

MEDICAID



## COVID-19 Public Health Emergency and Medicaid Renewals

David Rojas — Marketing & Community Engagement Director



HealthyBlue

PROPRIETARY & CONFIDENTIAL  
© Marks of the Blue Cross and Blue Shield Association

# Public Health Emergency Impact on Medicaid Beneficiaries

## Background:

- Since the pandemic began in January 2020, the COVID-19 federal public health emergency (PHE) prevented NC Medicaid beneficiaries from losing their health coverage during the pandemic even if someone's eligibility changed.
- Earlier this year, the federal government decoupled the continuous coverage requirement from the federal PHE.
- Therefore, while the PHE did not end until May 11, 2023, states were allowed to begin terminations as early as April 1, 2023.

# What Happens Next?

- The first terminations in North Carolina occurred May 1, 2023.
- States have 12 months to initiate renewals and 14 months to complete renewals.
- North Carolina Department of Health and Human Services (NC DHHS) will be using an oldest renewal first/ age-based approach (not population-based) to complete PHE unwinding redeterminations.
- Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will not take action to terminate or reduce benefits without making efforts to contact or assist Healthy Blue beneficiaries through the eligibility redetermination process.

---

**Over 265,000  
NC Medicaid recipients could lose their health  
coverage during the renewal process.**

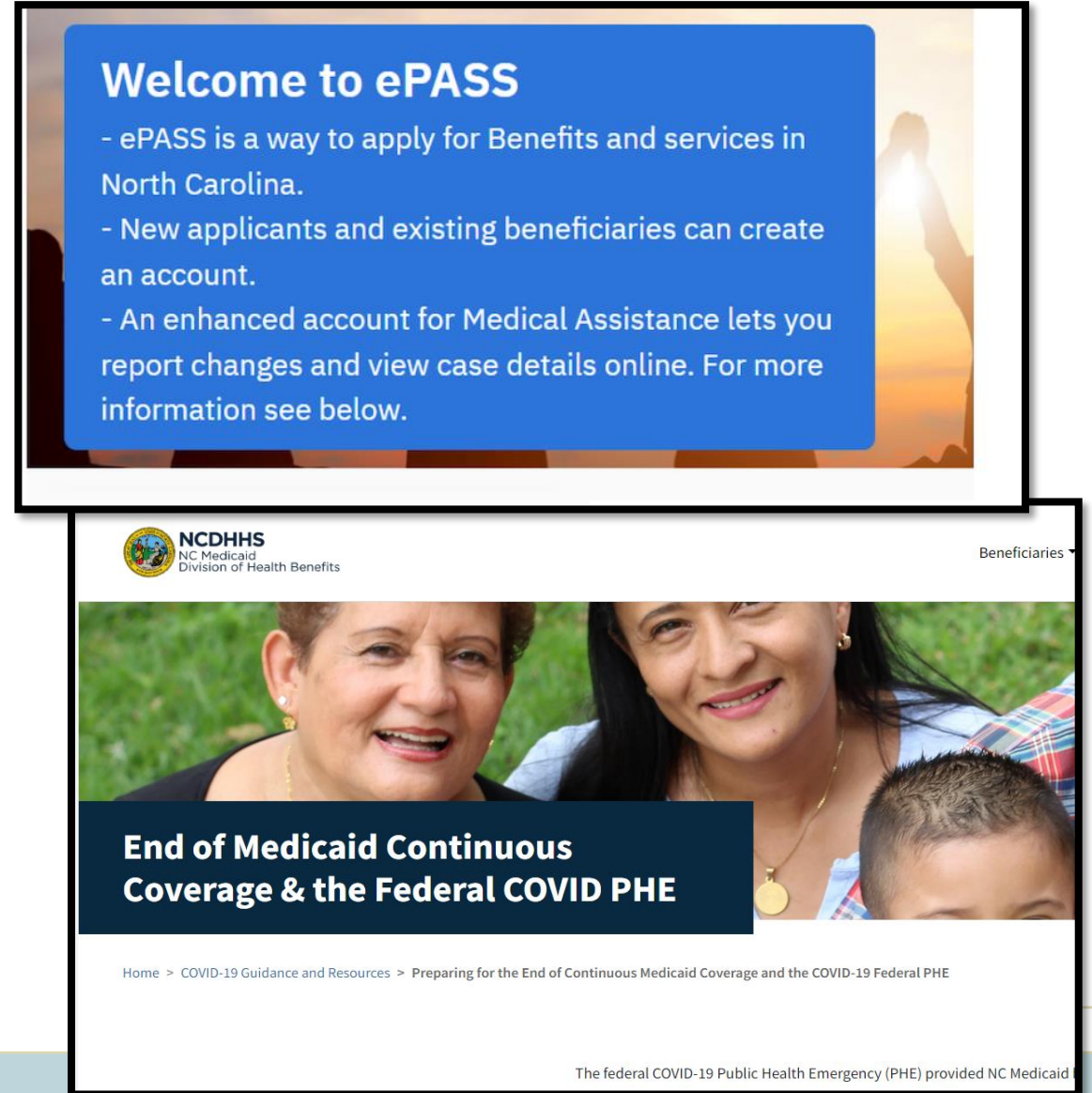
**This represents approximately 15% of all  
North Carolinians enrolled in Medicaid.**

