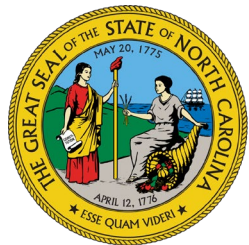


NCMEDICAID
FOR MORE **PEOPLE**

NC Medicaid Community Partners Webinar

June 18, 2024



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

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

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

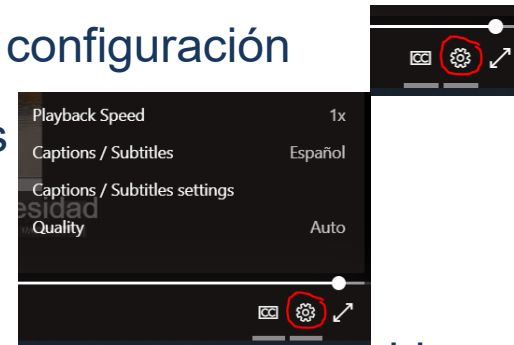
A copy of today's slide deck and recording will be available on our website at [medicaid.ncdhhs.gov/transformation/more-information](https://www.ncdhhs.gov/transformation/more-information)

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.



**LaQuana
Palmer**

**Deputy Director
NC Medicaid Communications &
Engagement**

PROVIDER RESOURCES

- **NC Medicaid Website - includes County and Provider Playbooks**
[medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)
- **NC Medicaid Help Center**
[medicaid.ncdhhs.gov/helpcenter](https://www.ncdhhs.gov/medicaid/helpcenter)
- **NC AHEC Medicaid Managed Care Trainings (including the Back Porch Series)**
[ncahec.net/practice-support/medicaid-managed-care-2-2/](https://www.ncahec.net/practice-support/medicaid-managed-care-2-2/)
- **Regular Medicaid Bulletins**
[medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.ncdhhs.gov/providers/medicaid-bulletin)



AGENDA

- Welcome
- NC Medicaid Expansion Update
- Tailored Plan Update
- Medical Advisory Committee/Beneficiary Advisory Committee
- Healthy Opportunities Pilot Update
- Medicaid Ambassador Initiative Update
- Questions & Answers



**Jay
Ludlam**

**Deputy Secretary
NC Medicaid**

MEDICAID EXPANSION

Where we are today

- A little more than six months since launch, 486,152 adults have Medicaid thanks to expansion
- More than 75% to our two-year goal of adding 600,000 adults
- Track our progress each month on our [Medicaid Expansion dashboard](#)

medicaid.ncdhhs.gov/north-carolina-expands-medicaid





**Melanie
Bush**

Deputy Medicaid Director

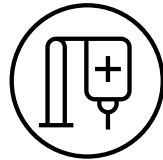
In this presentation...

Learn more about Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans, a new kind of NC Medicaid Managed Care health plan. **They start July 1.**



Your NC Medicaid Direct plan will move to a Tailored Plan

If you are covered by NC Medicaid and receive services for severe mental illness, severe substance use or have a traumatic brain injury or intellectual/developmental disability, more details were mailed in mid-April.



Some people may get new services

If you are moving from a Standard Plan (Healthy Blue, AmeriHealth Caritas, Carolina Complete Health, UnitedHealthcare or WellCare) to a Tailored Plan, new services may be available to you.



Fixed if your providers are in-network

Your providers (doctors and specialists) will need to be in your Tailored Plan's network by January 31, 2025.

Moving to a Tailored Plan? Here's what you need to know

Tailored Plans cover the same services that you get from NC Medicaid Direct and offer additional benefits.



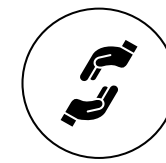
Tailored Plans are designed to put you first

That means looking at you as a whole person, all of you!



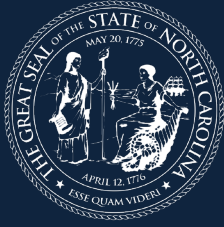
All your health needs met in one plan

With a Tailored Plan, your physical, mental, severe substance use, intellectual/developmental disability or traumatic brain injury needs are **all in one plan**.



Support from Tailored Care Managers

Tailored Care Managers help you get the medical or specialized care you need. They can help schedule your medical appointments, arrange transportation, and more.



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Tailored Plan Launch

What to Expect and Key Dates



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

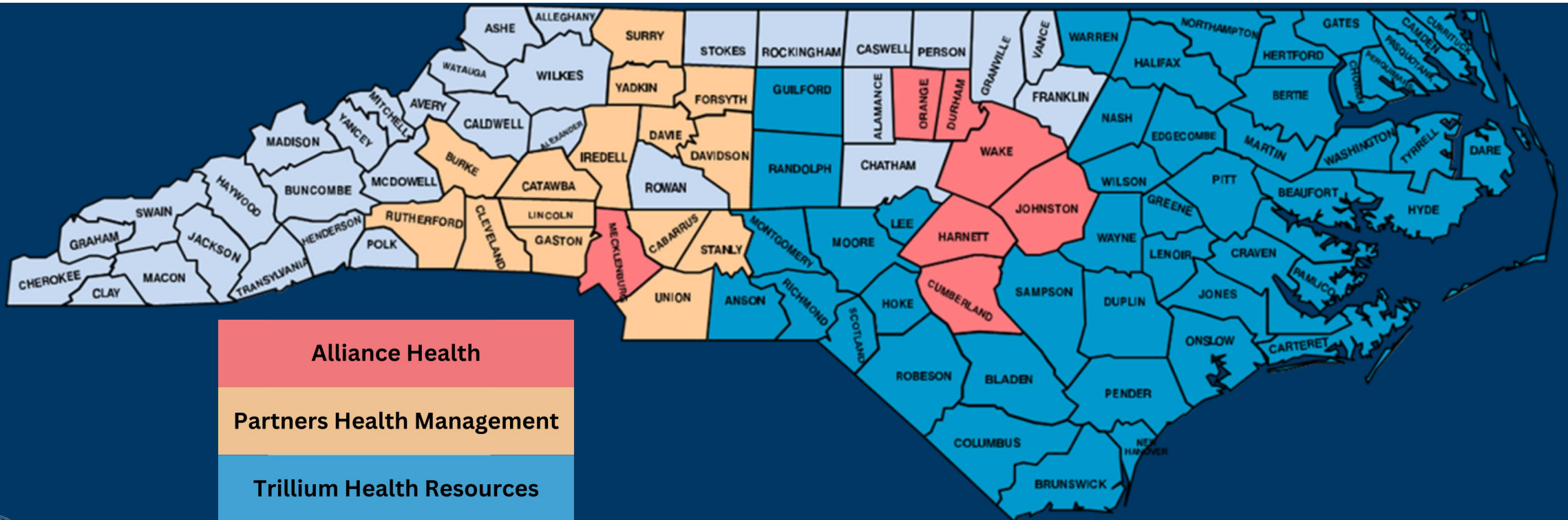


How will I know which Tailored Plan I am in?

