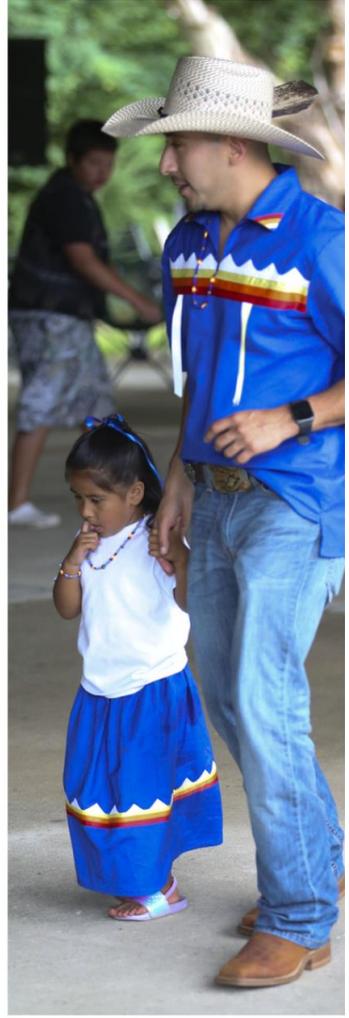




EBCI TRIBAL OPTION



July 2022 Member Handbook

www.ebcitribaloption.com



Table of Contents

Language Assistance	4
For People with Disabilities.....	4
Special Aids Services	5
Notice of Non-Discrimination	5
INTRODUCTION TO THE EBCI TRIBAL OPTION	9
What is the EBCI Tribal Option?	10
Our Core Purpose	10
The Right Way.....	10
Guiding Principles of Cherokee Indian Hospital and the EBCI Tribal Option	10
The EBCI Tribal Option (PCCM) Managed Care Program	12
How Does the EBCI Tribal Option Work?.....	12
How to Use This Handbook.....	13
Who is On My Care Team?	13
Your EBCI Tribal Option Quick Reference Guide	14
Key Words Used in This Handbook.....	16
Help from Member Services	21
Your Medicaid Card.....	21
PART 1: FIRST THINGS YOU SHOULD KNOW.....	23
Your Care When Changing from a Health Plan or Provider	23
How to Choose Your Primary Care Provider (PCP).....	23
If Your Provider Leaves Our Network.....	25
Care if Your Provider Leaves the EBCI Tribal Option Network	25
How to Prepare for Your First Visit with a New Provider	25
How to Change Your Primary Care Provider (PCP) or If You Have Questions	26
How to Get Regular Health Care	26
Appointment Guide	27
How to Get Specialty Care – Referrals	27
Get These Services from the EBCI Tribal Option Without a Referral	28
Primary Care	28
Women’s Health Care.....	28
Family Planning	28
Children’s Screening.....	29
Local Health Department Services.....	29
Behavioral Health Services.....	29
FOR EMERGENCIES	29
Urgent Care/Immediate Care Center	30
For Care Outside of North Carolina	30

For Care Outside of the United States	30
PART 2: YOUR BENEFITS	30
Services Covered by the EBCI Tribal Option	32
Regular Health Care	32
Help to Quit Smoking or Using Other Tobacco Products	34
Maternity Care	34
Hospital Care	34
Home Health Services	34
Personal Care Services	34
Hospice Care	34
Vision Care	35
Pharmacy	35
Emergency Care	35
Specialty Care	35
Nursing Home Services	36
Behavioral Health Services (Mental Health and Substance Use Disorder Services)	36
Transportation Services	37
Long-Term Services and Supports (LTSS)	37
Other Examples of Medicaid Services	38
Extra Support to Manage Your Health	38
Help with Problems Beyond Medical Care	39
Other Programs to Help You Stay Healthy	40
Opioid Misuse Prevention Program	40
Preventative Health	40
Preventative Health Guidelines	40
Adult Preventative Health Guidelines	41
Adult Immunizations	42
Childhood Immunizations from Birth to 18 Years of Age	43
Value Added Services (VAS)	44
Services NOT Covered by Medicaid	45
If You Get a Bill	47
Service Authorization and Actions	47
Appeals	47
Appealing an Adverse Determination from NC Medicaid	47
Indian Health Service (IHS) Eligibility	49

How to File a Grievance Regarding the EBCI Tribal Option	49
MEMBER RIGHTS AND RESPONSIBILITIES.....	51
Member Rights.....	51
Right to Considerate and Respectful Care.....	51
Right to Information	51
Right to Decide or Refuse Treatment.....	52
Right to Privacy	52
Right to Confidentiality	52
Right to Reasonable Response.....	52
Right to Continuity of Care	52
Right to Advance Directive	53
Right to Knowledge of Policies and Practices Affecting Your Care	53
Right to an Interpreter	53
Right to Protection	54
Member Responsibilities	54
Rights and Responsibilities for Pediatric Members and Their Families.....	54
Family Responsibilities.....	54
You Can Help with Plan Policies	55
Options for Disenrollment from the EBCI Tribal Option Program	55
Moving Out of the EBCI Tribal Option Service Area.....	55
How to Change your Health Plan or PCCM (EBCI Tribal Option) if You Move Out of the Service Area or if You Want to Change to a Different Health Plan	56
You May Be Disenrolled from the EBCI Tribal Option if You.....	56
We Can Ask You to Disenroll From the EBCI Tribal Option	56
You Can Appeal a Disenrollment Decision	56
State Fair Hearings for Disenrollment Decisions	57
Advance Directives	57
Living Will.....	58
Health Care Power of Attorney.....	58
Advance Instruction for Mental Health Treatment	58
Forms You Can Use to Make an Advance Directive	59
Five Wishes.....	59
Fraud, Waste and Abuse	59
Important Phone Numbers and Hours of Operation	60
Keep Us Informed.....	61
NC Medicaid Ombudsman.....	62

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

Language Assistance

ᑭᑭᑭᑭᑭᑭ ᑭᑭᑭᑭᑭᑭ
Gawonihisdi alisdelvdodi

You can request this Member Handbook and other EBCI Tribal Option information in large print at no cost. To receive materials in large print, call Member Services at 1-800-260-9992 (TTY 711).

If English is not your first language, we can help. Call **1-800-260-9992 (TTY 711)**. You can request information provided within this Handbook in your language. We have access to interpreter services and will answer your questions in your language.

Cherokee Language Interpreter:

If you need a Cherokee interpreter, we can call someone for you.

ᑭᑭᑭ ᑭᑭᑭᑭᑭᑭ ᑭᑭᑭᑭ, ᑭᑭ ᑭᑭᑭᑭᑭ
Tsalagi anedisgi yitsaduli, gilo yiwotsiyana

Call **1-800-260-9992 (TTY 711)**.

Spanish Interpreter:

Si el inglés no es tu primer idioma, podemos ayudarte. Llamar **1-800-260-9992 (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.

For People with Disabilities

If you have difficulty hearing or need assistance with communicating, please call **Member Services at 1-800-260-9992 (TTY 711)**. If you are reading this on behalf of someone who is blind, deaf-blind, or has difficulty seeing, we can help. We can provide you with a list of doctor's offices who are equipped with special communication devices. We can also provide services like:

- A TTY machine [The Eastern Band of Cherokee Indian (EBCI) Tribal Option TTY phone number is 711.]
- Information available in large print
- Assistance with scheduling appointments
- Scheduling transportation to and from appointments
- Names and addresses of providers who specialize in your condition
- A list of doctors' offices that are wheelchair accessible



individual's enrollment, as defined in the EBCI Tribal Option Enrollment and Disenrollment Policy and outlined in the North Carolina Department of Health and Human Services (NC DHHS)/EBCI Tribal Option Contract. All individuals will be treated with dignity, compassion, and respect. Individuals and Members 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 EBCI Tribal Option shall ensure each Member is not subject to any unlawful discrimination in the course of obtaining or receiving services through the EBCI Tribal Option or from any provider within the EBCI Tribal Option Network of Primary Care Providers (PCPs) in compliance with 45 C.F.R 80.3(d). The EBCI Tribal Option shall ensure compliance with the non-discrimination requirements specified in the NC DHHS/EBCI 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 through the EBCI Tribal Option or any PCP Network as required in 42 C.F.R. § 438.100(d).

The EBCI 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;
 - 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 EBCI Tribal Option can provide free aids and services to Members with disabilities so that they may communicate effectively with their providers and care management staff. Assistance will be provided for Members whose primary language is not English. Such assistance, service, or aids shall include, but are not limited to, the following:

- Qualified American Sign Language (ASL) interpreters
- Information written in other formats (large print, audio, accessible formats, etc.)
- Qualified interpreters
- Information written in other languages

The EBCI 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 EBCI Tribal Option Enrollment Policy. In addition, the EBCI 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 EBCI 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).

