

HEALTHY BLUE Member Handbook

NC Medicaid Managed Care

April 2023



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

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NC MEDICAID MANAGED CARE MEMBER HANDBOOK

Healthy Blue
April 2023

You can request free auxiliary aids and services, including this material and other information in large print. Call 844-594-5070 (TTY 711).

If English is not your first language, we can help. Call **844-594-5070 (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 844-594-5070 (TTY 711).

Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **844-594-5070 (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 844-594-5070 (TTY 711) □

如果英语不是您的首选语言，我们能提供帮助。请致电 **844-594-5070 (TTY 711)**。您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 844-594-5070 (TTY 711).

Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **844-594-5070 (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. 844-
594-5070 (TTY 711) 번으로 전화주시기 바랍니다.**

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **844-594-5070 (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
844-594-5070 (TTY 711).**

Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **844-594-5070 (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**

Iwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau 844-594-5070 (TTY 711).

Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **844-594-5070 (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 **844-594-5070 (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 844-594-5070 (TTY 711).

Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **844-594-5070 (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 844-594-5070 (TTY 711).

Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **844-594-5070 (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 844-594-5070 (TTY 711).

પર કોલ કરો જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **TTY 711** પર કોલ 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 ផ្សេងទៀតនៅជាអក្សរពុម្ពធំ។ ហៅទូរសព្ទទៅលេខ 844-594-5070 (TTY 711)។

ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ **844-594-5070 (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 **844-594-5070 (TTY 711)**.

Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **844-594-5070 (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। **844-594-5070 (TTY 711)**

पर कॉल करें। अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। **844-594-5070 (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 844-594-5070 (TTY
711).**

ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ 844-594-5070 (TTY 711). ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງບາກເບີ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ 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。
844-594-5070 (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。844-594-5070 (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

Healthy Blue 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 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 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 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 844-594-5070 (TTY 711).

If you believe that Healthy Blue 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
11000 Weston Parkway
Cary, NC 27513

Phone: 844-594-5070 (TTY 711)
Fax: 844-429-9635
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.

The NC Medicaid Ombudsman can provide you with free, confidential support and education about the rights and responsibilities you have under NC Medicaid. Call **877-201-3750** or visit ncmedicaidombudsman.org.

Your Healthy Blue Quick Reference Guide

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 844-594-5070 (TTY 711).)
Learn more about choosing or enrolling in a health plan:	Call toll free: 833-870-5500.
Get this handbook in another format or language	Member Services at 844-594-5070 (TTY 711).
Keep track of my appointments and health services	My PCP or Member Services at 844-594-5070 (TTY 711).
Get help with getting to and from my doctor appointments	Member Services at 844-594-5070 (TTY 711). You can also find more information on Transportation Services in this handbook on page 18.
Get help to deal with thoughts of hurting myself or others, distress, severe stress or anxiety, or any other behavioral health crisis	Behavioral Health Crisis Line at 844-594-5076, at any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.
Get answers to basic questions or concerns about my health, symptoms or medicines	24/7 NurseLine 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 	<p>Member Services at 844-594-5070 (TTY 711) or the NC Medicaid Ombudsman at 877-201-3750.</p> <p>You can also find more information about the NC Medicaid Ombudsman in this handbook on page 54.</p>
Update my address	<p>Call your local Department of Social Services (DSS) office to report an address change. A list of DSS locations can be found at dhhs.nc.gov/localdss.</p> <p>You can also use ePASS to update your address and information. ePASS (epass.nc.gov) is North Carolina's</p>

	<p>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>
<p>Find my health plan’s health care provider directory or other general information about my health plan</p>	<p>Visit our website at healthybluenc.com or call Member Services at 844-594-5070 (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 seven or more beds for elderly or disabled people 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 who is receiving Medicaid.

Benefits: A set of health care services covered by your health plan.

Care Coordination: A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources or monitoring treatment attendance.

Care Management: A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services and help you find access to resources like transportation, healthy food and safe housing.

Care Manager: A health professional who can help you meet your health goals by coordinating your medical, social and behavioral health services and help you find access to sources like transportation, healthy food and safe housing.

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.

Complaint: Dissatisfaction about your health plan, provider, care or services. Contact your health plan and tell them you have a “complaint” about your services. **Complaints and appeals are different.**

Copayment (Copay): An amount you pay when you get certain health care services or a prescription.

County Department of Social Services (DSS): The local (county) public agency that is responsible for determining eligibility for Medicaid and other assistance programs.

Covered Services: Health care services that are provided by your health plan.

Crossover: The timeframe immediately before and after the start of North Carolina Medicaid Managed Care.

Durable Medical Equipment: 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 21 who receive Medicaid. When children need medical care, services are not limited by Healthy Blue’s coverage policies. Medicaid makes sure that members under age 21 can get the medical care they need, when they need it, including health care services to prevent future illnesses and medical conditions.

Early Intervention: Services and 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 (PCCMe) created by the Cherokee Indian Hospital Authority (CIHA). It manages the primary care needs of federally recognized tribal members and others who qualify for services through Indian Health Service (IHS) and live in Cherokee, Haywood, Graham, Jackson or Swain County or in a neighboring county of the 5-county region.

Emergency Department Care (or Emergency Room Care): Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency Medical Condition: A situation in which your life could be threatened or you could be hurt permanently if you do not get care right away.

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.

Excluded Services: Services covered by the NC Medicaid Direct program, but not by your health plan. You can get these services from any provider who takes Medicaid.

Fair Hearing: See “State Fair Hearing.”

Grievance: A **complaint** about your health plan, provider, care or services. Contact 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 functioning for daily living.

Health Insurance: A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.

Health Plan (or Plan): The organization providing you with health care services.

Home Health Care: Certain services you receive outside a hospital or a nursing home to help with daily activities of life, like home health aide services, skilled nursing or physical therapy services.

Hospice Services: Special services for patients and their families during the final stages of terminal illness and after death. Hospice services include certain physical, psychological, social and spiritual services that support terminally ill individuals and their families or caregivers.

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 (most often a family member or friend unless there is no one available, in which case a public employee is appointed).

