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Making Sense of NC Medicaid Plans, Services and Waivers

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- Member Service Senior Director



Introduction

Neva Bartholomew MD, MPH

- NC Native
- UNC Graduate – BA, MD, Residency, Public Health School
- Primary Care Physician for >25 years
- Special Interest in the care of vulnerable populations
- 11 years at Central Regional Hospital
- RMD for State Prisons (DPS)
- Two years at Partners as DCMO, Physical Health
- **Wife, Mom and Caretaker**



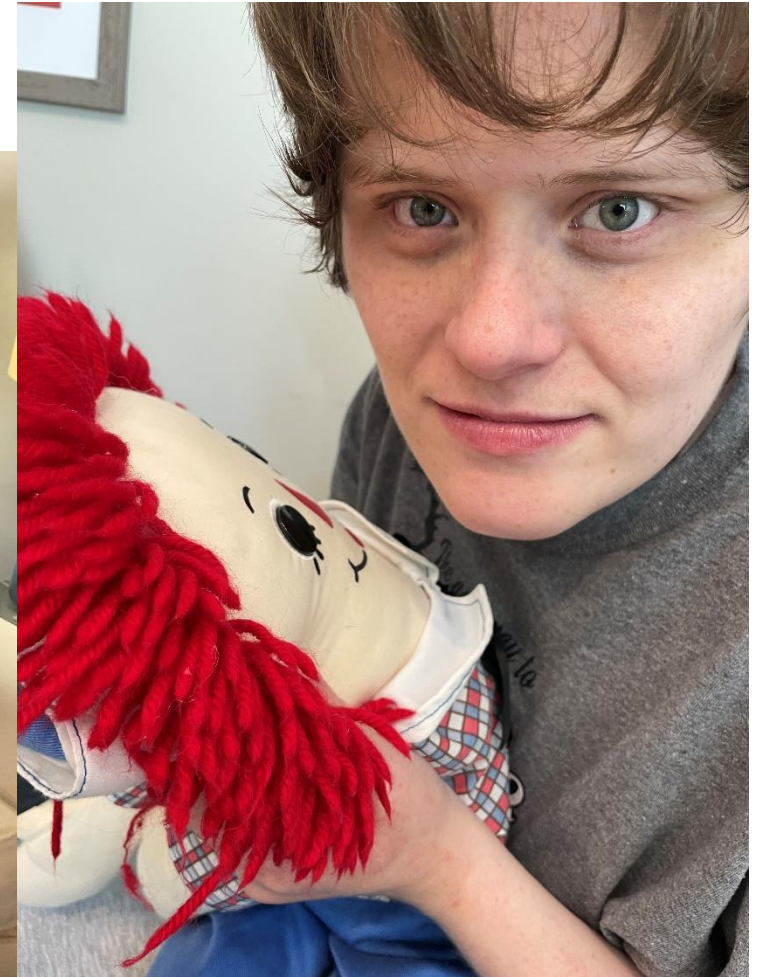


Introduction

Allison Crotty, MSW, LCSW

- Maryland born, North Carolina resident since 1982
- NC State then UNC for Masters in Social Work
- Medical Social Worker at Atrium Main, Charlotte Neonatal and Progressive Care/ Private Therapy Practice/Primary Integrated Care/Senior Healthcare Consultant/Managed Care Member Services since 2010
- Started Member Engagement Department at Partners in 2019
- Mother and grandmother, lifelong advocate





Topics

- ▶ Medicaid and other benefits to get the services you need
- ▶ Health plans and available services
- ▶ How to get services
- ▶ Other resources and supports
- ▶ How to be involved
- ▶ Who to contact



Partners Health Management Catchment Area



Serving **15** Counties of
North Carolina



Medicaid Today and Future Plans

Understanding NC Medicaid

- ▶ Medicaid is a state and federal government-financed health insurance program that covers some low and moderate-income individuals.
- ▶ In North Carolina, nearly 3 million people are covered by Medicaid (out of ~10.6 million).
- ▶ NC Medicaid Managed Care brought changes for most Medicaid beneficiaries.
- ▶ Medicaid services are administered and reimbursed by health plans in NC.
- ▶ Medicaid services are the same across all health plans, but each health plan may offer enhanced services to beneficiaries.



NC Medicaid Expansion



With the Dec. 1, 2023, launch of NC Medicaid expansion, Medicaid now covers people ages 19 through 64 years with higher incomes. North Carolinians may be able to get health care insurance through Medicaid even if they didn't qualify before.



Most people will be able to get health care coverage through Medicaid if they meet the criteria below.

Live in North Carolina

Ages 19 through 64

Are a U.S. citizen. (Some non-U.S. citizens can get health care coverage through Medicaid.)

Have a household income below 138% of the federal poverty level. That's about \$20,000 for a single adult or about \$34,000 for a family of three.



NC Medicaid Expansion

- ▶ [NC Medicaid is for more people. See if you are eligible today! \(30\) - YouTube](#)

**NCMEDICAID
FOR MORE
PEOPLE**

See if you qualify at

Medicaid.nc.gov

See if you qualify at Medicaid.nc.gov.



