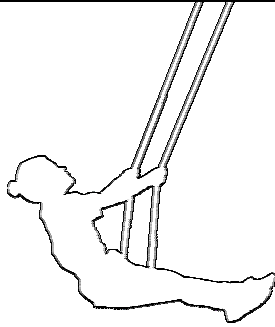


HEALTH CHECK (CHILDREN'S MEDICAID) / NC HEALTH CHOICE
RE-ENROLLMENT INFORMATION SHEET



IT'S TIME TO RE-ENROLL AND IT'S EASY!

Si usted desea obtener la forma DMA-5063R, solicitud en español para seguro médico para niños, comuníquese con el departamento de servicios sociales de su localidad. También puede llamar a la línea de Recursos de Salud Familiar al 1-800-367-2229. Se le atenderá en español. (You can get a Spanish application at your local department of social services or call 1-800-367-2229.)

FOR THE PAST YEAR, YOUR CHILDREN HAVE HAD ACCESS TO HEALTH INSURANCE THAT COVERS THE FOLLOWING BENEFITS:

- Checkups & Shots
- Sick Visits
- Prescriptions
- Dental Care
- Hospital Care
- Lab Tests
- Counseling
- Therapies
- Surgeries
- Eye Exams and Glasses
- Hearing Exams and Hearing Aids
- Medical Equipment & Supplies

HOW DO I RE-ENROLL?

Complete the enclosed Re-enrollment Form (both sheets - front and back). Return the form in the envelope provided to the department of social services by the date listed in bold at the top of the form (see page 1). Make sure that you:

- ✓ Answer every question. (If you need more space, attach additional pages).
- ✓ Attach proof of income as requested. (Copies of all of last month's paycheck stubs for each parent or child in the home who works).
- ✓ If you pay for childcare, care for a dependent adult or child support, answer questions 9 and 10 and provide proof of expenses as noted in question 9.
- ✓ Read your "rights and responsibilities" on the back of this Information Sheet. (Keep this page for your records).
- ✓ Sign and date the Re-Enrollment Form on page 3.
- ✓ Fold the completed Re-Enrollment Form (Both Sheets) so that the address of the social services department at the top of page 1 shows through the window of the return envelope provided. Just add a stamp and it is ready to mail!

Do you have questions?

If you have questions or would like assistance in completing the form, call your Health Check (Children's Medicaid) or NC Health Choice representative at the Department of Social Services in your county. The phone number is printed on page 1 of the enclosed Re-Enrollment Form under section called "Other Options for Submitting the Form."

How will I know my children have been re-enrolled?

The Department of Social Services will let you know as quickly as possible if your children can be re-enrolled. If additional information is needed or if an enrollment fee is required, the Department of Social Services will contact you. Depending on your family income and the number of children re-enrolling, you may have to pay an enrollment fee of \$50-100 per family per year.

Act now so your children won't lose health insurance coverage!

WHAT ELSE DO I NEED TO KNOW?

Will I Have to Pay Enrollment Fees and a Co-pay?

Depending on your family income, you may have to pay an enrollment fee of \$50-100 per family per year. In some cases, you may also have a small co-pay for doctor visits and prescriptions. If the enrollment fee and/or co-pays apply to you, you will be notified.

Will My Children Get New Insurance Cards?

YES! Your children will receive new insurance cards in the mail. Please keep the cards handy so you can show them at medical appointments and when you fill prescriptions.

How Often Do I Need to Re-enroll My Children?

For most children this is done once a year. You will be contacted by mail when it is time to re-enroll.

If I Don't Have a Way to Get to the Doctor, Can I Get Help with Transportation?

If your children are enrolled in Health Check (Children's Medicaid), non-emergency transportation to medical appointments may be provided through your department of social services. Call your DSS representative ahead of time to schedule. If the children are enrolled in Health Choice, the family must provide or arrange for transportation.

What is EPSDT (Early, Periodic Screening, Diagnostic and Treatment)?

EPSDT is a federal Medicaid requirement and is known as Health Check or Medicaid for Children in North Carolina. EPSDT provides recipients under 21 years of age with medically necessary health care to correct or ameliorate (make better) a defect, physical or mental illness, or a condition identified through a screening examination, whether or not the service is covered under the North Carolina State Medicaid Plan. Also, only those services found in the Social Security Act at 1905(a) can be covered. The services are free of charge. It is important to take your children for regular medical and dental check-ups so they will benefit from their Medicaid coverage.

WHAT ARE MY RESPONSIBILITIES?

- ✓ You agree to tell the department of social services within 10 days if there are any changes in the information you provided on your application.
- ✓ A state or federal reviewer may check the information on this form. You agree to participate in the review and will cooperate with the reviewer.
- ✓ If you knowingly provide false information or if you withhold information and your children get health insurance for which they are not eligible, you can be lawfully punished for fraud and may be asked to repay the programs for any medical bills and/or premiums that were paid incorrectly.
- ✓ You agree to tell the department of social services if anyone with Health Check (Children's Medicaid) is in an accident.
- ✓ If Health Check (Children's Medicaid) / Health Choice pays for health care for your children, you give permission to the state of North Carolina to collect payments from anyone who is supposed to pay for that care. You also agree to share medical information about your children with any insurance company to get the medical bills paid.
- ✓ For a person to be enrolled in Health Check (Children's Medicaid) / Health Choice, you must provide his/her social security number or apply for a number. Please know that these numbers will be matched by computer with other government agency records (but not the Bureau of Citizenship and Immigration Services) to verify information. If you decide not to give the numbers, the person cannot be enrolled.

WHAT ARE MY RIGHTS?

- ✓ Health Check (Children's Medicaid) / Health Choice cannot discriminate because of race, color, nationality, sex, religion, age, disability or political belief.
- ✓ By law, all information that you provide remains private.
- ✓ You can ask for a hearing if you think any decisions are unfair, incorrect or are made too late.

WHO CAN ANSWER MY QUESTIONS?

Contact the department of social services in the county where you live. The phone number is printed on page 1 of the enclosed Re-Enrollment Form under section called "Other Options for Submitting the Form."

Re-enroll Now to Keep Your Kids Covered!

Better health for your children.

Peace of mind for you!