



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

NC MEDICAID MANAGED CARE CHILDREN AND FAMILIES SPECIALTY PLAN MEMBER HANDBOOK

Healthy Blue Care Together
December 2025

**You can request free auxiliary aids and services,
including this material and other information in large print.
Call 833-777-3611 (TTY 711).**

If English is not your first language, we can help. Call **833-777-3611 (TTY 711)**. 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 solicitar ayudas y servicios auxiliares gratuitos,
incluido este material y otra información en letra grande.
Llame al 833-777-3611 (TTY 711).**

Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **833-777-3611 (TTY 711)**. Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

中国人 (Chinese):

您可以申请免费的辅助工具和服务，包括本资料和其他计划信息的大字版。请致电 833-777-3611 (TTY 711)。

如果英语不是您的首选语言，我们能提供帮助。请致电 **833-777-3611 (TTY 711)**。我们可以通过口头或书面形式，用您使用的语言免费为您提供本资料中的信息，为您提供翻译服务，并且用您使用的语言帮助回答您的问题。

Tiếng Việt (Vietnamese):

**Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu này và các thông tin khác dưới dạng bản in lớn.
Gọi 833-777-3611 (TTY 711).**

Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **833-777-3611 (TTY 711)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ

của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

한국인 (Korean):

**귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며,
여기에는 큰 활자체의 자료 및 기타정보가있습니다.
833-777-3611 (TTY 711) 번으로 전화주시기 바랍니다.**

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **833-777-3611 (TTY 711)** 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

Français (French):

Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations en gros caractères. Composez le 833-777-3611 (TTY 711).

Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **833-777-3611 (TTY 711)**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmoob (Hmong):

Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau 833-777-3611 (TTY 711).

Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **833-777-3611 (TTY 711)**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

عربي (Arabic):

يمكنك طلب الخدمات والمساعدات الإضافية المجانية بما في ذلك، هذا المستند ومعلومات أخرى حول الخطة بأحرف كبيرة. اتصل على الرقم 833-777-3611 (الهاتف النصي 711).

يمكننا أن 844-594-5070 (الهاتف النصي 711). إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم نقدم لك المعلومات الواردة في هذا المستند بلغتك شفهيًا أو كتابيًا إلى خدمات

Русский (Russian):

Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию напечатанную крупным шрифтом. Позвоните по номеру 833-777-3611 (TTY 711).

Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **833-777-3611 (TTY 711)**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog (Tagalog):

Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon sa malaking print. Tumawag sa 833-777-3611 (TTY 711).

Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **833-777-3611 (TTY 711)**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

ગુજરાતી (Gujarati):

તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય માહિતી સહિત મફત
સહાયક સહાય અને સેવાઓની વિનંતી કરી શકો છો
833-777-3611 (TTY 711).

પર કૉલ કરો જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. 833-777-3611
(TTY 711). પર કૉલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વિના
મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા
પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ.

ខ្មែរ (Khmer):

**អ្នកអាចស្នើសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃ
រួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពី
ផ្សេងទៀតនៅជាអក្សរពុម្ពផង។ ហៅទូរសព្ទទៅលេខ
833-777-3611 (TTY 711)។**

ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។
ហៅទូរសព្ទទៅលេខ **833-777-3611 (TTY 711)**
យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក
ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ
និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

Deutsch (German):

Sie können kostenlose Hilfsmittel und Services anfordern,
darunter diese Unterlagen und andere Informationen in
Großdruck. Rufen Sie uns an unter **833-777-3611 (TTY 711).**

Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter
833-777-3611 (TTY 711). Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen
kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen
Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

हिंदी (Hindi):

आप इस सामग्री और अन्य की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। **833-777-3611 (TTY 711)**

पर कॉल करें। अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। **833-777-3611 (TTY 711)** पर कॉल करें। हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं

ພາສາລາວ (Lao):

ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບຟຣີ, ລວມທັງເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆເປັນຕົວພິມໃຫຍ່. ໂທຫາເບີ 833-777-3611 (TTY 711).

ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ 833-777-3611 (TTY 711). ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງປາກເປົ້າ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແບບພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

日本 (Japanese):

この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。833-777-3611 (TTY 711)に電話してください。

英語が母国語でない方はご相談ください。833-777-3611 (TTY 711)に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。

Notice of Nondiscrimination

Blue Cross NC on behalf of Healthy Blue Care Together 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. Healthy Blue Care Together 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.

Healthy Blue Care Together 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)

Healthy Blue Care Together 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 **833-777-3611 (TTY 711)**.

If you believe that Healthy Blue Care Together 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:

Member Grievances - Healthy Blue Care Together	Phone: 833-777-3611 (TTY 711)
Blue Cross NC Healthy Blue Care Together	Fax: 844-429-9635
1965 Ivy Creek Blvd, Durham, NC 27707	Email: ncmedicaidgrievances@nchealthyblue.com

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:
U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201
- By phone: **800-368-1019 (TDD: 800-537-7697)**

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

Healthy Blue Care Together Quick Reference Guide

Note: Your means ‘your’ or ‘your child’s’ depending on the age and custody status of the individual reading the handbook, “my” means ‘my’ or ‘my child’s’ depending on the age and custody status of the individual reading the handbook

I WANT TO:	I CAN CONTACT:
Find a doctor, specialist, or health care service	My primary care provider (PCP). (If you need help with choosing your PCP, call Member Services at 833-777-3611 (TTY 711)).
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 833-777-3611 (TTY 711) .
Keep track of my appointments and health services	My PCP or Member Services at 833-777-3611 (TTY 711) .
Get help with getting to and from my doctor’s appointments	Member Services at 833-777-3611 (TTY 711) . You can also find more information on Transportation Services in this handbook on page 20.
Get help if a Plan member (child, youth or young adult) has thoughts of hurting themselves or other, or is experiencing serious anxiety or distress, or is experiencing any other mental health crisis	Behavioral Health Crisis Line at 833-597-3985 , at any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.
Get help with redeeming benefits	Member Services at 833-777-3611 (TTY 711)
Get answers to basic questions or concerns about my health, symptoms or medicines	Nurse Line at 844-545-1427 at any time, 24 hours a day, 7 days a week, or talk with your 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 833-777-3611 (TTY 711) or the NC Medicaid Ombudsman at 1-877-201-3750. You can also find more information about the NC Medicaid Ombudsman in this handbook on page 65

Update my address	<p>Call your local Department of Social Services (DSS) to report an address change. A list of DSS locations can be found at dhhs.nc.gov/localdss.</p> <p>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.</p> <p>Sign up for ePASS at [epass.nc.gov].</p>
Find my health plan's health care provider directory or other general information about my health plan	<p>Visit our website at healthybluenc.com or call Member Services at 833-777-3611 (TTY 711).</p>

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 7 or more beds for elderly or people living with a disability 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 the health plan 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 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.

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, language and speech.

Children and Families Specialty Plan: A NC Medicaid Managed Care health plan that offers physical health, behavioral health, pharmacy services, long term services and supports (LTSS) and Intellectual/Developmental Disabilities (I/DD) services for Medicaid-enrolled children, youth and families served by the child welfare system. The Children and Families Specialty Plan offers added services for members who qualify. Healthy Blue Care Together is the Children and Families Specialty Plan.

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. Each local Department of Social Services (DSS) office plays a key role in foster care by providing services to children in need, licensing foster homes, and working to reunite children with their families **Covered Services:** Health care services provided by your health plan.

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 Healthy Blue Care Together's coverage policies. Medicaid makes sure 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 support 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 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 regions.

Emergency Department Care (or Emergency Room Care): Care you receive in a hospital Emergency Department 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.

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: Unbiased, third-party entity that provides managed care choice counseling and enrollment assistance and coordinates outreach and education to beneficiaries.

Fair Hearing: See “State Fair Hearing.”

Grievance: A **complaint** about your health plan, provider, care or services. Contact your health plan and tell them 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 functions 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.

Blue Cross NC on behalf of Healthy Blue Care Together: 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.

Hospital Outpatient Care: Services you receive from a hospital or other medical setting that do not require hospitalization.

Hospitalization: Admission to a hospital for treatment that lasts more than 24 hours.

Institution: Health care facility or setting that 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).

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

Local Management Entity/Managed Care Organization (LME/MCO): The organization providing behavioral health services to beneficiaries in NC Medicaid Direct.

Long Term Services and Supports (LTSS): Care provided in the home, in community-based settings or 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 DHHS 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. If you are eligible for Medicaid, you are entitled to certain rights and protections. See the websites below for more information about Medicaid and your rights: [\[weblink here\]](#) and [_](#)

Medically Necessary: Medical services, treatments or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and 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. Healthy Blue Care Together's number is **833-777-3611 (TTY 711)**.

NC Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid, Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS), 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): Agency that manages Medicaid health care programs, pharmacy benefits and behavioral health services on behalf of NCDHHS.