For more information, visit the EBCI Tribal Option website at www.ebcitribaloption.com. (Choose "Members," then "Non-Discrimination Policy")

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

- A written complaint must be filed with the EBCI Tribal Option Member Services office (post marked or hand delivered) within sixty (60) days of the date you became aware of the alleged violation. The complaint may be sent:
 - Electronically:
www.ebcitribaloption.com
 - By Mail or Hand Delivery:
EBCI Tribal Option



241 Cherokee Hospital Loop
Cherokee, NC 28719

- The written complaint must be filed by the individual aggrieved by the alleged discrimination and must contain:
 - Name and mailing address of the aggrieved party complaining;
 - Name of the EBCI Tribal Option Provider or the EBCI Tribal Option agent involved;
 - Date(s) of the alleged violation;
 - Brief description of the alleged violation;
- If you require assistance in preparing a complaint due to a disability, the EBCI Tribal Option will provide assistance upon request;
- You may file a Request for Reconsideration if you receive a letter that reports no findings of discrimination. The request must be made in writing, stating clearly the basis for which reconsideration should be granted. The Request for Reconsideration must be filed by the individual who made the initial complaint and sent to the EBCI Tribal Options' Member Services office (post marked or hand delivered) within thirty (30) days from the date of the letter that reports no findings of discrimination.

Complaint Investigation:

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 CIHA or the EBCI Tribal Option, the Member Services Manager shall investigate and follow steps outlined in the NC DHHS/EBCI Tribal Option Contract.
- 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 CIHA's Compliance Officer and/or 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 either:
 - *Mailing the letter that reports no findings of discrimination to the complainant post marked within two (2) days of the letter's issuance, or*
 - *Resolving the issue between the Member provider aggrieved and the EBCI Tribal Option.*

Other Actions:

- The EBCI Tribal Option Member Services Manager may assist the individual in filing a complaint/grievance or requesting assistance from the NC Medicaid Ombudsman for further assistance at 1-877-201-3750.

- EBCI Tribal Option Members and Providers may contact the NC Department of Health and Human Services. The process for filing a complaint is available 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
 Mail Service Center
 101 Blair Drive
 Raleigh, NC 27603*
- By Phone:
919-855-4800
- EBCI Tribal Option Members or Providers may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at:
 - Electronically:
 - www.hhs.gov/ocr/office/file/index.html, or
 - Office for Civil Rights Complaint Portal Assistant at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
 - By Mail:
*U.S. Department of Health and Human Services,
 Office for Civil Rights
 200 Independence Avenue SW,
 Room 509F, HHH Building
 Washington, DC 20201*
 - By Phone:
*U.S. Department of Health and Human Services
 Office for Civil Rights
 1-800-368-1019 (TTY: 1-800-537-7697)*
 - By Fax:
202-619-3818

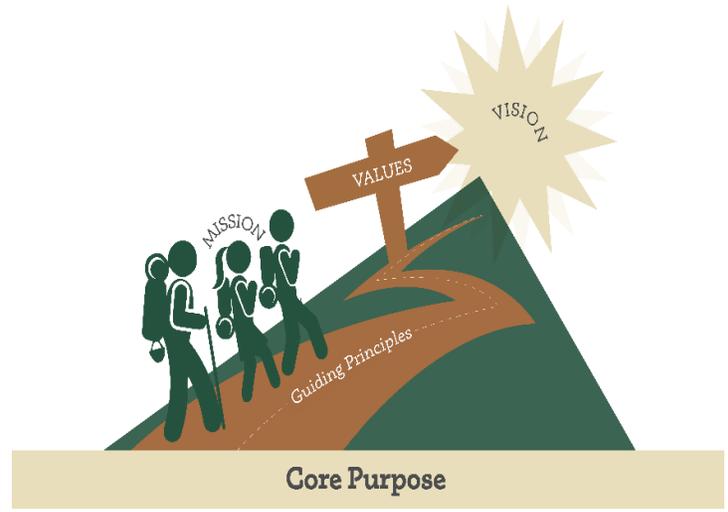
ATTENTION: If you need a Cherokee interpreter, we can call someone for you. CWY Dጒጒጒጒጒ ጒጒጒጒ, ጒጒ ጒጒጒጒጒጒ (Tsa la gi a ne sdi sgi yi tsa du li, gi lo yi wo tsi ya na) Call **1-800-260-9992 (TTY 711)**.

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

INTRODUCTION TO THE EBCI TRIBAL OPTION

What is the EBCI Tribal Option?

The Eastern Band of Cherokee Indians (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), which ensures that you get the most out of your benefits. The EBCI Tribal Option manages 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 strongly focuses on a Member's primary care, preventive health, and chronic disease management and provides care management for high-need Members.



The EBCI Tribal Option program is also referred to as a Primary Care Case Management (PCCM) program. The PCCM program's rules and regulations are the criteria that NC Medicaid and the Cherokee Indian Hospital used to design and currently manage the EBCI Tribal Option.

Our Core Purpose

ᏫᏍᏗ ᏍᏗᏗᏗ ᏍᏗᏗᏗ
Hawini udalenv uyelvdvi

Our core purpose is to assure the prosperity of the next seven generations of the EBCI. To accomplish this, we will work together to help you achieve physical, mental, emotional, and spiritual wellness.

The Right Way

The heart of our health care approach 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 and to enhance patient/Member and family engagement. We understand that patients/Members have their own stories that guide their individual lifestyle choices and health care decisions. “*The Right Way*” emphasizes the importance of developing strong, trusting, and healthy relationships between you and your Care Team.

We consider the journey to wellness a shared responsibility. We encourage you to be an active member of your Care Team and help guide us in meeting your health and life goals.

Guiding Principles of Cherokee Indian Hospital and the EBCI Tribal Option



The Guiding Principles of Cherokee Indian Hospital and the EBCI Tribal Option define “the Right Way” philosophy as an approach to guide 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. The four Guiding Principles are as follows:

Guiding Principle One – ᎠᎩᎠᎩᎠᎩᎠᎩᎠᎩ (u wa shv u da nv te lv)

(English phonetics: 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 – ᎠᎩᎠᎩᎠᎩᎠᎩ (to-hi)

(English phonetics: 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 – ᎠᎩᎠᎩᎠᎩᎠᎩ (ni hi tsa tse li)

(English phonetics: nee hee zah zay lee or nee hee jah jay lee)

“It Belongs to You”

We believe that all health care services belong to the people. CIHA and the EBCI Tribal Option serve as stewards of this health care, safeguarding it and providing it to patients/Members when and how they need it.

Guiding Principle Four - ᎠᎩᎠᎩᎠᎩᎠᎩ (di qua tse li i yu sdi)

(English phonetics: dee gwa jay lee ee you sdee)

“Like Family to Me”

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

The EBCI Tribal Option (PCCM) Managed Care Program

This Handbook will explain the Medicaid health care services available to you. For additional information, call **Member Services at 1-800-260-9992 (TTY 711)** or visit the **EBCI Tribal Option website at www.ebcitribaloption.com**.

How Does the EBCI Tribal Option Work?

SVO'edj Dhy'edE AD e.O'.C.D. DOW'edLP D'ed'edY'ed R.R.R?
Gadousdi anigisgv hia ka.u.tsa.a. analasdatlv asuyagidv elisv?

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 depends on more factors 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 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) and your Care Manager. If you need to have tests, see a specialist, or go into the hospital, your PCP and Care Manager 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. (For more information, refer to page 28).

For more information, visit the **EBCI Tribal Option Provider Directory online at <https://ebcitribaloption.com/wp-content/uploads/2021/05/2021-ebci-tribal-option-provider-05.17.21.pdf>** or call **Member Services at 1-800-260-9992 (TTY 711)** to receive a copy of the Provider Directory.



