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NC HEALTH CHOICE - NOTICES AND CODES  
PART SIX

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EIS 4300 - NC HEALTH CHOICE - NOTICES AND CODES  
PART SIX  
REISSUED 04/01/05 - CHANGE NO. 05-05

CODES FOR NC HEALTH CHOICE

I. NC HEALTH CHOICE DISPOSITION CODES

A. NC Health Choice **Approval** Codes

Based on the approval code entered on the DSS-8125 screen, EIS produces a notice to say:

1. **"This is to notify you that your NC Health Choice has been approved."**

2. Followed by:

**"The following individuals are approved on this application:**

**Name**

3. **"You are eligible for the following months:"**

**MMDDCCYY thru MMDDCCYY**

4. EIS prints the text associated with the disposition reason code entered.

5. **"State rules supporting this action are found in Section 3255 of the Family and Children's Manual."**

B. For **Open/Shut** Approvals, the following text is printed in addition to the text indicated above:

1. **"All NC Health Choice benefits will stop."**

2. EIS prints the text associated with the termination code entered. Refer to the Termination Codes.

C. NC Health Choice **Denial** Codes

The reason code entered as the application disposition reason determines the text printed on the automated DSS-8109.

1. The text will be:

**"This is to notify you that your application for NC Health Choice has been denied."**

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I.C. (CONT'D)

2. Followed by:

**"The reason for this action is:**

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3. **The state regulations applied to make this decision are found in Section 3255 of the Family and Children's Medicaid Manual.**

D. NC Health Choice **Withdrawal** Codes

The reason code entered as the application disposition reason determines the text printed on the automated DSS-8109.

1. For NC Health Choice applications, the text will be:

**"This is to notify you that your application for NC Health Choice has been withdrawn.**

2. Followed by:

**"The reason for this action is:**

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3. **The state regulations applied to make this decision are found in Section 3255 of the Family and Children's Medicaid Manual.**

II. NC HEALTH CHOICE CHANGE CODES

A. NC Health Choice Change Codes

Based on the "Adequate" or "Timely" change code entered on the DSS-8125 screen, EIS produces a notice to say:

1. **"Adequate" or "Timely"** is indicated at the top of the notice.

2. **"The Change Which Will Take Place:"**

a. **"Effective MMDDCCYY"** (This date will be the Medicaid Effective Date, Individual Termination Date or Individual Date of Death).

b. When an individual termination date or date of death is present:

**"(Name of individual) This individual(s) is being terminated from your case" or "This individual(s) was deleted because of death."**

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II.A.2.(CONT'D)

c. The following statement will print:

**"You are eligible for the following months:"**

**"MMDDCCYY thru MMDDCCYY."**

3. **"Why the Change Will Be Made:"**

EIS prints the reason that corresponds to the Change code entered, then the sentence:

**"State rules supporting this action are found in Section 3255 of the Family and Children's Manual."**

4. **"When the Change Will Be Made:"**

a. If the change code entered is an **"ADEQUATE"** code, the notice will state;

**"The change will be effective on MM/DD/CCYY." However, you have until MMDDCCYY which is 10 days from the date of this letter to request a hearing**

b. If the change code entered is a **"TIMELY"** code, the notice will state;

**"The change will be effective on MM/DD/CCYY which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."**

B. NC Health Choice **Redetermination** Notice with no change in benefits.

Based on the redetermination code entered on the DSS-8125 screen, EIS produces a notice to say:

1. **"NC Health Choice has been continued."**

2. The following statement prints:

**"You are eligible for the following months:"**

**"MMDDCCYY thru MMDDCCYY"**

3. **"State rules supporting this action are found in Section 3255 of the Family and Children's Medicaid Manual."**

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III. NC HEALTH CHOICE TRANSFER CODES

NC Health Choice to M-IC-N and M-AF are the only allowable adequate transfers.

Based on the adequate transfer code entered on the DSS-8125 screen, EIS produces a notice to say:

- A. "Adequate"
- B. "The Change Which will Take Place"  
"Effective MMDDCCYY"  
"Your Medicaid continues under another category."
- C. EIS prints the text associated with the Adequate Transfer code entered.
- D. "State rules supporting this action are found in Section 3255 of the Family and Children's Manual."
- E. "When the Change Will Be Made:"  
"The change is effective on MMDDCCYY. However, you have until MMDDCCYY which is 10 days from the date of this letter to request a hearing."

