

IMPORTANT NOTICE ABOUT YOUR MEDICAID

SSI Recipient without Medicare

Dear _____:

This letter is being sent to you to tell you that you may be required to enroll in a special Medicaid program that links you with a primary care doctor. This program is called Community Care of North Carolina/Carolina ACCESS (CCNC/CA). Your primary care doctor's office is also called your medical home. This is where you go when you are sick. It is also where you go for basic medical check ups and preventive care. Your primary care doctor will make sure you get the health care you need. He will also make sure you get to see other doctors when you need treatment from someone else. People who are enrolled in CCNC may also have a care manager, someone who can help you manage your own health care. They can show you how to stay healthy. Not everyone needs a care manager. You and your doctor can decide if this would be beneficial to you.



PLEASE CALL ME **IMMEDIATELY** WITH YOUR CHOICE OF **MEDICAL HOME**. If you do not call me by _____ at _____, you will be assigned to:

Date

Telephone

Name
Address
City, State, zip code
Phone number

Once you are enrolled in **CCNC/CA**, the **name of the medical home, the address, and daytime phone numbers and after hours phone numbers** will be printed on your Medicaid card. When you receive your Medicaid card, call **your medical home immediately if you have not seen this doctor within the last 12 months** to make an appointment to establish an enrollment history and medical record. In addition, you must always call your **medical home** before receiving any medical attention unless it is an emergency. If you do not use this **medical home** to provide your medical care or call me to change your **medical home**, Medicaid may not be responsible for paying your bill.

I have enclosed the **CCNC/CA** Member Handbook. Please call me at _____ if you would like to select another **medical home**.

A medical home promotes a healthy and happy life!

Sincerely,

Signature of Worker