the illness with the goal of improving quality of life for you and your family.
Physician	A person who is qualified to practice medicine.
Physician Services	Health care services you receive from a physician, nurse practitioner or physician assistant.
Postnatal	Pregnancy health care for a mother who has just given birth to a child.

Key Words Used in This Handbook

Premium	The amount you pay for your health insurance every month. Most Medicaid beneficiaries do not have a premium.
Prenatal	Pregnancy health care for expectant mothers prior to the birth of a child.
Prescription Drug Coverage	Refers to how the health plan helps pay for its members' prescription drugs and medications.
Prescription Drugs	A drug that, by law, requires a provider to order it before a beneficiary can receive it.
Primary Care	Services from a primary care provider that help you prevent illness (checkup, immunization) to manage a health condition you already have (like diabetes).
Primary Care Provider or Primary Care Physician (PCP)	The doctor or clinic where you get your primary care (immunizations, well visits, sick visits to help you manage an illness like diabetes). Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it. Your PCP should be your first call for care before going to the emergency department.
Prior Authorization (or Preauthorization)	Approval you must have from your health plan before you can get or continue getting certain health care services or medicines.
Provider	A health care professional or a facility that delivers health services, like a doctor, hospital or pharmacy.
Provider Network (or Network)	A group of doctors, hospitals, pharmacies and other health professionals who have a contract with your health plan to provide health care services for members.
Referrals	A documented order from your provider for you to see a specialist or receive certain medical services.
Rehabilitation and Therapy Services and Devices	Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.
Service Limit	The maximum amount of a specific service that can be received.
Skilled Nursing Care	Health care services that require the skill of a licensed nurse.
Skilled Nursing Facility (SNF)	A facility that provides skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for people who are injured, disabled or sick.
Specialist	A provider who is trained and practices in a specific area of medicine.

Key Words Used in This Handbook

Standard Plan	A North Carolina Medicaid health plan that offers physical health, pharmacy and basic behavioral health services for members. Standard Plans offer added services for members who qualify. AmeriHealth Caritas North Carolina is a Standard Plan.
State Fair Hearing	When you do not agree with your plan's resolution, you can ask for the state to review it. The NC Office of Administrative Hearings (OAH) will conduct your State Fair Hearing. The judge will carefully review AmeriHealth Caritas North Carolina's resolution. The judge does not work for your health plan. You may give the judge more medical updates. You may also ask questions directly to a member of the team who worked on your resolution.
Substance Use Disorder	A medical disorder that includes the misuse of addiction to alcohol and/or legal or illegal drugs.
Telehealth	Use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.
Transition of Care	The process of assisting you to move between health plans or to another Medicaid program, such as NC Medicaid Direct. The term transition of care also applies to the assistance provided to you when your provider is not enrolled in the health plan.
Urgent Care	Care for a health condition that needs prompt medical attention but is not an emergency medical condition. You can get urgent care in a walk-in clinic for a non-life-threatening illness or injury.

Table of Contents

Welcome to AmeriHealth Caritas North Carolina's Medicaid Managed Care Program 1

How Managed Care Works 1

How to Use This Handbook 1

Help From Member Services 2

For People with Hearing, Vision
or Speech Disabilities 3

For People with Hearing Loss 3

For People with Vision Loss 3

For People with Speech Disabilities 3

For People with Multiple Disabilities 3

Other Special Aids and Services
for People with Disabilities 3

Your Medicaid ID card 5

PART I: First Things You Should Know 6

How to Choose Your PCP 6

If Your Provider Leaves Our Network 6

How to Change Your PCP 8

How to Get Regular Health Care 9

Appointment Guide 10

How to Get Specialty Care — Referrals 11

Out-of-Network Referral 11

Out-of-Network Providers 11

Get These Services From AmeriHealth Caritas North
Carolina Without a Referral 12

Primary Care 12

Women's Health Care 12

Family Planning 12

Children's Screening 12

Local Health Department Services 12

Behavioral Health Services 12

Emergencies 13

Urgent Care 14

Care Outside North Carolina
and the United States 14

NC Medicaid Managed Care provides
benefits or health care services covered by
AmeriHealth Caritas North Carolina 15

Your Benefits 15

Services Covered by AmeriHealth Caritas
North Carolina's Network 17

Regular Health Care 17

Maternity Care 17

Hospital Care 17

Home Health Services 17

Personal Care Services 17

Hospice Care 17

Vision Care 18

Pharmacy 18

Emergency Care 18

Specialty Care 18

Nursing Home Services 18

Behavioral Health Services (Mental Health
and Substance Use Disorder Services) 19

Pharmacy Services and Prescription Benefits 21

Transportation Services 23

Member Conduct for Transportation Services 24

No-Show Policy for Transportation Services 24

How to Request Reimbursement for Food
and Lodging for Overnight Trips 25

Long-Term Services and Supports (LTSS) 27

Family Planning 27

Other Covered Services 27

In Lieu of Services 27

Extra Support to Manage Your Health
(Care Management) 28

Table of Contents

Help With Problems Beyond Medical Care (Healthy Opportunities)..... 29

CARE Card 30

Value-added Services — Health Programs 31

Adult Vision Program 31

Asthma Navigation* 31

Flexible Recovery Benefit 31

High-Risk Pregnancy Care* 31

Living Beyond Your Pain Program* 31

Post-discharge Meals 31

Breast Pumps for New and Expectant Moms 31

Transportation 31

Value-added Services — Memberships and Services 32

Boys and Girls Club Membership 32

Mission GED Program 32

Wireless Phone Program 32

WW® (formerly Weight Watchers®) Membership. 32

Pharmacy Lock-in Program 33

Opioid Misuse Prevention Program 33

Special Programs 33

Benefits You Can Get from AmeriHealth Caritas North Carolina OR a Medicaid Provider 34

HIV and STI Screening 34

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): The Medicaid Health Benefit for Members Under Age 21 35

Early and Periodic Screening and Diagnostic 35

The “T” in EPSDT: Treatment for Members Under Age 21 35

Benefits Covered by NC Medicaid Direct but Not by Your Health Plan 37

Services NOT Covered 38

If You Get a Bill 38

New Technology 39

AmeriHealth Caritas North Carolina Member Copays 39

Copays if You Have Medicaid* 39

Service Authorization and Actions 40

Preauthorization process 40

Part II: Plan Procedures 40

What Happens After We Get Your Service Authorization Request? 41

Important Details About Services Coverable by the Federal EPSDT Guarantee: 42

Prior Authorization and Time Frames (including those for Out-of-Network Services) 42

Information From Member Services 43

How You Can Help with AmeriHealth Caritas North Carolina Policies 43

Appeals 44

Expedited (Faster) Appeals 44

Provider Requests for Expedited Appeals 44

Member Requests for Expedited Appeals 45

Timelines for Standard Appeals 45

Decisions on Appeals 45

State Fair Hearings 46

Free and Voluntary Mediations 46

Continuation of Benefits During an Appeal 47

Appeals During Your Transition Out of AmeriHealth Caritas North Carolina 47

If You Have Problems With Your Health Plan You Can File a Grievance 48

Resolving your Grievance 48

Transition of Care 49

Member Rights and Responsibilities 50

Your Rights 50

Your Rights if You Are a Minor 51

Your Responsibilities 51

Table of Contents

How to Change Your Health Plan (Disenrollment)... 52

How to Request to Change Health Plans 52

Reasons Why You May Have to Leave
AmeriHealth Caritas North Carolina..... 52

If You Lose Your NC Medicaid Managed
Care Program Eligibility..... 53

State Fair Hearings for
Disenrollment Decisions..... 53

Requesting a State Fair Hearing
for Disenrollment Decisions..... 53

Advance Directives..... 54

Living Will 54

Health Care Power of Attorney 54

Advance Instruction for Mental
Health Treatment 54

Forms You Can Use to Make an
Advance Directive..... 55

Fraud, Waste and Abuse 57

Concerns About Abuse, Neglect and Exploitation 57

Important Phone Numbers 59

Keep Us Informed 60

NC Medicaid Managed Care Ombudsman..... 61



Welcome to AmeriHealth Caritas North Carolina's Medicaid Managed Care Program

This handbook will help you understand the Medicaid health care services available to you. You can also call Member Services with questions at **1-855-375-8811 (TTY 1-866-209-6421)** or visit our website at **amerihealthcaritasnc.com**.

How Managed Care Works

You Have a Health Care Team

Managed care works like a central home to coordinate your health care needs.

- AmeriHealth Caritas North Carolina has a contract to meet the health care needs of people with North Carolina Medicaid. We partner with a group of health care providers (doctors, therapists, specialists, hospitals, home care providers and other health care facilities) who make up our **provider network**.
- When you join AmeriHealth Caritas North Carolina, our provider network is here to support you. Most of the time, your main contact will be your primary care provider (PCP). If you need to have a test, see a specialist or go into the hospital, your PCP can help arrange it. Your PCP is available to you day and night. If you need to speak to your PCP after hours or on weekends, leave a message with how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can go to certain doctors for some services without checking with your PCP. See **page 12** for details.

You can visit our website at **amerihealthcaritasnc.com** to find the provider directory online or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to get a printed copy of the provider directory. If requested, a printed copy will be provided within five business days.

How to Use This Handbook

This handbook tells you how AmeriHealth Caritas North Carolina works. It is your guide to health and wellness services.

Read **pages 6 to 14** now. These pages have information that you need to start using AmeriHealth Caritas North Carolina.

When any significant changes are made to this member handbook, AmeriHealth Caritas North Carolina will let members know 30 days prior to the change taking effect.

When you have questions about your health plan, you can:

- Use this handbook.
 - Ask your primary care provider (PCP).
 - Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.
 - Visit our website at **amerihealthcaritasnc.com**.
-

Help From Member Services

Member Services has people to help you. You can call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

- For help with non-emergency issues and questions, call Member Services 24 hours a day, seven days a week.
- In case of a medical emergency, call **911**.
- **You can call Member Services to get help when you have a question.** You may call us to choose or change your primary care provider (PCP), ask about benefits and services, get help with referrals, replace a lost Medicaid ID card, report the birth of a new baby, or ask about any change that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of AmeriHealth Caritas North Carolina on the day your child is born. Call us and your local Department of Social Services right away if you become pregnant. We can help you to choose a doctor for both you and your baby.
- **If English is not your first language, we can help.** Call us at Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** and we will find a way to talk with you in your own language.

Other Ways We Can Help

- If you have basic questions or concerns about your health, you can call our Nurse Line at **1-888-674-8710** at any time, 24 hours a day, seven days a week. This is a free call. You can get advice on when to go to your PCP or ask questions about symptoms or medications.
- If you are experiencing emotional or mental pain or distress, call the Behavioral Health Crisis Line at **1-833-712-2262** at any time, 24 hours a day, seven days a week, to speak with someone who will listen and help. This is a free call. We are here to help you with problems like stress, depression or anxiety. We can connect you to the support you need to help you feel better.
- **If you are in danger or need immediate medical attention, call 911.**

For People with Hearing, Vision or Speech Disabilities

You have the right to receive information about your health plan, care and services in a format that you can understand and access. AmeriHealth Caritas North Carolina provides free services to help people communicate effectively with us. See below for specific information on some types of accommodations.

For People with Hearing Loss

If you are deaf, hard of hearing or feel that you have difficulty hearing and need help communicating, AmeriHealth Caritas North Carolina has resources available to help you. These include but are not limited to:

- Qualified American Sign Language interpreters
- Certified deaf interpreters
- Communication Access Realtime Translation (CART) captioning
- Personal amplification listening devices (ALDs) for your use
- Staff trained to appropriately handle your relay service calls (videophone, captioned phone or TTY)

For People with Vision Loss

If you have vision loss, AmeriHealth Caritas North Carolina has resources available to help you. These include but are not limited to:

- Written materials in accessible formats (large print, Braille, audio accessible format)
- Information in large print

To ask for services, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

For People with Speech Disabilities

If you have a speech disability, AmeriHealth Caritas North Carolina has resources available to help you. These include but are not limited to:

- Speech-to-Speech (STS) Relay
- Artificial larynx

For People with Multiple Disabilities

Access needs for people with disabilities vary. Special aids and services are always provided free of charge.

Other Special Aids and Services for People with Disabilities

- Help in making or getting to appointments
- Care managers who can help you get the care you need
- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and help you make or get to appointments.
- Easy access to any from services (like ADA accessible, ramps, handrails and other services)

Welcome to NC Medicaid Managed Care Program

AmeriHealth Caritas North Carolina complies with Federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability, gender or sex. If you believe that AmeriHealth Caritas North Carolina failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

If you have issues that you have been unable to resolve with AmeriHealth Caritas North Carolina, you may contact the NC Medicaid Ombudsman at **1-877-201-3750** or **[ncmedicaidombudsman.org](https://www.ncmedicaidombudsman.org)**.



Welcome to NC Medicaid Managed Care Program

Your Medicaid ID card

Your Medicaid ID card has been mailed to you.

We used the mailing address on file at your local Department of Social Services.

Your Medicaid ID card has:

- Your primary care provider's (PCP's) name and phone number
- Your Medicaid Identification Number
- Information on how to contact us with questions

If anything is wrong on your Medicaid ID card or if you lose your Medicaid ID card, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. Always carry your Medicaid ID card with you. You will need to show it each time you go for care.

