

Thank you for joining. The Community Partners webinar will begin shortly.

Gracias por unirte. El seminario web para socios comunitarios comenzará en breve.

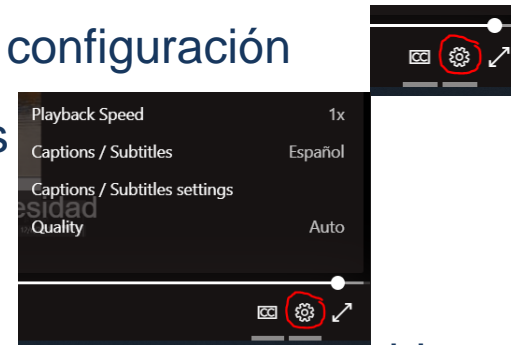
A copy of today's slide deck and recording will be available on our website at [medicaid.ncdhhs.gov/transformation/more-information](https://www.medicaid.ncdhhs.gov/transformation/more-information)

Una copia de la presentación y de la grabación de hoy estará disponible en nuestro sitio web

Quick tips on attending a Microsoft Teams Live Event / Consejos rápidos para asistir a un evento en vivo de Microsoft Teams

To view the webinar with captions/subtitles / Para ver el seminario web con subtítulos:

- Click the settings (gear icon) / Haga clic en el icono de configuración
- Click captions/subtitles / Haga clic en captions/subtitles

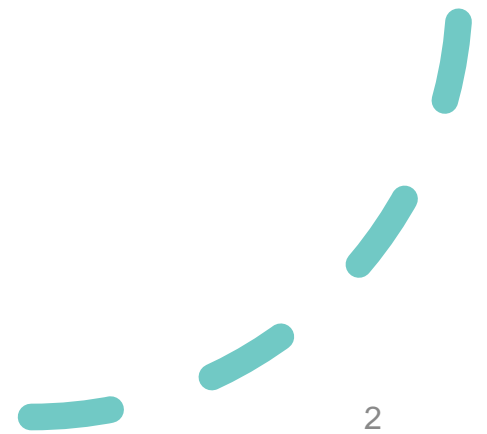


Use the Q&A feature at the top right of the screen to ask questions and provide comments, we will try to answer as many questions as possible in the Q&A session at the end of the webinar.



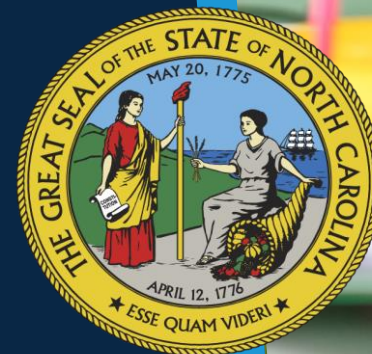
**Ericka
Johnson**

**Chief of Staff
NC Medicaid**



NC Medicaid Community Partners Webinar

Dec. 5, 2024



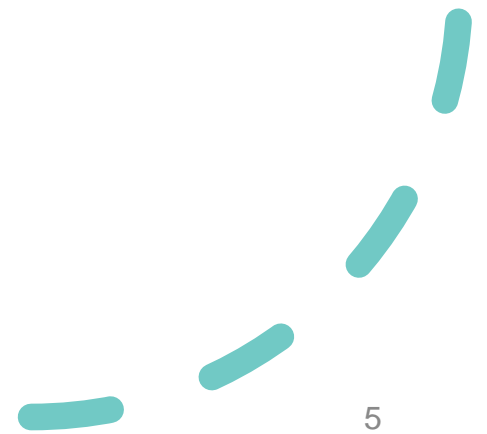
AGENDA

- Welcome
- Medicaid Expansion Update
- Hurricane Helene Flexibilities
- Copays
- NEMT
- MAC/BAC
- Tailored Care Management
- Resources
- Questions & Answers



