



NC MEDICAID OMBUDSMAN

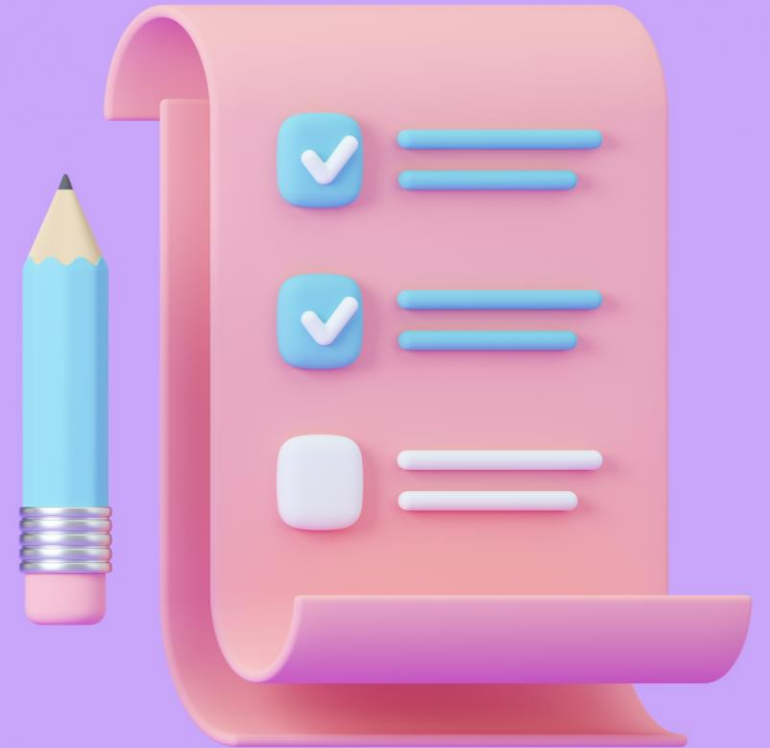
NC MEDICAID OMBUDSMAN PROGRAM

PRESENTER: NICOLLETTE ADAMS
OUTREACH COORDINATOR
DATE: 1/31/2024

NC MEDICAID OMBUDSMAN:
YOUR ADVOCATE FOR QUALITY
CARE

TODAY'S AGENDA

- I. Introduction to the NC Medicaid Ombudsman and Services Offered
- II. Standard vs. Tailored Plan
- III. NC Medicaid Expansion Information
- IV. Questions and Feedback From You





**NC MEDICAID
OMBUDSMAN**

**NC MEDICAID
OMBUDSMAN
SERVICES**

YOUR ADVOCATE FOR QUALITY CARE

NC MEDICAID MANAGED CARE

- NC Medicaid moved to a **managed care model** on **July 1, 2021**.
- Under NC Medicaid Managed care, beneficiaries choose from a set of health plans and get care through a health plan's network of doctors.
- The NC Medicaid Ombudsman advocates for people with NC Medicaid to **get the care they need** and to help them navigate the new environment by providing **free, confidential services**.

NC MEDICAID OMBUDSMAN: WHAT WE DO



- Provide free, confidential support and education about the rights and responsibilities people have under NC Medicaid.
- Connect people to resources like legal aid, social services, housing resources, food assistance and other programs.
- Help Medicaid beneficiaries resolve issues so they can get the care they need.
- We are here to:
 - Educate
 - Advocate
 - Refer and connect
 - Conduct issue resolution
 - Track issues and monitor trends
 - Communicate with NC Medicaid

SERVICES PROVIDED BY THE NC MEDICAID OMBUDSMAN

Inform	Provide information to Medicaid beneficiaries about their rights under NC Medicaid Managed Care or NC Medicaid Direct
Guide	Offer members guidance on filing appeals or grievances with their health plan
Investigate	Investigate issues reported by members and help them try to resolve issues informally
Monitor	Monitor the issues members experience with health plans and communicate with NC Medicaid to address problems
Refer	Refer members to community services to support health-related needs, including legal aid, social services and other supports for a wide variety of issues.

