



EBCI TRIBAL OPTION



MEMBER HANDBOOK

www.ecbitribaloption.com

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What is the EBCI Tribal Option?

The EBCI Tribal Option is a relationship-based, patient-centered approach to transforming and improving health care outcomes by connecting you to resources – doctors, appointments, medication, and therapy – ensuring that you get the most out of your benefits. The EBCI Tribal Option will manage the health care for North Carolina's approximately 4,000 Tribal-eligible Medicaid beneficiaries; primarily in Cherokee, Haywood, Swain, Jackson, and Graham counties. Eligibility extends to neighboring counties when applicable. The program will have a strong focus on primary care, preventive health, chronic disease management and providing care management for high-need members.

Our Core Purpose

To assure the prosperity of the next seven generations of the Eastern Band of Cherokee Indians. We do this by working together to help you achieve physical, mental, emotional, and spiritual wellness.

The Right Way

The heart of our approach to healthcare comes from the philosophy of “*du yu ga dv*” or the *“Right Way”* – a program designed to maximize the effectiveness of our staff within the community by building and maintaining healthy relationships. By understanding that each patient/member has their own story that guides their lifestyle choices and healthcare decisions.

The “*Right Way*” emphasizes the importance of developing strong, trusting relationships between you and your care team.

We see the journey to wellness as a shared responsibility.



Guiding Principles of Cherokee Indian Hospital and the EBCI Tribal Option

Our Guiding Principles define the “*Right Way*” approach by guiding the interactions of your care team in order to create trust, and a positive experience of care, where both you and your family are engaged to make healthy choices to achieve excellent outcomes.

Guiding Principle One - ᏃᎳᎻᏫ (oo wa shuh oo da nuh tay luh)

“The one who helps you from the heart”

We believe that care and service delivered most effectively is delivered from the heart.

Guiding Principle Two – ዓᎯ (toe hee)

“A state of peace and balance”

We believe that “To-hi” can only be achieved through healthy relationships and is fundamental to living healthy lives.

Guiding Principle Three – ክእርቸው (nee hee zah zay lee or nee hee jah jay lee)

“It belongs to you”

We believe that all healthcare services belong to the people and CIHA, along with the EBCI Tribal Option, is a steward of their inheritance, charged with safeguarding it and providing it to patients/members when and how they need it.

Guiding Principle Four - ገዢዎች (dee gwa jay lee ee you sdee)

“Like family to me”

We are committed to being the health partner of choice for this community, enjoying the relationships found in healthy families.



Who Is On My Care Team?

Your core care team is comprised of:

- Primary Care Provider (PCP)
- Care Manager (RN)
- LPN/CMA
- Case Management Support person
- Pharmacist
- Behavioral Health Consultant
- Nutritionist

These team members work to ensure you have all the resources needed to assist you in helping you to achieve optimal health. They do this in cooperation with supporting team members such as nutrition, pharmacy, and behavioral health with the goal of providing close access to these services as needed.

When you collaborate with your team and work with us to build a relationship with you, you will not be alone on your journey to wellness. Your care team will be there to inform, support, and guide your health care decisions.

Thank you for joining the Cherokee Indian Hospital's EBCI Tribal Option.



Language Assistance

You can get this handbook and other plan information in large print free. To get materials in large print, please call Member Services at 1-800-260-9992.

If English is not your first language, we can help. Call **1-800-260-9992** and **TTY 711**. You can ask us for information in this handbook in your language. We have access to interpreter services and can help answer your questions in your language.

Cherokee Language Interpreter:

If you need a Cherokee interpreter, we can call someone for you. *Tsalagi anesdisgi yitsaduli, gilo yiwotsiyana. CWY ᏍᎤᎦᏬᏂᎯᏌᏃ, YG ᏍᎤᎦᏬᏂᎯᏃ*
Please call **1-800-260-9992**.

Spanish Interpreter:

Si el inglés no es tu primer idioma, podemos ayudarte. Llamar **1-800-260-9992** y el **TTY 711**. Puede solicitarnos la información de este manual en su idioma. Tenemos acceso a servicios de intérprete y podemos ayudar a responder sus preguntas en su idioma.

Notice of Non-Discrimination

The Tribal Option will not discriminate against individuals eligible for services at CIHA or in the Tribal Option network or an individual's enrollment, as defined in the EBCI Tribal Option Enrollment and Disenrollment Policy and outlined in the DHHS Tribal Option Contract. All individuals will be treated with dignity, compassion, and respect. Individuals will not be subject to discrimination for any reason, including for reasons of age, race, ethnicity, religion, culture, language, health status, need for health care services, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression as stipulated in 45 C.F.R. 80.3(d).



The Tribal Option shall ensure each Member is not subject to any unlawful discrimination in the course of obtaining or receiving services from the Tribal Option or any provider within the Tribal Option Network of Primary Care Providers (PCPs) in compliance with 45 C.F.R 80.3(d). The Tribal Option shall ensure compliance with the non-discrimination requirements specified in the DHHS Tribal Option Contract, as well



as any other applicable federal and state laws and regulations prohibiting discrimination against Members in the course of obtaining or receiving services from the Tribal Option or any Network PCP as required in 42 C.F.R. § 438.100(d).

The Tribal Option and their subcontractors shall comply with all applicable federal and North Carolina laws, regulations, guidelines, and standards, or those that may be lawfully adopted pursuant to the statutes prohibiting discrimination, including, but not limited to the following:

- Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap;
- Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex;
- The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age;
- Section 654 of the Omnibus Budget Reconciliation Act of 1981, as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation or beliefs;
- The Americans with Disabilities Act of 1990, P.L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities;
- Section 1557 of the Patient Protection and Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities;
- The North Carolina Equal Employment Practices Act, Article 49A of Chapter 143 of the General Statutes, which prohibits employment discrimination on the basis of race, religion, color, national origin, age, sex or handicap by employers which regularly employ fifteen (15) or more employees;
- The North Carolina Persons with Disabilities Protection Act, Chapter 168A of the General Statutes, which prohibits disability discrimination;
- The North Carolina Retaliatory Employment Discrimination Act, Article 21 of Chapter 95 of the General Statutes, which prohibits employer retaliation against employees who in good faith take or threaten to take protected action under the law; and
- Abide by the non-discrimination provisions in North Carolina Executive Order 24 dated October 18, 2017 by maintaining or implementing employment policies that prohibit discrimination by reason of race, color, ethnicity, national origin, age, disability, sex, pregnancy, religion, National Guard or Veteran's status, sexual orientation, and gender identity or expression.

The Tribal Option will also provide free aids and services to individuals with disabilities to communicate effectively with their providers and with staff. In addition, for those individuals whose primary language is not English, assistance is also provided. Such assistance, service or aids shall include:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible formats, etc.)
- Qualified interpreters
- Information written in other languages

Furthermore, the Tribal Option and its PCP network shall not discriminate against individuals eligible to enroll on the basis of health status or need for health care services unless limited by enrollment into an Indian Managed Care Entity as defined by the Tribal Option Enrollment Policy. In addition, the Tribal Option shall not discriminate in enrollment, disenrollment, and re-enrollment against individuals on the basis of health status or need for health care services as outlined in 42 C.F.R. § 438.3(q)(4). The Tribal Option shall not use any policy or practice that has the effect of discriminating against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability in accordance to 42 USC 1396u-2(h)(3) and 42 C.F.R. § 438.3(d)(4).

How to File a Non-Discrimination Complaint or Request for Reconsideration:

- A written complaint must be filed with the EBCI Tribal Options' Member Services Office (post marked or hand delivered) within sixty (60) days of the date you become aware of the alleged violation.
- The written complaint must be filed by the person aggrieved by the alleged discrimination and must contain:
 - *the name and mailing address of aggrieved party complaining;*
 - *the name of the EBCI Tribal Provider or Tribal Option's agent involved;*
 - *the date(s) of the alleged violation; and*
 - *a brief description of the alleged violation.*
- If, due to a disability, you require assistance to prepare a complaint, the EBCI Tribal Option shall provide such assistance upon request.
- Requests for Reconsideration from a letter of no finding of discrimination shall be made in writing stating clearly the basis for which reconsideration should be granted. The Request for Reconsideration must be filed by the person making the initial complaint at the EBCI Tribal Options' Member Services Office (post marked or hand delivered) within thirty (30) days from the date of the Letter of no finding of discrimination.

Investigating the Complaint:

- Once the complaint is received, the Member Services Manager or designee shall conduct an investigation of the allegation.
- If the complaint alleges discrimination against a Provider that is not an employee of the CIHA or the EBCI Tribal Option, the Member Services Manager shall investigate and follow steps in II.IV; II.V; and III. II.

- In the event that there is a perceived or real conflict between the Member Service Manager and the member, a reassignment of the investigation will be made to a designee.
- The Member Services Manager may seek guidance from the CIHA's Compliance Officer and/or the CIHA's legal counsel if necessary.
- The Member Services Manager shall complete the investigation into the complaint within thirty (30) days and resolve the complaint by:
 - *Mailing a letter of no finding of discrimination to the complainant post marked within two (2) days of the letter's issuance; or*
 - *Resolving the issue between the person or provider aggrieved and the EBCI Tribal Option.*

Other Actions:

- The EBCI Tribal Option Member Service Manager may also assist the individual in filing a complaint or grievance or make referral to the NC Medicaid Ombudsman for further assistance at 1-877-201-3750.
- Members and providers may contact the NC Department of Health and Human Services. The process for filing a complaint is outlined online at: <https://files.nc.gov/ncdhhs/DHHS%20ADA%20Grievance%20Procedure%20June%202019.pdf>. Additional information can be obtained by contacting the NC DHHS Compliance Attorney.
 - **By mail:**
*NC DHHS Compliance Attorney, Office of the Secretary
101 Blair Drive, Raleigh, NC 27603*
 - **By telephone:**
(919) 855-4800
- Tribal members or providers may also file a civil rights complaint with the US Department of Health and Human Services, Office of Civil Rights. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
 - Electronically through the Office of Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
 - **By mail:**
*US Department of Health and Human Services
Independence Avenue SW, Room 509F, HHH Building
Washington, DC 27201*
 - **By telephone:**
1-800-368-1019 (TDD: 1-800-537-7697)

ATTENTION: If you need a Cherokee interpreter, we can call someone for you. Tsalagi anesdisgi yitsaduli, gilo yiotsiyana. **ҪWY ᎠIوPՃoDY ፳CSR, YG ዘUከወዕ.** Call **1-800-260-9992** or **TTY 711**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-260-9992** or **TTY 711**.

