

# DMA ADMINISTRATIVE LETTER NO: 04-09, MEDICAID CARD CHANGES

**DATE:** August 14, 2009

**SUBJECT:** Medicaid Card Changes

**DISTRIBUTION:** County Directors of Social Services  
Medicaid Supervisors  
Medicaid Eligibility Staff

## I. BACKGROUND

Effective September 8, 2009, the N.C. Medicaid Program will begin issuance of one Medicaid Identification (MID) card per year to each recipient (see [Attachment I](#)). The annual cards will be printed on gray stock; DMA will no longer have blue, pink, green, and buff-colored MID cards. The cards will include the individual's name, MID number, and CCNC/CA primary care provider information (if applicable). **The MID will no longer serve as proof of recipient eligibility for any covered service. The provider will be responsible for verifying the current eligibility status of the recipient.**

The new cards will be mass produced on the night of September 4 and mailed before the end of September to all those who are eligible on that date (except MQB-B, MQB-E and PACE recipients). Any individual authorized September 8 or later will receive the new card, regardless of the months for which he is authorized.

## II. VERIFICATION OF ELIGIBILITY

At each visit, providers will be required to verify:

- Identity (if an adult)
- Current eligibility
- Medicaid program
- CCNC/CA primary care provider information
- Other insurance information

In addition, providers will need to determine whether the individual is entitled to any special services, such as CAP or PACE, or enrolled in a restrictive program, such as Family Planning Waiver or Medicaid for Pregnant Women. Because third-party insurance will no longer be indicated on the MID card, providers will have to verify this as well.

The county **will not** be responsible for verifying eligibility for providers. If the provider does not have the individual's Medicaid identification number (MID), the county may furnish the number so that the provider can utilize one of the verification resources.

Providers can choose among three resources for verification: the "real time" Eligibility Verification System (EVS), the batch EVS, or the EDS Automated Voice Response (AVR) system. The AVR can be accessed by calling 1-800-723-4337. Providers may obtain more information about the real-time and batch eligibility systems by contacting the EDS ECS group at 1-800-688-6696 (option 1).

It is anticipated that a web-based verification tool will be available in September, 2009. For further information about the web-based tool, see the article entitled "North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool Instruction Guide" in the September 2009 Special Provider Bulletin. The Special Bulletin will be available on 8/31 at <http://www.ncdhhs.gov/dma/bulletin/>.

### III. REDETERMINATIONS

For redeterminations which occur after a recipient has been issued one of the new cards, ask the recipient whether he still has the new card. If the individual no longer has the card, follow instructions below for requesting a replacement card using the DB/PML ("P") screen.

### IV. REPLACEMENT CARDS

The counties will no longer type emergency Medicaid cards. Replacement cards will be printed on the same gray card stock as the annual issue card. Replacement Medicaid cards will be requested by the county using the DB/PML ("P") screen.

- The caseworker will key the current calendar year at the top of the screen (01/01/2009 – 12/31/2009). This will bring up the most current eligibility segment.
- The caseworker will then tab to the "ID Card" field at the bottom of the screen.
- Key the letter "R" in this field. **Do not** key new authorization at the bottom of the screen to issue a replacement card.
- This will automatically generate the issuance of a replacement Medicaid card, without breaking the IE segment. The replacement Medicaid card will be printed overnight and mailed by the state the following business day.

The most recent card issue date is displayed on the recipient's individual inquiry (ID) screen. Replacement card issuance is also displayed in NCXPTR on the Report of Cards Issued Daily (DHRWDB MED CARD-Daily).