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

Long-Term Services and Supports (LTSS): Care provided in the home, in community-based settings or in facilities to help individuals with certain health conditions or disabilities with day-to-day activities. LTSS includes services like home health and personal care services.

Managed Care: A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical health, behavioral health and other health services for Medicaid beneficiaries.

Medicaid: Medicaid is a health coverage program. The program helps certain families or individuals who have low income or serious medical problems. It is paid with federal, state and county dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your local Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections. See the websites below for more information about Medicaid and your rights: healthybluenc.com/north-carolina/benefits/rights-responsibilities.html and medicaid.ncdhhs.gov/medicaid/your-rights.

Medically Necessary: Medical services, treatments or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Member: A person enrolled in and covered by a health plan.

Member Services: The phone number you can call to speak to someone and get help when you have a question. Healthy Blue's number is 844-594-5070 (TTY 711).

NC Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid (Division of Health Benefits), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), Division of Social Services (DSS), Division of Aging and Adult Services (DAAS) and other health and human services agencies. The NCDHHS website is ncdhhs.gov.

NC Medicaid (State Medicaid Agency): Agency that manages Medicaid health care programs, pharmacy benefits and behavioral health services on behalf of NCDHHS.

NC Medicaid Direct: Previously known as traditional Medicaid, this category of care includes those who are not a part of NC Medicaid Managed Care.

NC Medicaid Ombudsman: A Department program that provides education and advocacy for Medicaid beneficiaries whether they are in NC Medicaid Managed Care or NC Medicaid Direct. The NC Medicaid Ombudsman provides issue resolution for NC Medicaid Managed Care members. 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 health plan that offers physical health, pharmacy and basic behavioral health services for members. Standard Plans offer added services for members who qualify. Healthy Blue is a Standard Plan.

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'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.

Telehealth: Use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.

Transition of Care: 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.

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.

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NC Medicaid Managed Care Program

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How Managed Care Works

You Have a Health Care Team

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

- Healthy Blue has a contract to meet the health care needs of people with North Carolina Medicaid. We partner with a group of health care providers (doctors, therapists, specialists, hospitals, home care providers and other health care facilities) who make up our **provider network**.
- When you join Healthy Blue, our provider network is here to support you. Most of the time, your main contact will be your primary care provider (PCP). If you need to have a test, see a specialist or go into the hospital, your PCP can help arrange it. Your PCP is available to you day and night. If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can go to certain doctors for some services without checking with your PCP. See page 10 for details.
- You can visit our website at healthybluenc.com to find the provider directory online or call Member Services at 844-594-5070 (TTY 711) to get a printed copy of the provider directory.

How to Use This Handbook

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

Read pages 5 to 12 now. These pages have information that you need to start using your health plan.

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

- Use this handbook
- Ask your primary care provider (PCP)
- Call Member Services at 844-594-5070 (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 844-594-5070 (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 may 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 your or your family’s benefits.
- If you are or become pregnant, your child will become part of Healthy Blue 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 844-594-5070 (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 24/7 NurseLine at 844-545-1427 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 with Hearing, Vision or Speech Disabilities

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

For People with Hearing Loss

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

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

For People with Vision Loss

If you have vision loss, Healthy Blue has resources available to help you. These include but are not limited to:

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

For People with Speech Disabilities

If you have a speech disability, Healthy Blue has resources available to help you. These include but are not limited to:

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

For People with Multiple Disabilities

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

Other Special Aids and Services for People with Disabilities

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

To ask for services, call Member Services at 844-594-5070 (TTY 711).

Healthy Blue complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that Healthy Blue failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at 844-594-5070 (TTY 711).

If you have issues that you have been unable to resolve with Healthy Blue, you may contact the NC Medicaid Ombudsman at 877-201-3750 or ncmedicaidombudsman.org.

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 on your Medicaid ID card or if you lose your Medicaid ID card, call Member Services at 844-594-5070 (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 Healthy Blue ID card, visit our website at healthybluenc.com to learn more or call Member Services for help.

	
Member Name: Member ID:	Primary Care Provider (PCP): PCP Telephone #: PCP Address:
Effective Date: Date of Birth:	RxBIN: XXXXXX RxPCN: XX RxGRP: XXXX

	
NC member website URL.	
Member Services: Provider Services: Pharmacy: 24/7 NurseLine: Behavioral Health Crisis Line: Authorization: TTY:	X-XXX-XXX-XXXX X-XXX-XXX-XXXX X-XXX-XXX-XXXX X-XXX-XXX-XXXX X-XXX-XXX-XXXX 711
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.	
Providers: For preapproval/billing information, call X-XXX-XXX-XXXX. For emergency admissions, notify Healthy Blue within 24 hours after treatment.	
Pharmacies: Submit claims using [Pharmacy Benefits Manager].	
Submit medical claims to: Healthy Blue P.O. Box XXXXXX	
Use of this card by any person other than the member is fraud. Fraud, Waste and Abuse Hotline: X-XXX-XXX-XXXX	
Healthy Blue Health Plan Street Address, City, State, Zip	
Certain services are covered directly by NCDHHS. For a list of carved-out services, see your member handbook.	
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) 861-2320.	
Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.	
NCDHHS	

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. 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 6 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 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 844-594-5070 (TTY 711) to get help with 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 in our provider directory. You can visit our website at healthybluenc.com to look at the provider directory online. You can also call Member Services at 844-594-5070 (TTY 711) to get a printed copy of the provider directory.
- 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 PCP, you must 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 12-18 months, Healthy Blue may assign you a different PCP based on medical history.

