



MEDICAID EXPANSION WORKFLOWS IN A NON-PROFIT ENVIRONMENT

Alicia Garcia Gastelum, BS
Social Worker and Referrals Coordinator
HealthReach Community Clinic

About Us

HealthReach Community Clinic, is a volunteer-driven, nonprofit charity with IRS 501(c)3 status.

- 📍 Mooresville, Iredell County, NC
- 🏢 Founded in 2003
- 💰 Only free clinic in Iredell County, NC
- 🏠 Serve as a primary care home and pharmacy for patients with limited means and no health insurance.
- 👨‍⚕️ Currently serving around 700 patients

Mission

The mission of HealthReach Community Clinic is to make a significant contribution to the health and wellness of our Iredell County neighbors in need.

Eligibility

To qualify patients must:

- Reside in Iredell County, NC
- Be between the ages of 18-64
- Have no health insurance
- Fall at or below 300% of FPL



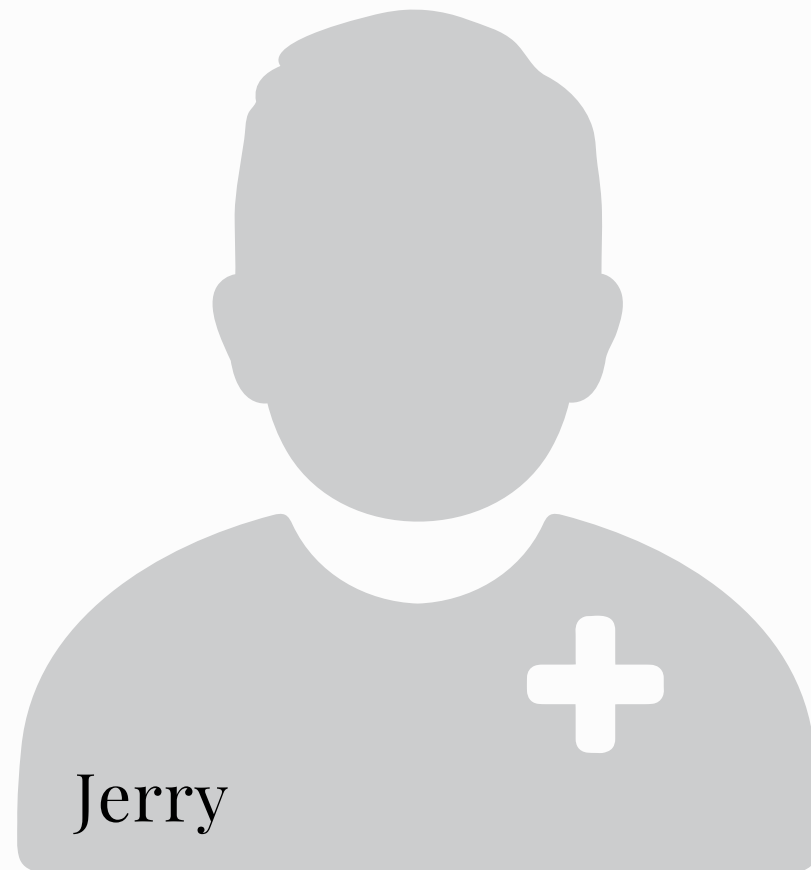
HEALTHREACH
Community Clinic

Services

Provided to patients at no cost:

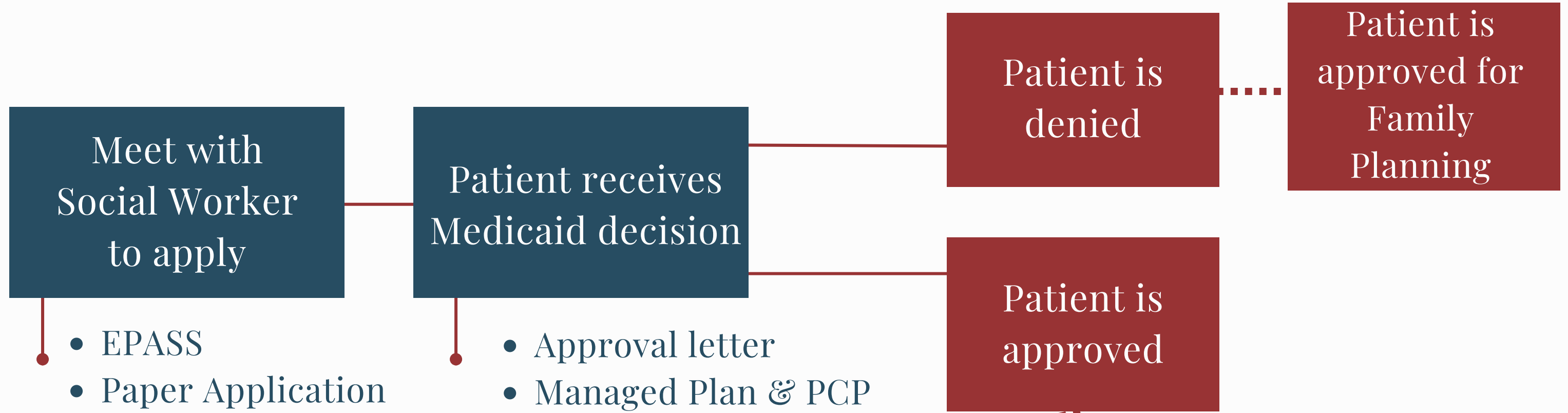
- Primary care & sick visits
- Lab work
- Pharmacy services (no narcotics)
- Mental health appointments
- Social work visits
- In-house specialty appointments
- Limited external specialty referrals