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.






Alliance Health
Partners Health Management
Trillium Health Resources
Vaya Total Care

What's new for you?

-  **Providers must be in-network**
Your providers (doctors and specialists) must be in the Tailored Plan's network (also called "in-network") to be covered.
-  **You must choose a new PCP if yours is not in-network**
If you don't choose a PCP that's in your Tailored Plan's network, one was assigned to you. **You can change it until January 31, 2025.**
-  **More covered services**
If you choose to move from a Standard Plan (Healthy Blue, AmeriHealth Caritas, Carolina Complete, UnitedHealthcare or WellCare), you will get more services covered than you do now.

What's staying the same?

-  **Your plan covers the same services as before**
This includes I/DD, TBI, mental health, severe substance use, and care management services.
-  **Innovations/TBI Waiver members**
If you're on the Innovations Waiver or TBI Waiver, you keep your spot. If you're on the waitlist, you keep your place in line.
-  **Same Tailored Care Manager as the one you have now**
You have access to a Tailored Care Manager who can help you get the health services you need. If you have one now, they won't change.

If you will be moved to a Tailored Plan (LME)



Do I have to move to a Tailored Plan?

Possibly, if the letter you received from your NC Medicaid Enrollment Broker says you are moving to a Tailored Plan and describes your options.

If you received a letter saying you must move to a Tailored Plan, these are the next steps:

- ☑ **Moving to a Tailored Plan lets you keep your current coverage of services.** Tailored Plans cover the same services you get now through NC Medicaid Direct and your LME.
- ☑ **You may refuse to enroll in a Tailored Plan, but you could lose coverage for services.** If you choose a different health plan, certain services may not be covered.

Learn more about the transition to Tailored Plans:
medicaid.ncdhhs.gov/tailored-plans/moving-to-a-tailored-plan



Call your Tailored Plan to make sure your doctors and specialists are in your network

Check to see if your providers (doctors and specialists) accept your Tailored Plan - not just Medicaid.



Call your Tailored Plan

- Alliance Health 1-800-510-9132
- Partners Health 1-888-235-4673
- Trillium Health 1-877-685-2415
- Vaya Total Care 1-800-962-9003



Search the directory

Look for your providers on the directory:
ncmedicaidplans.gov

You can keep seeing an out-of-network provider after **January 31, 2025**.
Talk to your Tailored Plan.

If your specialist or doctor is not in your network:

Your providers (doctors or specialists) need to accept your Tailored Plan to provide services to you. Providers who do not will be considered out-of-network. **During your move to Tailored Plans:**

- ✓ **You may keep seeing current Medicaid providers**

Even if they're not listed on your health plan ID card, you may keep seeing the doctors you see now until January 31, 2025.

- ✓ **Your prescriptions stay the same**

Coverage for your prescriptions stays the same until at least January 31, 2025.

- ✓ **Your dental coverage will not change.**

You can keep seeing the **dental** providers you see now.

- ✓ **You may change your primary care provider (PCP)**

This is the doctor you see when you feel sick, need a check-up, or need help with chronic conditions like diabetes. You can change your PCP for any reason until January 31, 2025, and twice a year after that.





Tailored Plans have mailed Welcome Packets.
These included:

- ✓ Your new Tailored Plan ID card
- ✓ Your Member Handbook
- ✓ Your Primary Care Physician (PCP) is listed on your member ID card

What is in the Welcome Packet?





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Services Offered by Tailored Plans



Assistance Offered by Tailored Care Managers

Tailored Care Managers offer support to help you get the care you need.

Tailored Care Managers can help:



Arrange medical appointments



Find prevention programs



Find resources for home maintenance and repairs



Secure prescriptions and medical supplies



Find housing options and financial help



Support transitions out of hospital or nursing facilities



Provide support with chronic health issues



Locate after school care or childcare



Arrange transportation

Services offered by Tailored Plans

If you opt out of Tailored Plans, these services are not paid for by other NC Medicaid Managed Care health plans.

Here are some examples:

- ✓ Child and adolescent day treatment services
- ✓ Intensive in-home services
- ✓ Multi-systemic therapy services
- ✓ Psychosocial rehabilitation
- ✓ Residential treatment facility services
- ✓ Community living and supports (specific to I/DD & TBI)
- ✓ Supported employment (available to I/DD, TBI, and behavioral health)
- ✓ Respite (specific to I/DD, TBI, serious emotional disturbance and severe SUD)
- ✓ State-funded behavioral health, I/DD, and TBI services



Non-Emergency Medical Transportation (NEMT)

NC Medicaid's Tailored Plans Covers Free Rides to Medical and Mental Health Appointments

WHO IS ELIGIBLE? >>>

People on NC Medicaid, including Tailored Plans, who need transportation assistance to travel to their medical appointments qualify to receive NEMT services. Accessible rides are available for members with mobility disabilities.

WHAT TRIPS ARE COVERED? >>>

- ✓ Visits to your Medicaid doctor or specialist
- ✓ Trips to the pharmacy or for prescription pick-up
- ✓ Mental health appointments
- ✓ Substance abuse treatment



NC Medicaid's Tailored Plans Covers Free Rides to Medical and Mental Health Appointments

HOW TO SCHEDULE NEMT RIDES? >>>

Continued...

Non-Emergency Medical Transportation (NEMT)

Call your Tailored Plan to schedule NEMT rides.

- Alliance Health 1-800-510-9132
- Partners Health 1-888-235-4673
- Trillium Health 1-877-685-2415
- Vaya Total Care 1-800-962-9003

Request your ride at least 2 days before your appointment for best availability. This 2-day requirement does not apply in urgent pickups, like hospital discharges.



Continued...