PROVIDING INFORMATION AND EDUCATION



- The Ombudsman's primary responsibilities are to educate, inform and assist NC Medicaid beneficiaries about:
 - the transformation to NC Medicaid Managed Care
 - how to navigate the managed care system
 - Beneficiary's rights and responsibilities under managed care
- But the Ombudsman's role does not end there...

INVESTIGATION, FOLLOW-UP, RESOLUTION

- Ombudsman staff are true advocates for beneficiaries, seeking the best and most efficient outcome for the beneficiary through informal issue resolution with health plans, providers and other key NC Medicaid Managed Care entities.
- Ombudsman staff regularly communicates with the beneficiary concerning these efforts.



NO WRONG DOOR APPROACH

- Ombudsmen provide general information and referrals for many other issues:
 - Applying for Medicaid
 - Medicaid Eligibility
 - Private health insurance (including Affordable Care Act coverage)
 - Referrals for other benefits such as food assistance, housing resources, Supplemental Security Income and veterans' benefits





SERVICES NOT OFFERED BY THE NC MEDICAID OMBUDSMAN

- The NC Medicaid Ombudsman cannot provide legal advice or represent an individual with Medicaid in a managed care appeal or grievance procedure.
- The Ombudsman will refer clients in need of legal services to the appropriate organization.

LEGAL REFERRALS

Partners: Legal Aid of North Carolina, Charlotte Center for Legal Advocacy, and Pisgah Legal Services.

These agencies will receive referrals from the Ombudsman for members who need or request legal advice or representation to assist with appeals or other issues.





SERVICES NOT OFFERED BY THE NC MEDICAID OMBUDSMAN (CONTINUED)

- We are not trained to answer NC Medicaid provider questions regarding provider enrollment, credentialing, billing, rates or NCTracks
- There is a separate **Provider Ombudsman** to assist Medicaid providers.
- To reach the **Provider Ombudsman**, call 866-304-7062 or email Medicaid.ProviderOmbudsman@dhhs.nc.gov

PROVIDER RESOURCES CONTINUED

- [NC Medicaid Provider Playbook](#) Fact Sheets
- [NC Medicaid Provider Bulletin](#)
- [NC Medicaid Managed Care webinar and materials](#)
- **NCTracks Service Line**
 - For questions regarding provider enrollment, credentialing, billing, rates or NC Tracks
 - Phone: 800-688-6696
- **NC Medicaid Provider Ombudsman**
 - Phone: 866-304-7062
 - Email: Medicaid.ProviderOmbudsman@dhhs.nc.gov
- **NC Medicaid Help Center** medicaid.ncdhhs.gov/helpcenter
 - A searchable database of Knowledge Articles on Medicaid
 - To submit questions to the NC Medicaid Help Center, email your question to Medicaid.transformation@dhhs.nc.gov. A response to your question will be emailed to you from the Help Center.
- **Practice Support** ncahec.net/medicaid-managed-care
 - NC Managed Care Fireside Chats – a series of webinars hosted by Shannan Dowler, M.D., Chief Medical Officer, NC Medicaid

 EDUCATE • ADVOCATE • CONNECT • COMMUNICATE

**CONTACTING NC
MEDICAID
OMBUDSMAN**



By phone
877-201-3750



By email
info@ncmedicaidombudsman.org



Online
ncmedicaidombudsman.org



In person
Ask us for options!

STANDARD PLAN & TAILORED PLAN OVERVIEW

Standard Plan

Standard Plans provide integrated physical health, behavioral health, pharmacy and long-term services and support to most NC Medicaid beneficiaries, as well as other programs and services that address other unmet health-related resource needs.

- Enrollment is based on the **Residential County** (county where beneficiary lives).
- Depending on residential county, beneficiaries can choose from either 4 or 5 Standard Plans.

Tailored Plan

Tailored Plans will provide the same services as Standard Plans as well as additional services for individuals with a mental health disorder, substance use disorder, I/DD or TBI, and state-funded services

- Enrollment is based on **Administrative County** (county that manages the beneficiary's Medicaid Case).
- There is only 1 Tailored Plan per county. If a beneficiary's administrative county changes to a different service area, they will move to the Tailored Plan that offers services in that county.