Your EBCI Tribal Option Quick Reference Guide

I WANT TO:

I CAN CONTACT:

Find a doctor, specialist, or health care service	My Primary Care Provider (PCP). (If you need help with choosing your PCP, call the Medicaid Contact Center at 1-888-245-0179).
Learn more about choosing or enrolling in a plan	Call the Enrollment Broker toll free: 1-833-870-5500
Get this handbook in another format or language	Member Services: 1-800-260-9992 or TTY 711
Keep track of my appointments and health services	My PCP Office or Member Services at 1-800-260-9992
Get help with getting to and from my doctor's appointments	Member Services at 1-800-260-9992 . You can also find more information on Transportation Services in this handbook on page 30.
Get answers to basic questions or concerns about my health, symptoms, or medicines	Call your PCP when you have a medical question or are concerned about your health. If you call after hours or on weekends, leave a message and where and how you can be reached.
Understand a letter or notice I got in the mail from the EBCI Tribal Option	Call Member Services at 1-800-260-9992
File a complaint about the EBCI Tribal Option	Call Member Services at 1-800-260-9992 and TTY 711 or the NC Medicaid Ombudsman at 1-877-201-3750 . You can also find more information about the NC Medicaid Ombudsman in this handbook on page 52.
Get help with a recent change or denial of my health care services	Call the Medicaid Appeals Line at 919-855-4350 https://medicaid.ncdhhs.gov/medicaid/your-rights or the NC Medicaid Ombudsman at 1-877-201-3750 . You can also find more information about the NC Medicaid Ombudsman in this handbook on page 52.
Update my address	Call Member Services at 1-800-260-9992 or Call your local Department of Social Services (DSS) office to report an address change. A list of DSS/ locations can be found here: www.ncdhhs.gov/dss-directory .
Find the EBCI Tribal Option's provider directory or other general information about the EBCI Tribal Option	Visit our website at www.ebcitribaloption.com or call Member Services at 1-800-260-9992 .

Key Words Used in This Handbook

Your Guide to PCCM Managed Care Terms

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Adult Preventive Care: Care that consists of regular check-ups, patient counseling, regular screenings to prevent adult illness, disease, and other health-related issues. Preventive care helps you stay healthy and access early treatment when needed.

Advance Directive: Is a set of instructions for your loved ones and health care team to help you plan ahead, and ensure your wishes regarding your health are carried out should you be unable to make the decisions yourself in the future.

Adverse Benefit Determination: A decision by Medicaid to deny, stop or limit your health care services that are provided by Medicaid providers.

Appeal: The process to seek review of an Adverse Determination for services provided under NC Medicaid Direct or an Adverse Benefit Determination for services covered under Medicaid Managed Care.

Behavioral Health Care: Includes emotional, mental, psychological health, and social well-being along with substance abuse treatment, recovery services, and services for individuals with intellectual/and or developmental disabilities.

Care Management Services: Is a patient-centered approach to health care that connects you with your care team and provides you with resources that include medical and behavioral health care. Care management makes sure you get the right care when and where you need it.

Care Manager: A health care professional who assesses patient needs and helps match the service needs of the patient through the healthcare system.

Children's Screening Services: A medical examination to monitor how a child is developing. Screening services can help identify concerns and problems early. The screenings assess social/emotional behavior, vision and hearing, motor skills and coordination, cognitive abilities, and language and speech.

Covered Services: Health care services that are provided by your EBCI Tribal Option.

Durable Medical Equipment: Equipment that can withstand repeated use, is primarily used to serve a medical purpose, is appropriate for home use and is not useful to a person without illness or injury. For devices classified as DME after January 1, 2012, has an expected life of three (3) years.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): is a benefit that provides preventive health care and wellness visits for patients up to the age of 21. When children need medical care, services are not limited as Medicaid makes sure those patients under 21 years old can get the medical care they need, when they need it.

Early Intervention: Services and support available to babies and young children with developmental delays and disabilities and their families. Services may include speech and physical therapy and other types of services.

Emergency Medical Condition: A medical condition in which the symptoms appear quickly and are severe enough that a person with average knowledge of health and medicine would expect that, in the absence of immediate medical attention, the health or life of the person experiencing the symptoms is in jeopardy or they are at risk of serious damage to a bodily function, organ, or part.

Emergency Services: Inpatient and outpatient services by a qualified Provider needed to evaluate or stabilize an emergency medical

Emergency Medical Transportation: Medically Necessary ambulance transportation to the nearest appropriate facility where prompt medical services are provided in an emergency such as accident, acute illness or injury.

Emergency Room Care: Care given for a medical emergency, in a part of the hospital where emergency diagnosis and treatment of illness or injury is provided, when it is believed that one's health is in danger and every second counts.

Enteral Formula: Balanced nutrition especially designed for the tube-feeding of children.

Fair Hearing: See "State Fair Hearing"

Grievance: An expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the Member's rights regardless of whether remedial action is requested.

Health Insurance: A type of insurance coverage that pays for your health and medical costs. Your Medicaid coverage is a type of insurance.

Home Health Care: Certain Medically Necessary services provided to Members in any setting in which normal life activities take place other than a hospital, nursing facility, or intermediate care facility. Services include skilled nursing, physical therapy, speech-



language pathology, and occupational therapy, home health aide services, and medical supplies.

Hospice Services: Special services for patients and their families during the final stages of terminal illness and after death. Hospice services include certain physical, psychological, social, and spiritual services that support terminally ill individuals and their families or caregivers.

Hospitalization: Care in a hospital that requires admission as an inpatient for a duration lasting more than twenty-four (24) hours. An overnight stay for observation could be outpatient care.

Long-Term Services and Supports: A set of services to help individuals with certain health conditions or disabilities with day-to-day activities (like eating, bathing, or getting dressed).

Medicaid: Medicaid is a health insurance plan. The program helps some families or individuals who have low incomes, or serious medical problems. It pays for many medical and mental health services you might need. The federal and state governments fund this program. You must apply through your county's Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections. See the websites below for more information about Medicaid and your rights: www.ebcitribaloption.com and <https://medicaid.ncdhhs.gov/medicaid/your-rights>.

Medically Necessary: Those covered services that are within generally accepted standards of medical care in the community or defined by rule or policy and not typically experimental unless allowed by federal law or rule.

Member: A person enrolled in the EBCI Tribal Option.

NC Medicaid Direct: Previously known as Medicaid Fee-For-Service, this category of care includes those who are not a part of Medicaid Managed Care.

NC Medicaid Ombudsman: A new Department program to be established to provide education, advocacy, and issue resolution for Medicaid beneficiaries whether they are in Medicaid Managed Care or NC Medicaid Direct. This program is separate and distinct from the Long-Term Care Ombudsman Program.

Network (or Provider Network): A group of doctors who have a contract with your EBCI Tribal Option to provide health care services for members.

Non-Covered Services: Health care services that are not covered by Medicaid.

Non-Emergency Medical Transportation: Your plan can arrange transportation to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation.

NC Health Choice: NC Health Choice offers health insurance coverage for children ages 6 through 18 years old when their families do not qualify for Medicaid. **Medicaid insurance and NC Health Choice healthcare insurance are different.** You must apply through your county's Department of Social Services. NC Health Choice benefits are not the same as Medicaid benefits, and the guarantees of Medicaid's "EPSDT benefit" do not apply.

Ongoing Course of Treatment: When a member, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

Ongoing Special Condition: A condition that is serious enough to require treatment to avoid possible death or permanent harm. A condition that is life threatening, degenerative, or disabling and requires treatment over an extended period. This includes certain situations related to pregnancy, surgeries, organ transplants, inpatient stays or being terminally ill.

Palliative Care: Specialized care for a patient and family that begins with diagnosis and treatment of a serious or terminal illness.

Plan (or Tribal Option): The health Benefit option in which a Member has enrolled.

Postnatal: Pregnancy health care for a mother who has just given birth to a child.

Preauthorization: The approval your provider must obtain from Medicaid before you can get or continue getting certain health care services or medicines.

Prenatal: Pregnancy health care for expectant mothers, prior to the birth of a child.

Prescription Drugs: Also known as prescription medication or prescription medicine, is a pharmaceutical drug that legally requires a medical prescription to be dispensed.

Primary Care: The day-to-day health care given by a health care provider, to include health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis, and treatment of acute and chronic illnesses in a variety of health care settings.



Primary Care Provider (PCP): A licensed medical doctor (MD) or doctor of osteopathy (DO) that provides and coordinates patient needs and initiates and monitors referrals for specialized services when required. See Primary Care Provider, below.

Primary Care Provider (PCP): The participating physician, physician extender (e.g. physician assistant, nurse practitioner, certified nurse midwife) or group practice/center selected by or assigned to the Member to provide and coordinate the Member's health care needs and to initiate and monitor referrals for specialized services when required. Includes family practitioners, pediatricians, obstetricians, and internal medicine physicians.

