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Welcome to Medicaid!

Choosing a medical home: Community Care of North Carolina or Carolina ACCESS?

Community Care of North Carolina (CCNC) and Carolina ACCESS (CA) are North Carolina’s Medicaid managed care programs. As a member of one of these programs, you choose a primary care doctor’s office as your medical home. Your medical home is where you will go for help when you are sick or need medical care. The name of your medical home will be printed on your Medicaid card.

To choose your medical home, contact your county’s Department of Social Services. You can ask to see a list of local primary care doctors who are part of CCNC or CA. On the list you will see that some medical homes are marked as CCNC and Some as CA. You should know the difference between these types of providers.

CCNC Medical Homes: These doctors’ offices provide medical care and have a place you can call anytime (24 hours a day, 7 days a week) for medical advice. These offices also have access to care managers. If needed, these care managers can offer you extra help with your health problems or your medicines.
CA Medical Homes: These doctors’ offices provide medical care and have a place you can call any time (24 hours a day, 7 days a week) for medical advice. CA offices do not have access to care managers.

You must go to the medical home on your card. You can change your medical home. Your caseworker can help you with the change. It may take time for the change to go through. Continue to go to the medical home listed on your Medicaid card until you receive a new card listing your new medical home.

How do I get medical care?

▼ If you have not been to your medical home in the past 12 months, call to make an appointment. It is important that your doctor knows your medical problems, medicines, or allergies before you get sick.

▼ If you have made an appointment and cannot go, call the doctor’s office to cancel. This way someone else can use the appointment time that had been saved for you.

▼ Go to your medical home when you feel sick or for regular checkups and shots (also known as immunizations or vaccinations).

▼ Call your medical home before going to the emergency room unless your life or health is in danger.
Call your medical home before going to a specialist. Your primary doctor can help arrange a visit with a specialist if needed. If you go on your own, you may have to pay the bill.

Keep your most current Medicaid card with you – you will need to show it when you go for medical care. Everyone in your family who is enrolled will receive a separate card. Always check the cards to be sure that the medical home listed is correct. If anything is incorrect, contact your caseworker immediately and they can help you fix it.

Medicaid requires adults (except for pregnant women) to pay a co-payment for certain visits. Ask your caseworker for a list of services that require a co-payment and the amount you will have to pay.

You can request assistance with transportation from your local Department of Social Services in the county where you live.

What are the benefits of a medical home?

Your medical home will know you and your medical history. You and your doctor can develop a personalized plan of care that best fits your needs.

Your medical home can coordinate your health care with other doctors who may need to treat you.
Your medical home provides a place to go when you are sick.

Your medical home provides a place to go for preventive care (check-ups, vaccinations or shots, well woman exams, well child exams, physicals).

Your medical home should have a telephone number you can call with medical questions, even when the office is closed.

You do not need to go to a hospital or emergency department unless your life or health (or your child’s life or health) is in danger.

If you have to go to a hospital or emergency room, go to your medical home afterwards to go over what happened. Your doctor can help you understand what happened and what to do now to stay in better health.

What services can I get without going through my medical home?

You do not need to contact your medical home for:

- Ambulance services
- Anesthesiology
- At-risk case management
- Child care coordination
- Community Alternatives Program services (CAP)
▼ Dental care (Children need to have a dental checkup at least every six months.) Ask your primary care doctor to refer you to a dentist who takes Medicaid or call the CARE-LINE at 1-800-662-7030 (TTY: 1-877-452-2514) to learn more about Medicaid dental services.

▼ Children’s Developmental Service Agency (CDSA)

▼ Emergency department (in a hospital) services

▼ Eye care exams

▼ Family planning

▼ Health department services

▼ Hearing aids (for recipients under the age of 21)

▼ HIV case management

▼ Hospice services

▼ Laboratory services

▼ Maternity care coordination

▼ Optical supplies/visual aids

▼ Outpatient behavioral health services for recipients 21 years and older

▼ Pathology services

▼ Pharmacy services

▼ Radiology

(Transportation services for medical visits are available at no cost to you. Contact your county caseworker for more information.)
**Behavioral Health and Substance Abuse Treatment Services**

Children (under age 21) must be referred for these services by either:

- Your child’s primary doctor, or
- Your local management entity (LME), or
- A psychiatrist who takes Medicaid.