**Jay
Ludlam**

**Deputy Secretary
NC Medicaid**



MEDICAID EXPANSION

Where we are today

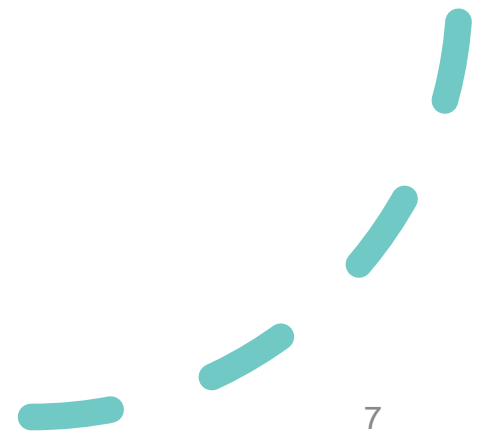
- Dec. 1, 2024, marked the first anniversary of Medicaid expansion, a life-changing milestone for nearly 600,000 North Carolinians who now have affordable health coverage through NC Medicaid.
- Track our progress each month on our [Medicaid Expansion dashboard](#)
- For more information, see the [news release](#)





**Melanie
Bush**

Deputy Medicaid Director



HURRICANE HELENE FLEXIBILITIES

Flexibilities are effective from Sept. 26, 2024, through Dec. 25, 2024

- The Centers for Medicare & Medicaid Services (CMS) granted approval on Oct. 1, 2024, for NC Medicaid to implement a temporary, expedited enrollment process for health care providers to become a NC Medicaid provider due to a natural disaster.
- Applicants or their authorized representatives may apply for Medicaid in any county. If a county receives an application for an individual who does not reside in that county, the application must be accepted.
- Medicaid recertifications for beneficiaries who are in the impacted counties should be resumed beginning Nov. 1, 2024.
- Changes of circumstances should be reacted to according to current policy, regardless of residential county, beginning Nov. 1, 2024.

COPAYS

NC Medicaid is low or no-cost to you. NC Medicaid pays the cost for most health care services. You do not have to pay any monthly premiums. The highest copay is \$4 and that is only needed for some services.

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

Reminder: Providers should not deny services to any Medicaid patient on account of the individual's inability to pay a deductible, co-insurance or copay amount.

NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

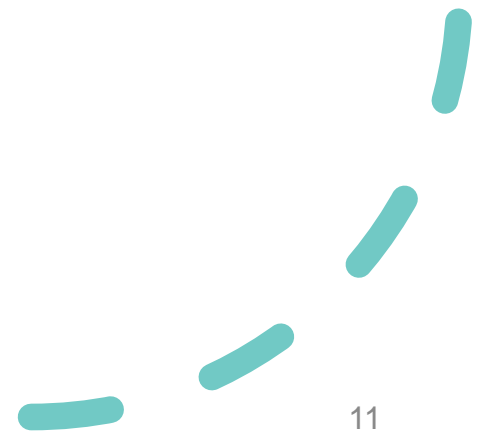
You may be able to get rides if you have a Medicaid health plan like NC Medicaid Direct, a Standard Plan, a Tailored Plan or the EBCI Tribal Option.

- You should ask for your ride at least two days before your appointment. For urgent pickups, like leaving the hospital or going to the pharmacy, you do not need to ask ahead of time.
- Call the number listed on your health plan ID card to schedule a ride.
- If you have NC Medicaid Direct or EBCI Tribal Option, call your local Department of Social Services to schedule a ride.
- If you are not sure which health plan to call, the NC Medicaid Enrollment Broker can help you find your health plan: call **1-833-870-5500**.
- If you drive yourself to an appointment, or if a family member or friend gives you a ride, you might get money back for travel costs. The rules for getting money back are different for each health plan.



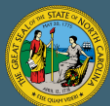
**Kathy
Batton**

**Communications Manager
NC Medicaid**



NC Medicaid Advisory Committee and Beneficiary Advisory Council

Getting Input to Improve NC Medicaid



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

Getting input to improve NC Medicaid

In April 2024, CMS released its final rule, “Ensuring Access to Medicaid Services.”

- The new rule requires State Medicaid agencies to create a Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC) by July 2025.*
- The MAC/BAC are designed to center the lived experience of beneficiaries, their families and caregivers.
- The MAC/BAC will provide a more formalized structure for beneficiaries and interested parties to provide feedback to the state about Medicaid.
- The MAC will replace the current Medical Care Advisory Committee (MCAC) that advises the NC Medicaid on health and medical care services.

* Some requirements will be phased-in over a longer period.