Non-Emergency Medical Transportation (NEMT)

TRAVEL-RELATED REIMBURSEMENTS

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 such as:

- ✓ Gas vouchers
- ✓ Food
- ✓ Overnight or long-term lodging
- ✓ Parking fees and tolls during transportation to health appointments
- ✓ Transportation vouchers for taxi payments, ride-sharing services, or public transportation
- ✓ Mileage reimbursements

Contact your Tailored Plan (Alliance, Trillium, Vaya Total Care, or Partners Health Management) to ensure your trip is covered and get more details.

Learn more at: [Medicaid.NC.gov/NEMT](https://www.Medicaid.NC.gov/NEMT)



1915(i) Medicaid Home and Community- Based Services

NC Medicaid's New 1915(i) Free Services Help You Live More Independently At Home

Tailored Plans include 1915(i) home and community-based services to help members and caregivers get the support they need.

WHO IS ELIGIBLE? >>>

NC Medicaid members with:

- serious mental illness,
- severe substance use disorders,
- traumatic brain injuries,
- or intellectual/developmental disabilities.



1915(i) Medicaid Home and Community- Based Services

Continuation...

WHAT SERVICES ARE COVERED?

- ✓ **Respite Care:** Breaks for caregivers, including overnight or weekend care
- ✓ **Supported Employment:** Helps you find a job that's right for you
- ✓ **Individual Placement and Support Services:** Job help for those with severe mental illness or substance use disorders
- ✓ **Individual and Transitional Support:** Helps with housing, finances, etc.
- ✓ **Community Living and Support:** Learn to perform daily activities, like bathing and dressing, and community aspect activities like grocery shopping and making friends
- ✓ **Community Transition:** Helps you move from an institutional setting back to your community

Call your health plan or call your Tailored Care Manager or care coordinator (if you have one) to find the services you need.

Learn more at: [Medicaid.NC.gov/1915i](https://www.Medicaid.NC.gov/1915i)



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What should I do?



Moving to Tailored Plans? Here are 5 things you can do:

1.

Update your address if needed.



3.

Change your assigned primary care provider (PCP), if desired



2.

Know who runs your Tailored Plan.



4.

Check if your doctors and specialists are in your Tailored Plan.



5.

Ask about your Tailored Care Manager.



What you should do

1. Update your address if needed



Why:

Your address needs to be correct so you can get important information.

How:

Call your local Department of Social Services (DSS). To find yours, check the online directory:

ncdhhs.gov/localDSS

What you should know

2. Know who your Tailored Plan is



Why:

You can call them with any questions about your health plan. Each Tailored Plan has a different phone number.

How:

You received a letter in the mail with your Tailored Plan. You can also check this directory:

ncdhhs.gov/providers/lme-mco-directory

Or call 877-201-3750

What you should do

3. Change your assigned primary care provider (PCP), if desired



Why:

If you did not choose by May 15, one was assigned to you. But you can change your PCP until January 31, 2025, too.

How:

Contact your Tailored Plan.

What you should do

4. Check if your doctors and specialists are in your Tailored Plan



Why:

Your providers (doctors and specialists) will need to be in your Tailored Plan's network by January 31, 2025.

Don't see your provider?

Call your Tailored Plan. Ask them to reach out to the doctor you need.

How:

There are different ways you can check:

- Call your Tailored Plan
- Check this directory: ncmedicaidplans.gov/en/find-provider

What you should do

5. Ask about your Tailored Care Manager



Why:

Tailored Care Managers offer support to help you get the medical or specialized care you may need.

How:

Call your Tailored Plan and ask who your Care Manager is.



**Emma
Sandoe**

Deputy Director of Medicaid Policy

CMS Final Rule: Ensuring Access and Eligibility in Medicaid

Finalized on April 22, 2024

For more than 40 years, CMS has required every state to convene a Medicaid Care Advisory Committee (MCAC) in which various Medicaid stakeholders, including beneficiaries, can provide recommendations to the state agency.

However, beneficiaries have had mixed involvement with the MCAC across the country.

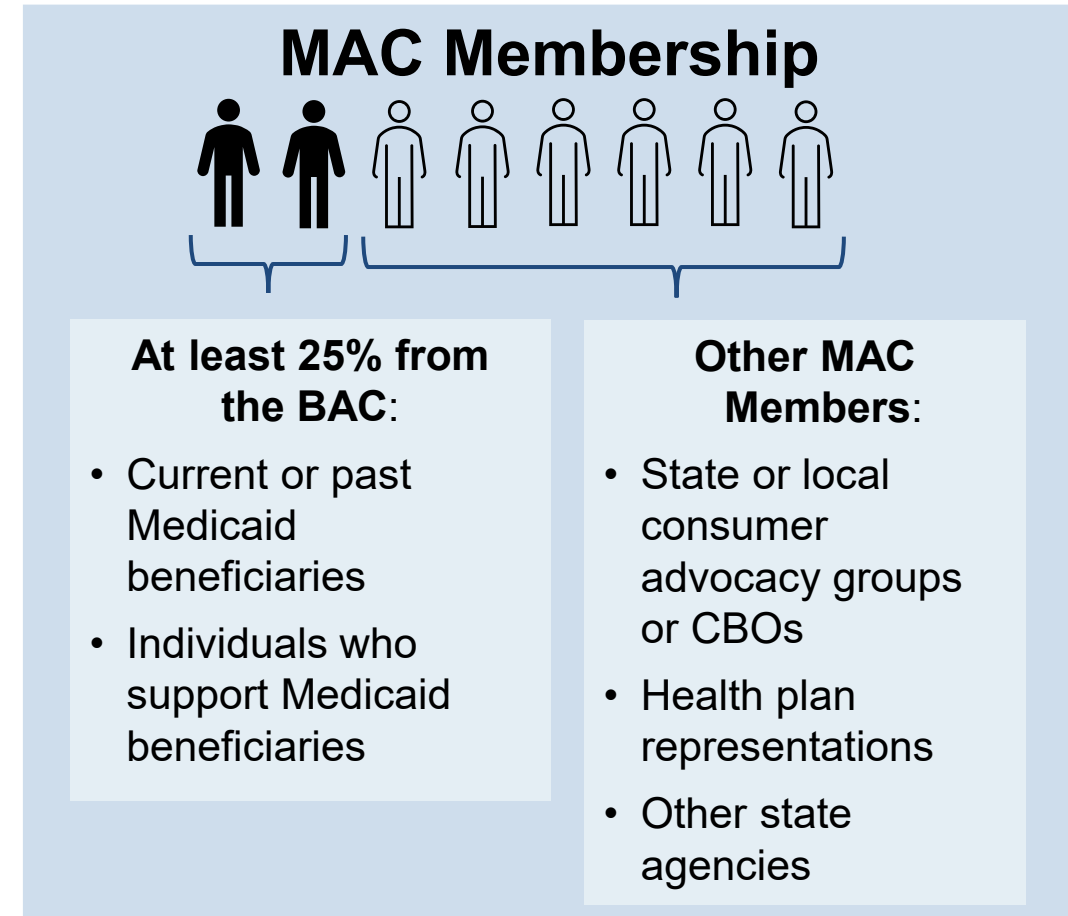
CMS has designed this new rule to center the lived experience of beneficiaries, their families, and caregivers in Medicaid programs and policies.