Provider: Any individual or entity that is engaged in the delivery of health care services, or ordering or referring for those services, and is legally authorized to do so by the state in which services are delivered.

Referrals: A written order from your primary care provider for you to see a specialist or receive certain medical services.

Rehabilitation and Therapy Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury, or surgery. These services can include physical or speech therapy.

Skilled Nursing Care: Care that requires the skill of a licensed nurse.

Specialist: Provider that focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

State Fair Hearing: The hearing or hearings conducted at the State Office of Administrative Hearings (OAH) under Article 2, Part 6A of Chapter 108A of the General Statutes to resolve a dispute related to an Adverse Determination and under Article 2 of Chapter 108D of the NC General Statutes to resolve a dispute related to an Adverse Benefit Determination

Substance Use Disorder: A medical disorder that includes the misuse or addiction to alcohol and/or legal or illegal drugs.

Telemedicine: The practice of caring for patients remotely when the provider and patient are not physically in the same room. It is usually accomplished using HIPAA-compliant videoconferencing tools.

Urgent Care: Medical care provided at a walk-in clinic for illnesses or injury that require prompt attention but do not rise to the level of an Emergency Medical Condition.

Value Added Services (VAS): Services offered by health plans that are not part of the regular Medicaid benefit. Value-Added Services are used to promote preventive care

and services, engage members in their own care, address gaps in care and services, and support our Quality Improvement Programs. Plans must submit to NC Medicaid and be granted approval for all VAS services, authorization requirements and limitations prior to administering VAS.



The EBCI Tribal Option Managed Care Program

This handbook will help you understand the Medicaid health care services available to you. You can also call Member Services with questions **1-800-260-9992** or visit our website at www.ebcitribaloption.com.

How does the EBCI Tribal Option work?

The EBCI Tribal Option works like a central home to coordinate your health care needs.

The EBCI Tribal Option is committed to providing the right individualized care for enrolled patients/members through the Care Coordination Program. The Care Coordination Program recognizes that a person's overall well-being is dependent upon much more than just health. Where a person physically and socially lives, learns, works and plays all have a tremendous impact on a Member's quality of life. Care Management takes a person-centered, community-based approach to health and well-being. We partner with a group of health care providers (doctors, therapists, specialists, hospitals, home care providers and other health care and other community partners) to meet your needs.

When you join the EBCI Tribal Option, we are here to support you. Most of the time, your main contact will be your Primary Care Provider (PCP). If you need to have tests, see a specialist, or go into the hospital, your PCP can help arrange it. Your PCP is available to you day and night. Even though your PCP is your main source of health care, in some cases, you can go to certain doctors for some services without checking with your PCP. (See page 22 for details).

You can visit our website at www.ebcitribaloption.com to find the provider directory online or call Member Services at **1-800-260-9992** to get a copy of the provider directory.

How to Use This Handbook

This handbook tells you how the EBCI Tribal Option works. It is your guide to health and wellness services.

Read pages 18 to 24 now. These pages have information that you need to start using your plan. When you have questions about the EBCI Tribal Option, you can:

- *Use this handbook*
- *Ask your Primary Care Provider (PCP)*
- *Call Member Services at: 1-800-260-9992 (TTY 711)*
- *Visit our website at: www.ebcitribaloption.com*

Other Ways We Can Help

Help from Member Services

Our Member Services team is here to help you. You can call Member Services at **1-800-260-9992 (TTY 711)**.

For help with non-emergency issues and questions call Member Services – Monday through Friday from 8am to 4:30pm. Please leave a message if you call us after business hours with a non-urgent request. We will call you back within one business day.



You can call Member Services to get help when you have a question.

- You may call us to ask about benefits and services, to get help with referrals, to get assistance to replace a lost Medicaid card, to report the birth of a new baby, or ask about any change that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of the EBCI Tribal Option on the day your child is born. Call us and your local Department of Social Services right away if you become pregnant. We can help you choose a doctor for both you and your baby.

If English is not your first language, we can help. Call us at **1-800-260-9992 (TTY 771)** and we will find a way to talk with you in your preferred language.

For people with disabilities

If you are having difficulty hearing or need assistance with communicating, please call us. If you are reading this on behalf of someone who is blind, deaf-blind or has difficulty seeing, we can help. We can tell you if a doctor's office is equipped with special communication devices. In addition, we have services like:

- **TTY machine. Our TTY phone number is 711**
- Information in large print
- Help with making or getting to appointments
- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and assists in making or getting you to appointments.

Special Aids Services

If you have a hearing, vision or speech disability, you have the right to receive information about the EBCI Tribal Option and access to your care and services in a format that you can understand. The EBCI Tribal Option provides free services to help people communicate effectively with us, like:

- **TTY machine. Our TTY phone number is 711**
- Qualified American Sign Language interpreters
- Close Captioning
- Written information in other formats (like large print, audio, accessible electronic format, and other formats)

These services are available for free. To ask for services call Member Services **at 1-800-260-9992 (TTY 711)**.

The EBCI Tribal Option complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability, or sex. If you believe that the EBCI Tribal Option failed to provide these services, you can file a complaint.

To file a
complaint or to
learn more, call
Member
Services at 1-
800-260-9992
(TTY 711).



Your Medicaid Card

Your Medicaid card has:

- Your Primary Care Provider's (PCP's) name and phone number
- Your Medicaid Identification Number
- Information on how to contact us with questions

If anything is wrong on your Medicaid card, call us right away.

If you lose your card, call Member Services at **1-800-260-9992 (TTY 711)** for assistance or contact Medicaid directly at **1-888-245-0179**. Always carry your Medicaid card with you. You will need to show it each time you go for care. Make sure you never let anyone else use your Medicaid card. This card is for you only!

(If you require services, and have not yet received your ID card, you can still receive services from any NC Medicaid provider).

**N.C. Dept. of Health and Human Services
Division of Health Benefits**

Cut along dotted lines

<p>ANNUAL MEDICAID IDENTIFICATION CARD</p> <p>LME MCO:</p> <p>nfCustName nfApptSuite addressLine1 addressLine2 city, state zipCode</p> <p>EBCI TRIBAL OPTION</p> <p>Recipient Signature _____ (Not valid unless signed)</p> <p>USE OF THIS CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH</p>	<p>N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH BENEFITS</p> <p>RECIPIENT I.D. RECIPIENT NAME BIRTH DATE ISSUE DATE</p> <p>For questions about your Medicaid coverage and/or to report Medicaid fraud, waste or program abuse, please contact the NC Medicaid Contact Call Center at 1-888-245-0179.</p>
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<p>Notice to Providers</p> <p>The Medicaid Identification card is not proof of Medicaid eligibility. It is the responsibility of the medical provider to verify the identity of the individual, the Medicaid covered services, medical home/primary care physician with whom the recipient is enrolled.</p> <p>Eligible Provider: A provider must be enrolled in the NC Medicaid program to be paid for services rendered to NC Medicaid recipients. If not enrolled, go to www.nctracks.nc.gov to find enrollment information and forms or call the CSC Enrollment Verification and Credentialing (EVC) Center at 1-866-844-1113.</p> <p>NCEAST-20004 (Rev. 10/19)</p>	<p>Prior Approval: Some Medicaid services must be approved in advance. Refer to https://medicaid.ncdhhs.gov/providers/programs-services/prior-approval-and-due-process-for-prior-approval requirements. Changes are published the first of each month in Medicaid Provider bulletins. https://files.nc.gov/ncdma/documents/files/2A-3.pdf</p> <p>Out of state providers must obtain approval prior to delivering Medicaid services unless there is a medical emergency as defined in the Social Security Act, Section 1923 (b)(2)(B)(i-iii) and (C)(i-iii). In cases of medical emergency that result in patient hospitalization, out of state providers must notify North Carolina Medicaid within 72 hours (three business days) of the admission date.</p> <p>Claim Filing: Bill other insurance first; Medicaid is last payor. Medicaid payment is full payment even if charges exceed the payment. Refer to the Basic Medicaid Billing Guide for additional information regarding claim filing.</p>
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PART 1: First Things You Should Know



How to Choose Your PCP

Your Primary Care Provider (PCP) is a doctor, nurse practitioner, physician assistant or another type of provider who will:

- Care for your health;
- Coordinate your needs; and
- Help you get referrals for specialized services, if you need them

As a Medicaid beneficiary, you have an opportunity to choose your own PCP. If you did not select a PCP, Medicaid will choose one for you based on your past health care. You can

find your PCP's name and contact information on your Medicaid card. If you would like to change your PCP, you will be able make the change at any time. (See the section on "How to Change Your PCP" on page 19).

When deciding on a PCP, you may want to find a PCP who:

- You have seen before
- Understands your health history
- Is taking new patients
- Can serve you in your language
- Is easy to get to

Each family member enrolled in the EBCI Tribal Option can have a different PCP. Some PCP's may take care of the whole family. A pediatrician treats children. Family Practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member Services at **1-800-260-9992** for assistance or contact Medicaid directly **1-888-245-0179**.



To get help with choosing a PCP that is right for you and your family

You can find the list of all the PCP's who partner with the EBCI Tribal Option in our provider directory. You can visit our website at www.ebcitribaloption.com to look at the provider directory online. You can also call Member Services at **1-800-260-9992** to get a copy of the provider directory.

Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see a plan OB/GYN doctor or another provider who offers women's health care services. Women can get routine checkups, follow-up care if needed and regular care during pregnancy.



If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. If your specialist wants to become assigned as your PCP, they will meet the same requirements as a regular PCP. Your specialist can apply to enroll as a Carolina Access provider at the DHB website, call Provider Services at **1-800-260-9992**, Monday through Friday from 8am to 4:30pm, or can contact Medicaid directly at **1-888-245-0179**.