If you need to use your medical, pharmacy, mental health or substance use benefits before you get your AmeriHealth Caritas North Carolina Medicaid ID card, please call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. We will give you your member ID number. Write down your member ID number and take it with you when you go to your health care provider or pharmacy.

You may also sign up for our mobile app, where you can access a copy of your Medicaid ID card at any time. Look for information about the mobile app in your Member Welcome Packet or on our website.

Here is an example of what your member ID card will look like:

Front

AmeriHealth Caritas
North Carolina

Member name [John L Doe]	Primary doctor [PCP first name, PCP last name] [Group name]
AmeriHealth Caritas North Carolina ID [XXXXXXXXXX]	PCP/Group address [Street Address] [City, State ZIP]
State ID: [XXXXXXXXXXXXXX]	PCP/Group phone number [X-XXX-XXX-XXXX]
	Effective date [MM/DD/YYYY]

Limits may apply to some services. Not transferable

Back

AmeriHealth Caritas
North Carolina

To access your member portal, visit **www.amerhealthcaritasnc.com**

Always carry your AmeriHealth Caritas North Carolina card. You'll need it to get your benefits. Go to your AmeriHealth Caritas North Carolina primary care provider (PCP) for medical care.	Member Services: 1-855-375-8811 TTY: 1-866-209-6421
Emergency department: Go to an emergency department near you if you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.	Provider Services and prior authorization 1-888-738-0004
North Carolina Department of Justice Medicaid Investigation Division (MID): 1-919-881-2320 (If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 1-919-881-2320 .)	To speak with a nurse anytime 1-888-674-8710
AmeriHealth Caritas North Carolina 9041 Arco Corporate Drive Raleigh, NC 27617	Behavioral Health Crisis Line 1-833-712-2262
For claims processing mail to: AmeriHealth Caritas North Carolina Claims Processing P.O. Box 7380, London, KY 40742-7380	Pharmacy Provider Services 1-866-885-1406
	Pharmacy RxBIN # 019595 Pharmacy RxPCN # PRX00801
	For questions about services not covered by AmeriHealth Caritas North Carolina, please contact the NC Medicaid Call Center at 1-888-245-0179 or 1-919-813-5550 .

All other insurance payers must be billed before AmeriHealth Caritas North Carolina, payer of last resort.

How to Choose Your PCP

- Your primary care provider (PCP) is a doctor, nurse practitioner, physician assistant or another type of provider who will:
 - Care for your health.
 - Coordinate your needs.
 - Help you get referrals for specialized services if you need them.
- As a Medicaid beneficiary, you had an opportunity to choose your own PCP. If you did not choose a PCP, we chose one for you based on your past health care. You can find your PCP's name and contact information on your Medicaid ID card. If you would like to change your PCP, you have 30 days from the date you receive this packet to make the change. (See "How to Change Your PCP" on **page 8** to learn how to make those changes.)
- When deciding on a PCP, you may want to find a PCP who(m):
 - You have seen before
 - Understands your health history
 - Is taking new patients
 - Can serve you in your language
 - Is easy to get to
- Each family member enrolled in AmeriHealth Caritas North Carolina can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to get help with choosing a PCP that is right for you and your family.
- You can find a list of health care providers, their addresses, phone numbers, specialties and board certifications, as well as clinics, hospitals, labs and others who work with AmeriHealth Caritas North Carolina in our provider directory. You can visit our website at **amerihealthcaritasnc.com** to look at the provider directory online. You can also call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to get a printed copy of the provider

directory at no charge. If requested, a printed copy will be provided within five business days.

- Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see an AmeriHealth Caritas North Carolina OB/GYN doctor or another provider who offers women's health care services. Women can get routine check-ups, follow-up care if needed and regular care during pregnancy.
- If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. For more information or to request to choose a specialist as your PCP, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. We will work with you to help coordinate the care that you need as appropriate to your condition or diagnosis.

If Your Provider Leaves Our Network

- If your provider leaves AmeriHealth Caritas North Carolina, we will tell you within 15 days from when we know about this. If the provider who leaves AmeriHealth Caritas North Carolina is your PCP, we will tell you within seven days and help make sure you choose a new PCP.
- If your provider leaves our network, we will help you find a new one.
- Even if your provider leaves our network, you may be able to stay with your provider for a while longer in certain situations.
- Please read "Your Care When You Change Health Care Plans or Providers" on "**Transition of Care**" on **page 49** for more information about how long you can stay with a provider who has left our network.
- If you have any questions about the information in this section, please visit our website **amerihealthcaritasnc.com** or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.



How to Change Your PCP

- You can find your primary care provider's (PCP's) name and contact information on your Medicaid ID card. You can change your PCP within 30 days from the date you receive your Medicaid ID card. To change your PCP, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. After that, you can only change your PCP once each year. You do not have to give a reason for the change.
- To change your PCP more than once a year, you need to have a good reason (good cause). For example, you may have good cause if:
 - Your PCP does not provide accessible and proper care, services or supplies (e.g., does not set up hospital care or consults with specialists when required for treatment).
 - You disagree with your treatment plan.
 - Your PCP moves to a different location that is not convenient for you.
 - Your PCP changes the hours or day patients are seen.
 - You have trouble communicating with your PCP because of a language barrier or another issue.
 - Your PCP is not able to accommodate your special needs.
 - You and your PCP agree that a new PCP is what is best for your care.

Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to learn more about how you can change your PCP.



How to Get Regular Health Care

- “Regular health care” means exams, regular check-ups, shots or other treatments to keep you well and address illness or other symptoms. It also includes giving you advice when you need it and referring you to the hospital or specialists when needed. You and your primary care provider (PCP) work together to keep you well or to see that you get the care you need.
- Your PCP is always available. Call your PCP when you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If ever you cannot keep an appointment, call to let your PCP know.
- **Making your first regular health care appointment.** As soon as you choose or are assigned a PCP, if it is a new provider, call to make a first appointment. There are several things you can do to help your PCP get to know you and your health care needs.
 - How to prepare for your first visit with a new provider:
 - Request a transfer of medical records from your current provider to your new PCP.
 - Make a list of health concerns you have now, and be prepared to discuss your general health, past major illnesses, surgeries, etc.
 - Make a list of questions you want to ask your PCP.
 - Bring all medications and supplements you are taking to your first appointment.

It is best to visit your PCP within three months of joining AmeriHealth Caritas North Carolina.

- **If you need care before your first appointment,** call your PCP’s office to explain your concern. Your PCP will give you an earlier appointment to address that particular health concern. You should still keep the first appointment to talk about your medical history and ask questions.
- It is important to AmeriHealth Caritas North Carolina that you can visit a doctor within a reasonable amount of time. The appointment guide on **Page 10** lets you know how long you may have to wait to be seen.



PART I: First Things You Should Know

Appointment Guide

If you call for this type of service:	Your appointment should take place:
Adult preventive care (services like routine health checkups or immunizations)	within 30 days
Pediatric preventive care (services like well-child checkups)	within 14 days for members younger than 6 months; within 30 days for members 6 months or older
Urgent care services (care for problems like sprains, flu symptoms, or minor cuts and wounds)	within 24 hours
Emergency or urgent care requested after normal business office hours	Go to a hospital emergency department immediately (available 24 hours a day, 365 days a year), or go to an urgent care clinic
First prenatal visit (1st or 2nd trimester)	within 14 days
First prenatal visit (3rd trimester or high-risk pregnancy)	within 5 days
Mental Health	
Routine services	within 14 days
Urgent care services	within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to a hospital emergency department immediately (available 24 hours a day, 365 days a year), or go to an urgent care clinic
Mobile crisis management services	within 30 minutes
Substance Use Disorders	
Routine services	within 14 days
Urgent care services	within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to a hospital emergency department immediately (available 24 hours a day, 365 days a year), or go to an urgent care clinic

If you are not getting the care you need within the time limits above, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

How to Get Specialty Care — Referrals

- If you need specialized care that your primary care provider (PCP) cannot give, your PCP will refer you to a **specialist** who can. A specialist is a doctor who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). If your PCP refers you to a specialist, we will pay for your care if it is medically necessary. Most specialists are AmeriHealth Caritas North Carolina providers. Talk with your PCP to be sure you know how referrals work. See below for the process on referrals to a specialist who is not in our provider network.
- If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you find a different specialist.
- There are some treatments and services that your PCP must ask AmeriHealth Caritas North Carolina to approve before you can get them. Your PCP will tell you what those services are.
- If you have trouble getting a referral you think you need, contact Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

Out-of-Network Referral

- If AmeriHealth Caritas North Carolina does not have a specialist or other provider in our provider network who can give you the care you need, we will refer you to a specialist or other provider outside AmeriHealth Caritas North Carolina. This is called an **out-of-network** referral. Your PCP or another network provider must ask AmeriHealth Caritas North Carolina for approval before you can get an out-of-network referral. You can talk to your PCP about this or call AmeriHealth Caritas North Carolina Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to discuss your needs and to get more details. We will review and make a decision about your request following the time frames on **page 44**.

- Sometimes we may not approve an out-of-network referral because we have a provider in AmeriHealth Caritas North Carolina's network who can treat you. If you do not agree with our decision, you can **appeal** our decision. See **page 44** to find out how.
- Sometimes we may not approve an out-of-network referral for a specific treatment because you asked for care that is similar to what you can get from a AmeriHealth Caritas North Carolina provider. If you do not agree with our decision, you can **appeal** our decision. See **page 44** to find out how.

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. For more information or to request to choose a specialist as your PCP, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. We will work with you to help coordinate the care that you need.

Out-of-Network Providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan, or an **out-of-network provider**. For more information about getting services from an out-of-network provider, talk to your primary care provider (PCP) or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

PART I: First Things You Should Know

Get These Services From AmeriHealth Caritas North Carolina Without a Referral

A referral is a documented order from your provider for you to see a specialist or receive certain medical services. You **do not** need a referral to get these services:

Primary Care

You do not need a referral to get primary care services. If you need a check-up or have a question about your health, call your primary care provider (PCP) to make an appointment.

Your assigned PCP's name and contact information are listed on your Medicaid ID Card.

Women's Health Care

You do not need a referral from your PCP if:

- You are pregnant and need pregnancy-related services.
- You need OB/GYN services.
- You need family planning services.
- You need to have a breast or pelvic exam.

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices, and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions

Children's Screening

You do not need a referral to get children's screening services or school-based services.

Local Health Department Services

You do not need a referral to get services from your local health department.

Behavioral Health Services

You do not need a referral for your first behavioral health or substance use disorder assessment completed in a 12-month period. Ask your PCP or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** for a list of mental health providers and substance use disorder providers. You can also find a list of our behavioral health providers online at amerihealthcaritasnc.com.

PART I: First Things You Should Know

Emergencies

You are always covered for emergencies. An emergency medical or behavioral condition is a situation in which your life could be threatened or you could be hurt permanently if you don't get care right away.

Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that will not stop or a bad burn
- Broken bones
- Trouble breathing, convulsions or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever or vomiting
- Drug overdose

Some examples of non-emergencies are colds, upset stomach or minor cuts and bruises. Non-emergencies may also be family issues or a breakup.

If you believe you have an emergency, call 911 or go to the nearest emergency department.

- You can go to any hospital or other setting to get emergency care.
- You do not need approval from AmeriHealth Caritas North Carolina or your PCP before getting emergency care, and you are not required to use our hospitals or doctors.
- If you are not sure, call your PCP at any time, day or night. Tell the person you speak with what is happening. Your PCP's team will:
 - Tell you what to do at home;
 - Tell you to come to the PCP's office; or
 - Tell you to go to the nearest urgent care emergency department.

- Tell you about community services you can get.
 - Remember: If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible.
 - If you are out of the area when you have an emergency:
 - Go to the nearest emergency department.
-

If you need help with a mental health or drug situation, feel stressed or worried, or need someone to talk to, you can call the Behavioral Health Crisis Line at **1-833-712-2262 (TTY 1-866-209-6421)**.

Remember: Use the Emergency Department only if you have an emergency. If you have questions, call your PCP or AmeriHealth Caritas North Carolina Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

PART I: First Things You Should Know

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care and attention.

This could be:

- A child with an earache who wakes up in the middle of the night and will not stop crying
- The flu
- A cut that needs stitches
- A sprained ankle
- A bad splinter you cannot remove

Whether you are at home or away, you can walk into an urgent care clinic to get care the same day or make an appointment for the next day. If you would like assistance making an appointment:

- Call your PCP any time day or night.
- If you are unable to reach your PCP, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. Tell the person who answers what is happening. They will tell you what to do.

Care Outside North Carolina and the United States

In some cases, AmeriHealth Caritas North Carolina may pay for health care services you get from a provider located along the North Carolina border or in another state. Your PCP and AmeriHealth Caritas North Carolina can give you more information about which providers and services are covered outside of North Carolina by your health plan, and how you can get them if needed.

- If you need medically necessary emergency care while traveling anywhere **within** the United States and its territories, AmeriHealth Caritas North Carolina will pay for your care.
- Your health plan will not pay for care received **outside** of the United States and its territories.

If you have any questions about getting care outside of North Carolina or the United States, talk with your PCP or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.



