

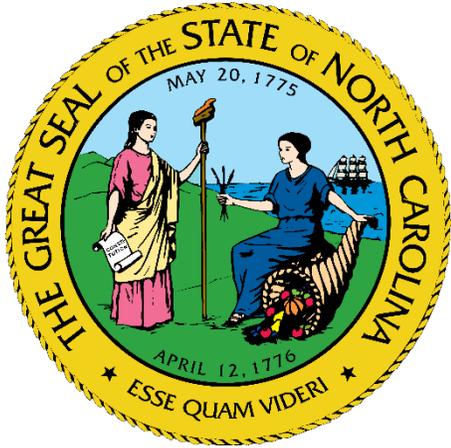
**Thank you for joining us today.
The webinar will begin shortly.**

**A copy of today's slide deck and recording will
be available on our website at**

medicaid.ncdhhs.gov/transformation/more-information

Quick tips on attending a Microsoft Teams Live Event

- **To view the webinar with Closed Captions, click the three dots (...) at the top right of the screen, then scroll down and select "Turn on Live Captions." Live captions are also available in Spanish.**
- **Para ver el seminario web con subtítulos, haga clic en los tres puntos (...) en la parte superior derecha de la pantalla, desplácese hacia abajo y seleccione "Activar subtítulos en vivo." Los subtítulos en vivo también están disponibles en español.**
- **The slide deck will be available on our website this afternoon, all web links referenced in the presentation will be accessible in the deck.**
- **Please use the Q&A feature at the top right of the screen to ask questions and provide comments, we will try to answer as many questions as possible in the Q&A session at the end of the webinar.**

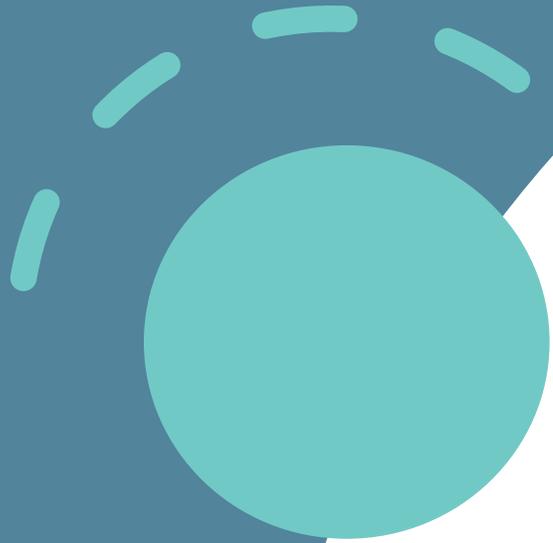


NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Community Partners Webinar

Updates on NC Medicaid

June 22, 2023



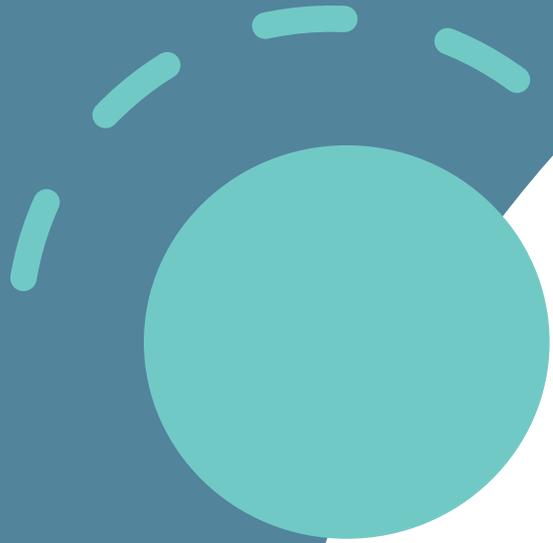
Ericka Johnson

Chief of Staff

NC Medicaid

Agenda

- **Welcome**
- **Medicaid Expansion**
- **NC Medicaid's Continuous Coverage Unwinding**
- **Tailored Plan Update**
- **1915(i) Update**
- **Questions & Answers**



Jay Ludlam
Deputy Secretary
NC Medicaid

What is Medicaid Expansion?

