

CHANGE NOTICE FOR MANUAL NO. 16-09, MEDICAID IDENTIFICATION CARD

DATE: OCTOBER 23, 2009

Manual: Aged, Blind, and Disabled Medicaid

Change No: 16-09

To: County Directors of Social Services

Effective: November 1, 2009

Make the following change(s)

I. BACKGROUND

DMA is implementing a number of changes in response to legislated budget reductions mandated in [SL 2009-451](#). As a result there is a change from a monthly Medicaid Identification Card (MID) to an annual card.

II. CONTENT OF CHANGE

Effective September 8, 2009, the N.C. Medicaid Program began issuance of one Medicaid Identification (MID) card per year to each recipient. The annual cards are printed on gray stock; DMA no longer has blue, pink, green, and buff-colored MID cards. The cards include the individual's name, MID number, and CCNC/CA primary care provider information (if applicable). The MID no longer serves as proof of recipient eligibility for any covered service. The provider is responsible for verifying identity (for adults), current eligibility status, program including restrictive coverage or special coverage, primary care physician (if applicable), and third party insurance information.

All references to the monthly card have been deleted from the Medicaid manual as well as references to the different colors that were previously used. Information on the new card, and the procedures related to it, has been added.

III. EFFECTIVE DATE AND IMPLEMENTATION

This Change Notice obsoletes DMA Administrative Letter No: 04-09. EIS Change No.: 01-10, Annual Medicaid Identification Card, informs counties of the EIS Manual changes supporting this action.

IV. MAINTENANCE OF MANUAL

- A. Remove: MA-200, Definitions, pages 11-12, 17-18 and 25-26.
Insert: [MA-200](#), Definitions, pages 11-12, 17-18 and 25-26.
- B. Remove: MA-300, Confidentiality, pages 7-8.
Insert: [MA-300](#), Confidentiality, pages 7-8.
- C. Remove: MA-1000, SSI Medicaid – Automated Process, pages 3-4, 7-8 and figures 2, 3 and 6.
Insert: [MA-1000](#), SSI Medicaid – Automated Process, pages 3-4, 7-8 and [figures 2, 3 and 6](#).
- D. Remove: MA-1100, SSI Medicaid – County DSS Responsibility, pages 19-22.
Insert: [MA-1100](#), SSI Medicaid – County DSS Responsibility, pages 19-22.
- E. Remove: MA-2130, Qualified Medicare Beneficiaries – Q, pages 1-2.
Insert: [MA-2130](#), Qualified Medicare Beneficiaries – Q, pages 1-2.
- F. Remove: MA-2221, County Residence, pages 7-8.
Insert: [MA-2221](#), County Residence, pages 7-8.
- G. Remove: MA-2275, Program for All-Inclusive Care for the Elderly (PACE), pages 3-4 and 11-12.
Insert: [MA-2275](#), Program for All-Inclusive Care for the Elderly (PACE), pages 3-4 and 11-12.

- H. Remove: MA-2301, Conducting a Face-To-Face Intake Interview, pages 9-18 and f4.
Insert: [MA-2301](#), Conducting a Face-To-Face Intake Interview, pages 9-18 and [f4](#).
- I. Remove: MA-2312, Medicare Prescription Drug Benefit, pages 9-10.
Insert: [MA-2312](#), Medicare Prescription Drug Benefit, pages 9-10.
- J. Remove: MA-2320, Redetermination of Eligibility, pages 3-4 and 9-10.
Insert: [MA-2320](#), Redetermination of Eligibility, pages 3-4 and 9-10.
- K. Remove: MA-2380, Medicaid Identification Card, pages 1-11 and MA-2380f Medicaid Identification Card mock-up.
Insert: [MA-2380](#), Medicaid Identification Card, pages 1-7.
- L. Remove: MA-2395, Corrective Action and Responsibility for Errors, pages 7-10.
Insert: [MA-2395](#), Corrective Action and Responsibility for Errors, pages 7-10.
- M. Remove: MA-2400, Third Party Recovery, pages 1-4.
Insert: [MA-2400](#), Third Party Recovery, pages 1-4.
- N. Remove: MA-2905, Medicaid Covered Services, pages 47-48.
Insert: [MA-2905](#), Medicaid Covered Services, pages 47-48.

If you have any questions, please contact your Medicaid Program representative.

Craig L. Gray, MD, MBA, JD
Director

(This material was researched and written by John Benske and William Appel, Policy Consultants, Medicaid Eligibility Unit)