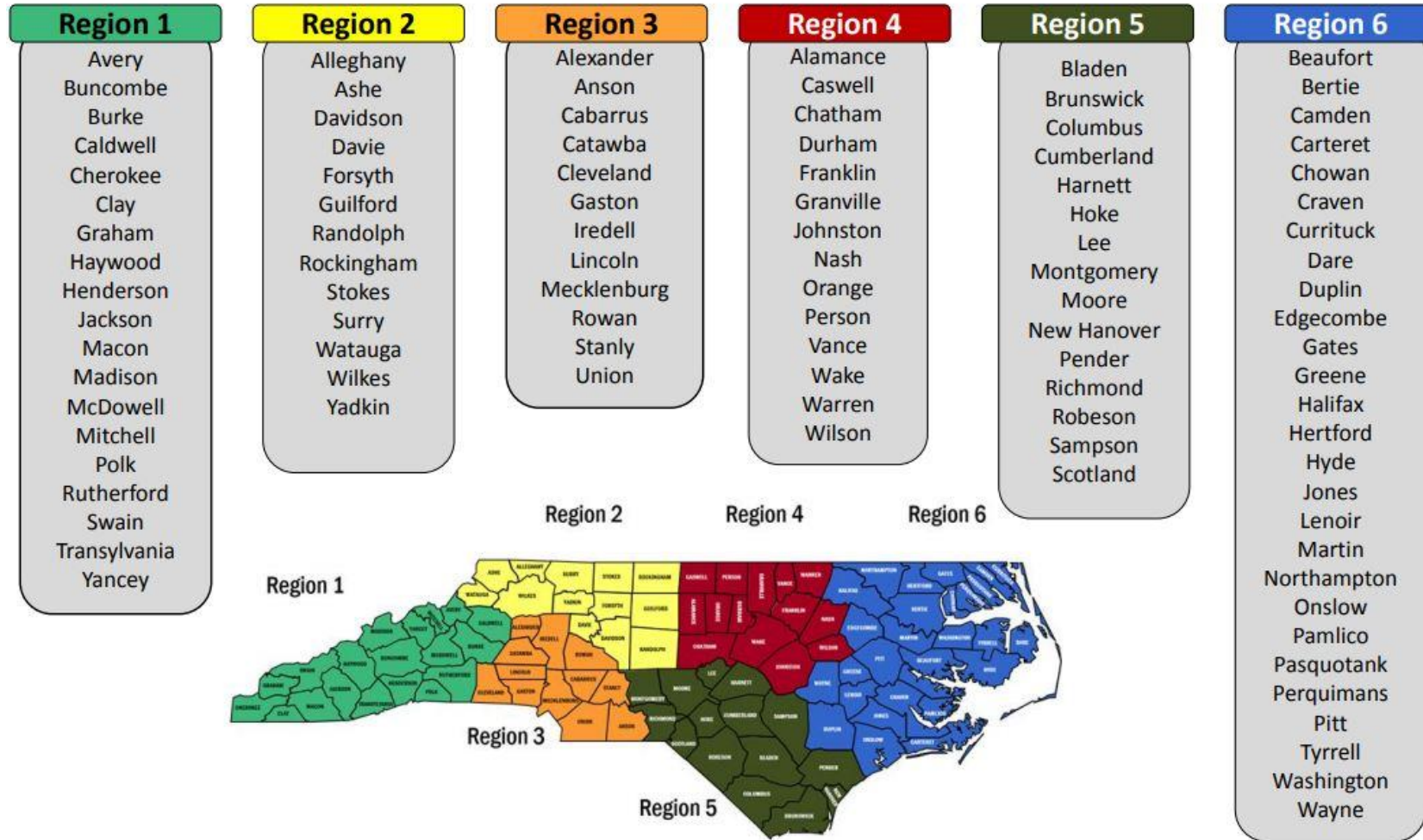
STANDARD PLANS

Approximately 1.8 million Medicaid beneficiaries are enrolled in Standard Plans

The following Standard Plans are available statewide:

- Amerihealth Caritas
- Healthy Blue
- UnitedHealthcare Community Plan
- WellCare
- Carolina Complete Health is only available in regions 3, 4 and 5

Medicaid Managed Care Regions





Trillium Health Resources



Partners Health Management



Alliance Health



Vaya Health

WHAT ARE THE TAILORED PLANS?