How to Apply for NC Medicaid

- ▶ People can apply for Medicaid online at ePASS.nc.gov. They can also submit a **paper application** or apply in person at their **local Department of Social Services (DSS)**. Applications may take up to 45 days to process. Incomplete applications may take longer. To help the process go faster, people can:
 - Apply online at ePASS and provide all the information requested. If the application is incomplete, it may take longer to process as DSS will need to follow up with the applicant.
 - Keep contact information up to date in ePASS to receive important information about Medicaid benefits.
 - Sign up for an enhanced ePASS account to keep their information updated without having to contact the local DSS office. To learn more, visit Medicaid.ncdhhs.gov.
- ▶ To learn more about using ePASS, view the video, [Navigating ePASS](#)



Other Healthcare Coverage

- ▶ If you still are not eligible for health coverage through Medicaid, you may still be able to get health coverage through the **Federal Marketplace at HealthCare.gov.**
- ▶ You may apply during open enrollment periods (Nov. 1 – Jan. 15th).
 - You can apply at other times of the year if you qualify for special enrollment such as loss of a job, change in family circumstance or loss of Medicaid coverage.
- ▶ Many households that apply may be eligible for help to pay for their premiums.
- ▶ If you don't have health insurance, you can also get basic health care services at federally qualified health centers, rural health clinics and free and charitable clinics. Costs vary based on income. Learn more at <https://www.ncdhhs.gov/divisions/office-rural-health/safety-net-resources>



How to Apply for NC Medicaid

Healthcare.gov now fully determines Medicaid eligibility without requiring the application to be reviewed by DSS

- ▶ This change means NC residents who apply for Medicaid through the Federal Marketplace (HealthCare.gov) and are determined fully eligible for Medicaid by the FFM will no longer require an eligibility determination by the local Department of Social Services (DSS) caseworker.
- ▶ For more information, visit HealthCare.gov.
 - The NC Navigator (ncnavigator.org) can assist with completing the application and resolving any issues.

HealthCare.gov

Get Coverage

Keep or Update Your Plan

See Topics ▾

Get Answers

Still need health insurance?

You can enroll in or change plans if you have certain life events or income, or qualify for Medicaid or CHIP.

[Check if you can enroll/change](#)

Looking for coverage for a small business? [Learn more](#)



Medicare

- ▶ Generally, Medicare is for people 65 or older. You may be able to get Medicare earlier if you have a disability, End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant), or ALS (also called Lou Gehrig's disease).
- ▶ NC and county Medicare and Seniors' Health Insurance Information Program (SHIIP) offices offer no biased assistance with management of plans. They have a program called "Extra Help" for low-income individuals to pay part or all of premiums.
- ▶ You may have Medicare and Medicaid
 - Medicare is the first payer for health services
 - Medicaid is always the payer of last resort



Supplemental Security Income (SSI) benefits

Who can get SSI

Adults and children might be eligible for SSI if they have:

Little or no income, and

Little or no resources, and

A disability, blindness, or are age 65 or older.

Your monthly payment depends on your income, living situation, things you own, and other factors.

Explore programs, like the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, that help you save money and take care of basic needs while on SSI.



Social Security Disability (SSDI)

Social Security Disability Insurance (SSDI) or “Disability” provides monthly payments to people who have a disability that stops or limits their ability to work.

Benefits may include a monthly payment and Medicare. The payment amount is based on work history before the disability began.

Individuals may be eligible for Disability if they have a disability or blindness, and enough work history.



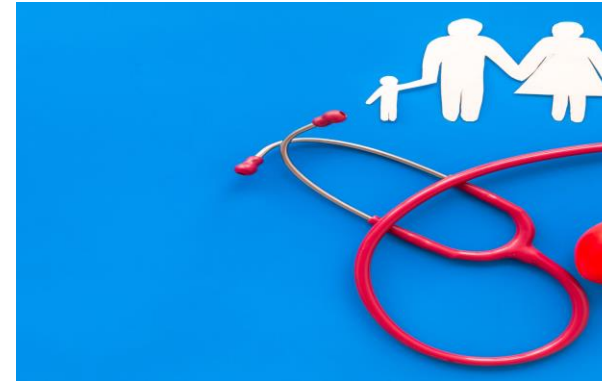


Medicaid Health Plans

NC Medicaid Managed Care



NC Medicaid moved to a managed care model on July 1, 2021.



Under NC Medicaid Managed Care, beneficiaries choose from a set of health plans and get care through a health plan's network of providers.




Helpful Information- ncmедicaidplans.gov

The screenshot shows the website ncmедicaidplans.gov/en. The browser's address bar and tabs are visible at the top. The website header includes a navigation menu with links for 'Contacts and links', 'Get answers', 'Words to know', 'Member resources', 'Submit forms online', and 'Online account'. On the right side of the header, there are options for 'CHANGE TEXT SIZE' and 'Language English'. The main content area features the NCDHHS logo and the text 'NCDHHS NC Medicaid Division of Health Benefits'. Below this, there are three primary service categories: 'Learn' (with a dropdown arrow), 'Find' (with a dropdown arrow), and 'Enroll' (with a dropdown arrow). Each category has a brief description of the service. A chatbot notification bubble is visible in the bottom right corner, stating 'We are closed right now. Please tr...'. The background of the main content area is a photograph of a diverse group of people, including a woman with a child, a man, and a woman with a baby.

ncmedicaidplans.gov/en

CHANGE TEXT SIZE | Language English

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

 **NCDHHS**
NC Medicaid
Division of Health Benefits

Have questions about NC Medicaid expansion, eligibility, or health plan? Check our [Medicaid Expansion Q&A](#)

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)

We are closed right now. Please tr...