NC Medicaid Direct: Program that provides care to beneficiaries 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 beneficiaries. 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, scheduled inpatient care 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.

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 (check-up, 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, 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 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.

Provider: A health care professional or a facility that delivers health care services, like a doctor, hospital or pharmacy.

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 injured, disabled or sick people.

Specialist: A provider who is trained and practices in a specific area of medicine.

Standard Plan: An NC Medicaid Managed Care health plan that offers physical health, pharmacy and basic behavioral health services for members. Standard Plans offer added services for members who qualify.

State Fair Hearing: When you do not agree with your health 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 the Healthy Blue Care Together'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, or addiction to, alcohol and/or legal or illegal drugs.

Tailored Plan: An NC Medicaid Managed Care health plan operated by an LME MCO that offers physical health, services for serious mental health, severe substance use, intellectual/developmental disabilities (I/DD) and traumatic brain injuries (TBI) for members. Tailored Plans offer added services for members who qualify.

Telemedicine: 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: Process of assisting you 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.

Tribal Option: The Tribal Option operates primarily in five western NC counties, Cherokee, Graham, Haywood, Jackson, and Swain, under which the EBCI has increasing responsibility for total cost of care over time. The Tribal Option supports the Tribe’s sovereignty in managing the care needs of Indian enrollees and considers and addresses the unique cultural, Behavioral Health, I/DD, TBI, medical, LTSS, and other health-related needs of the EBCI members NCGS § 108D-62

Unmet Health-related Resource Needs: Issues related to non-medical factors that affect a person’s health. (Examples: housing, food, transportation, etc.)

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.

Welcome to Healthy Blue Care Together NC Medicaid Managed Care Program

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NC DHHS 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 **833-777-3611 (TTY 711)** or visit our website at healthybluenc.com.

How the Children and Families Specialty Plan Works

Welcome to Blue Cross and Blue Shield of North Carolina's (Blue Cross NC's) Children and Families Specialty Plan, Healthy Blue Care Together.

The Children and Families Specialty Plan is a type of managed care health plan that provides Medicaid members with integrated physical health, pharmacy, behavioral health and intellectual/developmental disability (I/DD) services to meet their health care needs. (In this handbook, "behavioral health" means mental health and substance use disorders.)

We are a health care plan with providers who have a lot of experience helping people who may need behavioral health, I/DD and/or long-term services and supports (LTSS). We also provide a care manager to help keep you as healthy as possible, make sure your services are well coordinated to meet your needs and connect you to services to address unmet health-related resource needs.

Many Medicaid members now get their health care through managed care. Managed care works like a central home to coordinate your health care needs. As a Healthy Blue Care Together member, you have all the standard Medicaid benefits, plus additional behavioral health, I/DD and LTSS services available to you to help keep you healthy.

Healthy Blue Care Together offers:

- Physical health services
- Pharmacy services
- Certain long-term services and supports
- Certain Medicaid covered behavioral health services

Healthy Blue Care Together offers eligible individuals 1915(i) Home and Community Based Services

As a Healthy Blue Care Together member, you are eligible to have a care manager who will work with your health care manager and health care providers to pay special attention to your complete care needs. Your care manager can help make sure you get the medical, behavioral health, Intellectual/Developmental Disability (I/DD) and

Traumatic Brain Injury (TBI) services and additional care beyond medical needs you may need, such as help with housing or food assistance.

You Have a Health Care Team

To meet the health care needs of people with NC Medicaid, Healthy Blue Care Together partners 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 Healthy Blue Care Together, our provider network is here to support you. Most of the time, your main contacts will be your care manager and your primary care provider (PCP).
- If you need to have a test, see a specialist or go into the hospital, your care manager and PCP can help arrange it.
- Your care manager and PCP are available to you day and night. If you need to speak to your care manager or PCP after hours or weekends, leave a message with how you can be reached. Your care manager or 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.
- You can visit our website at healthybluenc.com to find the provider directory online or call Member Services at **833-777-3611 (TTY 711)** to get a copy of the provider directory.

How to Use This Handbook

This handbook tells you how Healthy Blue Care Together works. It is your guide to health and wellness services.

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

- Use this handbook
- Ask your primary care provider (PCP)
- Ask your care manager
- Call Member Services at **833-777-3611 (TTY 711)**
- Visit our website at healthybluenc.com

Help from Member Services

Member Services has people to help you. You can call Member Services at **833-777-3611 (TTY 711)**.

- For help with non-emergency issues and questions, call Member Services Monday – Saturday, 7 a.m. to 6 p.m. If you call after 6 p.m., you can leave a voice mail message, and one of our Member Services representatives will call you back the next business day during normal business hours.
- **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 Healthy Blue Care Together 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 **833-777-3611 (TTY 711)** 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 **833-879-4900** at any time, 24 hours a day, 7 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 **855-594-5076** at any time, 24 hours a day, 7 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 get you the support you need to feel better. **If you are in danger or need immediate medical attention, call 911.**

For People Living with Hearing Loss, Vision Impairments or Speech Disorders

You have the right to receive information about your health plan, care and services in a format that you can understand and access. Healthy Blue Care Together provides free services to help people communicate with us.

For People Living with Hearing Loss

If you are deaf or hard of hearing, deafblind, or you feel that you have difficulty hearing and need help communicating, there are resources to help. 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 and TTY)

For People Living with Vision Impairment

If you have a vision impairment, resources available to help you include, but are not limited to:

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

For People Living with Speech Disorders

If you have a speech disorder, some services to help you may include, but are not limited to:

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

For People Living with Multiple Disabilities

Access needs for people living with disabilities vary. Aids and services are provided free of charge.

Other Aids and Services for People Living 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 and from services (like ADA accessible, ramps, handrails and other services)

To ask for services, call Member Services at **833-777-3611 (TTY 711)**.

Your Medicaid ID Card

Your Medicaid ID card has been mailed to you with this welcome packet and member handbook. 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 with your Medicaid ID card or if you lose your Medicaid ID card, call Member Services at **833-777-3611 (TTY 711)**. Always carry your Medicaid ID card with you. You will need to show it each time you go for care.

If you need help getting services before you receive your/your child's Healthy Blue Care Together ID card, visit our website at healthybluenc.com to learn more or call Member Services for help.

BlueCross BlueShield of North Carolina		Healthy Blue Care Together	
Member Name JOHN Q SAMPLE	Primary Care Provider (PCP):		
Identification #	Telephone #:		
Member ID # 123456789	Address:		
Effective Date:	RXBIN: 020107		
Date of Birth:	RXPCN: NC		
	RXGRP: 8473		

BlueCross BlueShield of North Carolina		TBD.com	
Members: Please carry this card at all times. Show this card before you get medical care (except emergencies). If you have an emergency, call 911 or go to the nearest emergency room.		Member Services: 833-777-3611	
Afilados: Lleve esta tarjeta con usted en todo momento. Muestrela antes de recibir el cuidado de la salud (excepto en emergencias). Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana.		Provider Services: 833-777-3698	
Providers/hospitals: For preapproval/billing information, call 833-777-3698 . For emergency admissions, notify Healthy Blue Care Together within 24 hours after treatment.		Pharmacy Member Services: 833-777-3703	
Submit medical claims to: Availity.com or Claims Processing P.O. Box 61010 Virginia Beach, VA 23466-1010 Providers outside NC submit claims to the local Blue Plan.		Help for Pharmacists: 833-777-3788	
		24/7 NurseLine: 833-879-4900	
		24/7 Behavioral Health Crisis: 844-597-3985	
		TTY: 711	
		Transportation: 999-999-9999	
		Vision: 999-999-9999	
		Use of this card by any person other than the member is fraud. If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 919-881-2320 .	
		Blue Cross NC/Healthy Blue Care Together 1965 Ivy Creek Blvd, Durham, NC 27707 See member handbook for covered benefits and services, these may be limited outside of North Carolina.	
		Healthy Blue Care Together is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.	
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How to Choose Your PCP

- Your primary care provider (PCP) is a doctor, nurse practitioner, physician assistant or other 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 services. 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 7 to learn how to make those changes).
- When deciding on a PCP, you may want to find a PCP who:
 - 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 Healthy Blue Care Together 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 **833-777-3611 (TTY 711)** to get help choosing a PCP that is right for you and your family.
- You can find the list of all the doctors, clinics, hospitals, labs and others who partner with Healthy Blue Care Together in our provider directory. You can visit our website at [hyperlinked web address] to look at the provider directory online. For a printed copy, call Member Services at **833-777-3611 (TTY 711)**.
- Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see a health plan 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. To choose a specialist as your/your child's PCP, you need to fill out the Specialist as PCP Request Form and send it to us for approval. Requests will be reviewed on a case-by-case basis. Call Member Services to request this form.
- If you did not choose your PCP and have not visited your current PCP within the last 12 to 18 months, Healthy Blue Care Together may assign you a different PCP based on medical history.

