NC MEDICAID
OMBUDSMAN

THANK YOU FOR JOINING!
PRESENTATION WILL START SOON.

NC MEDICAID
OMBUDSMAN

AN UPDATE FROM THE NC MEDICAID OMBUDSMAN

PRESENTERS: MELISSA LACY & NICOLLETTE ADAMS
JULY 19, 2023

NC MEDICAID OMBUDSMAN:

YOUR ADVOCATE FOR QUALITY CARE

TODAY'S AGENDA

I. Getting Help From the NC Medicaid Ombudsman
II. NC Medicaid Managed Care Basics
III. Mid-Year Review
IV. Questions and Feedback From You

NC MEDICAID
OMBUDSMAN

NC MEDICAID OMBUDSMAN SERVICES

YOUR ADVOCATE FOR QUALITY CARE

NC MEDICAID MANAGED CARE

- NC Medicaid has moved to a managed care model.
- The NC Medicaid Ombudsman advocates for people with NC Medicaid to get the care they need and 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
  - 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 REFERRAL RESOURCES

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

- The NC Medicaid Ombudsman is a resource for NC Medicaid beneficiaries and those assisting them.
- 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 Behavioral Health I/DD Tailored Plan page
- NC Medicaid Help Center for NC Medicaid providers
- NC Medicaid Provider Bulletin
- NC Medicaid Managed Care webinar and materials
- NC Tracks 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

