

CHANGE NOTICE FOR MANUAL NO. 05-26, HEALTH COVERAGE FOR WORKERS WITH DISABILITIES (HCWD)

DATE: APRIL 30, 2026

Manual: Aged, Blind, and Disabled Medicaid

Change No: 05-26

To: County Directors of Social Services

I. BACKGROUND AND CONTENT OF CHANGE

North Carolina Medicaid has revised and updated MA-2180, Health Coverage for Workers with Disabilities (HCWD) policy. The changes include updated policy language, related forms, and 2026 Federal Poverty Levels (FPL) income ranges within the premium chart. Also, incorporated the DHB-Administrative letter 10-23, Health Coverage for Workers with Disabilities – Updated Procedures into the policy. This administrative letter is now obsolete.

II. POLICY UPDATE

- Removed Section IV., H through P and moved with revisions to section V. Enrollment Fee and Premium Procedures.
- Added Section V. Enrollment Fee and Premium Procedures and the following sub-section:
 - Section A., – Enrollment Fee Procedures
 - Section B.1., - 2026 FPL updated in the premium chart.
 - Section B. 2.g., - New address for payment: DHHS Controller Office, 2019 Mail Service Center, Raleigh, NC 27699-2019
 - Section C., Premium Invoices for Application/Recertification/Change in Circumstance – Provides process procedures.
 - Section D., Payment Status Verification and Procedures – Provides payment process.
 - Section E., Premium Payment Received Procedures
 - Section F., When the Premium Is Not Paid

- Section V., Recertification moved section VI.
- Section VII., Change in Circumstances was added to the policy.
- Section VIII., Terminations moved to Section VIII and provided the correct Medicaid policy section for reference.

III. FORMS UPDATE

The following forms were updated and are now available in the NCDHHS Policies and Manuals DHB forms library:

- DMA-5146 to DHB-5146, Health Coverage for Workers with Disabilities Premium Notice
- DMA-5147 to DHB-5147, HCWD Denial for Non-Payment of Premium
- DMA-5148 to DHB-5148, HCWD Termination for Non-Payment of Premiums
- DMA-5149 to DHB-5149, HCWD Enrollment Fee Notice
- DMA-5151 to DHB-5151, Health Coverage for Workers with Disabilities (HCWD) Medical Information Release Authorization

IV. EFFECTIVE DATE AND IMPLEMENTATION

The HWCD premium chart was effective April 1, 2026. This policy is effective upon receipt.

If you have any questions regarding information in this letter, please contact your Operational Support Team Representative.

DocuSigned by:

Melanie Bush

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Melanie Bush

Deputy Secretary, NC Medicaid