Patients who want to
apply for Medicaid



Patients who have Medicaid







Materials Used

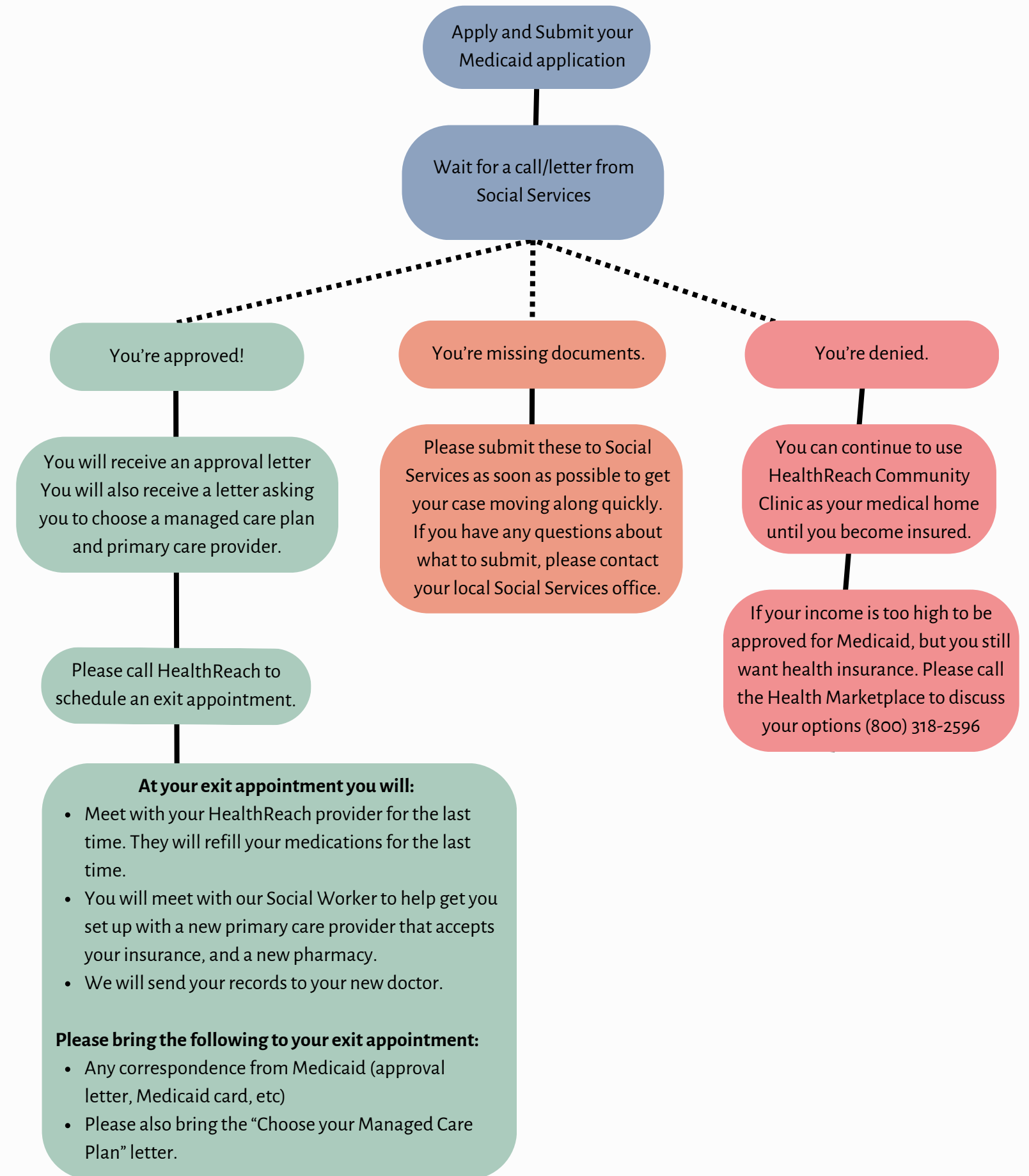
DHHS
<https://medicaid.ncdhhs.gov/about-nc-medicaid>
Toolkit

