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.
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
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

Some veterans

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
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.
You’ve got some options. You can...

- Easiest – apply online through ePASS
  epass.nc.gov

- Fill out a paper application
  nccov.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
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 re-determined 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)
  • 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.
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.

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

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.

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

• Medicaid recertification webpage [medicaid.ncdhhs.gov/renew](medicaid.ncdhhs.gov/renew)
• Medicaid End of the PHE/CCU website [medicaid.ncdhhs.gov/End-of-PHE](medicaid.ncdhhs.gov/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](https://epass.nc.gov/) | [Spanish](https://epass.nc.gov/)
- ePASS website (https://epass.nc.gov/)
- Local DSS [ncdhhs.gov/localdss](https://ncdhhs.gov/localdss)
Tailored Plan Timeline and Major Milestones

- **Tailored Plan Auto-enrollment**: July 15, 2023
- **Tailored Plan Services Start**: Oct. 1, 2023
- **Tailored Plan Criteria Review**: August 1, 2022
- **Enrollment Broker begins mailing Tailored Plan Transition Notices to potential members**: July 24, 2023
- **Choice Period**: July 17- Aug. 15, 2023
  - Beneficiaries can choose the PCP with their Tailored Plan. Some beneficiaries may choose to enroll in a Standard Plan (if applicable)
- **Primary Care Provider (PCP) Auto-assignment**: Aug. 17, 2023
- **Members can begin scheduling NEMT services for appointments on or after Oct 1**: Aug. 17, 2023
- **Aug. 24-Sept. 8, 2023**: Tailored Plans mail Welcome packets and ID cards with PCP assignment to members
Tailored Plan Criteria Review

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

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>TAILORED PLAN-ONLY SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Innovations Waiver (or waiting list)</td>
<td>• Used a Medicaid service that will be available only through the Tailored Plan</td>
</tr>
<tr>
<td>• TBI Waiver (or waiting list)</td>
<td>• Used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds</td>
</tr>
<tr>
<td>• Transition to Community Living (TCL)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIAGNOSES</th>
<th>ADMISSIONS/VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Children with complex needs</td>
<td>• 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</td>
</tr>
<tr>
<td>• Qualifying I/DD diagnosis code</td>
<td>• 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*</td>
</tr>
<tr>
<td>• Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period*</td>
<td></td>
</tr>
<tr>
<td>• 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*</td>
<td></td>
</tr>
</tbody>
</table>

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

August 1, 2022
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)

<table>
<thead>
<tr>
<th>Auto-enrolled Population Examples</th>
<th>Opt-in Population Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Innovations Waiver participants (including duals)</td>
<td>• Federally recognized tribal members</td>
</tr>
<tr>
<td>• TBI Waiver recipients (including duals)</td>
<td>• Individuals who qualify for services through Indian Health Service (IHS)</td>
</tr>
<tr>
<td>• People who need certain services for a mental health disorder, substance use disorder, I/DD or TBI</td>
<td></td>
</tr>
</tbody>
</table>
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
LaQuanana 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](medicaid.ncdhhs.gov/transformation.more-information)

NC Medicaid Transformation Website [ncdhhs.gov/medicaid-transformation](ncdhhs.gov/medicaid-transformation)

If we couldn’t get to your question, feel free to email it to [Medicaid.NCEngagement@dhhs.nc.gov](Medicaid.NCEngagement@dhhs.nc.gov)
Member Resources

• 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](http://medicaid.ncdhhs.gov)
  • Includes County and Provider Playbooks

• NC Medicaid Help Center [medicaid.ncdhhs.gov/helpcenter](http://medicaid.ncdhhs.gov/helpcenter)

• Regular Medicaid Bulletins [medicaid.ncdhhs.gov/providers/medicaid-bulletin](http://medicaid.ncdhhs.gov/providers/medicaid-bulletin)