

**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



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Community Partners Webinar

Updates on NC Medicaid Managed Care & Other Key Medicaid Initiatives

June 16, 2022

Welcome

Michael Leighs

Deputy Director of Engagement

NC Medicaid

Agenda

- Welcome
- Legislative Updates
- NC Medicaid Updates
- Managed Care Updates
- What is Tailored Care Management?
- Enrollment Broker Outreach
- Questions & Answers

Legislative Update

- **HB 144: Children and Families Specialty Plan (CFSP)**
 - Defines features of plan including key terms, services covered, populations to be served
 - Identifies type and number of entities which can operate plan
 - Addresses provider network

- **HB 149: Medicaid Expansion**
 - Bill includes several other components addressing hospital financing, telehealth, Certificate of Need, nursing regulations

Medicaid Expansion: 6 Key Benefits to NC

- 1. Improves access to mental health**
- 2. Builds a healthier workforce**
- 3. Assists working families**
- 4. Protects uninsured veterans and their families**
- 5. Boosts rural health care, hospitals and families**
- 6. Saves lives**

Preparing for the End of the Federal PHE

- CMS plans to provide states a 60-day notice to begin unwinding activities
- Medicaid eligibility redeterminations have continued throughout the PHE in accordance with state legislation passed in 2020
- When the PHE ends, Medicaid will start terminating cases of beneficiaries no longer eligible
 - Roughly 265,000 beneficiaries have been extended due to the PHE non-termination requirement and could potentially lose health care coverage.
- The unwinding will be complex and require:
 - Additional workload for counties
 - Communication and engagement with providers, stakeholders and health plans

PHE Communication and Engagement

- NC Medicaid website updated with information on the PHE: medicaid.ncdhhs.gov/COVID
- Workgroups underway with DSS Directors Association, health plans, Enrollment Broker and Ombudsman
- Call scripting has been provided to the Standard Plans, Tribal Option, LME/MCOs, CCNC, Enrollment Broker and Ombudsman
- Toolkit for partners is under development

Key Messages

To ensure beneficiaries receive important updates on when the PHE ends, we are reminding them of the following:

- Make sure their information with DSS is correct*
 - Find their local DSS office here dhhsgov/localdss
 - Call or visit their local DSS office
 - Update their information:
 - Mailing and residence address
 - Phone number
 - Email address
 - Household size
 - Income
 - Job
- Be sure to open and read all mail from DSS

* If there have been no changes to their personal information, no action is needed.

Beneficiary Copays

As directed by the NC General Assembly, Medicaid copays will increase for those who have a copay on July 1, 2022

Medicaid Copays

Service	Copay
<ul style="list-style-type: none">• Doctor visits• Non-emergency emergency department visits• Optometrist visits• Outpatient services• Podiatrist visits	\$4 per visit
<ul style="list-style-type: none">• Generic and brand prescriptions	\$4 per prescription
<ul style="list-style-type: none">• Chiropractic visits• Optical services and supplies	\$4 per visit

There are NO changes to the NC Health Choice Copays.

There are no Medicaid copays for:

- Members under age 21
- Members who are pregnant
- Members getting hospice care
- Federally recognized tribal members
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) beneficiaries
- People living in an institution getting coverage for cost of care
- Children in foster care
- Developmental disability, behavioral health, traumatic brain injury and substance use disorder services

Managed Care Update

May Enrollment Dashboard

EBCI Tribal Option: 4,288

Standard Plans: 1,727,401



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

NC Medicaid Enrollment Overview

Helpful Hints:

Click on a row or county in one chart to change results in other charts. Click again to reset.
Counts less than 11 are not shown for privacy reasons. This may cause some totals to not match.
Note: Enrollment counts are pulled the beginning of each month and do not reflect adds/drops during the month, or include retroactive enrollments. As such, these counts may not match other enrollment reports.

Select Report Month

Jun 2022

Total	Standard Plan Mandatory	Standard Plan Exempt	Standard Plan Excluded
2,788,096	1,727,401	184,972	875,154

