

June 2024 Partner Engagement Session Takeaways

Care Share Health Alliance

Suspected Agent/Broker Fraud

- Typically, folks discover double coverage at the pharmacy because it creates payment problems (Medicaid is the payor of last resort) OR when their tax return is rejected because they are missing a 1095A.
- We are seeing more folks who don't have an eligible immigration status enrolled on the Marketplace- is their information being sold?
- There may be additional complications in resolving the fraudulent enrollment using the Complex Case Form if the insurance was used/ charged
- Many beneficiaries who weren't aware that they had Marketplace coverage at all are likely victim to Agent/Broker fraud
- NCTracks seems to have an approximately 2-week delay in updating folks' insurance statuses, so Marketplace plans continue to show up for a bit even after they've been cancelled, causing delays in a beneficiary accessing services.

Beneficiary Experiences once on Medicaid

- Provider wait times depend on several factors: location and rurality, what type of provider you want to see (primary care seems more available than specialists, but even PCP wait times for a new patient are out to August/September in some parts of the state)
 - Network adequacy seems to be more of an issue with specialists
- One solution to the wait-time barrier is the use of telehealth services, if possible
- People are excited that dental and vision are covered under Medicaid
 - We are seeing long wait times for dental providers because not many accept Medicaid
 - Accessing vision benefits has been a struggle for some clients: lots of vision providers recently stopped accepting Medicaid so people are having to travel long distances to reach a provider
- Some assisters have heard of folks who are unhappy with Medicaid as compared to Marketplace coverage because some of the prior authorization requirements/ having to use generic meds prior to brand name ones

Family-planning auto assignment

- We are still seeing a lot of individuals who were surprised they were transitioned from family planning to full benefit Medicaid. PHPs are doing outreach to these

groups, but it has been more difficult than expected because phone numbers are not accurate. They attempt two different outreaches by telephone, then reach out to them by letter

- Others echoed this sentiment; they pull reports to let patients know that they now have full Medicaid coverage
- There has been some confusion about people still getting Family Planning Medicaid approval notices in the mail even though they have been rolled over into expanded Medicaid plans

Webinar Topics

- Fostering community partnerships for outreach in the community, particularly with DSS (idea for a virtual series for county DSSs where community partners come to speak and educate DSS staff)
 - Include some of the outcomes from the DSS cluster meetings
- Medicaid Expansion outreach efforts towards male-identified populations: removing the stigmatizing cultural norms of receiving public benefits
- Medicaid Expansion outreach efforts for immigrant population
 - How to build trust with this community?
 - Best practices in asking or talking about immigration status

DACA:

- DACA recipients will still not be Medicaid eligible on November 1st but will be eligible to enroll in a Healthcare.gov plan with financial assistance, assuming they meet the other requirements. They may be required to submit a Medicaid denial letter before being allowed to enroll in the Marketplace

Misconceptions and Stigma

- Some folks still believe that they may have to be out of work/ have very little income to be eligible for coverage
- Perception that Medicaid is only for people with disabilities
- There is still a belief that the asset test applies to Medicaid Expansion
- Some worry surrounding Medicaid Estate Recovery- need for additional training
 - There is a fear that Medicaid will seize someone's assets
- Perception that beneficiaries are looked down upon by society for having Medicaid
 - People feel fear, embarrassment, and shame about how Medicaid has been thought of in the past

Other

- Need for beneficiary education about what types of income are counted for Medicaid eligibility
- Concern about an applicant having multiple NCIDs if a beneficiary they didn't remember creating one in the past- will this create issues with processing the application?
- As of mid-June, Tailored Plan Managed Care Medicaid is already populating on the provider end of NC Tracks, but they are still having to bill the PHP
- Assisters are still encountering individuals who aren't aware that expansion happened/ what it means