NC Medicaid Managed Care provides benefits or health care services covered by AmeriHealth Caritas North Carolina.

This section describes:

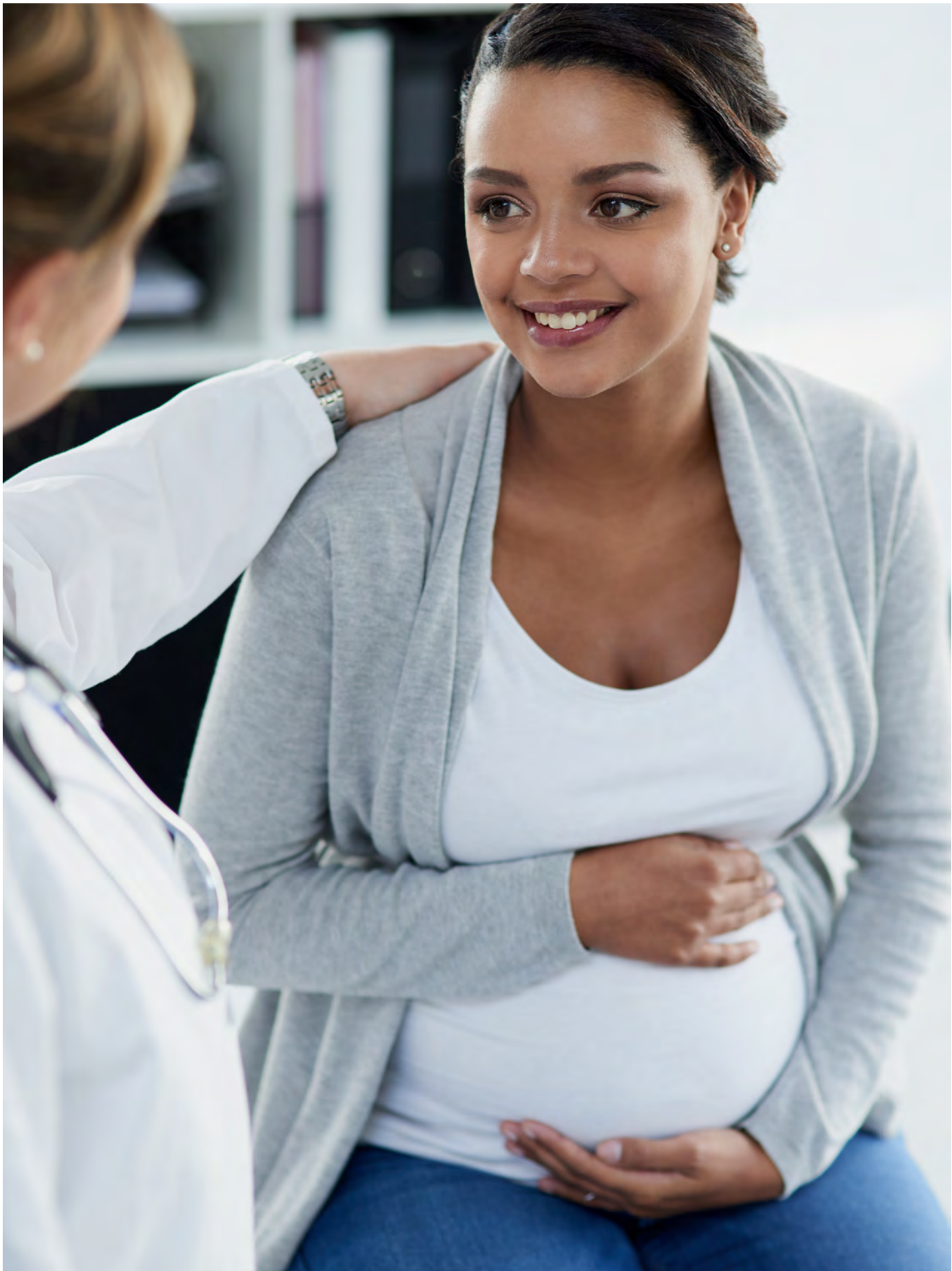
- Covered and non-covered services. “Covered services” means AmeriHealth Caritas North Carolina will pay for the services. These are also called benefits. “Non-covered services” means AmeriHealth Caritas North Carolina will not pay for the services.
- What to do if you are having a problem with your health plan

AmeriHealth Caritas North Carolina will provide or arrange for most services you need. Your health benefits can help you stay as healthy as possible if you:

- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have behavioral health needs
- Need assistance with tasks like eating, bathing, dressing or other activities of daily living
- Need help getting to the doctor’s office
- Need medications

The section below describes the specific services covered by AmeriHealth Caritas North Carolina. Ask your primary care provider (PCP) or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** if you have any questions about your benefits.

You can get some services without going through your PCP. These include primary care, emergency care, women’s health services, family planning services, children’s screening services, services provided at local health departments, school-based services, and some behavioral health services. You can find more information about these services on **page 12**.



Services Covered by AmeriHealth Caritas North Carolina's Network

You must get the services below from the providers who are in AmeriHealth Caritas North Carolina's network. Services must be medically necessary and provided, coordinated or referred by your PCP. Talk with your PCP or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** if you have questions or need help.



Regular Health Care

- Office visits with your PCP, including regular check-ups, routine labs and tests
- Referrals to specialists
- Vision/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under age 21. (See **page 35** for more information about EPSDT services.)
- Help with quitting tobacco



Maternity Care

- Prenatal, delivery and postpartum care
- Childbirth education classes
- Professional and hospital services related to maternal care and delivery
- One medically necessary postpartum home visit for newborn care and assessment following discharge, but no later than 60 days after delivery
- Care management services during pregnancy and for two months after delivery.
- Breast pump for expectant or new moms. (See **page 31** for more information.)



Hospital Care

- Inpatient care
- Outpatient care
- Labs, X-rays and other tests



Home Health Services

- Must be medically necessary and arranged by AmeriHealth Caritas North Carolina
- Time-limited skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology and occupational therapy
- Home health aide services for help with activities such as bathing, dressing, preparing meals and housekeeping
- Medical supplies



Personal Care Services

- Must be medically necessary and arranged by AmeriHealth Caritas North Carolina
- Help with common activities of daily living, including eating, dressing and bathing, for individuals with disabilities and ongoing health conditions



Hospice Care

- Hospice care will be arranged by AmeriHealth Caritas North Carolina if medically necessary.
- Hospice helps patients and their families with the special needs that come during the final stages of illness and after death.
- Hospice provides medical, supportive and palliative care to terminally ill individuals, and their families or caregivers.
- You can get these services in your home, in a hospital or in a nursing home.

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye exams and medically necessary lenses.
- Specialist referrals for eye diseases or defects
- The fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames, is provided to you through the NC Medicaid Direct program. Although these eyeglasses are covered through NC Medicaid Direct, AmeriHealth Caritas North Carolina providers who work in an office that offers eye exams and eyeglasses must give you your eye exam and your NC Medicaid Direct eyeglasses. (See **page 37** for more information on benefits covered by Medicaid but not through your health plan).

Note: AmeriHealth Caritas North Carolina offers an additional adult vision benefit.

Please see **page 31**.



Pharmacy

- Prescription drugs
- Some medicines sold without a prescription (also called “over-the-counter”), like allergy medicines
- Insulin and other diabetic supplies (like syringes, test strips, lancets and pen needles)
- Smoking cessation agents, including over-the-counter products
- Emergency contraception
- Medical and surgical supplies — available through DME pharmacies and suppliers
- We also provide the AmeriHealth Caritas North Carolina Pharmacy Lock-in Program that helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). For more information on the Pharmacy Lock-in Program, see **page 33**.



Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition.
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room or in another setting.
- For more about emergency services, see **page 13**.



Specialty Care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services
- Surgical services



Nursing Home Services

- Must be ordered by a physician and authorized by AmeriHealth Caritas North Carolina
- Includes short-term care or rehabilitation-stays and long-term care for up to 90 days.

After the 90th day, your nursing services will be covered by NC Medicaid Direct and not AmeriHealth Caritas North Carolina. Talk with your PCP or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** if you have questions.

- Covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy and speech-language pathology.
- Nursing home services must come from a nursing home that is in AmeriHealth Caritas North Carolina’s provider network. Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** for help with questions about nursing home providers and AmeriHealth Caritas North Carolina networks.

Your Benefits



Behavioral Health Services (Mental Health and Substance Use Disorder Services)

Behavioral health care includes mental health (your emotional, psychological, and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders.

The behavioral health services covered by AmeriHealth Caritas North Carolina include the following:

- Ambulatory detoxification services
- Diagnostic assessment services
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under age 21
- Facility-based crisis services for children and adolescents
- Inpatient behavioral health services
- Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization
- Mobile crisis management services
- Non-hospital medical detoxification services
- Outpatient behavioral health emergency department services
- Outpatient behavioral health services provided by direct-enrolled providers
- Outpatient opioid treatment services
- Partial hospitalization
- Peer support services
- Professional treatment services in a facility-based crisis program
- Research-based intensive behavioral health treatment



Your Benefits

Some behavioral health services for people with a mental health disorder, substance use disorder, intellectual/developmental disability, mental illness, or traumatic brain injury are only available through the local management entities/managed care organizations (LMEs/MCOs) and in NC Medicaid Direct. The following behavioral health services are not covered by AmeriHealth Caritas North Carolina, but, if needed, members may access these services through the LMEs/MCOs and NC Medicaid Direct programs:

- 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 (ACT)
- Community support team
- Psychosocial rehabilitation
- Substance abuse non-medical
- community residential treatment
- Substance abuse medically monitored residential treatment
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations Waiver services
- Traumatic Brain Injury Waiver services (only available in counties served by LME/MCO Alliance Health)
- 1915(b)(3) services

If you believe you need access to any of the behavioral health services that AmeriHealth Caritas North Carolina does not provide, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.



Pharmacy Services and Prescription Benefits

AmeriHealth Caritas North Carolina members can get pharmacy benefits. If you need medicine, your health care provider will write you a prescription to take to a participating pharmacy. Find a list of participating pharmacies on our website at [amerihealthcaritasnc.com](https://www.amerihealthcaritasnc.com) under **Find a Provider**.

Pharmacy benefits:

- Prescription medicines
- Some medicines sold without a prescription (also called over the counter), like allergy medicines
- Insulin and other diabetic testing supplies (like syringes, test strips, lancets and pen needles)
- Glucometers
- Continuous glucose monitors (CGM)
- Smoking cessation agents, including over-the-counter products
- Emergency contraception

AmeriHealth Caritas North Carolina covers medicines that are:

- Prescribed by a licensed health care professional
- Medically necessary
- Approved by the U.S. Food and Drug Administration (FDA)
- Not excluded by the North Carolina Medicaid program

You can find out if your medicine is covered using the Medicine Lookup Tool on our website at [amerihealthcaritasnc.com](https://www.amerihealthcaritasnc.com) under **Find a Provider**.

If you have questions, call AmeriHealth Caritas North Carolina Member Services, 24 hours a day, seven days a week, at **1-855-375-8811 (TTY 1-866-209-6421)**.

Copays

Some members age 21 and older may be required to pay a copay for prescriptions. A copay is a fee you pay when you get certain health care services from a provider or pick up a prescription from a pharmacy. Read more about copays on **page 39**.

Limits on medicines

- You can get a maximum 90-day supply of maintenance medicines. Maintenance medicines treat conditions like asthma, high blood pressure and diabetes.
- For most non-maintenance medicines, you can get a 34-day supply, unless your provider has noted otherwise on the prescription.
- You may get an emergency supply of medicine that will cover you for 72 hours while a prior authorization request is pending. You need to let your pharmacist know.

Your Benefits

- AmeriHealth Caritas North Carolina covers certain over-the-counter (OTC) medicines and products at your pharmacy. Our Medicine Lookup Tool can help you find specific coverage information for these OTC medicines and devices, including:
 - OTC medicines like allergy medicines, smoking cessation products and emergency contraceptives
 - Vaccines like COVID and seasonal flu

Your pharmacy will fill your prescriptions with the generic version when one is available, unless otherwise noted on the [NC Medicaid Preferred Drug List \(PDL\)](#). Sometimes brand-named medicines are preferred over generic medicines, or you may be required to try one or two preferred medicines before you can be prescribed non-preferred medicines based on North Carolina Medicaid guidelines.

Generic drugs are as good as brand-name drugs. They are approved by the FDA. To be approved, they must have the same active ingredient, strength, and form, and act the same in your body as the brand-name medicine. Generic medicines must be made to the same strict standards as the brand-name medicine. They may have a different color and shape, but these are the only differences.

Medicine Approvals

Your provider may need to ask AmeriHealth Caritas North Carolina to cover a medicine before it is prescribed. This is called prior authorization.

Members may need to meet certain conditions, try other medicines, have certain medical diagnoses, or be a certain age before we can cover some medicines. These requirements are set by the state of North Carolina. Another reason your provider may ask for prior authorization is to prescribe a medicine for a reason other than the drug's original purpose.

Your provider will submit the prior authorization for you. The Pharmacy Services Department at AmeriHealth Caritas North Carolina reviews Prior Authorizations for medicines.