If Your Provider Leaves Our Provider Network

- If your provider leaves Healthy Blue Care Together, we will tell you within 15 days from when we know about this. If the provider who leaves Healthy Blue Care

Together is your PCP, we will tell you within 7 days and help make sure you choose a new PCP.

- If your provider leaves our network, we can 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 Providers” on page 57 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 healthybluenc.com or call Member Services at **833-777-3611 (TTY 711)**.

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 **833-777-3611 (TTY 711)**. 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 consult 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 days they see patients
- You have trouble communicating with your PCP because of a language barrier or another issue
- Your PCP is not able to accommodate your needs
- You and your PCP agree a new PCP is best for your care

Call Member Services at **833-777-3611 (TTY 711)** 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 healthy or to see 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 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 and 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 the medications and supplements you are taking to your first appointment.

It is best to visit your PCP within 3 months of joining the health plan.

- **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 a certain health concern. You should keep the first appointment to talk about your medical history and ask questions.
- It is important to Healthy Blue Care Together that you can visit a doctor within a reasonable amount of time. The Appointment Guide (below) lets you know how long you may have to wait to be seen.

APPOINTMENT GUIDE	
IF YOU CALL FOR THIS TYPE OF SERVICE:	YOUR APPOINTMENT SHOULD TAKE PLACE:

Adult preventive care (services like routine health check-ups or immunizations)	within 30 days
Pediatric preventive care (services like well-child check-ups)	<p>Within 14 days for members younger than 6 months and within 30 days for members 6 months or older</p> <p>If a child is coming into foster care, they should visit their PCP for a medical evaluation within 7 days and return to the PCP or a specialist for a “comprehensive medical evaluation” within 30 days of entering foster care</p>
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 the hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic
First prenatal visit (1 st or 2 nd trimester)	within 14 days
First prenatal visit (3 rd 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 the 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 the 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 **833-777-3611 (TTY 711)**.

How to Get Specialty Care – Referrals

- If you need specialized care your primary care provider (PCP) cannot give, your PCP will refer you to a **specialist**. 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 Healthy Blue Care Together 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 your PCP must ask Healthy Blue Care Together 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 **833-777-3611 (TTY 711)**.

Out-of-Network Referral

- If Healthy Blue Care Together does not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside our health plan. This is called an **out-of-network referral**. Your PCP or another network provider must ask Healthy Blue Care Together for approval before you can get an out-of-network referral.
- To start the request, your/your child's PCP or specialist should contact Provider Services. This number is listed on the back of your/ Healthy Blue Care Together ID card. The request will be reviewed by a clinician and/or physician to:
 - Ensure care is appropriate
 - Confirm the provider is able to provide the needed services
- A decision will be made within 14 calendar days from when the request is received unless the request needs to be reviewed sooner. If you have questions about this request, call our Member Services team at **833-777-3611 (TTY 711)**, and a representative will help you.
- Sometimes we may not approve an out-of-network referral because we have a provider in Healthy Blue Care Together who can treat you. If you do not agree with our decision, you can **appeal** our decision. See page 54 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 like what you can get from a Healthy

Blue Care Together provider. If you do not agree with our decision, you can **appeal** our decision. See page 54 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. To ask for a specialist to be your PCP, you need to fill out the Specialist as PCP Request Form and send it to us for approval. Requests will be considered on a case-by-case basis. Call Member Services to request this form.

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 **833-777-3611 (TTY 711)**.

Get These Services from Healthy Blue Care Together 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 PCP to make an appointment. **Your assigned PCP's name and contact information are listed on your Medicaid ID card.**

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 **833-777-3611 (TTY 711)** for a list of mental health and substance use disorder providers. You can also find a list of our behavioral health providers online at healthybluenc.com.

You do not need a referral from your PCP to get mobile crisis services. Mobile crisis services are teams who can meet you in a safe location, including your home, school or office, to help you if you are experiencing a behavioral health crisis. Call the Behavioral Health Crisis Line at **833-597-3985**, at any time, 24 hours a day, 7 days a week if you are experiencing a behavioral health crisis.

988 Suicide & Crisis Lifeline

You/your child can call, text or chat 988 at any time for yourself or a loved one who may need crisis support.

The 988 Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Anyone who is depressed, going through a hard time, needs to talk or is thinking about suicide can access crisis services. Individuals will be connected to a skilled crisis counselor who will listen, provide support and share resources. The 988 Lifeline is available to everyone.

If you are Deaf or Hard of Hearing, you can chat with a 988 Lifeline crisis counselor via:

- 988 ASL Videophone
- Online chat at chat.988lifeline.org
- Send any message to 988 to start a text conversation
- For TTY users, use your preferred relay service or dial 711 then 988

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 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. See page 44 for more information about EPSDT services.

Local Health Department Services

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

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
- A bad burn
- Broken bones
- Trouble breathing, Seizures or loss of consciousness
- When you feel you might hurt yourself or others If you are pregnant and have signs like serious pain, bleeding, fever, ongoing vomiting, dizziness, bad headache, or high blood pressure
- 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 your health plan 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.
 - Tell you about community services you can get.
 - Tell you to go to the nearest urgent care emergency department.

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.

Remember: Use the Emergency Department only if you have an emergency. If you have questions, call your PCP or Healthy Blue Care Together Member Services at **833-777-3611 (TTY 711)**.

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 833-597-3985.

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 **833-777-3611 (TTY 711)**. 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, Healthy Blue Care Together may pay for health care services you get from a provider located along the North Carolina border or in another state. Your PCP and Healthy Blue Care Together 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, Healthy Blue Care Together will pay for your care.
- Your health plan will not pay for care received **outside** of the United States and its territories.

If you/your child have any questions about getting care outside of North Carolina or the United States, talk with your PCP or call Member Services at **833-777-3611 (TTY 711)**.

Your Benefits

NC Medicaid Managed Care provides **benefits** or health care services covered by your health plan. The Children and Families Specialty Plan provides several extra health care services you can get in addition to those you can get through other Medicaid health plans.

This section describes:

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

Healthy Blue Care Together 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 Healthy Blue Care Together. Ask your primary care provider (PCP) or call Member Services at **833-777-3611 (TTY 711)** 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 pages 11-14.

Services Covered by Healthy Blue Care Together Network

You must get the services below from the providers who are in Healthy Blue Care Together network. Services must be medically necessary and provided, coordinated or referred by your PCP. Talk with your PCP or call Member Services at **833-777-3611 (TTY 711)** 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-childcare
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under age 21 (see page 44 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
- 12 months of ongoing postpartum coverage to eligible beneficiaries beginning the date their pregnancy ends through the last day of the month, 12 months after the birth event.
- 12 months of continuous (ongoing) postpartum coverage to eligible be
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery

Hospital Care

- Inpatient care

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

Home Health Services

- Must be medically necessary and arranged by Healthy Blue Care Together
- 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 equipment and supplies

Personal Care Services

- Must be medically necessary and arranged by Healthy Blue Care Together
- Help with common activities of daily living, including eating, dressing and bathing for individuals living with disabilities and ongoing health conditions

Hospice Care

- Hospice care will be arranged by Healthy Blue Care Together if medically necessary
- Hospice helps patients and their families with the 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, medically necessary contact lenses and dispensing fees for eyeglasses. Opticians may also fit and dispense medically necessary contact lenses and eyeglasses.
- Specialist referrals for eye diseases or defects.
- Prescription eyeglasses provided through NC Medicaid Direct's optical laboratory – this includes lenses and frame. A provider in the health plan's network will fit the eyeglasses, obtain them from the NC Medicaid Direct optical laboratory, and

dispense the eyeglasses to the beneficiary. For more information on benefits covered by NC Medicaid but not covered by your Health Plan, see page 45

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 a Healthy Blue Care Together Recipient Management Lock-In Program that helps identify members that are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). See page 36 for more information on our pharmacy lock-in program.