EPASS
<https://epass.nc.gov/>

Paper Medicaid Application

Information Needed

- Your local DSS information
- Ensure the patient knows what documents to bring



What you may need to apply

You **must** provide the following:

- **Full legal name and date of birth**, for at least one person applying
- **Mailing address**, for at least one person applying
- **Your signature** (digital, voice, or written depending on how you apply)

You can save time if you also give the following information:

- **Identity documents**, such as driver's license or school ID
- **Social Security number (SSN)** for people applying who have them, or proof they have applied for one
- **Immigration documents** for non-U.S. citizens who are applying
- **Proof you live in North Carolina**, such as a photo ID with your address, a utility bill, a lease, or documentation of employment
- **Employer and income information** for you and everyone in your household, such as paystubs, W-2 forms, tax returns or business records
- **Copies of all medical or life insurance policies**
- **List of all cars, trucks, motorcycles, boats, etc. you or anyone in your household own**, including the year, make, model and vehicle identification number (VIN) for each item
- **Most recent bank statements**
- **List of all real property you own** (this includes land, homes and buildings)
- **Current financial statements/award letters from other sources of income**, such as Social Security, retirement benefits, pensions, veterans benefits and child support

You can apply with an application that is missing information and add it later. However, giving as much information as possible may help you get a decision faster. Your local DSS office will contact you if they need more information.

NCMEDICAID FOR MORE PEOPLE



Beginning on Dec. 1, 2023, NC Medicaid now covers people ages 19 through 64 years with higher incomes. You may be able to get health care coverage through Medicaid even if you didn't qualify before.

Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to you.



NC Medicaid covers most health services, including:

- **primary care** so you can go to a doctor for a check-up or when you are not feeling well
- **hospital services** when you need to stay overnight (inpatient) or when you can go home the same day (outpatient)
- **maternity and postpartum care** if you are pregnant and after giving birth
- **vision and hearing services**
- **prescription drug benefits** to pay for your medicines
- **behavioral health**
- **preventive and wellness services**
- **dental and oral health services**
- **medical-related devices and other therapies**

Most people will be able to get health care coverage through Medicaid if they meet the requirements below. If you were eligible before, you still are.

- You live in North Carolina
- Age 19 through 64
- You are a citizen (some non-U.S. citizens can also get health coverage through Medicaid)
- If **your household income** fits within the chart below:

Household Size	Annual
Single Adults	
Family of 2	\$20,120 or less
Family of 3	\$27,214 or less
Family of 4	\$34,307 or less
Family of 5	\$41,400 or less
Family of 6	\$48,493 or less
	\$55,586 or less

How to apply for Medicaid:



ePASS
epass.nc.gov



Paper application
medicaid.nc.gov/print-application



In person at your local DSS office
ncdhhs.gov/localDSS

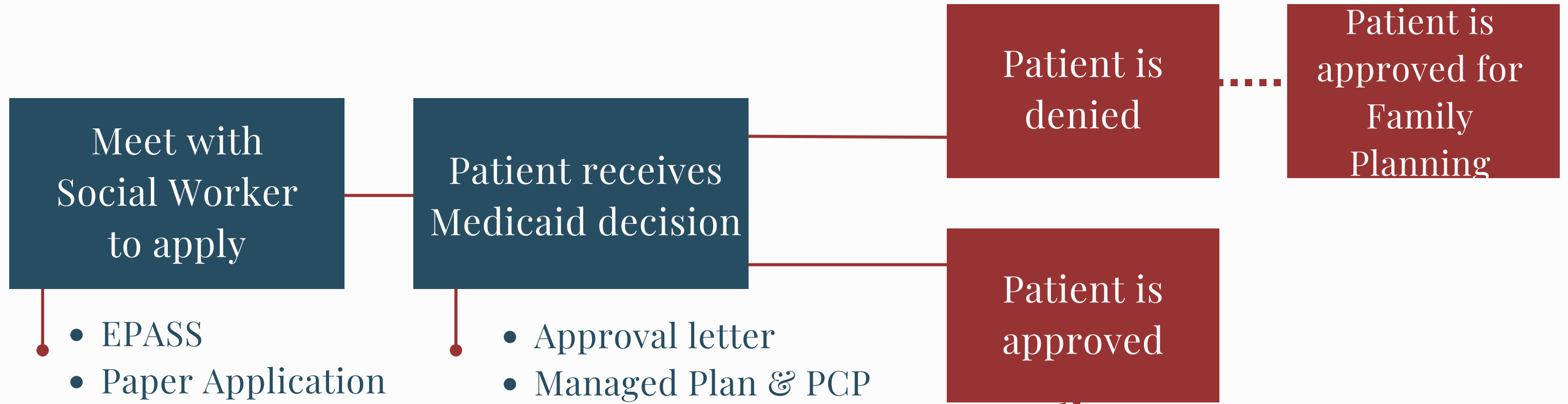


Call DSS office
ncdhhs.gov/localDSS

Learn more at:
Medicaid.nc.gov

NC Department of Health and Human Services
NCDHHS.gov · NCDHHS is an equal opportunity employer and provider. · 12/2023







What are Exit Appointments?