Your EBCI Tribal Option Quick Reference Guide

ᑕᐱ ᑕᑦᑦᑦ ᑲ.ᑲ.ᑕ.ᑲ. ᑲᑲᑲᑲᑲᑲ ᑲᑲᑲᑲᑲᑲ ᑲᑲᑲ ᑲᑲᑲᑲ ᑲᑲᑲ ᑲᑲᑲᑲᑲᑲᑲᑲᑲᑲ
Ihi tsatseli ka.u.tsa.a. analasdatlv asuyagidv elisv ulisda waselv asdawadvsdodi

EBCI Tribal Option Quick Reference Guide

<u>I WANT TO:</u>	<u>I CAN CONTACT:</u>
<p>Find a doctor, specialist, or health care service</p>	<ul style="list-style-type: none"> • My Primary Care Provider (PCP): (If calling after hours or on weekends, leave a message and include your name and contact information) • If I need help choosing my PCP, I can contact the NC Medicaid Contact Center: (Monday through Friday from 8:00am to 5:00pm) 1-888-245-0179
<p>Learn more about choosing or enrolling in a plan or PCCM</p>	<ul style="list-style-type: none"> • NC Enrollment Broker: (Monday through Saturday from 7:00am to 5:00pm) 1-833-870-5500
<p>Receive information in this Handbook in another format or language</p>	<ul style="list-style-type: none"> • Member Services: (Monday through Friday from 8:00am to 4:30pm) 1-800-260-9992 (TTY 711)
<p>Keep track of my appointments and health services</p>	<ul style="list-style-type: none"> • My PCP: (If calling after hours or on weekends, leave a message and include your name and contact information) or • Member Services: (Monday through Friday from 8:00am to 4:30pm) 1-800-260-9992 (TTY 711)
<p>Receive assistance getting to and from my doctor's appointments</p>	<ul style="list-style-type: none"> • Member Services: (Monday through Friday from 8:00am to 4:30pm) 1-800-260-9992 (TTY 711) • For more information on Transportation Services, refer to page 37 of this Handbook
<p>Receive answers to basic questions or concerns about my health, symptoms, or medicines</p>	<ul style="list-style-type: none"> • My PCP: (If calling after hours or on weekends, leave a message and include your name and contact information)
<p>Understand a letter or notice I received in the mail from the EBCI Tribal Option</p>	<ul style="list-style-type: none"> • Member Services: (Monday through Friday from 8:00am to 4:30pm) 1-800-260-9992 (TTY 711)

EBCI Tribal Option Quick Reference Guide

<u>I WANT TO:</u>	<u>I CAN CONTACT:</u>
File a complaint about the EBCI Tribal Option	<ul style="list-style-type: none"> • Member Services: (Monday through Friday from 8:00am to 4:30pm) 1-800-260-9992 (TTY 711) or • NC Medicaid Ombudsman: 1-877-201-3750 (For more information about the NC Medicaid Ombudsman, refer to page 62 of this Handbook)
Receive help understanding a recent change in or denial of my health care services	<ul style="list-style-type: none"> • Medicaid Appeals Line: 919-855-4350 or • Online: https://medicaid.ncdhhs.gov/medicaid/your-rights or • NC Medicaid Ombudsman: 1-877-201-3750 (For more information about the NC Medicaid Ombudsman, refer to page 62 of this Handbook)
Update my address	<ul style="list-style-type: none"> • Member Services: 1-800-260-9992 (TTY 711) or • My local Department of Social Services (DSS) office (A list of DSS locations can be found online at www.ncdhhs.gov/dss-directory)
Find the EBCI Tribal Option's Provider Directory or general information	<ul style="list-style-type: none"> • Member Services: 1-800-260-9992 (TTY 711) • Online at the EBCI Tribal Option website: https://ebcitribaloption.com/wp-content/uploads/2021/05/2021-ebci-tribal-option-provider-05.17.21.pdf

Key Words Used in This Handbook

ᐃᐱᐅᐅᐅᐅᐅᐅ ᐃᐅᐅᐅᐅᐅᐅ ᐅᐅᐅ ᐃᐅᐅᐅᐅᐅᐅᐅᐅ (ᐅᐅᐅᐅᐅᐅᐅᐅ) ᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅ
Disduisdodi dikanetsv hani adasehediyi (tsusgosdi) gvnigesv degowela

Your Definition Guide to EBCI Tribal Option (PCCM) Managed Care Words:

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 made by a Local Management Entity/Managed Care Organization (LME/MCO) to deny, stop, or limit your health care services provided by Medicaid providers.

Adverse Determination: A decision made by NC Medicaid Direct to deny, stop, or limit your health care services 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 health care 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 (DME): 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 twenty-one (21) years of age. When children need medical care, services are not limited because Medicaid ensures those patients under twenty-one (21) years of age can receive 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 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.

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

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 (LTSS): 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 Health Choice: NC Health Choice offers health insurance coverage for children six (6) through eighteen (18) years of age when their families do not qualify for Medicaid. **Medicaid insurance and NC Health Choice health care 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.

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 Department program that provides education and advocacy for Medicaid beneficiaries whether they are in NC Medicaid Managed Care or NC Medicaid Direct. The NC Medicaid Ombudsman provides issue resolution for NC Medicaid Managed Care members and is a resource to be used when you have been unable to resolve issues with the EBCI Tribal Option or your PCP. The NC Medicaid Ombudsman is separate and distinct from the Long-Term Care Ombudsman program.



Network (or Provider Network): A group of doctors under contract with 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.

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 EBCI 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 Case Management (PCCM): The federal type of Medicaid program in which the EBCI Tribal Option is identified. The EBCI Tribal Option must follow the rules and requirements outlined in the federal government's policies.

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. Refer to Primary Care Provider (PCP) key word and definition.



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 and the PCCM, EBCI Tribal Option, 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.

Help from Member Services

ᐃᑦᐃᑦᐃᑦᐃᑦ ᐃᑦᐃᑦ ᑦᐃᑦᐃᑦᐃᑦ
Alisdelvdodi aneli ididvnedii

EBCI Tribal Option Member Services is here to help you solve issues and answer questions. For assistance, call **Member Services at 1-800-260-9992 (TTY 711)** Monday through Friday from 8:00am to 4:30pm. Leave a message if you call after business hours with a non-urgent request. We will call you back within one (1) business day.

Call Member Services When You Have Questions About:

- Benefits and services:
 - Receive help scheduling a referral, replacing a lost or stolen Medicaid card, reporting the birth of a new baby, or enquiring about any changes that might affect you or your family's benefits.
- Pregnancy:
 - If you are or become pregnant, your child will become a Member of the EBCI Tribal Option on the day of the child's birth. Call us or your local Department of Social Services (DSS) right away if you become pregnant. We can help you choose a doctor for both you and your baby.

Your Medicaid Card

ᑕᑦᑦᑦ ᑦᐃᑦᐃᑦ ᐃᑦᐃᑦᐃᑦ
Tsatseli gudalvdv aquidodi

Information on your Medicaid card includes:

- Your Primary Care Provider's (PCP's) name and phone number
- Your Medicaid Identification Number
- Contact information if you have questions

If anything appears incorrect 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 the **NC Medicaid Contact Center at 1-888-245-0179**.



Always carry your Medicaid card with you. You will need to show it each time you receive care. Never let anyone else use your Medicaid card. This card is for your use only!

You can still receive services from a NC Medicaid provider even if you have not yet received your ID card. Providers can verify your Medicaid eligibility even if your Medicaid card is not present.

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

Cut along dotted lines

ANNUAL MEDICAID IDENTIFICATION CARD	N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH BENEFITS
<p>LME MCO:</p> <p>nfCustName nfAptSuite 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>RECIPIENT I.D. RECIPIENT NAME</p> <p>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>

Notice to Providers	Prior Approval
<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>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.</p> <p>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>

NCEAST-20004 (Rev. 10/19)

Page: 1 of 1

PART 1: FIRST THINGS YOU SHOULD KNOW

DEḷ ᑎᑦᑦᑦᑦᑦᑦ ᑭᑎ ᑕᑦᑦᑦᑦᑦᑦ
Agvyi ugahalv: hia igvyi tsadelohohisdi



Your Care When Changing from a Health Plan or Provider

ᑕᑦᑦᑦᑦᑦᑦ ᑭᑎᑦᑦᑦᑦᑦᑦ ᑭᑎᑦᑦᑦᑦᑦᑦ ᑭᑎᑦᑦᑦᑦᑦᑦ ᑭᑎᑦᑦᑦᑦᑦᑦ
Tsagasesdisgi hisdedaliyvsv gesvi hiyelv nudvnadegv adanvtehisvda

Dᑦ ᑦᑦᑦᑦ
ale ganagata

Once you have joined the EBCI Tribal Option from a Medicaid Health Plan, we will contact your previous health plan within five (5) business days of 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.

How to Choose Your Primary Care Provider (PCP)

ᑭᑎ ᑕᑦᑦᑦᑦᑦᑦ ᑭᑎᑦᑦᑦᑦᑦᑦ ᑕᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦ
Hia itsadvnedi hiyasuyagisdi igvyi tsagasesdisgi ganagata

Your PCP is a doctor, nurse practitioner, physician assistant, or other type of provider who will:

- Care for your health
- Coordinate your needs
- 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 do not select a PCP, Medicaid will assign CIHA as your PCP until you choose another. 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 to make that change at any time. (Refer to the "How to Change Your Primary Care Provider (PCP)" on page 26).

