

How NC Medicaid Eligibility Recertification Works

What is Medicaid Recertification (renewal)?

Medicaid recertification (renewal) is the way your information is reviewed to make sure you are still eligible for Medicaid health coverage. It is also called eligibility redetermination, renewal, ex-parte review or case review (all mean the same thing).

Recertification takes place every 6 or 12 months based on your Medicaid program. Your Medicaid caseworker will try to complete your recertification using information from electronic resources - without contacting you.

If your Medicaid caseworker needs more information from you to finish your recertification, they will mail you a letter.

WHAT YOU NEED TO KNOW

- **Make sure your [local Department of Social Services \(DSS\)](#) has your up-to-date contact information.** They may need to reach you by mail, phone, email or text message about your recertification.

Sign-up for an [Enhanced ePASS account](#) online to make changes to your information at any time without visiting your local DSS. To create an ePASS account, logon to epass.nc.gov. For more information about ePASS and how to create an account, see the [ePASS fact sheet](#).

- **Check your mail for information from your local DSS.** If DSS needs information from you to finish your recertification, you will get a letter in the mail.

Be careful and aware of scams. If you are not sure about information or mail you get asking for information from you, contact your [local DSS](#).

- **If your health coverage is renewed** – You do not need to do anything. You will get a letter telling you your NC Medicaid benefits will stay the same or have changed.
- **If your health coverage changes to a different Medicaid program** – You do not need to do anything unless you do not agree or have concerns with your new Medicaid program. Contact your [local DSS](#) to learn more about your new benefit program.
- **If your coverage is terminated (ended)** – You can apply for health care coverage on the federal Health Insurance Marketplace at healthcare.gov. You can appeal the decision or reapply at any time.

QUESTIONS AND ANSWERS

1. Do I need to do anything?

Maybe. If you get a letter from your [local DSS](#) asking for more information, give them the information as soon as you can to make sure there isn't a gap (pause) in your Medicaid health coverage.

2. I got a letter in the mail requesting information. What do I do now?

Look to see who the letter is from. (There are sample letters below this section.) **If the letter is not from your [local DSS](#), it may be a scam.** Contact your local DSS to make sure it is from them.

3. I'm on a waiver. Does my eligibility get renewed?

Yes. If you are on waiver, you must have your Medicaid eligibility renewed to keep your waiver slot.

4. Will I lose my Medicaid?

Maybe. Your Medicaid eligibility is based on your income and your medical needs. If you have questions about your Medicaid case, ask your Medicaid caseworker for more information.

5. My Medicaid was renewed. What do I do now?

You do not need to do anything. You will get a letter from your [local DSS](#) letting you know your Medicaid was renewed. You will continue to use your current Medicaid ID card to receive care.

6. My Medicaid ended (or my Medicaid benefit program changed) and I don't agree with the results. What can I do?

You can appeal your [local DSS](#) decision. You have up to 60 days from the date of the letter to ask for an appeal. If you file an appeal within 10 business days of the notice, your Medicaid may be continued while your appeal is reviewed.

Call, write or contact using ePASS your [local DSS](#) caseworker to ask for a hearing if you do not agree with the change.

If your Medicaid has ended, you can apply for health care coverage from the federal Health Insurance Marketplace. Go to [healthcare.gov](#) to learn more. You also have the choice to reapply for Medicaid.

LOCAL DSS MEDICAID LETTERS (NOTICES)

You may get a Medical Assistance Renewal Notice from your [local DSS](#) with your information on the form. Your DSS may also ask for more information from you. You must respond (answer) to the request to have your recertification reviewed timely.

If you need to change or add information, make the changes, sign and return the form to your local DSS. You have 30 days to respond (answer) to the first letter. If another letter is sent after the first letter, you must respond (answer) to it within 12 days.

If you have an enhanced [ePASS account](#), make sure your information is correct online. For more information on ePASS and creating an enhanced account, read the [What is ePASS?](#) fact sheet.

Sample Medical Assistance Renewal Notice

Medical Assistance Renewal Notice

It is time to renew your Medicaid/NC Health Choice coverage.
You can renew your Medicaid/NC Health Choice by mail, by phone, or in person.

Please provide the requested information and complete this renewal form by:

- Answering all of the questions on the form
- Adding any missing information
- If any information has changed, writing in the right information.
- Signing the form
- **Return this form by April 30, 2023**
If you do not return the form by this deadline, you may lose your Medical coverage

We will check your answers using information from computer data sources, including the Social Security Administration, the Department of Homeland Security and others. If the information does not match, we may ask you to send more information.

By accepting North Carolina Medicaid/NC Health Choice you understand that the information you give will be checked. You agree to help do that and let the Medicaid/NC Health Choice agency get the information it needs to determine eligibility from government agencies, employers, medical providers, and others. Medicaid/NC Health Choice also has the right to seek money you receive from other sources like insurance payments or lawsuits for services Medicaid has paid for you and your other household members that are receiving a Medicaid/NC Health Choice benefit.

Individuals eligible for Medicaid may be eligible for assistance with transportation to medical appointments.

Contact the Department of Social Services if you have questions, need assistance in obtaining verifications, or need assistance completing this form.

If you are NOT registered to vote where you live now, would you like to register to vote here today?

In some cases, your local DSS will send a Request for Information form for you to fill out. Add your information and return the form to your local DSS within 30 days.

Sample Request for Information Form

Request for Information	
To: _____	County Case No. _____
Address: _____	District No. _____
_____	Worker's Name _____
Date: _____	Telephone Number _____

We need additional information to process your Medicaid/Special Assistance application/re-enrollment. Provide this information by _____ to ensure that your application/re-enrollment is processed promptly. If you need more time, contact us.

If you cannot get the items checked below, there are other items we can use. Continue reading for other items we can accept. We were unable to verify your information electronically.

- Your income exceeds the maximum income limit for Medicaid. Based on gross monthly income amount of \$ _____ from _____, you will be required to meet a deductible. If this income amount is incorrect, you may contact your Medicaid caseworker. The amount of your deductible for the months of _____ through _____ is \$ _____.
- Provide medical bills from _____ to present including any old paid or unpaid medical bills and anticipated medical expenses to meet the deductible amount listed above.
- Medical verification of pregnancy _____
- Verification from physician confirming the number of children expected.
- FL-2 completed by doctor _____
- Proof of income for _____ for the month(s) of _____
- Proof of self-employment income and expenses from _____ or income tax return for the year _____
- Bank account numbers or statement(s) showing balance for the months of _____
- Bank Consent form/Release of Information forms signed by _____
- Life insurance policies or the name of the insurance companies and policy numbers for _____

MORE INFORMATION

- Sign-up for an enhanced [ePASS account](#) online to make changes to your information at any time – without visiting your local DSS. To create an ePASS account, logon to epass.nc.gov. For more information about ePASS and creating account, read the [What is ePASS?](#) fact sheet.
- Visit the [NC Medicaid Beneficiary Portal](#) for helpful articles and information about Medicaid.
- You can apply for health care coverage on the federal Health Insurance Marketplace at healthcare.gov.
- Contact the NC Medicaid Ombudsman if you have questions or problems your health plan or provider could not answer. Call **1-877-201-3750** or visit their website at ncmedicaidombudsman.org.
- Contact the NC Medicaid Enrollment Broker if you have questions about your health plan, want to learn more about your health care options and primary care providers or enrollment in NC Medicaid. Call **1-833-201-3750** or visit ncmedicaidplans.gov.
- Find your local DSS on the [Local DSS Directory](#).