Governor Cooper **signed HB 76 into law on March 27, 2023**. This is a historic moment for the health and wellbeing of our state

Over **600,000** North Carolinians will gain access to health care coverage

Medicaid Expansion in North Carolina increases eligible population to all **adults aged 19-64 who have incomes up to 138% of the Federal Poverty Level**

- Single adults 19-64 who have incomes of approximately \$20,000 each year
- Parents with low incomes – for a family of 3, an annual income below about \$34,000 each year
 - Prior to expansion the cutoff for parents is about \$8,000 each year

Same ways of getting care as existing Medicaid

Same comprehensive benefits and copays as other non-disabled adults in Medicaid

NCDHHS and other external stakeholders will partner together to drive implementation, outreach and engagement and support our counties in this work



Who is Covered under Expansion?

Low-income parents

(above current coverage levels and with income less than \$34,000 each year for a family of 3)

Low-wage workers
(agriculture,
childcare,
construction, etc.)

Some veterans
and their families

Low-income childless adults

(with income less than \$20,000 per year for a single adult)

Children who age
out of Medicaid

Women who
would be covered
if they were
pregnant

Estimated Eligible Beneficiaries

- More than **600,000 individuals** are estimated to be covered under Medicaid Expansion by the end of the second year. This includes:
 - **300,000** expansion enrollees moved from Family Planning benefit by the end of the first year
 - **100,000** beneficiaries who may have lost full Medicaid coverage during recertification in absence of expansion
 - **200,000** expansion eligible individuals not currently enrolled in Medicaid statewide expected to enroll in the first two years
- Of the estimated 300,000 expansion enrollees moved from the Family Planning benefit by the end of the first year:
 - **92%** of these beneficiaries are estimated to be enrolled in a **Standard Plan**
 - **7-8%** of these beneficiaries are estimated to be enrolled in a **Tailored Plan or NC Medicaid Direct** prior to the Tailored Plan launch*
 - **Less than 1%** of these beneficiaries are estimated to be enrolled in the **Tribal Option**
 - **Less than 1%** of these beneficiaries are estimated to be enrolled in **NC Medicaid Direct**

*Some of the beneficiaries estimated to be enrolled in a Tailored Plan may stay in NC Medicaid Direct after Tailored Plan launches due to other circumstances.

Note: These numbers are estimates and can vary from the final numbers at the time of Medicaid Expansion launch.

What are Some of the Services Included in Medicaid Expansion?

Medicaid covers many of the same essential benefits that other health insurance does, including..."

Primary care

Inpatient and outpatient hospital services

Vision and hearing services

Prescription drug benefits

Behavioral health

Preventive and wellness services

Devices and other therapies

Maternity and postpartum care

And many more. More on Medicaid covered services can be found here: medicaid.ncdhhs.gov/beneficiaries

Medicaid Expansion and the End of Continuous Coverage



- During the COVID-19 pandemic people who were enrolled in Medicaid at the beginning of the COVID-19 Pandemic remained enrolled (Continuous Coverage). They did not have to recertify they still were eligible for Medicaid.
- The automatic continuous enrollment ended March 31, and recertification (renewal) began **April 1, 2023**
 - This means NC Medicaid began the process to determine if people are still eligible for Medicaid (recertification)
 - Recertification could result in termination or reduction of benefits
- This process will last from April 1, 2023 until May 31, 2024
- People currently enrolled in Medicaid should **update their contact information** to ensure they do not inadvertently lose coverage
 - More info can be found at medicaid.ncdhhs.gov/End-of-PHE
- Because we don't know when the budget will pass, we don't know the impact of the timing for the people who may be eligible for Medicaid as part of Medicaid expansion.

How Do I Apply for Medicaid Coverage Today? If you don't qualify now, you might qualify after expansion is implemented.

You've got some options. You can...