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 PCPs may take care of the whole family (like a family practice doctor), whereas pediatricians treat only children, and internal medicine doctors treat only adults. For assistance, call **Member Services at 1-800-260-9992 (TTY 711)** or the **NC Medicaid Contact Center at 1-888-245-0179**.

To Receive Help with Choosing a PCP That is Right for You and Your Family:

You can find the list of all the PCPs who partner with the EBCI Tribal Option in the Provider Directory, which can be accessed online at <https://ebcitribaloption.com/wp-content/uploads/2021/05/2021-ebci-tribal-option-provider-05.17.21.pdf> or you can call **Member Services at 1-800-260-9992 (TTY 711)** to receive a copy of the Provider Directory.

Women can choose an obstetrics/gynecology [(OB/GYN) a doctor for women's health] doctor to serve as their PCP. Women do not need a PCP referral to see an OB/GYN doctor or another provider who offers women's health care services. Women can receive routine check-ups, 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 an Advance Medical Home (AMH) provider at the NC Medicaid website. If you have any additional questions, call **EBCI Tribal Option Provider Services at 1-800-260-9992 (TTY 711)**, Monday through Friday from 8:00am to 4:30pm. Your call will be returned within one (1) business day. You can also call the **NC Medicaid Contact Center at 1-888-245-0179**.

Appointment Guide

DL4P9 J8QYL (AAG6J S0SW)
 Adasehehi disuyagida (higowadvdi ganagata)

It is important that you can visit a doctor within a reasonable amount of time. The following Appointment Guide provides the amount of time you may have to wait to receive a particular service:

Appointment Guide	
IF YOU CALL FOR THIS TYPE OF SERVICE:	YOUR APPOINTMENT SHOULD BE:
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 twenty-four (24) hours a day, three hundred sixty-five (365) days a year)
Hospital Discharge Follow-up	Your Care Manager will follow-up within two (2) weeks of discharge

If you do not receive the care you need within the time limits described above, call Member Services at 1-800-260-9992 (TTY 711).

How to Get Specialty Care – Referrals

VD07J 07V0 iLS4QVJ iJANBJ QJSR. DRQAFJQY
 Doadvnedi utselidv vdagasesdodi vdigoliyedi yaguduli. Alisgolvdigsi

DAG6J 07V0 S0SW
 agowadvdi utselidv ganagata

If you require specialized care that your Primary Care Provider (PCP) cannot provide, your PCP will refer you to a **specialist enrolled in Medicaid** who can provide the care you need. A specialist is a doctor who is trained and practices in a specific area of medicine (such as a cardiologist or a surgeon).

If a specialist does not meet your needs, contact your PCP to help you find a different specialist.

There are some treatments and services that require your PCP to seek approval from Medicaid before you can receive them. Your PCP will inform you of those services.

Sometimes, Medicaid may not approve a specific service that your health care provider has requested for you. If you do not agree with Medicaid's decision, you can appeal the decision. Refer to pages 47-49 to learn how to make an appeal.

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

ᑕ.ᑕ.ᑕ.ᑕ. ᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ
Ka.u.tsa.a analasdatlv asuyagidv elisv vyegudvnedi atayosdi nigesvna

ᑕᑕᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ
aliskolvdiski agowadvdi utselidv ganagata

Primary Care

You do not need a referral to receive primary care services. If you need a check-up or have a question about your health, call your Primary Care Provider (PCP) to schedule 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 do not need a referral from your PCP for family planning services. You can either visit one of the EBCI Tribal Option family planning providers or a different Medicaid provider (such as a doctor or clinic) that offers family planning. Family planning services include:

- Birth control
- Prescription birth control devices, such as IUDs, implantable contraceptive devices, etc.
- 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, including school-based services.

Local Health Department Services

You do not need a referral to get services from your local health department or EBCI Public Health and Human Services (PHHS).

Behavioral Health Services

You do not need a referral for your first behavioral health or substance use disorder assessment. If you need a list of mental health providers and substance use disorder providers, call your PCP or **Member Services at 1-800-260-9992 (TTY 711)**.

FOR EMERGENCIES

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

- You **do not** need approval from the EBCI Tribal Option or your PCP before seeking emergency care. You are not required to use our in-network hospitals or doctors.
- **If you are not sure if your condition is an emergency, call your PCP at any time, day or night.** Tell the person you speak with what is happening. Your PCP team will tell you:
 - What to do at home
 - Whether or not to come to the PCP office
 - Whether or not to go to the nearest Urgent Care Clinic or emergency room
- **If you are out of the area when you have an emergency:**
 - Go to the nearest emergency room

Remember: Only go to the emergency room if you have an emergency. If you have questions, call your PCP or **Member Services at 1-800-260-9992 (TTY 711)**.

Your care is 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:

- Heart attack or severe chest pain
- Bleeding that will not stop
- Bad burn
- Broken bones
- Trouble breathing
- Convulsions
- 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 at an Urgent Care Clinic. Emergency rooms should never be used for routine care.

Urgent Care/Immediate Care Center

ዕጥጫ ስረፍጻፍ / (ደቡብ) ሃሠጻ ስረፍጻፍ

Ulisda vdagasesdodi / (ayelv) gilaquu vdagasesdodi

You may have an injury or an illness that is considered a non-emergency but still requires prompt care and attention. Some examples of non-emergencies are:

- Earaches that cause a child to wake up at night and cry because of pain
- Flu
- Cut that requires stitches
- Sprained ankle
- Splinter you cannot remove

You can visit an Urgent Care Clinic or an immediate care center to receive care on the same day or make an appointment for the next day. Whether you are at home or away, call your PCP any time, day or night, to explain what is happening. Instructions will be provided for you to follow.

If you have difficulty reaching your PCP, contact **Member Services at 1-800-260-9992 (TTY 711)**.

For Care Outside of North Carolina

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

For Care Outside of the United States

Care outside of the United States or its territories is not covered. If you have questions about receiving care outside of North Carolina, talk with your PCP or call **Member Services at 1-800-260-9992 (TTY 711)**.



PART 2: YOUR BENEFITS

WŪŪ ŐŪŪŪŪ: ĆŪŪŪŪŪŪŪ

Taline ugahalv: tsalisdelvodi

NC Medicaid Benefits:

NC Medicaid provides medical, pharmacy, and behavioral health services. This section provides information on:

- Understanding Medicaid covered and non-covered services. “Covered services” are services paid for by Medicaid if their rules for payment are followed. These are also called “Benefits.” “Non-covered services” are the services Medicaid does not generally pay for, except, in certain circumstances, for children. For Members under twenty-one (21) years of age, refer to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) information on pages 32-34.
- The EBCI Tribal Option will provide or arrange for most services and supports based on 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 that affect your health such as housing, access to food, etc.
- Filing a grievance regarding EBCI Tribal Option

The next section describes the specific services covered by Medicaid. If you have any questions about your benefits, call your PCP or **Member Services at 1-800-260-9992 (TTY 711)**.

You can receive some services that your PCP does not have to arrange. These services include primary care, emergency care, women’s health, family planning, children’s screening, local health department, EBCI PHHS, some behavior health, and some school-based services.

Services Covered by the EBCI Tribal Option

AD TJŦŦJ LLŦWŦE Ŧ.Ŧ.C.D. DŦŦŦL RŦR
Hiaididvnedi dadanelasgv ka.u.tsa.a asuyagida elisv

In order to receive the services listed in this section, the service providers must be enrolled in NC Medicaid. Services must be medically necessary, provided, and coordinated by your PCP. If you have questions or need assistance, contact your PCP or Care Manager or call **Member Services at 1-800-260-9992 (TTY 711).**

Regular Health Care

- Office visits with your PCP, which include regular check-ups, routine labs, and tests
- Referrals to specialists
- Eye/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services

Early and Periodic Screening, Diagnosis and Treatment (EPSDT):

Medicaid refers to EPSDT health care services as benefits for Members under twenty-one (21) years of age (excluding NC Health Choice members). “The EPSDT guarantee” covers wellness visits and treatment services and offers a broad menu of health care benefits. The EPSDT benefits provide preventative, diagnostic, and treatment services to help meet children’s health and developmental needs. The EPSDT services include age-appropriate medical, dental, and vision and hearing screening services at scheduled visits and also when health problems occur or are suspected.



“Screening” visits are considered wellness care, which are free of charge for Members under twenty-one (21) years of age. These visits include a complete exam, free vaccines, and vision and hearing tests. The Member’s provider will assess physical and emotional growth and well-being at every visit and “diagnose” any new conditions that may exist. At these visits, you will receive referrals to any treatment services your child needs in order to get well and stay healthy.

