



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

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., M.D., Assistant Secretary
for Health Policy and Medical Assistance

October 12, 2005

Re: ID Card Inserts for November

Dear County Director of Social Services:

Attached is the text for three inserts that will be included with the November 2005 Medicaid ID cards. The inserts include information on how an individual can appeal if coverage of a service is denied or terminated, how to get a 90 day supply of non-controlled, generic, maintenance medications to ensure adequate supply during the Medicare drug coverage change in January, and how to choose the Medicare Prescription Drug Plan that best suits an individual's needs.

The first notice advises recipients that they will receive a letter if Medicaid coverage of a service is denied or if coverage of a service is terminated. This letter will be from the entity that reviews the medical necessity of the service and will tell the recipient about his right to appeal and how to request an appeal. The appeals are conducted by the Division of Medical Assistance's Hearing Unit.

The insert regarding getting a 90 day supply of maintenance medications was also on July's ID card. This insert tells recipients that they can potentially receive a 90 day supply of non-controlled, generic, maintenance medications so that the recipients may have adequate supply of these medications during the change in January.

The last insert is another tool to educate our Medicaid recipients who also have Medicare about choosing a Prescription Drug Plan that best suits their needs. This insert tells Medicare recipients to review the plan selected and determine if this plan best suits his/her medical needs. Some things the recipient should consider are:

- 1) Does the Plan chosen cover my prescription drugs? If not, is there a plan that will?
- 2) If only some drugs are covered, does it cover the most expensive drugs?
- 3) Does the plan chosen include the pharmacy the individual uses?

Contact information for help comparing the available drug plans is also on this insert. Individuals may contact Medicare at 1-800-MEDICARE or www.medicare.gov, or the North Carolina Senior Health Insurance Information Program (SHIIP), at 1-800-443-9354.

Please be sure your staff is aware of these inserts.

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

Sincerely,

L. Allen Dobson

Attachments

GENERAL INFORMATION ON YOUR RIGHT TO APPEAL A DECISION ABOUT YOUR MEDICAID SERVICES

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

Medicaid must make a decision promptly when your doctor or other medical provider requests Medicaid approval for services you need. If you don't get a decision within fourteen business days after when the service was requested, call your doctor or other medical provider to ask about the request. If your provider didn't cause the delay, you have the right to appeal Medicaid's failure to act on the request promptly.

For more information about the service appeal process, visit <http://www.dhhs.state.nc.us/dma/> or call the CARE-LINE, Information and Referral Service at 1-800-662-7030.

November 2005

Division of Medical Assistance

Attention: Medicaid Recipients Who Have Medicare

As a Medicaid recipient with Medicare benefits you currently receive your prescription drug coverage through Medicaid. Effective 01/01/06, if you have Medicaid and Medicare, you will receive prescription drug coverage through a Medicare Prescription Drug Plan. You will be enrolling in a drug plan beginning in November. You will still be eligible for Medicaid to assist in paying other medical services.

To assist you in ensuring you have enough of your prescriptions during the transition in January, Medicaid does cover a 90 day supply of non-controlled, generic, maintenance medications as long as:

1. The doctor has written the prescription for a 90 day supply to be given at one time; and
2. Medicaid has paid for the medication in the past 6 months.

You may wish to talk with your Prescriber or Pharmacist about getting a prescription for a 90-day supply for any of your prescriptions you currently take that qualify for the 90 day supply.

ATTENTION: If You Receive Medicare

You have been auto assigned into a Prescription Drug Plan. You should have received notification from the plan chosen for you. This notification should tell you the prescription drug formularies covered and the participating pharmacies.

Now you need to determine if this is the best plan for your needs.
To determine if this is the best plan for you, consider the following:

Does this plan cover the drugs I take?

If only some of my drugs are covered, does it cover the most expensive drugs?

Is there a different plan that would cover all my drugs, or at least the most expensive drugs?

(Remember if the drugs are not covered by the plan you select, Medicaid will not pay the cost.)

Does this Plan include the pharmacy I use?

Where to get Help?

If you need help comparing Medicare prescription drug coverage, you can:

- Contact Medicare at 1-800-MEDICARE or www.medicare.gov
- Call North Carolina State Health Insurance Information Program (SHIIP), at 1-800-443-9354