If Your Provider Leaves Our Network

- If your provider leaves the EBCI Tribal Option, we will tell you within fifteen (15) days from when we know about this.
- Even if your provider leaves our network, you may be able to stay with your provider for a while longer in certain situations
- Please read “Your Care When You Change from another Health Plan or Provider” on page 41, for more information about how long you can stay with a provider who has left our network.

If you have any questions about the information in this section, please visit our website at www.ebcitribaloption.com or call Member Services at 1-800-260-9992.

How to Change Your PCP or If You have Questions

You can find your Primary Care Provider’s (PCP’s) name and contact information on your Medicaid card. You can change your PCP at any time. To change your PCP, call the Medicaid Contact Center toll free at **1-800-260-9992**. You do not have to give a reason for the change.

How to Get Regular Health Care

- “Regular health care” means exams, regular checkups, shots, or other treatments to keep you well. It also includes giving you advice when you need it, and referring you to the hospital, or specialists, when needed. You and your Primary Care Provider (PCP) work together to keep you well or to see that you get the care you need.
- Your PCP is always available. Call your PCP when you have a medical question or concern. If you call after hours, or on the weekends, leave a message and your phone number or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your Tribal Option works.
- Your PCP will take care of most of your health care needs. Most times you will need to make an appointment to be seen. If you cannot keep an appointment, call to let your PCP know.

Making your first regular health care appointment. As soon as you choose or are assigned a PCP, and it is a new provider, call to make your first appointment. There are several things you can do to help your PCP get to know you and your health care needs. **If you have enrolled and normally receive your care from a Tribal Option provider, you do not need to do anything.** Continue seeing your provider as usual.

How to Prepare for Your First Visit with a New Provider:

- Request a transfer of medical records from your current provider to your new PCP.
- Make a list of problems you have now, as well as being prepared to discuss your general health, past major illnesses, surgeries, etc.
- Make a list of questions you want to ask your PCP.
- Bring medications and supplements you are taking to your first appointment.

It is best to visit your PCP within three months of joining the plan.

If you need care before your first appointment, call your PCP's office to explain your concern. Your PCP will give you an earlier appointment to address your health concerns. You should keep the first appointment to talk about your medical history and ask questions.

It is important to the EBCI Tribal Option that you can visit a doctor within a reasonable amount of time. The table below lets you know how long you may have to wait to be seen.

APPOINTMENT GUIDE

IF YOU CALL FOR THIS TYPE OF SERVICE:	YOUR APPOINTMENT SHOULD TAKE PLACE:
Routine Well Care (services like routine health check-ups or immunizations)	Within thirty (30) days of presentation or notification
Pregnant Members	Within fifteen (15) days of presentation or notification.
Routine Sick Care	Within three (3) days of presentation or notification
Urgent care services (care for problems like sprains, flu symptoms or minor cuts and wounds)	Within twenty-four (24) hours of presentation or notification
Emergency care	Go to the hospital emergency room immediately (available 24 hours a day, 365 days a year)
Hospital Discharge	Within two (2) weeks of discharge

If you are not getting the care you need within the time limits described above, call Member Services at 1-800-260-9992.

Care if Your Provider Leaves the EBCI Tribal Option Network

If your Primary Care Provider (PCP) leaves the EBCI Tribal Option, we will contact you within seven (7) days from when we know this will happen. If you want to choose a new PCP, you can contact the Medicaid call center at **1-888-245-0179**.

How to Get Specialty Care – Referrals

- If you need specialized care that your Primary Care Provider (PCP) cannot give, your PCP will refer you to a **specialist enrolled in Medicaid** who can. A specialist is a doctor who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). *If your PCP refers you to a specialist, see below for the process on referrals to a specialist who is not in the Medicaid provider network.*
- If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you find a different specialist.
- There are some treatments and services that your PCP must ask Medicaid to approve before you can get them. Your PCP will tell you what those services are.
- Sometimes, Medicaid may not approve a specific service that your health care provider has requested. If you do not agree with Medicaid's decision, you can appeal the decision. See pages 39 and 40 to find out how.
- If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP.





Get These Services from the EBCI Tribal Option without a Referral

You do not need a referral to get these services:

Primary Care

You do not need a referral to get primary care services. If you need a check-up or have a question about your health, call your Primary Care Provider (PCP) to make an appointment.

Women's Health Care

You do not need a referral from your PCP if:

- You are pregnant and need pregnancy-related services
- You need OB/GYN services
- You need family planning services
- You need to have a breast or pelvic exam

Family Planning

You can go to another doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment, and counseling
- Screenings for cancer and other related conditions

Children's Screening

You do not need a referral to get children's screening services or school-based services.

Local Health Department Services

You do not need a referral to get services from the local county health department or EBCI PHHS.

Behavioral Health Services

You do not need a referral for your first behavioral health or substance use disorder assessment. If you need help, your PCP or call Member Service at **1-800-260-9992** for a list of mental health providers and substance use disorder providers. You can also find a list of our behavioral health providers online at www.ebcitribaloption.com.



FOR EMERGENCIES

If you believe, you have an emergency, call 911 or go to the nearest emergency room.

- You **do not** need approval from your plan or your PCP before getting emergency care, and you are not required to use our hospitals or doctors.
- **If you are not sure, call your PCP at any time, day or night.** Tell the person you speak with what is happening. Your PCP's team will:
 - Tell you what to do at home
 - Tell you to come to the PCP's office
 - Tell you to go to the nearest urgent care, or emergency room
- **If you are out of the area when you have an emergency:**
 - Go to the nearest emergency room

Remember: Use the Emergency Department only if you have an emergency. If you have questions, call your PCP or the EBCI Tribal Option Member Services at **1-800-260-9992**.

You are always covered for emergencies. An emergency medical condition is a situation in which your life could be threatened, or you could be hurt permanently if you do not get care right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that won't stop or a bad burn
- Broken bones
- Trouble breathing, convulsions or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever or vomiting
- Drug overdose

Some examples of **non-emergencies** are colds, upset stomach or minor cuts and bruises and should be treated by your PCP or in an Urgent Care Office. Emergency rooms should not be used for routine care.

Urgent Care/Immediate Care Center

You may have an injury or an illness that is not an emergency but still needs prompt care and attention. This could be:

- A child with an earache who wake up in the middle of the night and won't stop crying
- The flu
- A cut that needs stitches
- A sprained ankle
- A bad splinter you cannot remove

You can walk into an urgent care clinic to get care the same day or make an appointment for the next day. Whether you are at home or away, call your Primary Care Provider (PCP) any time, day or night. Tell the person who answer what is happening. They will tell you what to do.

If you have difficulty reaching your PCP, please let us know. You can call Member Services at 1-800-260-9992.



Care Outside of North Carolina

Your PCP and EBCI Tribal Option can give you more information about which providers and services are covered outside of North Carolina and how you can get them if needed. *If you need medically necessary emergency care while traveling anywhere within the United States and its territories, please go to the nearest emergency room.*

Care Outside of the United States

Care outside the United States or its territories is not covered. If you have questions about getting care outside of North Carolina, talk with your PCP or call Member Services at **1-800-260-9992**.

Part II: Your Benefits

NC Medicaid provides medical and behavioral health services. This section describes:



- Covered and non-covered services. "Covered services" means Medicaid will pay for the services if the rules are followed for payment. These are also called benefits. "Non-covered services" means Medicaid may not pay for the services except in certain circumstances for children. For members under the age of twenty-one (21), please refer to EPSDT information on pages 26-27.
- What to do if you are having a problem with the EBCI Tribal Option.
- The EBCI Tribal Option will provide or arrange for most services and supports your needs if you:
 - Are pregnant
 - Are sick or injured
 - Experience a substance use disorder or have mental health needs
 - Need assistance with tasks like eating, bathing, dressing or other activities of daily living
 - Need help getting to the doctor's office
 - Need medications
 - Need assistance with other factors affecting your health such as housing, access to food, etc.

The section below describes the specific services covered by Medicaid. Ask your Primary Care Provider (PCP) or call Member Services at **1-800-260-9992** if you have any questions about your benefits.

You can get some services without going through your PCP. These include primary care, emergency care, women's health services, family planning services, children's screening services, services provided at local county health department, EBCI PHHS, some school-based services, and some behavioral health services. You can find more information about these services on page 22.

Services Covered by the EBCI Tribal Option

You must get the services below from the providers who are enrolled in NC Medicaid. Services must be medically necessary, and provided, coordinated or referred by your PCP. Talk with your PCP or call Member Services at **1-800-260-9992** if you have questions or need help.

Regular Health Care

- Office visits with your PCP, including regular check-ups, routine labs and tests
- Referrals to specialists
- Eye/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) or children and adults
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under the age of twenty-one (21).
 - **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** services for members under the age of 21. Members under twenty-one (21) years old (excluding NC Health Choice members) have a broad menu of healthcare benefits. Medicaid calls this benefit “Early and Periodic Screening, Diagnosis and Treatment Services. “The EPSDT guarantee” covers wellness visits and treatment services.
 - These “screening” visits are wellness care. They are free for members under the age of twenty-one (21). These visits include a complete exam, free vaccines and vision and hearing tests. Your provider will also watch your child’s physical and emotional growth and well-being at every visit and “diagnose” any conditions that may exist. At these visits, you will get referrals to any treatment services your child needs to get well and to stay healthy.

The “T” in EPSDT: Treatment for Members under twenty-one (21) years old

- Sometimes children and youth need medical “treatment” for a health problem. Your Plan may not offer every service covered by the State Medicaid program. When a child needs treatment, the Medicaid program will pay for any service that the federal government’s Medicaid plan covers. The Medicaid Programs must use a set of special rules that apply only to children. These rules are called EPSDT “medical necessity criteria.” The Medicaid Program cannot deny your child’s service just because of a policy limit. Also, the Medicaid Program cannot deny a service just because that service is not covered in Medicaid policies. Medicaid must complete a special “EPSDT review” in these cases.