Your provider can submit a Pharmacy Prior Authorization in the following ways:

- Web request under Pharmacy at [amerihealthcaritasnc.com](https://www.amerihealthcaritasnc.com)
- Faxing a completed Prior Authorization form to **1-877-234-4274**
- Calling PerformRx Provider Services at **1-866-885-1406** for verbal prior authorization requests
- Entering an electronic prior authorization (ePA) via your electronic health records (EHR) Platform. Pharmacy prior authorization request forms can be found on our Provider website at [amerihealthcaritasnc.com](https://www.amerihealthcaritasnc.com) under **Pharmacy**.

If you have questions about your Pharmacy Benefits, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.



Transportation Services

Emergency: If you need emergency transportation (an ambulance), call **911**.

Non-emergency: AmeriHealth Caritas North Carolina can arrange and pay for your transportation to help you get to and from your appointments for Medicaid-covered care. This service is free to you. If you need an attendant to go with you to your doctor's appointment or if child (age 18 or younger) is a member of the plan, transportation is also covered for the attendant, parent or guardian. Non-emergency medical transportation includes personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation.

How to Get Non-emergency Medical Transportation (NEMT)

Members should arrange for transportation as far in advance as possible, but no less than two business days before their appointment. Call ModivCare, our transportation provider, at **1-833-498-2262** to schedule transportation.

Calls for trip reservations can be made Monday through Saturday, 7 a.m. to 6 p.m. A customer service representative will ask for the following information:

- Your full name, current address and phone number
- Your Medicaid ID number
- The date of your appointment
- The name, address and phone number of where you are going
- The name, address and phone number of your health care provider
- The medical reason you need a ride
- The type of appointment (doctor, lab test, therapy, etc.)
- The type of assistance or mobility aid(s), if any, you require

Please have this information ready when you call. After hours call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

What services can I get a ride to?

You can get a ride to a medical appointment if:

- The service is covered.
- You are seen by an approved health care provider.
- The appointment is to a health care provider near where you live. If the provider is far away, you may need another approval.

You also can get a ride to non-provider ACNC appointments.

See Value-Added Services on **page 31**.

What do I do after I schedule my trip?

Please note: This does not apply to bus trips.

- The driver will call you and tell you the time you will be picked up and give you their phone number. Keep this number handy.
- Be ready 60 minutes before your pick-up time.
- The driver can come to your door to help you if you need it. The driver cannot come into your home.
- If you have a scheduled ride back, your driver should pick you up within 30 minutes after your appointment is over.
- If you must call your driver for pick up after your appointment, your ride should arrive in less than 60 minutes.
- If you have to wait longer than 60 minutes, call the number the driver gave you.
- Call **1-833-498-2262** to check the status or if your ride does not show up.

How do I get gas reimbursement?

You may be able to get help with gas costs if you have a car, or a caregiver, family member, friend or neighbor who can drive you. This must be approved before your appointment. Call the transportation provider at **1-833-498-2262** for more information.

What do I do if I need to cancel or change my trip?

To cancel a scheduled trip, you must contact the transportation service at **1-833-498-2262**, day or night, at least 24 hours in advance. If you don't cancel at least 24 hours in advance, it may be considered a no-show, unless there was a good reason for the cancellation.

Please remember:

- You must call at least two business days before your appointment to schedule your ride.
- You will need to know the street address, city and ZIP code for the location of your appointment.

If transportation services are denied, you have the right to appeal our decision. See **page 44** for more information on appeals. If you have questions about transportation, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

Your Benefits



Member Conduct for Transportation Services

Any member who uses transportation services provided by AmeriHealth Caritas North Carolina is responsible for following conduct guidelines as outlined below:

If you jeopardize the safety of other passengers and/or the driver, your transportation services may be suspended by AmeriHealth Caritas North Carolina for 30 days.

NEMT riders also are subject to the conduct policies of their transportation service providers. Your transportation services can be suspended by the transportation service provider for more than 30 days for breaking any of the service's conduct policies.

If you are suspended from transportation services for violating the transportation service provider's conduct policy, you will be given a mileage reimbursement log to document trips to Medicaid covered services as long as you remain otherwise eligible for transportation assistance.

If you are temporarily suspended from transportation services for violating a conduct policy, you should receive a notice explaining the reason and duration of your suspension.



No-Show Policy for Transportation Services

You are responsible for following the "no-show" rules:

- You must be at the agreed upon pick-up location at the scheduled time.
- You must complete your trip and show a completed mileage reimbursement log to be reimbursed for mileage.
- After the first no-show, the transportation service provider will note on your account that you did not show.
- After the second no-show, you may be asked to call the transportation service provider one hour before pick-up to confirm that you need a ride.
- If you continue to not show for scheduled rides, you may be suspended from using the transportation service. If you are suspended, you will receive a notice showing the dates of the suspension and any previous no-shows.
- If you are a critical needs member, such as those receiving dialysis or chemotherapy, you cannot be denied transportation to critical services. However, you can be suspended from receiving non-emergency transportation to non-critical appointments.

You can get additional information on our non-emergency medical transportation policy by calling Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. Member Services can provide information such as:

- How to request, schedule or cancel a trip
- Any limitations on non-emergency medical transportation services
- Expected member conduct and procedures for no-shows
- How to get mileage reimbursement if you use your own car

When taking a ride to your appointment, you can expect to:

- Arrive at your appointment on time and no sooner than one hour before the appointment
- Not to wait more than one hour after the appointment for a ride home
- Not to leave the appointment early

If you disagree with a decision made about your transportation services, you have the right to appeal our decision. See **page 44** for more information on appeals. If you are dissatisfied with your transportation service, you may file a grievance. See **page 48** for more information on grievances.

Your Benefits

For certain types of trips, AmeriHealth Caritas North Carolina may need to review the request or require additional information before we can approve and schedule the trip. This is called preauthorization. (See “**Preauthorization process**” on page 40 for more information.) The following types of trips must be reviewed by us and/or require additional information before we can schedule the trip:

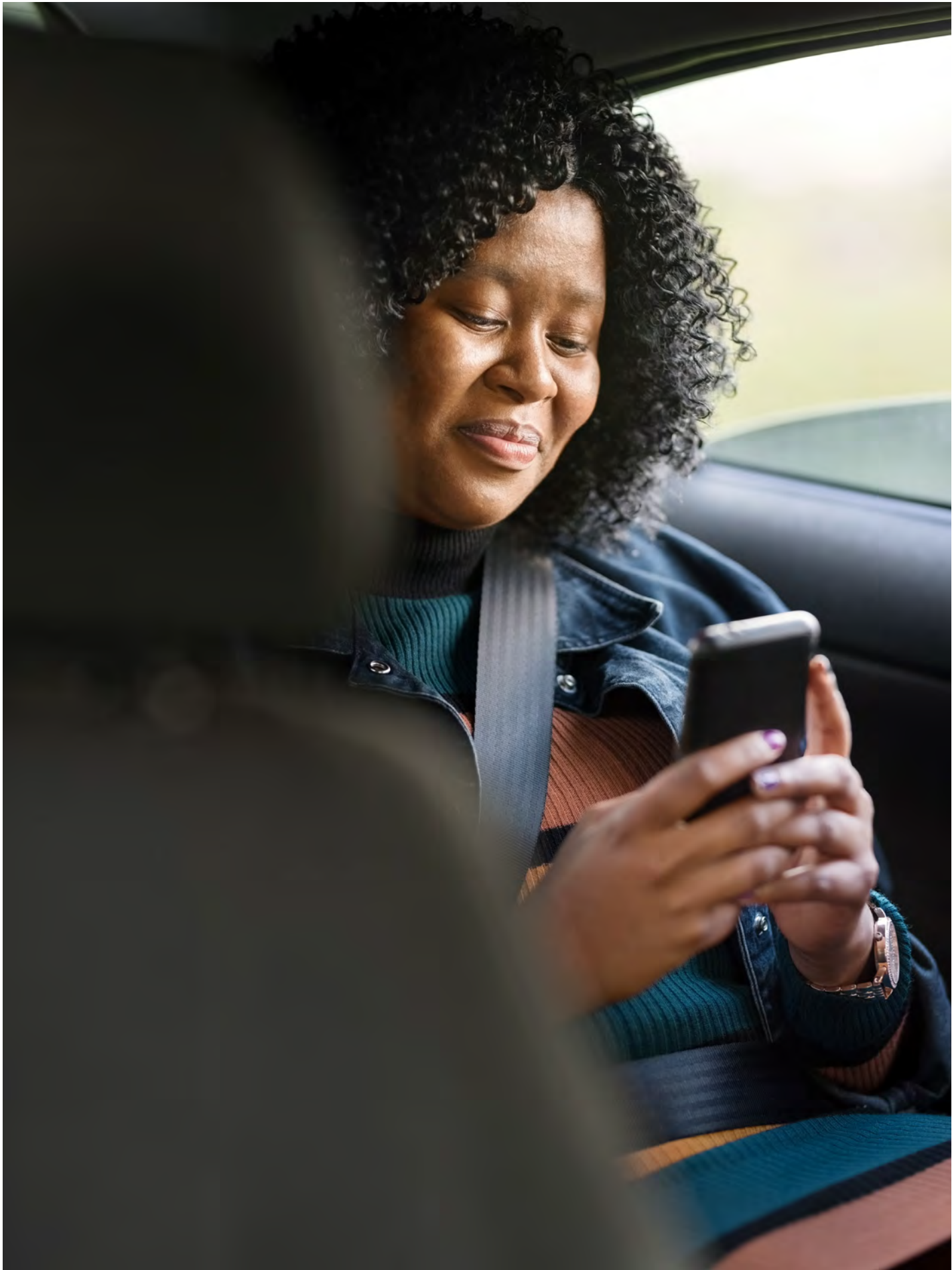
- Level of needs assessment does not match the level of service requested (example would be if you request stretcher transport, but the assessment is for bus or car transport)
- Excessive mileage — requests that include one-way mileage greater than 75 miles
- Food and lodging for overnight trips. (See below for more information.)
- Out-of-state trips

Process for Obtaining Approval and Approval Time frame

Once approval is given from AmeriHealth Caritas North Carolina, Modivcare will contact you to schedule the trip. If the trip is denied by AmeriHealth Caritas North Carolina, you will receive written notification. If transportation services are denied, you have the right to appeal our decision. See **page 44** for additional information. If you have questions about transportation, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

How to Request Reimbursement for Food and Lodging for Overnight Trips

1. Member calls AmeriHealth Caritas Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** or our transportation provider, Modivcare, to request meals and lodging ahead of stay or post stay.
2. Modivcare takes in the information and then sends the request to AmeriHealth Caritas North Carolina Rapid Response and Outreach Team (RROT) for review (approval or denial).
3. AmeriHealth Caritas North Carolina’s RROT will make the decision, and if approved, will notify ModivCare. If meals and lodging are approved (may also include gas reimbursement), Modivcare will secure the reservations, reach out to the member and provide them with a confirmation information.
4. Once the trip is completed, the member must submit itemized receipts for their meals for reimbursement. The member must also submit the gas reimbursement form along with their gas receipts.
5. If reimbursement is approved, ModivCare will process the request and a check will be mailed to the member.



Your Benefits



Long-Term Services and Supports (LTSS)

If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing or doing household chores. You can get help through an AmeriHealth Caritas North Carolina benefit known as **long-term services and supports (LTSS)**. LTSS includes services like home health and personal care services. You may get LTSS in your home, community or in a nursing home.

- If you need LTSS, you may have a care manager on your care team. A care manager is a specially trained health professional who works with you and your doctors and other providers of your choice to make sure you get the right care when and where you need it. For more information about what a care manager can do for you, see “Extra Support to Manage Your Health (Care Management)” on **page 28**.
- If you are leaving a nursing home and are worried about your living situation, we can help. Our Housing Specialist can connect you to housing options. Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to learn more.

If you have questions about using LTSS benefits, talk with your PCP, a member of your care team or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.



Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices, and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions



Other Covered Services

- Durable medical equipment/prosthetics/orthotics
- Hearing aid products and services
- Telehealth
- Extra support to manage your health (see **page 28** for more information)
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Local health department services
- Federally Qualified Health Center (FQHC) services
- Free clinic services



In Lieu of Services

AmeriHealth Caritas North Carolina offers services or settings that are medically appropriate, cost-effective substitutions for services covered by NC Medicaid. These are called “in lieu of” services. AmeriHealth Caritas North Carolina offers the following in lieu of services:

- Institute for Mental Disease (IMD) for mental health services for members ages 22 – 64 as an alternative placement for acute psychiatric care in other covered settings. IMD is an acute residential service for adult members who are in need of mental health inpatient services, due to imminent risk of harm to self or others, for up to 15 calendar days within a calendar month.
- Behavioral Health Urgent Care (BHUC) as an alternative to a community hospital Emergency Department (ED), is a designated service for individuals four (4) years or older, experiencing a behavioral health crisis related to a substance use disorder, mental health disorder, and/or intellectual and developmental disabilities (I/DD) diagnosis or any combination of the above.

Members have the right to refuse the substitution and to insist upon receiving the original state plan or waiver service instead. Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to learn more.

If you have any questions about any of the benefits above, talk to your PCP or call Member Services at 1-855-375-8811 (TTY 1-866-209-6421).