Plan	Managed Care Status	Program Aid Category
Selected Program Aid Category: All Selected MC Status: * Selected County: *	Selected Program Aid Category: All Selected Plan: All Selected County: *	Selected MC Status: All Selected Plan: All Selected County: *
	Definitions	Definitions
Standard Plan - Amerihealth	Standard Plan Mandatory	Infants and Children
Standard Plan - Carolina Complete	Standard Plan Excluded - Partial Benefit Groups	TANF (AFDC) 20 and Under
Standard Plan - Healthy Blue	Standard Plan Excluded - Full Duals	Family Planning
Standard Plan - UnitedHealthcare	Standard Plan Exempt - Tailored Plan Non-Dual	TANF (AFDC) 21 and Over
Standard Plan - Wellcare	Standard Plan Excluded - Other Full Medicaid	Disabled
Total	Standard Plan Excluded - Foster Care	Medicaid - Childrens Health Insurance Prg.
ECBI Tribal Option	Standard Plan Excluded - Innovations/TBI Waiver	Aged
Medicaid Direct	Standard Plan Exempt - Tribal/IHS Waiver	MQBB, MQBE, MQBQ
Total	Standard Plan Excluded - Tribal/IHS Eligibles	Health Choice
Grand Total	Grand Total	COVID-19

More details available at medicaid.ncdhhs.gov/reports/dashboards (including by enrollment by managed care status, program aid category and region)

NC Medicaid Help Center Trends

- Platform to track questions, providers able to search knowledge base
- Track case statistics, case trends, open and resolved cases
- 95% of cases have been closed

NC Medicaid Help Center Case Statistics

Opened this Week

166

Closed this Week

172

Opened to Date

15,714

Closed to Date

14,980

Help Center cases Opened/Resolved by Week

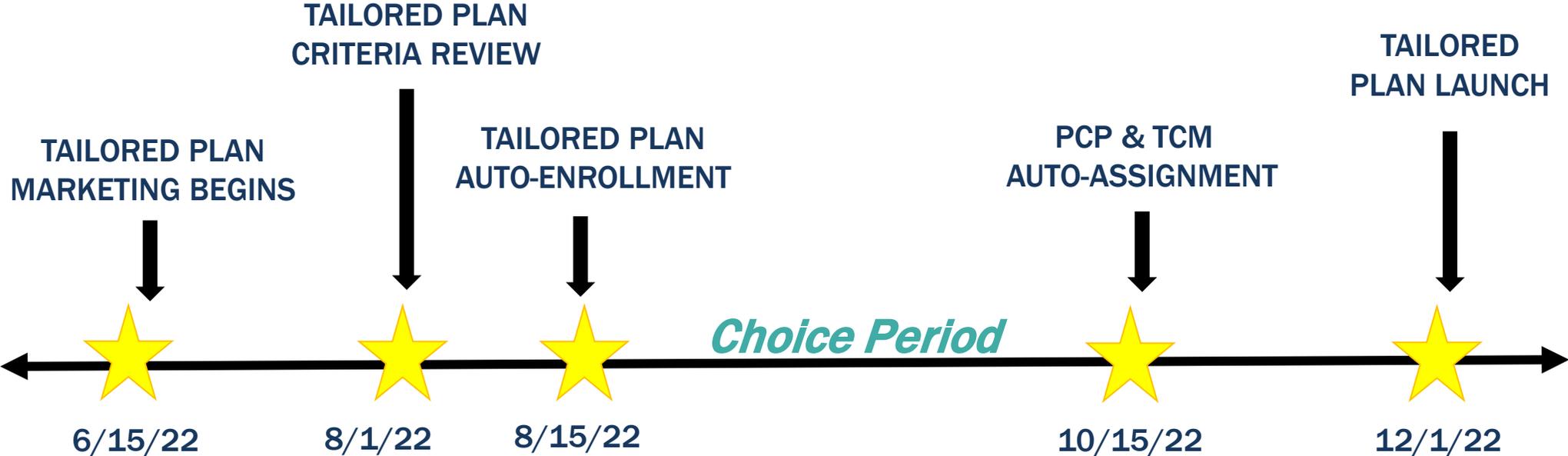


On May 1, 2022, WellCare began using a new NEMT provider, MTM.

- **The phone number that WellCare members use to make NEMT appointments remains the same:**
 - **877-598-7602**

- **ModivCare will continue to serve as the transportation broker for:**
 - **AmeriHealth Caritas of North Carolina: 833-498-2262**
 - **Carolina Complete Health: 855-397-3601**
 - **Healthy Blue: 855-397-3602**
 - **UnitedHealthcare of North Carolina: 800-349-1855**

Tailored Plan Timeline



NOTE: Choice period refers to the time period for members to select a PCP or opt out of their assigned Tailored Plan (if allowed).