Centers for Medicare and Medicaid Services (CMS)

NC Medicaid/
NCDHHS Division
of Health Benefits

STANDARD
PLANS

LME/MCOs

*Physical Health
and Pharmacy
offered by any
community
Medicaid
providers

Tailored
Plans

NC
Medicaid
Direct

Medical, Pharmacy,
Behavioral, and
Transportation, and
unmet health-related
resource needs
Service Providers

Medical, Pharmacy,
Behavioral, I/DD, TBI,
Transportation, and unmet
health-related resource
needs Service Providers

Behavioral, I/DD, TBI and
unmet health-related
resource needs Service
Providers*

Current State of Health Plans

STANDARD PLANS	MEDICAID DIRECT
<p>Medical, Pharmacy and Behavioral Health (mental health and substance use) and unmet health-related resource needs services managed by one health plan Plans have a network of providers</p>	<p>Medical and pharmacy is provided by any Medicaid provider in the community Behavioral Health, Intellectual/Developmental and Traumatic Brain Injury services managed by LME/MCO plans who have provider networks</p>
<p>Small insurance card with plan name on it</p>	<p>Local Dept of Social Services assign primary care provider and issue gray rectangular paper ID card</p>
<p>Auto-assigned by NC Medicaid based on past use of services and waiver enrollment</p>	<p>Auto-assigned by NC Medicaid based on past use of services and waiver enrollment</p>
<p>Managed by Insurance companies who have experience with Medicaid plans</p>	<p>Managed by Local Management Entity/Managed Care plans who began as area mental health/disability programs</p>



Medicaid Standard Plans

- ▶ More than 2 million Medicaid beneficiaries are enrolled in Standard Plans
- The following Standard Plans are available statewide:
- AmeriHealth Caritas
 - Healthy Blue
 - UnitedHealthcare Community Plan
 - WellCare
 - Carolina Complete Health is only available in regions 3, 4 and 5



What is NC Medicaid Direct?

- ▶ NC Medicaid Direct is a health care program for North Carolina Medicaid beneficiaries who are not enrolled in NC Managed Care.
 - Medicaid members may see any healthcare provider who accepts NC Medicaid.
 - The members' medical office will bill NC Medicaid directly for each service through NC Tracks.
 - The member may be eligible for Tailored Care Management with the LME/MCO or a Care Management Agency in the community.



Eastern Band of Cherokee Indian Tribal Option

Medicaid Expansion will Launch on Dec. 1, 2023
With the passage of the budget, Medicaid Expansion is launching December 1st, 2023. More information about Medicaid Expansion can be found [here](#).

MEMBER/PROVIDER: 800.260.9992



EBCI TRIBAL OPTION

[ABOUT](#) | [FOR MEMBERS](#) | [CARE MANAGEMENT](#) | [FOR PROVIDERS](#) | [CONTACT](#)



ᏧᏍᏗᏁᏍᏗ! (Welcome!)

The EBCI Tribal Option is an Indian Managed Care Entity (IMCE). We have contracted with NCDHHS to participate in North Carolina



Future NC Medicaid Plans

Standard

Provide integrated physical health, behavioral health, pharmacy and long-term services and support to MOST NC Medicaid members, as well as other programs and services that address other unmet health-related resource needs

Based on the Residential County where member lives

Medicaid Direct

Provides enhanced services by the LME/MCO provider networks for members with moderate to high mental health, traumatic brain injury, substance use and intellectual/developmental disability needs. Medical services are managed in the community by any Medicaid provider.

Based on the county that manages the member's Medicaid case (administrative county)

* (Future) Tailored

Provide the same services as Standard Plans plus more enhanced services to SOME Medicaid members with moderate to severe health conditions.

There is only 1 Tailored Plan per county. If a beneficiary's administrative county changes to a different service area, they will move to the Tailored Plan that offers services in that county.

Based on the county that manages the member's Medicaid case (administrative county)

*** Expected launch of Tailored Plans is July 1, 2024**



Care Management Story

- ▶ [Partners | Success Story: Iliana \(youtube.com\)](#)



What is a Tailored Plan?

Tailored Plans are a new kind of NC Medicaid health plan. They cover your mental health, 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 be 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 health issues
(SMI)



Substance Use
issues (SUD)



Intellectual/
Developmental
Disabilities (I/DD)



Traumatic Brain
Injuries (TBI)



Who runs Tailored Plans?

Tailored Plans in North Carolina are managed by four companies called **Local Management Entities (LME)**. 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



