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COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS

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EIS 4100-COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS  
**REISSUED 08/01/11 - CHANGE NO. 01-12**

**I. GENERAL INFORMATION**

In 1991, Carolina Access (CA) was launched as Medicaid's managed care plan. Implementation continued on a county by county basis and in 1998 CA became statewide. Its purpose is to improve access to primary care, improve quality of care and utilization of services, and provide a more cost effective system of care. This is accomplished by linking recipients to a medical home where there is a primary care provider (PCP) to deliver and coordinate health care.

In 1996, Medicaid began to use the existing CA infrastructure to build an enhanced managed care plan, Community Care of North Carolina (CCNC) formerly known as ACCESS II & III. CCNC developed networks of CA providers in order to deliver community directed care. Each network developed an administrative entity to plan and administer disease targeted case management services. Each network brings together key players in the community who provide services to Medicaid recipients. These players include primary care providers, DSSs, health departments, and others depending on community resources. CCNC and CA are now combined into one program.

Medicaid recipients continue to know the program as Carolina ACCESS. This is the name that appears on their Medicaid card and it is also the name that appears in the Carolina ACCESS Member Brochure. Counties should continue to use the name, Carolina ACCESS when talking with Medicaid recipients. Because not all primary care providers who are enrolled in Carolina ACCESS choose to join with a network, there will continue to be PCPs who are Carolina ACCESS providers only. Every PCP, whether they participate in CA or CCNC, must first be enrolled in Carolina ACCESS and must complete a Carolina ACCESS provider contract and agreement before he can be a PCP. A provider cannot move into a network unless he has first been approved as a CA provider. For the purpose of this manual, Medicaid managed care will be identified as CCNC/CA. Refer to [MA-3435](#) and [MA-2425](#), Community Care of North Carolina/Carolina Access (CCNC/CA), for additional information.

Effective February 1, 2007, NCHC recipients (6-18) will begin to be assigned to a PCP. The NC General Assembly passed legislation requiring NCHC recipients to be linked to a CCNC/CA provider unless exempt.

**II. ENROLLMENT IN CCNC/CA**

**A. The county DSS must either enroll recipients in Carolina Access or exempt recipients at application, redetermination, or any time a recipient contacts the agency to request a change in CA enrollment status.**

**B. Each eligible recipient chooses a primary care provider from a list of participating PCP's who meet the recipient's criteria. Before enrollment always:**

1. Verify the provider availability.
2. Verify provider restrictions.

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COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS

---

REVISED 08/01/11 - CHANGE NO. 01-12

II. (CONT'D)

3. Review the recipient's medical history, location of residence and type of medical care.

The Managed Care Provider (MP) screen in EIS allows the user to view information on practices in the CA program. Refer to [MA-3435](#) or [MA-2425](#), for more information on the MP screen.

- C. **Key the PCP or exempt number on the DSS-8125. Each family member may have a different PCP or exempt number. The appropriate exempt number is automatically entered by EIS for an individual who has a living arrangement of 16 (incarcerated) or 17 (in an Institution for Mental Disease (IMD)).**
- D. **The effective date of enrollment is always the ongoing month after the action processes in EIS, depending on the system cut-off this may be the next month or the following month. The system cut-off for all programs is the fourth work night from the end of the month.**
- E. **Mandatory Enrollment**

A recipient must enroll in CA when the recipient:

1. Is eligible for Medicaid in the following Aid Program/Categories (AAF, MAF, MAABD without Medicare, MIC-N, MIC-1, MSB, SAD without Medicare, **SAA without Medicare**), or is eligible for NC Health Choice (MIC, A, K, S, J), and
2. Has a living arrangement code of 10, 11, 12, 13, 51, 52, 53, 56.

- F. **Ineligible For Enrollment**

Do not enroll in CA when the recipient:

1. Is ineligible for CA (MQB, MRF, RRF, aliens eligible for emergency Medicaid only, Family Planning (MAF-D), Breast & Cervical Cancer Medicaid (MAF-W), NC Health Choice (MIC, L), or
2. Has a living arrangement code of 16, 17, 50, 58, 59, 60, 70, 71, 72, 73, 75, or
3. Meets the deductible later than the second month of the certification period, or
4. Is a CAP recipient with a monthly deductible, or
5. Has no ongoing eligibility open/shut/retroactive eligibility only, or
6. Is in a Benefit Diversion case.