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, an inpatient hospital room or another setting.
- For more about emergency services, see page 12

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 Healthy Blue Care Together

- Includes short-term or rehabilitation stays and long-term care for up to 90 days in a row. After the 90th day, your nursing services will be covered by NC Medicaid Direct, not Healthy Blue Care Together. Talk with your PCP or call Member Services at **833-777-3611 (TTY 711)** 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 network with Healthy Blue Care Together. Call Member Services at **833-777-3611 (TTY 711)** for help with questions about nursing home providers and health plan networks

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 Healthy Blue Care Together include the following:

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 Healthy Blue Care Together include:

- Assertive community treatment (ACT)
- Behavioral health crisis services and withdrawal management services
- Facility-based crisis services for children and adolescents
 - Mobile crisis management services
 - Professional treatment services in a facility-based crisis program
 - Ambulatory detoxification services
 - Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization
 - Non-hospital medical detoxification services
- Child and adolescent day treatment services
- Community support team (CST)

- Diagnostic assessment services
- Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 21
- Multi-systemic therapy services
- Intensive in-home services
- Inpatient behavioral health services
- Outpatient behavioral health emergency department services
- Outpatient behavioral health services provided by direct-enrolled providers
- Partial hospitalization
- Peer support services
- Psychiatric residential treatment facilities (PRTFs)
- Psychological services in health departments and school-based health centers sponsored by health departments
- Psychosocial rehabilitation
- Research-based intensive behavioral health treatment
- Residential treatment facility services for children and adolescents
 - Outpatient opioid treatment services
 - Substance abuse comprehensive outpatient treatment (SACOT)
 - Substance abuse intensive outpatient program (SAIOP)
 - Substance abuse medically monitored residential treatment
 - Substance abuse non-medical community residential treatment

1915(i) Services

Healthy Blue Care Together offers additional services to address needs related to mental illness, substance use disorder, I/DD or TBI. These include:

- Community living and support
- Community transition
- Individual and transitional support
- Respite
- Supported employment services

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call 911.
- **Non-Emergency:** Healthy Blue Care Together 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 your 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 not less than 2 business days before their appointment. Call **833-777-3611 (TTY 711)** Monday through Saturday, 7 a.m. to 6 p.m. Eastern time to schedule transportation or call ModivCare at **855-397-3615 (TTY 711)**.

If you need to cancel a ride for you, call ModivCare at 855-397-3615. Urgent trips can be scheduled 24/7 and include sick visits, hospital discharge requests, and life-sustaining treatment. Please contact ModivCare at **855-397-3615 (TTY 711)** to schedule an urgent transportation trip. For information about your ride after you set it up, call Ride Assist at **855-397-3615**.

When you call, make sure you have this information:

- Your Healthy Blue Care Together member ID number
- The address, ZIP code, and phone number where you need to be picked up
- The name, address, ZIP code and phone number where you need to be dropped off
- The name and address of the medical provider you are seeing
- The type of appointment you have
- The date and time of your appointment
- Any medical conditions that requires to be transported by ambulance
- If you have an assistant coming to help with the appointment
- If you use a wheelchair or other mobility equipment
- If you have a transportation provider on a regular basis

What we expect of you:

- Request a trip two business days in advance
- Be ready at the designated place for transportation pick-up or cancel the transportation request timely
- Follow the instructions of the driver
- Respect and not violate the rights of other passengers and the driver, such as not creating a disturbance or engaging in threatening language or behavior

Members who miss three or more trips within three months may be suspended from transportation services for up to 30 days.

For certain types of trips, Healthy Blue Care Together may need to review the request or require additional information before we can schedule the trip. This is called **prior authorization** (see pages 48-50 for more information on service authorization). The following types of trips must be reviewed by us and/or require additional information before we can schedule the trip:

- Long distance trips over 75 miles (one-way)
- Meal reimbursement requests
- Lodging reservations

You will need to call ModivCare and indicate you are requesting one of these services. ModivCare will send the authorization request to Healthy Blue Care Together. Healthy Blue Care Together will review and respond to the request within 24 hours.

You can get additional information on our Non-Emergency Medical Transportation policy by calling Member Services at **833-777-3611 (TTY 711)** or by visiting our website at healthybluenc.com.

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 1 hour before the appointment
- Not to wait more than 1 hour after the appointment for a ride home
- Not to leave prior to completion of appointment

If you disagree with a decision made about your transportation services, you have the right to appeal our decision. See pages 51-55 for more information on appeals. If you are dissatisfied with your transportation service, you may file a grievance. See page 55-56 for more information on grievances.

Long Term Services and Support (LTSS)

If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing or dressing. You can get help through a Healthy Blue Care Together 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, your doctors and other providers of your choice to make sure you get 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 33.
- 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 **833-777-3611 (TTY 711)** 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 **833-777-3611 (TTY 711)**.

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 such as birth control pills, devices such as IUDs, patches, vaginal rings and implantable contraceptive devices and others 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
- Telemedicine
- Extra support to manage your health
- Home infusion therapy

- Rural Health Clinic services
- Local health department services
- Federally Qualified Health Center (FQHC) services
- Free clinic services

Added Services

Healthy Blue Care Together offers extra benefits at no cost to you. These are called added services. Some added services may only be available for members who qualify. Healthy Blue Care Together offers the following added services:

Category	Benefit Name	Description	Caregiver	Child/Youth (0-17)	Young Adult (18+)
Health and Wellness	Asthma Relief Toolkit	Members will be able to select up to \$200 worth of asthma relief products from a catalog of options		✓	✓
	Digital Mental Health Toolkit	All members ages 13 and older will receive unlimited access to our web-based online program built on the principals and tools of Cognitive Behavioral Therapy (CBT)		✓	✓
	Healthy Adults Healthy Results	<ul style="list-style-type: none"> •Access to an online fitness and exercise resources • WW membership • \$75 towards a gym membership or an at-home exercise kit 			✓
	Healthy Grocery Card	\$150 Healthy Grocery Card that can be used at their local grocery store or online to purchase healthy foods and beverages.	✓	✓	✓
	Healthy Kids Healthy Choices	<ul style="list-style-type: none"> •Online virtual nutrition and physical activity support •\$100 youth club membership to programs such as Boys and Girls Clubs, Girl Scouts, Boy Scouts, and 4H •A \$100 stipend towards the cost of swim lessons or towards the cost of summer camp 		✓	
	Medicine Safety Kit	Kit includes lockable medicine box, Rx destroyer gel, childproof prescription caps and pill case covers that reset when opened.	✓		✓
	Online SUD Recovery Support Program	A mobile platform that provides daily motivations/check in, peer support through discussion groups and peer to peer messages, counselor messaging, care plan reminders, goals, journals, high risk location alerts, and content to support ongoing recovery.	✓	✓	✓
	OTC and Personal Care Items	Eligible members will receive \$50 each quarter to purchase personal care and hygiene products from an online store.		✓	✓
	Traditional Healing Benefit	Tribal members will have access to Talking Circles – a culturally-relevant intervention that improves American Indian emotional,	✓	✓	✓

		spiritual, mental and physical wellbeing – a common cultural practice in NC.			
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Category	Benefit Name	Description	Caregiver	Child/Youth (0-17)	Young Adult (18+)
Personal and Household Needs	New Placement Welcome Wardrobe	Blue Cross NC will provide members up to a \$150 allowance to help Members and their families to purchase essential items such as socks, shoes, or seasonal clothing such as winter jackets and other essential clothing items such as underwear or pajamas.		✓	
	Overnight Luggage	We will provide a 24-inch suitcase to help transition age youth transport their personal items as transition out of the child welfare system			✓
	Styling Support	To help promote personal care and hygiene eligible members will receive a \$50 styling pass to a hair salon or barber shop in addition to a \$50 voucher towards styling education and supplies.		✓	

Category	Benefit Name	Description	Caregiver	Child/Youth (0-17)	Young Adult (18+)
Childcare and Education	Baby Essentials	Up to \$200 worth of items such as a convertible car seat, portable crib, diapers, a baby monitor, highchair, booster seat, and baby proof items.		✓	✓
	Childcare Assistance	Up a \$225 allowance to use towards childcare services with licensed childcare providers.		✓	
	Educational Milestone Program	Middle and High School students who send in report cards with a minimum 2.0 GPA are eligible to receive a \$25 gift card as a reward.		✓	✓
	GED/TASC/HiSET	Healthy Blue will cover the costs of the high school equivalency test. (GED, HiSET or TASC).			✓
	Post Secondary Educational Support	Members in 12th grade • \$100 towards College Application Fee • \$100 in Textbook support • \$100 towards Dorm room items		✓	✓
	S.T.E.M. Puzzle Set	Eligible members will receive a STEM puzzle set. STEM puzzles include four different puzzles; science, technology, engineering, and mathematics.		✓	
	School Supply Assistance	\$50 towards the purchase of school supplies on an annual basis.		✓	✓
	Sensory Solutions	\$100 allowance to purchase sensory regulation tools. (e.g. noise muffling headphones, gravity blankets, weighted lap pads and stuffed animals, fidget spinners, thinking putty, and more).		✓	✓
	Summer Reading Benefit	\$100 gift card (either in-store or online) to purchase books, receive a kindle and digital library card during the months of June, July and August.		✓	✓
	Toddler Essentials	Members will be able to select two items (not to exceed \$200) such as: bed rails, booster highchair seats, potty training kit, meal package which includes toddler sized sippy cups, plates, utensils and placemat.		✓	

Category	Benefit Name	Description	Caregiver	Child/Youth (0-17)	Young Adult (18+)
Caregiver and Family Support	Caregiver Support	Eligible caregivers may receive a yearly subscription to a sleep and meditation app.	✓	✓	✓
	Doulas	Pregnant members can receive prenatal, labor/delivery, and postpartum support from a certified doula.		✓	✓
	Family Night Package	Eligible members will be able to choose between one of two packages to help promote family togetherness.		✓	
	Therapeutic Caregiver Support	We will offer therapy for foster care, kinship, and adoptive caregivers	✓		

