

NC Family to Family Health Information Center

"A beacon for families of children with special health care needs."

NC Family to Family Health Information Center
ECAC
907 Barra Row, Suites 102/103
Davidson, NC 28036
Phone: (704) 892-1321
Fax: (704) 892-5028
Parent Information Line: 1-800-962-6817
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www.ecac-parentcenter.org

Fact Sheet

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Public Health Programs 1 Medicaid

Eligibility

Medicaid is a health insurance program for low income families that cannot afford health care costs. Medicaid is governed by federal and state laws especially in regard to income limits. Medicaid is administered by the state. Each state sets its own guidelines, subject to federal rules and regulations. Certain services must be covered by the states in order to receive federal funds. Other services are optional and are elected by the states. To receive Medicaid in NC, you must meet the requirements:

You can get Medicaid if...

You are a U.S. citizen or qualified alien, and

You live in NC, and

You have a Social Security Number or have applied for one

And...

A. You receive a check from one of these:

1. Social Security Income (**SSI**).
2. Work First Family Assistance (**WFFA**).
3. State/County Special Assistance for the Aged or Disabled (**SAA or SAD**).
4. Special Assistance to the Blind (**SAB**).

Or...

B. Your income meets program requirements for one of the following categories:

1. Aged 65 or older, blind or disabled persons.
2. Families with children under age 19 (For parents and other adults, financial resources must be below a certain amount).
3. Individuals under age 21.
4. Single or married pregnant women.
5. Children receiving adoption or foster care assistance.
6. Family planning services for both men and women.

What To Expect

Individuals on Medicaid receive a **Medicaid Identification card (MID)** which is their insurance card. There are co-payments for some services. Medicaid has different types of coverage for people with different needs. For instance, pregnant women have a special package of benefits all their own.

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To receive Medicaid, you don't have to go through a physical or other type of exam. However, if you are applying because you are pregnant, proof of pregnancy is required. You cannot be rejected for Medicaid because of a health condition you already have. Instead, Medicaid is based on your family's finances. You do not have to have a medical need. Medicaid managed care provides a "**Medical Home**" (see separate information sheet) if you are enrolled in **Carolina Access**. Your primary care provider will help you get the medical services you need.

Medicaid Programs

Medicaid for Families with Dependent Children (MAF)- Medical coverage for single parents or couples with children under age 19 in their household or for children ages 19-20.

Medicaid for Infants and Children (MIC) - Medical coverage for children under the age of 19 whose parents' income is below the required level to qualify.

Health Check - Preventive health care for all children under age 21 who are covered by Medicaid.

Medicaid for Pregnant Women (MPW) - Medical coverage for pregnant women whose income is below the required level to qualify.

Work First Family Assistance (WFFA) - A cash payment and Medicaid program for families with children (also known as TANF).

Family Planning Medicaid - Medical coverage for family planning services.

Income Guidelines

Current income guidelines may be found in this packet or online at:

<http://www.dhhs.state.nc.us/dma/medicaid/who.htm>

Applying For Medicaid

In order to obtain Medicaid you will need to fill out an application. To get an application, call your local **department of social services (DSS)**. The list of social service offices in your county can be found in this packet or at:

<http://www.dhhs.state.nc.us/dss/local/docs/directory.pdf>

You may also contact the CARE-LINE at 1-800-662-7030 for information and referrals. You can ask to have an application mailed to you or you may request one at your local health department. Should you need help completing the application, a caseworker at DSS can help. The information you provide to the county department of social services to establish your eligibility for Medicaid may be checked by a State or Federal reviewer and you must cooperate with the reviewer's investigation.

When you go to the department of social services to apply there are a few things you should bring with you. You will need to provide the documentation to prove that you qualify for Medicaid.

Checklist of Documentation

When you go to apply for Medicaid, bring as much of this information as possible. Your local department of social services will determine if you are eligible for Medicaid. While they are processing your paperwork, you may be asked to provide more information. Once you have given them all the necessary documentation, you will be notified by mail as to whether or not you qualify

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for Medicaid. This notice will also review the instructions on how to appeal the decision made by the agency. If you knowingly provide false information or if you withhold information, you can be prosecuted and/or made to repay any medical bills and/or premiums that were paid incorrectly. Any time your case is changed, or you no longer meet the requirements, you will receive a notice stating why it is being changed or terminated and explaining your right to appeal.

If your income or assets change, you get married or divorced, your spouse dies, or you give or sell assets to someone else, you must tell your caseworker within 10 days. Before you transfer any kind of property, money or other assets, talk to your worker. It is critical to let your worker know within 10 days if you move or anyone else moves in or out of your household.

Documentation you will need:

- Birth certificates or other legal proof of age for children under 21.
- A copy of all pay stubs for last month.
- Your social security card, or proof that you have applied for one for yourself or anyone else applying for Medicaid.
- Copies of all medical or life insurance policies you have for yourself and the members of your family who want Medicaid.
- A list of all cars, trucks, motorcycles, or other vehicles you or anyone in your household own.
- Most recent financial statements from financial institutions (such as bank statements).
- Current financial statements from other sources of family income, such as social security, retirement benefits or pensions, veteran benefits, SSI, child support, or other sources.
- For applicants who are not citizens, proof of residency status.
- Proof of pregnancy (doctor's statement or note from other health professional) if you are applying for Medicaid for Pregnant Women (MPW).