## **V. RECIPIENT NOTIFICATION**

An insert about the changes to the MID card will be included with the Medicaid cards (old version) issued on September 1, 2009. In addition to the card changes, the insert informs Special Assistance and Work First recipients that they will still receive their checks on a monthly basis, but their yearly MID card will be mailed separately. Recipients are reminded that they must present their MID card, other identification (adults) and any other insurance cards, including Medicare, when they visit a provider. Finally, the insert tells recipients how to obtain a replacement MID card and instructs them to retain their yearly card even if they become ineligible, because they may be able to use it in the future. (See [Attachment IIA](#) insert in English and [IIB](#) insert in Spanish, [Attachment IIIA](#) daily card holder in English and [Attachment IIIB](#) yearly card holder in English) The cardholders are being translated and a Spanish version will be provided to you as soon as possible.

## **VI. PROVIDER NOTIFICATION**

Providers are being notified of the changes to the Medicaid cards and verification requirements through Provider Bulletins, website messages, provider email messages and provider workshops (These notifications are still in process; workshops will be held in September).

## **VII. REPORTS**

Three new reports will be generated in NCXPTR. These reports replace the current SSI and non-SSI daily straggler and monthly regular run registers. The reports will be sorted by county and Individual ID.

- A. The Report of Cards Issued at Implementation - DHRWDB MED CARD-ANNUAL. (This is the mass run of cards for all recipients).
- B. Report of Cards Issued Monthly - DHRWDB MED CARD-MONTHLY. (Cards issued for PCP changes for the month will also be included on this report).
- C. Report of Cards Issued Daily - DHRWDB MED CARD-DAILY. (This report will include cards issued at approval, replacements and name changes).

Each report will be kept for 10 years, and will display the following data:

1. EIS Individual ID
2. Individual First Name
3. Individual Middle Initial
4. Individual Last Name
5. Case head Name

6. EIS county with which the EIS Individual ID is associated at the time the card is printed
7. Date card is printed

### **VIII. NOTICES**

Automated EIS approval notices for all programs will be modified to include the MID for each recipient name on the approval. EIS will have the capacity to allow up to 18 names and MID's on the approval letters. The approval notice may be used by the recipient as a means of providing their Medicaid ID number to a provider prior to receipt of their annual card. The approval notice does not serve as a verification of eligibility to providers. Providers must still use the approved verification measures outlined in section II above. Manual notices produced by the county must have the individual name and MID on the form. The manual notices are in the process of being revised to provide a line for the MID.

### **IX. EIS CHANGES**

- A. The Individual Inquiry (ID) screen will be modified to display the date the last card was issued. Field name CRD ISSUE DTE.
- B. The Deductible Balance/Patient Monthly Liability (DB/PML) "P" screen will be modified to issue replacement cards without breaking the IE segment.
- C. EIS will automatically issue a new card when the recipient first, middle and/or last name changes in the Common Name Data Service CNDS. EIS issues a new card for a name change the night the change is keyed. The card is mailed the next business day.
- D. EIS will automatically issue a new card when the PCP changes from one provider to another; when it changes from exempt to a PCP; and when it changes from PCP to exempt. PCP changes will be accumulated throughout the month and the most current record for an individual with a PCP change will be used to create a card the fourth work night from the end of each month. These cards will be mailed the next business day.
- E. EIS will automatically issue a new card if a recipient transfers from NCHC to Medicaid, or from PACE to non-PACE, (PACE recipients do not receive a MID card) or from deductible to authorized.
- F. EIS will automatically issue an annual card for all recipients whose last card was issued 12 months ago.

- G. EIS edits will be changed to allow changes to SSI cases after regular run (i.e., anytime of the month). Processing deadline for making changes for all cases, including PACE, effective for the following month continues to be pull night (4 working nights from the end of the month). PACE can now be enrolled up through pull night. Regular run jobs for Special Assistance and Work First checks will be moved to pull night.
  
- H. A new indicator will be implemented on the DSS-8125 at the individual level. This will be available Tuesday, September 8, 2009. This indicator will be used by county staff to indicate if a card needs to be issued for new approvals, reapplications or add on approvals only. If an individual already has a gray Medicaid card from an earlier time, a new card is not needed.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

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Director

(This material was researched and written by William Appel, Policy Consultant, Medicaid Eligibility Unit, and Sharon McDougal, EIS Project Director.)