The “last” appointments a patient with active insurance has at our clinic. These are two separate appointments that can be scheduled on the same day. Your patient should bring any correspondence that they receive from their assigned Managed Care Plan or Social Services

Meet with Primary Care Provider

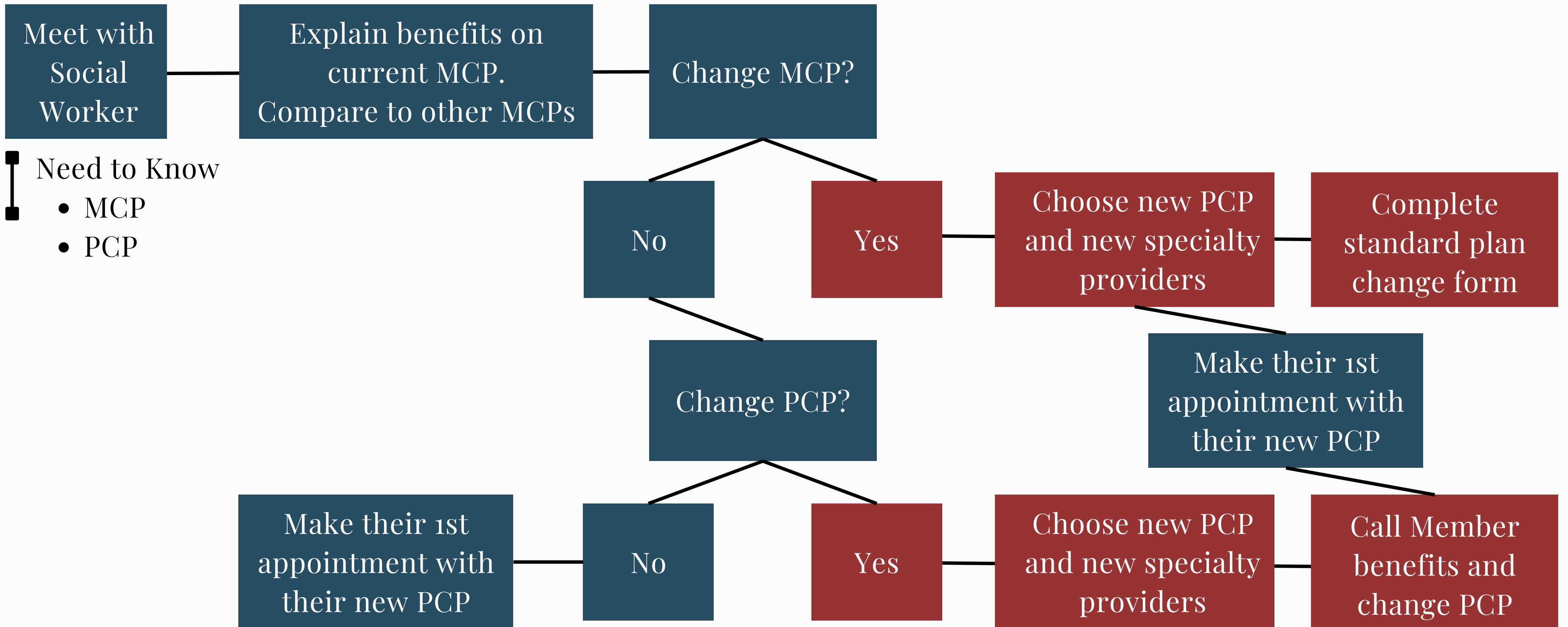
- Fills medications for the final time
 - Wrap up care
- about 30 minutes*