- The “T” in EPSDT stands for Treatment. Sometimes, children need medical treatment for a health problem. When a child needs treatment, Medicaid will pay for any service that the Member’s Medicaid plan covers. Medicaid uses a set of special rules that apply only to children, which are called EPSDT “medical necessity criteria.” Medicaid cannot deny your child’s service just because of a policy limit. Also, the Medicaid program cannot deny a service that is not covered in Medicaid policies. Medicaid must complete a special “EPSDT review” in these cases.

Medicaid-Covered EPSDT Services Approved by NC Medicaid:

When your health care plan approves Medicaid-covered EPSDT services, these important rules apply:

- There are no limit restrictions on how often a service or treatment can be provided, unless the service is found to be medically unnecessary.
- There is no limit on how many services the Member can receive on the same day, unless doing so would cause harm.
- Services may be delivered in the setting that is best for the child’s health, like at a school or a community site.

You can access the entire menu of Medicaid-covered EPSDT services at: <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html> or visit the EBCI Tribal Option website at www.ebcitribaloption.com. The broad menu of medical care services includes, but is not limited to, the following examples:

- Dental
- Comprehensive health screening (well-child check-ups, developmental screenings, and immunizations)
- Health education
- Hearing
- Home health
- Hospice
- Inpatient and outpatient hospital
- Lab and X-ray
- Mental health
- Personal care
- Physical and occupational therapy
- Prescription drugs
- Prosthetics



- Rehabilitation and therapy (for speech, hearing, and language disorders)
- Transportation to and from medical appointments
- Vision
- Any other necessary health services that treat, fix, or improve a health problem

If you have questions about EPSDT services, speak with your child's PCP or your Care Manager. For more information about the EPSDT guarantee online, visit the **EBCI Tribal Option website** at www.ebcitribaloption.com or 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 to Quit Smoking or Using Other Tobacco Products

- Resources and classes to help you quit smoking or using other tobacco products

Maternity Care

- Pregnancy care
- Childbirth education classes
- OB/GYN
- One (1) medically necessary post-partum home visit for newborn care and assessment following discharge, but no later than sixty (60) days after delivery
- Care management services for high-risk pregnancies and for two (2) months after delivery

Hospital Care

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

Home Health Services

- Short-term skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology, and occupational therapy
- Home health aides that 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 Members with disabilities and ongoing health conditions

Hospice Care

- Help for Members and their families or caregivers with the special needs that arise during the final stages of their illness and after their death

- 
- Medical, supportive, and palliative care to terminally ill Members and their families or caregivers
 - Hospice services are available in your home, a hospital, an assisted living facility, or 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 medication
- Some medication can be purchased without a prescription (also known as “over-the-counter”), like allergy medication
- 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 tube-feeding a child)
- 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 room, an inpatient hospital room, or another setting.
- For more information about emergencies, refer to the “For Emergencies” section on page 29).

Specialty Care

A provider who has been trained and practices in a specific area of medicine provides specialty care. Specialty care services include the following:

- Allergy/Immunology
- Anesthesiology
- Cardiology
- Dermatology
- Ear, Nose, and Throat (ENT)
- Endocrinology
- Gastroenterology
- General Surgery
- Gynecology
- Infectious Disease
- Hematology

- Nephrology
- Neurology
- Oncology
- Ophthalmology
- Optometry
- Orthopedic Surgery
- Otolaryngology
- Pain Management (Board Certified)
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Urology

Nursing Home Services

- 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. If you have questions, talk with your PCP or Care Manager or call **Member Services at 1-800-260-9992 (TTY 711)**.
- 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 can only be received from a nursing home that is enrolled in NC Medicaid. For help locating a nursing home enrolled in Medicaid, call **Member Services at 1-800-260-9992 (TTY 711)**.

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 that help with mental health issues like depression or anxiety or 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. For assistance with accessing these Medicaid benefits, contact your Care Manager.

Transportation Services

- **Emergency**

If you need transportation for an emergency (an ambulance), call 911

- **Non-Emergency**

The EBCI Tribal Option can arrange transportation for getting you to and from your appointments for Medicaid-covered care. This service is free of charge. If you need an attendant to accompany you to your doctor's appointment, transportation is also covered for the attendant. If your child [eighteen (18) years of age or younger] is a Member of the EBCI Tribal Option, transportation is also covered for the 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 Schedule Non-Emergency Transportation**

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

Long-Term Services and Supports (LTSS)

- If you have certain health conditions or disabilities, you may need help with activities of daily living like eating, bathing, toileting, or doing household chores. LTSS includes home health services, personal care services, and other Medicaid Home and Community-Based Services (HCBS) Waiver programs like Community Alternatives Program/Disabled Adults (CAP-DA), Community Alternatives Program for Children (CAP-C) and NC Innovations. You may receive LTSS in your home or within your community. Other LTSS services include placement in a nursing home or assisted living facility.
- If you need LTSS, your Care Manager on your Care Team is specially trained in LTSS services. Your Care Manager works with you, your doctors, and other providers of your choice to make sure you receive the right care and support when and where you need it. For more information about what your Care Manager can

- Help you continue to receive the care and support you need if you switch from the EBCI Tribal Option to another health plan or change your PCP
- Assist you if you need access to LTSS services like nursing home care, home health, or personal care services to help manage activities of daily living, like eating, bathing, and performing household tasks
- Assist you if you are pregnant and have certain health issues, such as managing diabetes, addressing behavioral health, and other concerns like quitting smoking
- Support your children from birth to five (5) years of age who may live in stressful situations and/or have certain health conditions and/or disabilities



Your Care Manager will participate with your PCP’s health care team. The EBCI Tribal Option Care Manager “*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 (TTY 711)**

Help with Problems Beyond Medical Care

ᑕᓐᓂᓯᓯᓐᓂᓐ ᓂᓐᓂᓯᓯᓐᓂᓐ ᑕᓐᓂᓯᓯᓐᓂᓐ ᓂᓐᓂᓯᓯᓐᓂᓐ ᓂᓐᓂᓯᓯᓐᓂᓐ
 Tsasdelisgi dehgiliyogv witsitsei ganagato-nvwodi vdagasesdvi

It can be hard to focus on your health if you have one or more problems, including, but not limited to:

- Worrying about your housing situation or living conditions
- Residing in unsafe living conditions
- Feeling unsafe or experiencing domestic violence
If you are in immediate danger, call 911
- Having trouble providing enough food to feed you or your family
- Being unemployed
- Trying to find a job
- Facing financial difficulties when paying utilities or other bills
- Experiencing transportation issues, making it hard to get to and from appointments, work, or school, and/or
- Other challenges you may be facing in your life journey

The EBCI Tribal Option can connect you to resources in your community that will help you manage issues beyond your medical care. Call **Member Services at 1-800-260-9992 (TTY 711).**

Other Programs to Help You Stay Healthy

ጋቶ ገጋግጋ ርጅናሮጫ ዑጋህላጃግ (ህፃ) ፐግሮጃህ ገረገጃግ
Diso ididvnedi tsasdelisgi nvwadohiyadv (dohi) iyulisdodi vdagasesdvi

The EBCI Tribal Option wants to help you and your family get and stay healthy with programs such as:

- 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, and
- Exercise and other wellness programs

To learn more about these programs, call **Member Services at 1-800-260-9992 (TTY 711)**.

Opioid Misuse Prevention Program

Opioids are powerful prescription medications that can be the right choice when prescribed for treating severe pain. However, opioids can 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 this program, call **Member Services at 1-800-260-9992 (TTY 711)**.

Preventative Health

Your PCP will notify you when you and your family are due for check-ups, certain screenings, and immunizations.

You may receive a call or a letter reminding you about things such as appointments, your yearly flu shot, or a missed health check. The following guidelines on preventative health do not replace your PCP's advice/judgment. You should always talk with your PCP about the care that is right for you and your family and express any health concerns. Your PCP may determine that other services are needed based on your specific health care needs.

Preventative Health Guidelines

ወሰጃጃጃ (ገረገጃ) ወሰጃ ገረገጃጃጃ ገረገጃጃጃጃ
Ayosdisgi (vyugi) ayelv nudvnadegv disdawadvsdi

The next few pages are recommended guidelines for preventative care services, which determine when you should get check-ups, tests, and immunizations.

By referring to these guidelines, you will know when it is time to visit your PCP to receive these services. If you or a family member are missing a check-up or test, call your doctor to schedule an appointment.