“I think they [beneficiaries] need to be an integral part of the policy making. I think that's how we go farther, maybe not faster, but that's how we go farther... So I think that they deserve a seat at the table as far upstream as possible.”

Medicaid beneficiary
CHER beneficiary focus group,
April 2023

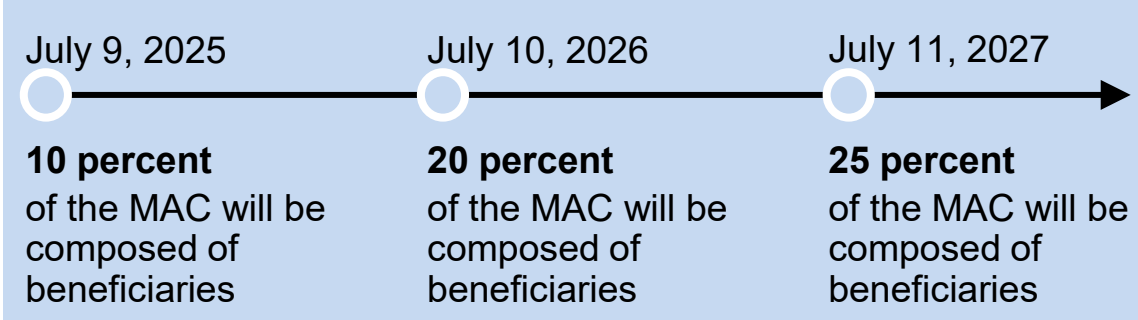
MAC/BAC Changes in Proposed Federal Rules

- CMS proposed rules require states to replace existing Medical Care Advisory Committees with two new groups:
 - Medicaid Advisory Committee
 - Beneficiary Advisory Council
- The MAC/BAC will broadly advise state Medicaid agencies on health and medical services, policy development, and program administration
- MAC and BAC must meet:
 - Once per quarter
 - Two MAC meetings must be open to the public
 - BAC members meet separately and prior to MAC meetings.
- States must allow for virtual participation, as well as financial support to address barriers for beneficiary participation (e.g., childcare)
- Applicable as of July 9, 2025



MAC Membership and Composition

Using a phased approach, beneficiaries will make up **25 percent** of the MAC membership.



In addition to a required percentage of beneficiaries, the MAC must include representation of at least one person from the following categories:



State or local consumer advocacy groups or community-based organizations that represent the interest of, or provide direct services, to Medicaid beneficiaries



Participating Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs or a health plan association representation such plans



Other state agencies that serve Medicaid beneficiaries as ex-officio, non-voting members

To be eligible for the **BAC**, one must be either



a current or past Medicaid beneficiary, or



an individual with direct experience supporting a Medicaid beneficiary, such as family members and caregivers - both paid and unpaid

Other Final Rules

Length and Terms of Members

- States will determine the length of terms for committee and council members.
- An individual's term may not be followed immediately by a consecutive term.

Reimbursement for Participation

- States will have the ability to reimburse beneficiaries, which can include reimbursement for travel, lodging, meals, and childcare, however other compensation such as daily stipends will be counted as income.
- The State could submit a SPA to CMS to disregard such stipends or other countable income.

Annual Report

- The MAC with support from the state must submit an annual report describing its activities, topics discussed, and recommendations. The state must review the report and include their response to the recommendations from MAC members.
- The first report will need to be finalized by July 9, 2026, and must be published online within 30 days.

Other Requirements

- States must offer a rotating variety of meeting attendance options (in-person, virtual, hybrid) and always offer a telephone dial-in option.
- States must post publicly the MAC/BAC annual report (including state responses to recommendations), along with bylaws, membership lists, meeting minutes, and the member recruitment and selection process.
- CMS requires states to provide staffing, financial, and other administrative support. States may claim FFP at the standard administrative match rate of 50%.

**Andrea
Price-
Stogsdill**

**Program Manager,
Healthy Opportunities Pilots Program
NC Medicaid**

HEALTHY OPPORTUNITIES PILOT

What is HOP?

- A pilot program in three regions of the state
- Goal is to test and review offering non-medical services to NC Medicaid beneficiaries
- Services are related to housing, food, transportation and interpersonal violence/toxic stress.

Who can participate in the Healthy Opportunities Pilots?