When your plan approves EPSDT services for children, important rules apply:

- There are no limits on how often a service or treatment is given unless medically not necessarily.
- There is no limit on how many services the member can get on the same day unless to do so would cause harm.
- Services may be delivered in the best setting for the child's health. This might include a school or a community setting.

You will find the entire menu of EPSDT Medicaid-covered services in the Social Security Act and on our website at www.ebcitribaloption.com. Some examples include a broad menu of medical care, including:

- Dental services
- Comprehensive health screening services (well-child checks, developmental screenings and immunizations)
- Health education
- Hearing services
- Home health services
- Hospice services
- Inpatient and outpatient hospital services
- Lab and X-ray services
- Mental health services
- Personal care services
- Physical and occupational therapy
- Prescription drugs
- Prosthetics
- Rehabilitative and Therapy services for speech, hearing and language disorders
- Transportation to and from medical appointments
- Vision services
- Any other necessary health services to treat, fix or improve a health problem

If you have questions about EPSDT services, talk with your child's PCP, or your care manager. You can also find more about the federal EPSDT guarantee online. Just visit our website at www.ebcitribaloption.com or go to the NC Medicaid EPSDT webpage at <https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaids-benefit-children-and-adolescents>.



Help with quitting smoking or other tobacco use

- Resources and classes to help you quit smoking or tobacco use

Maternity Care

- Pregnancy care
- Childbirth education classes

- 
- OB/GYN
 - One medically necessary post-partum home visit for newborn care and assessment following discharge, but no later than 60 days after delivery
 - Care management services for high-risk pregnancies and for two months after delivery. (See page 33 for more information)

Hospital Care

- Inpatient care
- Outpatient care
- Labs, X-rays and other tests

Home Health Services

- Time-limited skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology, and occupational therapy
- Home health aide services for help with activities such as bathing, dressing, preparing meals and housekeeping
- Medical supplies

Personal Care Services

- Help with common activities of daily living, including eating, dressing and bathing, for individuals with disabilities and ongoing health conditions.

Hospice Care

- Hospice helps patients and their families with the special needs that come during the final stages of illness and after death
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers
- You can get these services in your home, in a hospital, assisted living facility or in a nursing home

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye exams and medically necessary lenses
- Specialist referrals for eye diseases or defects

Pharmacy

- Prescription drugs
- Some medicines sold without a prescription (also called “over-the-counter”) like allergy medicines
- Insulin and other diabetic supplies like syringes, test strips, lancets and pen needles
- Smoking cessation agents, including over-the-counter products
- Enteral formula (balanced nutrition designed for the tube-feeding of children)
- Emergency contraception
- Medical and surgical supplies



Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition.
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room or in another setting.
- For more about emergency services. (See page 24)

Specialty Care

- A provider who has been trained and practices in a specific area of medicine provides specialty Care. Specialty Care includes the following:
 - *Allergy/Immunology*
 - *Anesthesiology*
 - *Cardiology*
 - *Dermatology*
 - *Endocrinology*
 - *ENT/Otolaryngology*
 - *Gastroenterology*
 - *General Surgery*
 - *Gynecology*
 - *Infectious Disease*
 - *Hematology*
 - *Nephrology*
 - *Neurology*
 - *Oncology*
 - *Ophthalmology*
 - *Optometry*
 - *Orthopedic Surgery*
 - *Pain Management (Board Certified)*
 - *Psychiatry*
 - *Pulmonology*
 - *Radiology*
 - *Rheumatology*
 - *Urology*

Nursing Home Services

- Includes short-term/rehabilitation stays and long-term care for up to ninety (90) days
- If you need nursing care for more than ninety (90) days, you may need to enroll in a different health plan. Talk with your PCP, your Care Manager, or call Member Services at **1-800-260-9992** if you have questions.
- Covered nursing home services include medical supervision, twenty-four (24) hour nursing care, assistance with daily living, physical therapy, occupational therapy and speech-language pathology.

- Nursing home services must come from a nursing home that is enrolled in NC Medicaid. Call Member Services at **1-800-260-9992** for help finding a nursing home enrolled in Medicaid.

Behavioral Health Services (Mental Health and Substance Use Disorder Services)

Behavioral health care includes mental health (your emotional, psychological, and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. These services include:

Mental Health Services

- Services to help figure out if you have a mental health need (diagnostic assessment services)
- Individual, group and family therapy
- Mobile crisis management services
- Facility-based crisis programs
- Specialized behavioral health services for children with autism
- Outpatient behavioral health services
- Outpatient behavioral health emergency room services
- Inpatient behavioral health services
- Research-based intensive behavioral health treatment
- Partial hospitalization

Substance Use Disorder Services

- Outpatient opioid treatment
- Substance Abuse Comprehensive Outpatient Treatment program (SACOT)
- Ambulatory detoxification
- Non-hospital medical detoxification
- Alcohol and drug abuse treatment center detox crisis stabilization

Services for individuals with Intellectual and Developmental Disabilities (I/DD)

- Members with I/DD often need services, and supports to assist them in learning skills, accomplishing developmental milestones or gaining more independence. Medicaid can help support the member in meeting their desires, wishes and goals. Contact your care manager for assistance with accessing these Medicaid benefits.

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call **911**.
- **Non-Emergency:** The EBCI Tribal Option can arrange for your transportation to help you get to and from your appointments for Medicaid-covered care. This service is free to you. If you need an attendant to go with you to your doctor's appointment or if your child (18 years old or younger) is a member of the plan,



transportation is also covered for the attendant, parent or guardian. Non-emergency transportation includes personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation. **NC Health Choice members are not eligible to receive non-emergency transportation services.**

How to get Non-Emergency Transportation

Call your county DSS or your Care Manager. Please call as far in advance as possible, to arrange transportation to and from your appointment.

Long-Term Services and Supports (LTSS)

- If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing, or doing household chores. LTSS includes services like home health, personal care services, and participation in other Medicaid Waiver Programs like CAP-DA, CAP-C and Innovations. You may get LTSS in your home or community. Other LTSS services include placement in a nursing home or Assisted Living Facility.
- If you need LTSS, you have a Care Manager on your care team that is specially trained in LTSS services. This care manager works with you and your doctors and other providers of your choice to make sure you get the right care and support when and where you need it. For more information about what a Care Manager can do for you, see “Extra Support to Manage Your Health” on page 32.

If you are leaving a nursing home, Adult Care Home, Behavioral Health Group Home or other facility, and are worried about your living situation, we can help. Our Care Management team can connect you to housing options. Call Member Services at **1-800-260-9992** to learn more.

If you have questions about using LTSS benefits, talk with your care manager or call Member Services at **1-800-260-9992**.

Other Examples of Medicaid Services

- Pharmacy
- Durable medical equipment/prosthetics/orthotics
- Hearing aid products and services
- Telemedicine
- Speech and Occupational Therapy
- Home infusion therapy
- Dental services

If you have any questions about any of the benefits above, talk to your PCP, your Care Manager, or call Member Services at **1-800-260-9992**.

Extra Support to Manage Your Health

Managing your health care and support services alone can be hard, especially if you are dealing with many health issues and concerns at the same time. If you need extra support to get and stay healthy, we can help. As a member of the EBCI Tribal Option, you have a Care Manager assigned to you and on your health care team. A Care Manager is a specially trained health professional who works with you, your doctors, and other providers and agencies to make sure you get the right care and support when and where you need it.

Your Care Managers can:

- Coordinate your appointments and help arrange for transportation
- Support you in reaching your goals to better manage your ongoing health conditions and safety concerns.
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors, community-based organizations or specialists about your care and supports needed to stay healthy and safe.
- Connect you to helpful resources in your community.
- Help you continue to receive the care and support you need if you switch from the EBCI Tribal Option or change PCP's.
- Assist members who need access to LTSS services like nursing home care, home health or personal care services to help manage daily activities of living, like eating or bathing and household tasks.
- Assist pregnant women with certain health issues such as managing diabetes, addressing behavioral health and other concerns such as quitting smoking
- Support children from birth to age five (5) who may live in stressful situations, have certain health conditions, and/or disabilities.



A member of your Primary Care Provider's (PCP's) team will be your Care Manager. *"You will have a Care Manager who will assist you in good times and bad times."* To learn more about how you can get extra support to manage your health, talk to your PCP or call Member Services at **1-800-260-9992**.

Help with Problems beyond Medical Care

It can be hard to focus on your health if you have problems with your housing, worry about having enough food to feed your family or reside in unsafe living conditions. The EBCI Tribal Option can connect you to resources in your community to help you manage issues beyond your medical care.

Call Member Services at **1-800-260-9992** if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed you or your family

- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic violence. **If you are in immediate danger, call 911.**

Other Programs to Help You Stay Healthy

The EBCI Tribal Option wants to help you and your family get and stay healthy. If you want to quit smoking or you are a new mom who wants to learn more about how to best feed your baby, we can connect you with the right program for support.

Call Member Services at **1-800-260-9992** to learn more about:

- Tobacco cessation services to help you stop smoking or using other tobacco products
- Women, Infants and Children (WIC) special supplemental nutrition program
- Nurse Family Partnership
- Early Intervention Program
- Disease Management Programs such as Diabetes and Hypertension

Opioid Misuse Prevention Program

Opioids are powerful prescription medications that can be the right choice for treating severe pain. However, opioids may also have serious side effects, such as addiction and overdose. The EBCI Tribal Option supports safe and appropriate opioid use through our Opioid Misuse Prevention Program. If you have any questions about our program, call Member Services at **1-800-260-9992**.