Looking Ahead

Medicaid, Tailored Plans and the Enrollment Broker continue to work towards December 2022 launch

- **Current Focus**
 - **Readiness activities**
 - approval of policies and procedures
 - onsite reviews begin in July
 - **Provider and Tailored Plan Contract Deadlines**
 - Deadlines set to ensure inclusion in Beneficiary Choice Period and Auto-assignment. Providers who do not contract with Tailored Plans by the deadlines risk losing patients.
 - **Data system testing began in March**
- **Beginning this month:**
 - **Enrollment Broker Provider Directory**
 - **Tailored Plan Member and Provider Service Lines Go-Live**
 - **Tailored Plan Marketing**

Medicaid: Vision for Integrated, Whole-Person Care

Standard and Tailored Plans will offer whole-person care and enable the delivery of physical and behavioral health through one plan.

Historical Environment

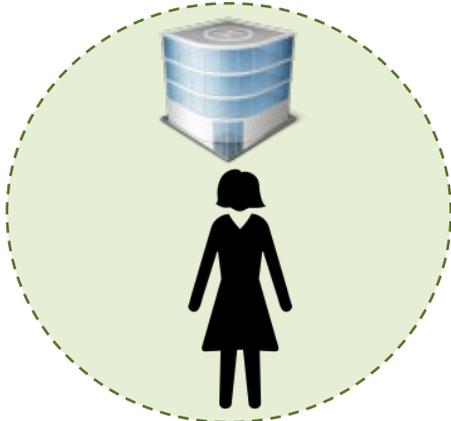


LME/MCOs provided Behavioral Health, I/DD and TBI services

NC Medicaid Direct (Medicaid FFS) provided physical health services

Integrated Managed Care Environment

Plans will provide whole-person care



Tailored Plans: Tailored Care Management

Tailored Care Management reflects the Department's broader goal for integrated, whole-person care under one Medicaid managed care plan.

Current State	Future State: Tailored Plans
<p data-bbox="155 529 537 796">LME/MCOs coordinate Behavioral Health, I/DD and TBI services</p> <p data-bbox="825 529 1166 768">CCNC coordinates physical health services</p>  <p data-bbox="270 1253 1123 1319"><i>LME/MCO care coordination is only available to a subset of the population served by LME/MCOs</i></p>	<p data-bbox="1345 529 2359 639">Tailored Plans will provide integrated, whole-person care management</p>  <p data-bbox="1352 1258 2372 1325"><i>Tailored Care Management will be available to all enrollees unless they are obtaining duplicative services</i></p>

Tailored Care Management Eligibility

- All Tailored Plan Members are eligible for Tailored Care Management, including individuals enrolled in the 1915(c) Innovations and TBI waivers.
- Individuals enrolled in NC Medicaid (e.g., dual eligibles) will also have access to Tailored Care Management, if they otherwise would be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.

Core Principles of Tailored Care Management Model

Tailored Care Management is the primary care management model for Tailored Plans.