Extra Support to Manage Your Health (Care Management)

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to take care of your health, we can help. As a member of AmeriHealth Caritas North Carolina, you may have a care manager on your health care team. You, your caregiver or your provider can refer you to complex case management. A care manager is a specially trained health care professional who works with you and your providers to make sure you get the right care when and where you need it.

Your care manager can:

- Help coordinate your appointments and help arrange for transportation to and from your doctor.
- Support you in reaching your goals to better manage your ongoing health conditions.
- Answer questions about what your medicines do and how to take them.
- Follow up with your doctors or specialists about your care.
- Connect you to helpful resources in your community.
- Help you continue to receive the care you need if you switch health plans or doctors.

AmeriHealth Caritas North Carolina can also connect you to a care manager who specializes in supporting:

- People who need access to services like nursing home care or personal care services to help manage daily activities of living like eating or bathing and household tasks
- Pregnant women with certain health issues, such as diabetes or other concerns, such as wanting help to quit tobacco
- Children from birth to age 5 who may live in stressful situations or have certain health conditions or disabilities

At times, a member of your primary care provider's (PCP's) team will be your care manager. To learn more about how you get can extra support to manage your health, talk to your PCP or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421).**



Help With Problems Beyond Medical Care (Healthy Opportunities)

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. AmeriHealth Caritas North Carolina can connect you to resources in your community to help you manage issues beyond your medical care.

Call Member Services at 1-855-375-8811 (TTY 1-866-209-6421) if you:

- Worry about your housing or living conditions.
- Find it hard to get to appointments, work or school because of transportation issues.
- Have trouble getting enough food to feed yourself or your family.
- Feel unsafe or are experiencing domestic or community violence. If you are in immediate danger, call **911**.

These services may be covered by AmeriHealth Caritas North Carolina based on where you live and other reasons, such as if you have a physical or behavioral health condition. To learn more about these services or see if you qualify, contact your care manager or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.



Your Benefits

CARE Card

You can earn rewards by doing things to stay healthy. The AmeriHealth Caritas North Carolina CARE Card is a reloadable reward card that qualified members can use for purchases at selected retailers. The CARE card is available to you when you complete a new member Care Needs Screening or a recommended health screening or test. You can earn rewards for healthy acts such as getting health screenings and completing regular well-child and adult well-care checkups.

Category	Incentives	Details	Reward amount
Well screenings	Infant and child well visits	Complete 8 well visits by 30 months of age	\$20
		Annual well visits (ages 3 through 21)	\$20
	Cervical cancer screening	Women (ages 21 – 65) once every three years	\$15
Prenatal exams	Prenatal visit	Rewards offered for every other prenatal visit (up to 7 per pregnancy)	\$10
Postpartum exams	Postpartum visit	7 – 84 days after delivery	\$15
Diabetic screenings	Dilated eye exam	Once a year for members diagnosed with diabetes	\$10
	A1c blood test	For members diagnosed with diabetes with HbA1C results of 9.0 or less	\$10
Other	Care Needs Screening – initial	Complete screening within 90 days of enrolling with AmeriHealth Caritas North Carolina	\$25
	Care Needs Screening – annual	Complete screening each calendar year	\$25
	Behavioral health follow up	Follow-up visit (for qualified members) with a doctor who treats behavioral health issues within 7 calendar days after discharge from a behavioral health hospitalization	\$10
	Flu vaccine	Children 2 years of age and under, limit once yearly	\$50

You cannot use your rewards to purchase alcohol, tobacco or firearms. Rewards expire 12 months after your most recent reward or upon member disenrollment. Your rewards may not be converted to cash. Rewards earned in a fiscal year (July 1 – June 30) cannot exceed \$75. Eligible CARE Card program rewards are subject to change. AmeriHealth Caritas North Carolina will notify you before the change happens. Once your doctor notifies us that you have completed a healthy activity, we will add rewards to your card. Members may not be eligible to earn all of the rewards listed. For questions, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**, 24 hours a day, seven days a week.

Value-added Services — Health Programs

AmeriHealth Caritas North Carolina offers extra benefits at no cost to you. These are called value-added services and programs. Some added services may only be available for members who qualify. AmeriHealth Caritas North Carolina offers the following added services:

The (*) indicates services that may require preauthorization. Your Care Manager can help you determine which programs can best benefit you. Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** or visit our website at **amerihealthcaritasnc.com** to learn more about AmeriHealth Caritas North Carolina benefits and services.

Adult Vision Program

AmeriHealth Caritas North Carolina offers adults ages 21 through 64 an additional pair of glasses and one extra eye exam every two years, in addition to the traditional Medicaid benefit.

Asthma Navigation*

Any of your eligible children age 18 or younger may receive in-home visit services. Asthma navigators can work with you and your child to teach you how to control asthma, avoid triggers and provide supplies to control allergies. Certain terms and conditions may apply.

Flexible Recovery Benefit

AmeriHealth Caritas North Carolina offers a flexible benefit when you successfully complete a non-hospital substance use disorder (SUD) treatment stay. This benefit can be used for services such as transportation to support group meetings like AA and NA.

High-Risk Pregnancy Care*

If you have a high-risk pregnancy, community health workers can provide you with support and education to help you learn about prenatal and well-child visits, choosing a PCP for your child, and connecting you to community resources.

Living Beyond Your Pain Program*

This chronic pain management program can help you improve your pain management skills through education and collaboration with health care

providers. Through this program, AmeriHealth Caritas North Carolina offers you pain management alternatives if you have been prescribed opioids.

Post-discharge Meals

If you have recently been discharged from the hospital, you can receive up to two meals per day, for up to seven days, once per year, at no cost if you are:

- A new mother who has been diagnosed with a substance use disorder (SUD) and is not yet engaged in a recovery program or who does not qualify for a recovery program
- Age 21 through 64 and have been diagnosed with diabetes or heart disease

Breast Pumps for New and Expectant Moms

AmeriHealth Caritas North Carolina offers electric non-medical breast pumps for expectant or new moms who are between 28 weeks gestation and 12 months postpartum. The benefit also includes 270 milk storage bags every three months for up to one year. This benefit is limited to one pump per member per lifetime.

Transportation

AmeriHealth Caritas North Carolina will provide eligible members round trips to non-provider ACNC appointments to help members stay active in the community through accessing community resources and services.

Your Benefits

Value-added Services — Memberships and Services

A variety of extra benefits and programs are available to AmeriHealth Caritas North Carolina members in addition to their regular Medicaid Managed Care benefits. Certain terms and conditions may apply.

The (*) indicates services that may require preauthorization. Your Care Manager can help you determine which programs can best benefit you.

Boys and Girls Club Membership

Any eligible children age 18 or younger may receive a membership at no cost to participating Boys and Girls Clubs throughout North Carolina.

Mission GED Program

Mission GED is a special program that can help you reach your goal of achieving your high school equivalency (HSE) diploma. AmeriHealth Caritas North Carolina will provide you with testing vouchers so you can take practice and regular tests for an HSE diploma at no cost to you. We also can connect qualified applicants to resources that

can help you get ready to take the test.

Wireless Phone Program

You may qualify for a wireless smartphone with monthly data and minutes, plus unlimited text messages. Calls to AmeriHealth Caritas North Carolina Member Services will not count toward your monthly minutes.

WW® (formerly Weight Watchers®) Membership

You may qualify for a WW membership. Certain terms and conditions apply.

Other Programs to Help You Stay Healthy

AmeriHealth Caritas North Carolina wants to help you and your family get and stay healthy. If you want to quit tobacco or are a new mom who wants to learn more about how best to feed your baby, we can connect you with the right program for support.

Call Member Services **1-855-375-8811 (TTY 1-866-209-6421)** to learn more about:

- Tobacco cessation services to help you stop smoking or using other tobacco products
- Women, Infants and Children (WIC) special supplemental nutrition program
- Newborn screening program
- Hearing screening program
- Early intervention program

Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to learn more about AmeriHealth Caritas North Carolina benefits and services.

Your Benefits

Pharmacy Lock-in Program

The AmeriHealth Caritas North Carolina Pharmacy Lock-in Program helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). The AmeriHealth Caritas North Carolina Pharmacy Lock-in Program also helps identify members who get the medications from more than one prescriber (doctor, nurse practitioner or physician's assistant). If you qualify for this program, AmeriHealth Caritas North Carolina will only pay for your pain medications and nerve medications when:

- One prescriber orders your medication. You will be given a chance to pick a prescriber in AmeriHealth Caritas North Carolina's network.
- You have these prescriptions filled from one pharmacy. You will be given a chance to pick a pharmacy in AmeriHealth Caritas North Carolina's network.

If you qualify for the AmeriHealth Caritas North Carolina Pharmacy Lock-in Program, you will be in the program for a two-year period. If you do not agree with our decision that you should be in the program, you can appeal our decision before you are placed in the program. (See **page 44** for more information on appeals.)

Opioid Misuse Prevention Program

Opioids are powerful prescription medications that can be the right choice for treating severe pain; however, opioids may also have serious side effects, such as addiction and overdose. AmeriHealth Caritas North Carolina supports for safe and appropriate opioid use through our Opioid Misuse Prevention Program.

If you have any questions about our program, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

Special Programs

AmeriHealth Caritas North Carolina (ACNC) has care management programs for members with special health care needs, behavioral health conditions, and certain chronic conditions. You do not need a referral from your provider to join.

You may be eligible to join one of these special programs at no cost:

- Asthma
- Diabetes
- Multiple Chronic Conditions requiring Complex Care Management
- Bright Start® Pregnancy Program
- Tobacco Cessation
- North Carolina Integrated Care for Kids (NC InCK)

These programs are interactive, which means we work with you directly. To join one of our programs, you, your caregiver, or your provider can call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. When you call, let us know if you have multiple health issues.

A care manager may contact you directly if you need complex care management. A health care provider can also call AmeriHealth Caritas North Carolina about care management for you.

Members have the right to choose not to participate and “opt-out” of any program at any time. Leaving a program will not change your benefits. Read more about our special health programs on our website at **amerihealthcaritasnc.com** under **Extra Benefits**.

Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to learn more about AmeriHealth Caritas North Carolina benefits and services.



Benefits You Can Get from AmeriHealth Caritas North Carolina OR a Medicaid Provider

You can choose where to get some services. You can get these services from providers in the AmeriHealth Caritas North Carolina network or from another Medicaid provider. You do not need a referral from your primary care provider (PCP) to get these services. If you have any questions, talk to your PCP or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

HIV and STI Screening

You can get human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing and treatment and counseling service any time from your PCP or AmeriHealth Caritas North Carolina doctors. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you get this service as part of a family planning visit.

You can choose to go either to your PCP or to the local health department for diagnosis and/or treatment. You do not need a referral to go to the local health department.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): The Medicaid Health Benefit for Members Under Age 21

Members under age 21 have a broad menu of health care benefits. Medicaid calls this benefit “Early and Periodic Screening, Diagnostic and Treatment Services.” The “EPSDT guarantee” covers wellness visits and treatment services.

Early and Periodic Screening and Diagnostic

These “screening” visits are wellness care. They are free for plan members under age 21. These visits include a complete exam, free vaccines, and vision and hearing tests. Your provider will also watch your child’s physical and emotional growth and well-being at every visit and “diagnose” any conditions that may exist. At these visits, you will get referrals to any treatment services your child needs to get well and to stay healthy.

The “T” in EPSDT: Treatment for Members Under Age 21

Sometimes children need medical treatment for a health problem. AmeriHealth Caritas North Carolina may not offer every service covered by the Federal Medicaid program. When a child needs treatment, we will pay for any service the Federal government’s Medicaid plan covers. The proposed treatment must be evaluated on its ability to treat, fix or improve your child’s health problem or condition. This decision is made specifically for your child. AmeriHealth Caritas North Carolina cannot deny your child’s service just because of a policy limit. Also, we cannot deny a service just because that service is not covered in our coverage policies. We must complete a special “EPSDT review” in these cases.



Your Benefits

When AmeriHealth Caritas North Carolina approves services for children, important rules apply:

- There are no copays for Medicaid-covered services to members under age 21.
- There are no limits on how often a service or treatment is given.
- There is no limit on how many services the member can get on the same day.
- Services may be delivered in the best setting for the child's health. This might include a school or a community setting.

You will find the entire menu of Medicaid-covered services in the Social Security Act. The Federal Medicaid program covers a broad menu of medical care, including:

- Dental services
- Comprehensive health-screening services (well-child checks, developmental screenings and immunizations)
- Health education
- Hearing services
- Home health services
- Hospice services
- Inpatient and outpatient hospital services
- Lab and X-ray services
- Mental health services
- Personal care services
- Physical and occupational therapy
- Prescription drugs
- Prosthetics
- Rehabilitative and therapy services for speech, hearing and language disorders
- Transportation to and from medical appointments
- Vision services
- Any other necessary health services to treat, fix or improve a health problem

If you have questions about EPSDT services, talk with your child's primary care provider (PCP). You can also find more information on EPSDT services online by visiting our website at amerihealthcaritasnc.com or by visiting the NC Medicaid EPSDT webpage at medicaid.ncdhhs.gov/epsdt.