If Your Provider Leaves Our Provider Network

- If your provider leaves Healthy Blue, we will tell you within 15 days from when we know about this. If the provider who leaves Healthy Blue 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 45 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 844-594-5070 (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 844-594-5070 (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 consults with specialists when required for treatment)
 - You disagree with your treatment plan
 - Your PCP moves to a different location that is not convenient for you
 - Your PCP changes the hours or days patients are seen
 - You have trouble communicating with your PCP because of a language barrier or another issue
 - Your PCP is not able to accommodate your special needs
 - You and your PCP agree that a new PCP is what is best for your care

Call Member Services at 844-594-5070 (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 well or to see that you get the care you need.
- Your PCP is always available. Call your PCP when you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you ever cannot keep an appointment, call to let your PCP know.
- **Making your first regular health care appointment.** As soon as you choose or are assigned a PCP, if it is a new provider, call to make a first appointment. There are several things you can do to help your PCP get to know you and your health care needs.
- How to prepare for your first visit with a new provider:
 - Request a transfer of medical records from your current provider to your new PCP.
 - Make a list of health concerns you have now, and be prepared to discuss your general health, past major illnesses, surgeries, etc.
 - Make a list of questions you want to ask your PCP.
 - Bring all medications and supplements you are taking to your first appointment.It is best to visit your PCP within three months of joining 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 that particular health concern. You should still keep the first appointment to talk about your medical history and ask questions.
- It is important to Healthy Blue that you can visit a doctor within a reasonable amount of time. The Appointment Guide (on next page) 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)	within 14 days for members younger than 6 months; within 30 days for members 6 months or older
Urgent care services (care for problems like sprains, flu symptoms or minor cuts and wounds)	within 24 hours
Emergency or urgent care requested after normal business office hours	Go to hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to 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 hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to 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 hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to urgent care clinic

If you are not getting the care you need within the time limits above, call Member Services at 844-594-5070 (TTY 711).

How to Get Specialty Care – Referrals

- If you need specialized care that your primary care provider (PCP) cannot give, your PCP will refer you to a **specialist** who can. A specialist is a doctor who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). If your PCP refers you to a

specialist, we will pay for your care if it is medically necessary. Most specialists are Healthy Blue 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 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 844-594-5070 (TTY 711).

Out-of-Network Referral

- If Healthy Blue 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 for approval before you can get an out-of-network referral.

To start the request, your PCP or specialist should contact Provider Services. This number is listed on the back of your Healthy Blue 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 services you need

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 844-594-5070 (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 who can treat you. If you do not agree with our decision, you can **appeal** our decision. See page 40 to find out how.
- Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is similar to what you can get from a Healthy Blue provider. If you do not agree with our decision, you can **appeal** our decision. See page 40 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 must 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 844-594-5070 (TTY 711).

Get These Services from Healthy Blue Without a Referral

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

Primary Care

You do not need a referral to get primary care services. If you need a check-up or have a question about your health, call your primary care provider (PCP) to make an appointment. Your assigned PCP's name and contact information are listed on your Medicaid ID card.

Women's Health Care

You do not need a referral from your PCP if:

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

Family Planning

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

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

Children's Screening

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

Local Health Department Services

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

Behavioral Health Services

You do not need a referral for your first behavioral health or substance use disorder assessment completed in a 12-month period. Ask your PCP or call Member Services at 844-594-5070

(TTY 711). For a list of mental health providers and substance use disorder providers. You can also find a list of our behavioral health providers online at [healthybluenc.com](https://www.healthybluenc.com).

Emergencies

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

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

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

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

- You can go to any hospital or other setting to get emergency care.
- You **do not** need approval from 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 Member Services at 844-594-5070 (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 844-594-5076.

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 844-594-5070 (TTY 711) Monday through Saturday from 7 a.m. to 6 p.m. Eastern time. 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 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 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 will pay for your care.
- Your health plan will not pay for care received **outside** of the United States and its territories.

If you have any questions about getting care outside of North Carolina or the United States, talk with your PCP or call Member Services at 844-594-5070 (TTY 711).

Your Benefits

NC Medicaid Managed Care provides **benefits** or health care services covered by your health plan.

This section describes:

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

Healthy Blue 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. Ask your primary care provider (PCP) or call Member Services at 844-594-5070 (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 page 10.

Services Covered by Healthy Blue’s Network

You must get the services below from the providers who are in Healthy Blue’s network. Services must be medically necessary and provided, coordinated, or referred by your PCP. Talk with your PCP or call Member Services at 844-594-5070 (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, Diagnosis and Treatment (EPSDT) services for members under age 21 (see page 33 for more information about EPSDT services)
- Help with quitting smoking or other tobacco use

Maternity Care

- Prenatal, delivery and postpartum care
- Childbirth education classes
- Professional and hospital services related to maternal care and delivery
- One medically necessary postpartum home visit for newborn care and assessment following discharge, but no later than 60 days after delivery
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery (see page 30 for more information)

Hospital Care

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

Home Health Services

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

Hospice Care

- Hospice care will be arranged by Healthy Blue if medically necessary.
- Hospice helps patients and their families with the special needs that come during the final stages of illness and after death.

- Hospice provides medical, supportive, and palliative care to terminally ill individuals and their families or caregivers.
- You can get these services in your home, in a hospital or in a nursing home.

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye exams, 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
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames, is provided to you through the NC Medicaid Direct program. Although these eyeglasses are covered through NC Medicaid Direct, Healthy Blue providers who work in an office that offers eye exams and eyeglasses must give you your eye exam and your NC Medicaid Direct eyeglasses (see page 34 for more information on benefits covered by Medicaid but not through your Health Plan).

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 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 26 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, in an inpatient hospital room or in another setting.
- For more about emergency services, see page 11.

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
- 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. Talk with your PCP or call Member Services at 844-594-5070 (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 Healthy Blue's provider network. Call Member Services at 844-594-5070 (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 include the following:

- Ambulatory detoxification services
- Diagnostic assessment services
- Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 21
- Facility-based crisis services for children and adolescents
- Inpatient behavioral health services
- Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization
- Mobile crisis management services
- Non-hospital medical detoxification services

- Outpatient behavioral health emergency department services
- Outpatient behavioral health services provided by direct-enrolled providers
- Outpatient opioid treatment services
- Partial hospitalization
- Peer support services
- Professional treatment services in a facility-based crisis program
- Research-based intensive behavioral health treatment

Some behavioral health services for people with a mental health disorder, substance use disorder, intellectual/developmental disability or traumatic brain injury are only available through the LME/MCOs and in NC Medicaid Direct. The following behavioral health services are not covered by Healthy Blue but, if needed, members may access these services through the LME/MCOs and NC Medicaid Direct programs:

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services
- Psychiatric residential treatment facilities
- Assertive community treatment
- Community support team
- Psychosocial rehabilitation
- Substance Abuse Comprehensive Outpatient Treatments (SACOT)
- Substance Abuse Intensive Outpatient Program (SAIOP)
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations Waiver services
- Traumatic Brain Injury Waiver services (only available in counties served by the LME/MCO Alliance Health)
- 1915(b)(3) services

If you believe you need access to any of the behavioral health services that Healthy Blue does not provide, call Member Services at 844-594-5070 (TTY 711).