Core Principles of the Model

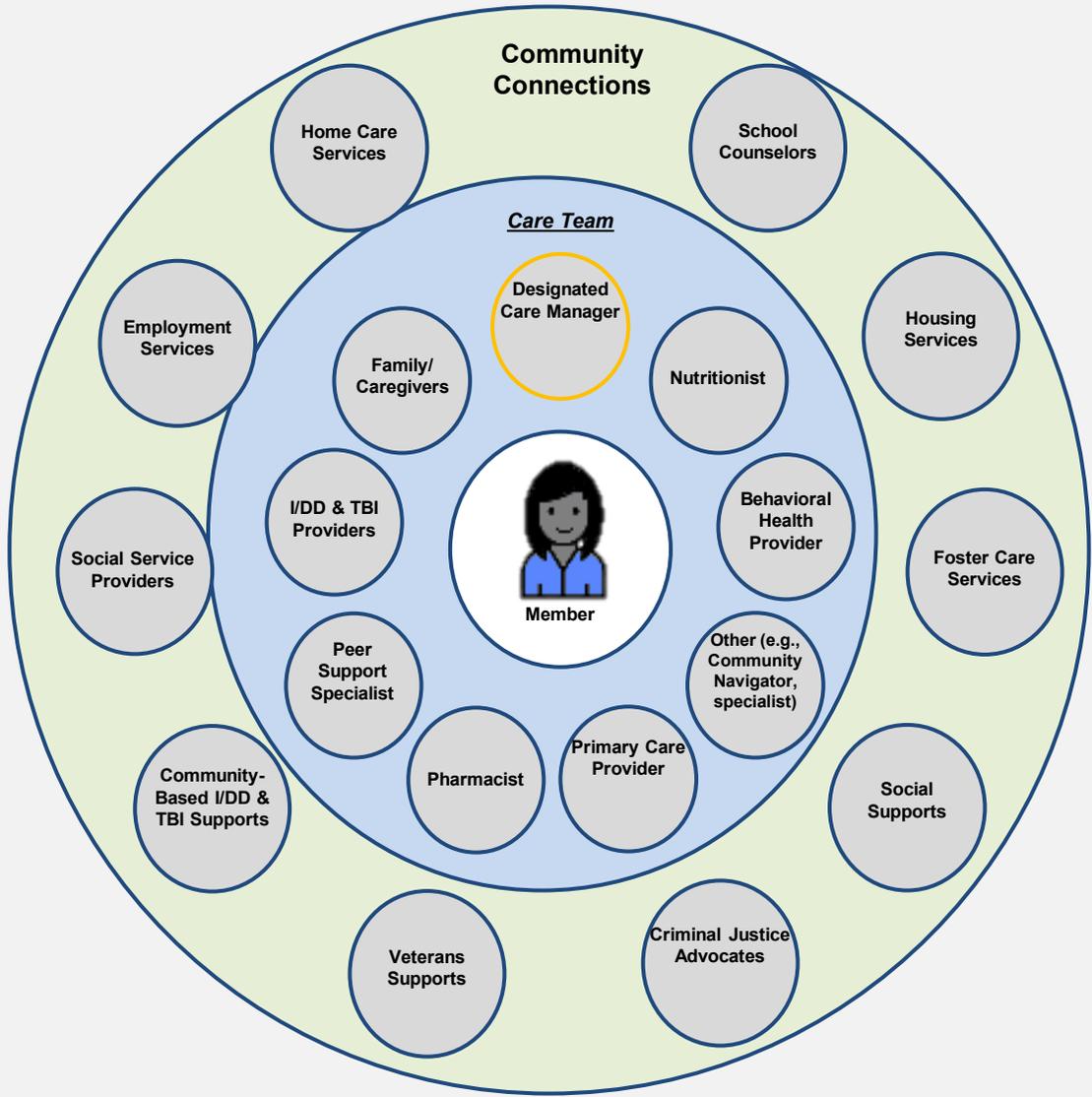
- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider -based care management
- Community-based care management
- Promote Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources



How is Tailored Care Management Integrated?

In Tailored Care, Managers:

- Coordinate a comprehensive set of services addressing all the member's needs.
- Coordinate physical health, behavioral health, TBI, I/DD-related needs.
- Address unmet health-related resource needs (e.g., housing, food, transportation, interpersonal safety, employment) by connecting members to local programs and services.
- Provide holistic, person-centered planning.
- Use a multidisciplinary care team approach—coordinate with primary care, specialty providers, community service agencies.



Three Approaches to Delivering Tailored Care Management

Department of Health and Human Services

Establishes care management standards for Tailored Care Management

Tailored Plan

Care Management Approaches

Tailored Plan beneficiaries will have the opportunity to choose among the care management approaches; all must meet the Department's standards and be provided in the community to the maximum extent possible.

Approach 1:

“AMH+” Primary Care Practice Practices must be certified by the Department to provide Tailored Care Management.

Approach 2:

Care Management Agency (CMA) Organizations eligible for certification by the Department as CMAs include those that provide BH or I/DD services.

Approach 3:

Tailored Plan-Based Care Manager

AMH+ and CMA Definitions



Advanced Medical Home Plus (AMH+)

Definition: Primary care practices actively serving as AMH Tier 3 practices, whose providers have experience delivering primary care services to the Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population.

To demonstrate experience and competency to serve the Tailored Plan eligible population, each AMH+ applicant must attest that it has a patient panel with at least 100 active Medicaid patients who have an SMI, SED, or severe SUD; an I/DD; or a TBI.

AMH+ practices may, but are not required to, offer integrated primary care and behavioral health or I/DD services.

To be eligible to become an AMH+, the practice must intend to become a network primary care provider for Tailored Plans.



Care Management Agency (CMA)

Definition: Provider organizations with experience delivering behavioral health, I/DD, and/or TBI services to the Tailored Plan eligible population, that will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model.

To be eligible to become a CMA, an organization's primary purpose at the time of certification must be the delivery of NC Medicaid, NC Health Choice, or State-funded services, other than care management, to the Tailored Plan eligible population in North Carolina. The "CMA" designation is new and will be unique to providers serving the Behavioral Health I/DD Tailored Plan population.

The Tailored Plan must contract with all organizations in its region that receive AMH+ or CMA certification to provide Tailored Care Management.

AMH+ practices or CMAs must not be owned by, or be subsidiaries of, Tailored Plans.