Benefits Covered by NC Medicaid Direct but Not by Your Health Plan

There are some Medicaid services AmeriHealth Caritas North Carolina **does not** cover, but if you need them, the services are covered for you by the NC Medicaid Direct Program. You can get these services from any provider who takes Medicaid:

- Dental services
- Services provided by Local Education Agencies that are included in your child's Individualized Education Program (IEP), Individual Family Service Plan, a Section 504 Accommodation Plan, an Individual Health Plan, or a Behavior Intervention Plan
- Services provided and billed by Children's Developmental Services Agencies (CDSAs) or providers contracted with CDSAs that are included in your child's Individualized Family Service Plan
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames. (See **page 18** for more information on vision services.)

If you have questions or need help with accessing benefits you can only get through NC Medicaid Direct, talk with your primary care provider (PCP) or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.



Services NOT Covered

Below are some examples of services that **are not available** from AmeriHealth Caritas North Carolina or Medicaid Direct. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery if not medically necessary
- Personal comfort items such as cosmetics, novelties, tobacco or beauty aids
- Routine foot care, except for beneficiaries with diabetes or a vascular disease
- Experimental drugs, procedures or diagnostic tests
- Infertility treatments
- Sterilization reversal
- Sterilization for patients under age 21
- Medical photography
- Biofeedback
- Hypnosis
- Blood tests to determine paternity . (Contact your local child support enforcement agency.)
- Chiropractic treatment unrelated to the treatment of an incomplete or partial dislocation of a joint in the spine
- Erectile dysfunction drugs
- Weight loss or weight gain drugs
- Liposuction
- Tummy tuck
- Ultrasound to determine sex of child
- Hearing aid products and services for beneficiaries age 21 and older
- Services from a provider who is not part of AmeriHealth Caritas North Carolina, unless you received approval in advance from AmeriHealth Caritas North Carolina and it is a provider you are allowed to see as described elsewhere in this handbook or if AmeriHealth Caritas North Carolina or your primary care provider (PCP) sent you to that provider
- Services for which you need a referral (approval) in advance and you did not get it

- Services for which you need prior authorization in advance and you did not get it
- Medical services provided out of the United States
- Tattoo removal

This list does not include all services that are not covered. To determine if a service is not covered, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

A provider who agrees to accept Medicaid generally cannot bill you. You may have to pay for any service that your PCP or AmeriHealth Caritas North Carolina does not approve. Or, if before you get a service, you agree to be a “private pay” or “self-pay” patient, you will have to pay for the service. This includes:

- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of AmeriHealth Caritas North Carolina.

If You Get a Bill

If you get a bill for a treatment or service you do not think you owe, **do not ignore it**. Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, AmeriHealth Caritas North Carolina will contact the provider and help fix the problem for you.

You have the right to ask for an appeal and a State Fair Hearing if you think you are being asked to pay for something Medicaid or AmeriHealth Caritas North Carolina should cover. See the Appeals section on **page 44** in this handbook for more information. If you have any questions, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

Your Benefits

New Technology

AmeriHealth Caritas North Carolina looks at new medical technology, new drugs and new uses for existing technology throughout the year. The new technology may be approved when it is shown to be at least as medically safe and useful as existing technology. AmeriHealth Caritas North Carolina uses nationally recognized guidelines from scientific journals and the Centers for Medicare & Medicaid Services (CMS).

AmeriHealth Caritas North Carolina Member Copays

Some members may be required to pay a copay. A “copay” is a fee you pay when you get certain health care services from a provider or pick up a prescription from a pharmacy.

Copays if You Have Medicaid*

Service	Your copay
Chiropractic visits Doctor visits Non-emergency and emergency department visits Optometrist and optical visits Outpatient visits Podiatrists visits	\$4 per visit
Generic and brand prescriptions	\$4 for each prescription

*There are **NO** copays for the following members or services:

- Members under age 21
- Members who are pregnant
- Members receiving hospice care
- Federally recognized tribal members
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) beneficiaries
- Children in foster care
- People living in an institution who are receiving coverage for cost of care
- Behavioral health services
- Intellectual or developmental disability (I/DD) services
- Traumatic brain injury (TBI) services

A provider cannot refuse to provide services if you cannot pay your copay at the time of service. If you have any questions about Medicaid copays, please call Member Services at 1-855-375-8811 (TTY 1-866-209-6421).

Service Authorization and Actions

AmeriHealth Caritas North Carolina will need to approve some treatments and services **before** you receive them. AmeriHealth Caritas North Carolina may also need to approve some treatments or services for you to **continue** receiving them. This is called **preauthorization**.

AmeriHealth Caritas North Carolina will honor your existing preauthorizations (preapprovals) for benefits and services for the first 90 days of your enrollment. If you have questions about preauthorizations, please call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

Preauthorization process

To request preauthorization, you or your provider can contact AmeriHealth Caritas North Carolina by calling Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. Providers can also submit requests online through the provider portal.

You can appeal any decision AmeriHealth Caritas North Carolina makes. If you receive a denial and would like to appeal it, talk to your provider. Your provider will work with AmeriHealth Caritas North Carolina to determine if there were any problems with the information that was submitted.



Part II: Plan Procedures

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services you or your provider need to contact AmeriHealth Caritas North Carolina by calling Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

Services requiring notification

AmeriHealth Caritas North Carolina requests that you or your provider let us know when you receive any of the following services so that we can help you get any additional care that you may need.

- Newborn deliveries
- Maternity obstetrical services (after first visit) and outpatient care (includes observation)
- Continuation of covered services for a new member transitioning to the plan the first 90 calendar days of enrollment
- Inpatient admissions following emergency department medical care, emergency short procedure unit services, or an observation stay

What Happens After We Get Your Service Authorization Request?

AmeriHealth Caritas North Carolina uses a group of qualified health care professionals for reviews. Their job is to be sure that the treatment or service you asked for is covered by AmeriHealth Caritas North Carolina and that it will help with your medical condition. AmeriHealth Caritas North Carolina's nurses, doctors and behavioral health clinicians will review your provider's request.

AmeriHealth Caritas North Carolina uses policies and guidelines approved by the North Carolina Department of Health and Human Services to see if the service is medically necessary.

Sometimes AmeriHealth Caritas North Carolina may deny or limit a request your provider makes. This decision is called an "adverse benefit determination." When this happens, you can request any records, standards and policies the team used to decide on your request.

If the request is approved, we will let you and your health care provider know it was approved. If the request is not approved, a letter will be sent to you and your health care provider giving the reason for the decision.

If you receive a denial and you do not agree with our decision, you may ask us for an "appeal." You can call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**, make your request online or send in the appeal form you will find with your decision notice. See **page 44** for more information on appeals.

Part II: Plan Procedures

Prior Authorization Requests for Children under age 21 (applies to Medicaid members only)

Special rules apply to decisions to approve medical services for children under age 21. AmeriHealth Caritas North Carolina cannot say no to a request for children under 21 years old just because of plan policies, policy limits or rules. We must complete another review to help approve needed care. They will use Federal EPSDT rules for this review. These rules help AmeriHealth Caritas North Carolina take a careful look at:

- The child’s health problem **and** the service or treatment your provider asked for

AmeriHealth Caritas North Carolina must approve services that are not included in our coverage policies when our review team finds that a child needs them to get well or to stay healthy. This means that AmeriHealth Caritas North Carolina’s review team must agree with your provider that the service will:

- Correct or improve a health problem.
- Keep the health problem from getting worse.
- Prevent the development of additional health problems.

Important Details About Services Coverable by the Federal EPSDT Guarantee:

- Your provider must ask AmeriHealth Caritas North Carolina for the service.
- Your provider must ask us to approve services that are not covered by AmeriHealth Caritas North Carolina.
- Your provider must explain clearly why the service is needed to help treat a child’s health problem. AmeriHealth Caritas North Carolina’s EPSDT reviewer must agree. We will work with your provider to get any information our team needs to make a decision. AmeriHealth Caritas North Carolina will apply EPSDT rules to the member’s health condition. Your provider must tell us how a service will help a child to improve a health problem or help keep it from getting worse.

AmeriHealth Caritas North Carolina must approve these services with an “EPSDT review” *before* your provider gives them.

To learn more about the Medicaid health plan for children (EPSDT), see **page 35**, visit our website at **amerihealthcaritasnc.com** and visit the state of North Carolina website for the EPSDT guarantee at **medicaid.ncdhhs.gov/epsdt**.

Prior Authorization and Time Frames (including those for Out-of-Network Services)

We will review your request for a preauthorization within the following time frames:

- **Standard review:** A decision will be made within 14 days after we receive your request.
- **Expedited (fast track) review:** A decision will be made, and you will hear from us within three days of your request.
- In most cases, you will be given at least 10 days’ notice if any change (to reduce, stop or restrict services) is being made to current services. **If we approve a service and you have started to receive that service, we will not reduce, stop or restrict the service during the approval period unless we determine the approval was based on information that was known to be false or wrong.**
- If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by AmeriHealth Caritas North Carolina or by Medicaid, even if your plan later denies payment to the provider.**

Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to learn more about how you can help.

Part II: Plan Procedures

Information From Member Services

You can call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to get a primary care provider (PCP), to ask about benefits and services, to get help with referrals, to replace a lost Medicaid ID card, to report the birth of a new baby, or to ask about any change that might affect you or your family's benefits. We can answer any questions about the information in this handbook.

- If English is not your first language, we can help. Just call us and we will find a way to talk with you in your own language.
- **For people with disabilities:** If you have difficulty hearing or need assistance communicating, please call us. If you are reading this on behalf of someone who is blind, deaf-blind or has difficulty seeing, we can help. We can tell you if a doctor's office is equipped with special communications devices. Also, we have services like:
 - TTY machine. Our TTY phone number is **1-866-209-6421**
 - Information in large print
 - Help in making or getting to appointments
 - Names and addresses of providers who specialize in your condition

If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and assist in making or getting to appointment.

How You Can Help with AmeriHealth Caritas North Carolina Policies

We value your ideas. You can help us develop policies that best serve our members. We have several member committees in our health plan or with North Carolina, like:

- AmeriHealth Caritas North Carolina Member Advisory Committee (MAC) — a group that meets at least quarterly where you can give input on our programs and policies.
- AmeriHealth Caritas North Carolina Long-Term Services and Supports (LTSS) Advisory Committee — a group that meets at least quarterly where you can give input on our long-term services and supports programs and policies.
- Medical Care Advisory Committee (MCAC) — a statewide group that gives advice to NC Medicaid about Medicaid medical care policies and quality of care.
- State Consumer and Family Advisory Committee (CFAC) — a statewide group that gives advice to NC Medicaid and lawmakers to help them plan and manage the state's behavioral health program.

**Call Member Services at
1-855-375-8811 (TTY 1-866-209-6421)
to learn more about how you can help.**

Appeals

Sometimes AmeriHealth Caritas North Carolina may decide to deny or limit a request your provider makes for you for benefits or services offered by our plan.

This decision is called an adverse benefit determination. You will receive a letter from AmeriHealth Caritas North Carolina notifying you of any adverse benefit determination. Medicaid members have a right to appeal adverse benefit determinations to AmeriHealth Caritas North Carolina. You have 60 days from the date on your letter to ask for an appeal. When members do not agree with our decisions on an appeal, they can ask the NC Office of Administrative Hearings for a State Fair Hearing.

When you ask for an appeal, AmeriHealth Caritas North Carolina has 30 days to give you an answer. You can ask questions and give any updates (including new medical documents from your providers) that you think will help us approve your request. You may do that in person, in writing or by phone.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call AmeriHealth Caritas North Carolina at **1-855-375-8811 (TTY 1-866-209-6421)** or visit our website at **amerihealthcaritasnc.com** if you need help with your appeal request. It's easy to ask us for an appeal by using one of the options below:

- **Mail:** Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the addresses listed on the form. We must receive your form no later than 60 days after the date on this notice.
- **Fax:** Fill out, sign and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax numbers listed on the form.
- **By phone:** Call **1-855-375-8811 (TTY 1-866-209-6421)** and ask for an appeal.

When you appeal, you and any person you have chosen to help you can see the health records and criteria AmeriHealth Caritas North Carolina used to make the decision. If you choose to have someone help you, you must give them permission.

You can also contact the NC Medicaid Ombudsman to get more information about your options. See **page 61** for more information about the NC Medicaid Ombudsman.

Expedited (Faster) Appeals

You or your provider can ask for a faster review of your appeal when a delay will cause serious harm to your health or to your ability to regain your good health. This faster review is called an “expedited appeal.”

Your provider can ask for an expedited appeal by calling Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

You can ask for an expedited appeal by phone, by mail or by fax. There are instructions on your Appeal Request Form that will tell you how to ask for an expedited appeal.

Provider Requests for Expedited Appeals

If your provider asks us for an expedited appeal, we will give a decision no later than 72 hours after we get the request for an expedited appeal. We will call you and your provider as soon as there is a decision. We will send you and your provider a written notice of our decision within 72 hours from the day we received the expedited appeal request.

Part II: Plan Procedures

Member Requests for Expedited Appeals

AmeriHealth Caritas North Carolina will review all member requests for expedited (faster) appeals. If a member's request for an expedited appeal is denied, we will call you during our business hours promptly following our decision. We also will tell the member and the provider in writing if your request for an expedited appeal is denied. We will tell you the reason for the decision. AmeriHealth Caritas North Carolina will mail you a written notice within two calendar days.