CONTACTING NC MEDICAID OMBUDSMAN



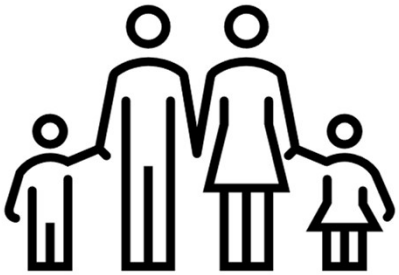
NC MEDICAID MANAGED CARE BASICS



NC MEDICAID
OMBUDSMAN

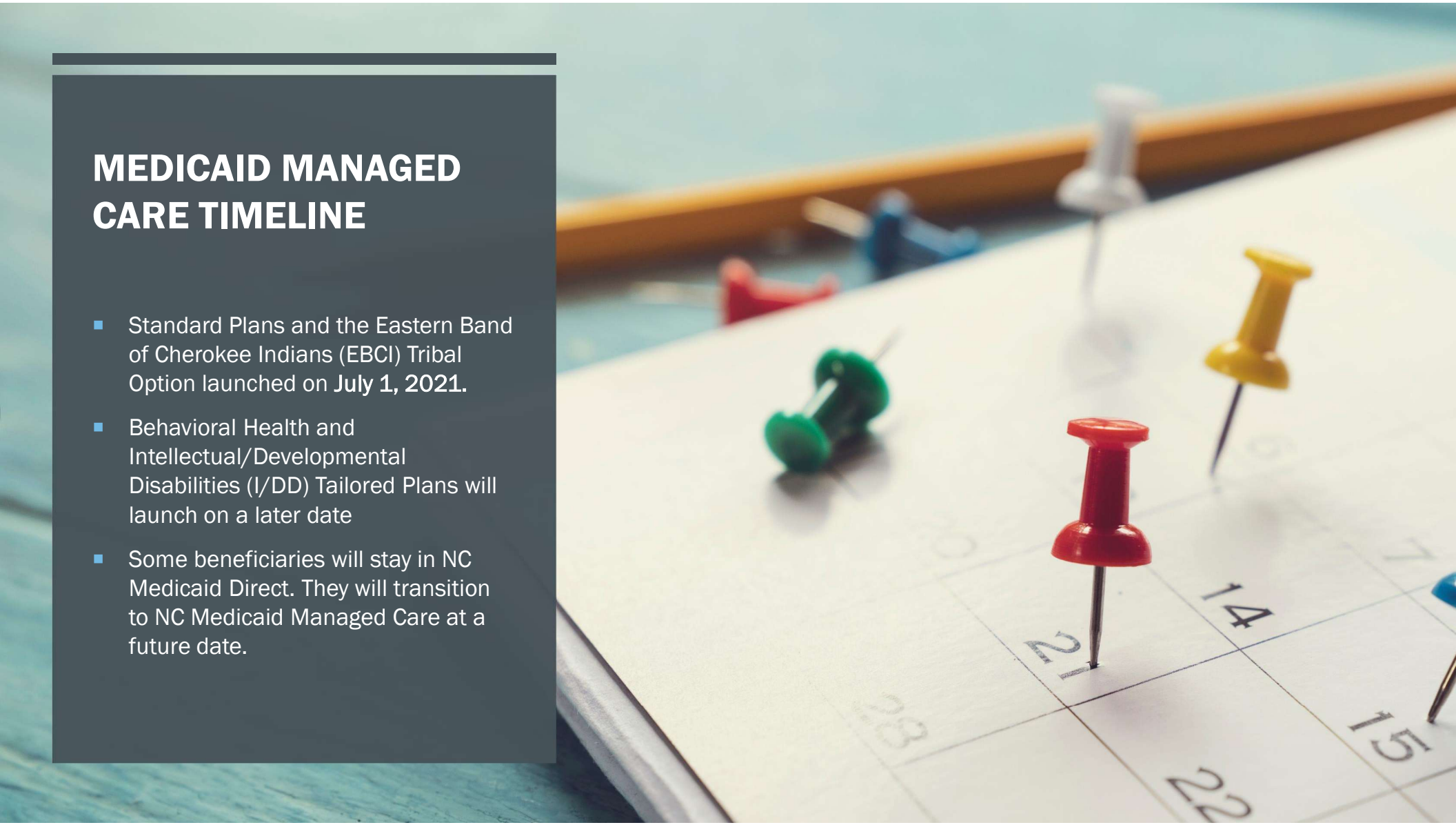
BACKGROUND:
NORTH CAROLINA MEDICAID PROGRAM

- Medicaid is a government-financed health insurance program that covers *some* low- and moderate-income individuals.
- In North Carolina, nearly 3 million people are covered by Medicaid (out of ~10.6 million).
- NC Medicaid Managed Care brings changes for most Medicaid beneficiaries.
- Medicaid services may be administered and reimbursed by Health Plans.
  - Medicaid services will not change, but Health Plans may offer enhanced services to plan members.
  - Medicaid eligibility rules are not changing.



MEDICAID MANAGED CARE TIMELINE

- Standard Plans and the Eastern Band of Cherokee Indians (EBCI) Tribal Option launched on **July 1, 2021.**
- Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans will launch on a later date
- Some beneficiaries will stay in NC Medicaid Direct. They will transition to NC Medicaid Managed Care at a future date.



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, severe 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





WHAT ARE THE TAILORED PLANS

- There are six Tailored Plans. Only **one** Tailored Plan serves each county.
- Tailored Plan service areas are based on the **county that manages the beneficiary's Medicaid case** (administrative county).

THE TAILORED PLANS WILL PROVIDE:

- Physical health, pharmacy and enhanced behavioral health services for beneficiaries with mental health needs, severe substance use disorders, intellectual/developmental disabilities (I/DD) or traumatic brain injury (TBI)
- Services for Innovations and TBI Waiver beneficiaries and Waiver waitlist beneficiaries
- Added services, such as wellness programs
- Non-emergency medical transportation (NEMT) for Medicaid-covered services (including carved out services)
- Tailored Care Management **(launched on December 1, 2022)**
- State-funded services