Category	Benefit Name	Description	Caregiver	Child/Youth (0-17)	Young Adult (18+)
Community and Employment	Community Transportation	Up to 24 one-way trips annually (up to 30 miles per trip)		✓	✓
	Criminal Expungement	Healthy Blue will provide up to \$500 to help cover eligible members' court fees, legal fees, and criminal record expungement eligibility application fees for criminal record sealing or expungement.			✓
	Employment Basics Support Package	Members can receive \$100 to help support their employment goals.			✓
	Identification Support	Healthy Blue will cover the cost of obtaining a driver's license, birth certificate, social security card, or state identification card for Members who do not have access to these resources through another source.		✓	✓
	Transportation Essentials	Eligible members can select from one of the following transportation options that best suit their needs: Ride Share Gift Card, Gas Card, Oil Change or Public Transportation.			✓

Category	Benefit Name	Description	Caregiver	Child/Youth (0-17)	Young Adult (18+)
Safety and Emergency	Emergency Preparedness Kit and Disaster Relief Funds	Kit includes items such as a multi-function tool, light stick, flashlight, emergency whistle with carabiner, mini first aid kit, emergency survival blanket, waterproof poncho, hand warmers, matches, tissues, towelettes, hand sanitizer, and dust mask.			✓
	Home Safety Benefit	Up to \$100 worth of home safety items such as: gun lock, fire extinguishers, door alarms and many more.	✓		✓
	Laundromat Card	Members can receive \$100 annually to help cover the costs of doing laundry.			✓
	Life Essentials Kit	To address members' unmet health-related resource needs, Blue Cross NC will offer a monthly stipend to mitigate food, childcare, or transportation needs.			✓

Digital Help at Your Fingertips

Member Portal (NC CarePoints Connect): Our safe website and mobile app, accessible through NC CarePoints Connect, gives you tools and resources for better health. It helps you find the right care at the right time. This online platform helps share important information like medical records, screenings, medications, trauma assessments, care plans, and assist with completion of a care needs screener.

MyAlly: Offers help for caregivers, like foster parents and those adopting, by giving them information and resources. Topics include parenting after trauma, information about medications, and links for youth who were in foster care to learn about health care and other support they need as they grow into adulthood.

In Lieu of Services

Healthy Blue Care Together plans to offer services or settings that are medically appropriate, cost-effective substitutions for services covered by NC Medicaid. These are called “in lieu of” services. These services are extra supports to improve your health if you need them. Healthy Blue Care Together will work with you and/or authorized representative to connect you to these services, resources, social services and other supports upon NC Department of Health and Human Services approval. You are not required to use in lieu of services. These services can change to better meet your

needs. For the most up-to-date in-lieu of services benefits, please visit the benefits and services page on healthybluenc.com/caretogether

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 get and stay healthy, we can help. As a member of Healthy Blue Care Together, you are eligible to have a care manager lead your health care team. A care manager is a specially trained health care worker who works with you and all your health care providers, including your doctors, to make sure you get the right care when and where you need it. The care manager knows what resources are available in your community and will work with local providers to get you the help you need.

Your care manager can:

- Help arrange your appointments and 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

Healthy Blue Care Together 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 can get extra support to manage your health, talk to your PCP or call Member Services at **833-777-3611 (TTY 711)**.

If you would like to change care managers, call Healthy Blue Care Together Member Services at **833-777-3611 (TTY 711)**.

Diversion

Healthy Blue Care Together will provide diversion interventions to eligible members who are at risk of requiring support in an institutional setting or adult care home. We will work with you to provide information on and access to community-based services. For those who choose to remain in the community, we will work with you to create a community integration plan to ensure this decision was based on informed choice and to provide services and support, including permanent supported housing as needed.

System of Care

Healthy Blue Care Together will use the System of Care approach to support children, youth, and families receiving behavioral health services. North Carolina's System of Care approach creates a network of support that allows individuals and their natural support to set treatment goals and priorities and choose from an array of community-based services. Services include those provided by the Healthy Blue Care Together and those provided through schools and other state agencies, such as juvenile justice or child welfare. System of Care Family Partners are available to support families to ensure the services that a child and their family are receiving are coordinated and address the specific needs and strengths of both child and family. Family Partners can also work with families on the development of care plans. For more information, families can contact their child's care manager, or they can reach out to Member Services at **833-777-3611 (TTY 711)**. Families may also reach out to the NC System of Care (SOC) Team at the Division of Child and Family Well-Being (DCFV) which holds and updates a contact list of all local SOC Collaboratives across North Carolina. The best DCFV email for these collaboratives is system.of.care@dhhs.nc.gov.

Help with Problems beyond Medical Care

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. Healthy Blue Care Together can connect you to resources in your community to help you manage issues beyond your medical care.

Call Member Services at **833-777-3611 (TTY 711)** if you:

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

These services may be covered by Healthy Blue Care Together 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 **833-777-3611 (TTY 711)**.

Other Programs to Help You Stay Healthy

Healthy Blue Care Together 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 to best feed your baby, we can connect you with the right program for support.

Call Member Services at **833-777-3611 (TTY 711)** to learn more about:

- Tobacco cessations 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

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. Healthy Blue Care Together supports safe and appropriate opioid use through our Opioid Misuse Prevention Program. If you have any questions about our program, call Member Services at **833-777-3611 (TTY 711)**.

Pharmacy Lock-in Program

The Healthy Blue Care Together Recipient Management Lock-In Program helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nervous system (anxiety/stress) medications (benzodiazepines). The Healthy Blue Care Together Recipient Management Lock-In Program also helps identify members who get the medications from more than one prescriber (doctor, nurse practitioner or physician assistant). If you qualify for this program, Healthy Blue Care Together will only pay for your pain medications and nerve medications when:

- One prescriber orders your medications. You will be given a chance to pick a prescriber in the Healthy Blue Care Together network.
- You have these prescriptions filled from one pharmacy. You will be given a chance to pick a pharmacy in Healthy Blue Care Together network.

If you qualify for Healthy Blue Care Together Recipient Management Lock-In Program, you will be in the program for a 2-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 52 for more information on appeals).

Condition Care Program

Our team includes registered nurses called Condition Care managers. They will help you learn how to manage health conditions and concerns. You can choose to join a Condition of Care Program at no cost to you.

What programs do we offer?

- You can join a Condition Care program to get health care and support services if you have any of these conditions:
 - Asthma
 - Bipolar disorder
 - Chronic obstructive pulmonary disease (COPD)
 - Congestive heart failure (CHF)
 - Coronary artery disease (CAD)
 - Diabetes
 - HIV/AIDS
 - Hypertension
 - Major depressive disorder (both adult and child/adolescent)
 - Schizophrenia
 - Substance Use Disorder

How it works:

When you join one of our Condition Care programs, a care manager will:

- Help you create health goals and make a plan to reach them
- Coach and support you through one-on-one phone calls
- Track your progress moving toward safety, health, and well-being goals
- Give you information about local support
- Answer questions about your condition and/or treatment plan
- Send you materials to learn about your condition and overall health and wellness
- Coordinate with your health care providers and assist with:
 - Making appointments
 - Transportation to and from health care provider visits
 - Referring to specialists in our health plan, if needed
 - Getting any medical equipment that is needed
- Offer educational materials and tools for weight management and tobacco cessation (how to stop vaping and using tobacco like quitting smoking)

Our Condition Care team and your primary care provider (PCP) are here to help you with your health care needs.

How to join:

There are several ways to join the program.

- We may send you a letter inviting you to the program.
- You can ask your assigned Care Manager for assistance
- You can call us to join toll free at **888-830-4300 (TTY 711)**, Monday through Friday, 8:30 a.m. to 5:30 p.m. local time.
- You can also email us at [<condition-care-self-referral@healthybluenc.com>](mailto:condition-care-self-referral@healthybluenc.com).
- You can join online on our website or join on behalf of your child at [<healthybluenc.com>](http://healthybluenc.com). You will need your member ID number to register (located on the member ID card). Using your secure account, you can send a secure message to Condition Care and ask to join the program.

When you call Healthy Blue Care Together, we will:

- Set you up with a Condition Care Manager to get started
- Ask you some questions about your health
- Start working together to create your plan

Please be aware that emails sent over the internet are usually safe. However, there is a risk that a third party may access these emails without a member's knowing. By sending your information in an email, you are acknowledging that third parties may access these emails without you knowing.

You can choose to leave the program at any time. Please call us toll free at **888-830-4300 (TTY 711)** from 8:30 a.m. to 5:30 p.m. local time, Monday through Friday, to opt out. You can also call this number to leave a private message for your Condition Care Manager 24 hours a day.