Getting input to improve NC Medicaid

The MAC/BAC will provide insights to NC Medicaid on topics related to program operations and the needs of Medicaid beneficiaries, including:



Additions and
Changes to Covered
Services



Coordination
of Care



Quality of
Services



Eligibility, Enrollment
and Renewal
Processes



Beneficiary
and Provider
Communications



Access to
Services



Cultural Competency,
Language Access
and Health Diversity



Other Issues Impacting
Health/Medical
Services



The MAC

Medicaid Advisory Committee (MAC)

What is the MAC?

The MAC will be a diverse group of Medicaid stakeholders with a wide range of perspectives and experiences.

The MAC will include BAC members and at least one representative from each of these categories:

- Clinical providers/administrators
- Participating health plans/state associations
- Other state agencies as ex-officio members
- State, local or community-based organizations

Membership

MAC Membership

- The MAC shall be composed of at least 20 members with members selected from the 14 congressional districts and six additional at-large members.
- The MAC must include a portion of BAC members (10% July 9, 2025; 20% July 10, 2026; 25% July 11, 2027).
- BAC members may rotate on the MAC to alleviate burden of serving on the MAC for individual BAC members.



Beneficiary Advisory Council (BAC)

The BAC

What is the BAC?

The BAC will be a dedicated forum for people with lived experience with NC Medicaid.

BAC members must include:

- Current and/or former Medicaid beneficiaries
- Family members of beneficiaries
- Paid or unpaid caregivers of beneficiaries

The BAC shall be composed of no more than 18 members with members selected from the 14 congressional districts and four additional at-large members.

Membership

The BAC and MAC can be built to meet the unique features of the program.

By July 9, 2025, Medicaid must have bylaws and a recruitment/facilitation processes in place. This includes:

- Member selection criteria (must be selected on a continuous and rotating basis).
- Onboarding.
- Term lengths - members may not serve consecutive terms but can serve multiple non-consecutive terms.
- How members roll on and off – members cannot serve consecutive terms (but can serve non-consecutive terms).
- Compensation.

Existing committees can be adapted to meet requirements of the BAC and MAC, as long as

- The existing committees meet the new requirements.
- The state declares in publicly posted bylaws the group is being used to fulfill the BAC and MAC regulatory requirements.

Meeting Frequency and Format

Meeting Frequency

- Both the BAC and MAC must meet once each quarter with off-cycle meetings held as needed.
- The BAC must meet separately from and before each MAC meeting to ensure BAC members are prepared to participate in the MAC meeting.

Meeting Format

- Must offer rotating meeting participation options, including all in-person, all virtual and hybrid (virtual and in-person) attendance.
- Regardless of the meeting format, a telephone dial-in option must be available.
- Two MAC meetings per year must be open to the public, with dedicated time for public comment.
- The BAC will decide for itself which meetings (if any) are to open to the public.

Recruitment

The selection process must be open to the public.

- MAC and BAC members are selected by the Deputy Secretary of Medicaid.
- Interested parties must submit applications for review by Medicaid.
 - In the application, prospective members must describe their interest in the Medicaid program.
 - Must ensure varied representation on the BAC and MAC (e.g., enrollees with different demographics or health care needs, different provider types).

Develop Application

Publish and Recruit

Review Applications

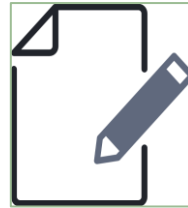
Select Members

How to apply for the MAC or BAC



Online

MAC/BAC Application



Paper application

Paper Application



By phone

Email for appointment

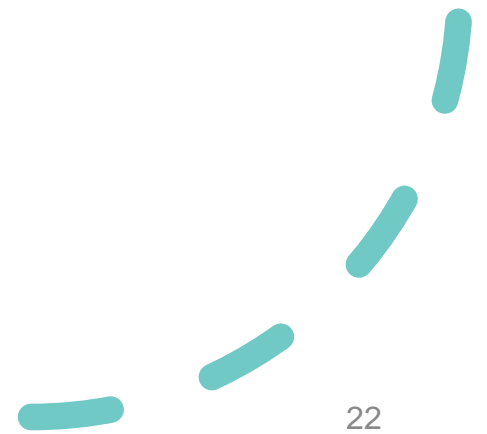
MAC/BAC webpage [Medicaid.ncdhhs.gov/MAC-BAC](https://www.Medicaid.ncdhhs.gov/MAC-BAC)

For help applying or to schedule a phone application, email Medicaid.NCEngagement@dhhs.nc.gov



**Gwen
Sherrod**

Tailored Care Management Program Manager



What is a Tailored Plan?