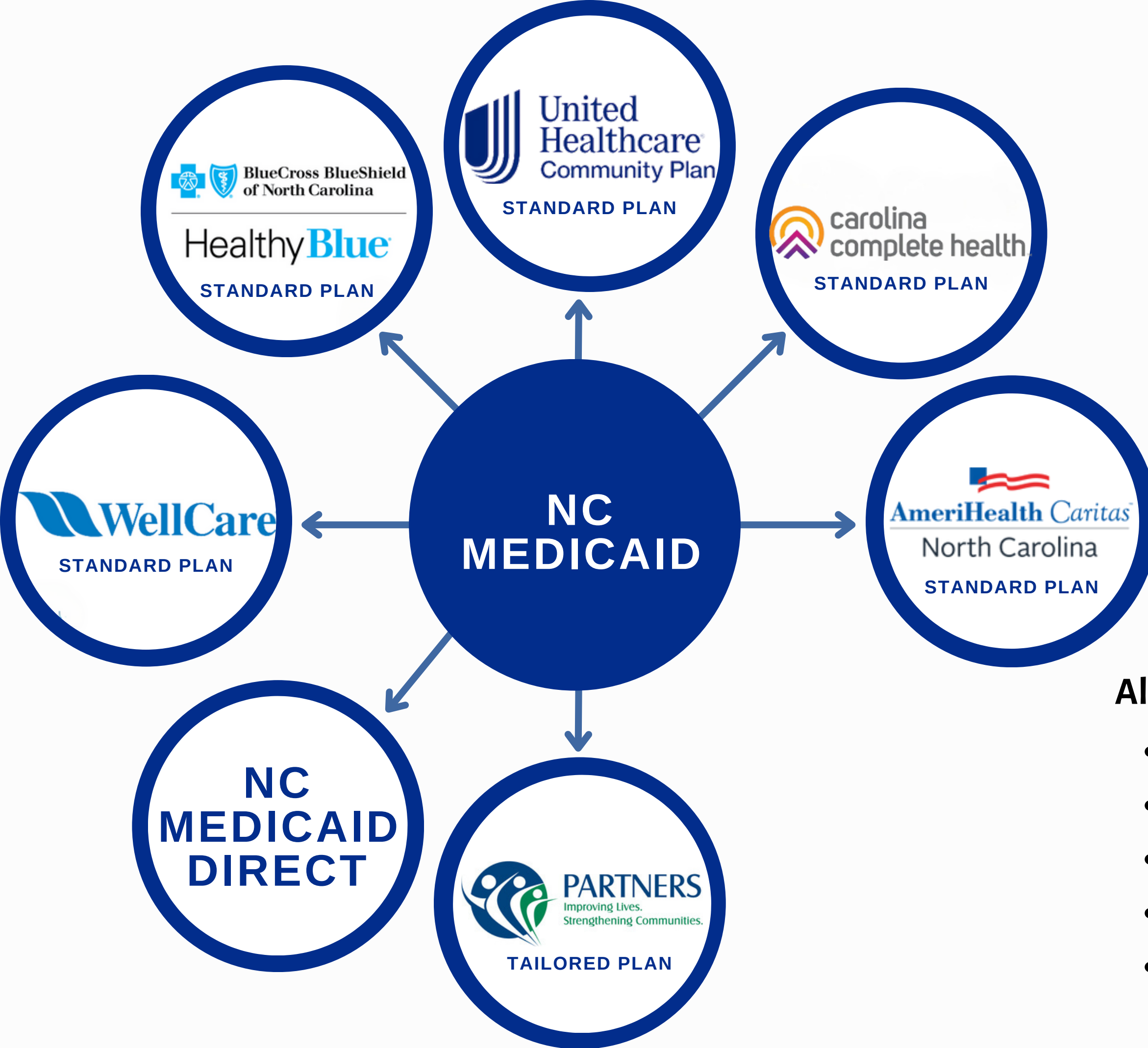
Meet with Social Worker

- Explain patient’s benefits on current managed care plan (MCP) and compare with other MCPs
 - Complete Standard Plan change form if they decide to switch
 - Choose new providers and pharmacy
 - Answer any questions about Medicaid
- about 1 hour-1.5 hours*



Exit Appointment Workflow





Your local Medicaid office is:

Iredell County Social Services

549 Eastside Drive

Statesville, NC 28625

(704) 873-5631

(option 4 for Medicaid)

All Medicaid plans cover the following:

- Doctor visits
- Medical supplies
- Hospital visits
- Lab tests and X-rays
- Behavioral health
- Therapies
- Prescriptions
- Hospice
- Eye care
- Care management

Explaining and Comparing Benefits

It is important for your patients to know that they have options. Our ethical duty as healthcare providers is to inform patients about things that could affect their care.

Things to Do with Your Patient

- Explain to the patient what services are offered through Medicaid.
- Show the patient what extra benefits are available through their plan.

Questions to Ask Your Patient

- Would you like to see how your current plan compares to other plans?
- Is there a specific provider you need (or are already seeing)?
- What kind of additional assistance are you needing (housing, mental health, etc.)?