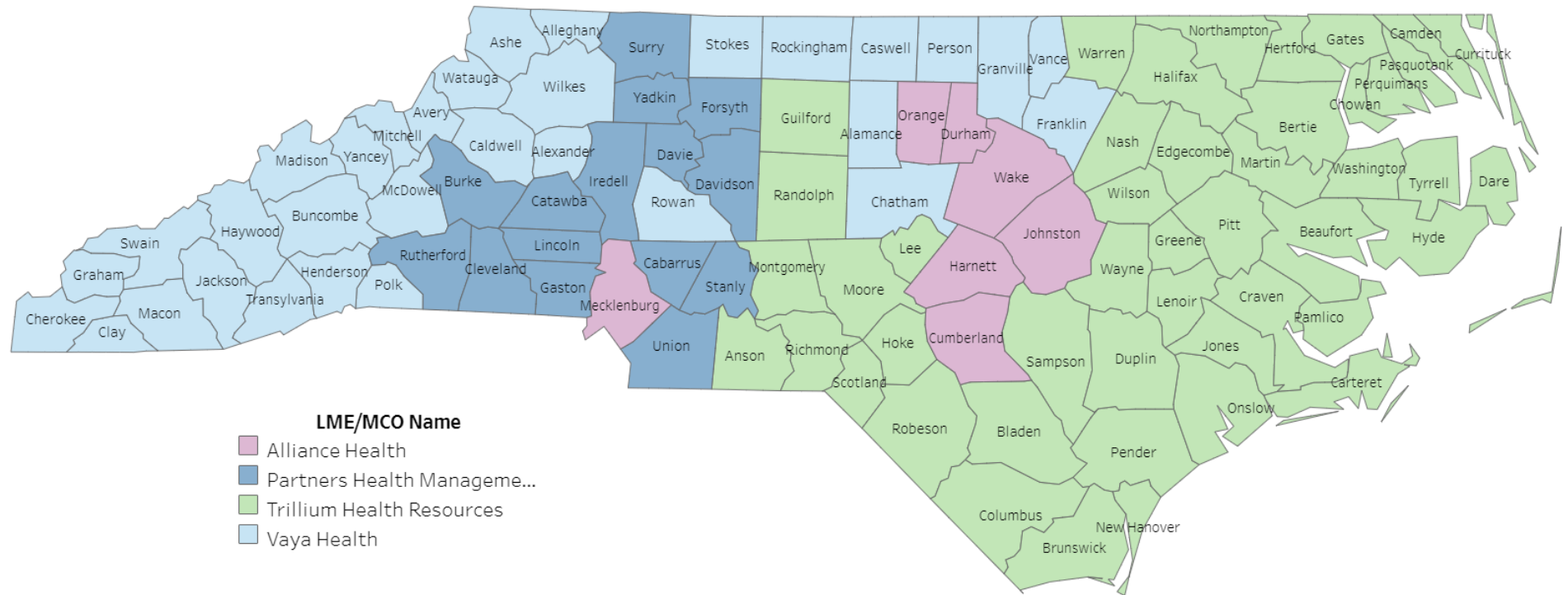
Vaya Health

Your LME will cover your behavioral health, physical health, and prescriptions.



Tailored Plan Assignment

- ▶ Based on the County that manages your Medicaid
- ▶ One Tailored Plan per county



This map shows LME/MCO configuration effective 2/1/24.

Tailored Managed Care Plan Benefits

Physical health, pharmacy and enhanced services for members with significant mental health needs, severe substance use disorders, intellectual and other developmental disabilities (I/DD) or traumatic brain injury (TBI)

Services for NC Innovations and TBI Waiver and Waitlist members/recipients

Added services such as wellness programs

Non-Emergency Medical Transportation (NEMT) for Medicaid-covered services (includes carved out services)

Tailored Care Management (Focus on whole person and unmet health-related needs)

State-funded services





What If I Need to Change Health Plans?

Transition of Care Process Between Plans



When members move to other LME/MCOs or from Standard Plans



How to manage a quick move for services



Request to Move to Medicaid Direct Process

<https://medicaid.ncdhhs.gov/documents/request-move-medicaid-direct-fact-sheet/download?attachment>



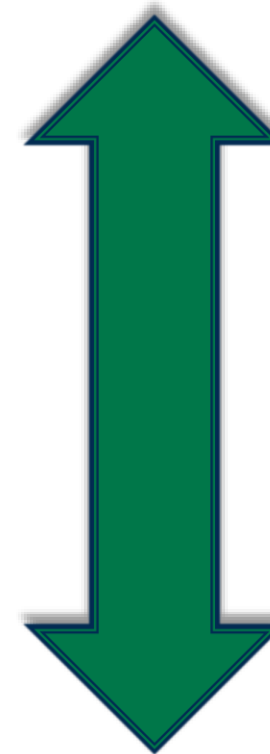


Available I/DD Services

Range of I/DD Services

- ▶ Outpatient (behavioral, speech, physical, occupational)
- ▶ Psychological testing
- ▶ Medication Management
- ▶ 1915 (i) Services (Home and Community Based)
- ▶ Long Term Community Supports (age 22 and over)
- ▶ Mobile Crisis
- ▶ Residential
- ▶ Psychiatric Residential Treatment
- ▶ Inpatient Hospital

Least Clinical Intervention



Most Clinical Intervention



1915(i) State Plan Amendment

- ▶ Provides opportunities for people with Medicaid to receive services in their home or community instead of in institutions
- ▶ Allows NC Medicaid to extend coverage of the current 1915(b)(3) services to more people due to eligibility levels being less rigid:
- ▶ Intermediate Care Facility for Intellectual and Developmental Disabilities (ICF-IDD) level of care is not required for all 1915(i) services
- ▶ 1915(b)(3) services will continue to remain available for members who have not yet completed the 1915(i) assessment and been deemed eligible for 1915(i) services



1915(i) Services

Current 1915(b)(3) Service	1915(i) Service
In-Home Skill Building	Community Living and Support
One-time Transitional Costs	Community Transition
Individual Support	Individual and Transitional Support <i>Integrates existing Individual Support, Transitional Living Skills, and Intensive Recovery Supports into one service</i>
Transitional Living Skills	
Intensive Recovery Supports	
Respite	Respite
Supported Employment	Supported Employment

Current 1915(b)(3) Community Navigator/Community Guide will be offered under Tailored Care Management.