IV. NC HEALTH CHOICE TERMINATION CODES

Based on the "Adequate" or "Timely" termination code entered on the DSS-8125 screen, EIS produces a notice to say:

- A. "Adequate" or "Timely" is indicated at the top of the notice.
- B. "The Change Which Will Take Place:"  
"Effective MMDDCCYY"  
"All NC Health Choice Benefits Will Stop."
- C. "Why the Change Will Be Made:"  
EIS prints the reason that corresponds to the Termination code entered. Then the sentence:  
"State rules supporting this action are found in Section 3255 of the Family and Children's Manual."

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IV. (CONT'D)

D. "When the Change Will Be Made:"

1. If the termination code entered is an "ADEQUATE" code, the notice will state;

"The change will be effective on MM/DD/CCYY." However, you have until MMDDCCYY which is 10 days from the date of this letter to request a hearing

2. If the termination code entered is a "TIMELY" code, the notice will state;

"The change will be effective on MM/DD/CCYY which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."

NOTE: TERMINATION NOTICES ARE GENERATED FOR AUTOMATED TERMINATIONS OF OPTIONAL EXTENDED COVERAGE("L" CLASS).

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V. APPLICATION DISPOSITION CODES

APPROVAL

Use when insurance was NOT dropped to qualify for NC Health Choice

CODE	REASON
A1	The child(ren) for whom you applied is eligible for NC Health Choice. You will receive a benefit booklet and ID card from the Division of Medical Assistance (DMA). (F & C 3255)
A2	The child(ren) for whom you applied is eligible for NC Health Choice. Medicaid benefits for all others have been approved in another case. You will receive a benefit booklet and ID card from the Division of Medical Assistance (DMA). (F & C 3255)
A4	The child(ren) for whom you applied is eligible for NC Health Choice. NC Health Choice benefits for all others have been denied. You will receive a benefit booklet and ID card from the Division of Medical Assistance (DMA). (F & C 3255)
A6	The child(ren) for whom you applied is eligible for NC Health Choice. You will receive a benefit booklet and ID card from the Division of Medical Assistance (DMA). (This code is for adds.) (F & C 3255)
B8	The following individual(s) is approved for NCHC for the months of ____thru____. You must provide verification of citizenship and/or identity to continue to receive NCHC. If documentation is not received, your NCHC will be terminated. (F & C 3331)

Use when insurance WAS dropped to qualify for NC Health Choice

CODE	REASON
B1	The child(ren) for whom you applied is eligible for NC Health Choice. You will receive a benefit booklet and ID card from the Division of Medical Assistance (DMA). (F & C 3255)
B2	The child(ren) for whom you applied is eligible for NC Health Choice. Medicaid benefits for all others have been approved in another case. You will receive a benefit booklet and ID card the Division of Medical Assistance (DMA). (F & C 3255)

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V. APPLICATION DISPOSITION CODES (CONT'D)

APPROVAL

Use when insurance WAS dropped to qualify for NC Health Choice

CODE	REASON
B3	The children(ren) for whom you applied is eligible for NC Health Choice. NC Health Choice benefits for all others have been denied. You will receive a benefit booklet and ID card from the Division of Medical Assistance (DMA). (F & C 3255)
B4	The child(ren) for whom you applied is eligible for NC Health Choice. You will receive a benefit booklet and ID card from the Division of Medical Assistance (DMA). (This code is for adds.) (F & C 3255)
B8	The following individual(s) is approved for NCHC for the month of ___thru___. You must provide verification of citizenship and/or identity to continue to receive NCHC. If documentation is not received, your NCHC will be terminated. (F & C 3331)

Use when reopening a case into "L" class

CODE	REASON
B5	The child(ren) for whom you are applying is eligible for NC Optional Extended Coverage. Within 10 days you will receive additional information from the Division of Medical Assistance (DMA). (F&C 3255)

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V. APPLICATION DISPOSITION CODES (CONT'D)

DENIAL

CODE	REASON
A2	The child(ren) has comprehensive health insurance or Medicare. (F & C 3255)
A3	You did not pay the NC Health Choice enrollment fee. (F & C 3255)
B3	Your income exceeds the income level for your family size. (F & C 3255)
B6	You failed to cooperate with child support enforcement in enforcing the court order for your child(ren)'s non-custodial parent to provide health insurance. (F & C 3255)
C1	The child(ren) for whom you applied did not meet the state residence requirements. (F & C 3255)

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V. APPLICATION DISPOSITION CODES (CONT'D)