Materials Used

- Managed Care Diagram
- <https://ncmedicaidplans.gov/en/viewhealthplans>

 (Standard Plan)



1-844-594-5070
TTY: 711
7 a.m. to 6 p.m., Monday through Saturday
healthybluenc.com

Basic Plan Benefits [View Details >](#)

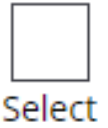
Extra benefits

- Wellness
- Youth
- Education
- Asthma
- Prenatal
- Smartphone
- Transportation
- Other

[Read all plan benefits and details >](#)



(Tailored Plan)



1-888-235-4673
TTY: 1-800-735-2962 (English)
TTY: 1-888-825-6570 (Spanish)
7 a.m. to 6 p.m., Monday through Saturday
partnersbhm.org

Basic Plan Benefits [View Details >](#)

Extra benefits

- Wellness
- Asthma
- Pregnancy
- Phone program
- Transportation
- Other

[Read all plan benefits and details >](#)





(Standard Plan)



(Standard Plan)



Basic plan information details 



AmeriHealth Caritas
North Carolina


(Standard Plan)

1-855-375-8811
TTY: 1-866-209-6421
24 hours a day, 7 days a week
amerihealthcaritasnc.com

[View basic plan benefits >](#)

Wellness

- 6 months of vouchers for members who qualify to attend Weight Watchers® (WW®) online or in-person weight-management classes
- Up to \$75 per year reloadable rewards card to buy food and over-the-counter (OTC) health items at select retailers



carolina complete health.


(Standard Plan)

1-833-552-3876
TTY: 711
7 a.m. to 6 p.m., Monday through Saturday
carolinacompletehealth.com

[View basic plan benefits >](#)

Wellness

- Weight Watchers® (WW®) digital classes, workshops, and online tools for members who qualify based on Body Mass Index (BMI) and care needs screening
- YMCA Diabetes Prevention Program (DPP) digital 1-year program with trained lifestyle coach to help lower risk of diabetes by learning about physical activity and nutrition, leading to weight loss and risk reduction, for members ages 18 and older who qualify based on care needs screening
- Digital 4-month YMCA blood pressure self-monitoring program to build skills that help manage high blood pressure, notice and control triggers that raise blood pressure, and eat healthier for members ages 18 and older who qualify based on care needs screening



Healthy Blue

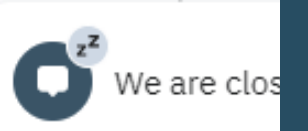
(Standard Plan)

1-844-594-5070
TTY: 711
7 a.m. to 6 p.m., Monday through Saturday
healthybluenc.com

[View basic plan benefits >](#)

Wellness

- 13-week voucher from Weight Watchers® (WW®) for membership and classes in meal planning; weight, water, and activity tracking; 24/7 chat with coach; weekly progress reports, and more
- Up to 2 items to help with better health, including but not limited to, digital scale, home blood pressure cuff, lumbar pillow, non-slip socks, or peak flow meter
- Up to \$40 per month for up to 3 months for fresh fruits and vegetables
- Nutritional counseling to help meet nutrition needs and goals
- Up to \$75 rewards for members who complete visits, shots, and screenings like preventive and A1C



Other

- 14 home-delivered meals, 2 meals per day for 7 days, after hospital stay for members who qualify
- Extra pair of glasses and eye exam every 2 years for members ages 21-64
- Care coordination for pain management to help reduce or eliminate dependence on opiates for pain
- Transportation resources and tenant support to address substance use disorder (SUD) for members in recovery who qualify

Other

- \$125 allowance once every 2 years (730 days) for glasses, frames, and lenses for members ages 21 and older
- Quit for Life® program to help members quit smoking or tobacco use