1915(i) Services

Eligibility for 1915(i) services varies on a benefit-by-benefit basis. Eligible populations include beneficiaries with an Intellectual or Developmental Disability (I/DD), Traumatic Brain Injury (TBI), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), or Severe Substance Use Disorder (SUD) who meet need-based criteria set by N.C. Department of Health and Human Services.

1915(i) Service	I/DD	SED	SMI	SUD	TBI
Community Living and Support	✓ Ages 3+				✓ Ages 3+
Community Transition	✓ Age 18+		✓ Age 18+	✓ Age 18+	✓ Age 18+
Individual and Transitional Support		✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	
Respite	✓ Ages 3+	✓ Ages 3-20		✓ Ages 3-20	✓ Ages 3+
Supported Employment	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+	✓ Ages 16+



Accessing 1915(i) Services

- ▶ Contact your LME/MCO (and future Tailored Plans) for these services.
- ▶ Call the Member and Recipient Services number on your Medicaid ID card
- ▶ Some of these services are also offered as state-funded if member does not have Medicaid (very limited funding and waitlist)
- ▶ It is a rather lengthy process due to the requirements of the 1915 i option
 - Independent assessment
 - Independent evaluation at NC Medicaid
 - Care Plan development
 - Prior authorization



Long-Term Community Supports (LTCS)

- ▶ Must have Medicaid, be age 22 or over and be eligible for Intermediate Care Facility for Intellectual and Developmental Disabilities (ICF-IID) Level of Care
- ▶ Includes individualized meaningful day activities up to six hours per day, 30 hours a week
- ▶ Five levels of care including:
 - Meaningful day, residential service such as independent living, companion living, supervised living or group living
 - ▶ Adults who have been waiting for residential services and/or a day program may benefit from this service

Contact your care manager or call Partners Member Services and select Care Management to access this service.



State-Funded Services

- ▶ LME/MCOs cover state-funded services to uninsured or underinsured “recipients,” the NC Medicaid term for individuals who receive state-funded services.
- ▶ Underinsured means that recipients may have other insurance, but it does not cover the services they may need.
- ▶ There is very limited funding from the State for these services (Waitlist).
- ▶ Call your LME/MCO’s Member and Recipient Services line for assistance.



State Funded I/DD and Traumatic Brain Injury Services

- ▶ Community Living and Supports
- ▶ Day Supports Services (group only)
- ▶ Respite
- ▶ Residential Supports
 - Includes Alternative Family Living (AFL), Group Living
- ▶ Supported Employment
- ▶ Supported Living Periodic

Contact your
Registry/Waitlist team or
call your health plan
Member Services





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NC Home and Community Based Waivers

Community Alternatives Program (CAP-C/CAP-DA) Waiver

- ▶ CAP-C and DA are NC Medicaid Home and Community-based Services (HCBS) programs.
- ▶ The waiver program provides a cost-effective alternative to institutionalization for medically fragile Medicaid children and adults who are at risk for institutionalization if the home and community-based services approved in the CAP/C waiver were not available.
- ▶ These services allow the members to remain in or return to a home and community-based setting.



NC Innovations Waiver and Wait List

- ▶ Medicaid Home and Community Based Waivers are one way that individuals may be eligible for Medicaid.
- ▶ Certain Social Security requirements are “waived” such as income eligibility.
- ▶ NC Innovations Waiver is for people any age who have intellectual and/or developmental disabilities who meet “institutional” 24/7 level of care and choose to receive services in the home/community instead.
- ▶ There are limited funds as it is for a lifetime-The waitlist is many years.
- ▶ Registry of Unmet Needs (aka “Registry” or “Waitlist”)



Innovations Waiver Services

- ▶ Community Living and Supports
- ▶ Respite Care
- ▶ Day Support
- ▶ Community Networking
- ▶ Supported Employment
- ▶ Home Modifications
- ▶ Vehicle Modifications
- ▶ Residential Supports
- ▶ Supported Living
- ▶ And more