The EBCI Tribal Option provides reminders as a service to you. Every year, we will send each family member a reminder about sixty (60) to ninety (90) days before preventative care service(s), such as tests and/or immunizations, are due.

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 are 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 prevention 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.

Adult Preventative Health Guidelines		
<u>Age</u>	<u>Screening</u>	<u>Frequency</u>
<ul style="list-style-type: none"> • <i>Adolescents 18 years of age and older</i> • <i>Adults 21 years of age and older</i> 	<i>Blood Pressure, Height and Weight, Body Mass Index (BMI), Alcohol Use</i>	<ul style="list-style-type: none"> • <i>Annually, 18-21 years of age</i> • <i>After 21 years of age, every 1-2 years or at the PCP's recommendation</i>
<ul style="list-style-type: none"> • <i>Adults 20 years of age and older, especially if at high risk</i> 	<i>Cholesterol</i>	<ul style="list-style-type: none"> • <i>Every 5 years (More frequent if elevated)</i>
<ul style="list-style-type: none"> • <i>Women 21 years of age and older</i> 	<i>Pap Test and Chlamydia</i>	<ul style="list-style-type: none"> • <i>Every 1-3 years or at the PCP's recommendation</i>
<ul style="list-style-type: none"> • <i>Women 50-74 years of age</i> 	<i>Mammography</i>	<ul style="list-style-type: none"> • <i>Every 1-2 years</i>
<ul style="list-style-type: none"> • <i>50 years of age and older</i> 	<i>Colorectal Cancer Screening</i> <i>Hearing Screening</i>	<ul style="list-style-type: none"> • <i>Periodically, depending upon test</i>
<ul style="list-style-type: none"> • <i>Women starting at 65 years of age, or</i> • <i>Women starting at 60 years of age for women at risk</i> 	<i>Osteoporosis (Bone Mass Measurement)</i>	<ul style="list-style-type: none"> • <i>Every 2 years or per PCP recommendations</i>
<ul style="list-style-type: none"> • <i>65 years of age and older, or</i> • <i>Younger for those that have diabetes or other risk factors</i> 	<i>Vision, including Glaucoma or Diabetic Retinal Exam, as needed</i>	<ul style="list-style-type: none"> • <i>Every 2 years for routine exams or every year for diabetic Members or those with other risk factors</i>

Adult Immunizations

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

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 ⁴ (Tdap: ≥7 yrs)														(Tdap)			
<i>Haemophilus influenzae</i> type b ⁵ (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 (IV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IV only) 1 or 2 doses						Annual vaccination (LAIV or IV) 1 or 2 doses			Annual vaccination (LAIV or IV) 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

Value Added Services (VAS)

ᐃᐂᐁᐁᐁ ᐃᐁᐁᐁᐁ ᐁᐁᐁᐁᐁᐁᐁ
 Tsugywalodi kanequoda ididvnelvi

The EBCI Tribal Option will offer additional services that are referred to as Value Added Services (VAS). These services are unique to the EBCI Tribal Option and are not offered by the health plans. VAS can be identified and explained by either the NC Enrollment Broker or your Care Manager in the Health Plan Choice Guide, Member welcome packet, Member Handbook, and the EBCI Tribal Option website at <https://ebcitrivaloption.com/members/health-promotion-and-education/>. PCPs will be notified of the availability of these services via your Care Manager, the EBCI Tribal Option website, and the Provider Manual, and if you feel that you qualify for any of these services, contact **Member Services at 1-800-260-9992 (TTY 711)**.

Value Added Service (VAS)			
Value Added Services (VAS)	Definition of Criteria	Prior Authorization	Responsibility
Enrollment in Cherokee language classes and provision of required supplemental learning materials	<ul style="list-style-type: none"> Enrollment limited only to classes offered by Cherokee Choices 	<ul style="list-style-type: none"> None required 	Provided by Cherokee Choices
			Not provided by Medicaid providers
Car Safety Seat	<ul style="list-style-type: none"> Car Safety Seat limited to newborns only EBCI Tribal Option Member is not eligible to receive car seats from other agencies or programs 	<ul style="list-style-type: none"> Care Manager referral 	Not provided by Medicaid providers
Up to \$75 worth of gift cards (\$25 per trimester) for adherence to prenatal appointments	<ul style="list-style-type: none"> Adherence to prenatal appointments as defined in the Member's care plan Adherence to required appointments as ordered by the treating physician for the pregnancy 	<ul style="list-style-type: none"> Care Manager submits the authorization to Member Services Manager for distribution of \$25 gift card per trimester 	EBCI Tribal Option issues the gift cards
Up to a \$250 voucher for a computer upon acceptance to and full-time enrollment at an institution of higher education	<ul style="list-style-type: none"> Must be ineligible for EBCI Higher Education services Proof of acceptance to and full-time enrollment at an 	<ul style="list-style-type: none"> Adherence to the EBCI Higher Education policy Purchase is available for Members of the EBCI Tribal Option who do not meet 	Not provided by Medicaid providers

	institution of higher education	benefit eligibility for EBCI enrolled members	
Transportation, as it relates to your care plan, that is within routes and the region covered by Cherokee Transit	<ul style="list-style-type: none"> • Transportation for job training and other activities required for implementing an individual's care plan 	<ul style="list-style-type: none"> • Care Manager referral 	Provided by Cherokee Transit,
Up to a \$750 voucher for Associate Degree, tuition, and materials	<ul style="list-style-type: none"> • Must be 21 years of age or older • Submit request to Member Services for approval • Must be ineligible for EBCI Department of Education services 	<ul style="list-style-type: none"> • Submit request to Member Services • Must adhere to the EBCI Higher Education policy • Available for EBCI Tribal Option Members who do not meet benefit eligibility for EBCI enrolled members 	Not provided by a Medicaid provider
Up to a \$250 voucher for GED examination, materials, and life skills training	<ul style="list-style-type: none"> • Must be 19 years of age or older • Submit request to Member Services for approval • Must be ineligible for EBCI Higher Education services 	<ul style="list-style-type: none"> • Must be ineligible for tribal education reimbursement • Must adhere to the EBCI Higher Education policy • Available for EBCI Tribal Option Members who do not meet benefit eligibility for EBCI enrolled members 	Not provided by a Medicaid provider
Enrollment in nutrition, cooking, and/or exercise classes	<ul style="list-style-type: none"> • Members are eligible to attend these classes 	<ul style="list-style-type: none"> • None required 	CIHA, EBCI, or other tribal entities or CIHA sponsored or endorsed activities
Purchase of 1 pair of sport shoes per calendar year	<ul style="list-style-type: none"> • Must be 18 years of age or younger • Must be Ineligible for the EBCI shoe program or its maximized benefit 	<ul style="list-style-type: none"> • Prior authorization required 	Purchase of shoes only through the Birdtown Recreation Center

Services NOT Covered by Medicaid

TJᄂᄂ Medicaid ᄂᄂᄂᄂ ᄂᄂᄂᄂ
ididvnedi Medicaid digudalvdodi nigesvna

Like many insurance plans, Medicaid also has services that are not covered. Below are some examples of services that are **not available** through 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 twenty-one (21) years of age
- 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 twenty-one (21) years of age and older
- Services for which you need a referral (approval) in advance but did not receive one
- Services for which you need prior authorization in advance but did not receive one
- Medical services provided outside the United States or its territories
- 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 (TTY 711)**.

A provider who agrees to accept Medicaid cannot bill you in most instances if the service is offered under Medicaid. You may be required to pay for any service that Medicaid does not approve or offer. Your PCP will inform you about any requested services that Medicaid does not cover. Before you receive a service not covered by Medicaid, you will need to agree to be a “private pay” or “self-pay” patient. If you agree, you will be responsible for paying for the service. This includes:

- Services not covered by Medicaid (including services previously listed)
- 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 receive 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 (TTY 711)** immediately. We can explain why you may have received a bill and recommend the next steps for you to take.

Service Authorization and Actions

ᑕᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ
iyadvnedi alisgolvdisgi nole nanadvnehv

Medicaid will need to approve certain treatments and services before you receive them. Medicaid may also need to approve some treatments or services for you, in order for you to continue receiving them. Obtaining approval before you receive or continue treatments and services 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

ᑲᑦᑲᑦᑲᑦᑲᑦ
ditayosdii

EBCI Tribal Option Members have a right to appeal decisions stopping, limiting, or denying a health service requested by your doctor. If a health service is stopped, limited, or denied, you will receive a letter from either NC Medicaid Direct or your Local Management Entity/Managed Care Organization (LME/MCO). The path for your appeal depends on whether you receive an Adverse Determination letter from NC Medicaid or whether you receive a Notice of Adverse Benefit Determination from an LME/MCO. No matter who sends the decision stopping, limiting, or denying a health service, the letter will explain how to file an appeal and what happens next. For more information about LME/MCO appeal rights, please reference your LME/MCO member handbook. The following is an overview of the appeals process for NC Medicaid Direct:

Appealing an Adverse Determination from NC Medicaid

In most cases, a decision to stop, limit, or deny services will be made by NC Medicaid. If NC Medicaid decides to stop, limit, or deny a health care service requested by your doctor, they will send you a letter of Adverse Determination along with an Appeal Request Form. This letter and form will explain your right to appeal NC Medicaid's decision by requesting a State Fair Hearing.

