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**MEDICAID IDENTIFICATION CARD**

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**MA-2380 MEDICAID IDENTIFICATION CARD**

**REVISED 01/01/09 -CHANGE NO. 01-09**

**I. Introduction**

A. A Medicaid Identification (MID) card is issued for most Medicaid recipients. The **color of the card** helps to identify the type of coverage a recipient is eligible to receive.

1. **BLUE** – Recipient is eligible for all Medicaid covered services and benefits.
2. **PINK** - Medicaid for Pregnant Women program (MPW). Recipient is eligible for limited pregnancy-related services only.
3. **GREEN** - Medicaid for Family Planning Services (MAF-D). Recipient is eligible for limited Family Planning Services only.
4. **BUFF**- Medicare Qualified Beneficiaries (MQB-Q). Medicaid is limited to payments of Medicare premiums, deductibles and co-insurance. Medicaid does not pay toward any service that is not covered by Medicare.
5. Specified Low Income Medicare Beneficiaries (MQB-B) and Medicare Qualifying Individuals (MQB-E) **do not** receive a Medicaid card.

B. A Medicaid ID Card is:

1. A client's proof that he is an authorized recipient eligible for Medicaid during the dates specified on the card.
2. Verification to a medical provider that the client is an eligible Medicaid recipient for a specified time. The card gives the provider the information needed to file a claim.
3. Verification that the client is enrolled in managed care and the name of the PCP.

**II. COUNTY DSS RESPONSIBILITIES**

The county in which the client resides must:

- A. Explain what the Medicaid identification card is.
- B. Explain how to use it.
- C. Issue replacement cards when needed. If the client is enrolled in managed care, ensure that the managed care information is correct and current.

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**MEDICAID IDENTIFICATION CARD**

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**REVISED 01/01/09 – CHANGE NO. 01-09**

(II.)

- D. Secure **MID card stock** and undeliverable/returned cards and allow access only to persons authorized to release or issue them.
- E. Destroy returned cards appropriately.

**III. PROCEDURES**

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

1. To sign his card each month.
2. To take and present his card to the medical provider when seeking a medical service.
3. That failure to present his card 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 a card received after a notice of termination or beginning a deductible must be returned immediately to the county dss without being used.
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.

**MEDICAID IDENTIFICATION CARD****REVISED 01/01/09 – CHANGE NO. 01-09**

(III.A.)

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.) The card received for the FPW (Family Planning Waiver) program will read “\*\*\* Family Planning Waiver\*\*\* Recipient Eligible for Limited Family Planning Services Only”. This information will be printed in the center of the card under the recipient name. **The ID card is GREEN to alert providers to the limited range of services.**
12. That a pregnant woman receiving as M-PW is covered only for pregnancy-related services. Her ID card is PINK to alert providers to the limited range of services.
13. That a card may be valid for more than one month.
14. 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.
15. 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.
16. 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. Medicaid ID Card Supplies**

1. **Medicaid replacement cards issued by the county will be larger than the cards issued by the State.**
2. **DMA Form numbers for Medicaid ID card stock are as follows:**
  - a. **DMA-5005- Blue card - Full Medicaid**
  - b. **DMA-5026-Green card - Family Planning Services ONLY (MAF-D)**
  - c. **DMA-5031-Pink card-Medicaid for Pregnant Women (MPW)**
  - d. **DMA-5038-Buff card - Medicaid for MQB-Q Payment of Medicare premiums, deductibles and co-insurance only.**

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**MEDICAID IDENTIFICATION CARD**  
**REVISED 01/01/09 – CHANGE NO. 01-09**

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(III.B.)

3. To requisition quarterly supplies of Medicaid ID card stock **contact:**

Division of Information Resource Management  
DSS Printing Facility  
2017 Mail Service Center  
Raleigh, N.C. 27699-2017  
**(919) 733-8982 or (919) 715-1039**

### **C. State Office Issuance**

The Medicaid ID Card is issued by the State:

1. To recipients who are shown in EIS as eligible for that month as of the 15th day of the preceding month. (Regular Run)
  - a. Cards are mailed the last workday of the month.
  - b. Cards for children in foster care are mailed in bulk to the county dss.
2. When the county requests a card via the DB/PML Screen or DMA-5022 (Straggler).
3. To applicants upon entry into EIS of an authorized period which includes a current processing month.

Note: All ID cards have a date of issuance. Regular run cards will have an “R” following the date. Straggler cards will have an “S” following the date.

### **D. 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. The IMC must not advise the client to call EIS.
  - a. To determine if the card was issued:
    - (1) Check the “Regular and Straggler Run Register for Medicaid Identification Cards” to determine if the applicant/recipient’s name appears on the list. Register reports can be found in XPTR listed as DHREJ MED REGULAR RUN and DHREJ MED STRAGGLER RUN. SSI generated Medicaid card register reports are also found in XPTR listed as DHRWDB SSI MED REG RUN and DHREJ SSI MED STRAGGLER RUN.