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call 911.
- **Non-Emergency:** Healthy Blue 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 no less than two business days before their appointment. Call 844-594-5070 (TTY 711) Monday through Saturday, 7 a.m. to 6 p.m. Eastern time to schedule transportation or call ModivCare at 855-397-3602 (TTY 866-288-3133). If you need to cancel a ride, call these same numbers. Urgent trips can be scheduled 24/7 and includes sick visits, hospital discharge requests, and life-sustaining treatment. Please contact ModivCare at 855-397-3602 (TTY 866-288-3133) to schedule an urgent transportation trip. For information about your ride after you set it up, call Ride Assist at 855-397-3602.

When you call, make sure you have this information:

- Your Healthy Blue member ID number
- The address, ZIP code and phone number where you want to be picked up
- The name, address, ZIP code and phone number where you want to be dropped off
- The name and address of the provider you're seeing
- The type of appointment you have
- The date, time and length of your appointment
- If you need an ambulance to transport you
- If you have an assistant coming to help you at your appointment
- If you use a wheelchair or other mobility equipment
- If you have a transportation provider you use 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

Member no-shows:

A no-show is when a member does not go to the medical appointment. This includes members issued gas vouchers and mileage reimbursement.

- 1) The member must be ready and at the designated place for pick up at the time required by the transportation vendor.
- 2) The member must complete their trip and show evidence in order to be issued mileage reimbursement.
- 3) The member must call the number provided for trip requests to cancel scheduled transportation at least 24 hours in advance. Cancellations made less than 24 hours in advance may count as one “no-show,” unless there was good cause for the cancellation.

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 may need to review the request or require additional information before we can schedule the trip. This is called **preauthorization** (see page 37 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. Healthy Blue 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 844-594-5070 (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 one hour before the appointment
- Not to wait more than one hour after the appointment for a ride home
- Not to leave the appointment early

If you disagree with a decision made about your transportation services, you have the right to appeal our decision. See page 41 for more information on appeals. If you are dissatisfied with your transportation service, you may file a grievance. See page 44 for more information on grievances.

Long-Term Services and Supports (LTSS)

If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing or doing household chores. You can get help through a Healthy Blue 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 the right care when and where you need it. For more information about what a care manager can do for you, see “Extra Support to Manage Your Health (Care Management)” on page 24.
- 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 844-594-5070 (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 844-594-5070 (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
- Birth control devices such as IUDs, implantable contraceptive devices and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions

Other Covered Services

- Durable medical equipment/prosthetics/orthotics
- Hearing aid products and services
- Telehealth
- Extra support to manage your health (see page 24 for more information)

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

Added Services

Healthy Blue 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 offers the following added services:

Transportation

- \$20 Uber gift card
- Rides to the doctor and pharmacy

Mommy & me

- Money for going to doctor visits
- Doula services
- Community baby shower
- Baby essentials

Food and housing for eligible members

- Three months of fresh fruits and veggies (\$120 value)
- Up to \$500 for hotel after hospital stay
- Up to \$500 for moving expenses

Invest in your future

- GED exam voucher
- Old Navy® and Footlocker® gift card: 11th-12th graders with 3.5 or higher GPA
- School supply assistance (up to \$50)
- 24 hours of free tutoring

Active & healthy lifestyle

- WW® (formerly Weight Watchers) vouchers (13 weeks)
- Up to \$150 for after-school sports and activities

- Asthma and allergy relief toolkits

Behavioral health support and pain management

- Up to 12 acupuncture treatments
- Up to five extra visits to the chiropractor
- Medicine safety kit with lockbox and pill case
- Pain management products (\$25 value)

Long-term services and supports

- Up to 10 rides to personal appointments
- Up to \$100 for sensory supports
- Scale, blood pressure cuff and more
- Alzheimer’s/dementia toolkit with window/door alarm and lock

Resources and support

- Cellphone with data and unlimited texts
- Community Resource Link to help you find housing and food
- Access to online fitness and exercise classes
- 24/7 NurseLine
- Mobile app to find doctors

In Lieu of Services

Healthy Blue offers services or settings that are medically appropriate, cost-effective substitutions for services covered by NC Medicaid. These are called in lieu of services. Healthy Blue offers the following in lieu of services:

Service	Description
Enhanced Personal Care Supports	Offers personal care services to members receiving long-term services and supports (LTSS). This service helps members maintain their independence and ability to live in their home instead of a long-term nursing facility. The maximum benefit is 24 hours per year (365 days).
Enhanced Private Duty Nursing	Eligible members may receive these services at home instead of a long-term nursing facility to support skilled nursing needs. Those using the maximum state plan benefit of 16 hours per day may qualify for an extra eight hours, increasing services to 24 hours a day.

<p>In-home Respite Care</p>	<p>Offers temporary in-home respite care to caregivers of members receiving LTSS to relieve the strain of caregiving and avoid placement of the member in a long-term nursing facility. This non-institutional, respite service is provided by homecare agencies licensed by the state of North Carolina. The maximum benefit is 24 hours per year (365 days).</p>
<p>Community Reintegration Support</p>	<p>Eligible members who have a skilled nursing facility stay of 30 continuous days or more may receive goods and services up to \$2,500 to help pay the cost of moving from a nursing facility to a community setting.</p> <p>Funds may be used for:</p> <ul style="list-style-type: none"> • Security and utility deposits • Household furnishings • Moving costs to set up a basic living arrangement
<p>Environmental Modification</p>	<p>Eligible members may receive up to \$2,500 per year (365 days) for environmental changes to their place of residence to:</p> <ul style="list-style-type: none"> • Improve, maximize, or enhance mobility, safety, and independence • Support transition into the community instead of placement in a long-term nursing facility <p>Changes include:</p> <ul style="list-style-type: none"> • Pest extermination • Mold remediation • Temporary housing and physical adjustments
<p>Behavioral Health Urgent Care</p>	<p>This service intends to help members:</p> <ul style="list-style-type: none"> • Avoid inpatient hospital stays and long wait times/observation in emergency rooms • Stabilize a condition and return to the community <p>Services are in place of acute inpatient and emergency room care and include:</p> <ul style="list-style-type: none"> • Assessment and diagnosis for mental illness, substance use, and intellectual and developmental disability concerns • Planning and referral for future treatment • Medication management • Outpatient treatment • Short-term follow-up care

