

SRMC: Know Your Medicaid Plan From Sampson Regional Medical Center

From Sampson Regional Medical Center

CLINTON--As the State of North Carolina transitions to Medicaid Managed Care effective July 1, Sampson Regional Medical Center encourages participants to review their plan closely. Whether Medicaid participants selected their plan during the open enrollment period or were auto-assigned, it's important for participants to know what their plan covers. Not all Medicaid health plans are accepted by every hospital or physician. The State of North Carolina has awarded contracts to provide Medical Assistance health insurance to replace the previous statewide Medicaid plan. For Sampson County, the State has issued contracts to AmeriHealth Caritas of North Carolina, Blue Cross and Blue Shield of North Carolina (Healthy Blue), Carolina Complete Health, Inc., United Healthcare of North Carolina, and WellCare of North Carolina. Currently, Sampson Regional Medical Center and its affiliates have agreements with three of the five insurers: Carolina Complete Health, Inc., Healthy Blue, and WellCare of North Carolina. This means Sampson County's Medicaid participants enrolled with any insurer other than these three may fall out of network for certain local services. "It is important for Medicaid participants to understand who their Sampson County doctors and services are in contract with so that they can receive health care locally and not be subject to out-of-network premiums for the medical services they need," stated Jerry Heinzman, Chief Financial

Officer for SampsonRMC. Medicaid patients enrolled in plans with which Sampson Regional does not have a contract may not be covered for services provided at the hospital, nor through any of Sampson Regional's physician practices and outpatient locations, including diagnostic imaging, rehab, and home health. "While we cannot endorse any products or plans, we encourage participants to be careful when selecting their plan. The rules are different between these new insurance plans and the traditional Medicaid program; not every physician, hospital, or service provider is in contract with every insurer," added Heinzman. With the new managed care program, participants had the option to choose a health plan with the providers and services that best suit their healthcare needs. If Medicaid participants did not enroll in a plan by May 14, 2021, they have been auto-assigned to their new health plan by the State of North Carolina. If participants' preferred providers are not in network with their new plans, there is still time to make changes. Changes must take place before July 1st to be effective immediately. Plans changed after July 1st will go into effect the first day of the following month. For example, if participants made changes to their plan on July 3, their new plan would not go into effect until Aug. 1. According to NCDHHS' website dedicated to North Carolina's Transformation to Medicaid Managed Care, participants will have the opportunity to change to their assigned plan before Sept. 30, 2021. After this date, Medicaid participants will be locked into their plan until their recertification period for Medicaid. As

participants begin reviewing their options, SampsonRMC offers these tips: All health plans are not created equally. While the plans are required to cover basic benefits, there may be differences in coverage between them. Make sure you understand what coverage you will have. The plans can and may change from year to year. It is important to re-evaluate your plan from year to year. Know if your providers are contracted with your insurer. Not every physician, hospital, or service provider is contracted with every insurer. To follow updates for managed care contracts signed by SampsonRMC visit, <http://www.SampsonRMC.org/Medicaid>. For additional help on selecting a plan that best fits your needs, you may contact the State's Medicaid Contact Center at 1-833-870-5500 or online at ncmedicaidplans.gov.