

## Summary of Breakout Room Feedback

How's it going?

- Challenges:
  - EPass:
    - Beneficiaries and Assisters are struggling to navigate the ePass application, it is clunky
    - Occasionally getting kicked out of ePass during application
    - NCID Challenges- some people don't have emails
    - Folks feel more comfortable going to DSS rather than using ePass
    - EPass asks about assets even though it isn't relevant for Medicaid Expansion
  - Hesitancy to transition
    - Hearing that some folks on the Marketplace don't want to give up their plan
    - Some potential beneficiaries think that expansion is a scam
    - Some patients have expressed that they'd prefer to stay on sliding scale rather than get MCD.
    - Unable to use MedAssist once they are on MCD, but delays for appts with providers could cause a gap in care
  - Navigating Managed Care:
    - Enrollment Assisters are not supposed to help with choosing Managed Care Plans, consumers go through the Enrollment Broker which creates a barrier
    - Provider lists out of date/ inaccurate- availability of providers, if they're accepting new patients, and the plans they take
    - NC Medicaid Enrollment Broker has been unable to answer some assisters' questions
  - Providers:
    - Hearing that some Providers don't want to accept Medicaid
    - Lack of PCPs accepting Medicaid in some regions
    - Long delays for appointments with providers that take MCD
  - PCP assignments:
    - Beneficiaries are being assigned PCPs that AREN'T their clinic
  - Other Concerns:
    - Concern about potential Agent/Broker Fraud: using expansion to enroll folks in non-existent policies
    - The letter sent out to Family Planning Beneficiaries who are transitioning onto Full Medicaid was confusing for some
    - Discrepancies between NC Tracks and client's actual MCD status
- Successes:
  - Communications to Family Planning recipients is going well, some folks are aware of info and have gotten their cards
  - Patient that successfully changed PCP using the Enrollment Broker
  - People who are transient or experiencing homelessness being able to use a shelter address or PO Box to apply for and receive their Medicaid Card

- An application was processed and approved within 5 hours!

#### Needs?

- More information about ePass software
- Information about gender affirming care and MCD coverage
- List of LGBTQ+ providers that accept Medicaid
- Guide for difficult questions around income – for example, what to do if someone’s monthly income is higher than the Medicaid limit, but lower than what’s needed to qualify for Marketplace?
- Clearer info about MCD Covers (SBC) and provider directories.
- Clarification about the intersection of Medicaid, Marketplace, and Medicare
- Enrollment Assisters to be able to help with PHP selection
- Awareness about the training opportunities out there
- Script of what to say to clients who are resistant to getting on MCD
- Clarification of what “other” means in listed services on ePass application
- Clarification about tailored plans
- Clarification about income limits: 133% vs 138%

#### Group Discussion Takeaways

- Asking Managed Care Plans to attend our meetings so we can get additional information about their plans
- You can ask providers to start accepting Medicaid but there will likely be long delays
- It is highly recommended that you become a trained Navigator or certified application counselor before assisting with ePass applications:
  - [Click here](#) and select “I want to help people learn more about helping people apply for NC Medicaid”
- The specific Managed Care Plan someone has determines their network: you can’t go to any Medicaid Provider; the provider must accept the specific Managed Care Plan (ex: Health Blue NC)
  - There is some flexibility in the early days of expansion while folks are still figuring out their PCP assignments
- Beneficiaries have 90 days to switch their Managed Care Plan and can do so using the NC Medicaid Enrollment Broker. Contact the Medicaid Ombudsman for additional assistance
- Enhancing ePass accounts during the appointments is ideal because then beneficiaries can make changes to their PCP and Health Plan from their account