Easiest – apply online through ePASS

epass.nc.gov



Fill out a paper application

ncgov.servicenowservices.com/sp_beneficiary?id=bnf_apply



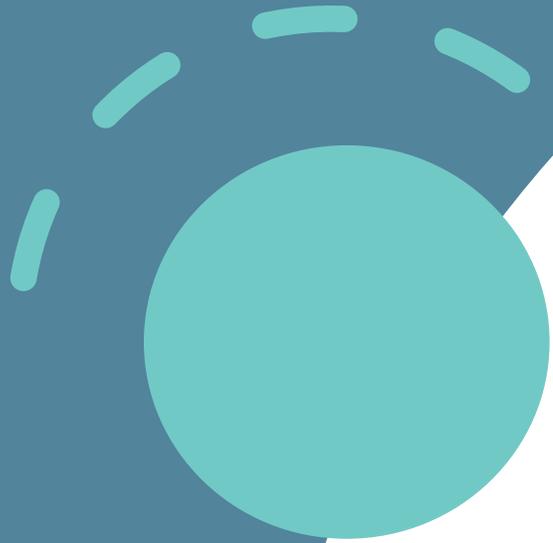
Apply in person at your local DSS

To find your local DSS, use our online directory ncdhhs.gov/localdss



Call your local DSS

ncdhhs.gov/localdss



Eva Fulcher

Deputy Director

Member Operations

NC Medicaid

COVID-19 Federal Public Health Emergency (PHE)

2023 Consolidated Appropriations Act (Omnibus Bill)

Signed into law Dec. 29, 2022

Removed the continuous coverage requirement from the federal COVID-19 PHE

- Effective April 1, 2023, state Medicaid programs were no longer required to maintain continuous coverage for beneficiaries

Includes a new requirement to contact individuals using more than one modality prior to termination

- A beneficiary's Medicaid cannot be terminated due to mail being returned as undeliverable. State Medicaid programs are required to make a good-faith effort to find the person.

Requires one year of continuous coverage for kids on Medicaid (no change from current policy)

Permanently extended the 12-month postpartum coverage option.

NC Medicaid's Continuous Coverage Unwinding

NC Medicaid began the recertification (renewal) process for beneficiaries April 1, 2023 (the unwinding)

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

- During renewal, the beneficiary's local DSS will use information they have on file to decide if they or their family member(s) still qualify for NC Medicaid.
- If the local DSS needs more information from a beneficiary to decide on coverage, they will send the beneficiary a renewal letter in the mail.
- If a beneficiary is found ineligible for Medicaid, they will receive a letter with the following information:
 - The program being terminated or reduced.
 - The decision made by DSS.
 - Deadlines for responding.
 - How to appeal the decision.

If a Beneficiary is Redetermined Ineligible

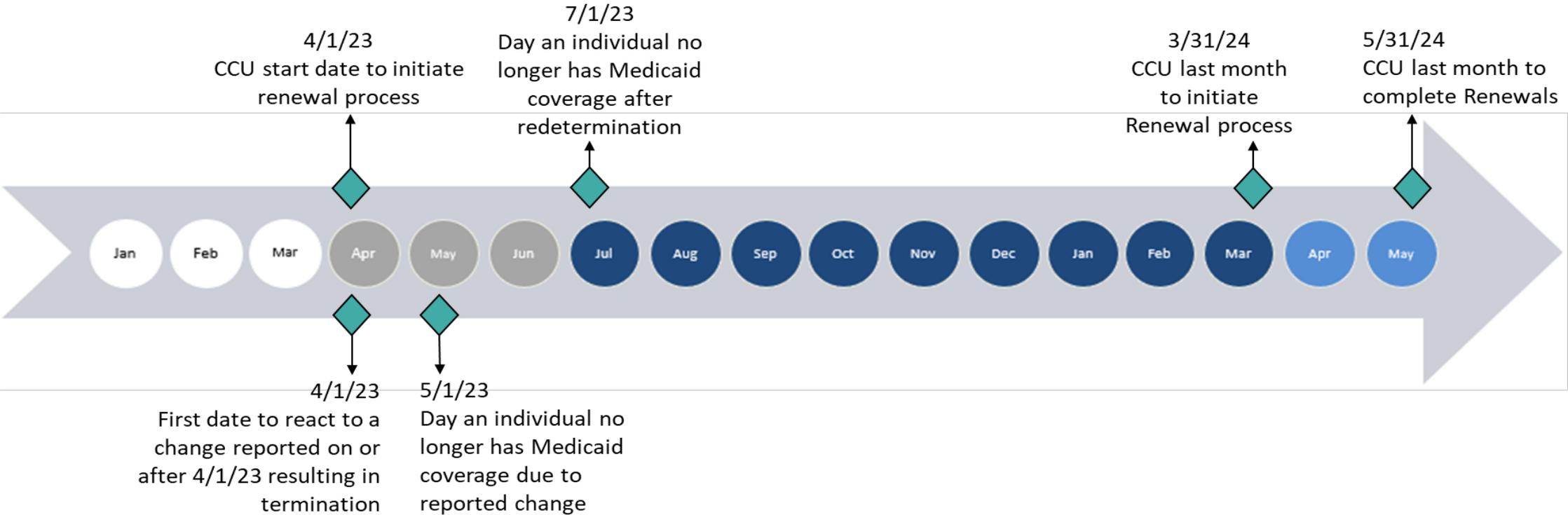
If a beneficiary loses their NC Medicaid eligibility during recertification their Medicaid coverage will end.