<p>Institute for Mental Disease (IMD): MH/SUD</p>	<p>This service includes treatment in a hospital, nursing facility, or other facility of more than 16 beds, focused on the diagnosis, treatment, or care of mental health and substance use disorders (SUD).</p> <p>This service expands access to inpatient psychiatric care for the adult population (NC DHHS Family and Children’s Manual, 2013). IMD offers acute psychiatric care in other covered settings for up to 15 calendar days per month for members ages 21 to 64. Substance use disorders are excluded from the 15-days-per-month limit for members.</p>
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If you have any questions about any of the benefits above, talk to your PCP or call Member Services at 844-594-5070 (TTY 711).

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, you may have a care manager on your health care team. A care manager is a specially trained health care professional who works with you and your doctors to make sure you get the right care when and where you need it.

Your care manager can:

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

Healthy Blue can also connect to you to a care manager who specializes in supporting:

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

At times, a member of your primary care provider's (PCP's) team will be your care manager. To learn more about how you get can extra support to manage your health, talk to your PCP or call Member Services at 844-594-5070 (TTY 711).

Help with Problems beyond Medical Care (Healthy Opportunities)

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

Call Member Services at 844-594-5070 (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 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 844-594-5070 (TTY 711).

Other Programs to Help You Stay Healthy

Healthy Blue 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 844-594-5070 (TTY 711) to learn more about:

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

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 supports safe and appropriate opioid use through our Opioid Misuse Prevention Program. If you have any questions about our program, call Member Services at 844-594-5070 (TTY 711).

Pharmacy Lock-in Program

The Healthy Blue Recipient Management Lock-in Program helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). The Healthy Blue 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 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 Healthy Blue's network.
- You have these prescriptions filled from one pharmacy. You will be given a chance to pick a pharmacy in Healthy Blue's network.

If you qualify for the Healthy Blue Recipient Management Lock-in Program, you will be in the program for a two-year period. If you do not agree with our decision that you should be in the program, you can appeal our decision before you are placed in the program (see page 41 for more information on appeals).

Condition Care (CNDC)

A Condition Care (CNDC) program can help you get more out of life. As part of your Healthy Blue benefits, we are here to help you learn more about your health, keeping you and your needs in mind at every step.

Our team includes registered nurses called Condition Care case managers. They will help you learn how to manage your condition, or health issue. You can choose to join a CNDC 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 case manager will:

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

Our CNDC 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 call us to join toll free at 888-830-4300 (TTY 711) Monday through Friday from 8:30 a.m. to 5:30 p.m. local time.
- You can also email us at condition-care-self-referral@healthybluenc.com.
- You can join online on our website at healthybluenc.com. You will need your member ID number to register (located on your 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, we will:

- Set you up with a Condition Care case manager to get started
- Ask you some questions about your or your child's health
- Start working together to create your or your child's plan

Please be aware that emails sent over the internet are usually safe, but there is some risk third parties may access (or get) these emails without you knowing. By sending your information in an email, you acknowledge (or know, understand) 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 may also call this number to leave a private message for your Condition Care case 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 case manager 24 hours a day.

After-hours:

Call the Healthy Blue 24/7 NurseLine, 24 hours a day, seven days a week, at 844-545-1427 (TTY 711).

As a Healthy Blue 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 case 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 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 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
- File grievances to Healthy Blue 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 how to use the grievance process
 - Know how much time Healthy Blue 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 CNDC case 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

New Baby, New LifeSM is the Healthy Blue program for all pregnant members. It is very important to see your primary care provider (PCP) or obstetrician or gynecologist (OB/GYN) for care when you are pregnant. This kind of care is called prenatal care. It can help you to have a healthy baby. Prenatal care is always important even if you have already had a baby. With our program, members receive health information and rewards for getting prenatal and postpartum care. To join the Healthy Rewards program, visit your benefits page at healthybluenc.com. From here, you can log in to your Benefit Reward Hub and visit the Healthy Rewards portal. You also can call 888-990-8681 (TTY 711), Monday through Friday from 9 a.m. to 8 p.m. Eastern time.

Our program also helps pregnant members with complicated health care needs. Nurse care managers work closely with these members to provide:

- 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, we want to give you the very best care during your pregnancy. That's why you will also be part of My Advocate[®], which is part of our New Baby, New LifeSM program. My Advocate gives you the information and support you need to stay healthy during your pregnancy.

Get to know My Advocate

My Advocate delivers maternal health education by phone, web and smartphone app that is helpful and fun. You will get to know Mary Beth, My Advocate's automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use
- Communication with your case manager based on My Advocate messaging, should questions or issues arise
- An easy communication schedule
- No cost to you

With My Advocate, your information is kept secure and private. Each time Mary Beth calls, she will ask you for your year of birth. Please do not hesitate to tell her. She needs the information to be sure she is talking to the right person.

Helping you and your baby stay healthy

My Advocate calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn and answer a question or two over the phone. If you tell us you have a problem, you will get a call back from a case manager. My Advocate topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental care
- Immunizations
- Healthy living tips

When you become pregnant

If you think you are pregnant:

- Call your PCP or OB/GYN doctor right away. You do not need a referral from your PCP to see an OB/GYN doctor.
- Call Member Services if you need help finding an OB/GYN in the Healthy Blue network
- When you find out you are pregnant, you must also call 844-594-5070 (TTY 711).

