CHANGE NOTICE FOR MANUAL NO. 18-11,
ALIEN EMERGENCY SERVICE REVIEWS AND
PREGNANCY HOME UPDATES

DATE: OCTOBER 26, 2011

Manual: Family and Children’s Medicaid
Change No: 18-11
To: County Directors of Social Services
Effective: UPON RECEIPT

I. BACKGROUND

A. Pregnancy Medical Home (PMH)

If a pregnant Medicaid recipient’s aid program category covers pregnancy, she is
eligible to participate in the PMH program. The PMH program covers all categories
of eligibility, not only Medicaid for Pregnant Women (MPW). The county should
explain the benefits of using a PMH. The caseworker should only link a pregnant
Medicaid recipient participating in the PMH program to a PMH provider that is also
the recipient’s Primary Care Provider (PCP).

B. Alien Emergency Service Reviews

Effective October 1, 2011, MAXIMUS is the new contractor for all alien emergency
service reviews. MAXIMUS can receive the reviews either by mail, fax, or CD/ DVD.
Please send all reviews using the DMA-5135, Date(s) of Emergency Services
Requested For An Alien, as the cover letter to:

MAXIMUS
Attn: Michele M. Kraynik RN, Esq.
Project Director, State Appeals
50 Square Drive, Suite 120
Victor, NY 14564
Fax number: 585-869-3355.

MAXIMUS has set up a dedicated fax line for North Carolina reviews. The fax line is
directly linked to their computers using ACTIVEFAX. There is no limit as to how
many pages can be received by fax. Procedures for electronic submission are being
researched and developed.
II. CONTENT OF CHANGE

A. **MA-3205** VI.-Conducting a Face to Face Interview removed reference to Blue Cross/Blue Shield for NC Health Choice children.

B. **MA-3205** VI. B. Conducting a Face to Face Interview, **MA-3240** I, Pregnant Woman Coverage and **MA-3420**, Re-Enrollment VII.F. explains that a pregnant Medicaid recipient should be encouraged to use a PMH. The word “choose” has been replaced with “use”. Do not link to the PMH unless it is also the PCP.

C. **MA-3330** X.D. Alien Requirements has been changed to include the name, address and contact information for MAXIMUS. MAXIMUS can receive more than 50 pages of fax, so that reference has been removed from policy and forms.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt.

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

Craigan L. Gray, MD. MBA. JD.
Director

(This material was researched and written by Susan Castle, Policy Consultant, Medicaid Eligibility Unit.)