- **Beneficiaries have the right to:**
 - Appeal the decision. Beneficiaries have 60 days from the date of the termination letter to appeal.
 - Continue to receive benefits pending the fair hearing decision.*
- **If a beneficiary no longer qualifies for Medicaid:**
 - They may be able to buy a health plan through the federal Healthcare Marketplace *and* get help paying for it. ([healthcare.gov](https://www.healthcare.gov))
 - Four out of five enrollees can find plans that cost less than \$10 a month
 - Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits and more

* If the resolution upholds the beneficiary's termination, the beneficiary may be required to pay for medical services received while the appeal was pending.

Continuous Coverage Unwinding Timeline

Local DSS completed recertifications throughout the PHE, however, coverage was not terminated or reduced. North Carolina is using an age-based approach for recertifications during the unwinding period.



Omnibus Bill Requirements - Returned Mail Condition

The “returned mail condition” requires states make a “good-faith effort” to contact a beneficiary using “more than one modality” when returned mail is received in response to a request for information to complete a recertification.

Meeting the returned mail condition is a two-part requirement.

- **Requirement 1:** States must attempt to obtain up-to-date mailing addresses and additional contact information (e.g., phone number, email address) for ALL beneficiaries.
- **Requirement 2:** During the continuous coverage unwinding period, beneficiaries must be contacted through more than one modality prior to termination if returned mail is received. These modalities include:
 - Forwarding address on returned mail
 - Phone call
 - Email
 - SMS text message

To meet these requirements, Medicaid is conducting a targeted beneficiary outreach campaign during the unwinding period.

Targeted Outreach Efforts

Requirement 1 — Attempt to obtain up-to-date contact information for ALL beneficiaries.

Contact Modality	Description	Dates	Timing
Mass Text Messages	Update your contact information so you don't miss important updates from Medicaid.	March 2023 – February 2024	Monthly; based on when the beneficiary is due for Medicaid recertification.
Robo Calls from EB	Use ePASS or contact your local DSS.	Completed in batches based on the beneficiary's renewal due date.	
Mass Emails			

This is in addition to direct mailings from health plans and the enrollment broker, social media, website, press releases, community presentations and webinars.

Targeted Outreach Efforts

Requirement 2 — Prior to termination of coverage, contact beneficiaries using more than one modality if returned mail is received.

Contact Method	Description	Dates	Timing
Texts, emails, and robo calls in response to a Renewal Form or Request for Information being sent	Your DSS needs information; Check your mail; Link to provide details on how to complete the recertification	April 2023 – March 2024	Weekly (upon generation of the Renewal form or Request for Information)
Mail returned Renewal Notice or Request for Information to Forwarding Address	Resend returned Renewal Notice or Request for Information if a forwarding address is provided	April 2023 – May 2024	As returned mail is received

Resources

- Medicaid recertification webpage [medicaid.ncdhhs.gov/renew](https://www.ncdhhs.gov/medicaid/renew)
- Medicaid End of the PHE/CCU website [medicaid.ncdhhs.gov/End-of-PHE](https://www.ncdhhs.gov/medicaid/end-of-phe)
- Medicaid recertification video [English](#) | [Spanish](#)
- Medicaid recertification fact sheet [English](#) | [Spanish](#)

What Beneficiaries Can Do to Get Ready for Recertification

Update their contact information.

- Beneficiaries should make sure their local DSS has their current mailing address, phone number, email or other contact information.
- With an enhanced ePASS account, beneficiaries can update their address and other information for Medicaid online without having to call or visit their local DSS.

Check their mail.

- Local DSS will mail beneficiaries a letter if they need to complete a renewal form to see if they still qualify for Medicaid.

Complete the renewal form (if they get one)

- If a beneficiary receives a renewal form, they should fill out the form and return it to their local DSS right away to help avoid a gap in their Medicaid coverage.

ePASS Overview

ePASS is a secure, web-based, self-service tool that enables North Carolinians to apply for possible eligibility for several NC benefits and services.

