

IMPORTANT NOTICE ABOUT YOUR MEDICAID

Recipient with a Temporary Exempt Code

Recipient with Temporary Exempt Code # _____

Medicaid/NCHC ID # _____

DOB _____

Dear _____

Community Care of North Carolina and Carolina ACCESS (CCNC/CA) are special health care plans for Medicaid recipients and Health Choice (NCHC) recipients. The person named above has previously been exempt from participation on a temporary basis. This person should now be enrolled in CCNC/CA. I have enclosed a list of medical homes that are open to Medicaid and NCHC recipients living in this county. The primary care doctor in your or your child's new medical home will provide medical care and refer you to other doctors if necessary for appropriate treatment.

When you choose a new medical home, you will receive a new Medicaid card. The name of your new medical home, the address, the day time telephone number, and the after hours telephone number will be printed on your card. **Always call your medical home before you go to another doctor unless it is an emergency.**

I have enclosed a Community Care of North Carolina/Carolina ACCESS handbook. Read this carefully. It provides important information about your managed care plan. When you receive your card, call **immediately** to make an appointment. Your new medical home will need to establish a medical and enrollment record for you or your child.

Please call me before _____ to select the medical home for you or your child. If you do not contact me, I will enroll you or your child with one of the medical homes on the enclosed list.

Your medical home can help you be as healthy as possible. Getting regular and preventive care promotes a healthy and happy life!

Sincerely,

Signature of Worker