November 15, 2013

Dear County Directors of Social Services

ATTENTION: Family and Children’s Medicaid/North Carolina Health Choice (NCHC) Program Managers, Supervisors and Case Managers

SUBJECT: Beneficiary Notice regarding a three month re-enrollment period extension

As a result of the Affordable Care Act (ACA) of 2010, North Carolina is required to implement a new Medicaid/NCHC budgeting procedure beginning January 01, 2014. Modified Adjusted Gross Income (MAGI) methodology will be used to determine how income is counted and how household composition and a family size is constructed when determining eligibility. ACA further stipulates that a person enrolled in Medicaid/NCHC on or before December 31, 2013, shall not be found ineligible solely because of the new budgeting and household composition rules before March 31, 2014 or the individual’s next regular re-enrollment date, whichever is later. To adhere to this policy, county caseworkers would be required to apply both pre-MAGI rules and MAGI rules to applicable beneficiaries whose re-enrollment begin date falls between January 1 and March 31, 2014.

To avoid the need to operate two sets of eligibility rules during the transition period of January 1, 2014 through March 31, 2014 and to limit the risk of errors, DMA extended the Medicaid/NCHC re-enrollment period for all applicable cases by three months. This strategy supports the ACA mandate that MAGI based eligibility rules should not be applied to re-enrollments prior to April 1, 2014. The extension was implemented in the Eligibility Information System (EIS) on the night of October 22, 2013. Caseworkers do not have to take any action to extend the re-enrollment period or to notify beneficiaries. The three month extension and beneficiary notification was automated by EIS.

On October 22, 2013, a beneficiary notice was sent to Family and Children’s Medicaid and NCHC beneficiaries, whose next re-enrollment begin date falls between January 01, 2014 and March 31, 2014. The notice contains important information regarding a three month extension of their current re-enrollment period.

One notice was mailed to each casehead/payee, regardless of how many cases are in EIS. The language of the notice (English or Spanish) is determined by the language preference in EIS. An English version of the notice has been posted on the website at http://www.ncdhhs.gov/dma/pub/consumerlibrary.htm and is also attached. A Spanish version of the notice is being translated and will be posted upon completion.
The extended renewal period does not apply to the Family and Children’s Medicaid/NCHC households listed below or to Medicaid Assistance to the Aged Blind Disability (MAABD) households. All other Family and Children’s Medicaid/NCHC households received a beneficiary notice.

Medicaid to Families with Dependent Children – Medically Needy (MAF-M)
Breast and Cervical Cancer Medicaid – Full Regular Coverage Non-Alien (MAF-W)
Medicaid to Infants and Children – Optional Extended Coverage (MIC-L)
State Foster Home Fund – Medically Needy (HSF-M)
Medicaid for Pregnant Women (MPW)

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

Sincerely,

[Signature]
Sandra Terrell, MS, RN
Acting Director

ST/vb
Attachment