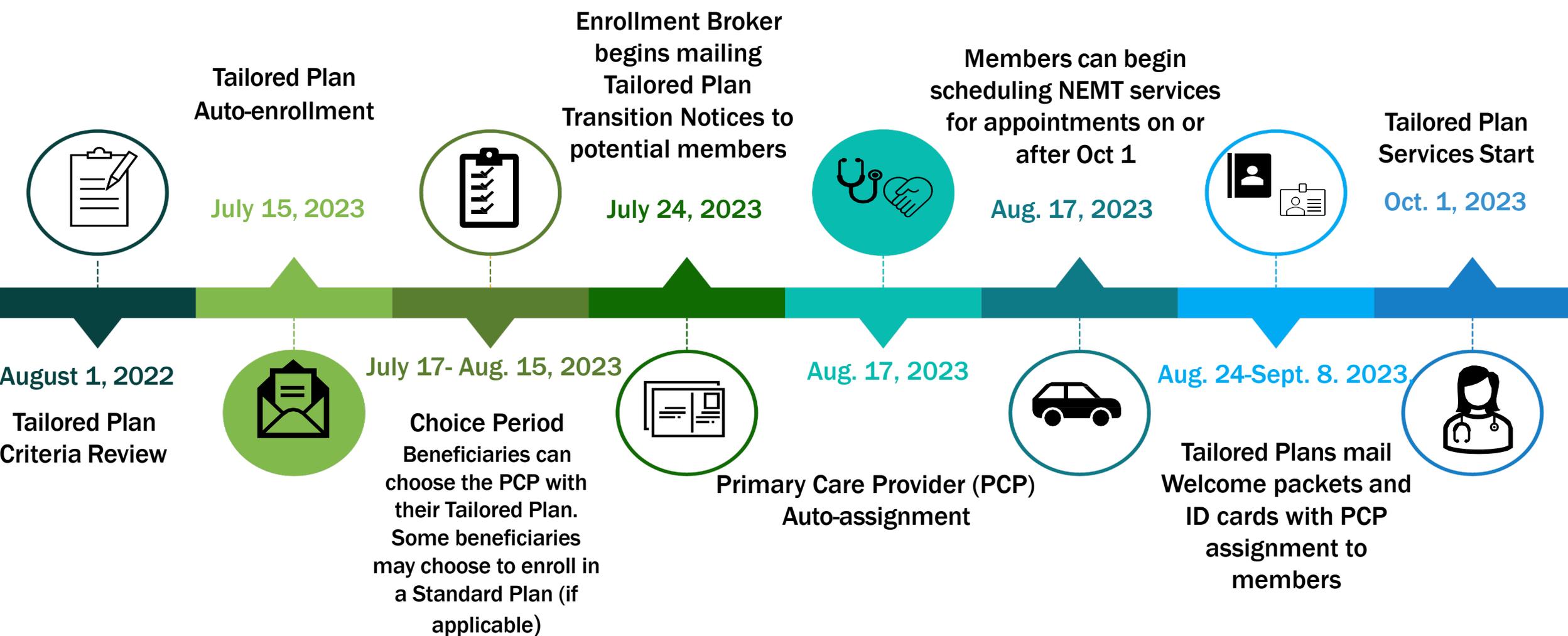
- **For NC residents, an enhanced ePASS account allows them to apply for various benefits, view case details, renew their Medicaid and update their information without having to visit their local Department of Social Services.**
- **For the local DSS, ePASS aims to improve effectiveness, efficiency and flexibility for caseworkers and agencies by reducing staff workload.**
 - **ePASS streamlines the application process so people don't need to wait in line or appear in person at their local DSS.**
- **ePASS is available over the internet. Individuals can use ePASS from the privacy of their home or from any internet location. It can be accessed with a computer, mobile phone or tablet.**

Resources

- ePASS Fact Sheet [English](#) | [Spanish](#)
- [ePASS website \(https://epass.nc.gov/\)](https://epass.nc.gov/)
- Local DSS ncdhhs.gov/localdss



Tailored Plan Timeline and Major Milestones



Tailored Plan Criteria Review

August 1, 2022

Beneficiaries were assessed for Tailored Plan enrollment. Those who qualified were auto-enrolled or mailed a notice explaining their health care options.