NC Medicaid Enrollment Broker

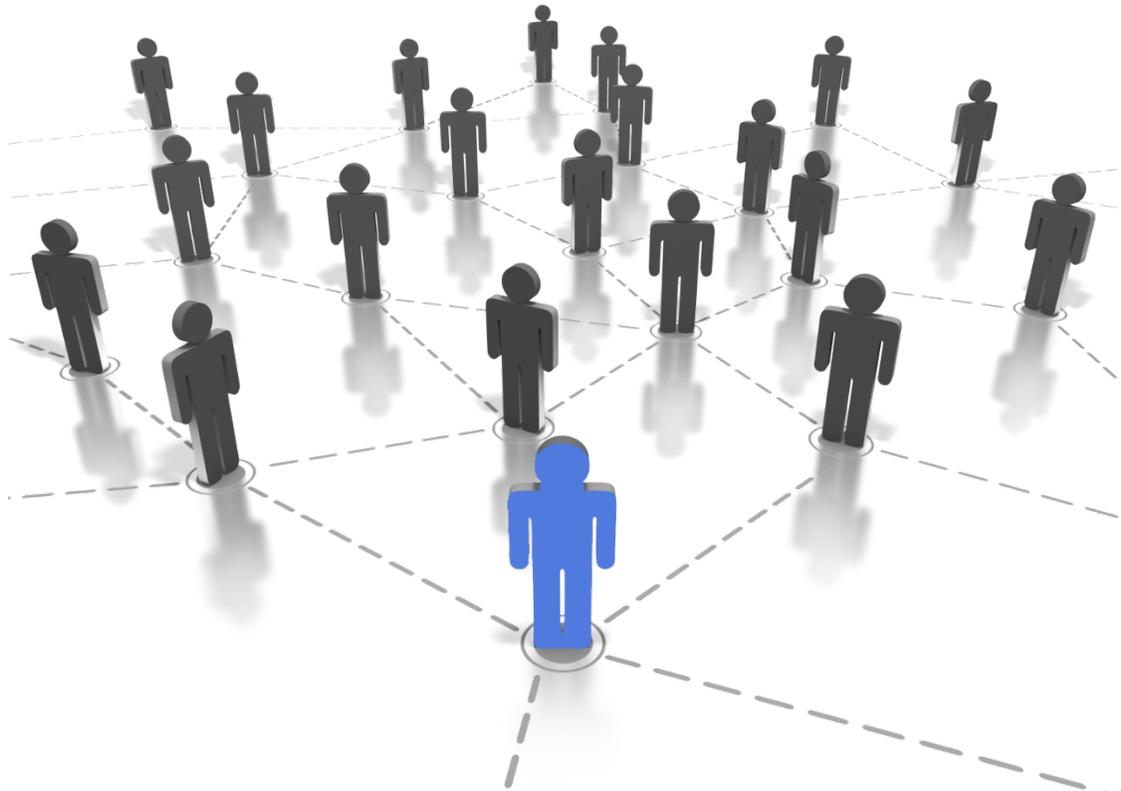
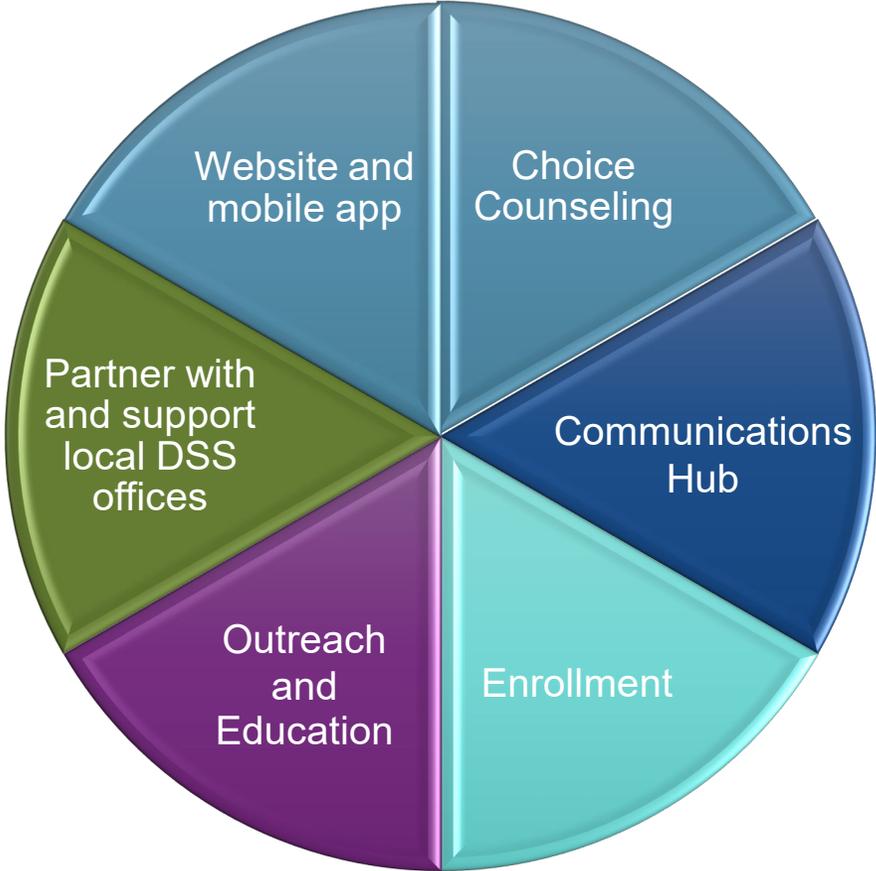
About the Enrollment Broker

