



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

1985 Umstead Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Gary Fuquay, Director
(919) 857-4019

January 7, 2004

Re: Optional "Re-enrollment Note" Reminder

Dear County Director of Social Services:

To support your local DSS efforts to get families to re-enroll in a timely manner, a pre-formatted, family-friendly "Child Health Insurance Re-enrollment Note" was developed specifically for your use.

This notice was designed by incorporating the most critical information as determined by family focus groups. The material was then reviewed and modified by DSS staff members from across the state. With English on one side and Spanish on the other, it is a colorful, easy-to-read, easy-to-use letter that helps families realize that the time to re-enroll is running out. The space for the coverage termination date is highlighted and there is plenty of room for your agency's mailing label or address stamp. This note is optional and can be used in conjunction with the required termination notice or sent separately.

In addition, "Final Notice" stickers with the Health Check/NC Health Choice logo are also available. The stickers help tell families that your mailing needs their attention.

Lastly, "Medical Home Magnets" are available to help connect children with a primary care provider. The magnets have space to write the doctor's name, the office phone number, the office hours of operation, and the after hours phone number.

The "Child Health Insurance Re-enrollment Notes," the "Child Health Insurance Final Notice Stickers," and the "Medical Home Magnets" may be ordered from the N.C. Healthy Start Foundation using the order form available at www.NCHealthyStart.org/order.html. If you prefer to print out your own copies of the "Child Health Insurance Re-enrollment Note," a downloadable copy is available on the N.C. Healthy Start Foundation website at http://www.nchealthystart.org/downloads/Reenrollment_Letter_word.doc.

If you have any questions, please call your Medicaid Program Representative.

Sincerely,

Gary Fuquay



TIME IS RUNNING OUT!

Recently you were mailed a re-enrollment form for Health Check / NC Health Choice. Our records show that it has not been returned.

IF WE DO NOT RECEIVE THE FORM BY _____, YOUR CHILD'S HEALTH INSURANCE COVERAGE WILL STOP.

Please complete the re-enrollment form and return it to me at the following address:

WHEN YOU COMPLETE THE RE-ENROLLMENT FORM, MAKE SURE THAT YOU:

- Provide your phone number or a number where you can be reached.
- Provide proof of income as requested.
(Copies of all of last month's paycheck stubs for each parent or child in the home who works).
- Read your "rights and responsibilities."
- Sign and date the form.
- Return the completed form to me at the above address.

Please call me if you have any questions. If you've already sent the form in, or if you'd like assistance in completing it, I can be reached at

Please leave a message if you don't get to speak with me personally. I want to help. If you have misplaced your Re-enrollment Form, you may print another from the following web site: www.NCHealthyStart.org. You may also call me and I will mail you one.

Sincerely,

ACT NOW so that your kids won't lose health insurance coverage!



¡EL PLAZO SE ESTÁ TERMINANDO!

Recientemente le enviamos un formulario para volver a registrarse en el programa de salud infantil Health Check / NC Health Choice. Nuestros expedientes indican que usted no nos ha devuelto este formulario.

SI NO RECIBIMOS EL FORMULARIO ANTES DE LA SIGUIENTE FECHA:

_____, LA COBERTURA DEL SEGURO MÉDICO DE SU NIÑO SE TERMINARÁ.

Por favor llene el formulario para volver a registrarse y devuélvalo a la siguiente dirección:

AL LLENAR EL FORMULARIO ASEGÚRESE DE HACER LO SIGUIENTE:

- Proporcione su número de teléfono o un número donde nos podamos comunicar con usted.
- Proporcione comprobante de sus ingresos.
(Copias de sus talones de cheques de pago del mes pasado de cada uno de los padres o niño en el hogar que tiene un trabajo).
- Lea sus "derechos y responsabilidades."
- Firme y escriba la fecha en el formulario.
- Complete y devuelva el formulario a la dirección que aparece arriba.

Por favor llámeme si tiene alguna pregunta. Si usted ya nos envió el formulario o si necesita ayuda para llenar el formulario, me puede llamar al teléfono,

_____.
Por favor deje un mensaje si no se comunica conmigo directamente. Deseo ayudarle. Si ha perdido su formulario para volver a registrarse puede visitar nuestro sitio de Internet e imprimir el formulario, el sitio es: www.NCHealthyStart.org. También me puede llamar y le puedo enviar un formulario por correo.

Atentamente,

¡ACTÚE AHORA para que sus niños no dejen de tener cobertura de seguro médico!