

Introducing Ambetter

 **ambetter.**[®]
of North Carolina Inc.



Better for You.
Better for Your Patients.

Partnership You Can Trust

Ambetter of North Carolina Inc. is dedicated to providing you with reliable services and support. As our partner, you have access to industry knowledge, resources and programs created to deliver efficiency for your practice, so you can focus on your patients.

WHAT'S INSIDE:

- 1** Plan & Contact Information
- 2** Provider Tools
- 3** Ambetter Offerings
- 4** Frequently Asked Questions

Working together to keep patients healthy.

We share your commitment to your patients. Our health plans are designed to meet their healthcare needs with top-quality coverage and valuable benefits.



Ambetter of North Carolina Inc. offers complete care and valuable services to your patients who qualify for coverage on the Health Insurance Marketplace.

CONTACT US WITH ANY QUESTIONS.

Ambetter of North Carolina Inc.

AmbetterofNorthCarolina.com

1-833-863-1310 (Relay 711)

Tools and Support for You

As your partner, Ambetter of North Carolina Inc. has valuable resources to help you deliver the best quality of care to your patients.



Secure Provider Portal

Log in for immediate access to patient eligibility, patient care gaps, authorization services, claims management and more.



EFT & ERA Solution

Enroll in PaySpan to simplify the payment tracking and transfer process.



Pre-Auth Needed Tool

Use this online tool to quickly determine if prior authorization is required for your patient.



Provider Relations

Our provider relations representatives are dedicated to delivering education and training, industry news updates and regular in-service meetings.



Patient Programs

Our goal is to make it easier for you to take care of your patients. And with Ambetter, your patients have access to programs that can help them stay healthy: Start Smart for Your Baby[®], health management programs, and member incentive programs.

Better Healthcare for Your Patients

Ambetter plans deliver top-quality, affordable coverage for your patients. But the focus doesn't stop there. Ambetter coverage extends far beyond your office to offer rewards, valuable programs and educational tools to your patients, making it easier for them to stay in charge of their health.

OUR AMBETTER HEALTH PLANS OFFER:



Comprehensive Medical Care

Every Ambetter plan includes essential health benefits that your patients need, such as preventive care, maternity care and emergency services.



Prescription Coverage

Ambetter covers a wide range of prescriptions, so your patients can count on care when they need it most.



Care Management and Disease Management

Our care managers work closely with you to make sure your patients have access to the care and support services they need as part of your treatment plan.



24/7 Nurse Advice Line

Your patients have nonstop access to our medical advice line for answers to all of their health questions.



myhealthpays™ Rewards Program

By staying up-to-date with regular preventive care, your patients can earn dollar rewards, which can be used to help pay for out-of-pocket healthcare costs, health-related items and more.

Frequently Asked Questions

HEALTH INSURANCE MARKETPLACE

The Affordable Care Act has introduced new changes in healthcare coverage, including the Health Insurance Marketplace. The Health Insurance Marketplace is designed to deliver coverage for those who cannot get health insurance through an employer or other government programs. The Marketplace also offers additional savings to consumers who meet specific eligibility requirements.



Below are some answers to frequently asked questions about the Health Insurance Marketplaces.

What is a Health Insurance Marketplace?

Every state has a marketplace for consumers to shop for health insurance. These are called Health Insurance Marketplaces (HIM).

Consumers can shop, compare and enroll in the plan which best meets their needs. The Health Insurance Marketplaces allow consumers to do their shopping online, in-person, over the phone or by mail. Consumers are able to look at information such as the provider network, benefits, premiums, deductible costs, copays, and coinsurance requirements before selecting a plan.

Some states set up their own marketplaces, also known as state-based exchanges (SBEs). Other states had the Federal government set it up for them. When the Federal government sets up a state's marketplace, this is known as a Federally Facilitated Exchange, or FFE.

Who can buy a plan on a Health Insurance Marketplace?

Anyone is able to search online for a healthcare plan on their state's Health Insurance Marketplace. The requirements to get insurance through the Marketplaces are:

- Individuals must meet applicable state residency requirements
- Individuals must be U.S. citizens, national or non-citizen who is lawfully present
- Individuals may not be currently incarcerated

If someone currently receives health insurance through their employer that is considered too expensive, they could be eligible to find coverage through their state's marketplace.

How is affordable coverage achieved on the Health Insurance Marketplace?

In some cases, the government may help pay some of a family's monthly premium. This is called a subsidy (or Advanced Premium Tax Credit, APTC). The amount of the subsidy depends on several factors, including:

- The size of the family
- Household income
- How these factors relate to federal poverty guidelines
- The cost of health plans available in the Health Insurance Marketplace

In general, people and/or their families whose income is between 100% and 400% of the Federal Poverty Level (FPL) may receive a subsidy to lower their monthly premiums. The subsidy is higher for those near 100% of the FPL, and less for those closer to 400% of the FPL.

Those families between 100% and 400% of the FPL that qualify for a silver level plan, may also be eligible for reduced deductibles and out-of-pocket expenses. These are known as cost-sharing reductions.

If someone doesn't receive a subsidy due to income status, they can still shop for a health plan on the Health Insurance Marketplace.

What is the Federal Poverty Level (FPL)?

This is the measure of income level issued annually by the Department of Health and Human Services. These levels are used to determine eligibility for certain programs and benefits.

When is open enrollment for the Health Insurance Marketplaces?

This year's open enrollment period starts November 1, 2018 and ends December 15, 2018.

MORE INFORMATION

For more information, please visit our website at

AmbetterofNorthCarolina.com



Please contact us with any questions.
Visit [AmbetterofNorthCarolina.com](https://www.AmbetterofNorthCarolina.com)
or call **1-833-863-1310 (Relay 711)**.