The Enrollment Broker is responsible for choice counseling for health plan and primary care provider (PCP) selection; as part of this, the Enrollment Broker is also responsible for mailing all notices and handling enrollment.

“An Enrollment Broker is an entity that performs choice counseling or enrollment activities, or both. Eligibility services are completed by NC Medicaid, not by the Enrollment Broker. Enrollment Brokers and subcontractors must not have direct or indirect financial ties to any Health Plan or health care provider that furnishes services in the same state where the Enrollment Broker work is performed.”

Source: The Centers for Medicare & Medicaid Services (CMS) Code of Federal Regulations 42 CFR § 438.810 - Expenditures for enrollment broker services

NC Medicaid Enrollment Broker Services



NC Medicaid Enrollment Broker Services

Community Outreach

- Conduct outreach and education across the state of North Carolina to beneficiaries and community-based organizations.
- Provide materials that are understandable and accessible.



NC Medicaid Enrollment Broker

Outreach Materials

FACT SHEET – STANDARD PLAN & TAILORED PLAN

MOST PEOPLE GET MEDICAID SERVICES THROUGH A HEALTH PLAN

You have access to a network of providers, 24-hour Nurse Line and can see your doctor as often as you need. NC Medicaid Managed Care offers different health plan choices, including Standard Plans and Tailored Plans.

STANDARD PLANS

- Standard Plans offer physical health, pharmacy, care management and basic behavioral health services for beneficiaries. Added services are available and different for each Standard Plan.
- Depending on where you live, you may have four or five Standard Plans to choose from.
- If you do not know which Standard Plan you are enrolled in or want to change your Standard Plan, contact us in one of these ways:
 - Go to ncmedicaidplans.gov to login through the secure portal (chat)
 - Use the NC Medicaid Managed Care mobile app
 - Call toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com)

TAILORED PLANS

- Tailored Plans offer physical health, pharmacy, care management and basic behavioral health services for beneficiaries who may have substance use disorder, intellectual/developmental disability or brain injury (TBI). Enhanced behavioral health services are available and different for each Tailored Plan.
- There are six Tailored Plans, and only one Tailored Plan is based on the county that manages your health.
- If you qualify for a Tailored Plan, you may be asked to choose a primary care provider (PCP) and Tailored Plan. If you do not choose a PCP or Tailored Plan, we will choose one for you.
 - Contact your Tailored Plan to choose a PCP and Tailored Plan.
 - For a list of providers that work with your Tailored Plan, call 1-833-870-5500 (TTY: 711 or RelayNC.com) free.

IF YOU HAVE QUESTIONS

About your Standard Plan benefits: Call your Standard Plan.

WellCare	1-866-799-5518 (TTY: 711)
UnitedHealthcare Community Plan	1-800-349-4884 (TTY: 711)
HealthyBlue	1-844-994-5070 (TTY: 711)
Aetna Health Caritas	1-800-375-8811 (TTY: 1-866-209-6421)
Carolina Complete Health*	1-833-512-3876 (TTY: 711 or 1-800-735-2962)

About your Tailored Plan benefits: Call your Tailored Plan.