Visit our Pregnancy and Wellness page at healthybluenc.com for information and resources on how to keep you and your baby healthy. If you would like to receive pregnancy information by mail, please call Member Services at 844-594-5070 (TTY 711). You can access education, including:

- Self-care information about your pregnancy
- Details about the My Advocate® program, how to enroll, and receive health information to your phone by automated voice, web, or 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 your newborn

While you are pregnant, you 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 must go to your PCP or OB/GYN 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 than this based on your health needs.

When you have a new baby

When you deliver your baby, you and your 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 provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB/GYN may ask you to have an office or in-home nurse visit within 48 hours.

After you have your baby, you must:

- Call 844-594-5070 (TTY 711) as soon as you can to let us know you had your baby. We will need details about your baby.
- Call your Medicaid agency at 800-367-2229 to apply for Medicaid for your baby

After you have your baby

If you were enrolled in My Advocate and received educational calls during your pregnancy, you will now get calls on postpartum and well-child education up to 12 weeks after your delivery.

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

- The visit should be done between 7 to 84 days after you deliver
- If you delivered by C-section or had complications with your pregnancy or delivery, your PCP or OB/GYN may ask you to come back for a one- or two-week checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 7 to 84 days after your delivery for your postpartum checkup.

Benefits You Can Get from Healthy Blue 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 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 844-594-5070 (TTY 711).

HIV and STI Screening

You can get human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, treatment and counseling services anytime from your PCP or Healthy Blue 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 and vision and hearing tests. Your provider will also watch your child’s physical and emotional growth and well-being at every visit and “diagnose” any conditions that may exist. At these visits, you will get referrals to any treatment services your child needs to get well and to stay healthy.

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

Sometimes children need medical treatment for a health problem. Healthy Blue may not offer every service covered by the Federal Medicaid program. When a child needs treatment, we will pay for any service the federal government’s Medicaid plan covers. The proposed treatment must be evaluated on its ability to treat, fix or improve your child’s health problem or condition. This decision is made specifically for your child. Healthy Blue 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 approves services for children, important rules apply:

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

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

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

If you have questions about EPSDT services, talk with your child's 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 does not cover, but if you need them, the services are covered for you by the NC Medicaid Direct program. You can get these services from any provider who takes Medicaid:

- Dental services
- Services provided 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 (CDSAs) or providers contracted with CDSAs that are included in your child's Individualized Family Service Plan
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames (see page 15 for more information on vision services)

If you have questions or need help with accessing benefits you can only get through NC Medicaid Direct, talk with your primary care provider (PCP) or call Member Services at 844-594-5070 (TTY 711).

Services NOT Covered

Below are some examples of services that are **not available** from Healthy Blue 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 a 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 loss or weight gain drugs
- Liposuction
- “Tummy tuck”
- Ultrasound to determine sex of child
- Hearing aid products and services for beneficiaries age 21 and older
- Services from a provider who is not part of Healthy Blue, unless it is a provider you are allowed to see as described elsewhere in this handbook or Healthy Blue, or your primary care provider (PCP) sent you to that provider
- Services for which you need a referral (approval) in advance, and you did not get it
- Services for which you need prior authorization in advance, and you did not get it
- Medical services provided out of the United States
- Tattoo removal

This list does not include all services that are not covered. To determine if a service is not covered, call Member Services at 844-594-5070 (TTY 711).

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

- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of Healthy Blue

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 844-594-5070 (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 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 should cover. See the Appeals section on page 41 in this handbook for more information. If you have any questions, call Member Services at 844-594-5070 (TTY 711).

Health Plan Member Copays

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

Copays if You Have Medicaid*

Service	Your Copay
<ul style="list-style-type: none">• Chiropractic visits• Doctor visits• Non-emergency and emergency department visits• Optometrist and optical visits• Outpatient visits• Podiatrist visits	\$4 per visit
<ul style="list-style-type: none">• Generic and brand prescriptions	\$4 for each prescription

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

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

A provider cannot refuse to provide services if you cannot pay your copay at the time of service. If you have any questions about Medicaid copays, call Member Services at 844-594-5070 (TTY 711).

If your PCP is not able to accommodate your special needs, call Member Services at 844-594-5070 (TTY 711) to learn more about how you can change your PCP.

Service Authorization and Actions

Healthy Blue will need to approve some treatments and services **before** you receive them. Healthy Blue may also need to approve some treatments or services for you to **continue** receiving them. This is called **preauthorization**. 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 may call Member Services at 844-594-5070 (TTY 711).

What happens after we get your service authorization request?

Healthy Blue 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’s nurses, doctors and behavioral health clinicians will review your provider’s request.

Healthy Blue 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 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 41 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 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 will use federal EPSDT rules for this review. These rules help Healthy Blue take a careful look at:

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

Healthy Blue 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’s review team must agree with your provider that the service will:

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

Important Details about Services Coverable by the Federal EPSDT Guarantee:

- Your provider must ask Healthy Blue for the service.
- Your provider must ask us to approve services that are not covered by Healthy Blue.
- Your provider must explain clearly why the service is needed to help treat your child’s health problem. Healthy Blue’s EPSDT reviewer must agree. We will work with your provider to get any information our team needs to make a decision. Healthy Blue 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 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 33, visit our website at healthybluenc.com and visit the state of North Carolina website for the EPSDT guarantee at medicaid.ncdhhs.gov/epsdt.

Preauthorization and Timeframes

We will review your request for a preauthorization 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 or by Medicaid, even if we later deny payment to the provider.**

Information from Member Services

You can call Member Services at 844-594-5070 (TTY 711) to get a PCP, to ask about benefits and services, to get help with referrals, to replace a lost Medicaid 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 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 NCDHHS, like:

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

Call Member Services at 844-594-5070 (TTY 711) to learn more about how you can help.

Appeals

Sometimes Healthy Blue 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 notifying you of any adverse benefit determination. Medicaid members have a right to appeal adverse benefit determinations to Healthy Blue. You have 60 days from the date on your letter to ask for an appeal. When members do not agree with our decisions on an appeal, they can ask the NC Office of Administrative Hearings for a State Fair Hearing.

When you ask for an appeal, Healthy Blue 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 at 844-594-5070 (TTY 711) 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 844-594-5070 (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 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 54 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 844-594-5070 (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.