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COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS

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REVISED 08/01/11 - CHANGE NO. 01-12

II. (CONT'D)

**G. Optional Enrollment**

A recipient can be enrolled in CA; however, it is NOT required in the following situations:

1. MPW
2. HSF
3. IAS
4. MAABD (with Medicare)
5. SAD (with Medicare)
6. End Stage Renal Disease Patients
7. SSI recipients under age 19
8. Self-identified children with special health care needs
9. Native Americans
10. SAA (with Medicare)

III. **CHANGES TO ENROLLMENT**

You must manually remove the CA provider when:

**A. Keying a county transfer (non-SSI).**

1. When a non-SSI recipient transfers from one county to another county, manually delete the CA number (EIS will not process the transfer until removed). EIS automatically assigns the 9900029 exempt code on the last working day of the month when the county transfer processes.
2. When a SSI recipient transfers from one county to another county, EIS automatically inserts one of the following exempt codes in the provider field:

9900010-the individual is not Medicare eligible (Mandatory Participant)

9900011-the individual is Medicare eligible (Optional Participant)

**B. Changing individuals from authorized to deductible status.**

**C. Changing individuals from NC Health Choice (MIC with Medicaid Class A, J, K, or S) to NC Health Choice Optional Extended Coverage (MIC with Medicaid Class L).**

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COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS

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REISSUED 08/01/11 - CHANGE NO. 01-12

**IV. ENTERING CA DATA IN EIS**

This section contains general information needed to enter CA data correctly in EIS.

When approving an application, completing a redetermination, or changing CA enrollment:

**A. Enter one of the following in the Carolina Access field on the DSS-8125.**

1. Carolina Access Exempt Number (Refer to [MA-2425](#) or [MA-3435](#), Community Care of North Carolina/Carolina Access, for a list of appropriate exempt numbers).
2. Carolina Access Provider Number

**B. Enter data to track the CA provider/exempt information.**

1. Change Reason (The reason the recipient changed provider).
  - a. Change Reason is required when the current Managed Care is a CA provider and it is changed to another CA provider.
  - b. Change Reason is NOT required when:
    1. No current Managed Care to exempt.
    2. No current Managed Care to a CA provider.
    3. CA provider to exempt.
    4. Exempt to CA provider.
    5. Exempt to exempt.
    6. NC Health Choice recipient (MIC, Medicaid Class J, K, A, and S).
2. Auto-Assign (The provider was automatically assigned to the recipient).
  - a. Auto Assign is required when:
    1. No Managed Care to a CA provider.
    2. CA provider to a CA provider.
    3. Exempt to CA provider.
    4. NC Health Choice individual has a provider number that has been keyed and the Auto Assignment field is blank, EIS automatically enters "N" in that field.

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COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS

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REISSUED 05/01/09 - CHANGE NO. 03-09

IV. B. 2. (CONT'D)

- b. Auto Assign is NOT required when:
  - 1. No current Managed Care to exempt.
  - 2. CA provider to exempt.
  - 3. Changing from exempt provider to another exempt provider.
  - 4. There is no change in provider. Recipient will keep the same provider.

Example: At reapplication approval, PCP number remains the same. Auto Assign is not allowed.

- 5. NC Health Choice individual has an exempt provider number or is blank, the Auto Assignment field then must be blank.
- 3. Distance (How far is the recipient from the provider).
  - a. The Distance to Provider is required when:
    - 1. No current Managed Care to CA provider.
    - 2. CA provider to a CA provider.
    - 3. Exempt to a CA provider.
  - b. The Distance to Provider is Not required when:
    - 1. No current Managed Care provider to exempt.
    - 2. CA provider to exempt.
    - 3. Exempt to exempt.
    - 4. NC Health Choice recipient (MIC with Medicaid class of J, K, A, or S).

C. EIS displays the change code, auto-assign indicator, and distance indicator on the EIS Individual Profile (IP) screen and the EIS Individual Eligibility (IE) screen.