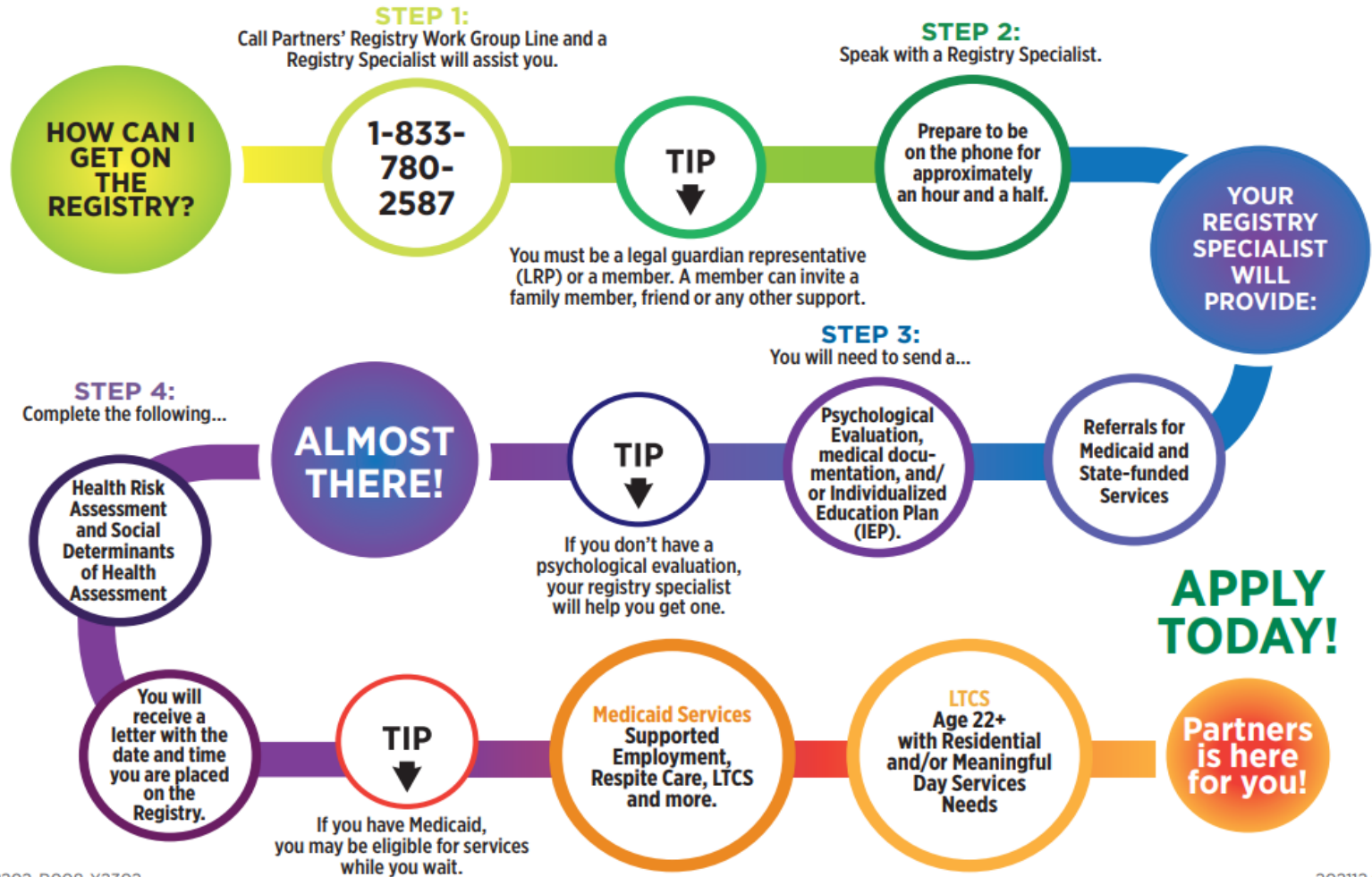


How Do I Apply for the Registry Waitlist?

- ▶ Contact your Local Management Entity/Managed Care Organization (future Tailored Plans).
- ▶ Call the Member Services number and ask for the Innovations Registry team.
- ▶ See Partners' Roadmap in English and Spanish
https://www.partnersbhm.org/wp-content/uploads/Registry-Roadmap-Update-ENG_052523-2.pdf



ROADMAP TO THE REGISTRY OF UNMET NEEDS FOR THE NORTH CAROLINA INNOVATIONS WAIVER



P2202-B008-X2302

202112.03



Tips for NC Innovations Waitlist

Ask what services are available to you while you wait.

Periodically contact your LME/MCO's Registry (Waitlist) team to ensure:

Contact information is up to date.

IQ and Adaptive Functioning evaluations are current.

Changes in health, behavior, service needs.



Healthy Opportunities Pilot in Eligible Counties

- ▶ A federally funded Pilot Program that provides eligible members **non-medical services, that are not typically covered by Medicaid.**
- ▶ The goal is to address social needs to improve the health and well-being of our members:
 - ▶ Housing stability
 - ▶ Food security
 - ▶ Transportation access
 - ▶ Interpersonal safety.
- ▶ This pilot program and benefit is only available in ***select counties*** in North Carolina.





Tailored Care Management Benefit in NC Medicaid Direct (and Tailored Plans too!)

What is Tailored Care Management?

Eligible members will have one selected care manager (from the plan or a care management agency) supported by a care team from different areas to provide whole-person care management to meet the member's health needs.

Tailored Care Management began as a soft launch on Dec. 1, 2022.



Why Tailored Care Management?

- ▶ On average someone with Severe Mental Illness (SMI) or I/DD dies **20-30 years earlier than general population**
- ▶ These early deaths are related to a higher incidence of **chronic illness** (often not diagnosed or well managed), lifestyle risk factors, and lack of preventive care
- ▶ **Social Drivers of Health (SDOH)** like homelessness, lack of support or payment, as well as trauma and anxiety around health issues, often prevent individuals with SMI from accessing appropriate care in our fragmented system
- ▶ Inherent **bias** and **stigma** create disparities in the quality of care provided
- ▶ Evidence shows integration of **behavioral and physical health** improves outcomes and saves money through increased **prevention interventions**, leading to **decreased Emergency Department (ED) visits and hospitalizations**