# Prepaid Health Plan (PHP) Engagement for Redetermination

- *Update Your Address* campaign
- Member postcard
- NC DHHS communications toolkit
- Redetermination education

# Update Your Address Campaign

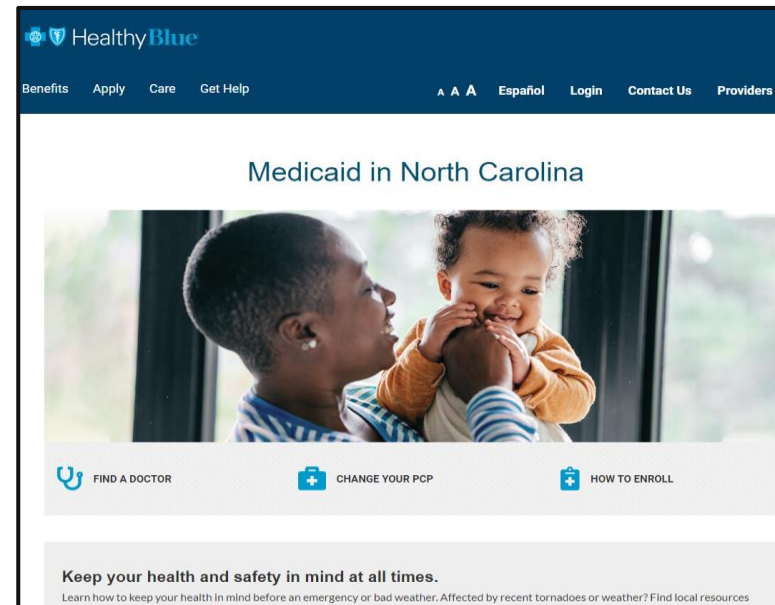
- The *Update Your Address* campaign was created by NC DHHS to encourage beneficiaries to update their information with their local DSS site.
- By doing this, beneficiaries would be less likely to miss an update due to their renewal status and in turn can give the state more information if needed.
- Since May 2022, DSS caseworkers have been encouraging individuals to **create an ePASS account** at each interaction and informing them that information may be updated online.
- NC DHHS launched a website on August 4, 2022, to prepare for the end of the COVID-19 federal PHE:
  - The website encourages beneficiaries to report changes to DSS and regularly check mail.



The image shows two screenshots of a website. The top screenshot is a blue banner with white text that reads "Welcome to ePASS" followed by three bullet points: "ePASS is a way to apply for Benefits and services in North Carolina.", "New applicants and existing beneficiaries can create an account.", and "An enhanced account for Medical Assistance lets you report changes and view case details online. For more information see below." The bottom screenshot is a webpage header for "NCDHHS NC Medicaid Division of Health Benefits" with a navigation menu. Below the header is a photo of a woman, a younger woman, and a child. A dark blue banner over the photo reads "End of Medicaid Continuous Coverage & the Federal COVID PHE". At the bottom of the webpage, there is a breadcrumb trail: "Home > COVID-19 Guidance and Resources > Preparing for the End of Continuous Medicaid Coverage and the COVID-19 Federal PHE".

# Member Postcard and Website Notice

- The Medicaid plan at Blue Cross NC developed a member postcard as part of the *Update Your Address* campaign.
- The postcards were mailed out beginning on May 30, 2022, directly to the head of household.
- Information on address changes is available on the Healthy Blue website.