If you do not agree with our decision to deny an expedited appeal request, you may file a grievance with us. (See **page 48** for more information on grievances.)

When we deny a member's request for an expedited appeal, there is no need to make another appeal request. The appeal will be decided within 30 days of your request. In all cases, we will review appeals as fast as a member's medical condition requires.

Timelines for Standard Appeals

If we have all the information we need, we will make a decision on your appeal within 30 days from the day we get your appeal request. We will mail you a letter to tell you about our decision. If we need more information to decide about your appeal, we:

- Will write to you and tell you what information is needed
- Will explain to you why the delay is in your best interest
- May take an additional 14 days to make a decision on your appeal if you request it or if there is a need for additional information and the delay is in your best interest

If you need more time to gather records and updates from your provider, just ask. You or a helper you name may ask us to delay your case until you are ready. Ask for an extension by calling Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** or writing to AmeriHealth Caritas North Carolina, P.O. Box 7378, London, KY 40742-7378

Decisions on Appeals

When we decide your appeal, we will send you a letter. This letter is called a Notice of Decision. If you do not agree with our decision, you can ask for a State Fair Hearing. You can ask for a State Fair Hearing within 120 days from the date on the Notice of Decision.



Part II: Plan Procedures

State Fair Hearings

If you do not agree with AmeriHealth Caritas North Carolina's decision on your appeal, you can ask for a State Fair Hearing. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session. This meeting is held before your State Fair Hearing date.

Free and Voluntary Mediations

When you ask for a State Fair Hearing, you will get a phone call from The Mediation Network of North Carolina. The Mediation Network will call you within five business days after you request a State Fair Hearing. During this call you will be offered a mediation meeting. The state offers this free meeting to help resolve your disagreement quickly. These meetings are held by phone.

You do not have to accept this meeting. You can ask to schedule just your State Fair Hearing. When you do accept, a Mediation Network counselor will lead your meeting. This person does not take sides. A member of AmeriHealth Caritas North Carolina's review team will also attend. If the meeting does not help with your disagreement, you will have a State Fair Hearing.

State Fair Hearings

State Fair Hearings are held by the NC Office of Administrative Hearings (OAH). An administrative law judge will review your request along with new information you may have. The judge will make a decision on your service request. You can give any updates and facts you need to at this hearing. A member of AmeriHealth Caritas North Carolina's review team will attend. You may ask questions about AmeriHealth Caritas North Carolina's decision. The judge in your State Fair Hearing is not a part of AmeriHealth Caritas North Carolina in any way.

It is easy to ask for a State Fair Hearing. Use one of the options below:

- **Mail:** Fill out and sign the State Fair Hearing Request Form that comes with your notice. Mail it to the addresses listed on the form.
- **Fax:** Fill out, sign and fax the State Fair Hearing Request Form that comes with your notice. You will find the fax numbers you need listed on the form.
- **By phone:** Call OAH at **1-984-236-1860** and ask for a State Fair Hearing. You will get help with your request during this call.

For assistance with requesting a State Fair Hearing, please contact Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**. You can call 24 hours a day, seven days a week.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have 30 days from the day you get your decision from your State Fair Hearing to appeal to the Superior Court.

State Fair Hearings and Disenrollment Decisions

If you disagree about a decision to change your health plan, you can ask for a State Fair Hearing. The process to ask for a State Fair Hearing for disenrollment decisions is different than the process to ask for a State Fair Hearing when AmeriHealth Caritas North Carolina limits or denies a service that you requested. For more information about requesting a State Fair Hearing for disenrollment decisions, see **page 53**.

Part II: Plan Procedures

Continuation of Benefits During an Appeal

Sometimes AmeriHealth Caritas North Carolina's decision reduces or stops a health care service you are already getting. You can ask to continue this service without changes until your appeal is finished. You can also ask the person helping you with your appeal to make that request for you. Your provider cannot ask for your services to continue during an appeal.

The rules in the section are the same for Appeals and State Fair Hearings.

There are special rules about continuing your service during your appeal. Please read this section carefully!

You will get a notice if AmeriHealth Caritas North Carolina is going to reduce or stop a service you are receiving. You have 10 days from the date we send the letter to ask for your services to continue. The notice you get will tell you the exact date. The notice will also tell you how to ask for your services to continue while you appeal.

If you ask for your services to continue, AmeriHealth Caritas North Carolina will continue your services from the day you ask for them to continue until the day you get your appeal decision. You or your authorized representative may contact Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** or contact the Appeals Coordinator on your adverse benefit determination letter to ask for your service to continue until you get a decision on your appeal.

Your appeal might not change the decision the health plan made about your services. When this happens, Medicaid allows AmeriHealth Caritas North Carolina to bill you for services we paid for during your appeal. We must get approval from NC Medicaid before we can bill you for services we pay for during your appeal.

Appeals During Your Transition Out of AmeriHealth Caritas North Carolina

If you decide to leave AmeriHealth Caritas North Carolina, your appeal may be impacted by this transition. If you will be transitioning out of our plan soon and have an appeal with us, please contact Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** for additional information.



If You Have Problems With Your Health Plan You Can File a Grievance

We hope our health plan serves you well. If you are unhappy or have a complaint, you may talk with your primary care provider (PCP), and you may call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** or write to AmeriHealth Caritas North Carolina Grievances Department, P.O. Box 7382, London, KY 40742-7382, at any time.

A grievance and a complaint are the same thing.

Contacting us with a grievance means that you are unhappy with your health plan, provider or your health services. Most problems like this can be solved right away. Whether we solve your problem right away or need to do some work, we will record your call, your problem and our solution. We will inform you that we have received your grievance in writing. We will also send you a written notice when we have finished working on your grievance.

You can ask a family member, a friend, your provider or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filling out any forms, we can help you. You can contact us by phone or in writing at any time.

- By phone, call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**, 24 hours a day, seven days a week. After business hours, you may leave a message and we will contact you during the next business day.
- You can write us with your complaint at AmeriHealth Caritas North Carolina, Grievances Department, P.O. Box 7382, London, KY 40742-7382.

Resolving your Grievance

We will let you know in writing that we got your grievance within five days of receiving it.

- We will review your complaint and tell you how we resolved it in writing within 30 days from receiving your complaint.
- If your grievance is about your request for an expedited (faster) appeal, we will tell you how we resolved it in writing within five days of getting your complaint.

These issues will be handled according to our Grievance Procedures. You can find them online at amerihealthcaritasnc.com or by calling Member Services at 1-855-375-8811 (TTY 1-866-209-6421).

Part II: Plan Procedures

Transition of Care

Your Care When You Change Health Plans or Providers

If you join AmeriHealth Caritas North Carolina from another health plan, we will work with your previous health care plan to get your health information, like your service history, service authorizations and other information about your current care into our record. You can finish receiving any services that have already been authorized by your previous health plan. After that, we will help you find a provider in our network to get any additional services if you need them.

- In almost all cases, your providers under your former plan will also be AmeriHealth Caritas North Carolina providers. If your provider is not part of our network, there are some instances in which you can still see the provider that you had before you joined AmeriHealth Caritas North Carolina. You can continue to see your provider if:
 - At the time you join AmeriHealth Caritas North Carolina, you are receiving an ongoing course of treatment or have an ongoing special condition. In that case, you can ask to keep your provider for up to 90 days.
 - You are more than three months pregnant when you join AmeriHealth Caritas North Carolina and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of postpartum care.
 - You are pregnant when you join AmeriHealth Caritas North Carolina and you are receiving services from a behavioral health treatment provider. In that case, you can keep your provider until after delivery.
 - You have a surgery, organ transplant or inpatient stay already scheduled that your provider is doing. In these cases, you may be able to stay with your provider through the scheduled procedure, discharge from the hospital and for up to 90 days of follow-up care.
 - You are terminally ill, and the provider is supporting you in your care. You are considered terminally ill if you have been told by your provider that they expect you have six months or less to live. In that case, you can keep your provider for the remainder of your life.
- If your provider leaves AmeriHealth Caritas North Carolina, we will tell you in writing within 15 days from when we know this will happen. If the provider who leaves AmeriHealth Caritas North Carolina is your primary care provider (PCP), we will tell you in writing within seven days from when we know this will happen.
- We will tell you how you can choose a new PCP or how we will choose one for you if you do not make a choice within 30 days.
- If you want to continue receiving care from a provider who is not in our network, your PCP or another network provider must ask AmeriHealth Caritas North Carolina for approval. You can talk to your PCP about this or call AmeriHealth Caritas North Carolina Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** to discuss your needs and to get more details. We will review and make a decision about your request following the time frames on **page 44**.

If you have any questions about services you had before you became our member or with a provider who is leaving our network, please call our Member Services team at **1-855-375-8811 (TTY 1-866-209-6421).**

Member Rights and Responsibilities

As a member of AmeriHealth Caritas North Carolina, you have certain rights and responsibilities. AmeriHealth Caritas North Carolina will respect your rights and make sure that no one working for our health plan, or any of our providers, will prevent you from using your rights. Also, we will make sure that you are aware of your responsibilities as a member of our health plan. For a full list of your rights and responsibilities as a member of AmeriHealth Caritas North Carolina visit our website at amerihealthcaritasnc.com or call Member Services at **1-855-375-8811** (TTY **1-866-209-6421**).

Your Rights

As a member of AmeriHealth Caritas North Carolina, you have a right to:

- Receive information about the organization, its practitioners and providers, your rights and responsibilities, benefits and services, and the cost of health care.
- Receive information on where, when and how to get the services you need from AmeriHealth Caritas North Carolina.
- Be treated with respect and recognition of your dignity and your right to privacy, without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity.
- Receive considerate and respectful care in a clean and safe environment.
- Request materials and/or assistance in languages and formats other than written English, such as Braille, audio or sign language, if necessary.
- Be furnished with health care services consistent with applicable state and Federal law.
- Receive health care services in a timely manner from a provider that meets your care needs.
- Be told by your primary care provider (PCP) what health issues you may have, what can be done for you and what will likely be the result, in language you understand.
- Candid discussion and information with your health care provider about appropriate or medically necessary treatment options and alternatives for your conditions, regardless of cost or benefit coverage, in a manner that you understand.
- Participate with practitioners in making decisions about your health care.
- Get a second opinion about your care.
- Give your approval of any plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to exercise your rights and know that the exercising of those rights does not adversely affect the way AmeriHealth Caritas North Carolina, its network providers, or the NC Department of Health and Human Services will treat you.
- Request and receive a copy of your medical record as allowed by applicable state and Federal law.
- Ask, if needed, that your medical record be amended or corrected.
- Be sure that your personal and health information and medical records are private and confidential.
- Approve or deny the release of identifiable medical or personal information, except when the release is permissible and/or required by law.
- Request an Accounting of Disclosures of Protected Health Information (PHI).

Part II: Plan Procedures

- Expect that AmeriHealth Caritas North Carolina will provide the Notice of Privacy Practices upon enrollment, annually, and upon your request.
- Request that any mailing or communication with PHI from AmeriHealth Caritas North Carolina be sent by alternate means or to an alternate address or phone number.
- Make recommendations regarding the organization's Member Rights and Responsibilities Policy and other policies and procedures.
- Use the AmeriHealth Caritas North Carolina complaint process to settle complaints and appeals. You can also contact the Medicaid Managed Care Ombudsman Program any time you feel you were not fairly treated.
- Use the State Fair Hearing system.
- Provide an advance health care directive.
- Appoint someone you trust (relative, friend or lawyer) to speak for you if you are unable to speak for yourself about your care and treatment.
- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Notify AmeriHealth Caritas North Carolina and your health care providers of any changes that may affect your participation, health care needs or benefits, such as pregnancy, birth of a baby, change of address or phone number, other health insurance, special medical conditions, a change in primary care provider (PCP), change in family size, or relocation to another county or state.
- Use the emergency department only for emergencies.
- Call your PCP when you need medical care, even if it is after-hours.
- Follow plans and instructions for care that you have agreed to with your health care providers.
- Understand your health problems, and participate in developing mutually agreed-upon treatment goals, to the degree possible, including:
 - Making appointments with your PCP and keeping appointments.
 - Cancelling appointments when you cannot make the appointment. If you must cancel, call as soon as you can.
 - Make sure your information is up to date with your local Department of Social Services.
 - Call or go back to your PCP if you do not get better or ask for a second opinion.
 - Treat health care staff with respect and dignity.
 - Contact AmeriHealth Caritas North Carolina when you have questions or tell us if you have any problems with any health care staff by calling Member Services at **1-855-375-8811 (TTY 1-866-209-6421)**.

Your Rights if You Are a Minor

Minors have the right to agree to some treatment and services without the consent of a parent or guardian:

- Treatment for sexually transmitted diseases
- Services related to pregnancy
- Services to help with alcohol and/or other substance use disorders
- Services to help with emotional conditions

Your Responsibilities

As a member of AmeriHealth Caritas North Carolina, you agree to:

- Find out how your health plan coverage works and follow plan guidelines.

How to Change Your Health Plan (Disenrollment)

At set times during your benefit year, you will be given a chance to pick a different health plan without needing a good reason (without cause). You can always ask to change health plans if you have a good reason (with cause).