Useful Condition Care phone numbers:

- In an emergency, call **911**.
- Condition Care — Call toll free: **888-830-4300 (TTY 711)**, Monday through Friday 8:30 a.m. to 5:30 p.m. local time
- Leave a private message for your care manager 24 hours a day.
- After-hours:
 - Call the Healthy Blue Care Together 24/7 NurseLine, 24 hours a day, seven days a week, at **833-879-4900 (TTY 711)**.

As a Healthy Blue Care Together member enrolled in the Condition Care program, you have certain rights and responsibilities.

You have the right to:

- Get details about us, such as:
 - Programs and services we offer
 - Our staff and their qualifications (skills or education)
 - Any contractual relationships (deals we have with other companies)
- Opt out of Condition Care services
- Know which care manager is handling your Condition Care services and how to ask for a change
- Get support from us to make health care choices with your health care providers
- Ask about all Condition Care-related treatment options (choices of ways to get better) mentioned in clinical guidelines (even if a treatment is not part of your child's health plan), and talk about options with treating health care providers
- Have personal data and medical information kept private

- Know who has access to your personal health information and how we make sure your information stays secure, private, and confidential
- Receive polite, respectful treatment from our staff
- Get information that is clear and easy to understand
- You can file a complaint (also called a grievance) to Healthy Blue Care Together by calling **888-830-4300 (TTY 711)** toll free from 8:30 a.m. to 5:30 p.m. local time, Monday through Friday and:
 - Get help on the complaint process
 - Know how much time Healthy Blue Care Together has to respond to and resolve issues of quality and grievances
 - Give us feedback about the Condition Care program

You also have a responsibility to:

- Follow the care plan that you and your Condition Care manager agree on
- Give us information needed to carry out our services
- Tell us and your health care providers if you choose to opt out (leave the program)

Condition Care does not market products or services from outside companies to our members. Condition Care does not own or profit from outside companies on the goods and services we offer.

Special Care for Pregnant Members

It is very important that you see the primary care provider (PCP) or obstetrician/gynecologist (OB-GYN) for care when you are pregnant. This kind of care is called prenatal care. It can help you have a healthy baby. Prenatal care is always important even if you have already had a baby.

Members receive health information and rewards (called Healthy Rewards) for getting prenatal and postpartum care. To join the Healthy Rewards program, visit your benefits page at healthybluenc.com/caretogether. From here, you can log in to Benefit Reward Hub and visit the Healthy Rewards portal. You also can call **888-990-8681 (TTY 711)**, Monday through Friday, 9 a.m. to 8 p.m. Eastern time.

We also help pregnant members with complicated health care needs. Nurse care managers work closely with these members to provide:

- Prenatal and postpartum education
- Emotional support

- Help in following their doctor's care plan
- Information on services and resources in your community, such as transportation, WIC, home-visitor programs, breastfeeding, and counseling

Our nurses also work with doctors and help with other services members may need. The goal is to promote better health for members and delivery of healthy babies.

Quality care for you and your baby

At Healthy Blue Care Together we want to give you the very best care during your pregnancy. That's why you also have access to a digital maternity program which is offered at no cost. The digital maternity program gives you the information and support you need to stay healthy during your pregnancy and after you deliver.

Get to know our Digital Maternity Program

The digital maternity program delivers maternal health education by smartphone app that is helpful and fun. You can count on:

- Prenatal and postpartum education you can use
- Communication with the care management team via chat
- Information delivery on a time schedule that works for you
- No cost to you

Helping you and your baby stay healthy

The Healthy Blue Care Together digital maternity program can give you answers to your questions, plus clinical support, if you need it. There is an important pregnancy screener that you'll complete shortly after you download the app and register, followed by ongoing educational outreach and fun activities via the smartphone app. All you need to do is download the app to learn, have fun, and answer a few questions. You can also chat with the care management team if a question comes up that isn't answered in the app.

When your child becomes pregnant:

If you think you are pregnant:

- Call your child's PCP or OB-GYN doctor right away. You do not need a referral from a PCP to see an OB-GYN doctor in the Healthy Blue Care Together network.
- When you find out you are pregnant, call Member Services at **833-777-3611 (TTY 711)**.

Visit our page at healthyblueenc.com for information and resources on how to keep you and the baby healthy. If you would like to receive pregnancy information by mail, please call Member Services at **833-777-3611 (TTY 711)**. You can access education, including:

- Self-care information about pregnancy
- Details about the digital maternity program, how to enroll, and receive health information to your phone by smartphone app
- Healthy Rewards program information on how to redeem your incentives for prenatal, postpartum, and well-child care
- Education and helpful resources on having a healthy baby, postpartum depression, and caring for a newborn

While pregnant, you will need to take good care of your health. You may be able to get healthy food from the Women, Infants, and Children program (WIC). Member Services can give you the phone number for the WIC program close to you.

When you are pregnant, you need to go for routine PCP or OB-GYN check-ups at least:

- Every four weeks for the first six months
- Every two weeks for the seventh and eighth months
- Every week during the last month
- Your PCP or OB-GYN may want you to visit more often based on your health needs.

When a new baby is born

When you deliver a baby, you/your child and the baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 72 hours after a Cesarean section (C-section)

You may stay in the hospital less time if your PCP or OB-GYN and the baby's medical provider sees that everyone is doing well. If you and your baby leave the hospital early, the PCP or OB-GYN may ask you to have an office or in-home nurse visit within 48 hours.

After your baby is born, you need to:

- Call **833-777-3611 (TTY 711)** as soon as possible to let us know the baby was born. We will ask some questions about the baby to make sure all needs are being met.

- Call your/your child's Medicaid agency at **800-367-2229** to apply for Medicaid for your baby

After a new baby is born

It is important to set up a visit with your PCP or OB-GYN after the new baby is born for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to get strong after delivery.

- The visit needs to occur between seven to 84 days after you deliver
- If you delivered by C-section or had complications with the pregnancy or delivery, your PCP or OB-GYN may ask for another check-up in one- or two-weeks. This is not considered a postpartum checkup. You will still need to go back and see your medical provider within 7 to 84 days after the delivery for the postpartum checkup.

Healthy Blue Care Together may cover the cost of a breast pump. Contact Member Services at 833-777-3611 to learn about how you can get a breast pump.

You can learn more about digital maternity program online at by calling Member Services at 833-777-3611 and asking to speak to an OB Care Manager.

Navigating the neonatal intensive care unit (NICU)

If your baby was born premature or with a serious health condition, they may have been admitted to the NICU. We believe the more you know, the better you will be able to care for your infant.

We extend our support by helping you to prepare yourself and your home for when your baby is released from the hospital. After your baby is home, our care managers continue to provide education and assistance in improving your baby's health, preventing unnecessary hospital readmissions, and guiding you to community resources if needed.

The NICU can be a stressful place, bringing unique challenges and concerns you may have never imagined. The anxiety and stress related to having a baby in the NICU can potentially lead to symptoms of post-traumatic stress disorder (PTSD) in parents and caregivers. To reduce the impact of PTSD among our members, we assist by:

- Helping you engage with hospital-based support programs
- Facilitating screenings for potential PTSD
- Connecting you with behavioral health program resources and community support as needed

- Actively asking for your feedback on the provided resources and how an increased awareness of PTSD has helped you

You can learn more about the Care Management program online at www.healthybluenc.com/caretogether or by calling Member Services at **833-777-3611 (TTY 711)** and asking to speak to a Care Manager.

Benefits You Can Get from Healthy Blue Care Together OR an NC Medicaid Direct Provider

You can choose where to get some services. You can get these services from providers in the Healthy Blue Care Together 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 **833-777-3611 (TTY 711)**.

HIV and STI Screening

You can get human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, treatment and counseling services any time from your PCP or Healthy Blue Care Together 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 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 access to a broad menu of federal health care benefits referred to as “Early and Periodic Screening, Diagnosis and Treatment Services.” The “EPSDT guarantee” covers wellness visits and treatment services.

Early and Periodic Screening and Diagnosis

These “screening” visits are wellness care. They are free for members under age 21. These visits include a complete exam, free vaccines, vision and hearing tests. Your provider will also watch your physical and emotional growth and well-being at every visit and “diagnose” any conditions that may exist, regular preventive care is vital. 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. Healthy Blue Care Together may not offer every service covered by the Federal Medicaid program. When a child needs treatment, we will pay for any service within the scope of the category of services listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act]. 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 you child. Healthy Blue Care Together cannot deny your child’s service just because of a policy limit. Also, we cannot deny a service just because that service is not included in our coverage policies. We must complete a special EPSDT review in these cases.

When Healthy Blue Care Together 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 to 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 PCP. You can also find out more about the Federal EPSDT guarantee online. Visit our website at healthybluenc.com or go to 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 that Healthy Blue Care Together **does not** cover, but if you need them, the services are covered by the NC Medicaid Direct program. You can get these services from any provider who takes Medicaid:

- Dental services
- Services provided or billed by Local Education Agencies that are included in your child's Individualized Education Program, Individual Family Service Plan, section 504 Accommodation Plan, Individual Health Plan or Behavior Intervention Plan
- Services provided and billed by Children's Developmental Agencies (CDSA), or providers contracted with CDSAs that are included in your child's Individualized Family Service Plan
- Prescription eyeglasses provided through NC Medicaid Direct's optical laboratory– this includes lenses and frame

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 **833-777-3611 (TTY 711)**.

