Examples of New Medicaid Identification Card

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ANNUAL MEDICAID IDENTIFICATION CARD

CASEHEAD NAME
CASEHEAD ADDRESS LINE 1
CASEHEAD ADDRESS LINE 2
CASEHEAD ADDRESS LINE 3
CASEHEAD ADDRESS LINE 4
CASEHEAD ADDRESS LINE 5

Recipient Signature_____
(Not valid unless signed)

USE OF THIS CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH

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N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D.	RECIPIENT NAME	ISSUE DATE
000-00-0000-N	JONNXXXXX Q. PUBLIC	SEPT. 8, 2009

PRIMARY CARE PROVIDER NAME
PRIMARY CARE PROVIDER ADDRESS LINE 1
PRIMARY CARE PROVIDER ADDRESS LINE 2
PRIMARY CARE PHONE NO. AND AFTER HOURS NO.

For questions about your Medicaid coverage and/or to report Medicaid fraud, waste or program abuse, please contact CARE-LINE at 1-800-662-7030 or locally call 919-855-4400.

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NOTICE TO PROVIDERS

The Medicaid Identification card is not proof of medicaid eligibility. It is the responsibility of the medical provider to verify the identity of the individual, the Medicaid covered services, medical home/ primary care physician with whom the recipient is enrolled, and to obtain authorization from the primary care physician as required Refer to the Basic Medicaid Billing Guide at **http://www.ncdhhs.gov/dma/basicmed/** for information on how to verify eligibility for Medicaid covered services and to obtain authorization.

Eligible Provider: A provider must be enrolled in the NC Medicaid program to be paid for services rendered to NC Medicaid recipients. If not enrolled, go to **www.nctracks.nc.gov** to find enrollment information and forms or call the CSC Enrollment Verification and Credentialing (EVC) Center at 1-866-844-1113.

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Prior Approval: Some Medicaid services must be approved in advance. Refer to the Basic Medicaid Billing Guide for prior approval requirements. Changes are published the first of each month in Medicaid Provider bulletins. **http://www.ncdhhs.gov/dma/bulletin/.**

Out of state providers must obtain approval prior to delivering Medicaid services unless there is a medical emergency as defined in the Social Security Act, Section 1923(b)(2)(B)(i-iii) and (C)(i-iii). In cases of medical emergency that result in patient hospitalization, out of state providers must notify North Carolina Medicaid within 72 hours (three business days) of the admission date.

Claim Filing: Bill other insurance first; Medicaid is last payor. Medicaid payment is full payment even if charges exceed the payment. Refer to the Basic Medicaid Billing Guide for additional information regarding claim filing.

DMA-5005A (Rev. 08/09) Yearly

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