Your MID Card

Your case worker will notify you by mail to let you know if your application was approved. Each month you will receive a Medical Identification Card (**MID**) in the mail. You must take your current card with you every time you or a member of your family goes to the doctor, hospital, or any medical provider including your pharmacist. Your Medicaid card is your proof that you have coverage, just like insurance. If you do not take your card with you to each visit, the person treating you will not know you are covered by Medicaid and you may be responsible for paying the full cost

"Fact Sheets" are publications of the Exceptional Children's Assistance Center and developed under a grant from the U.S. Health Resources and Services Administration (HRSA). Views expressed do not necessarily represent their policy and should not be assumed to be an endorsement by (HRSA).

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of the treatment of prescription drug. As long as you are eligible, every month you will receive a new card for that month.

When you receive your monthly Medicaid card, it will have a stub that your pharmacist will need to keep in their files. When you receive prescription drugs, you must go to the same pharmacy all month and show your card each time you have a prescription filled. You can change pharmacies the following month when you receive a new card.

Covered Services

For a current list of covered services call the **CARE-LINE Information and Referral Service at 1-800-662-7030.**

Going to the Doctor

Under Medicaid you are usually only allowed 24 visits to the doctor per year. There are cases when more than 24 visits are allowed:

- Anyone under age 21.
- If you see a doctor while in a hospital, nursing facility, or intermediate care facility for mentally retarded, or you live in an adult care home.
- If you go to the dentist.

You may go to the doctor more than 24 times per year and have more than 6 prescriptions filled per month if you participate in a Community Alternative Program or if you have one of the following diseases:

1. End stage renal disease.
2. Chemotherapy and radiation therapy for cancer.
3. Acute sickle cell disease.
4. End stage lung disease.
5. Unstable diabetes (cannot be controlled by pills, diet, or insulin shots).
6. Hemophilia.
7. Any life threatening illness or terminal stage of any illness.

Your doctor will need to fill out a "Six Prescription Limit Override Form" every six months.

Lifeline/Link-up Assistance Program

The Lifeline/Link-up assistance program is for low-income individuals. The program serves recipients of the Food Assistance, Work First Family Assistance, Medicaid and Low Income Home Energy Assistance Programs, which includes the Low Income Energy Assistance Program, Crisis Intervention Program and Weatherization.

If you are eligible, Lifeline will give you a credit each month on your local telephone bill. Link-up is a program that can help pay to connect your telephone service.

If you are interested in applying for either one of these programs, contact your local Department of Social Services or your telephone carrier.

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Denials

If you receive a bill for a service that Medicaid covers after you were told you qualify for Medicaid, and your doctor agreed to accept Medicaid payment, you are not responsible for the bill. You have the right to a "reconsideration review" if Medicaid denies payment of a bill. You must ask for this review within 60 days after the first bill. Send the bill to:

Claims Analysis
N.C. Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501

You should include a letter with the bill including the reason you are requesting the review and your Medicaid identification number. Your review will take place within 20 days after Claims Analysis gets your letter. They will send you their decision in writing.

Appeals

If you are denied medical care or services because Medicaid did not approve the care, you will receive a letter explaining the decision and telling you how you can appeal the denial.

Medicaid may also decide to reduce or stop the services you are getting. You will receive a letter before the change happens. If you appeal the decision by the deadline in the letter, your services will continue during the appeal. The letter will explain how to appeal.

You have two options for appealing a decision. You may request an informal appeal with the Division of Medical Assistance within 11 days of the notice of denial or change. You may also request a formal appeal with the Office of Administrative Hearings within 60 days from the date of the notice of denial or change.

For more information about the service appeal process visit:

<http://www.dhhs.state.nc.us/dma/ahearings.htm>

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Medically Needy

In addition to Medicaid for SSI recipients, North Carolina provides Medicaid to needy aged, blind, and disabled individuals who do not receive SSI. For these individuals, eligibility is determined by the county department of social services. Each individual must meet categorical, financial, and non-financial requirements of an aid/program category in order to be eligible for Medicaid.

Medically Needy is a Medicaid classification for aged, blind, or disabled individuals whose countable income and/or resources exceed the categorically needy limits. Medically Needy coverage extends Medicaid to needy aged, blind, and disabled individuals who have too much income or resources to receive SSI, but not enough to pay for medical care.

Even if you believe your income or resources are too great to be eligible for Medicaid, your medical expenses may be a factor in your favor. Contact your local DSS to discuss this option.

For More Information

For more information contact the CARE-LINE at 1-800-662-7030 or visit <http://www.dhhs.state.nc.us/dma/Forms/famchld.pdf> to obtain a copy of the Recipient Services EIS Booklet. This booklet contains 64 pages of information about Medicaid and related programs. Please visit their website to download.

CARE-LINE Information and Referral Service: 1-800-662-7030 Monday - Friday 8am to 5pm

Hearing impaired callers TTY dedicated line: 1-877-452-2514

Basic Medicaid Eligibility Chart: <http://www.dhhs.state.nc.us/dma/medicaid/who.htm>

Non-profit group of health law specialists sponsored "self help" site to provide facts and tips on everything from health insurance to patient care: www.healthcarecoach.com.

Source: North Carolina Department of Health and Human Services Division of Medical Assistance Recipient Services EIS