**Stay connected to stay protected**  
Update your information now

---

**Manténgase conectado para mantenerse protegido**  
Actualice su información ahora

We want to make sure you get important information and updates about your Medicaid benefits. If you recently moved and have a new mailing address, please call or visit your local Department of Social Services (DSS) to update your contact information.

Queremos asegurarnos de que reciba información y actualizaciones importantes sobre sus beneficios de Medicaid. Si se mudó recientemente y tiene una nueva dirección postal, llame o visite el Departamento de Servicios Sociales (DSS) de su localidad para actualizar su información de contacto.

**Scan here or go to [ncdhhs.gov/divisions/social-services/local-dss-directory](https://ncdhhs.gov/divisions/social-services/local-dss-directory) to find your local DSS location:**  
Please do this soon so you don't miss any important information about your Medicaid coverage.



**Escanee aquí para ir a [ncdhhs.gov/divisions/social-services/local-dss-directory](https://ncdhhs.gov/divisions/social-services/local-dss-directory) para encontrar la ubicación del DSS de su localidad:**  
Hágalo pronto para que no pase por alto ninguna información importante sobre su cobertura de Medicaid.

[healthybluenc.com](https://healthybluenc.com) 

1042860NCMESHBL 07/22 2022 06 14

# Communications Toolkit

- NC DHHS prepared a communications toolkit and shared it online on August 16, 2022. NC DHHS refreshed that content February 2023.
- The toolkit includes a collection of resources to support stakeholders, advocates, and partners with key messaging for beneficiaries.
- The resources in the toolkit include social media posts, frequently asked questions, suggested text messages, email content, and more.
- Communications toolkit link:  
<https://medicaid.ncdhhs.gov/End-of-PHE-Toolkit>

## NC Medicaid End of COVID-19 PHE Toolkit

**Preparing for the end of the federal COVID-19 Public Health Emergency**

NC Medicaid End of PHE Toolkit: A collection of resources to support stakeholders, advocates and partners with key messaging for beneficiaries. Includes social media posts, frequently asked questions, a fact sheet and additional resources.

Download a PDF of the NC Medicaid End of COVID-19 PHE Toolkit →

NC MEDICAID  
**End of Federal Public Health  
Emergency Communications Toolkit**

GOALS, strategies and sample messages to help providers, advocates and partners keep NC Medicaid beneficiaries informed.

UPDATED AUGUST 3, 2022



# NC *Fact Sheet* and Redetermination Videos

- NC DHHS created an NC *Fact Sheet* which educates beneficiaries on what Medicaid recertification is and what they need to do to be ready.
- In addition, a video educating members on Medicaid renewals is available on the NC DHHS YouTube channel. The video is available in English and Spanish.
- We've been sharing these videos on our social media channels, and we've built an engagement campaign based on the NC *Fact Sheet*.

**Fact Sheet** NC Medicaid

## How NC Medicaid Eligibility Recertification Works

---

### What is Medicaid Recertification (renewal)?

Medicaid recertification (renewal) is the way your information is reviewed to make sure you are still eligible for Medicaid health coverage. It is also called eligibility redetermination, renewal, ex-parte review or case review (all mean the same thing).

Recertification takes place every 6 or 12 months based on your Medicaid program. Your Medicaid caseworker will try to complete your recertification using information from electronic resources - without contacting you.

If your Medicaid caseworker needs more information from you to finish your recertification, they will mail you a letter.

---

#### WHAT YOU NEED TO KNOW

- **Make sure your [local Department of Social Services \(DSS\)](#) has your up-to-date information.** They may need to reach you by mail, phone, email or text message to complete your recertification.

Sign-up for an [Enhanced ePASS account](#) online to make changes to your information without visiting your local DSS. To create an ePASS account, logon to [epass.nc.gov](#) for information about ePASS and how to create an account, see the [ePASS fact sheet](#).

- **Check your mail for information from your local DSS.** If DSS needs information to finish your recertification, you will get a letter in the mail.

