



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

1985 Umstead Drive – 2512 Mail Service Center - Raleigh, N.C. 27699-2512
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Nina M. Yeager, Director
(919) 857-4019

October 25, 2002

Re: Optional “Personal Note” Reminder

Dear County Director of Social Services:

The Division has worked closely with the Division of Public Health and a State Re-enrollment Work Group to improve the reenrollment process for families who have children enrolled in Medicaid or NC Health Choice. This work was initiated by the Robert Wood Johnson funded *Covering Kids* project in an effort to make the process more family-friendly and improve success in re-enrolling children in a timely manner in these programs.

The goal was to provide a pre-formatted “Re-enrollment Personal Note” that could support local DSS efforts in their follow-up with families. Attached you will find the optional “Child Health Insurance Re-enrollment Personal Note” which is printed in English on one side and Spanish on the other. The letter was focus tested with families and local DSS staff and can be used in conjunction with the required termination notice when a family fails to re-enroll children in the program. A pre-printed mailing label or address stamp may be used to fill in the blank for the local DSS address in the body of the note.

The mailing of these materials in an envelope that bears the Health Check / Health Choice logo and message “Final Notice” will alert families to the importance of the enclosed mailing. Knowing that local DSS staff would be using their own envelopes, preprinted self-adhesive stickers are available to be used on local envelopes for this mailing. Stickers should be placed in the position shown (see sample envelope with sticker) in order to abide by United States Postal Service regulations. Both of these materials may be ordered from the NC Healthy Start Foundation by printing out an

order form from their website at www.NCHealthyStart.org. The form itself is available on the NC Healthy Start Foundation website and is also on the DMA Website at <http://www.dhhs.state.nc.us/dma/forms.html> for counties who would prefer to tailor the “Note” and print their own.

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

Sincerely,

Nina M. Yeager

NMY:jmy



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 RECI B I M O S E L F O R M U L A R I O A N T E S D E L A S I G U I E N T E F E C H A:

_____ , 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.

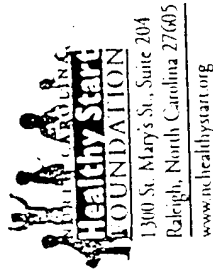
Por favor llámeme si tiene alguna pregunta. Si usted ya nos envió el formulario o si necesita ayuda para llenar el formulario, me puede llamar al teléfono, _____.

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!

*When using the “final notice stickers”, place them above the mailing label as shown below.



N.C. Healthy Start Foundation
1300 St. Mary's Street
Suite 204
Raleigh, NC 27605