Tailored Plans are a new kind of NC Medicaid Managed Care health plan. They cover your mental health, severe substance use, I/DD, TBI and prescriptions in one plan.

If you get NC Medicaid Direct services for these needs, your NC Medicaid plan may have moved to a Tailored Plan. The name is changing, but the services are not.

Tailored Plans include services for people with more intense needs, including people with:



Serious
Mental Illness
(SMI)



Severe Substance
Use Disorders
(SUD)



Intellectual/
Developmental
Disabilities (I/DD)



Traumatic Brain
Injuries (TBI)

Learn more at: [Medicaid.NC.gov/Tailored-Plans](https://www.Medicaid.NC.gov/Tailored-Plans)

Who runs Tailored Plans?

1. Tailored Plans in North Carolina are managed by four companies called **Local Management Entities (LME)**.
2. Your LME will cover your behavioral health, physical health, and prescriptions.
3. If your NC Medicaid is moving to a Tailored Plan, it will be managed by one of these four companies:



Alliance Health



Partners Health
Management



Trillium Health
Resources



Vaya Total Care

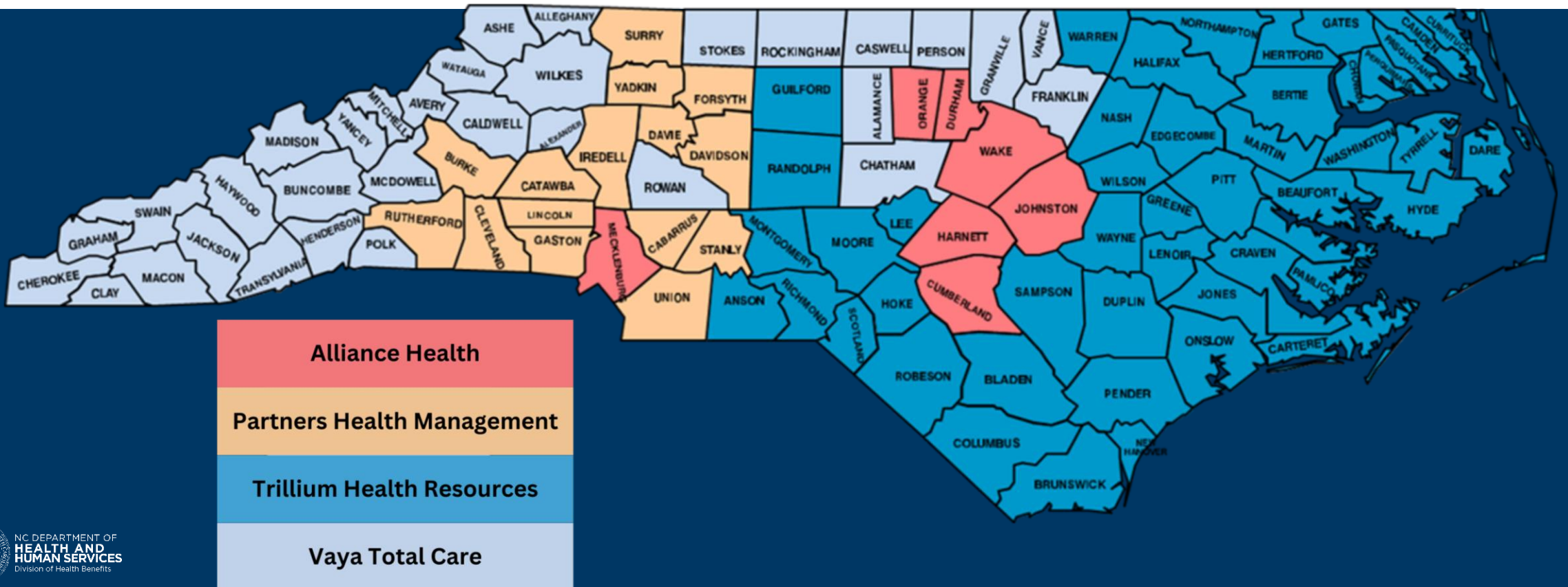


How will I know which Tailored Plan I am in?