Preventative Health

Your PCP will tell you when you and your family are due for checkups. They will also remind you when you and your family need certain screenings and immunizations.

To help you stay on top of getting your check up, we may call you or send you a letter. We do this as a reminder to you. Please keep this in mind if you get a call or a letter about your yearly flu shot or your child missing a health check appointment. The following guidelines in this section do not replace your PCP's judgment. You should always talk with your PCP about the care that is right for you and your family.



Preventative Health Guidelines

The next few pages are recommended guidelines for preventative care services. These will tell you when you should get checkups, tests, and shots.

You can use these to help you know when it is time to visit your PCP and get services. Please look at these guidelines. If you see that you or anyone in your family is missing a checkup or test, you should call your doctor for an appointment.

We help you remember to get these services. We will send each family member a reminder every year about 60 to 90 days before you are due for these services. It tells them about the tests and/or shots they may need.

These guidelines do not replace your PCP's advice. When you see your PCP, he or she may tell you that other services are needed. This is based on your specific health care needs. Always talk with your PCP. Be sure to tell him or her about your health concerns. This will help you and your family get the right care.

Childhood Immunizations from Birth to 18 years of age:

Source: Centers for Disease Control (CDC) 2019

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ¹ (HepB)	1 st dose		2 nd dose				3 rd dose									
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			4 th dose				5 th dose				
Tetanus, diphtheria, & acellular pertussis ³ (Tdap: ≥7 yrs)													(Tdap)			
Haemophilus influenzae type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 5		3 rd or 4 th dose, See footnote 5									
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose		4 th dose									
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV: <18 yrs)			1 st dose	2 nd dose		3 rd dose					4 th dose					
Influenza ⁸ (IIV; LAIV) 2 doses for some: See footnote 8						Annual vaccination (IIV only) 1 or 2 doses				Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only				
Measles, mumps, rubella ⁹ (MMR)					See footnote 9		1 st dose				2 nd dose					
Varicella ¹⁰ (VAR)							1 st dose				2 nd dose					
Hepatitis A ¹¹ (HepA)							2-dose series, See footnote 11									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)													(3-dose series)			
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)						See footnote 13						1 st dose			Booster	
█ Range of recommended ages for all children		█ Range of recommended ages for catch-up immunization			█ Range of recommended ages for certain high-risk groups				█ Range of recommended ages during which catch-up is encouraged and for certain high-risk groups				█ Not routinely recommended			

Adult Preventative Health Guidelines

If you are new to the EBCI Tribal Option, you should get a baseline physical exam within the first ninety (90) days of joining. If you're pregnant, you should get this done within the first trimester or within seven (7) days.

The following recommendations are services that the EBCI Tribal Option consider very important to prevent certain diseases and conditions in adults. The EBCI Tribal Option strongly recommends that members get these preventive services. They can help you lead a healthier life.

<u>Age</u>	<u>Screening</u>	<u>Frequency</u>
<u>Adolescents 18 and older</u> <u>Adults 21 and older</u>	Blood Pressure, Height and Weight, Body Mass Index (BMI), Alcohol Use	Annually, (18-21) years After (21), every (1-2) years or at the PCP's recommendation
<u>Adults 20 years of age and older, especially if at high risk</u>	Cholesterol	Every five (5) years (More frequent if elevated)
<u>Women 21 years of age and older</u>	Pap Test and Chlamydia	Every (1-3) years or at the PCP's recommendation
<u>Women 50-74 years old</u>	Mammography	Every (1-2) years
<u>50 years and older</u>	Colorectal Cancer Screening Hearing Screening	Periodically depending upon test
<u>Women starting at age 65 or starting at 60 for women at risk</u>	Osteoporosis (Bone Mass Measurement)	Every two (2) years or per PCP recommendations
<u>65 years and older, or younger for those that have diabetes or other risk factors</u>	Vision including Glaucoma or Diabetic Retinal Exam as needed	Every two (2) years for routine exams or every year for diabetic members or those with other risk factors

Adult Immunizations

<u>Diphtheria, tetanus and pertussis (DTaP)</u>	(18) years and older, DTAP: Substitute a one-time dose DTaP for Td, then boost with Td every ten (10) years
<u>Varicella (VZV)</u>	All adults without evidence of immunity to varicella should receive two (2) doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have only received one (1) dose
<u>Measles, Mumps, Rubella (MMR)</u>	All adults born during or after 1957 should receive (1-2) doses
<u>Pneumococcal vaccinations</u>	(65) years of age and older, all adults who smoke or have certain chronic medical conditions-pneumococcal vaccines per their providers recommendations
<u>Seasonal Flu</u>	All adults annually
<u>Hepatitis A Vaccine (HepA)</u>	All unvaccinated individuals who anticipate close contact with an international adopted or those with certain high-risk behaviors
<u>Hepatitis B Vaccine (HepB)</u>	Adults at risk, (18) years of age and older – three (3) doses
<u>Meningococcal Conjugate Vaccine (MCV)</u>	College freshmen living in dormitories not previously vaccinated with MCV and others at risk, 18 years of age and older – one (1) dose. Meningococcal polysaccharide vaccine is preferred for adults ages 56 years and older
<u>Human Papillomavirus (HPV)</u>	For eligible members (9-45) years of age
<u>Shingles Vaccine</u>	Healthy adults (50) years and older
<u>Haemophilus Influenza Type B (Hib)</u>	For eligible members who are at high risk and who have not previously received Hib vaccine (1 dose)

Value Added Services

The EBCI Tribal Option will offer additional services that are referred to as Value Added Services. These services are unique to the Tribal Option and are not offered by other health plans. You will be notified of these Services via the Enrollment Broker, Health Plan Choice Guide, the EBCI Tribal Option website, Member welcome packet and Member handbook. Care Managers will also inform you of access to these services. PCP's will be notified of the availability of these services via your care manager and the EBCI Tribal Option website and the Provider Manual. If you feel that you qualify for any of the services below, contact Member Services at **1-800-260-9992**.

Value Added Service (VAS)	Definition of Criteria	Prior Authorization	Responsibility
Enrollment in Cherokee language classes and required supplemental learning materials.	Limited to enrollment in classes offered by Cherokee Choices.	None required.	Cherokee Choices, not a Medicaid provider.
Car Safety Seat.	Car Safety Seat for newborns; Tribal Option Member is not eligible for car seats from other agencies or programs.	Referral by care manager; limited to newborns.	This VAS not provided by a Medicaid provider.
Up to \$75 gift cards for adherence to prenatal appointments.	Adherence of prenatal appointments as defined in the Member's care plan. Required appointments as ordered by the treating physician for the pregnancy.	Submission of Care Manager authorization to Member Services Manager for distribution of \$25 gift card per trimester.	Tribal Option shall issue gift cards.
Up to \$250 voucher for a computer upon acceptance to and full-time enrollment to an institution of higher education.	Ineligible for EBCI Higher Education Services. Proof of acceptance and full-time enrollment into institution of higher education.	Will follow the EBCI Higher Education Policy. Purchase is available for members of the Tribal Option who do not meet benefit eligibility for enrolled members of EBCI.	Not a Medicaid enrolled provider.
Transportation related to care plan within routes and region covered by Cherokee Transit.	Transportation provided for job training and other activities required for implementation of the individual's care plan.	Referral by Care Manager.	Available through Cherokee Transit, a NEMT provider.

Up to \$750 voucher for Associate Degree, tuition and materials.	Must be 21 years or older; submit request to Tribal Option Member Services Unit; and ineligible for services from EBCI Department of Education.	Submit request to Member Services Unit. Will follow the EBCI Higher Education Policy. Available for members of the Tribal Option that do not meet benefit eligibility for enrolled members of EBCI.	Not a Medicaid provider.
Up to \$250 GED examination voucher, materials and life skills training.	Must be 19 years or older; submit request to Tribal Option Member Services Uni for approval; and ineligible for EBCI Higher Education Services.	First must ensure member is not eligible for Tribal education reimbursement. Will follow the EBCI Higher Education policy. Available for members of the Tribal Option who do not meet benefit eligibility for enrolled members of EBCI.	Not a Medicaid enrolled provider.
Offering of nutrition, cooking and exercise classes.	All Tribal Option members are eligible for attendance to these classes offered by EBCI, CIHA or other Tribal entities.	None required.	CIHA, EBCI or other Tribal entities or activities sponsored or endorsed by CIHA.
Purchase of 1 pair of sport shoes per calendar year.	Must be 18 and under and ineligible for the EBCI shoe program or maximized benefit from the EBCI shoe program.	Prior authorization required.	Purchase of shoes only through the Birdtown Recreation Center.

Services NOT Covered by Medicaid

Like many insurance plans, Medicaid also has services that are not covered. Below are some examples of services that are **not available** from the EBCI Tribal Option **or** Medicaid. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery if not medically necessary
- Personal comfort items such as cosmetics, novelties, tobacco or beauty aids
- Routine foot care, except for beneficiaries with diabetes or a vascular disease
- Routine newborn circumcision
- Experimental drugs, procedures or diagnostic tests
- Infertility treatments
- Sterilization reversal
- Sterilization under age twenty-one (21)
- Medical photography
- Hypnosis
- Blood tests to determine paternity (contact your local child support enforcement agency)

- 
- Erectile dysfunction drugs
 - Weight loss or weight gain drugs
 - Liposuction
 - Tummy tuck
 - Ultrasound to determine sex of child
 - Hearing aids for beneficiaries age 21 and older
 - Services for which you need a referral (approval) in advance and you did not get it
 - Services for which you need prior authorization in advance and you did not get it
 - Medical services provided out of the United States
 - Tattoo removal
 - Payment for copies of medical records

This list does not include all services that are not covered. To determine if a service is not covered, call Member Services at **1-800-260-9992**.