**UPDATE YOUR CONTACT INFO TO KEEP YOUR COVERAGE**

MAIL      PHONE      E-MAIL

That means we need to be able to reach you

# Example of Renewal Process — Beneficiary Returns Renewal Form



## Scenario: Beneficiary Returns Renewal Form

Barbara is a beneficiary receiving MAGI coverage. Her certification period ends on June 30, 2023. She has a cell phone number and email address on file.

Certification  
Period

Month 9

March 2023

Barbara gets a **robo call, text message and an email** reminding her to update her contact information with the DSS. She has a new address and calls the DSS to make sure it is added to her record.

Month 10

April 2023

Barbara receives a **notice** from the Enrollment Broker telling her that her Medicaid will soon be recertified. Barbara's case is picked up by the straight-through recert process in NC FAST on April 3 but is dropped for caseworker review due to an income discrepancy.

Month 11

May 2023

Barbara's caseworker picks up her case on May 2 and is unable to complete the ex parte renewal. He sends her an NCF-20020 Renewal Form. Barbara gets a **text and email** on May 5 letting her know the DSS needs information to complete her recertification, and to check her mail.

Month 12

June 2023

Barbara mails the completed NCF-20020 Renewal Form back to her local DSS. Her caseworker completes the recertification, her benefits are continued, and she gets a DSS-8110 Notice of Continued Benefits in the mail.

# Example of Renewal Process — Beneficiary Does Not Return Renewal Form



## Scenario: Beneficiary Does Not Return Renewal Form (Procedural Termination)

Jennifer is a beneficiary receiving Medicaid for the Disabled coverage. Her certification period ends on June 30, 2023. She has an outdated address on her NC FAST record. She also has an email address on file, but no phone number. She got an email in March asking her to update her contact information, but she did not do anything.

Certification  
Period

Month 10

April 2023

Jennifer is mailed a **notice** from the Enrollment Broker telling her that her Medicaid will soon be recertified. The notice is returned but with a forwarding address. The EB sends the forwarding address to the DSS via the returned mail report in NC FAST. Jennifer's caseworker updates her address in NC FAST.

Month 11

May 2023

Jennifer's caseworker begins processing her recertification on May 2 and is unable to complete the ex parte renewal. He sends her a DHB-5097 Request for Information form. Jennifer gets an **email** on May 5 letting her know the DSS needs information to complete her recertification, and to check her mail. Jennifer receives the form, but ignores it.

Month 12

June 2023

30 days after the DHB-5097 Request for Information form was mailed, Jennifer's caseworker proposes termination of her case and sends a 10-day notice of termination. Jennifer's Medicaid benefits end on June 30.

Month 1

July 2023

Jennifer's health plan sees her name on its Procedural termination report on July 1. They reach out to let her know that her DSS is trying to reach her about her Medicaid. Jennifer calls her DSS to find out what she needs to do. She faxes the information requested by her caseworker, who completes the recertification on July 20. Her benefits are reinstated from June 1 for a new 12-month period.

# Example of Renewal Process — Beneficiary No Longer Eligible for Medicaid



## Scenario: Beneficiary No Longer Eligible for Full Medicaid

Dylan is a beneficiary receiving MAGI coverage as a parent/caretaker. His certification period ends on June 30, 2023. He had an increase in income about a year ago, but his benefits were being continued during the PHE. Dylan has an enhanced ePASS account and is signed up to receive electronic notices. He did not provide the DSS with a phone number or email address.

Certification  
Period

Month 10

April 2023

Dylan receives a **notice** from the Enrollment Broker telling him that his Medicaid will soon be recertified. Dylan's case is picked up by the straight-through recert process in NC FAST on April 3. The case is processed by the system and it appears Dylan is no longer eligible. It needs to be reviewed by a caseworker.

Month 11

May 2023

Dylan's caseworker reviews his case on May 12 and sends Dylan an NCF-20020 Renewal Form. Dylan reviews the eNotice and completes his renewal online via ePASS on May 29.

Month 12

June 2023

Dylan's caseworker reviews the renewal information submitted by him online, confirming he is no longer eligible for Medicaid. She terminates the case effective July 1 and sends a DSS-8110 Termination Notice. Dylan reviews the eNotice and sees that he may have other options for coverage on healthcare.gov.