Provider Requests for Expedited Appeals

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

Member Requests for Expedited Appeals

Healthy Blue 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 will mail you a written notice within two calendar days.

If you do not agree with our decision to deny an expedited appeal request, you may file a grievance with us (see page 44 for more information on grievances).

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

Timelines for Standard Appeals

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

- Will write to you and tell you what information is needed
- Will explain 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 844-594-5070 (TTY 711) or writing to Appeals, Healthy Blue, P.O. Box 62429, Virginia Beach, VA 23466-2429.

Decisions on Appeals

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

State Fair Hearings

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

Free and Voluntary Mediations

When you ask for a State Fair Hearing, you will get a phone call from the Mediation Network of North Carolina. The Mediation Network will call you within 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 do accept, a Mediation Network counselor will lead your meeting. This person does not take sides. A member of Healthy Blue's review team will also attend. If the meeting does not help with your disagreement, you will have a State Fair Hearing.

State Fair Hearings

State Fair Hearings are held by the NC Office of Administrative Hearings (OAH). An administrative law judge will review your request along with new information you may have. The judge will make a decision on your service request. You can give any updates and facts you need to at this hearing. A member of Healthy Blue's review team will attend. You may ask questions about the Healthy Blue's decision. The judge in your State Fair Hearing is not a part of Healthy Blue 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 limits or denies a service that you requested. For more information about requesting a State Fair Hearing for disenrollment decisions see page 50.

Continuation of Benefits During an Appeal

Sometimes Healthy Blue'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 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 will continue your services from the day you ask for them to continue until you get your appeal decision. You or your authorized

representative may contact Member Services at 844-594-5070 (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 to bill you for services we paid for during your appeal. We must get approval from NC Medicaid before we can bill you for services we paid for during your appeal.

Appeals During Your Transition Out of Healthy Blue

If you decide to leave Healthy Blue, 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 844-594-5070 (TTY 711) for additional information.

If you have an appeal with Healthy Blue 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 844-594-5070 (TTY 711) or write to Healthy Blue, P.O. Box 62429, Virginia Beach, VA 23466-2429 at any time.

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

You can ask a family member, a friend, your provider or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services, or help 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 844-594-5070 (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, P.O. Box 62429, Virginia Beach, VA 23466-2429.

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 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 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. You can continue to see your provider if:
 - At the time you join Healthy Blue, you are receiving an ongoing course of treatment or have an ongoing special condition. In that case, you can ask to keep your provider for up to 90 days.
 - You are more than 3 months pregnant when you join Healthy Blue and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of post-partum care.
 - You are pregnant when you join Healthy Blue and you are receiving services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.
 - You have a surgery, organ transplant or inpatient stay already scheduled that your provider is doing. In these cases, you may be able to stay with your provider through the scheduled procedure, discharge from the hospital and for up to 90 days of follow-up care.
 - You are terminally ill, and the provider is supporting you in your care. You are considered terminally ill if you have been told by your provider that he or she expects you have six months or less to live. In that case, you can keep your provider for the remainder of your life.
- If your provider leaves Healthy Blue, we will tell you in writing within 15 days from when we know this will happen. If the provider who leaves Healthy Blue 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 provider will need to request prior authorization through phone, fax or our provider portal.
 - Healthy Blue reviews the request to determine if the service can be provided in network. Urgent requests are reviewed within 72 hours, 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 844-594-5070 (TTY 711).

Member Rights and Responsibilities

As a member of Healthy Blue, you have certain rights and responsibilities. Healthy Blue 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, visit our website at healthybluenc.com or call Member and Recipient Services at 844-594-5070 (TTY 711) Monday through Saturday from 7 a.m. to 6 p.m. Eastern time to get a copy.

Your Rights

As a member of Healthy Blue, 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
- 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, that 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 complaint process to settle complaints. You can also contact the **NC Medicaid Ombudsman** any time you feel you were not fairly treated (see page 54 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:
- 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, you agree to:

- Work with your PCP to protect and improve your health
- Provide your doctors with the information they need to provide care
- Try to understand your health problems and agree to take part in developing treatment goals
- Tell your PCP about medical and personal information that may affect your health and care provided
- Help your doctor in getting medical records from providers who have treated you in the past
- Find out how your health plan coverage works
- Listen to your PCP's advice and ask questions
- Follow plans and instructions you and your doctor have agreed to

- Ask questions or more explanation if you do not understand your doctor’s instructions
- 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 844-594-5070 (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

How to Change Your Health Plan (Disenrollment)

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

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

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

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

If you want to leave Healthy Blue at any other time, you can do so **only** with a good reason (with cause). Some examples of a good reason to change health plans include:

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

If you need certain services to address needs related to a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI), you may have other choices. Call 833-870-5500 (TTY: 833-870-5588 or [RelayNC.com](https://www.relaync.com)).

How to Request to Change Health Plans

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

- Go to ncmedicaidplans.gov
- Use the NC Medicaid Managed Care mobile app
- Call 833-870-5500 (TTY: 833-870-5588 or [RelayNC.com](https://www.relaync.com))

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

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

Reasons Why You May Have to Leave Healthy Blue

There are also some reasons why you may have to leave Healthy Blue, even when you did not ask to leave our health plan. The following are reasons why you may have to leave Healthy Blue when you did not ask to leave:

- If Healthy Blue's request for you to leave our health plan is approved
 - We may request that you leave our health plan only if your actions or behavior seriously limits our ability to care for you or other members of our health plan. Healthy Blue is **not allowed** to request that you leave our health plan because of a change in your health status, your use of benefits and services, your mental capacity diminishes, or for any disruptive behavior due to your health needs.
 - Before Healthy Blue would make a request for you to leave our health plan, we would try our best to work with you to address any concerns that we may have in providing your care.
 - If Healthy Blue's request for you to leave our health plan is approved, you will get a letter letting you that our request was approved and what new health plan is going to take over your care. If you do not like the new health plan who takes over your care, you will be given the option to choose a different health plan.
- If you lose your NC Medicaid Managed Care program eligibility
 - You may lose your eligibility for the Medicaid Managed Care program if any of the following happens:

- You stay in a nursing home for more than 90 days in a row (see page 16 for more information on nursing services)
- You become eligible for and are transferred for treatment to a state-owned Neuro-Medical Center or a Department of Military & Veteran Affairs-operated Veterans Home
- You change in Medicaid eligibility category
- You begin receiving Medicare

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

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

State Fair Hearings for Disenrollment Decisions

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

- Deny your request to change health plans
- Approve a request made by Healthy Blue for you to leave the plan

State Fair Hearings are held by OAH. You will have a chance to give more information and facts, and to ask questions about the decision for you to change health plans before an administrative law judge. The judge in your State Fair Hearing is not a part of Healthy Blue in any way. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session that is held before your Hearing date (see page 42 for more information on mediations).