**MEDICAID IDENTIFICATION CARD****REISSUED 01/01/09 – CHANGE NO. 01-09**

(III.D.1.a.)

- (2) If the name does not appear on the “Medicaid Identification Card Register(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. Work First payment cases and SA cases do not appear on ID card registers. If a check was issued by the state computer, a replacement ID card may be issued.
  - (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 will not forward Medicaid ID cards.
- (2) Inform non-SSI recipients and SSI recipients in 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) If it is an SDX (SSI) case with an incorrect county number, follow instructions in [MA-3120, SSI-Medicaid Automated Process](#), and complete a [DMA-5049, Referral to Local Social Security Office](#) to request SSA to change county numbers.
- (5) If the recipient's address was changed in EIS prior to regular run but the card was not received, the recipient should contact his local post office to determine whether the problem is with the post office.

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.

2. When the post office returns undeliverable Medicaid ID cards, including those for SSI recipients, to the county dss:

**MEDICAID IDENTIFICATION CARD****REISSUED 01/01/09 – CHANGE NO.01-09**

(III.D.)

- a. The IMC should attempt to locate and document the attempts to locate the client. Refer to [MA-2352, Terminations/Deletions](#) and [MA-3410, Terminations/Deletions](#) for instructions.
- 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, the designated dss worker should hand him the card or mail it to him at the correct address. The designated dss worker should document on the log the new address and the date that the card was hand given or mailed to the client. The designated dss worker should sign and date the log upon release of the Medicaid ID card. If the 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

**E. County Issuance**

1. Counties are strongly urged to coordinate with providers to determine the acceptability of a replacement county issued Medicaid ID card **or** a letter verifying eligibility.
2. Replacement cards may be issued by the county for the following situations:
  - a. Emergencies, including but not limited to,
    - (1) Need for life-sustaining medication and/or treatment;
    - (2) When a client has an imminent medical appointment which cannot be rescheduled on a timely basis;
    - (3) Court order.

**MEDICAID IDENTIFICATION CARD****REVISED 01/01/09 – CHANGE NO. 01-09**

(III.E.2.)

- b. When the original card was lost, stolen, burned, incorrect, or not received.
- c. During a county transfer.

Mail the Medicaid ID card directly to the recipient instead of the second county during the county transfer process.

- d. For deductible cases when the authorization is submitted after the regular run cut-off date and the recipient has an imminent medical need.

For example, authorization is for 6/12 through 9/30 and is submitted on 6/17. Client has an imminent need for prescriptions prior to receipt of the July card.

**F. Instructions For Completing County Issued I.D. Card**

**NOTE: BE CERTAIN TO USE THE CORRECT COLOR CARD WHEN ISSUING COUNTY REPLACEMENT ID CARDS (See MA- 2380, I or MA-3505, I.)**

1. Use the case profile corresponding to the month(s) for which the card(s) is requested to verify eligibility. Make entries as directed below. Follow the numeric mock-up at the end of the section.
  - a. Item 1 - Enter a three alpha character abbreviation for the month of issuance, i.e. the month the card is being prepared, a space, and four digits for the year of issuance.
  - b. Item 2 - Enter a two line county department of social services return address.
  - c. To the right of "CASE ID," enter the current eight digit Case ID.
  - d. To the right of "CASEHEAD," enter the casehead/payee first name and middle initial. Just beneath that entry, record the casehead/payee last name.
  - e. Item 3 - There is room to report the first initial, middle initial and last name of five eligibles in a case. Beneath each eligible individual in the case, enter his individual ID in the following format: three digits, dash, two digits, dash, four digits, dash, and the ending alpha character.

For FPW cases type "Family Planning Limited" in lower left corner **of the GREEN card.**

- f. Item 4 - Enter the two alpha character CAP code, if applicable.

**MEDICAID IDENTIFICATION CARD****REVISED 01/01/09 – CHANGE NO. 01-09**

(III.F.1.)

- g. Item 5 - Enter the six digit county case number.
- h. Item 6 - Enter the digit(s) for the month the card is prepared, a slash, the digit(s) for the day of the month, a slash, and the four digit year of issuance.
- i. Item 7 - Enter the one letter alpha character to designate the Aid Program, space, and the two letter alpha characters to denote the Aid Category.
- j. Item 8 - Enter the applicable one letter classification code. (Refer to EIS 4000- Codes Appendix).
- k. Item 9 - Enter to the right of: "From" the two digits for the beginning month of authorization, a slash, the two digit(s) for the day of the month, a slash, and the four digit year.
- l. To the right of "THRU," use the same format to report the ending dates approved.

NOTE: The day must always be the last day of the month. The month and year must never be past the month of issuance. Never enter a future month.

- m. Item 10 - Enter the Individual ID for up to five eligibles in the following format: three digits, dash, two digits, dash, four digits, dash, and the ending alpha character.
- n. Item 11 - Enter first name, space, middle initial, space, and last name for each of the case eligibles.