interviews, hair salons or barbershops

Other

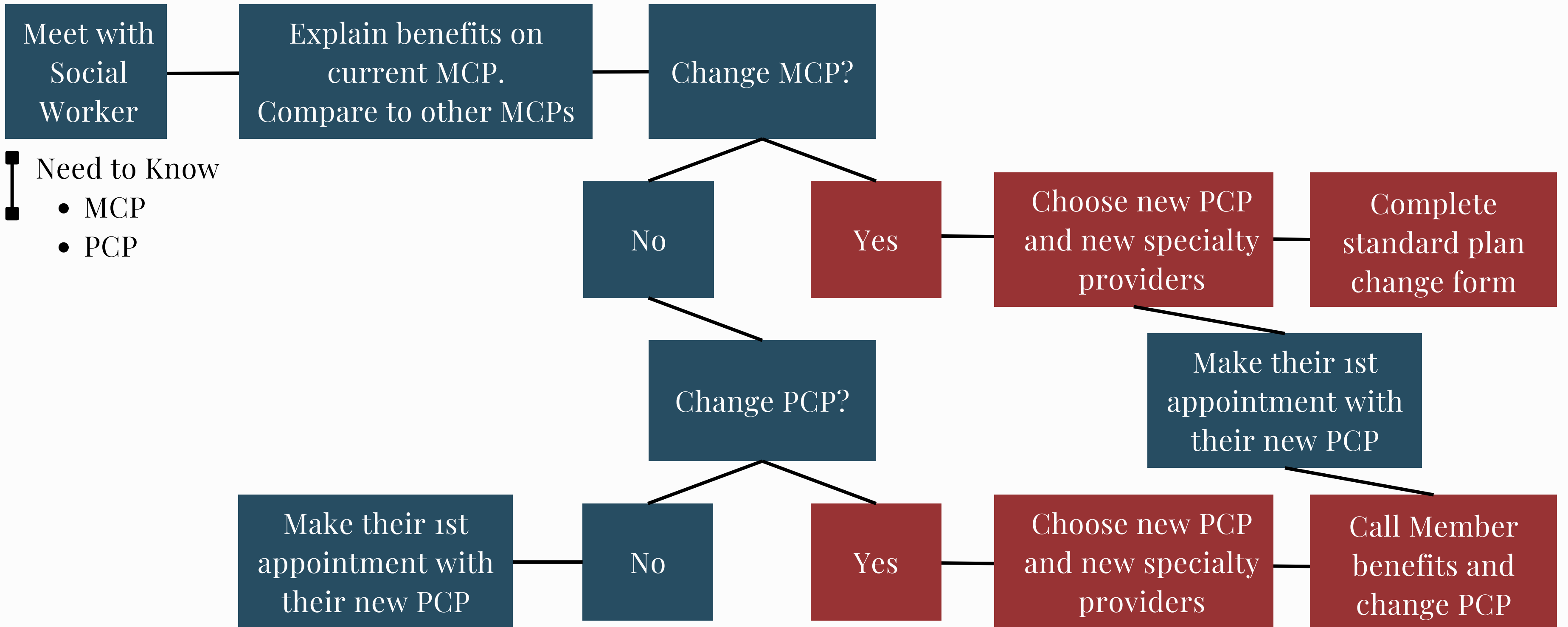
- Up to \$500 for moving expenses, including but not limited to, deposits, utility hookups, essential furniture, and household goods for members moving to more permanent housing; must be enrolled in housing case management and meet eligibility rules
- Up to \$500 per year to cover cost of hotel stay for members leaving inpatient setting without safe place to recover
- Up to \$1500 for home repair or modifications to aid in independent living; must be enrolled in housing case management
- Up to \$200 for unexpected home expenses to support members who are homeless or near homeless; must be in housing case management and meet eligibility rules
- Custom textile or sensory product kit per year with items like a gravity blanket for members with Long-Term Services and Supports (LTSS) or intellectual developmental disability (I/DD); up to \$100 value
- Alzheimer's and dementia kit with ID jewelry, personalized emergency wallet card, personal health record, and more for members who qualify
- Quit tobacco program once every 11 months, including phone support with Optum Quit for Life® coaches, access to medicine therapy, and online education
- Up to \$25 for pain management products including, but not limited to, topical pain relief, compression items
- Web and mobile community to help cope with emotional health issues like depression, anxiety, stress, and drug and alcohol misuse
- Unlimited mobile app support with peer and counselor motivation, goal tracking and journaling, virtual meetings, guided meditation, sobriety tracking more to help recovery from substance use disc



We are close



Exit Appointment Workflow



Changing Managed Care Plans

Standard Plans

- Usually patients have about 90 days to switch managed care plans
- Complete and fax the “Standard Plan Change Request” form if your patient chooses to switch plans.

Tailored Plans

- Does your patient have a mental or behavioral health diagnosis?
- Would they benefit if they switched to a tailored plan?
- Complete the “Request to Move to NC Medicaid Direct” form

Materials Used

- <https://www.ncmedicaidplans.gov/en/member-resources>
- <https://ncmedicaidplans.gov/en/nc-medicaid-direct-services>
- <https://ncmedicaidplans.gov/en/viewhealthplans>



Standard Plan Change Request

Use this form to request to change your Standard Plan.

If you want to request to change your Standard Plan:

1. Talk to your Standard Plan about your concerns.
They may be able to help you stay in your Standard Plan.
2. If you still want to change your Standard Plan, you can change in one of these ways:
 - Go to ncmedicaidplans.gov
 - Use the NC Medicaid Managed Care mobile app
 - Call us toll free at **1-833-870-5500** (TTY: 711 or RelayNC.com)
 - Fill out this form. Fax it to 1-833-898-9655.
Or, mail it to NC Medicaid, PO Box 613, Morrisville NC 27560.