A letter was mailed in mid-April. That letter has information about which Tailored Plan you are in. Your plan is assigned based on the county where you get your Medicaid benefits.

There is only one Tailored Plan per county

Your assigned Tailored Plan is based on the county that manages your Medicaid benefits. You cannot choose a different Tailored Plan.



What is Tailored Care Management?

Tailored Care Management (TCM) is a **free service** from NC Medicaid.

Tailored Care Management pairs you with an expert who knows the health care system, a **Tailored Care Manager**.

It is for people who have a serious mental illness, a severe substance use disorder, an intellectual/developmental disability or a traumatic brain injury.



How does it work?

1

It's part of Medicaid benefits

Tailored Care Management is a service available for Tailored Plan members and some beneficiaries with NC Medicaid Direct.

2

It's free and optional

Tailored Care Management is free. It is your choice to use it. You can cancel at any time.

3

It's personalized help

Your Tailored Care Manager works with you to help you navigate the health care system and manage your difficult medical issues. They can even help with basic needs like food and transportation.

Eligibility

You may be eligible for Tailored Care Management. It is a service available for Tailored Plan members and some beneficiaries with NC Medicaid Direct.
Your health plan ID card should have one of these companies:



Eligibility *(Continuation)*

People with NC Medicaid and these conditions also qualify for Tailored Care Management services:



Such as schizophrenia, bipolar disorder, and depression.



Such as opioids or cocaine.



Such as Down syndrome, autism, and fetal alcohol syndrome.



Such as from car accidents, falls, and sport injuries.

Eligibility *(Continuation)*

Other programs also eligible for Tailored Care Management are:



Dual-eligible means you have Medicare and Medicaid.



Having Tailored Care Management will not affect your place in line.

Who is not eligible?

Certain services are like Tailored Care Management. If you already get a similar service, you may not be able to get Tailored Care Management at the same time.

Your Medicaid health plan can tell you if you are receiving similar services.

Call your Medicaid health plan and ask if you are eligible for Tailored Care Management services (available for Tailored Plan members and some beneficiaries with NC Medicaid Direct).

People with these Medicaid health plans are **NOT** eligible for Tailored Care Management:

- **Standard Plans**
 - AmeriHealth Caritas
 - Carolina Complete Health
 - Healthy Blue
 - UnitedHealthcare Community Plan
 - WellCare
- **Eastern Band of Cherokee Indians (EBCI) Tribal Option**

Tailored Care Managers

Tailored Care Managers are trained professionals who know the system and support your health and well-being. They partner with you to develop a care plan to help achieve your goals. They can even help with basic needs like food and transportation.

Tailored Care Managers organize services for physical health, behavioral health, intellectual/developmental disabilities (I/DD), pharmacy, long-term services and supports and traumatic brain injury (TBI).

Tailored Care Managers may work through an Advance Medical Home Plus (AMH+), Care Management Agency (CMA), or provided through the LME/MCOs and Tailored Plans.

Individuals eligible for Tailored Care Management, are intended to have a **single care manager**.

How your Tailored Care Manager can help you

Tailored Care Managers help you get the care you need.

They help you manage your health and wellbeing – so you don't have to do it all yourself.



Doctors and
specialists



Rides to
appointments



Prescriptions and
medical supplies



Housing
resources



Support with
chronic conditions
like diabetes



Hospital admissions,
transfers, discharges



Food and
nutrition



Support groups
and community
activities



Direct contact for all
things Medicaid

Tailored Care Managers work to give you personalized help:

For intellectual/developmental disabilities:

- Community based support
- Independent living
- Respite care
- School or job supports
- Building your care team
- Supported decision making

For addiction recovery:

- Treatment programs
- Support groups
- Sober living supports
- Therapists
- Help after treatment
- Job coaching

For traumatic brain injuries:

- Brain injury specialists
- Rehabilitation programs
- TBI support groups
- Independent living
- School supports
- Job coaching

For better mental health:

- Support groups
- Therapists and psychiatrists
- Prescriptions
- Help during a crisis
- Job coaching

Tailored Care Managers can also help manage chronic medical conditions, like diabetes or hypertension.

How Does a Beneficiary Find Their Tailored Care Management Agency?