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



Find medicine and supplies



Locate childcare



Find resources for home repairs



Schedule medical appointments



Find housing options and financial help



Support transitions out of hospital or nursing facilities



Support with chronic health issues



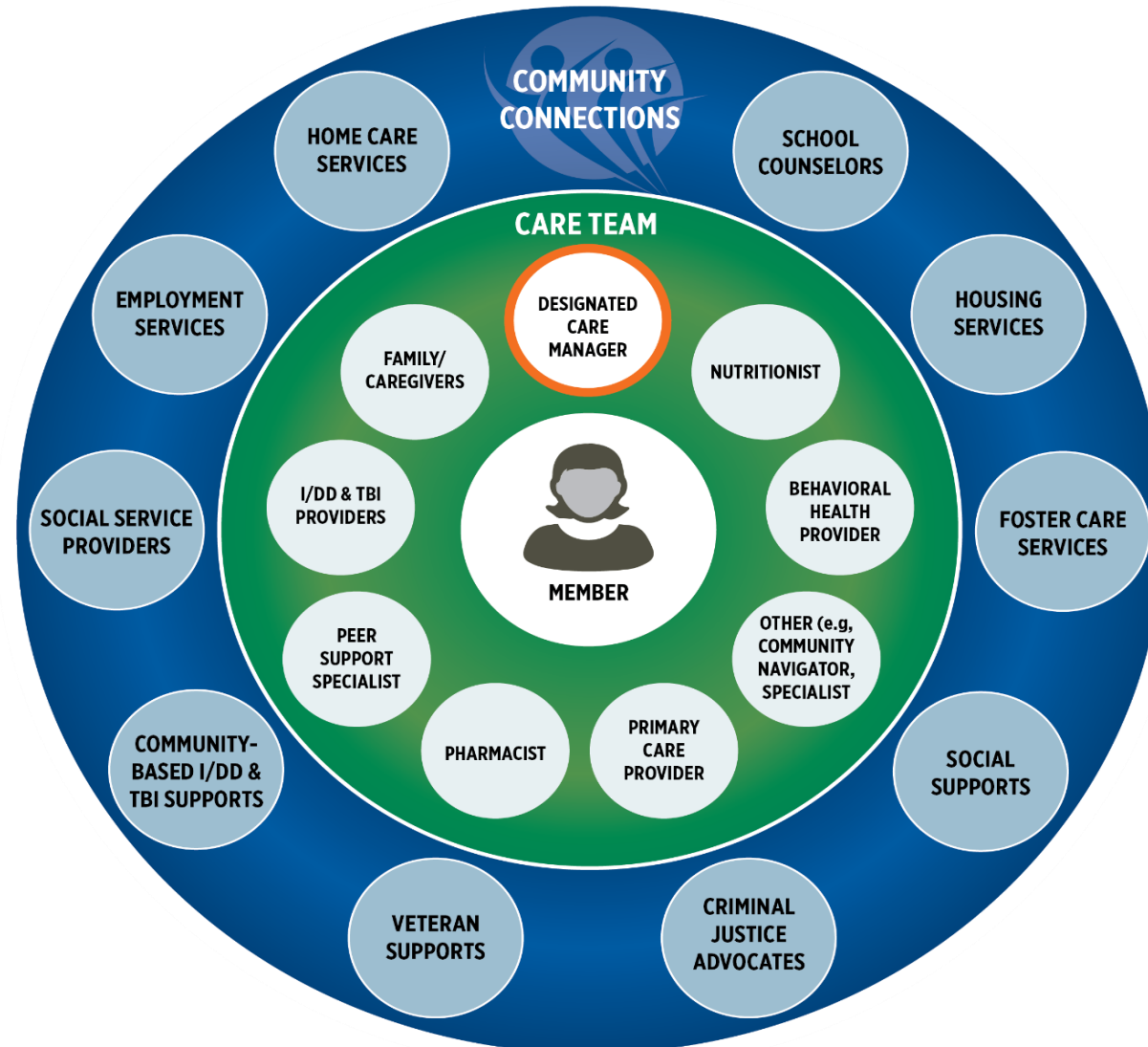
Assist with prevention programs



Find transportation



Tailored Care Management



Tailored Care Management-Isaiah

- ▶ [Partners | Success Story: Isaiah \(youtube.com\)](#)



Member Choice

Members choose (or are assigned) the agency that will provide their care management.



Tailored Plan (Partners Health Management)



Care Management Agency (CMA)



Advanced Medical Home Plus (AMH+)



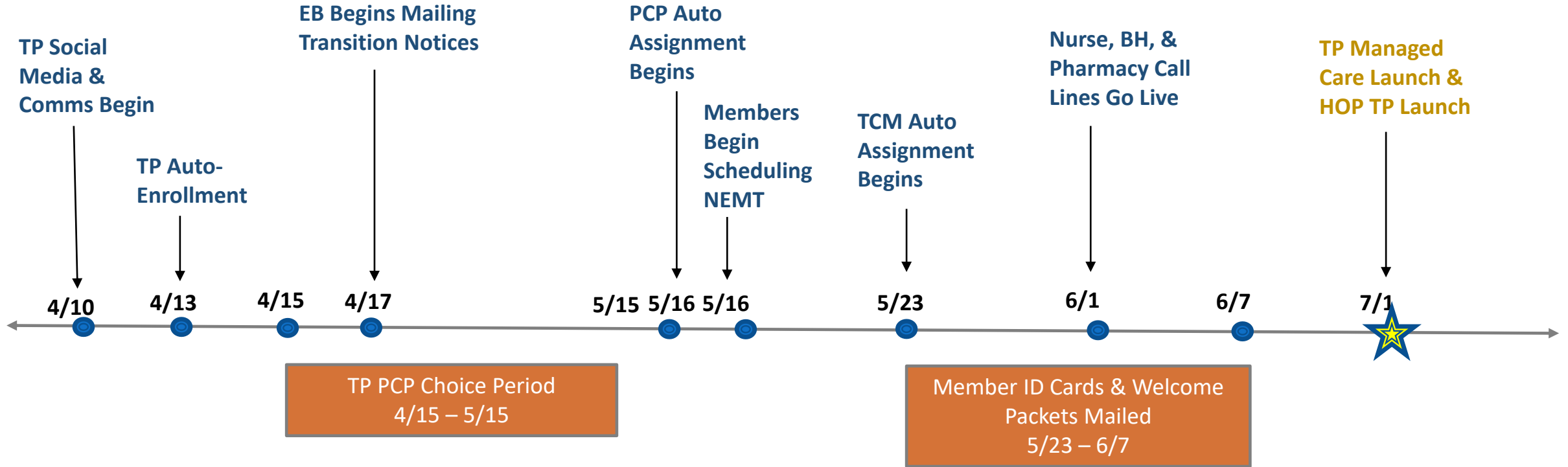
Contact Partners for a list of agencies and the areas they serve.