Anyone age 21 or older does not need a referral for mental health or substance abuse services. **If you have questions, call the CARE-LINE at 1-800-662-7030 (TTY: 1-877-452-2514).**

Look at your Medicaid card. If you have the letters **PCHP** (Piedmont Cardinal Health Plan) on the right side of your Medicaid card, then your county has a managed care plan for mental health, substance abuse, and intellectual/developmental disability services. If you need help or have questions about these services, call 1-800-939-5911.

**Emergency Care**

If you ever feel that your life or health – or health of your unborn baby – is in immediate danger, call 911 or go to the nearest hospital emergency department. If you are not sure what to do, call the after hours phone number for your primary care doctor that is printed on your Medicaid card.
Health Check

Health Check is Medicaid just for children in North Carolina. Health Check covers medical and dental services for children. Sick visits and well visits (check-ups) are covered as well as medically necessary services ordered by a doctor like: behavioral health services; rehabilitative services for children with developmental disabilities; in-home nursing; personal care; therapy; medical and adaptive equipment; residential facility service; hospital services; and other treatment services.

There are no waiting lists or limits on the number of visits, for medically necessary health care for children when they are ordered by the child’s doctor. However, some services must be approved by Medicaid before they can be provided to your child. If approval is denied, you can appeal the decision.

You will get a letter when you or your child is due to have a checkup. You may also get a call from a Health Check coordinator to help you with health issues.

Making a complaint against your medical home

You have a right to make a complaint against your primary doctor or medical home. If you decide to make a complaint, contact your caseworker at your county Department of Social Services. Your caseworker will give you a Carolina ACCESS Complaint Form and
instructions on how to fill out the form. Your complaint can remain confidential, or you can choose to have your complaint shared with the provider. Your complaint is very important and will be investigated.

If you need help, call your caseworker or the CARE-LINE at 1-800-662-7030 (TTY: 1-877-452-2514).

Important Phone Numbers

DSS Caseworker’s Name: ____________________________________________

DSS Caseworker’s number: _________________________________________

Your medical home (primary doctor):

Office number: _________________________________________
After hours number: _______________________________________

Your Care Manager:

Office number: _________________________________________

Oldest child’s name: ____________________________________________

Oldest child’s medical home (primary doctor):

Office number: _________________________________________
After hours number: _______________________________________

Second child’s name: __________________________________________

Second child’s medical home (primary doctor):

Office number: _________________________________________
After hours number: _______________________________________
Third child’s name:
____________________________________________________

Third child’s medical home (primary doctor):
____________________________________________________

Office number: ______________________________________
After hours number: __________________________________

Your Children’s Care Manager:
____________________________________________________

Office Number: ______________________________________

Resources

CARE-Line:
1-800-662-7030 (or) 919-855-4400
TTY: 1-877-452-2514

Medicaid website:
www.ncdhhs.gov/dma

Record of Doctor Visits

Between July 1 and June 30 of each year, Medicaid will cover 22 visits to a doctor if you are 21 years of age or older. Medicaid will also cover up to 8 visits to a chiropractor, optometrist, or a podiatrist. (This means a total of 8 visits – for example, 2 visits to the podiatrist and 6 visits to the chiropractor.)

Keep a record of your visits. If you have more than the limits allow, you may have to pay. If you are enrolled with a CCNC doctor, ask if the care manager can help you manage your visits.

You can record your visits using the chart on the next page.
## Doctor Visits

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If you go to the emergency department, record your visit and talk about it with your doctor at your medical home.

**Emergency Room Visits**

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Keep this handbook.

It provides important information about your health care plan.