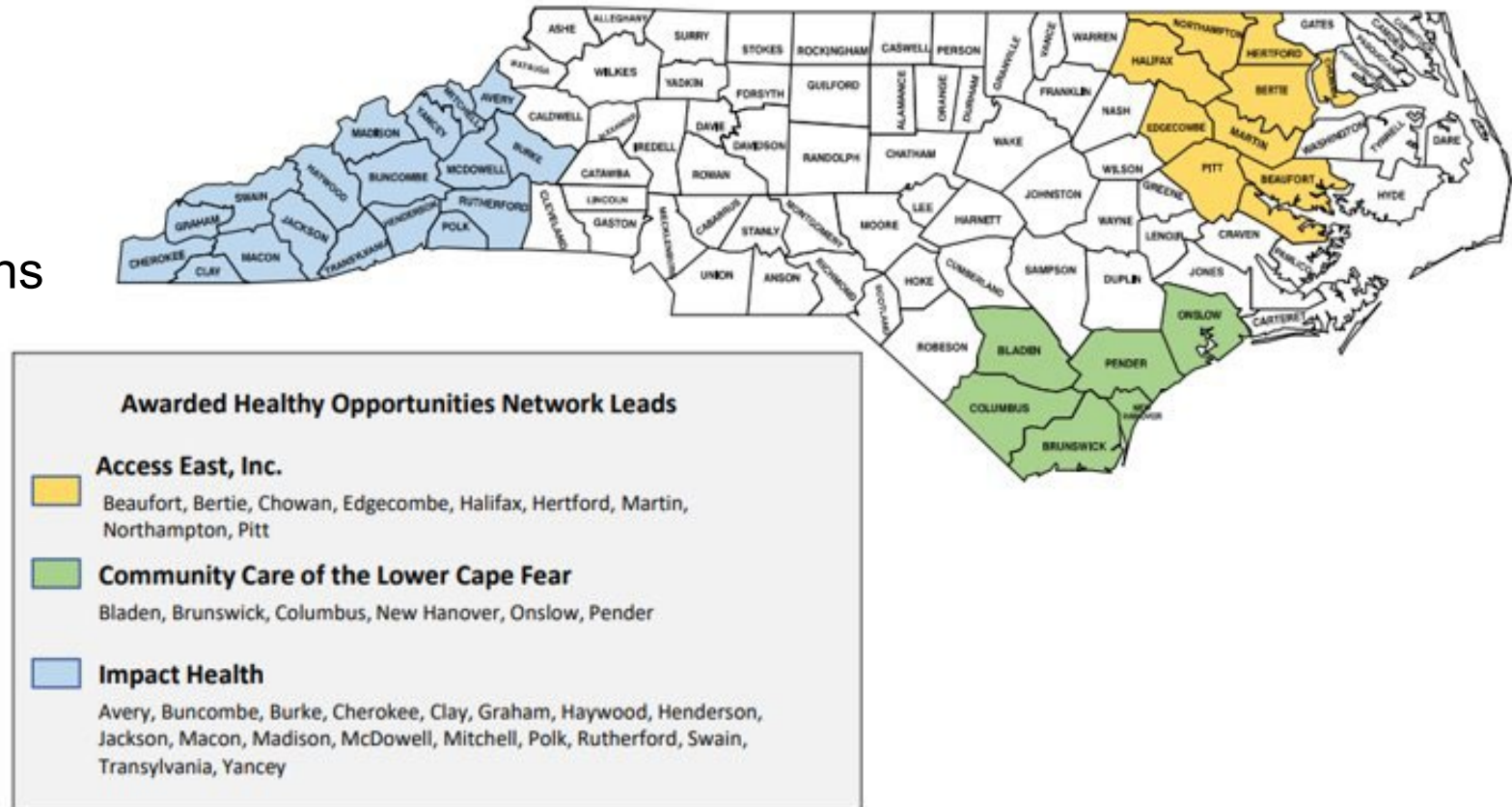
- Enrolled in NC Medicaid Managed Care or eligible for Tailored Care Management
- Live in one of the three Pilot regions
- Meet physical/behavioral health criteria (i.e., Tailored Care Management eligible)

Members enrolled in Tailored Plans will be eligible starting July 1, 2024.

HEALTHY OPPORTUNITIES PILOT REGIONS

The Pilots work with local communities in three areas of the state to carry out the Pilots. This includes:

- 5 health plans
- 3 LME/MCOs
- 3 Network leads
- 66 Care management organizations
- 179 Health service organizations



Milestones

- May 15, 2024: HOP launched for the Medicaid Direct population eligible for TCM
- July 1, 2024: HOP launch for Tailored Plan population
- NC Medicaid requested for renewal with CMS beyond Oct. 21, 2024. Included in our request was statewide expansion and service modifications (ex. authority to provide support for six months of rent, including arrears)
- Promising early Interim Evaluation Report Results

HEALTHY OPPORTUNITIES PILOTS INTERIM EVALUATION

Information from recent review of the program are promising and include the following:

Impacted Health Care Utilization:


- HOP participation was associated with decreased emergency department use (an estimated reduction of 6 ED visits per 1000 member-months)
- Participation was associated with reduced inpatient hospitalizations for non-pregnant adults by 2 admissions per month per 1000 beneficiaries.

Services Lowered Total Cost of Care:

- Evaluators estimated that service spending averaged \$85 dollars less per HOP participant per month.
- Longer participation in HOP (e.g., 12 months rather than 6 months) was associated with greater reductions in direct service spending.

Find more about Healthy Opportunities Pilots Evaluation Results here:

hncdhhs.gov/about/departments-initiatives/healthy-opportunities/healthy-opportunities-pilots#EvaluateLeverageSupport-5223



**Monica F.
Johnson**

**Engagement Manager
Communications & Engagement
NC Medicaid**

MEDICAID AMBASSADOR CREATION

Health Access Workgroup (HAW)

- Started as a SMART Goal for HAW
- Created to help increase access to care for future beneficiaries
- Partnered with Member Enrollment Workgroup to help ambassadors understand ePASS logistics

Communications Team

- From “Enrollment Ambassador” to “Medicaid Ambassador”
- Partnered with Libraries and Community centers,
- Website created with a toolbox of materials that answer ambassadors’ common questions

External Partner

- Hope to have an external partner lead the initiative
- This partner would have their own logo, potentially funding, and can encourage other organizations to become Medicaid Ambassadors

MEDICAID AMBASSADOR OVERVIEW

The Medicaid Ambassador Initiative (MAI) is a network of volunteers working in the state of NC. They help potential beneficiaries with the Medicaid application process.