▶ Tell us about the head of household		
First name	MI	Last name
Date of birth		Medicaid ID number
Address		
City	State	ZIP Code
Phone number	Home	Cell
Email address		
What language do you speak at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other?		

Continued on the other side →



Request to Move to NC Medicaid Direct or LME/MCO: Beneficiary Form

1. Contact information for person enrolled in NC Medicaid

Fill out contact information for the person with NC Medicaid

Name (First, Middle, Last)	
Date of Birth (Month/Day/Year)	
NC Medicaid ID Number	
Phone Number	

2. Check all the needs below that apply to you:

Check if the need is related to developmental disability, mental illness, traumatic brain injury, or substance use disorder. Please check all that apply. Tell us more about these needs. You may submit your most recent documents (such as psychological evaluations, hospital discharge summaries, or other assessments) to support this request. This will help us review your request quicker. If you do not have documentation, we will reach out to your provider.

- Intellectual/developmental disability (I/DD)
- Mental illness
- Traumatic brain injury
- Substance use disorder

If you checked a need above, tell us more about how your disability or condition is affecting your life and any support you need to help you.

- Optional: Please check if the beneficiary is a youth involved in the juvenile justice system. (Note: Juvenile justice system involvement is a sign that a beneficiary has high support needs)

Searching for a New Care Team

Things to Consider

- Are they already seeing any providers?
- Which Managed Care Plan do those providers accept?

Searching for New Providers

Location.
Needs.
Reviews

Online on MCP
website. Using
the “search for
PCP” option.

Setting the
patient up with
new patient
appts.

Call the Member
Benefits number
on insurance
card to change.

Materials Used

Individual Managed Care Plan Websites

Behavioral Health Crisis

Find providers and coverage for this plan.



Find a Provider >

Search for doctors, hospitals and specialists.



Find Behavioral Health Support >

Search for behavioral health providers and resources.



View Drug List >

Find medications covered by this plan.



Find a Pharmacy >

Find a pharmacy near you.

Benefits & Features

Expand All



Extra Benefits

Mother & Baby

- Choice of car seat, pack n play, diapers and more (\$120 value)
- Breastfeeding support (\$650 value)
- Community-Based Doula Programs (\$1,200 value)
- Community baby showers with gifts, resources, and education
- \$100 in rewards for baby products
- Electric breast pump (\$250 value)

Member Information

Learn more about how to choose a health plan

Choosing a health plan >

Already a member?

Member Services:

1-800-349-1855 / TTY 711

Member website

Member handbook - English

PDF 1.08MB - Last Updated: 04/21/2023

Member handbook - Español

PDF 1.10MB - Last Updated: 04/21/2023

Healthy Opportunities Pilot ("HOP") Program

Member Rights and Responsibilities

PDF 155.65KB - Last Updated: 05/30/2023

See what UnitedHealthcare has to offer.

UnitedHealthcare Community Plan Medicaid - Lookup Tools

Find A Provider

Find A Provider

Use this tool to search for health care providers including primary care, specialists, hospitals, laboratories, X-ray centers and more.

[Search for a Provider](#) 

Provider Directories

Region 1

PDF 17.07MB - Last Updated: 01/29/2024

Region 2

PDF 24.13MB - Last Updated: 01/29/2024

Region 3

PDF 27.44MB - Last Updated: 01/29/2024

Region 4

PDF 31.66MB - Last Updated: 01/29/2024

Region 5

PDF 18.44MB - Last Updated: 01/29/2024

Region 6

PDF 16.51MB - Last Updated: 01/29/2024

Member Information

Learn more about how to choose a health plan

[Choosing a health plan](#) >

Already a member?

Member Services:

[1-800-349-1855 / TTY 711](#)

[Member website](#) 

[Member handbook - English](#) 

PDF 1.08MB - Last Updated: 04/21/2023

[Member handbook - Español](#) 

PDF 1.10MB - Last Updated: 04/21/2023

[Healthy Opportunities Pilot \("HOP"\) Program](#)

[Member Rights and Responsibilities](#) 

PDF 155.65KB - Last Updated: 05/30/2023

What type of Medical Care can we help you find near:

Mooresville, NC 28115

[Change Location >](#)

Search for providers and services

 Search

Find Care by Category



People

Doctors, medical groups,
and other professionals by
specialty



Places

Hospitals, clinics, labs,
imaging centers, medical
suppliers



Services and Treatments

Providers for office visits,
tests, treatments, surgeries



Care by Condition

Find care for common
concerns

VIEW ADDITIONAL RESOURCES



Setting Your Patient Up for Success

Listen

What does your patient need?
What do they struggle with?

Act/Advise

What resources/benefits are
available?
What is best for the patient?

Check-In

Just because they are not our
patients anymore, it doesn't
mean that they do not still
struggle.

QUESTIONS?