- If you do not agree with the Adverse Determination, you have the right to appeal the decision by requesting a State Fair Hearing. A State Fair Hearing will be held by the NC Office of Administrative Hearings. 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 (who rules on laws that regulate government agencies). The judge in your State Fair Hearing is not part of the EBCI



Tribal Option in any way. An Administrative Law Judge will review your request and any new information you may provide to make a decision about your service request.

- You have thirty (30) days from the date on the Adverse Determination letter to ask for a State Fair Hearing.
- You can request a State Fair Hearing by using one (1) of the following options:
 - By Mail:
Fill out and sign the Appeal Request Form that you receive with the letter of Adverse Determination. Mail it to the address listed on the form. Your request must be received no later than thirty (30) days after the date on the Adverse Determination letter.
 - By Phone:
You can call to ask for an appeal at:
 - *NC Office of Administrative Hearings
984-236-1860, or*
There are instructions on the form that tell you what to do.
 - By Fax:
Fill out, sign, and fax the Appeal Request Form no later than thirty (30) days after the date on the Adverse Determination letter. You will find the fax number listed on the form.
- You can ask for a State Fair Hearing 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 (TTY 711)** or visit the **EBCI Tribal Option website at www.ebcitribaloption.com** if you need help with your State Fair Hearing request.
- When you request a State Fair Hearing, you and any person you have chosen to help you can see the health records and criteria NC Medicaid used to make the decision you are appealing. If you choose to have someone help you, you must give them written permission.
- When you ask for a State Fair Hearing, you will continue to receive your benefits at the same level you were receiving them before the Adverse Determination letter. Once you file your State Fair Hearing request, you do not need to take any other action to continue receiving your services. If you file your State Fair Hearing request within ten (10) days of the date on the Adverse Determination letter, you will continue to receive services without interruption. If you file your State Fair Hearing request between day eleven (11) and thirty (30) from the date on the letter of Adverse Determination, you may experience an interruption in services before they are reinstated.
- If you need any assistance understanding the Adverse Determination letter or the State Fair Hearing process, you can contact:
 - By Phone:
 - *Member Services
1-800-260-9992 (TTY 711), or*

- 
- *Medicaid Appeals Line*
919-855-4350, or
 - *NC Medicaid Ombudsman*
877-201-3750
- If you need a quick decision because your life, physical or mental health, or ability to attain, maintain, or regain good health is in danger, you may request an expedited (faster) State Fair Hearing by mail, phone, or fax. The Appeal Request Form you received with your Adverse Determination letter will provide instructions on how to ask for an expedited appeal.
 - If your request for an expedited State Fair Hearing is granted, you will have a State Fair Hearing as quickly as possible.
 - If your request for an expedited State Fair Hearing is denied, your State Fair Hearing will be decided in the standard appeal timeline.
 - When you request a State Fair Hearing, you will be contacted by the Mediation Network of North Carolina within five (5) business days to schedule a phone mediation to resolve your appeal quickly. You do not have to participate in mediation. You can ask for the State Fair Hearing to be scheduled, or you can schedule a mediation to attempt to resolve your appeal.
 - If you choose to forego mediation or mediation is unable to resolve your appeal, a State Fair Hearing will be held within fifty-five (55) days of receipt of your appeal request, unless an extension is granted. The Administrative Law Judge will have twenty (20) days from the State Fair Hearing to issue a final decision on your appeal.
 - If you disagree with the final decision, you may appeal that decision to the Superior Court in the county where you live by filing the appeal with your county Superior Court within thirty (30) days from the day you receive the State Fair Hearing final decision.

Indian Health Service (IHS) Eligibility

The determination process for Indian Health Service (IHS) eligibility is unique to the EBCI Tribal Option. 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 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.

How to File a Grievance Regarding the EBCI Tribal Option

We hope the EBCI Tribal Option provides you with optimal services and supports, but if you are unhappy or have a complaint, you may talk with your Primary Care Provider or Care Manager, or you may contact us:

By Mail:
EBCI Tribal Option
241 Cherokee Hospital Loop
Cherokee, NC 28719

By Phone:

Member Services

1-800-260-9992 (TTY 711) (Monday through Friday from 8:00am to 4:30pm)

The EBCI Tribal Option considers a grievance and a complaint to be interchangeable terms. Filing a grievance means that you are unhappy with either, or a combination of, the EBCI Tribal Option, provider, or your health services. Most grievances can be resolved quickly, but some may take longer if necessary. When we contact you, we will record the call, your grievance, and our solution. We will inform you that we have received your grievance in writing. We will also send you a written notice once we have finished investigating your grievance and shared with you our decision.

You can ask a family member, a friend, or a legal representative to help you file your grievance. If you need an interpreter or translation services to help you fill out forms or need assistance because of a hearing or vision impairment, contact us.

We can help:

By Phone:

Member Services 1-800-260-9992 (TTY 711)

(Monday through Friday, from 8:00am to 4:30pm)

Send your complaint:

By Mail:

EBCI Tribal Option

241 Cherokee Hospital Loop

Cherokee, NC 28719

In Resolving Your Grievance:

- We will notify you in writing that we received your grievance or complaint.
- We will review your grievance or complaint and explain how we resolved it in writing within twenty-one (21) business days from receiving your grievance or complaint.
- The EBCI Tribal Option may extend the timeframe for resolving your grievance up to fourteen (14) calendar days if additional information needs to be collected, and/or the delay serves your best interest.
- We will make every effort to provide a prompt verbal notice if the timeframe is extended, notifying you of the delay and giving you a written notice within two (2) calendar days. Each notice will provide the reason for why the decision was made to extend the timeframe. You will have the right to file a grievance or complaint if you disagree with the decision.

For more information on how grievances are handled, refer to our Grievance Procedures on the **EBCI Tribal Option website** at www.ebcitribaloption.com/members/grievances-and-appeals/



Right to Protection

You have the right to:

- Receive help with protection from abuse, discrimination, and neglect. You can report your concerns to your Primary Care Provider, your Care Manager, or Member Services or by using the contact form on the **EBCI Tribal Option website** at <https://ebcitribaloption.com/contact/>.

Member Responsibilities

ፎሮ ዕፊሊሳጥ

Keli Udadudalvi

- Provide correct and complete reports about your health.
- Notify your doctor and Care Manager if you do not understand the plan for your care and services or know what your role is within that plan.
- Participate in the plan of care and services that you, your PCP, and your Care Team have prepared.
- Understand that you may cause your health to decline if you refuse treatment or do not follow your care plan.
- Report changes in your health and keep scheduled appointments.
- Consider the needs and feelings of other patients and members of your Care Team.
- Provide Advance Directives (Five Wishes, a living will, or a health care power of attorney), if you have any.

Rights and Responsibilities for Pediatric Members and Their Families

ዕርዕዕ ገፊ ዕጠድሊጃ ጋከገር ደብሮ ገፊ ጌሊባጃ

Utsanvdv nole Unadadudalv Diniyotli Aneli nole Sidanelvhi

In addition to the Member rights and responsibilities previously listed, the following rights and responsibilities specifically apply to pediatric Members [under eighteen (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 to do so.

Family Responsibilities

ጌሊባ ዕፊሊሳጥ

Sidanelv Unadadudalvi

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



How to Change your Health Plan or PCCM (EBCI Tribal Option) if You Move Out of the Service Area or if You Want to Change to a Different Health Plan

- You can request to change your health plan by mail, phone, electronic submission, or in person. You can receive help with and information about choosing a new plan. To change plans or the PCCM (EBCI Tribal Option), contact the **NC Enrollment Broker at 1-833-870-5500**.
- You will receive a notice that provides the date of when the change will take place. The EBCI Tribal Option will provide your care in the meantime.
- You can request faster action for the change of plan process, if you believe the timing of the regular process will cause your life, physical or mental health, or ability to attain, maintain, or regain good health is in danger. If you request faster action, you will receive a notice within three (3) days of making the request, which acknowledges your request to leave the plan or the EBCI Tribal Option.

