

# DHHS Announces Prepaid Health Plan Contracts for Medicaid Managed Care

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RALEIGH — Today, the North Carolina Department of Health and Human Services announced the selection of Prepaid Health Plans that will participate in Medicaid managed care when the program launches in November 2019. Contracts were awarded after careful evaluation of all responses to the Request for Proposal issued by DHHS on Aug. 9, 2018.

Statewide PHP contracts were awarded to AmeriHealth Caritas North Carolina, Inc.; Blue Cross and Blue Shield of North Carolina; UnitedHealthcare of North Carolina, Inc.; and WellCare of North Carolina, Inc. A regional contract for Regions 3 and 5 was awarded to Carolina Complete Health, Inc. A map of PHP regions can be found at <https://files.nc.gov/ncdhhs/medicaid/Managed-Care-Regions-and-Rollout.pdf>.

"We are committed to improving the health and well-being of all North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health," said DHHS Secretary Mandy Cohen, M.D. "We look forward to working closely with the selected health plans toward that vision."

DHHS accepted responses to the RFP until Oct. 12, after which an Evaluation Committee comprised of NC Medicaid employees conducted a thorough and fair evaluation to develop an award recommendation. The committee recommended the selection of four statewide PHPs. DHHS accepted the committee's recommended four statewide PHPs and also selected one regional Provider-Led Entity PHP in regions 3 and 5 to ensure consistency with the intent of S.L. 2015-245, the authorizing legislation for Medicaid managed care.

In 2015, the General Assembly directed the transition of Medicaid to a managed care structure. In managed care, DHHS will continue to oversee all aspects of the Medicaid and NC Health Choice programs. However, PHPs will directly manage certain health services, assume financial risk and contract with providers to deliver services for beneficiaries.

This procurement is only for the Standard Plans in which 1.6 million Medicaid managed care beneficiaries will be enrolled. Tailored Plans, designed for certain populations with more specialized behavioral health needs, will be procured later. All Prepaid Health Plans selected today will be subject to rigorous oversight by DHHS to ensure strong provider networks, a full range of benefits, accountability for quality and outcomes, a positive beneficiary experience and timely payments to providers among aspects of a successful managed care program.

Medicaid managed care Standard Plans will launch in two phases. The first will launch in

November 2019 for beneficiaries in the following 27 counties: Alamance, Alleghany, Ashe, Caswell, Chatham, Davidson, Davie, Durham, Forsyth, Franklin, Granville, Guilford, Johnston, Nash, Orange, Person, Randolph, Rockingham, Stokes, Surry, Vance, Wake, Warren, Watauga, Wilkes, Wilson and Yadkin. Standard Plans will launch in the remaining counties in February 2020.

Starting in June, Medicaid beneficiaries who will transition to Medicaid managed care will receive more information on the Prepaid Health Plans in their area, including how to find out which plans include their doctor, and a phone number to get help to understand their choices. Those who live in the 27 counties launching in November 2019 will select a plan starting in July 2019. Beneficiaries in all other counties will select a plan starting in October 2019.

A fact sheet with more information can be found at <https://files.nc.gov/ncdhhs/medicaid/Medicaid-Factsheets-PHP-2.4.19.pdf>. For additional information about Medicaid Transformation, please visit [ncdhhs.gov/medicaid-transformation](http://ncdhhs.gov/medicaid-transformation).