

## February 2024 Medicaid Expansion Partner Engagement Sessions

### Takeaways & Notes

#### Successes:

- Applying for Medicaid via Healthcare.gov and getting approvals within 45 days!
- Community is happy when they find out that they qualify for Medicaid
- Lots of patients who were seeking care at free and charitable clinics are qualifying for Medicaid under Expansion
- Folks can have Medicaid and employer-sponsored coverage.

#### Challenges:

- Agent/ Broker Fraud on the Marketplace continues to be an issue for some: these folks are being enrolled/re-enrolled in Marketplace coverage without their knowledge or consent even if they've been enrolled in Full Medicaid
- Applying for Medicaid
  - Without an address: some DSS offices limit how long you can use the office as an address, we are receiving reports that some shelters have maxed out on the mail they are receiving so residents can no longer use that address on the application; there must be an address on the application for folks to get Medicaid
  - Without transportation: it's difficult for folks without transportation or internet access to update their contact information/ application details regularly
- ePASS:
  - If you indicate that you've received food stamps in the past, it asks you tons of detailed questions that aren't relevant for Medicaid expansion BUT you want to put accurate information on the application, so it slows you down
  - Tech/ computer literacy as a barrier to completing ePASS applications
- Healthcare.gov:
  - Phrasing of monthly income question on healthcare.gov is confusing/ not clear about what it refers to: some folks are getting sent over to MCD based on their monthly income when their annual income clearly doesn't qualify them for MCD.
  - Confusion about what the functional difference is now that NC is a determination state
    - Some DSS offices are reporting that HC.gov determining eligibility has been "bumpy"

- Misconceptions/ Hesitancy
  - Finding that some folks are hesitant about applying for Medicaid Expansion because they had been denied previously
  - Folks thinking they're on Family Planning when they have Full Medicaid
  - Confusion among the immigrant community, particularly mixed-status households about who qualifies for Medicaid and who can apply for Medicaid (anyone!)
    - Fear of public charge in immigrant communities is prevalent
  - Folks are seeing a need to target young adults who might not understand why they would need insurance
- Provider Availability/ Network Adequacy
  - Some folks having difficulty finding providers in their area that accept Medicaid
  - Some are experiencing long wait times (ex: 3 months) to get into an appointment)
- Cost
  - \$4 copay per service/ per prescription is a barrier for folks that don't have income, particularly for folks who were getting care at a free/ charitable clinic when they were uninsured
- Communications
  - When not able to get in touch with DSS offices via phone, consumers are being directed to the Ombudsman

#### Needs:

- What resources are available for folks that can't afford the \$4 copay (particularly for prescriptions)
- Clarification about who has access to which interpretation services: Navigators vs Certified Application Counselors
  - Need for interpreters/ translators speaking the dialect of Haitian Creole that is spoken in communities in NC (Gaston County and eastern NC). The interpretation machines do not provide interpretation for this dialect.
- Training and resources around Medicaid for the Aged, Blind, and Disabled & how it differs from Medicaid Expansion
- Outreach resources that specifically address public charge
- Outreach resources that specifically address transitioning from Marketplace to Medicaid
- Training specifically for Spanish-speaking navigators