Month 1

July 2023

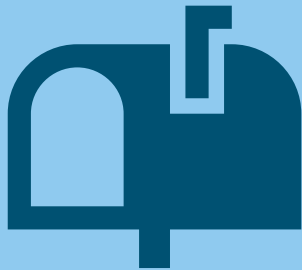
Dylan's health plan sees his name on its Categorical termination report on July 1. They reach out to let him know they have a health plan available through healthcare.gov and send him information about it in the mail.

# What Can Members Do Now?

Call or visit their local DSS office and report all changes to ensure they do not miss any information about their Medicaid coverage.



Check their mail.



Follow NC DHHS on Facebook, Twitter, Instagram, LinkedIn, and YouTube.



# How Can Providers Help?

Request member address change/NC *Fact Sheet* collateral to be mailed/delivered to your organization.



Reshare Healthy Blue social media posts with PHE information and DSS updates.



Take a look at helpful webinars and resources using the website: [medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid).



# How Can You Check Which Patients Have Medicaid Coverage?


You can use the Availity Essentials\* platform at [Availity.com](https://www.availity.com) to identify which patients have Medicaid health benefits.

1. Log on to the platform using your secure credentials. Each Availity Essentials user should have their own unique *HIPAA*-compliant login.
2. Select the **Patient Registration** tab, followed by **Eligibility and Benefits Inquiry**. This brings up the *New Request* screen.
3. Enter the patient information and check the *Subscriber Information* and *Plan/Product Information* sections to see if Medicaid is listed. This will confirm whether the patient has Medicaid coverage.
4. Check the patient's coverage date at the top of the screen, where available.

If you have any questions, please reach out to Healthy Blue Provider Services at **844-594-5072** (Monday through Saturday from 7 a.m. to 6 p.m. ET).

# Recertification Resources

- NC DHHS has approved the *Ready, Set, Renew* provider communications document.
- This document was designed for providers as a guide for talking with people enrolled in Medicaid about recertification/renewals. It is not to be shared with patients or Medicaid beneficiaries.
- The NC DHHS *Fact Sheet* can be shared with patients who are Medicaid beneficiaries. You can find it in English and Spanish here: <https://medicaid.ncdhhs.gov/End%20of%20the%20CCU%20Toolkit>



**Fact Sheet** NC Medicaid

## How NC Medicaid Eligibility Recertification Works

**What is Medicaid Recertification?**

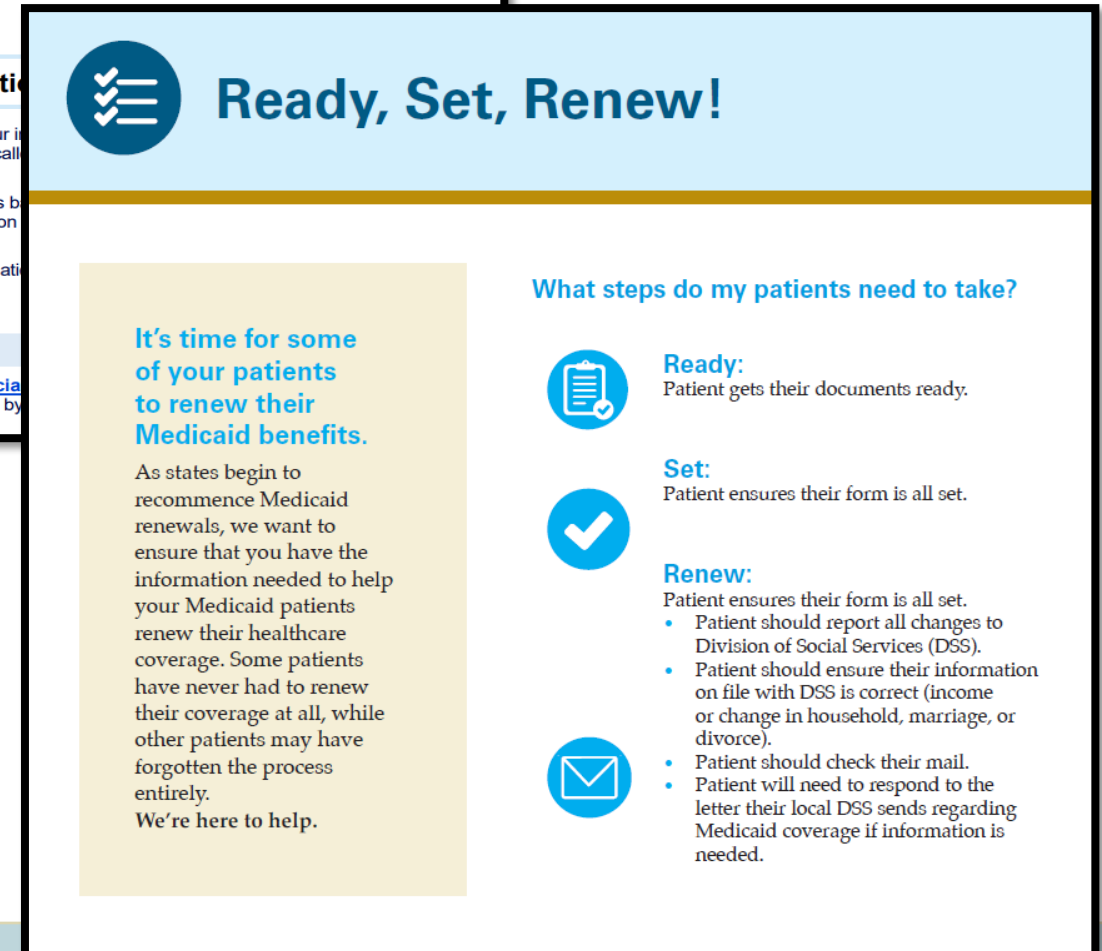
Medicaid recertification (renewal) is the way your Medicaid caseworker determines if you are eligible for Medicaid health coverage. It is also called a renewal or case review (all mean the same thing).