Services NOT Covered

Below are some examples of services that are not available from Healthy Blue Care Together or NC 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 vascular disease
- Routine newborn circumcision (medically necessary circumcision is covered for all ages)
- 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 gain drugs
- Liposuction
- “Tummy tuck”
- Ultrasound to determine sex of child
- Hearing aid products and services for beneficiaries ages 21 and older
- Services from a provider who is not part of Healthy Blue Care Together, unless it is a provider you are allowed to see as described elsewhere in this handbook or Healthy Blue Care Together, 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 the services that are not covered. To determine if a service is not covered, call Member Services at **833-777-3611 (TTY 711)**.

A provider who agrees to accept Medicaid generally cannot bill you. You may have to pay for any service your PCP or Healthy Blue Care Together does not approve. Or, if before you receive 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 Healthy Blue Care Together

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 **833-777-3611 (TTY 711)** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, Healthy Blue Care Together 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 Healthy Blue Care Together should cover. See the Appeals section on page 51-52 in this handbook for more information. If you have any questions, call Member Services at **833-777-3611 (TTY 711)**.

Health Plan Member Copays

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 or others eligible for Indian Health Service (IHS)
- 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/developmental disability (I/DD) services
- Traumatic brain injury (TBI) services

**If you are over 21 there may be a copay, if you have any questions call Member Services at 833-777-3611 (TTY 711)*

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, call Member Services at **833-777-3611 (TTY 711)**.

If your PCP is not able to accommodate your special needs, call Member Services at **833-777-3611 (TTY 711)** to learn more about how you can change your PCP.

Service Authorization and Actions

Healthy Blue Care Together will need to approve some treatments and services **before** you receive them. Healthy Blue Care Together may also need to approve some treatments or services for you to **continue** receiving them. This is called **prior authorization**. The following treatments and services must be approved before you get them:

- Some Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Inpatient behavioral health services
- Psychological and neuropsychological testing (beyond the unmanaged visit limit)
- Partial hospitalization
- Some facility-based crisis/professional treatment services for children and adolescents
- Substance use disorder services
- Research-based intensive behavioral health treatment (e.g., autism spectrum disorder services)
- Nonhospital medical detoxification services
- Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization
- Psychiatric hospitalization at a freestanding psychiatric hospital
- Peer Support Services (beyond the unmanaged unit limitation)
- Outpatient Services (Individual, Group, Family — beyond the unmanaged visit limit)

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 doctor needs to call Member Services at **833-777-3611 (TTY 711)**.

What Happens after We Get Your Service Authorization Request?

Healthy Blue Care Together 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 our health plan and that it will help with your medical condition. Healthy Blue Care Together nurses, doctors and behavioral health clinicians will review your provider's request.

Healthy Blue Care Together uses policies and guidelines approved by the North Carolina Department of Health and Human Services (NCDHHS) to see if the service is medically necessary.

Sometimes Healthy Blue Care Together 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 we used to decide on your request.

If you receive a denial and you do not agree with our decision, you may ask for an "appeal." You can call or send in the appeal form you will find with your decision notice. See page 52 for more information on appeals.

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. Healthy Blue Care Together cannot say no to a request for children under age 21 just because of our health plan policies, policy limits or rules. We must complete another review to help approve needed care. Healthy Blue Care Together will use federal EPSDT rules for this review. These rules help Healthy Blue Care Together take a careful look at:

- Your child's health problem
- The service or treatment your provider asked for

Healthy Blue Care Together must approve services that are not included in our coverage policies when our review team finds that your child needs them to get well or to stay healthy. This means that the Healthy Blue Care Together 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 other health problems

Important Details about Services Coverable by the Federal EPSDT Guarantee

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

Healthy Blue Care Together 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 44, visit our website at healthybluenc.com and visit the state of North Carolina website for the EPSDT guarantee at medicaid.ncdhhs.gov/epsdt.

Prior Authorization and Timeframes

We will review your request for a prior authorization within the following timeframes:

- **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 3 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 Healthy Blue Care Together or by Medicaid*, even if we later deny payment to the provider.**

Information from Member Services

You can call Member Services at **833-777-3611 (TTY 711)** to get a 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 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 living 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, deafblind 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 711.
 - 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 appointments.

You Can Help with Health Plan 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 NC Medicaid, like:

- Healthy Blue Care Together Member Advisory Committee (MAC) – a group that meets at least quarterly where you can give input on our programs and policies.
- Healthy Blue Care Together 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 (SCFAC) – 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 **833-777-3611 (TTY 711)** to learn more about how you can help.

Appeals

Sometimes Healthy Blue Care Together may decide to deny or limit a request your provider makes for you for benefits or services offered by our health plan. This decision is called an adverse benefit determination. You will receive a letter from Healthy Blue Care Together notifying you of any adverse benefit determination. Medicaid members

have a right to appeal adverse benefit determinations to Healthy Blue Care Together. You have 60 days from the date of 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 request an appeal, Healthy Blue Care Together 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 Healthy Blue Care Together at **833-777-3611 (TTY711)** or visit our website at healthybluenc.com if you need help with your appeal request. It's easy to ask 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 address listed on the form. We must receive your form no later than 60 days after the date on the notice.
- **FAX:** Fill out, sign and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form. We must receive your form no later than 60 days after the date on the notice.
- **BY PHONE:** Call **833-777-3611 (TTY 711)** 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 Healthy Blue Care Together 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 65 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 attain, maintain or regain your good health. This faster review is called an expedited appeal.

Your provider can ask for an expedited appeal by calling us at **833-777-3611 (TTY 711)**.

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.

Member Requests for Expedited Appeals

Healthy Blue Care Together will review all member requests for expedited appeals. If your request for an expedited appeal is denied, we will call you during our business hours promptly following our decision. We also will tell you and the provider in writing if

your request for an expedited appeal is denied. We will tell you the reason for the decision. Healthy Blue Care Together will mail you a written notice within 2 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 56 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.

Provider Requests for Expedited Appeals

If your provider asks us for an expedited appeal, we will provide 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.

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 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 **833-777-3611 (TTY 711)** or writing to Appeals, Healthy Blue Care Together, P.O. Box 62429, Virginia Beach, VA 23466-2429.

Decisions on Appeals

When we decide on 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.

State Fair Hearings

If you do not agree with the decision on your appeal from Healthy Blue Care Together, 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 request a State Fair Hearing, you will receive a phone call from the Mediation Network of North Carolina. The Mediation Network will call you within 5 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 accept, a Mediation Network counselor will lead your meeting. This person remains neutral. A member of the review team from Healthy Blue Care Together 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 the review team from Healthy Blue Care Together will attend. You may ask questions about the decision from Healthy Blue Care Together. The judge in your State Fair Hearing is not a part of Healthy Blue Care Together 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.

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 Healthy Blue Care Together limits or denies a service that you requested.

Continuation of Benefits During an Appeal

Sometimes Healthy Blue Care Together'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 Healthy Blue Care Together 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, Healthy Blue Care Together 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 **833-777-3611 (TTY 711)** 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 Healthy Blue Care Together to bill you for services we paid for during your appeal. We must get approval from NC Medicaid before we can bill you for the services we paid for during your appeal.

Appeals During Your Transition Out of Healthy Blue Care Together

If you decide to leave Healthy Blue Care Together, your appeal may be impacted by this transition. Please see below for additional information for how we will process appeals at transition. If you will be transitioning out of our health plan soon and have an appeal with us, please contact Member Services at **833-777-3611 (TTY 711)** for additional information.

If you have an appeal with Healthy Blue Care Together at the time of your transition, notice of the open appeal will be sent to your new health plan per the NC DHHS Transition of Care Policy Appeals Appendix C.

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, and you may call Member Services at **833-777-3611 (TTY 711)** or write to Healthy Blue Care Together at any time.

Address: 1965 Ivy Creek Blvd, Durham, NC 27707 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 hearing or vision impairments, if you need translation services or help filing 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 **833-777-3611 (TTY 711)**, 24 hours a day, 7 days a week. After business hours, you may leave a message, and we will contact you during the next business day.
- You can write to us with your complaint to Healthy Blue Care Together, 1965 Ivy Creek Blvd, Durham, NC, 27707.

Grievance Navigator

The Grievance Navigator is here to help solve any problems you might have. If you are enrolled in the Healthy Blue Care Together program, this person is especially for you. The Grievance Navigator:

- Provides you with information and assists you with understanding what to do about your problem.
- Talks to your/ care managers to help them understand your issue.
- Works with the Grievance and Appeals (G&A) Team to fix your problem quickly and fairly.
- Makes sure everything is done to solve your problem in a fair way.

