

# HCWD Termination for Non-Payment of Premiums

North Carolina \_\_\_\_\_ County Department of Social Services

## ***\*YOUR MEDICAID IS BEING TERMINATED\****

Date Mailed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We are taking action on your Medicaid case. Please read all pages of this form carefully for important information.**

**Your Medicaid case is being terminated because you failed to pay the premiums required for eligibility in the Health Coverage for Workers with Disabilities (HCWD) program. Premiums were not received for the following months:**

| Coverage Month (provide dates) | Amount Unpaid |
|--------------------------------|---------------|
|                                |               |
|                                |               |
|                                |               |
|                                |               |
| Total Amount Unpaid:           | \$            |

**The state regulations requiring this action are found in NC GS § 108A-54.1.**

**HEARING RIGHTS:** If you disagree with this decision, you have a right to a hearing to review this decision. Call your worker at the number below within 60 days to ask for a hearing. The 60th day is \_\_\_\_\_. 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.

**FREE LEGAL HELP:** Free Legal Aid may be available to help you. Contact your nearest Legal Aid or Legal Services office, or call **1-866-219-5262** toll free.

\_\_\_\_\_  
Caseworker Name and Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

County Case # \_\_\_\_\_

Case ID # \_\_\_\_\_

Aid Program/Category \_\_\_\_\_

***PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING.***

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### **Calling your worker may fix the problem!**

1. Call your caseworker to see what you can do.
2. Return the invoice with your premium payment immediately. If received within 10 days of the date of this notice, your benefits will be continued.
3. If your case has already been closed, call your caseworker to see what you can do.

### **Did your caseworker make a mistake or has your situation changed?**

### **Is there still a problem? You can ask for a hearing.**

If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

### **Did you know you have the right to be represented?**

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Refer to the phone number on the other side of this notice.

**If you have additional questions or concerns**, contact your caseworker for information, or call DHHS Customer Support toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am- 5:00pm, Monday – Friday, excluding State holidays.

### **Did you know you have the right to see your record?**

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

### **Do you understand your rights?**

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.

### **Beware of Fraud!**

**Don't forget to report all changes to your county department of social services within 10 calendar days (5 calendar days for Special Assistance). If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you may be guilty of a misdemeanor or felony.**