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**MEDICAID IDENTIFICATION CARD**

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**MA-2380 MEDICAID IDENTIFICATION CARD**

**REVISED 04/01/12 -CHANGE NO. 08-12**

**I. Introduction**

- A. A Medicaid Identification card is issued annually for most Medicaid recipients, including Work First and Special Assistance. (Specified Low Income Medicare Beneficiaries (MQB-B) and Medicare Qualifying Individuals (MQB-E) do not receive a Medicaid card.) The color of the card is gray.
- B. A Medicaid Identification Card:
1. Shows the issuance date, name, date of birth, and Medicaid ID number for the client. The card is not proof of Medicaid eligibility.
  2. If the client is enrolled in managed care, shows the name, address and telephone numbers of the Primary Care Provider (PCP).
  3. If the client is enrolled in Behavioral Health Managed Care Organization (MCO) through a Local Management Entity (LME), shows the name and telephone number of the MCO.

**II. PROCEDURES**

**County DSS is responsible for explaining the use of the card at applications and redeterminations**

**A. Advise the applicant/recipient:**

1. That the card is issued yearly. It is not proof of eligibility. A new card is issued only when there is a change in the PCP, a legal name change, or when the card is lost, destroyed, or stolen.
2. To take and present his signed card, along with other ID for adults and any other insurance cards including Medicare, to the medical provider when seeking a medical service.
3. That failure to present his card or Medicaid ID number to a medical provider could result in:
  - a. The provider refusing to render service, or
  - b. The provider billing the recipient for the service.
4. That if he becomes ineligible for Medicaid he should not throw away the card as he may become eligible again and need the card.

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(II.A.)

5. That use of a card received in error may result in prosecution for fraud.
6. That use of a card belonging to someone else or allowing someone to use his card could result in fraud prosecution.
7. To contact the PCP on the card to make an appointment to get a medical history established. Inform the client that he must see the PCP for most health care services; otherwise, he may be responsible for paying the bill. Inform the recipient what services he can receive without having to contact his PCP including emergency services. Advise the recipient that he is still linked with his PCP in EIS and that he must see his PCP for non-emergent services whether he receives his card or not.
8. That services in another state must be approved prior to their being received except for an emergency situation or for those providers within 40 miles of the N.C. state line.
9. That choice of medical provider is his right.
10. That acceptance of the card is the provider's choice.
11. That certain medical services are not covered and that others are restricted in number or frequency. (See MA-2905 and MA-3540 Medicaid Covered Services.)
12. That Medicaid under MPW, FPW, and MQB-Q each has specifically limited benefits.
13. The a/r can choose to use different pharmacies during the same month unless they receive more than 11 prescriptions per month and are required to participate in the Prescription Management Program.
14. For all Medicaid recipients age 21 and over, including those on the Community Alternative Program (CAP), there is an 8 prescription per month limit. At the discretion of the pharmacist, the monthly prescription limit may be overridden with three (3) additional prescriptions per recipient per month. Recipients under the age of 21 or residents of intermediate care facilities/mental retardation centers and nursing facilities are exempt from the 8 prescription limit and the Prescription Management Program.

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(II.A.)

15. Advise the applicant/recipient to review the managed care information on the Medicaid ID card to make sure it is correct. If incorrect, advise him to notify his caseworker IMMEDIATELY.

**B. State Office Issuance**

The Medicaid ID Card is issued by the State:

1. Annually to recipients who are shown in EIS as authorized.
  - a. Cards are mailed daily upon approval of applications.
  - b. Cards for children in foster care are mailed to the county dss.
  - c. Cards are mailed 12 months from the last issuance date if the a/r remains eligible.
2. When the county requests a replacement card via the DB/PML (“P”) Screen.
3. When an applicant/recipient has a change in the Primary Care Provider (PCP).

**C. Medicaid Identification Cards Not Received**

1. When the IMC learns that the recipient did not receive a Medicaid identification card, the IMC must determine whether the problem is non-issuance of the card or non-receipt of the card. It is the responsibility of the IMC to contact EIS. Do not refer the a/r to call EIS.
  - a. To determine if the card was issued:
    - (1) Check the reports generated in NCXPTR. The reports are sorted by county and individual ID.
      - (a) The Report of Cards Issued at Implementation – DHRWDB MED CARD-ANNUAL. This is the mass run of cards for all recipients. The run date is September 4, 2009.