We want you/your child to have a good experience, so we are always here to help make things right.

Resolving Your Grievance

We will let you know in writing that we got your grievance within 5 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 5 days of getting your complaint.

These issues will be handled according to our Grievance Procedures. You can find them online at healthybluenc.com/north-carolina/benefits/appeal-grievances.html.

Transition of Care

Your Care When You Change Health Plans or Providers

- If you join Healthy Blue Care Together from another health plan, we will work with your previous health plan to get your health information, like your service history, service authorizations and other information about your current care into our records.
- You can finish receiving any services that have already been authorized by your previous health plan. After that, if necessary, 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 health plan will also be Healthy Blue Care Together providers. If your provider is not part of our network, there are some instances when you can still see the provider that you had before you joined Healthy Blue Care Together. You can continue to see your provider if:
 - At the time you join Healthy Blue Care Together, 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 180 days.
 - You are more than 3 months pregnant when you join Healthy Blue Care Together, and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for 12 months of postpartum care.
 - You are pregnant when you join Healthy Blue Care Together, and you are getting services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.
 - You have 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 he or she expects you have 6 months or less to live. In that case, you can keep your provider for the remainder of your life.
- If your provider leaves Healthy Blue Care Together, we will tell you in writing within 15 days from when we know this will happen. If the provider who leaves Healthy Blue Care Together is your primary care provider (PCP), we will tell you in writing within 7 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/your child's provider will need to request prior authorization through phone, fax, or our provider portal.
- Healthy Blue Care Together reviews the request to determine if the service can be provided in network. Urgent requests are reviewed within 72 hours and routine requests are reviewed within 14 days. We will mail you a letter to tell you about our decision.

If you have any questions, call Member Services at **833-777-3611 (TTY 711)**.

Member Rights and Responsibilities

As a member of Healthy Blue Care Together, you have certain rights and responsibilities. Healthy Blue Care Together 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 Healthy Blue Care Together visit our website at healthybluenc.com or call Member Services at **833-777-3611 (TTY 711)** to get a copy.

Your Rights

As a member of Healthy Blue Care Together, you have a right to:

- Be cared for with respect and with consideration for your dignity and privacy without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity
- Be told what services are available to you
- Be told where, when and how to get the services, you need from Healthy Blue Care Together

- Be told by your primary care provider (PCP) what your options are when getting services so you or your guardian can make an informed choice
- Be told by your PCP what health issues you may have, what can be done for you and what will likely be the result, in a way you understand. This includes additional languages.
- Get a second opinion about your care
- Give your approval of any treatment
- 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
- Get information about your health care
- Get a copy of your medical record and talk about it with your PCP
- Ask, if needed, to have your medical record be amended or corrected
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract or with your approval
- Use the Healthy Blue Care Together complaint process to settle complaints. You can also contact the **NC Medicaid Ombudsman** any time you feel you were not fairly treated (see page 65 for more information about the NC Medicaid Ombudsman).
- Use the State Fair Hearing system
- 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
- Receive considerate and respectful care in a clean and safe environment, free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

Your Rights if You Are a Minor

- Minors have the right to agree to some treatments and services without the consent of a parent or guardian. Connect with your care manager for additional guidance
- 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 Healthy Blue Care Together, you agree to:

- Work with your PCP to protect and improve your health
- Find out how your health plan coverage works
- Listen to your PCP's advice and ask questions
- 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
- Tell us if you have problems with any health care staff by calling Member Services at **833-777-3611 (TTY 711)**
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the Emergency Department only for emergencies
- Call your PCP when you need medical care, even if it is after hours

Healthy Blue Care Together care managers will adhere to guidance and directions provided by the County Child Welfare Worker (DSS Social Worker), serving as the legal custodian, to inform the removal parent (as appropriate) and get consent for their child's medical treatment, when the treatment is considered beyond routine medical care (such as prescriptions for psychotropic medications or Child Medical Evaluations (CMEs) not otherwise authorized by the court). For children not in DSS custody, we recognize the biological parent has legal authority and will work directly with them to provide information and education, engage in the care planning process, and gain consent.

Tribal Rights

We will work with the Department and State and federally recognized tribes to ensure continuous adherence with State and federal legislation when providing health care for American Indian children and youth in the welfare system. Healthy Blue Care Together care managers will actively work with American Indian or Alaskan Native members' families first, followed by the American Indian or Alaskan Native community, to help facilitate the placement of American Indian children with American Indian families and ensure tribes are given jurisdiction over adoptions and Foster Care cases, in accordance with both the federal Indian Child Welfare Act (ICWA) (25 U.S. Code 1901) and North Carolina American Indian Child Welfare legislation (NCGS§143B-139.5A).

How to Change Your Health Plan (Disenroll)

If you would like to disenroll or change your plan, you can work with the Enrollment Broker by calling them at **833-870-5500 (TTY 833-870-5588)**, Monday through Saturday, 7 a.m. to 5 p.m. Eastern time.

The Enrollment Broker is an unbiased, third-party entity that provides managed care choice counseling and enrollment assistance and coordinates outreach and education to beneficiaries.

North Carolina Medicaid may disenroll beneficiaries for any of the following reasons; loss of eligibility, change in Medicaid eligibility category, nursing facility long term stays, and neuro-medical centers and veteran homes. To learn more, contact Healthy Blue Care Together Member Services at **833-777-3611 (TTY 711)**

Advance Directives

There may come a time when you become unable to manage your own health care. If this happens, you may want a family member or other person close to you to make 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 doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure that you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has 3 ways for you to make a formal advance directive. These include living wills, health care power of attorney and advance instructions for mental health treatment.

Living Will

In North Carolina, a “living will” is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time

- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness
- Have advanced dementia or a similar condition which results in a substantial loss of attention span, memory, reasoning and other brain functions, and it is highly unlikely the condition will be reversed

In a living will, you can direct your doctor 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 doctor and one other doctor 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 doctor now, 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 agents 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 doctor. The health care power of attorney will go into effect when a doctor 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 doctor to make this decision, 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 doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later became unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your 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 behavioral health may be followed by a doctor or behavioral health provider when your doctor 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 the advance directive forms at sosnc.gov/forms/by_title/_advance_healthcare_directives. The forms meet all the rules for a formal advance directive. For more information, you can call 919-807-2167 or write 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 at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself. Talk to your primary care provider (PCP) or call Member Services at **833-777-3611 (TTY 711)** if you have any questions about advance directives.

Your Rights

Healthy Blue Care Together is prohibited from discriminating whether an advance directive has been executed. You have the right to file a complaint (also called a grievance) with the State Certification and Survey Agency for fully licensed services and Healthy Blue Care Together for unlicensed services concerning any alleged noncompliance with advance directive law. You have the right to file a complaint with other applicable agencies such as advocacy agencies, licensing boards, etc. and you have the right to register your advance directive with the North Carolina Secretary of State's Office so the advance directive can be retrieved by medical professionals.

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 them (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or an adult with a disability **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 adult with a disability 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/index1.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 **833-777-3611 (TTY 711)**.

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 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)

Important Phone Numbers

- Member Services **833-777-3611 (TTY 711)**, Monday through Saturday, 7 a.m. to 6 p.m. Eastern time
- Provider Services **833-777-3698**, Monday through Saturday, 7 a.m. to 6 p.m. Eastern time
- Behavioral Health Crisis Line **844-594-5076**, 24 hours a day, seven days a week
- 24/7 NurseLine **844-545-1427**, 24 hours a day, seven days a week
- Pharmacy Service Line **833-777-3703**, 24 hours a day, seven days a week

- NC Medicaid Enrollment Broker **833-870-5500 (TTY 833-870-5588)**, Monday through Saturday, 7 a.m. to 5 p.m. Eastern time
- NC Medicaid Ombudsman **877-201-3750**
- NC Medicaid Contact Center **800-662-7030**
- The NC Mediation Network **336-461-3300**, 8 a.m. to 5 p.m. Eastern time
- Free Legal Services line **866-219-5262**, Monday through Friday, 8:30 a.m. to 4:30 p.m.; Monday and Thursday, 5:30 p.m. to 8:30 p.m. Eastern time
- Advance Health Care Directive Registry phone number **919-814-5400**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time
- NC Medicaid Fraud, Waste and Abuse Tip Line **877-362-8471**
- State Auditor Waste Line **800-730-TIPS (800-730-8477)**
- U.S. Office of Inspector General Fraud Line **800-HHS-TIPS (800-447-8477)**

Keep Us Informed

Call Member Services at **833-777-3611 (TTY 711)** 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 receive Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.

NC Medicaid Ombudsman

The NC Medicaid Ombudsman is a resource you can contact if you need help with your health care needs. The NC Medicaid Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families under NC Medicaid Managed Care 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 NC 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 with issues you have been unable to resolve 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/your child 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** or ncmedicaidombudsman.org.