AS OF FEBRUARY 1ST,
2024

TAILORED PLAN CONSOLIDATION ANNOUNCEMENT

LME/MCO Consolidation effective Feb.1, 2024

The North Carolina General Assembly directed the Secretary for the North Carolina Department of Health and Human Services to reduce the number of Local Management Entity/Managed Care Organizations (LME/MCOs). **Trillium Health Resources** is the surviving entity and will provide health care services to **Eastpointe and Sandhills** beneficiaries. Except for the following counties: **Partners Health Management** will serve Davidson County; **Alliance Health** will serve Harnett and **Vaya Health** will serve Rockingham. The change will be effective Feb.1, 2024.

Please note that Harnett County will not be immediately eligible for the TBI waiver on Feb. 1, 2024. NC Medicaid is working to make updates to the TBI waiver to reflect county assignment to go-live with Tailored Plan launch on July 1, 2024.

This change will give members better access and health care in the long-term. For more information about the changes, read the announcement [here](#).

WHAT IS TAILORED CARE MANAGEMENT?

- **Tailored Care Management (TCM)** is a new type of care management that began on Dec. 1, 2022, for eligible NC Medicaid beneficiaries.
- Beneficiaries receiving Tailored Care Management have a single designated care manager supported by a multidisciplinary care team to provide whole-person care management that addresses all their needs, including **physical health, behavioral health, I/DD, traumatic brain injuries (TBI), pharmacy, long-term services and supports, and unmet health-related resource needs.**