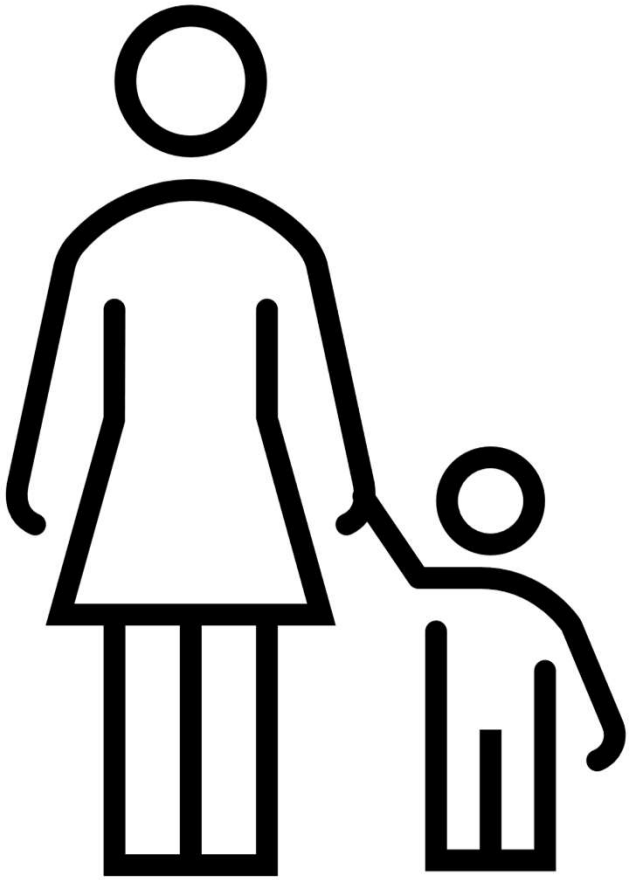
MID-YEAR REVIEW:
CHANGES IMPACTING NC MEDICAID IN 2023

KEY DATE: DECEMBER 1, 2022

LAUNCH OF TAILORED CARE MANAGEMENT

- Tailored Care Management (TCM) is a new type of care management that began on December 1, 2022, for eligible NC Medicaid beneficiaries.
- Beneficiaries receiving Tailored Care Management will 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.**
- In early 2023 and continuing into the present, the NC Medicaid Ombudsman assisted beneficiaries as they learned about and navigated this service by connecting them with their LME/MCO or assisting with Issue Resolution as needed.





KEY DATE: APRIL 1, 2023

NC HEALTH CHOICE MOVED TO NC MEDICAID

Effective April 1, 2023, NC Health Choice beneficiaries automatically moved to the Medicaid program.

There is no action needed by beneficiaries or providers.

IMPORTANT THINGS TO KNOW ABOUT THIS CHANGE

- This change impacted approximately **55,000** NC Health Choice beneficiaries.
- NC Health Choice beneficiaries were **automatically** transferred to the Medicaid program. Beneficiaries did not have to take any action on their own for the change to take effect.
- Former NC Health Choice beneficiaries will keep their Medicaid ID number but should have received a new Medicaid ID card in the mail.
- Beneficiaries in the NC Health Choice program cannot opt out of moving to the Medicaid program. NC Health Choice is no longer an offered program, beginning April 1, 2023.

KEY DATE: APRIL 1, 2023

CONTINUOUS COVERAGE UNWINDING

In North Carolina, the renewal (recertification) process for Medicaid beneficiaries began on April 1, 2023.

Recertifications will be completed over the next 12 months, as beneficiaries are up for renewal.

BENEFICIARY OUTREACH DURING CONTINUOUS COVERAGE UNWINDING

- NC Medicaid is reaching out to beneficiaries using texts, emails, and automated phone calls to encourage you to update your contact information with the local DSS.
- Having up-to-date contact information, such as mailing address and phone number are very important so that you don't miss important updates from your caseworker.
- If your caseworker needs information from you to complete your recertification, they will send a letter in the mail. You may also receive a text, automated phone call, or email letting you know this letter was sent to you.
- If you want to learn more about the Medicaid recertification process, this Fact Sheet provides more information:
  How NC Medicaid Eligibility Recertification (Renewal) Works Fact Sheet English | Spanish



KEY DATE: JULY 1, 2023

1915(I) OPTION UPDATE

- NC Medicaid has received approval from the Centers for Medicare & Medicaid Services (CMS) on the 1915(i) State Plan Amendment, to start 1915(i) services for eligible NC Medicaid members as of July 1, 2023.

- 1915(i) services are home and community-based services (HCBS) which provide opportunities for Medicaid enrollees to receive services in their own home or community.

1915(I) SERVICES



- 1915(i) services include:
  - Respite
  - Individual and Transitional Supports
  - Community Living and Supports
  - Community Transition and
  - Supported Employment

1915(i) services will be available through:

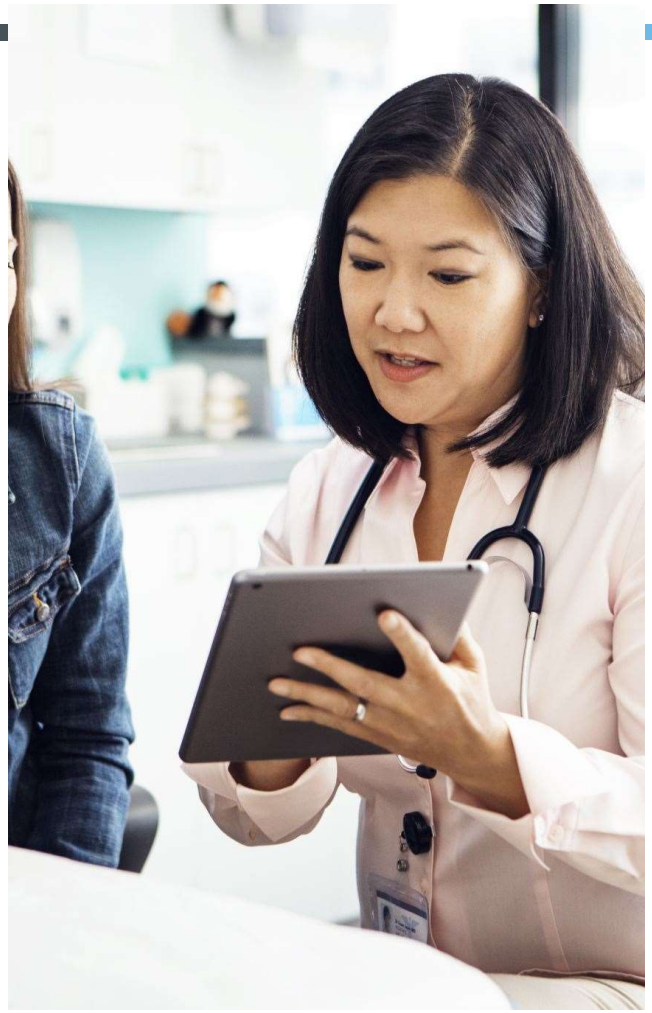
- NC Medicaid Direct through LME/MCOs
- EBCI Tribal Option through LME/MCOs
- All Tailored Plans (upon launch)
- The Children & Families Specialty Plan (upon launch)