Recertification takes place every 6 or 12 months but your Medicaid caseworker will try to complete your recertification without contacting you.

If your Medicaid caseworker needs more information, they will contact you by letter.

**WHAT YOU NEED TO KNOW**

- Make sure your [local Department of Social Services](#) has your information. They may need to reach you by phone to complete your recertification.



## Ready, Set, Renew!

**What steps do my patients need to take?**

- Ready:** Patient gets their documents ready.
- Set:** Patient ensures their form is all set.
- Renew:** Patient ensures their form is all set.
  - Patient should report all changes to Division of Social Services (DSS).
  - Patient should ensure their information on file with DSS is correct (income or change in household, marriage, or divorce).
  - Patient should check their mail.
  - Patient will need to respond to the letter their local DSS sends regarding Medicaid coverage if information is needed.

**It's time for some of your patients to renew their Medicaid benefits.**

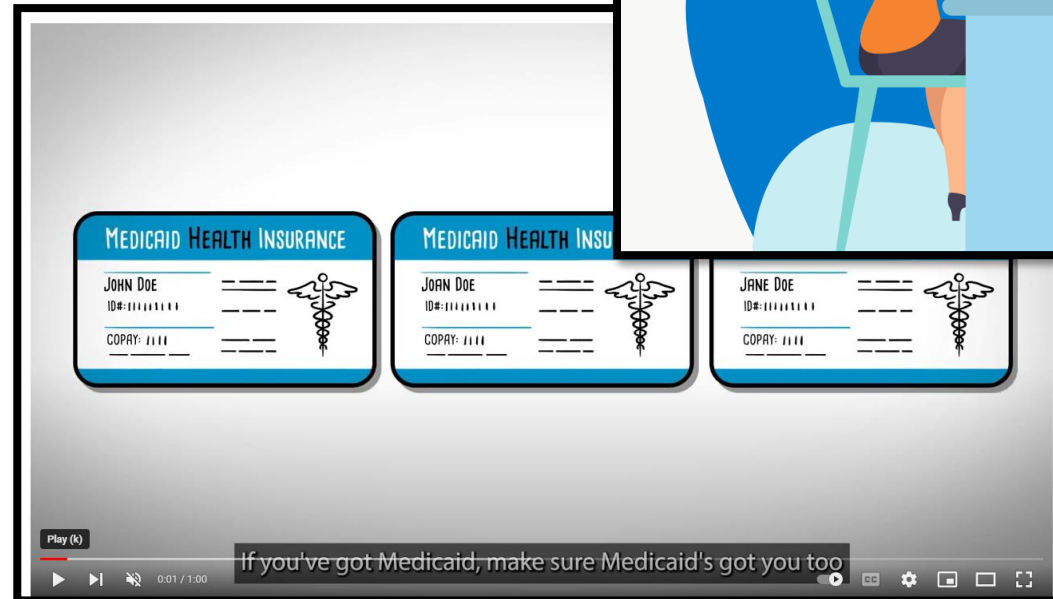
As states begin to recommence Medicaid renewals, we want to ensure that you have the information needed to help your Medicaid patients renew their healthcare coverage. Some patients have never had to renew their coverage at all, while other patients may have forgotten the process entirely.