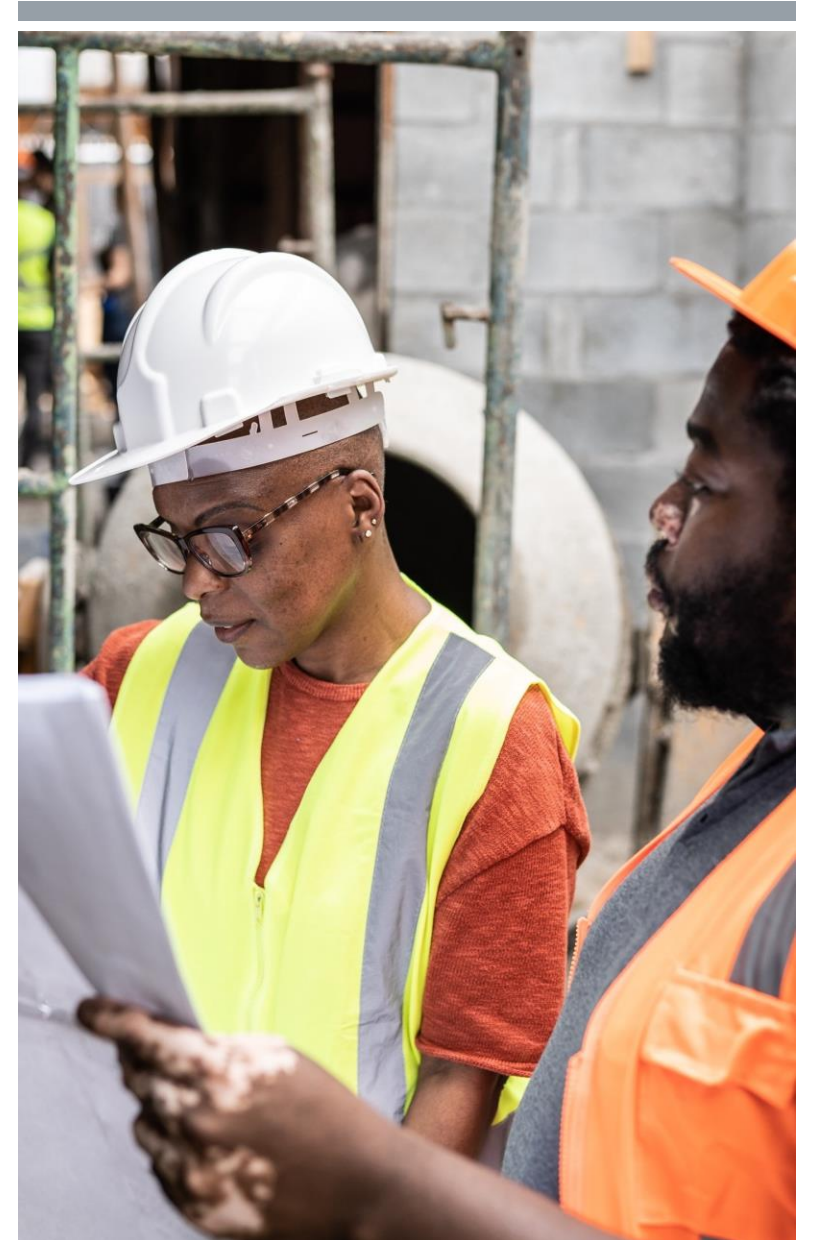


NORTH CAROLINA MEDICAID EXPANSION

Launched Dec. 1, 2023

AS OF DECEMBER 1, 2023 MORE NORTH CAROLINIANS CAN GET HEALTH CARE COVERAGE THROUGH MEDICAID

- North Carolina is providing health care coverage to more people through Medicaid
- Medicaid will cover people ages **19 through 64 years** with income up to **138% of the Federal Poverty Line**
- You may be able to get 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



COVERAGE THROUGH MEDICAID LETS YOU GET THE HEALTH CARE YOU NEED

Medicaid covers most health services, including but not limited to:

- **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**
- **preventative** and wellness services
- **devices** and other therapies

More on Medicaid-covered services can be found at [medicaid.ncdhhs.gov/beneficiaries](https://www.ncdhhs.gov/beneficiaries)

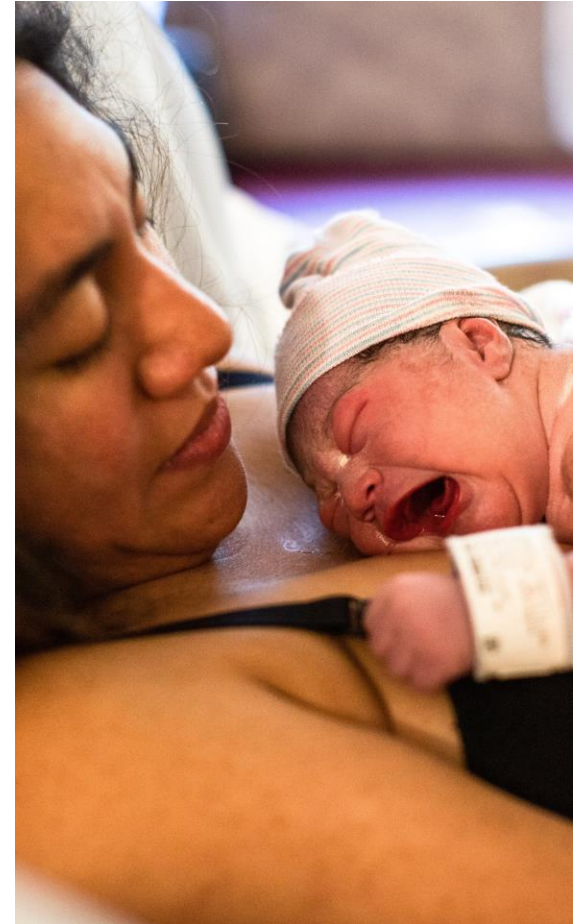
ARE IMMIGRANTS ELIGIBLE FOR MEDICAID?

Some non-US citizens can get health coverage through Medicaid.

To be eligible you must be:

- A person living in North Carolina
- A non-citizen with qualified immigration status. Most people must wait five years. Qualified immigration status includes:
 - Lawful Permanent Residents (LPR/Green Card Holder
 - Asylees
 - Refugees
 - Cuban/Haitian entrants
 - Paroled into U.S. for at least one year
 - Conditional entrants granted before 1980
 - Battered non-citizens, spouses, children, or parents
 - Victims of trafficking and their spouse, child, or individuals with pending application for a victim of trafficking visa
 - Granted Withholding of deportation
 - Member of a federally recognized Indian tribe of American Indian born in Canada
 - Citizens of the Marshall Islands, Micronesia, or Palau who are living in one of the U.S. states or territories (referred to the Impact of Free Association or COFA migrants)

Non-citizens without documents who do not qualify for full health coverage under Medicaid may be able to get temporary coverage for emergency conditions that need to be treated in an emergency room.