Alliance Health	1-800-510-9332 (TTY: 711 or 1-800-735-2962)
Eastbridge	1-800-913-8209 (TTY: 1-800-923-5112)
Partners Health Management	1-800-316-3452 (TTY: 711 or 1-866-518-6778)
Sanatitas Center	1-877-689-2455 (TTY: 711)
Tritium Health Resources	1-855-962-9003 (TTY: 711)
Your Health	

About your eligibility: Contact your local Department of Social Services (DSS) office. A list of DSS locations can be found here: ncdhs.gov/localsds

About your health care changes or services provided by health plans: Go to ncmedicaidplans.gov (chat feature available), use the NC Medicaid Managed Care mobile app or call toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com) to learn more about your choices, including the EBCI Tribal Option or NC Medicaid Direct.

About changing your PCP only: Call your health plan at the number on your Medicaid ID card or in your Member Handbook.

TRIBAL HANDOUT

MEDICAID HEALTH CARE FOR NATIVE AMERICANS AND ALASKAN NATIVES

If you are a federally recognized tribal member or individual eligible for services through Indian Health Service (IHS), you have choices for how you receive Medicaid services. You may choose one of these options: EBCI Tribal Option, health plan or NC Medicaid Direct. You can change the way you receive health care services at any time.

YOUR CHOICES

- The EBCI Tribal Option is a health plan created by the Cherokee Indian Hospital Authority (CIHA). It manages the primary care needs of American Indian/Alaskan Native Medicaid beneficiaries. The EBCI Tribal Option includes Vaya Health for a mental health disorder, substance use disorder, developmental disability or traumatic brain injury.
- A health plan is a group of doctors, hospitals and other providers to give you the health care you need. This includes physical and medicine.
- NC Medicaid Direct is North Carolina's current health care for beneficiaries who are not enrolled in NC Medicaid Managed Care coordination from Community Care of North Carolina (CC) coordinate services for a mental health disorder, substance use disorder, developmental disability or traumatic brain injury.

WHAT YOU NEED TO DO

- You do not know which health plan you are enrolled in:** Call us toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com)
- You have questions about benefits or coverage:** Call your health plan at the number on your new Member Handbook
- You want to change your health plan:** Contact us in one of these ways:
 - Go to ncmedicaidplans.gov (chat feature available)
 - Use the NC Medicaid Managed Care mobile app
 - Call us toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com)

IF YOU HAVE MORE QUESTIONS

Find contact information on here: ncdhs.gov/localsds

- About your eligibility:** Contact your local Department of Social Services (DSS) office. NC Medicaid Managed Care mobile app or call us toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com)
- About your health plan:** Go to ncmedicaidplans.gov (chat feature available), use the NC Medicaid Managed Care mobile app or call us toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com)
- About your benefits:** Call your health plan

WellCare	1-800-260-8992 (TTY: 711)
UnitedHealthcare Community Plan	1-866-799-5518 (TTY: 711)
HealthyBlue	1-800-349-4884 (TTY: 711)
Aetna Health Caritas	1-800-375-8811 (TTY: 1-866-209-6421)
Carolina Complete Health**	1-833-512-3876 (TTY: 711 or 1-800-735-2962)

For NC Medicaid Direct questions, call the NC Medicaid Contact Center at 1-888-245-0179.

Download the NC Medicaid Managed Care Mobile App

You can view more information for the health plans at ncmedicaidplans.gov/find/viewhealthplans.

PALM CARD

WELCOME TO NC MEDICAID MANAGED CARE!

WHAT YOU NEED TO DO IF

- You do not know your health plan or want to change your health plan**
 - Go to ncmedicaidplans.gov (chat feature available)
 - Use the NC Medicaid Managed Care mobile app
 - Call toll free at 1-833-870-5500 (TTY: 711 or RelayNC.com)
- You want to change your primary care provider (PCP) or care manager only**
Call your health plan at the number on your Medicaid ID card or in your Member Handbook
- You have questions about your eligibility**
Contact your local Department of Social Services (DSS) office: ncdhs.gov/localsds

¡BIENVENIDO A NC MEDICAID MANAGED CARE!

QUÉ NECESITA HACER SI

- No sabe cuál es su plan de salud o quiere cambiar de plan de salud**
 - Vaya a ncmedicaidplans.gov/es (herramienta de chat disponible)
 - Use la aplicación móvil de NC Medicaid Managed Care
 - Llame gratis al 1-833-870-5500 (número de TTY: 711 o RelayNC.com)
- Solo quiere cambiar su proveedor personal (PCP) o administración de cuidados**
Llame a su plan de salud al número de teléfono que aparece en su tarjeta de identificación de Medicaid o en el manual para miembros
- Tiene preguntas sobre su elegibilidad**
Comuníquese con la oficina local del Departamento de Servicios Sociales (DSS) en ncdhs.gov/localsds

Outreach Events: Home Page

NC Medicaid Managed Care started July 1, 2021

NC Medicaid Managed Care health plans are now active. This means that you will now get care through your health plan. If you have questions about benefits and coverage, call your health plan. You can find the number on your new Medicaid ID card or visit [View health plans](#).