A provider who agrees to accept Medicaid generally cannot bill you if the service is offered under Medicaid. You may have to pay for any service that Medicaid does not approve or offer. In some cases, your PCP will tell you Medicaid does not cover your requested service. In that case before you get a service, you will need to agree to be a “private pay” or “self-pay” patient. If you agree, you will have to pay for the service. This includes:

- Services not covered (including those listed above)
- Unauthorized services when referral or prior authorization is required
- Services provided by providers who are not part of Medicaid

If You Get a Bill

If you get a bill for treatment or service that you do not think you owe, do not ignore it. Call Member Services at **1-800-260-9992** right away. We can help you understand why you may have received a bill and recommend next steps.

Service Authorization and Actions

Medicaid will need to approve some treatments and services **before** you receive them. Medicaid may also need to approve some treatments or services for you to **continue** receiving them. This is called **preauthorization**. Your provider will obtain approvals from Medicaid on your behalf. Your provider should communicate with you about the approvals or denials of the authorization. If the service requested is denied, you will also receive a letter from NC Medicaid explaining why the service was denied and what actions you may take.

Appeals

Medicaid and NC Health Choice members have a right to appeal decisions made by Medicaid. When members do not agree with Medicaid’s decisions on an appeal, they can ask the State Medicaid agency for a State Fair Hearing.

Medicaid must issue a letter of denial, reduction, termination of service or eligibility determination. It is important for you to read the letter or seek assistance in understanding the direction and guidance issues in the letter. If you need assistance understanding this letter, contact Member Services at **1-800-260-9992** or the Medicaid Appeals Line at **919-855-4350** or the NC Medicaid Ombudsman at **877-201-3750**

This letter will explain your right to appeal Medicaid's decision. Highlights include:

- When you ask for an appeal, Medicaid has thirty (30) days to give you an answer. You can ask questions and give any updates (including new medical documents from your providers) that you think will help Medicaid approve your request. You may do that in person, in writing or by phone.
- You can ask for an appeal yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call the EBCI Tribal Option at **1-800-260-9992** or visit our website at **www.ebcitribaloption.com** if you need help with your appeal request. It's easy to ask Medicaid for an appeal by using one of the options below:
 - **MAIL:** *Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than sixty (60) days after the date on this notice.*
 - **FAX:** *Fill out, sign and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form.*
 - **BY PHONE:** *You can call the Medicaid Center at 1-888-245-0179 or call the Medicaid Appeal Line at 919-855-4350 and ask for an appeal. You will get help with your form during this call. You will still need to send the Appeal Request Form to Medicaid after you call. There are instructions on the form that tell you what to do.*

When you appeal, you and any person you have chosen to help you can see the health records and criteria Medicaid used to make the decision. If you choose to have someone help you, you must give them written permission.

IHS Eligibility

Unique to the EBCI Tribal Option is determining Indian Health Service (IHS) eligibility. If your IHS eligibility is denied and you feel that you are entitled to these services, you can appeal by contacting the CIHA Patient Registration Manager at **1-828-497-9163**. This appeal will be processed by the CIHA Eligibility Committee and a decision rendered within thirty (30) days of filing the appeal.

If You Have Problems with Your EBCI Tribal Option Plan, You Can File a Grievance

We hope our Tribal Option Plan serves you well. If you are unhappy or have a complaint, you may talk with your Primary Care Provider, or Care Manager, you may call Member Services at **1-800-260-9992** or write to:

*The EBCI Tribal Option
241 Cherokee Hospital Loop
Cherokee, NC 28719*

For Medicaid members, a grievance and a complaint are the same thing.

Contacting us with a grievance means that you are unhappy with the Tribal Option, provider or your health services. Most problems like this can be solved right away. Whether we solve your problem right away or we need to do some work, we will record your call, your problem and our solution. We will inform you that we have received your grievance in writing. We will also send you a written notice when we have finished working on your grievance.

You can ask a family member, a friend or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing out any forms, we can help you.

You can contact us by phone:

- Call Member Services at **1-800-260-9992**, Monday through Friday, from 8am to 4:30pm

You can write us with your complaint to:

- The EBCI Tribal Option, 241 Cherokee Hospital Loop, Cherokee, NC 28719

Resolving your complaint or grievance

- We will let you know in writing that we got your grievance.
- We will review your complaint and tell you how we resolved it in writing within twenty-one (21) business days from receiving your complaint or grievance.
- The EBCI Tribal Option may extend the timeframe for resolving your grievance up to fourteen (14) calendar days if there is a need for additional information and the delay is in your best interest.
- If we extend the timeframe, we will make every effort to give you prompt verbal notice of the delay and give you written notice within two (2) calendar days. The notice will include the reason for the decision to extend the timeframe. We will give you the right to file a grievance if you disagree with that decision

These issues will be handled according to our Grievance Procedures. You can find them online at the EBCI Tribal Option website at www.ebcitribaloption.com/members/grievances-and-appeals/.

Your Care When You Change from another Health Plan or Provider

If you join the EBCI Tribal Option from another Medicaid Health Plan, we will contact your previous health plan within five (5) business days or notification of your plan or PCP change. We will work with your previous health plan to make sure that services you were receiving or planning to receive will continue without interruption.



Information from Member Services

Member Services is here to help you. You can call Member Services at **1-800-260-9992** to ask about benefits and services, to get help with referrals, to report the birth of a new baby, or ask about any change that might affect you or your family's benefits. We can answer any questions about the information in this handbook.

If English is not your first language, we can help. Just call us and we will find a way to talk with you in your own language.

For people with disabilities:

If you have difficulty hearing or need assistance with communicating, please call us. If you are reading this on behalf of someone who is blind, deaf-blind or has difficulty seeing, we can help. We can tell you if a doctor's office is equipped with special communications devices. Also, we have services like:

- **TTY Machine. Our TTY phone number is 711**
- Information in large print
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your condition

If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and assists in making or getting you to appointments.

You Can Help with Plan Policies

As a member in the EBCI Tribal Option, we value your ideas. You can help us develop policies that best serve our members. We have several member committees in our EBCI Tribal Option or with North Carolina, like:

CIHA Patient and Family Advisory Council (PFAC)	EBCI Tribal Option Committee
State Medical Care Advisory Committee (MCAC)	NC Medicaid Committee
State Consumer and Family Advisory Committee (CFAC)	NC Medicaid Committee

Another way you can assist the EBCI Tribal Option in improving your care and support services is the completion and return of member surveys when you receive them.

Call Member Services at **1-800-260-9992** to learn more about how you can help.

MEMBER RIGHTS AND RESPONSIBILITIES

As a member of the EBCI Tribal Option, you have certain rights and responsibilities. Providers must also adhere to these Rights and Responsibilities when providing services and supports to you.



Right to Considerate and Respectful Care

You have the right to:

- Expect that we will respect your dignity and privacy as you utilize our care, services and providers.
- Expect that we will respect your values and beliefs. We will support your beliefs as long as they do not hinder the well-being of others or your planned course of care.
- Be cared for and supported with respect without regard to health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity.
- To report abuse, neglect, discrimination or harassment to any health care worker, manager, or executive director.

Right to Information

You have the right to:

- Obtain current and understandable information from physicians and caregivers regarding your diagnosis, treatment, and prognosis except in emergencies in which you lack decision-making capacity and the need for treatment is urgent.
- Discuss and request information related to specific procedures and treatments, including risks involved and reasonable alternatives, and to have the information interpreted, when necessary. You or someone you choose will have access to this information and be interpreted as necessary, except when restricted by law.

Right to Decide or Refuse Treatment

You have the right to:

- Take part in planning your care and having an active role in the person-centered plan including refusal of treatment, supports or recommendations at any time.
- Be consulted if a doctor wants you to take part in a research program or donor program, and let you choose whether or not to do so. You will receive quality care and support whether you choose to take part or not.

Right to Privacy

You have the right to:

- Every consideration of privacy. Discussion of your care, consultations, examinations, and treatment will be conducted privately and discreetly. Individuals not directly involved in your care must have your permission to be



present.

Right to Confidentiality

You have the right to:

- Expect that all communications and records pertaining to your care will be treated as confidential except in cases of suspected abuse and public health hazards when reporting is required by law.

Right to Reasonable Response

You have the right to:

- Obtain second opinions or request external assistance in accomplishing your care plan goals. You may include family, friends and advocates on your care team to assist you with understanding and addressing your identified care support needs.

Right to Continuity of Care

You have the right to:

- Reasonable continuity of care. You have the right to know in advance what appointment times and physicians are available.
- Expect that your providers and other support agencies will keep you informed of your continuing health care requirements following discharge.

Right to Advance Directive

You have the right to:

- An Advance Directive, such as a living will or healthcare power of attorney. These documents express your choices about your future care or name someone to make decisions if you cannot speak for yourself. A copy of the healthcare power of attorney will be required whenever that person is making decisions on your behalf.
- Receive information and assistance in the formulation of advanced directives. You can receive this help by contacting your Primary Care Provider, Care Manager, or EBCI Tribal Option Member Services.

Right to Knowledge of Policies and Practices Affecting Your Care

You have the right to:

- Be informed of our policies and practices that relate to your care and services.
- Voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

- 
- Be informed of resources for resolving disputes and grievances. If your concerns are not resolved with the EBCI Tribal Option, you may report them to the NC DHHS
 - You can also contact the NC Medicaid Ombudsman any time you feel you were not fairly treated. See page 52 for more information about the NC Medicaid Ombudsman

Right to an Interpreter

You have the right to:

- An interpreter, translation services or other forms of communication if you do not speak English or if you have trouble reading or hearing.
- You have the right to a minister/spiritual advisor of your choice.
- You have the right to present your concerns, receive spiritual care, receive advice concerning ethical issues related to care, discharge planning, and money matters concerning care. You can also receive help with protection from abuse, discrimination and neglect. You can report your concerns to your Primary Care Provider, your Care Manager, or EBCI Tribal Option Member Services, or by visiting the EBCI Tribal Option website: www.ebcitribaloption.com.