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"> Innovations Waiver (or waiting list) TBI Waiver (or waiting list) Transition to Community Living (TCL) 	<ul style="list-style-type: none"> Used a Medicaid service that will be available only through the Tailored Plan Used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"> Children with complex needs Qualifying I/DD diagnosis code Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period* Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or received ECT during the lookback period* 	<ul style="list-style-type: none"> Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*

* Beneficiaries will be assessed based on a 24-month lookback period

Tailored Plan Auto-enrolled vs. Opt-in Populations

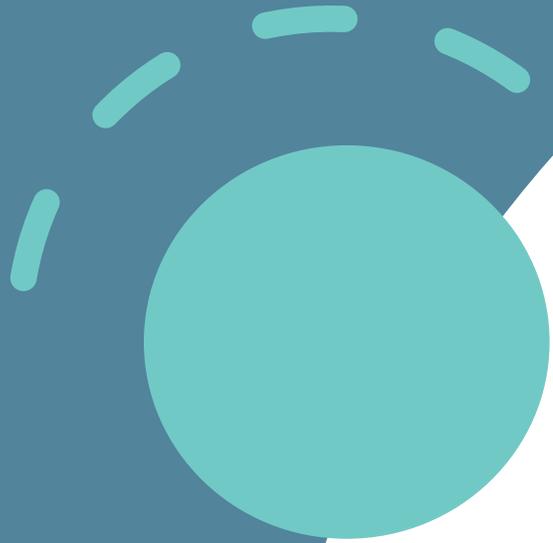
- Beneficiaries who met Tailored Plan enrollment criteria will be auto-enrolled in a Tailored Plan July 15, 2023
- Other beneficiaries who meet Tailored Plan enrollment criteria, but were not auto-enrolled, can choose to enroll during the choice period (July 17- Aug. 15, 2023)

Auto-enrolled Population Examples

- Innovations Waiver participants (including duals)
- TBI Waiver recipients (including duals)
- People who need certain services for a mental health disorder, substance use disorder, I/DD or TBI

Opt-in Population Examples

- Federally recognized tribal members
- Individuals who qualify for services through Indian Health Service (IHS)



Deb Goda

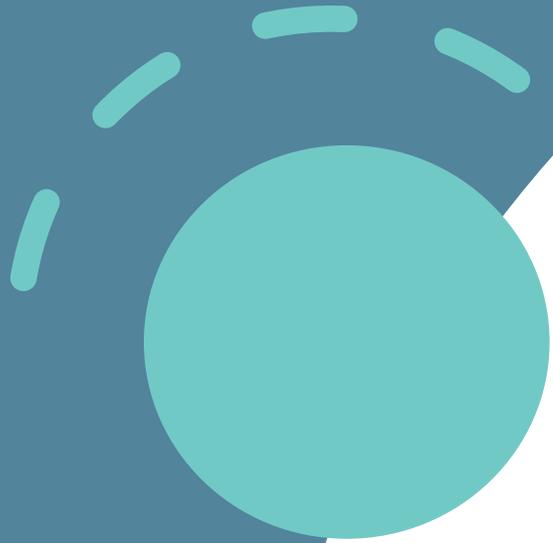
Associate Director

Behavioral Health

NC Medicaid

1915(i) Update

- The 1915(i) waiver has been submitted to the Centers for Medicare and Medicaid Services (CMS).
- We are waiting on approval
- A July 1, 2023, start date was requested



LaQuana Palmer

Deputy Director

Communications & Engagement

NC Medicaid

A copy of today's slide deck will be available on our website at
medicaid.ncdhhs.gov/transformation/more-information

NC Medicaid Transformation Website ncdhhs.gov/medicaid-transformation

If we couldn't get to your question, feel free to email it to Medicaid.NCEngagement@dhhs.nc.gov

- **NC Medicaid Enrollment Broker**
 - Website ncmedicaidplans.gov
 - Call Center 833-870-5500
- **Local DSS Directory** ncdhhs.gov/localdss
- **NC Medicaid Ombudsman**
 - Website ncmedicaidombudsman.org
 - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Providers Resources

- NC Medicaid Website [medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)
 - Includes County and Provider Playbooks
- NC Medicaid Help Center [medicaid.ncdhhs.gov/helpcenter](https://www.ncdhhs.gov/medicaid/helpcenter)
- Regular Medicaid Bulletins
[medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.ncdhhs.gov/medicaid/providers/medicaid-bulletin)