Lessen the workload of local Departments of Social Services



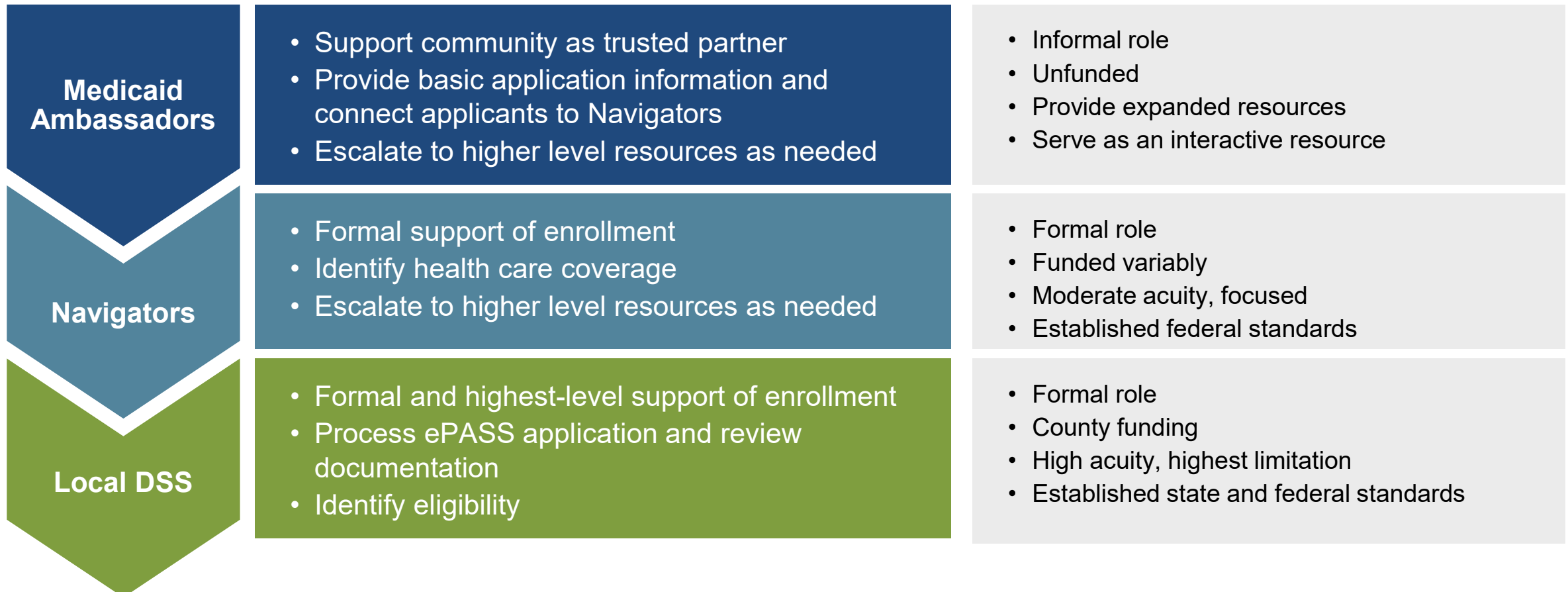
Build our network of volunteers to reach all 100 counties



Connect potential beneficiaries to a trusted community partner

MEDICAID AMBASSADOR INITIATIVE

NC Medicaid is committed to improving health access. To achieve this goal, **Medicaid Ambassadors**, **Navigators**, and **Local DSS Staff** connect the community to the care they need



MAI OVERVIEW

Because MAI ambassadors are assisting potential beneficiaries in completing their NC Medicaid application, confidentiality is essential. To ensure that this confidentiality and trust is maintained, ambassadors must:

- **Be a part of a community-based organization**
- **Be bound by state/federally regulated confidentiality laws, or have signed a confidentiality agreement with your organization**
- **Not collect or ask for Personally Identifiable Information (PII) or Protected Health Information (PHI)**

Interested volunteers can find the links to the English and Spanish attestation forms by using these QR codes

SPANISH



ENGLISH



HOW TO BECOME A MEDICAID AMBASSADOR?

Become a Medicaid Ambassador

Help people in your community! NC Medicaid Ambassadors:

- Walk people through the online Medicaid application ([ePASS](#) or [HealthCare.gov](#)) and answer application-related questions.
- Help people understand what information may be needed to complete an application.
- Refer someone to a NC Navigator or their local Department of Social Services (DSS) when needed.

You must be part of a community affiliated organization in order to become a Medicaid Ambassador.

[Apply to be a Medicaid Ambassador](#)

On the landing page, find out more:

<https://medicaid.ncdhhs.gov/nc-medicaid-ambassador-initiative>

If you believe the initiative is a good fit, then select “Apply to be an ambassador”

Medicaid Ambassador Initiative Attestation Form

Apr 5, 2024

In completing this form, you agree that your organization's contact information will be publicized on the Medicaid Ambassador website. If you have questions, please email: Medicaid.NCEngagement@dhhs.nc.gov.

The Attestation Form details requirements to be recognized as a Medicaid Ambassador.

In completing the form, you agree that your organization's contact information will be publicized

Find a NC Medicaid Ambassador

- Find a volunteer NC Medicaid Ambassador in your county using the table below
- Contact them directly via their contact details below to arrange a time to talk.
- These are volunteers, so please be patient—responses may take a few days or more.
- Schedules do not include holidays. Please prioritize calling before walk-ins.

No one in your county? Or don't get a response? Make a free appointment with the [NC Navigator Consortium online](#) or call 1-855-733-3711. They can help you apply for NC Medicaid.

Show 50 entries

Search:

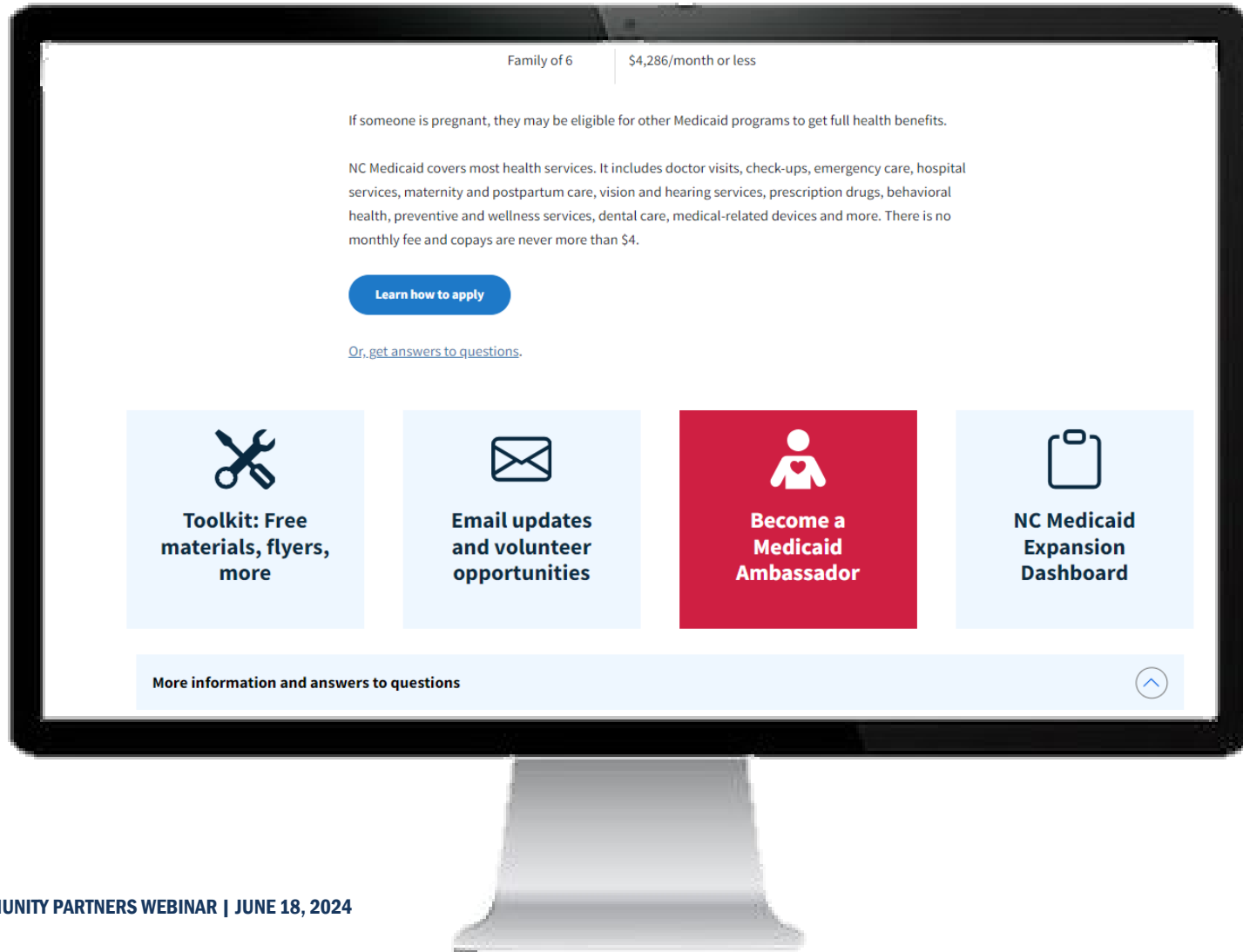
County Served	Medicaid Ambassador Organization
Alamance	We Are Down Home NC

After our team's review, the organization will be publicized on the “Find an Ambassador” page within 30 days.

Potential beneficiaries can filter by county and search to find an Ambassador near them.

HOW TO BECOME A MEDICAID AMBASSADOR?

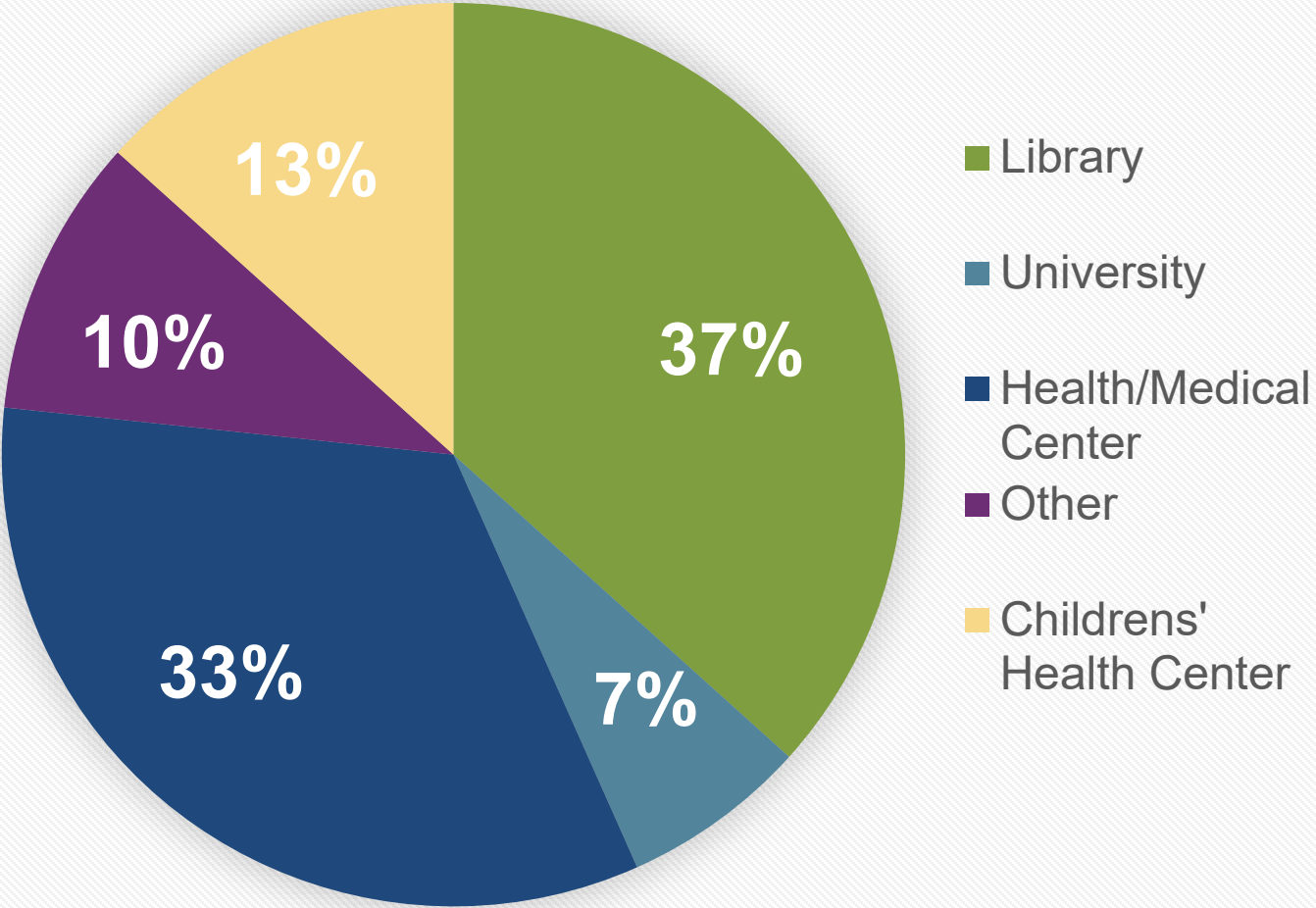
MEDICAID EXPANSION WEBSITE



- On the expansion website, there are options to help find what you are searching for.
- After a quick scroll, you will see the button to take you to the Ambassador landing page
- Click the “Become a Medicaid Ambassador” to lead you to the Ambassador landing page

AMBASSADOR SNAPSHOT

Registered Organizations



11 Libraries



2 Universities



10 Medical Centers



4 Children's Health Centers



3 Other Community Organizations

MAI ACROSS NORTH CAROLINA

Currently, Medicaid ambassadors are present in 60 out of the 100 counties across North Carolina. A goal of MAI is to have ambassadors present in every county!