We're here to help.



# Social Media/Virtual Education

- NC DHHS is encouraging the public to share their Medicaid Renewal video. It is available in English and Spanish on the NC DHHS YouTube channel or on their web site here: <https://medicaid.ncdhhs.gov/End%20of%20the%20CCU%20Toolkit>
- The video has details on what renewals are and what the beneficiary can do during this time. The video can be shared on your social media platform.



# Onsite Education

- Our team has been setting up booths at provider offices to educate patients on redetermination.
- At each setup, our team distributes educational material, promo items, goodies, and much more.
- The onsite rep can conduct presentations for your patients and staff.
- If your office is having a celebration or would like to invite our mascot True Blue, we would love to participate!
- Lastly, we love partnering with providers for back-to-school efforts. If your office would like support hosting one, let us know and we'd be glad to help.



# Contacts for Member Engagement Activities

Director of Marketing and  
Community Engagement  
[David.Rojas@healthybluenc.com](mailto:David.Rojas@healthybluenc.com)

Community Outreach Manager  
[Danielle.Waddell@healthybluenc.com](mailto:Danielle.Waddell@healthybluenc.com)

# Reminder: Medicaid Provider Re-verification

- On June 21, 2023, Healthy Blue providers were notified:
  - Re-credentialing/re-verification is an evaluation of a provider's ongoing eligibility for continued participation in NC Medicaid, normally conducted every five years as mandated by the *Affordable Care Act*.
  - However, the federal public health emergency (PHE) paused re-verification from March 2020 through May 11, 2023, delaying the due date for nearly 30,000 providers over that three-year period.
  - Now that the federal PHE has ended, NC Medicaid must ensure that all enrolled providers, including those whose re-verification was delayed, are compliant with the re-verification requirement.



## Reminder: Medicaid Provider Re-verification (continued)

- Re-verification notifications are sent to the provider 70 days prior to the re-verification due date, with reminders at 50 days, 20 days, and five days:
  - Non-responsive providers then receive a notice of suspension which gives an additional 50 days to submit their re-verification application before being terminated from the program. Claims payments are pended upon provider suspension per the NC DHHS guidelines.
  - Including the notice of termination, and depending on the provider's responsiveness, each will receive up to six targeted notifications over a 120-day period.
  - If terminated, the provider may re-enroll at any time.

## Reminder: Medicaid Provider Re-verification (continued)

- For convenience, NC Medicaid offers a list of [Active Provider Re-Verification Due – July 2023 – Dec 2023](#) dates (updated bi-annually):
  - The re-verification due date displayed is also the health plan suspension date of the provider record if no action is taken to submit the re-verification application under the applicable NPI.
  - If the health plan is suspended, claims payment will stop.
- Providers are encouraged to review the re-verification due date list, and frequently check their Provider Message Inbox for notifications or the re-verification section of the *Status and Management* page in the NCTracks Secure Portal for the option to re-verify:
  - In addition to the resources below, providers may contact the NCTracks Call Center at **800-688-6696** for assistance.

# Reminder: Medicaid Provider Re-verification (continued)

## Resources:

- [Provider Re-verification/Recredentialing webpage](#) — also contains a link to the re-verification due date list referenced on the previous slide
- [Re-verification/Recredentialing FAQs](#)
- [User Guide](#) — *How to Complete Re-verification in NCTracks*
- [NC Medicaid provider webpage](#) — access to Medicaid bulletin articles and provider enrollment information

If you have any questions about this notice, please contact Healthy Blue Provider Services at **844-594-5072** or via email at [NC\\_Provider@healthybluenc.com](mailto:NC_Provider@healthybluenc.com), or contact your dedicated Healthy Blue Provider Relationship Account consultant.



HealthyBlue

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. © Marks of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

NCHB-CD-035078-23 September 2023

PROPRIETARY & CONFIDENTIAL

© Marks of the Blue Cross and Blue Shield Association