The set times where you **do not** need a good reason to change health plans include:

- At least once every 12 months. This usually happens at the same time that your eligibility for Medicaid is being recertified.
- During the first 90 days that AmeriHealth Caritas North Carolina starts managing your care (you may hear this called your choice period). You may leave AmeriHealth Caritas North Carolina and join another health plan at any time during the 90 days.

You will receive a letter letting you know when you can change health plans without a good reason. During those set times, you may choose to stay a member of AmeriHealth Caritas North Carolina or pick a different plan that offers benefits and services where you live.

If you want to leave AmeriHealth Caritas North Carolina at any other time, you can do so only with a good reason (with cause). Some examples of a good reason to change plans include:

- You move out of our service area.
- You have a family member in another health plan.
- Your requested related services are not available in our provider network and there is risk to getting the services separately.
- Your medical condition requires treatment that you are unable to receive in our health plan.
- Your long-term services and supports (LTSS) provider is no longer with our health plan.
- Other reasons (poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with your health care needs)
- We do not provide the services you need due to religious or moral reasons.

If you need certain services to address needs related to a mental health disorder, substance use

disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI), you may have other choices. Call 1-833-870-5500 (TTY: 711 or relaync.com).

How to Request to Change Health Plans

You can ask to change plans by phone, mail or electronically. You will receive help and information to choose a new plan from the Enrollment Broker. If you want to change your plan, you can change in one of these ways:

- Go to ncmedicaidplans.gov.
- Use the NC Medicaid Managed Care mobile app.
- Call **1-833-870-5500 (TTY: 711 or relaync.com)**.

You can also ask for a form when you call so that you can mail or fax your request to change health plans. If your request is approved, you will get a notice that the change will take place by a certain date. AmeriHealth Caritas North Carolina will provide the care you need until then.

You can ask for faster action if you believe the timing of the regular process will cause risk to your health. In that case, you will get a notice about your request to leave the plan within 3 days of making the request.

Reasons Why You May Have to Leave AmeriHealth Caritas North Carolina

There are also some reasons why you may have to leave AmeriHealth Caritas North Carolina, even when you did not ask to leave our plan. The following are reasons why you may have to leave AmeriHealth Caritas North Carolina when you did not ask to leave:

- If AmeriHealth Caritas North Carolina's request for you to leave our plan is approved

We may request that you leave our health plan only if your actions or behavior seriously limits our ability to care for you or other members of our plan. AmeriHealth Caritas North Carolina is **not allowed** to request that you leave our plan because of a change in your health status, your use of benefits and services, your mental capacity diminishes, or for any disruptive behavior due to your health needs.

- Before AmeriHealth Caritas North Carolina would make a request for you to leave our plan, we would try our best to work with you to address any concerns that we may have in providing your care.

Part II: Plan Procedures

- If AmeriHealth Caritas North Carolina’s request for you to leave our plan is approved, you will get a letter letting you know that our request was approved and what new plan is going to take over your care. If you do not like the new plan who takes over your care, you will be given the option to choose a different plan.

If You Lose Your NC Medicaid Managed Care Program Eligibility

You may lose your eligibility for the Medicaid Managed Care program if any of the following happen:

- You stay in a nursing home for more than 90 days in a row (see **page 18** for more information on nursing home services).
- You become eligible for and are transferred for treatment to a state-owned Neuro-Medical Center or a Department of Military & Veteran Affairs-operated Veterans Home.
- You change in Medicaid eligibility category.
- You begin receiving Medicare.

If you are no longer eligible for NC Medicaid Managed Care, you will receive a letter letting you know that you will continue to receive your benefits and services through NC Medicaid Direct instead of through AmeriHealth Caritas North Carolina. If this happens, you can call the NC Medicaid Contact Center at **1-888-245-0179** for help.

- If you lose your Medicaid eligibility
 - You may have to leave AmeriHealth Caritas North Carolina if you are notified that you are no longer eligible to receive benefits and services through the Medicaid programs. **If you are no longer eligible for Medicaid, you will receive a letter letting you know that all benefits and services that you may be receiving under the program will stop.** If this happens, call your local Department of Social Services.

State Fair Hearings for Disenrollment Decisions

You have a right to ask for a State Fair Hearing if you disagree with a decision to:

- Deny your request to change health plans.
- Approve a request made by AmeriHealth Caritas North Carolina for you to leave the plan.

State Fair Hearings are held by Office of Administrative Hearings (OAH). You will have a chance to give more information and facts, and to ask questions about the decision for you to change plans before an administrative law judge. The judge in your State Fair Hearing is not a part of AmeriHealth Caritas North Carolina in any way.

In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session that is held before your Hearing date. (See **page 46** for more information on mediations.)

Requesting a State Fair Hearing for Disenrollment Decisions

If you disagree with a decision for you to change plans, you have **30 days** from the date on the letter notifying you of the decision to ask for a State Fair Hearing. You can ask for a State Fair Hearing yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call the Enrollment Broker at **1-833-870-5500** if you need help with your State Fair Hearing request.

You can use one of the following ways to request a State Fair Hearing:

- **Mail:** Fill out and sign the State Fair Hearing Request Form that comes with your notice. Mail it to the addresses listed on the form.
- **Fax:** Fill out, sign and fax the State Fair Hearing Request Form that comes with your notice. The fax numbers you need are listed on the form.
- **By phone:** Call OAH at **1-984-236-1860** and ask for a State Fair Hearing. You will get help with your request during this call.

When you ask for a State Fair Hearing, you and any person you have chosen to help you can see the records and criteria used to make the decision. If you choose to have someone help you, you must give them written permission. Include their name and contact information on the State Fair Hearing Request Form.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have **30 days** from the day you get your decision from your State Fair Hearing Final Decision to appeal to the Superior Court.

Advance Directives

There may come a time when you become unable to manage your own health care. If this happens to you and you are age 18 or older, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions and you have no advance directive, your medical or behavioral health provider will discuss your care with a family member or other person close to you.

Discussing your wishes for medical and behavioral health treatment with your family and friends now is important, as this will help to make sure that you get the level of treatment you want if you can no longer tell your primary care provider (PCP) or other physical or behavioral health providers yourself.

AmeriHealth Caritas North Carolina will not make decisions about medical care or otherwise discriminate against a member based on whether or not they have executed an advance directive.

If you think a provider or AmeriHealth Caritas North Carolina is not following your advance directive, you can talk with your primary care provider (PCP) or file a grievance. You may find information on our grievance process here [amerihealthcaritasnc.com/member/eng/rights/complaints-grievances.aspx](https://www.amerihealthcaritasnc.com/member/eng/rights/complaints-grievances.aspx). You can also contact the NC Medicaid Managed Care Ombudsman at **1-877-201-3750** or [ncmedicaidombudsman.org](https://www.ncmedicaidombudsman.org). The Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families who receive North Carolina Medicaid get access to the care that they need.

Under North Carolina law, there are three ways for you to make a formal advance directive. These include living wills, health care powers of attorney and advance instructions for mental health treatment.

Living Will

In North Carolina, a **living will, also known as an Advance Directive for a Natural Death**, is a legal document that tells others that you do not want your life prolonged by extraordinary measures if you have a terminal or incurable illness or if you are in a vegetative state.

In a living will, you can direct your provider not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your provider and one other provider determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your wishes with friends, family and your provider so that they can help make sure that you get the level of care you want at the end of your life.

Health Care Power of Attorney

A **health care power of attorney** is a legal document in which you can name one or more people as your health care agent(s) to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your primary care provider (PCP). A health care power of attorney will go into effect when a provider states **in writing** that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a provider to make this determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An **advance instruction for mental health treatment** is a legal document that tells physical health providers and behavioral health care providers what mental health treatments you would want and what treatments you would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your

Part II: Plan Procedures

advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney.

An advance instruction for mental health treatment may be followed by a physical health provider or behavioral health provider when your physical health provider or an eligible psychologist determines **in writing** that you are no longer able to make or communicate behavioral health decisions.

Forms You Can Use to Make an Advance Directive

You can find forms for living wills, health care powers of attorney and advance instructions for mental health treatment sosnc.gov/forms/by_title/_advance_healthcare_directives on the NC Secretary of State website.

The forms meet all the rules for a formal advance directive.

The NC Secretary of State's website also includes information about a registry sosnc.gov/divisions/advance_healthcare_directives where you can choose to file your advance directives after they are notarized. This will make it easier for your family or your health care providers to know your wishes if, in the future, you cannot speak for yourself. There is a fee charged for registration. Registration is not required; it is voluntary.

For more information, email ahcdr@sosnc.gov or call **1-919-814-5363**.

You may mail documents to:
Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622

You can change your mind and update these documents any time. They do not change your right to quality health care. The only purpose is to let others know what you want if you cannot speak for yourself. Talk to your primary care provider or call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** if you have any questions about advance directives.





Concerns About Abuse, Neglect and Exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of you (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult **must** report these concerns to the local Department of Social Services (DSS). A list of DSS locations can be found at dhhs.nc.gov/localdss. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect or exploitation of a child or disabled adult receiving mental health, substance use disorder, intellectual/developmental disability services (I/DD) or traumatic brain injury (TBI) services from an unlicensed staff to the local DSS and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to the Healthcare Personnel Registry Section is ncnar.ncdhhs.gov/verify_listings1.jsp. The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, call Member Services at **1-855-375-8811** (TTY **1-866-209-6421**).

Fraud, Waste and Abuse

If you suspect that someone is committing Medicaid fraud, report it. Examples of Medicaid fraud include:

- An individual does not report all income or other health insurance when applying for Medicaid.
- An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission.
- A doctor or a clinic bills for services that were not provided or were not medically necessary.

You can report suspected fraud, waste and abuse in any of the following ways:

- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at **1-877-DMA-TIP1 (1-877-362-8471)**.
- Call the State Auditor's Waste Line at **1-800-730-TIPS (1-800-730-8477)**.
- Call the U.S. Office of Inspector General's Fraud Line at **1-800-HHS-TIPS (1-800-447-8477)**.
- Call the AmeriHealth Caritas North Carolina Fraud, Waste and Abuse Hotline at **1-866-833-9718** or email fraudtip@amerihealthcaritas.com.

Below are examples of information that will assist with the investigation:

- Contact Information (e.g., name of individual making the allegation, address, phone number)
- Description of the alleged fraudulent or abuse activities
- Time frame of the allegation(s)
- Name and identification number of the suspected individual
- Source of the complaint, including the type of item or service involved in the allegation
- Approximate dollars involved, if known
- Place of service



Important Phone Numbers

AmeriHealth Caritas North Carolina Member Services Line	1-855-375-8811 (TTY 1-866-209-6421) Available 24 hours a day, seven days a week
AmeriHealth Caritas North Carolina Behavioral Health Crisis Line	1-833-712-2262 Available 24 hours a day, seven days a week
24/7 Nurse Line	1-888-674-8710 Available 24 hours a day, seven days a week
Enrollment Broker	1-833-870-5500 (TTY 1-833-870-5588) Monday through Saturday, 7 a.m. to 5 p.m.
NC Medicaid Contact Center	1-888-245-0179 Monday through Friday, 8 a.m. to 5 p.m.
NC Medicaid Ombudsman	1-877-201-3750 or ncmedicaidombudsman.org
AmeriHealth Caritas North Carolina Provider Service Line	1-855-738-0004
AmeriHealth Caritas North Carolina Prescriber Service Line	1-855-375-8811
The NC Mediation Network	1-336-461-3300 Monday through Friday, 8 a.m. to 5 p.m.
Free Legal Services Line	1-866-219-5262
Advance Health Care Directive Registry	1-919-814-5363 Monday through Friday, 8 a.m. to 5 p.m.
NC Medicaid Fraud, Waste and Abuse Tip Line	1-877-DMA-TIP1 (1-877-362-8471)
State Auditor Waste Line	1-800-730-TIPS (1-800-730-8477)
U.S. Office of Inspector General Fraud Line	1-800-HHS-TIPS (1-800-447-8477)

Part II: Plan Procedures

Keep Us Informed

Call Member Services at **1-855-375-8811 (TTY 1-866-209-6421)** whenever these changes happen in your life:

- You have a change in Medicaid eligibility.
 - You give birth.
 - There is a change in Medicaid coverage for you or your children.
-

If you no longer get Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.



NC Medicaid Managed Care Ombudsman

The NC Medicaid Managed Care Ombudsman is a resource you can contact if you need help with your health care needs. The Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families who receive North Carolina Medicaid get access to the care that they need.

The NC Medicaid Ombudsman can:

- Answer your questions about benefits.
- Help you understand your rights and responsibilities.
- Provide information about Medicaid and Medicaid Managed Care.
- Answer your questions about enrolling with or disenrolling from a health plan.
- Help you understand a notice you have received.
- Refer you to other agencies that may be able to assist you with your health care needs.
- Help to resolve issues you are having with your health care provider or health plan.
- Be an advocate for you if you are dealing with an issue or a complaint affecting access to health care.
- Provide information to assist you with your appeal, grievance, mediation or fair hearing.
- Connect you to legal help if you need it to help resolve a problem with your health care.

You can contact the NC Medicaid Ombudsman at [1-877-201-3750](tel:1-877-201-3750) or ncmedicaidombudsman.org.



AmeriHealth *Caritas*[™]

North Carolina

amerihealthcaritasnc.com