You May Be Disenrolled in the EBCI Tribal Option if You

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

We Can Ask You to Disenroll From the EBCI Tribal Option

You can be disenrolled in the EBCI Tribal Option program if:

- Your behavior seriously hinders our ability to care for you or other EBCI Tribal Option Members
- We have documented efforts to resolve your issues

You Can Appeal a Disenrollment Decision

You or your authorized representative may request a State Fair Hearing if you disagree with a decision that:

- Denied your request to change plans or
- Approved the EBCI Tribal Option's request for you to be disenrolled

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 in any way affiliated with the EBCI Tribal Option.

You have thirty (30) days from the time you receive a notice to request a State Fair Hearing if the EBCI Tribal Option:

- Denies your request to change your plans, or
- Requests you to leave the EBCI 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, impartial mediator. 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.

Request a State Fair Hearing one of the following ways:

- By Mail:
NC Office of Administrative Hearings (OAH)
Attention: Clerk of Court
1711 New Hope Church Road
Raleigh, NC 27609
- By Fax:
984-236-1871

State Fair Hearings for Disenrollment Decisions

You have the right to request a State Fair Hearing if you disagree with the decision on your disenrollment from the EBCI Tribal Option. A State Fair Hearing allows you or your representative to make your case before an Administrative Law Judge who rules on laws that regulate government agencies. If you have any questions, call **Member Services at 1-800-260-9992 (TTY 711)**.

Advance Directives

AᎠᎠᎠ ᎠᎠᎠᎠ ᎠᎠᎠᎠ ᎠᎠᎠᎠ ᎠᎠᎠᎠ ᎠᎠᎠᎠ ᎠᎠᎠᎠ
Goweli gvnigesv igvnehi asiyywi ukalilv nahnana tsuwagodidiv

JᎠᎠᎠᎠ ᎠᎠᎠᎠ ᎠᎠᎠᎠᎠᎠ ᎠᎠᎠᎠᎠᎠ ᎠᎠᎠᎠ ᎠᎠᎠᎠᎠᎠ ᎠᎠᎠᎠ
guwaneisdi nigesvna yinulisdana kanohesgi iyusdi udulisgv ale

ᎠᎠᎠᎠᎠᎠ ᎠᎠᎠ ᎠᎠᎠᎠᎠᎠᎠᎠᎠᎠᎠᎠ
nudulisgvna gesv iyulisdanidasdihi

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 legal document that provides 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 provides three (3) options to choose from when making 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 (and have life-prolonging measures withheld or withdrawn in most cases) 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 it 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 reverse.

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 another doctor determine that you meet at least one (1) of the conditions specified in the living will. We encourage you to discuss your wishes now with your friends, family, doctor, and health Care Team who will ensure that at the end of your life, you receive the health care treatment you planned.

Health Care Power of Attorney

A health care power of attorney is a legal document in which you can name one (1) or more trustworthy adults as your health care agent(s) to make medical and behavioral health decisions for you if you become unable to decide for yourself. Before your wishes and preferences are documented, clearly relay any instructions to your chosen health care agents. You can choose what medical or behavioral health treatments you want to receive or refuse.

A health care power of attorney only goes into effect when a doctor states in writing that you are not able to make or 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 informs doctors and mental health providers about which mental health treatments you want to receive or refuse if you become unable to decide for yourself. This advance instruction 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. It can also be used to nominate a person to serve as guardian if guardianship proceedings are necessary.

Forms You Can Use to Make an Advance Directive

Advance Directive forms that meet all formal rules are available at:

www.sosnc.gov/ahcdr

To request more information, contact us:

- **By Mail:**
Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622
- **By Phone:**
919-807-2167

You can update these documents at any time if you change your mind. We can help you understand or obtain these documents. These advance directives do not change your right to receive quality health care benefits. Their only purpose is to instruct others of what you want if you cannot speak for yourself. If you have any questions, talk to your PCP or call **Member Services at 1-800-260-9992 (TTY 711)**.

Five Wishes

The EBCI Tribal Option and Cherokee Indian Hospital also provide *Five 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 *Five Wishes* book.

Fraud, Waste and Abuse

hSGAᄁᄁ SGᄁᄁᄁ, Dᄁᄁᄁᄁ Zᄁ ᄁᄁ TEᄁᄁ
Niduyugodvna galonuhelv atsewasdi nole uyo igvnedi

If you suspect that someone is committing Medicaid fraud or waste and abuse, report it. Examples include:

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

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

- Call the **NC Medicaid Fraud, Waste and Abuse Tip Line at 1-877-DMA-TIP1 (1-877-362-8471)**
- To report fraud and waste, call the **State Auditor Hotline at 1-800-730-TIPS (1-800-730-8477)**

- Call the **U.S. Office of Inspector General Fraud Line** at **1-800-HHS-TIPS (1-800-447-8477)**
- Call the **EBCI Fraud, Waste and Abuse Tip Line** at **1-800-455-9014**
- Access the **NC Medicaid Fraud and Abuse Confidential Complaint Form** at <https://medicaid.ncdhhs.gov/meetings-notice/report-fraud-waste-or-abuse/medicaid-fraud-and-abuse-confidential-complaint>

Important Phone Numbers and Hours of Operation

ᐃᓯᐃᓴᓴᓴ ᐃᓯᓴᓴᓴ ᐃᓴᐃᓴ ᓴᓴ ᓴᓴᓴᓴᓴ ᐃᐃᓴᓴᓴᓴ
 Tsulisgedv dilinohedi disesdi nole iyuwanilv asdugisvi

EBCI Tribal Option Member Services	1-800-260-9992 (TTY 711)	<ul style="list-style-type: none"> • Monday through Friday 8:00am–4:30pm
EBCI Tribal Option Provider Services	1-800-260-9992 (TTY 711)	Monday through Friday 8:00am–4:30pm
EBCI Family Safety (After Hours Number)	1-828-359-1520 1-828-497-4131	<ul style="list-style-type: none"> • Available 24 hours a day • When calling after hours, request to speak to the Family Services on-call social worker
EBCI Legal Assistance Office (Free Legal Service)	1-828-359-7400	
EBCI Fraud, Waste and Abuse Tip Line	1-800-455-9014	<ul style="list-style-type: none"> • 24 hours a day or • Online at ebci.alertline.com
NC Medicaid Contact Center	1-888-245-0179	<ul style="list-style-type: none"> • Monday through Friday 8:00am–5:00pm
NC Enrollment Broker	1-833-870-5500	<ul style="list-style-type: none"> • Monday through Saturday 7:00am–5:00pm
Legal Aid NC Helpline (Free Legal Service)	1-866-219-5262	<ul style="list-style-type: none"> • Monday through Friday 8:30am-4:30pm • Monday & Thursday 5:30 pm-8:30pm
NC Medicaid Fraud, Waste and Abuse Tip Line	1-877-362-8471 (1-877-DMA-TIP1)	
State Auditor Hotline (to Report Fraud and Waste)	1-800-730-8477 (1-800-730-TIPS)	

U.S. Office of Inspector General Fraud Line	1-800-447-8477 (1-800-HHS-TIPS)	
NC Medicaid Ombudsman	1-800-447-8477	<ul style="list-style-type: none"> Monday through Friday 8:00am-5:00pm After hours/on weekends, call and leave a message or use online portal at https://ncmedicaidombudsman.org/contact/
NC DHHS Compliance Attorney, Office of the Secretary	1-919-855-4800	
U.S. Department of Health and Human Services, Office for Civil Rights	1-800-368-1019 (TTY 1-800-537-7697)	
Medicaid Appeals Line	1-919-855-4350	
NC Office of Administrative Hearings	1-984-236-1860	
Advance Health Care Directive Registry	1-919-807-2167	
CIHA Patient Registration Manager	1-828-497-9163	
EBCI / NCDHHS Medicaid and FNS Eligibility Office	1-828-497-4317	

Keep Us Informed

ᄒᄒᄒᄒᄒᄒ

Sginohisehesdi

Call **Member Services at 1-800-260-9992 (TTY 711)** when you have a change in:

- Medicaid eligibility
- Pregnancy status or when you give birth
- Medicaid coverage for you and/or your children
- Physical address and/or phone number
- Residency if you move from your home to a care facility such as a nursing home
- Death of an EBCI Tribal Option Member
- IHS eligibility
- Family composition

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 EBCI Tribal Option staff and the EBCI Tribal Option Provider Network, (u wa shv u da nv te lv) ***“The One Who Helps You from The Heart,”*** will ensure that a Member’s needs will be successfully met. The EBCI Tribal Option belongs to the people of the Cherokee community, (di qua tse li i yu sdi) ***“Like 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!**