MEMBER RESPONSIBILITIES

- Provide correct and complete reports about your health.
- Let your doctor and care manager know if you do not understand the plan for your care and services or your role in that plan.
- Participate in your plan of care and services prepared by you, your PCP and your care team.
- Understand the fact that you may cause your health to become worse if you refuse treatment or do not follow your care plan.
- Report changes in your health and keep your appointments.
- Consider the needs and feelings of other patients and members of your care team.
- Provide Advance Directives (Five Wishes, Living Will or Healthcare Power of Attorney) if you have one.

Rights and Responsibilities for Pediatric Members and their Families

In addition to the rights and responsibilities listed, the following rights and responsibilities apply to pediatric patients (individuals under 18 years of age):

You have the right to:

- Receive timely reports about your care that you can understand
- Emotional support
- Your need to grow, play and learn
- Make your own choices when you are able

FAMILIES RESPONSIBILITIES

- Provide correct, complete reports about your child's health.
- Give your child the care he or she needs.
- Think about and respect the rights of other patients, families, and other members of the care team.



Options for Disenrollment from the EBCI Tribal Option

You can leave the EBCI Tribal Option at any time for any reason. There are certain factors that may impact your enrollment in the Tribal Option. These include:

Moving out of the EBCI Tribal Option Service Area

- If you move out of the service area, you may lose your enrollment in the EBCI Tribal Option. Once your move is confirmed, Member Services will notify Medicaid of your change in address.

How to Change Plans if you move out of the services area or if you want to choose another health plan

- You can ask to change plans by phone, mail, in-person or electronically. You will receive help and information to choose a new plan. To change plans, contact the Enrollment Broker at **1-833-870-5500**.
- You will get a notice that the change will take place by a certain date. The EBCI Tribal Option will provide the care you need until then.
- You can ask for faster action if you believe the timing of the regular process will cause risk to your health. In that case, you will get a notice about your request to leave the plan within three (3) days of making the request.

You Could Become Ineligible for Medicaid Managed Care

You may have to leave the EBCI Tribal Option if you:

- Are no longer eligible for Medicaid Managed Care
- If you stay in a nursing home for more than ninety (90) days in a row
- If you become eligible for and are transferred for treatment to a state-owned Neuro-Medical Center or a Department of Military & Veteran Affairs-operated Veterans Home
- If your IHS eligibility determination changes
- If you move out of the service area



We Can Ask You to Disenroll From the EBCI Tribal Option

You can lose your EBCI Tribal Option membership if:

- Your behavior seriously hinders our ability to care for you or other members of the EBCI Tribal Option; and
- We have documented efforts to resolve your issues

You Can Appeal a Disenrollment Decision

You, or your authorized representative, may ask for a State Fair Hearing if you disagree with a decision to:

- Deny your request to change plans; or
- Approve a request made by the EBCI Tribal Option for you to leave the plan.

A State Fair Hearing is your opportunity to give more information and facts, and to ask questions about the decision before an administrative law judge. The judge in your State Fair Hearing is not a part of your Tribal Option in any way.

You have thirty (30) days from the time you receive a notice to ask for a State Fair Hearing if:

- We deny your request to change plans or
- The EBCI Tribal Option's request for you to leave the Tribal Option.

When you request a State Fair Hearing, you will receive an opportunity to mediate your disagreement. Mediation is an informal voluntary process to see if an agreement can be made on your case. Mediation is guided by a professional mediator who does not take sides. If you do not reach an agreement at mediation, you can still have a State Fair Hearing. You can also decide not to go through mediation and just ask for a State Fair Hearing.

You can use one of the following ways to request a State Fair Hearing:

- **By fax:** 984-236-1871
- **By mail:**

*Office of Administrative Hearings (OAH)
Attention: Clerk of Court
1711 New Hope Church Road
Raleigh, NC 27609*

State Fair Hearings for Disenrollment Decisions

You have the right to ask for a State Fair Hearing if you disagree with a decision on disenrollment that changed your Tribal Option. A State Fair Hearing allows you or your representative to make your case before a judge who rules on laws that regulate



government agencies. If you have any questions, call Member Services at **1-800-260-9992**.

Advance Directives

There may come a time when you become unable to manage your own health care. If this happens, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure that you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has three ways for you to make a formal advance directive. These include living wills, health care power of attorney and advance instructions for mental health treatment.

Living Will

In North Carolina, a **living will** is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time; or
- Are unconscious and your doctor determines that is highly unlikely that you will regain consciousness; or
- Have advanced dementia or a similar condition which results in a substantial loss of attention span, memory, reasoning, and other brain functions, and it is highly unlikely the condition will be reversed.

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your wishes with friends, family and your doctor now, so that they can help make sure that you get the level of care you want at the end of your life.



Health Care Power of Attorney

A health care power of attorney is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.

Forms You Can Use to Make an Advance Directive

You can find the advance directive forms at www.sosnc.gov/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also call **919-807-2167** or write to:

*Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622*

You can change your mind and update these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself. Talk to your Primary Care Provider (PCP) or call Member Services at **1-800-260-9992** if you have any questions about advance directives.



5-Wishes

The EBCI Tribal Option and Cherokee Indian Hospital also provide 5-Wishes books. These books guide you in creating your advance directive. These can be notarized, and filed with your PCP. Contact your care manager, or Member Services with any questions, or to request a 5-Wishes book.

Fraud, Waste and Abuse

If you suspect that someone is committing Medicaid fraud, report it. Examples of Medicaid fraud include:

- An individual does not report all income or other health insurance when applying for Medicaid.
- An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission.
- A doctor or a clinic bills for services that were not provided or were not medically necessary.

You can report suspected fraud and abuse in any of the following ways:

- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at **1-877-DMA-TIP1 (1-877-362-8471)**
- Call the State Auditor's Waste Line at **1-800-730-TIPS (1-800-730-8477)**
- Call the U.S. Office of Inspector General's Fraud Line at **1-800-HHS-TIPS (1-800-447-8477)**
- EBCI Fraud, Waste and Abuse Tip Line at **1-800-455-9914**
- NC Medicaid Fraud and Abuse Confidential Complaint Form:
<https://medicaid.ncdhhs.gov/meetings-and-notices/report-fraud-waste-or-abuse/medicaid-fraud-and-abuse-confidential-complaint>

Important Phone Numbers and Hours of Operation

EBCI Tribal Option Member Services	1-800-260-9992	Monday through Friday from 8am to 4:30pm
EBCI Family Safety	828-359-1520 or After Hours 828-497-4131	Available 24 hours a day After hours, ask for the on call social worker
EBCI Free Legal Service	1-828-359-7400	
EBCI Provider Service Line	1-800-260-9992	Monday through Friday from 8am-4:30pm
EBCI Fraud Waste and Abuse Tip Line	1-800-455-9914	24 hours a day or online at ebci.alertline.com
NC Medicaid Contact Center	1-888-245-0179	Monday through Friday from 8am–5pm
Enrollment Broker	1-833-870-5500	Monday through Saturday from 7am–5pm
NC Free Legal Services Line	1-866-219-5262	Monday through Friday from 8:30am-4:30pm Monday & Thursday from 5:30 pm-8:30pm
NC Medicaid Fraud, Waste and Abuse Tip Line	1-877-362-8471	
State Auditor Waste Line	1-800-730-8477	
U.S. Office of Inspector General Fraud Line	1-800-447-8477	
NC Medicaid Ombudsman	1-877-201-3750	

Keep Us Informed

Call Member Services at **1-800-260-9992** whenever these changes happen in your life:

- You have a change in Medicaid eligibility
- You become pregnant or give birth
- There is a change in Medicaid coverage for you or your children
- Physical Address or Phone Number Changes
- If you move from your home to a care facility such as a nursing home
- Death of EBCI Tribal Option Member
- Change in IHS Eligibility
- Change in family composition



If you no longer get Medicaid, check with your local Department of Social Services:

EBCI/NCDHHS Medicaid and FNS Eligibility Office

1526 Acquoni Road

Cherokee NC 28719

828-497-4317

You may be able to enroll in another program.

NC Medicaid Ombudsman

The NC Medicaid Ombudsman is a resource you can contact if you need help with your health care needs. The NC Medicaid Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families who receive North Carolina Medicaid and NC Health Choice get access to the care that they need.

The NC Medicaid Ombudsman can:

- Answer your questions about benefits
- Help you understand your rights and responsibilities
- Provide information about Medicaid and Medicaid Managed Care
- Answer your questions about enrolling with or un-enrolling from a health plan
- Help you understand a notice you have received
- Refer you to other agencies that may be able to assist you with your health care needs
- Help to resolve issues you are having with your health care provider or health plan

- Be an advocate for members dealing with an issue or a complaint affecting access to health care
- Provide information to assist you with your appeal, grievance, mediation or fair hearing
- Connect you to legal help if you need it to help resolve a problem with your health care

You can contact the NC Medicaid Ombudsman at 1-877-201-3750.

The EBCI Tribal Option is committed to meeting your needs. With the focus on you, the Member, *Ni hi tsa tse li* (It Belongs to You), the Tribal Option's staff and the Tribal Option's network of providers, *U wa shv u da nv te lv* (The One Who Gives from Their Heart), ensure the Members' needs will be successfully met. The Tribal Option belongs to the people of the Cherokee community, *Di qwa ste li l yu n(i) s di* (Like My Own Family to Me), and we are entrusted to serve you.

Together, we will be successful.

We appreciate you joining the EBCI Tribal Option and look forward to working with you. We are here for you!