WHAT INFORMATION DO I NEED TO APPLY?

It takes time to complete the application. Here is some of the information you will be asked to provide for each person applying:

- Full legal name
- Date of Birth
- Social Security number (or immigration documents)
- North Carolina residency
- Income information (from paystubs, W-2 forms, tax returns or business records)

North Carolina uses external resources to verify the information you provide. If more information is needed, you will receive a letter in the mail from your local DSS.

Learn more at medicaid.ncdhhs.gov/beneficiaries/how-apply-nc-Medicaid

WHAT IF I PREVIOUSLY HAD LIMITED BENEFITS THROUGH FAMILY PLANNING MEDICAID?

If you had Family Planning Medicaid before December 1, 2023 and met the new eligibility rules, you automatically receive full Medicaid coverage as of December 1, 2023. If you were automatically enrolled, you

- Get a letter from the NC Department of Health and Human Services letting you know that you will start getting full Medicaid coverage.
- Be assigned a health plan. If you want to change it, you will have 90 days to pick a new one.
- Get a packet from your health plan with a new Medicaid ID card. Your ID card also has the name of your primary care doctor. You can change the doctor that was assigned by contacting your health plan.
- If you have health coverage through HealthCare.gov you will need to cancel that plan. **Do not cancel your plan until you receive information from your new health plan through Medicaid.**
 - If an individual chooses to keep their Marketplace plan even though they are eligible for Medicaid, **the subsidies that help pay for their premiums will eventually end, and they may end up with very high premiums**

AFTER I APPLY, HOW LONG DOES IT TAKE TO FIND OUT IF I CAN BE COVERED THROUGH MEDICAID?

It may take up to 45 days after you apply. Incomplete applications may take longer.

You can help the process go faster by:

- **Applying online at ePASS and providing all information requested.** If the application is incomplete, it may take longer to process. DSS will reach out to you if they do not have what is needed to complete your application, so be sure to respond to mail or phone calls.
- **Keeping your contact information up-to-date in ePASS, so you don't miss important information about your Medicaid benefits**
 - **Sign up for an enhanced ePASS account.** An enhanced ePASS account allows you to keep your information updated without having to contact the local Department of Social Services (DSS) office

WHAT HAPPENS ONCE I'M APPROVED?

- Most people who get health coverage through Medicaid are part of NC Medicaid Managed Care. This means you can choose the health plan that is best for you.
- All health plans offer the same base services. Some have extra services. Each has its own network of doctors and professionals.
- You can choose your health plan and your primary care doctor - your family doctor, clinic or health care provider - when you apply.
- You will receive a health care plan ID card in the mail. It will come from the health plan that you selected during the application process. If you did not select a health plan, one will be assigned to you. You have 90 days to pick a new one. You will receive a packet from the NC Medicaid Enrollment Broker that tells you how to change plans.
- Your ID card also has the name of your primary care doctor. If you did not choose one when you applied, one will be assigned to you.

Visit [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov) to learn more

WHAT IF I AM STILL NOT ELIGIBLE?

- If you still are not eligible for health coverage through Medicaid, you may still be able to get health coverage through the Affordable Care Act Marketplace at HealthCare.gov.
- The NC Navigator Consortium can help you look at your marketplace options. To learn more or get help, visit <https://ncnavigator.net/get-help/>
- Open enrollment for 2024 began November 1, 2023, and ended January 16, 2024. You can apply at other times of the year if you qualify for special enrollment such as loss of a job, change in family circumstance or loss of Medicaid coverage.
- Many households that apply may be eligible for help to pay for their premiums.
- If you don't have health insurance, you can also get basic health care services at federally qualified health centers, rural health clinics and free and charitable clinics. Costs vary based on income. Learn more at <https://www.ncdhhs.gov/divisions/office-rural-health/safety-net-resources>

