

September 19, 2018

Building the Ombudsman Program

The Ombudsman Program is a key component of Medicaid Transformation. NC DHHS released a [Request for Information \(RFI\)](#) for organizations interested in providing the Ombudsman function. Feedback was due on June 27, 2018 and it was a required response for any organization that intends to apply for the contract.

The most critical aspect of the Ombudsman is that it is an organization that is separate and apart from NC DHHS, the Prepaid Health Plans, local departments of social services, LME/MCOs, Enrollment Broker and any other component of the Medicaid program. As such, it will be positioned to provide the most objective assistance to Medicaid beneficiaries and their legal representatives in areas such as: obtaining information they need, getting answers to questions or problems resolved in a timely and efficient manner, and, when necessary, equipping Medicaid beneficiaries to effectively advocate for themselves through the grievance and appeals system. The Ombudsman will also be expected to collaborate with State agencies, community-based advocacy and legal services organizations to support beneficiaries' access to care. The service will be available to all Medicaid and Health Choice beneficiaries (including their legal representatives), regardless of whether they are being served under Medicaid managed care or Medicaid fee-for-service, and including all beneficiaries served through LME/MCOs.