TAILORED PLAN LAUNCH DATE

To ensure beneficiaries can seamlessly receive care on day one, the North Carolina Department of Health and Human Services (NCDHHS) is delaying the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans).

Tailored Plan launch was scheduled for Oct. 1, 2023, but will now go forward at a date still to be determined.

Please register for NC Medicaid Ombudsman webinars to stay up-to-date!



UPCOMING CHANGES:
NC MEDICAID EXPANSION

Eligibility is outside the scope of the NC Medicaid Ombudsman

Approximately 600,000 people in NC will be eligible once expansion is implemented

WHAT SHOULD BENEFICIARIES DO TO PREPARE FOR UPCOMING CHANGES?

- Make sure your local Department of Social Services (DSS) has your current mailing address, phone number and email address to make sure you get important information.
  - You can call your local DSS to update your information. You can find your local DSS at ncdhhs.gov/localDSS
  - Beneficiaries with an enhanced ePASS account can update their information at epass.nc.gov without having to contact their local DSS. To create an ePASS account, or to enhance an existing account, go to epass.nc.gov.
- Report all changes such as income or a change in household size that may impact the type of coverage you qualify for.
- Talk to your providers about contracting with your Tailored Plan if Tailored Plan-eligible.
- Register to attend upcoming North Carolina Medicaid Ombudsman Monthly Webinars at https://ncmedicaidombudsman.org/resources

MID-YEAR REVIEW:
NC MEDICAID OMBUDSMAN PROGRAM

NCMO BY THE NUMBERS: CALLS HANDLED



English Line: 8,318
Spanish Line: 533

Total: 8,851

*from 1/1/2023 – 6/30/2023

ASSISTING NC MEDICAID CALLERS

Information and Education

Issue Resolution

TOP 10 CALL TOPICS
(JANUARY 2023 – JUNE 2023)

1. Medicaid/CHIP Eligibility
2. Data Issues
3. Customer service
4. ID Cards
5. Medicaid/CHIP applications
6. Prescriptions/medication coverage
7. Billing and claims
8. Complaint and/or grievance
9. Finding Providers
10. Non-Emergency Medical Transportation (NEMT)

ISSUE RESOLUTION: CASE EXAMPLE

Keisha* is on a fixed income and her prescriptions were more than she could afford. Her pharmacy wouldn't accept vouchers and was unwilling to transfer her prescriptions to one that would. With one insulin injection left, she called the NC Medicaid Ombudsman in a panic. By escalating her case, we were able to get her insulin refilled for the next month. However, we knew this would be a recurring challenge. The Ombudsman helped Keisha request a care manager through her health plan who has been incredibly supportive in getting her prescriptions covered. Through the Healthy Opportunities Pilot Program, Keisha also now receives a food box once a week, significantly improving her health.

**Names and some minor details have been changed to protect the confidentiality of those we serve.*









NCMO BY THE NUMBERS: OUTREACH EVENTS

Total Events: 81

Total Reached: 3,378

Examples of outreach events:

- NCMO Statewide Monthly Webinars
- Enrollment Broker Education Series
- County Resource Fairs, Food Distribution Events and Health Fairs and more!



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/

CONTACTING NC MEDICAID OMBUDSMAN

By phone
- 877-201-3750

By email
- info@ncmedicaidombudsman.org

Online
- ncmedicaidombudsman.org

In person
- Ask us for options!

CONNECT WITH US!

NC Medicaid Ombudsman

@NCMedicaidOmb

@ncmedicaidombud

NC MEDICAID
OMBUDSMAN

ncmedicaidombudsman.org

QUESTIONS? FEEDBACK? ISSUES TO REPORT?