You can also contact the NC Medicaid Ombudsman if you have questions or problems your health plan or provider could not answer. Call **1-877-201-3750** or visit ncmedicaidombudsman.org.

Meetings and events

Learn more about NC Medicaid Managed Care. Join us at a community meeting or event.

[Find meetings and events near you >](#)



Transportation services

You can schedule rides to medical appointments. Learn more about [transportation services](#).

Get the free mobile app

To get the app, search for **NC Medicaid Managed Care** on [Google Play](#) or the [App Store](#).



Use the app to find and view primary care providers (PCPs) and health plans for you and your family. Learn more about the free mobile app at [Get answers](#).

Find and view providers and health plans

This website has new tools to help you find and view primary care providers (PCPs) and health plans.

Medicaid and NC Health Choice Provider and Health Plan Lookup Tool

You can use the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool to find a PCP. Our new provider search will help you find the best PCP for you and your family.

To search for a provider, go to [Find a provider](#).

Health Care Option Guide

You can use the Health Care Option Guide to view health plans. It will help you choose the best health plan to meet your health care needs.

To view health plans, go to [View health plans](#).

Questions?

We can help. Call us to get answers to your questions about NC Medicaid Managed Care. The call is toll free.

Phone: **1-833-870-5500** (TTY: 711 or RelayNC.com)

Hours of operation: 7 a.m. to 5 p.m., Monday through Saturday

Or use the chat tool to chat with us online.

For answers to common questions, go to [Get answers](#).

Update your mailing address and contact information

Make sure you do not miss any news about your Medicaid coverage. Check to be sure we have the right address and contact information for you.

To check your information or report changes, visit or call your [local Department of Social Services \(DSS\) office](#).

NC Medicaid Enrollment Broker

Outreach Events: Meetings – Select County

CHANGE TEXT SIZE | ENGLISH ESPAÑOL



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NC Medicaid
Division of Health Benefits

Learn ▾
Learn about NC Medicaid Managed Care

Find ▾
Find and view primary care providers (PCPs) and health plans

Enroll
Choose a health plan and primary care provider (PCP)

Contacts and links
Get answers
Words to know
Member resources
Submit forms online
Online account

[Home](#)

Meetings and events

Join us at a community meeting. Find meetings and events near you.

Choose your county:

Go



Chat with us...



Outreach Events: Meetings - Results



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Meetings and events

Join us at a community meeting. Find meetings and events near you.

Choose your county:

Anson ▾

Go

There are no meetings or events for this county.



Chat with us...



NC Medicaid Enrollment Broker

NC Medicaid Enrollment Broker Contacts

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Resources

- **NC Medicaid Website**

[medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov)

- Includes County and Provider Playbooks
- Beneficiary Portal
- Fact Sheets

- **NC Medicaid Help Center**

[medicaid.ncdhhs.gov/helpcenter](https://www.medicaid.ncdhhs.gov/helpcenter)

- **Practice Support**

[ncahec.net/medicaid-managed-care](https://www.ncahec.net/medicaid-managed-care)

- NC Managed Care Hot Topics Webinar Series
hosted by Dr. Dowler on the first and third Thursday of the month

- **Regular Medicaid Bulletins**

[medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.medicaid.ncdhhs.gov/providers/medicaid-bulletin)



New Back Porch Series

Tailored Plan 101: Ready, Set, Launch Series

A new series of monthly webinars held over the next six months to prepare for the launch of Tailored Plans in December 2022

- First session is tonight, Thursday, June 16 from 5:30-6:30 p.m.
- Held Monthly on the third Thursday of the month
 - Preparing for Tailored Plan (June)
 - Integrating Behavioral Health and Physical Health, Tailored Care Management and Advanced Medical Home (July)
 - Transitions of Care, Network Adequacy and Readiness (August)
 - Countdown to Tailored Plan Launch: Who is Who (September)
 - Countdown to Tailored Plan Launch: Health Plan Accountability and Reporting (October)
 - What ifs of Tailored Plan Launch, Quick Reference Guides, Practice Supports (November)
- The latest schedule, registration and information on previous webinars, including the recording, slides, and transcripts are available on the AHEC Medicaid Managed Care website. ncahec.net/medicaid-managed-care

Questions & Answers

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
Medicaid.NCEngagement@dhhs.nc.gov