*Available for Tailored Plan members
and some beneficiaries with NC
Medicaid Direct*



If you are eligible to receive Tailored Care Management, a TCM provider will be assigned to you. A letter will be mailed to you with the name of your TCM provider. You get a phone call or other communication from your TCM provider.

Call your Medicaid health plan

- Alliance Health: 1-800-510-9132, TTY: 711 or 1-800-735-2962
- Partners Health Management: 1-888-235-4673, TTY/English: 1-800-735-2962, TTY/Spanish: 1-888-825-6570
- Trillium Health Resources: 1-877-685-2415, TTY: 711
- Vaya Health (or Vaya Total Care): 1-800-962-9003, TTY: 711

Not sure which plan you have?

Call to find your Medicaid plan: 1-833-870-5500

Visit the website to learn more:

Answers to frequently asked questions are available on our website:
[Medicaid.nc.gov/tailored-care-management](https://www.Medicaid.nc.gov/tailored-care-management)

Tailored Care Managers

Tailored Care Managers are experts who know the system and support your health and well-being. They partner with you to develop a care plan to help achieve your goals. They can even help with basic needs like food and transportation.



MEETING YOUR **TAILORED CARE MANAGER**

If you are eligible, you are matched to a Tailored Care Manager based on your needs.

Call your Tailored Plan or NC Medicaid Direct and ask, “Who is my Tailored Care Manager?” They can provide you with their contact information.



CHANGING YOUR **TAILORED CARE MANAGER**

- You can do this twice per year for any reason.
- To change more than 2 times per year, you need an approved reason (for example, if your provider moves to a different location).

Call your Tailored Plan or NC Medicaid Direct. They can help find a match based on your age, location and health issues.

Consent for Tailored Care Management



✓ A member's assigned care manager must ask for the member's consent for participating in Tailored Care Management.



✓ As part of the consent process, the care manager must explain the Tailored Care Management program.

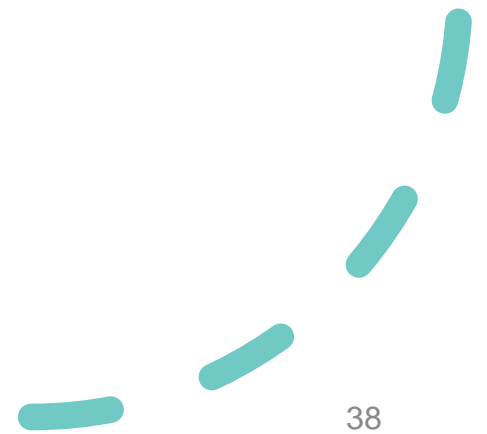


✓ Care managers will document in the care management data system that the member provided consent, including the date of consent.



**Melanie
Bush**

Deputy Medicaid Director



MEDICAID AMBASSADOR INITIATIVE

How to become a Medicaid Ambassador?

- Send an email stating your interest in becoming a Medicaid Ambassador to Medicaid.NCEngagement@dhhs.nc.gov
- Complete the Medicaid Essentials training
- Complete ePASS navigation training either by attending a live ePASS demo or watching the recording posted to the Medicaid expansion website
- Have an established confidentiality agreement with your organization
- Sign the Attestation form with NC Medicaid that you meet all the requirements

ePASS RESOURCES

- ePASS Fact Sheet [English](#) | [Spanish](#)
- Watch our video on how to help someone with an application using the links below:
 - English youtu.be/204bNI5pGkl
 - Spanish youtu.be/whLNhXj7zvM
- [ePASS website](https://epass.nc.gov) (epass.nc.gov)
- Local DSS Directory ncdhhs.gov/localdss

PROVIDER 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/helpcenter)
- Regular Medicaid Bulletins [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.ncdhhs.gov/providers/medicaid-bulletin)
- NC Medicaid Managed Care Webinar Series (Back Porch Chat)
Hosted by Medicaid and AHEC
Feb. 20, 2025, noon-1 p.m.
May 15, 2025, noon-1 p.m.
To register or view previous webinars
ncahec.net/practice-support/medicaid-managed-care-2-2/

QUESTIONS & ANSWERS

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If we couldn't get to your question, feel free to email it to

Medicaid.NCEngagement@dhhs.nc.gov