Requesting a State Fair Hearing for Disenrollment Decisions

If you disagree with a decision for you to change health plans, you have **30 days** from the date on the letter notifying you of the decision to ask for a State Fair Hearing. You can ask for a State Fair Hearing yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call the Enrollment Broker at 833-870-5500 (TTY 833-870-5588) if you need help with your State Fair Hearing request.

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

- **MAIL:** Fill out and sign the State Fair Hearing Request Form that comes with your notice. Mail it to the addresses listed on the form.
- **FAX:** Fill out, sign and fax the State Fair Hearing Request Form that comes with your notice. The fax numbers you need are listed on the form.

- **BY PHONE:** Call OAH at 984-236-1860 and ask for a State Fair Hearing. You will get help with your request during this call. When you ask for a State Fair Hearing, you and any person you have chosen to help you can see the records and criteria used to make the decision. If you choose to have someone help you, you must give them written permission. Include their name and contact information on the State Fair Hearing Request Form.

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

Advance Directives

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

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your 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 three 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. A 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 determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your 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/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also 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 844-594-5070 (TTY 711) if you have any questions about advance directives.

Concerns About Abuse, Neglect and Exploitation

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

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

For additional information on how to report concerns, call Member Services at 844-594-5070 (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 877-DMA-TIP1 (877-362-8471)
- Call the State Auditor's Waste Line at 800-730-TIPS (800-730-8477)
- Call the U.S. Office of Inspector General's Fraud Line at 800-HHS-TIPS (800-447-8477)

Important Phone Numbers

- Member Services 844-594-5070 (TTY 711), Monday through Saturday, 7 a.m. to 6 p.m.
- 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
- NC Medicaid Enrollment Broker 833-870-5500 (TTY 833-870-5588), Monday through Saturday, 7 a.m. to 5 p.m.
- NC Medicaid Ombudsman 877-201-3750
- NC Medicaid Contact Center 800-662-7030
- Provider Services 844-594-5072, Monday through Saturday, 7 a.m. to 6 p.m.
- Prescriber Service line 844-594-5084, Monday through Saturday, 7 a.m. to 6 p.m.
- 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.
- Advance Health Care Directive Registry phone number 919-814-5400, Monday through Friday, 8 a.m. to 5 p.m.
- 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 844-594-5070 (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 get 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 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 **877-201-3750** or ncmedicaidombudsman.org.

HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. This notice was most recently revised in June 2022.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We get information about you from state agencies for NC Medicaid after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your health care.

Federal law says we must tell you what the law says we have to do to protect PHI that's told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files
 - Destroy papers with health information so others can't get it
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in
 - Use special programs to watch our systems
- Used or shared by people who work for us, doctors or the state, we:

- Make rules for keeping information safe (called policies and procedures)
- Teach people who work for us to follow the rules

When is it OK for us to use and share your PHI?

We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it's OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care**
 - To help doctors, hospitals, and others get you the care you need
- **For payment, health care operations, and treatment**
 - To share information with the doctors, clinics and others who bill us for your care
 - When we say we'll pay for health care or services before you get them
 - To find ways to make our programs better, and to support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI to health information exchanges for payment, health care operations, and treatment. If you don't want this, please visit healthybluenc.com for more information.
- **For health care business reasons**
 - To help with audits, fraud and abuse prevention programs, planning, and everyday work
 - To find ways to make our programs better
- **For public health reasons**
 - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
 - With your family or a person you choose who helps with or pays for your health care, if you tell us it's OK
 - With someone who helps with or pays for your health care, if you can't speak for yourself and it's best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can't take back what we used or shared when we had your OK. But, we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you've asked to give your body parts to science
- For research

- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you get sick or hurt at work

What are your rights?

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you, or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of health care, payment, everyday health care business or some other reasons we didn't list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

- The law says we must keep your PHI private, except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.
- We must send your PHI to some other address, or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you may call **844-203-3796** to add your phone number to our Do Not Call list.

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call Member Services at **844-594-5070**. If you're deaf or hard of hearing, call **TTY 711**.

To see more information

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit our Privacy webpage at **healthybluenc.com/north-carolina/privacy-policies.html**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

Write to or call the Department of Health and Human Services:

Office for Civil Rights

U.S. Department of Health and Human Services

Sam Nunn Atlanta Federal Center, Suite 16T70

61 Forsyth St. SW

Atlanta, GA 30303-8909

Phone: 800-368-1019

TDD: 800-537-7697

Fax: 202-619-3818

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at **healthybluenc.com**.

Race, ethnicity, language, sexual orientation, and gender identity

We get race, ethnicity, language, sexual orientation, and gender identity information about you from NC Medicaid. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create and send health education information
- Let doctors know about your language needs
- Provide interpretation and translation services

We do **not** use this information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Share with unapproved users

Your personal information

We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public, and tells us who you are. It's often taken for insurance reasons.

- We may use your PI to make decisions about your:
 - Health
 - Habits
 - Hobbies
- We may get PI about you from other people or groups like:
 - Doctors
 - Hospitals
 - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

This information is available for free in other languages. Please contact Member Services at **844-594-5070 (TTY 711)** Monday through Saturday from 7 a.m. to 6 p.m. Eastern time.

healthybluenc.com

Healthy Blue 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 and Blue Shield Association. ® Marks of the Blue Cross and Blue Shield Association.

Revised June 2022



Member Services

844-594-5070 (TTY 711)

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

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