40% of the counties MAI ambassadors operate in today are rural counties

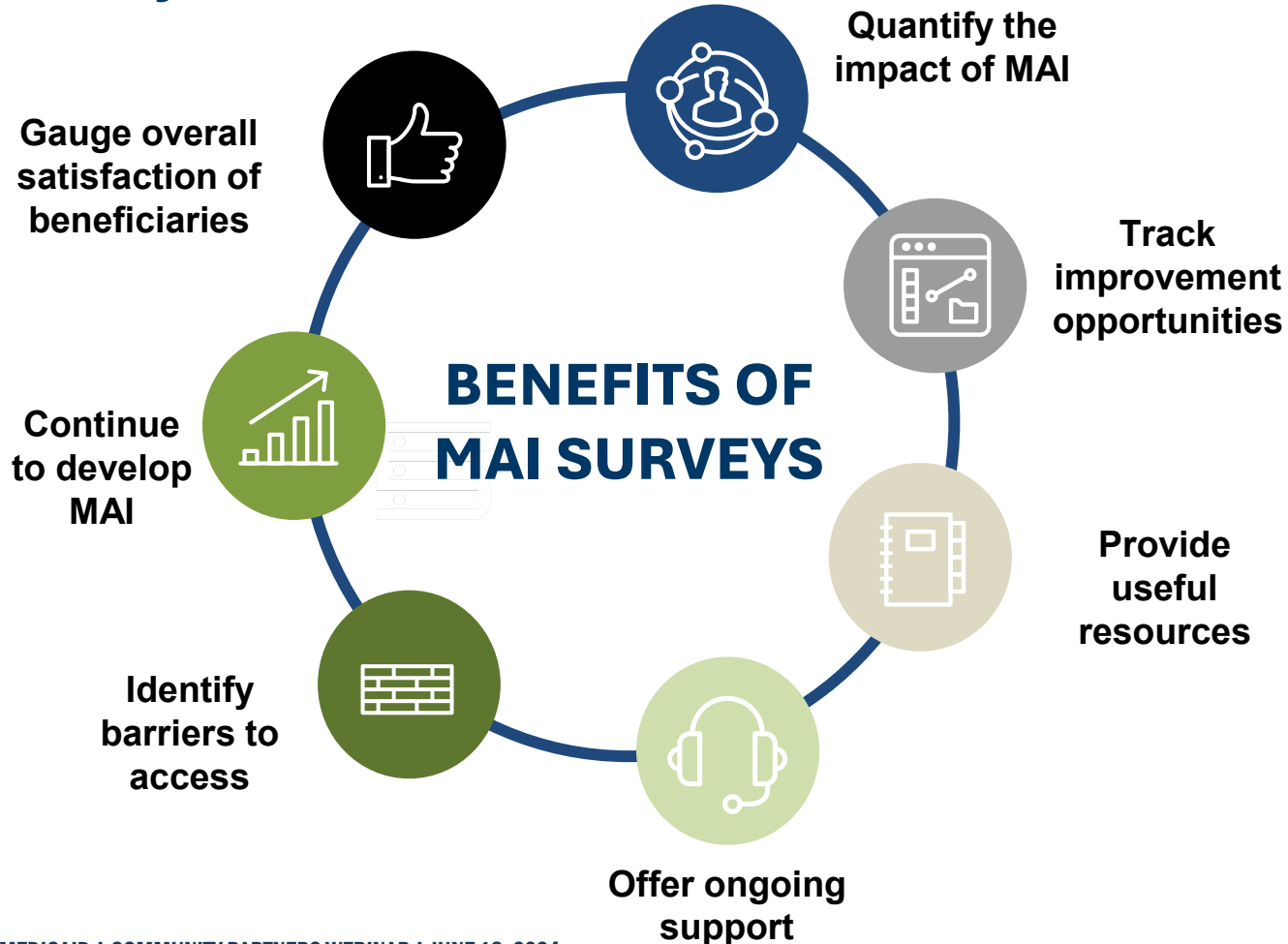
More than 30 organizations have registered to become a Medicaid Ambassador

We are on track to have about 200 volunteers join the Ambassador Initiative by end of 2024



A LOOK AHEAD: MAI METRICS

To accurately track the impact of the work that Medicaid Ambassadors do, two surveys have been created



The **Ambassador Survey** consists of 12 questions. The survey questions focus on **meeting volume, reason, and impact metrics**

The **Beneficiary Survey** consists of 7 multiple choice questions and one open-ended question **focused on their experience utilizing the MAI**. The survey is meant to be **completed after beneficiaries meet with an ambassador**, even if they did not complete a Medicaid application

MAI is working to constantly improve and support ambassadors, so **please provide honest and direct feedback** when completing the surveys!

Helpful Resources

Please spread the word about the Medicaid Ambassador initiative to those who you think may be interested!
NC Medicaid has several helpful tools that you can make use of to connect to and support beneficiaries:

[Apply Today!](#)

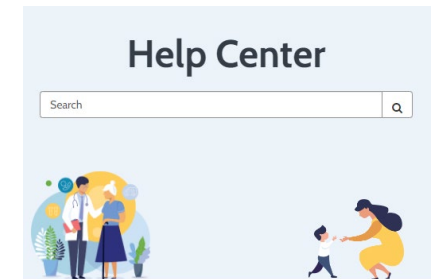
**Medicaid
Ambassador
Application**

[Find an
Ambassador!](#)

**Medicaid
Ambassador Search**



**NC Medicaid
Essentials Slides**



**NC Medicaid
Beneficiary Portal**

Please reach out to Medicaid.NCEngagement@dhhs.nc.gov if you have any questions.

NC Medicaid Contact Center (closed on state holidays)

Phone: 888-245-0179

Monday - Friday 8 a.m. - 5 p.m.

QUESTIONS & ANSWERS

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

medicaid.ncdhhs.gov/transformation/more-information

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

Medicaid.NCEngagement@dhhs.nc.gov