WHO TO CALL WHEN

Department of Social Services (DSS)	Health Plan	NC Medicaid Contact Center	NC Medicaid Enrollment Broker	NC Medicaid Ombudsman
<p>Monday – Friday 8AM – 5PM <i>Hours can vary by county</i> Local DSS Directory</p>	<p>Monday – Saturday 7AM – 6PM Contact information varies by health plans</p>	<p>Monday – Friday 8AM – 5PM 1-888-245-0179</p>	<p>Monday – Saturday 7AM – 5PM ncmedicaidplans.gov 1-833-870-5500</p>	<p>Monday – Friday 8AM – 5PM ncmedicaidombudsman.org 1-877-201-3750</p>

- You need to apply for Medicaid.
- You have questions about Medicaid coverage, eligibility or recertification
- To update your mailing address, contact, or other personal information.
- To request Non-Emergency Medical Transportation for NC Medicaid Direct or EBCI Tribal Option beneficiaries.
- To request a new ID card for NC Medicaid Director EBCI Tribal Option beneficiaries

- You have questions about covered services or health plan value added benefits.
- To change Primary Care Provider (PCP).
- To request Non-Emergency Medical Transportation
- To request a new Medicaid ID card.*

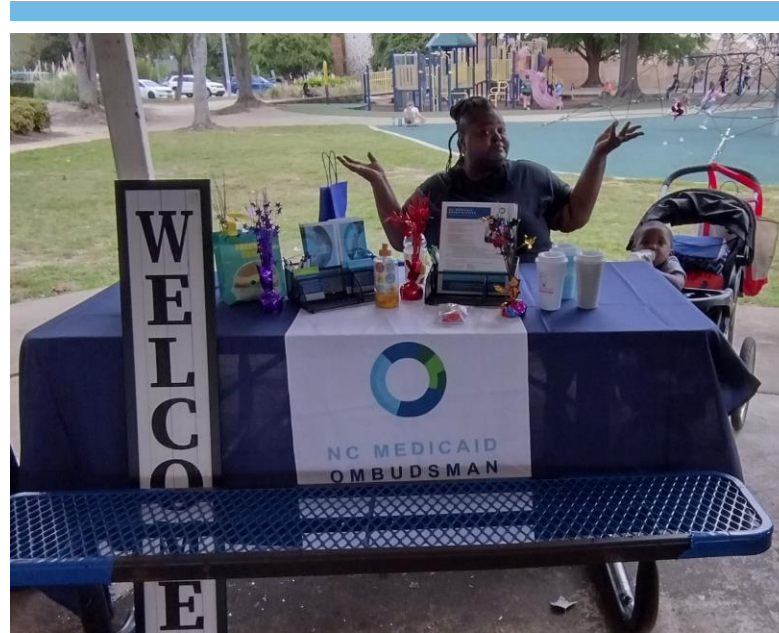
- You have questions about carved out services such as dental.
- To change Primary Care Provider (only if enrolled in NC Medicaid Direct).
- If you have general Medicaid questions.

- To confirm enrollment in a health plan.
- To change health plans.
- To receive choice counseling
- If you were enrolled in a managed care plan but need to keep the services, you currently receive through NC Medicaid Direct.

- You are not getting the care that you need.
- You have questions about a notice or bill you have received.
- You have already talked with your health care provider or health plan and have not been able to solve the problem.
- You have questions about the complaint or appeal process.

NC MEDICAID OMBUDSMAN OUTREACH

- Digital versions of outreach materials (English and Spanish): ncmedicaidombudsman.org/for-community-partners/
- Request printed outreach materials (English and Spanish) be mailed to your organization by emailing info@ncmedicaidombudsman.org.
- Presentations on NC Medicaid Managed Care & NC Medicaid Ombudsman available in English and Spanish. Submit your request here: ncmedicaidombudsman.org/for-community-partners/



CONNECT WITH US!

 **NC Medicaid Ombudsman**

 **@NCMedicaidOmb**

 **@ncmedicaidombud**



ncmedicaidombudsman.org

**QUESTIONS?
FEEDBACK?
ISSUES TO
REPORT?**