Tailored Plan Timeline

Member Tailored Plan Milestones for TP Launch



Tailored Plan Key Dates

You've **got** mail

Mid-April	A letter will be sent asking you to choose a Primary Care Provider (PCP).
May 15	Last day to pick a PCP before one is assigned. You can change this later.
Late May	You get a Welcome Packet and new member health plan ID card from your Tailored Plan.
July 1	Tailored Plans begin—start seeing providers in your Tailored Plan's network.



Five things you can do if your **NC MEDICAID** is moving to a **TAILORED PLAN**



Update your address to receive key information



Know which Entity (LME) manages your Tailored Plan



Choose a Primary Care Provider by May 15



Check if your providers are in your Tailored Plan



Ask who your Tailored Care Manager (TCM) is



Call Center Service Lines



MEMBER/RECIPIENT



PROVIDER



CRISIS BH

For Tailored
Plan members
June 1, 2024



NURSE ADVICE

For Tailored
Plan members
June 1, 2024



PHARMACY

For Tailored Plan
members
May 16, 2024



TRANSPORTATION

WHO TO CALL WHEN

Department of Social Services (DSS)	Health Plan	NC Medicaid Contact Center	NC Medicaid Enrollment Broker	NC Medicaid Ombudsman
<p>Monday – Friday 8AM – 5PM <i>Hours can vary by county</i> Local DSS Directory</p>	<p>Monday – Saturday 7AM – 6PM Contact Information varies by health plans</p>	<p>Monday – Friday 8AM – 5PM 1-888-245-0179</p>	<p>Monday – Saturday 7AM – 5PM ncmedicaidplans.gov 1-833-870-5500</p>	<p>Monday – Friday 8AM – 5PM ncmedicaidombudsman.org 1-877-201-3750</p>
<ul style="list-style-type: none"> You need to apply for Medicaid. You have questions about Medicaid coverage, eligibility or recertification To update your mailing address, contact, or other personal information. To request Non-Emergency Medical Transportation for NC Medicaid Direct or EBCI Tribal Option beneficiaries. To request a new ID card for NC Medicaid Director EBCI Tribal Option beneficiaries 	<ul style="list-style-type: none"> You have questions about covered services or health plan value added benefits. To change Primary Care Provider (PCP). To request Non-Emergency Medical Transportation To request a new Medicaid ID card.* 	<ul style="list-style-type: none"> You have questions about carved out services such as dental. To change Primary Care Provider (only if enrolled in NC Medicaid Direct). If you have general Medicaid questions. 	<ul style="list-style-type: none"> To confirm enrollment in a health plan. To change health plans. To receive choice counseling If you were enrolled in a managed care plan but need to keep the services, you currently receive through NC Medicaid Direct. 	<ul style="list-style-type: none"> You are not getting the care that you need. You have questions about a notice or bill you have received. You have already talked with your health care provider or health plan and have not been able to solve the problem. You have questions about the complaint or appeal process.



Stay Informed

- ▶ Subscribe to your health plan and NC Medicaid's communications or check websites for news and updates.
- ▶ Follow social media posting.
- ▶ Register for your plan's portal.
- ▶ Alert NC Medicaid and your health plan when your contact information changes.
- ▶ Attend parent/member advocacy groups.



NC Medicaid Ombudsman

- ▶ **Educate** about NC Medicaid, resources available to meet health care needs, rights and responsibilities under NC Medicaid Managed Care.
- ▶ **Advocate** to resolve any issues so you can get the care you need.
- ▶ **Refer and connect** you to community services to support your health-related needs, including legal aid, social services and other supports for a wide variety of issues.
- ▶ **Communicate** to the State regarding issues we learn from your experiences to track them and work toward solutions. This will help ensure that your voice is heard and that you receive access to high quality health care.
- ▶ <https://ncmedicaidombudsman.org/>
- ▶ 877-201-3750 from 8 a.m. to 5 p.m., every Monday through Friday



Questions?



Contact Information

- Dr. Neva Bartholomew
 - 919-606-2587
 - nbartholomew@partnersbhm.org

- Allison Crotty
 - 704-860-3624
 - acrotty@partnersbhm.org

- Partners' Website
 - Partnersbhm.org