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- (b) Report of Cards Issued Monthly – DHRWDB MED CARD-MONTHLY. Cards issued due to PCP changes for the month are also included on this report.
  - (c) Report of Cards Issued Daily – DHRWDB MRD CARD-DAILY. This report includes cards issued at approval, for replacements, and with name changes.
- (2) If the name does not appear on the Medicaid Identification Card Report(s):
- (a) Review the case record to ensure that all procedures and forms necessary to issue the ID card have been completed and appropriate data entered into EIS.
  - (b) If still unable to determine why the ID card was not issued, contact the Eligibility Information Systems (EIS) Unit. Refer to EIS 1200, State Contacts , for contact information.
- b. If the ID card was issued but not received:
- (1) Advise the recipient that the post office does not forward Medicaid ID cards.
  - (2) Inform non-SSI recipients and SSI recipients receiving under HSF or in long-term care that they must report changes of address to the county dss.
  - (3) Inform SSI recipients, except those in HSF or LTC, that they must report any change in address to the Social Security Administration (SSA) District Office.
  - (4) For a SSI case with an incorrect county number, follow instructions in MA-1000, SSI-Medicaid Automated Process, and complete a DMA-5049, Referral to Local Social Security Office to request SSA to change county numbers.

NOTE: The county number may be correct for RSDI/SSI purposes, but because a rural address may be in a different county for Medicaid purposes, the ID card will be returned to the wrong county if undeliverable.

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- (5) If the recipient's address was correct in EIS when the card was issued but the card was not received, the recipient should contact his local post office to determine whether the problem is with the post office.
2. When the post office returns undeliverable Medicaid ID cards, including those for SSI recipients, to the county dss:
    - a. The IMC must attempt to locate the recipient and document the attempts to locate the client. Refer to MA-2352, Terminations/Deletions for procedures.
    - b. Designate a dss worker to log and file returned Medicaid ID cards in a central location. Log the Medicaid ID card by name, address, (located on the card), case ID, and the date received by the county.
    - c. If the recipient reports that he did not receive his Medicaid ID card and it has been returned to the agency:
      - (1) a designated dss worker must hand him the card or mail it to him at the correct address.
      - (2) a designated dss worker must document on the log the new address and the date that the card was hand given or mailed to the client.
      - (3) a designated dss worker must sign and date the log upon release of the Medicaid ID card.
      - (4) if a designated dss worker receives a new client address, he must notify the IMC to update the case record.
    - d. Retain returned ID cards for 3 months. If they have not been claimed, mark, "void" and do either of the following:
      - (1) Shred the cards in the county, following established county procedures for destroying confidential material.  
OR
      - (2) Forward to the following address for shredding:

Division of Information Resources Management  
2017 Mail Service Center  
Raleigh, NC 27699-2017

**MEDICAID IDENTIFICATION CARD****REVISED 11/01/09 – CHANGE NO. 16-09****D. County DSS Responsibilities**

The county is not responsible for verifying eligibility for providers. If the provider does not have the individual's Medicaid identification number (MID), the county may furnish the number so that the provider can utilize one of the verification resources. County DSS is responsible for the following:

1. Request replacement cards
  - a. When the original card was lost, stolen, burned, incorrect, or not received.
  - b. When there is a legal name change on the case.
2. Replacement Medicaid cards are requested by the county using the DB/PML ("P") screen.
  - a. The caseworker keys the current calendar year at the top of the screen, for example 01/01/2009 – 12/31/2009. This will bring up the most current eligibility segment.
  - b. The caseworker tabs to the "ID Card" field at the bottom of the screen.
  - c. Key the letter "R" in this field. **Do not** key new authorization at the bottom of the screen to issue a replacement card.
  - d. This will automatically generate the issuance of a replacement Medicaid card, without breaking the IE segment. The replacement Medicaid card will be printed overnight and mailed by the state the following business day.

Note: The most recent card issue date is displayed on the recipient's individual inquiry (ID) screen. Replacement card issuance is also displayed in NCXPTR on the Report of Cards Issued Daily (DHRWDB MED CARD-Daily).
  - e. When a redetermination is completed, ask the recipient if he still has the annual MID. If the individual no longer has the card, follow instructions for requesting a replacement card using the DB/PML ("P") screen.
3. Keying the case when there is a change in the Primary Care Provider (PCP). See MA-2425 Community Care North Carolina/Carolina Access. This action automatically generates a new card.

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**E. Provider Responsibility**

1. At each visit, providers are required to verify:
  - a. Identity (if an adult)
  - b. Current eligibility
  - c. Medicaid program, including restrictive coverage or special coverage
  - d. CCNC/CA primary care provider information
  - e. Other insurance information
2. The provider can verify eligibility using the following resources:
  - a. Recipient Eligibility Verification Web Tool
  - b. “Real time” Eligibility Verification System (EVS)
  - c. Batch EVS
  - d. EDS Automated Voice Response (AVR) system at 1-800-723-4337