



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

June 19, 2023

RE: Dual Eligible Beneficiaries Report

Dear County Director of Social Services:

The purpose of this letter is to inform county directors of social services of additional information regarding the *Carr v Becerra* court order referenced in the [DHB Administrative Letter No: 02-23, Medicaid Procedures for Covid-19 – Change to Dually Eligible Procedures](#). As a result of this court order, the Centers for Medicare and Medicaid Services (CMS) provided guidance to all states that beneficiaries who were dually eligible for full Medicaid and Medicare benefits whose full Medicaid coverage was previously terminated during COVID-19 Public Health Emergency (PHE) had to be reinstated and benefits issued beginning with the month following the month of termination. NC FAST has systematically reinstated benefits for all dual eligible beneficiaries previously terminated back to the month the case was terminated.

Notices were mailed June 5, 2023, to these beneficiaries advising them that their full Medicaid benefits have been reinstated and will continue until a full redetermination of eligibility has been completed. A copy of the notice that was mailed is attached.

If the beneficiary received medical services while they were terminated from Medicaid, they may contact their provider and ask them to bill Medicaid for those services. This may result in a reimbursement to the beneficiary from the provider.

NC FAST did not reopen the product delivery case (PDC) for these beneficiaries. The PDC remains closed, but the benefits are being extended on the benefit history one month at a time. On June 2, 2023, the Dual Eligible Beneficiaries Report listserv was sent with an attached Datafix Extended Dual Termination report that lists all the cases where benefits have been reinstated. These cases will also appear on the COVID Extension Detail Reports each month until the recertification has been completed. This monthly report is posted in FAST Help: [FAST Help Home > Medicaid Reports link > COVID Extension Detail Reports](#)

The full recertification and evaluation for continued ongoing eligibility is to be conducted in conjunction with the beneficiaries MQB product recertification. These benefits will continue to be extended one month at a time until the worker completes the recertification.

NC MEDICAID
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

LOCATION: 79 T.W. Alexander Drive, Durham, NC 27709
MAILING ADDRESS: 2501 Mail Service Center, Raleigh NC 27699-2501
www.ncdhhs.gov • TEL: 919-813-5340 • FAX: 919-224-1070

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Caseworkers should refer to the instructions that are located in FAST Help: [FAST Help Home > Medicaid Reports link > Instructions > MAGI_PHE_Unwiding_Case_Activation_Instructions](#) or [Traditional_PHE_Unwiding_Case_Activation_Instructions](#).

The beneficiary has the right to request a hearing if they disagree with the decision to reopen their full Medicaid case. They must contact their caseworker within 60 days of the date of the notice to ask for a hearing. If they do not ask for a hearing by the 60th day, they cannot have a hearing unless they have a good reason for missing this deadline.

If you have any questions regarding this information, please contact your [Medicaid Operational Support Team representative](#).

Sincerely,

DocuSigned by:

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Jay Ludlam
Deputy Secretary, NC Medicaid

Attachment

nfAptSuite addressLine1
addressLine2
city, state zipCode

Case Identifier: caseReference
Worker: nfUserFullName
Date Generated: nfDateGenerated

nfLocationNameHeader nfLocationDeptName
nfAptSuite addressLine1
addressLine2
city, state zipCode

correspondentName
nfAptSuite addressLine1
addressLine2
city, state zipCode

NOTICE OF REINSTATEMENT OF MEDICAID BENEFITS

RE: Reinstatement of Full Medicaid Benefits for [Beneficiary Name]

MID: [Medicaid ID Number]

Dear [Beneficiary]

Your full Medicaid Benefits were reinstated on [date].

You were previously terminated from full Medicaid Benefits and enrolled in a Medicare Savings Program on [date]. Pursuant to court order in the case of *Carr v. Becerra*, No 22-cv-988 (D. Conn.) your full Medicaid benefits have been reinstated. You will remain in Medicaid until a redetermination of eligibility is completed and you are identified as ineligible or eligible for a different benefit program.

If you received medical services while you were terminated from Medicaid, you may contact your provider and ask them to bill Medicaid for those services. This may result in a reimbursement to you from the provider.

HEARING RIGHTS: If you disagree with this decision, you have a right to a hearing to review the decision. Call your worker at the number below within 60 days to ask for a hearing. The 60th day is [Hearing Date]. If you do not ask for a hearing by this date, you cannot have a hearing unless you have a good reason for missing this deadline. You may reapply for benefits at any time. To protect your rights, you may BOTH reapply AND ask for a hearing.