If recipient is receiving **FPW Services Only** type the following information in the center of the **GREEN** card under name:

<i>***Family Planning Waiver***</i>
Recipient Eligible for Limited
<b>Family Planning Services Only</b>

- o. Item 12 - Enter insurance coverage as reflected on the DMA-2041 Third Party Health & Accident Resources Information.

Enter Medicare A and B Use the following format:

Enter number 1-5 as needed to number the private insurance policies and Medicare A and B. Numbers 1-3 are restricted for use in identifying private insurance companies, number 4 is restricted to indicating Medicare A, and number 5 is restricted to indicating Medicare B.

**MEDICAID IDENTIFICATION CARD****REISSUED 01/01/09 – CHANGE NO. 01-09**

(III.F.1.)

Verify Medicare eligibility using the Medicare A/B/C screen in EIS (pf5). This screen is used to determine if and when Medicare information should be printed on a recipient's card.

- p. Item 13 - Enter the birth date in the following format: a two digit month, dash, a two digit day, dash, and a four digit year.
- q. Item 14 - Enter "F" for female or "M" for male.
- r. Item 15 - Enter the same data as reported in item 12 or o. above, except these entries are vertical rather than horizontal.
- s. Item 16 - Enter the numeric code denoting the insurance company name, using codes in CICSSCC4. (For Inquiry procedures, refer to EIS 1055, Third Party Recovery Inquiry.) There are no codes for Medicare A and B.
- t. Item 17- Enter the policy number of each policy not to exceed eighteen characters. On line 4 write in "Medicare-A," if applicable. On line 5 write in "Medicare-B," if applicable.
- u. Item 18 - Enter the type of coverage for that policy (major medical, accident, etc.). If there is more than one policy indicated, use the type code as priority in listing the policies. The priority order is Type-O first and Type-7 last. Medicare A and B have no type code. These codes are in EIS 3350, Third Party Health and Accident Resources Information (DMA-2041).
- v. Item 19 - There is room for completing 5 lines. Line 1 should include from left to right:
  - (1) The three alpha character abbreviation for the month of issuance, a space, and the four digit year.
  - (2) Leave a space and enter the three letter Aid Program/Category.
  - (3) Leave a space and enter the two digit county number.
  - (4) Leave a space and enter the eight digit case ID.
  - (5) Leave a space and enter the three digit county worker district number.
    - (a) Line 2 - Enter the casehead/payee first name, space, middle initial, space, and last name.
    - (b) Line 3 - Enter additional address, such as "In Care Of," if needed.

**MEDICAID IDENTIFICATION CARD****REVISED 01/01/09- CHANGE NO. 01-09**

(III.F.1.v.(5.))

- (c) Line 4 - Enter P. O. Box, Street, or Route address.
  - (d) Line 5 - Enter City, State, and Zip Code. (To determine the correct abbreviations, refer to EIS 4050, Mailing Address Appendix).
2. Stamp "EMERGENCY" on all county issued cards just beneath the card title.
  3. There is no time limit for issuing a card, but the county must:
    - a. Verify authorization from the files, and
    - b. Substantiate that it took no action to cause a "pull."

NOTE: If a card is issued with authorization in excess of the time limit for claims submittal, the provider will not be paid unless the county requests an override according to instructions in MA-2395, Corrective Actions and Responsibility for Errors.

4. Document in the eligibility record or maintain a log, listing each county-issued card, the reason, and date of issuance. Follow the record retention schedule as determined by the State Controller's Office.
5. If the a/r is **enrolled** in managed care, put the name of the primary care provider (PCP) as it appears in the county provider directory **and in EIS**. Under the PCP name, put the regular office number and the after hours number of the PCP. Put "CAROLINA ACCESS ENROLLEE" and current month and year of the card.
6. Each client enrolled in managed care will receive his own individual Medicaid card.
7. Medicaid recipients with Medicare will receive individual Medicaid cards.

**IV. ELIGIBILITY VERIFICATION****A. County Responsibility**

The county dss will provide eligibility verification when:

1. A recipient receives emergency treatment as the result of accident or sudden illness.
2. Eligibility has been determined but authorization has not been posted to the state's eligibility file.

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**MEDICAID IDENTIFICATION CARD**

---

**REISSUED 01/01/09- CHANGE NO. 01-09**

(IV.)

3. The recipient is deceased and there is no one to act in his behalf.
4. The county dss has custody/placement responsibility for a child.

NOTE: Refer to manual sections MA-300, Confidentiality, and MA-3500, Confidentiality, for instructions on release of information without consent to outside sources.

**B. Provider Responsibility**

In order for the county dss to provide verification of eligibility to a medical provider, the provider must:

1. Give the provider name and address.

NOTE: If authenticity is questioned by the county, ask for provider number and/or telephone number. A return telephone call later in the day may verify provider identity. The county may also call DMA Provider Services at (919) 855-4050 to verify that the provider number given was for a Medicaid provider.

2. Give the full name of the recipient or, if the patient is a child, the case-head's name.
3. Provide the recipient's date of birth.
4. Give dates of service for which eligibility verification is requested.

NOTE: Verify eligibility for the specific date of service only. Do not give future dates or spans of time.