DENIAL

CODE	REASON
C2	The child(ren) for whom you applied is not a U.S. Citizen, Refugee, or Qualified Alien. (F & C 3255)
C3	The child(ren) for whom you applied does not meet the age requirement. (F & C 3255)
C4	Your child is eligible for NC Health Choice but the program is not funded to cover more children at this time. If more funds are made available, you will be contacted about enrolling your child in NCHC. (F & C 3255)
C5	The child(ren) for whom you applied is living in a public non-medical institution. (F & C 3255)
D6	The child applicant is not living with a person who meets the definition of a parent/caretaker. (F & C 3255)
F1	Eligibility could not be established because we have been unable to locate you by letter or by phone. (F & C 3255)
F2	The child(ren) for whom you applied is already receiving assistance in another case. (F & C 3255)
F3	You have refused to allow us to match your Social Security number against other agencies' records. (F & C 3255)
F5	The child(ren) for whom you applied has been approved to receive benefits in another aid program category. (F & C 3255)
F6	Eligibility does not exist due to the death of the applicant or a child. (F & C 3255)
G1	You have not provided the information needed to establish eligibility. (F & C 3255)
G2	You refused to cooperate in the application process. (F & C 3255)
G4	We are unable to document the immigration status of the child(ren) for whom you applied. (F & C 3255)
G6	You did not provide or apply for a social security number. (F & C 3255)

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V. APPLICATION DISPOSITION CODES (CONT'D)

DENIAL

G8	Administrative denial (no manual notice required for this code.) (F & C 3255)
K9	You did not keep your appointments for your interview. (F & C 3255)
N1	You did not provide documentation of citizenship and/or identity (Individual(s) previously received benefits while trying to resolve citizenship code "97"). (F & C 3331)

WITHDRAWAL

CODE	REASON
W1	You asked that your application be withdrawn. (F & C 3255)
W5	You asked that your application be withdrawn rather than allow us to match your social security number against other agencies records. (F & C 3255)

VI. REDETERMINATION

CODE	REASON
01	NC Health Choice has been continued. (F & C 3255)

VII. CHANGE CODES

REASON	TIMELY	ADEQUATE
Your child(ren) no longer qualifies for NCHC due to income limit. You may opt to pay full NCHC premium for 12 months. Within 10 days, you will receive additional info from the Division of Medical Assistance (DMA). (F & C 3255)	N/A	53
The state income levels changed. (F & C 3255)	08	58
An individual with countable income moved out of your household. (F & C 3255)	N/A	63
You now qualify for Medicaid and will receive a yearly Medicaid card. (When changing from NC Health Choice to MIC-N at reenrollment.) (F & C 3230 and 3305)	N/A	6I

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VII. CHANGE CODES (CONT'D)

INDIVIDUAL DELETION

REASON	TIMELY	ADEQUATE
The individual moved out of state. (F & C 3255)	02	62
This child(ren)'s income is more than the income limit. (F & C 3255)	09	6H
The child(ren) has comprehensive health insurance or Medicare. (F & C 3255)	11	67
The child(ren) was found eligible for Medicaid. (F & C 3255)	12	71
The child(ren) is being terminated at your request. (F & C 3255)	13	76
The child(ren) is a resident of a public institution. (F & C 3255)	16	77
You did not provide a social security number for the child(ren). (F & C 3255)	18	6G
The individual is deceased. (F & C 3255)		61
The child no longer lives with you because of placement in foster care or an adoptive home. (F & C 3255)	N/A	64
The child(ren) in the case has reached age 19. (F & C 3255)	N/A	70
You did not provide documentation of citizenship and/or identity (Individual(s) previously received benefits while trying to resolve citizenship code "97"). (F & C 3331)	4W	9W
The child(ren) is being terminated because premium payment(s) were not receive by deadline given. ENTERED BY DMA STAFF ONLY.(F & C MA 3255)	N/A	7P

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VII. CHANGE CODES (CONT'D)

SYSTEM GENERATED

REASON	TIMELY	ADEQUATE
System Generated - The child(ren) has reached age 19. (F & C 3255)	06	
(System Generated). The Health Choice child(ren) has been approved for SSI. (F & C 3255)		90

VIII. TRANSFER CHANGE CODES

REASON	TIMELY	ADEQUATE
You now qualify for Medicaid and will receive a monthly Medicaid card. (Use to transfer from NC Health Choice to MAF.) (F & C 3255)	N/A	6I
The child(ren) entered a long-term care facility or mental health facility. (Use to transfer from NC Health Choice to MAF.) (F & C 3255)	N/A	74

IX. CASE TERMINATION CODES

REASON	TIMELY	ADEQUATE
The child(ren) is a resident of a public institution. (F & C 3255)	04	64
The child(ren) has comprehensive health insurance or Medicare. (F & C 3255)	05	56
You failed to cooperate with child support enforcement to obtain court ordered health insurance. (F & C 3255)	1A	6A
Your income exceeds the income limit for your family size. (F & C 3255)	1B	74
The child(ren) moved out of North Carolina. (F & C 3255)	1D	53
You did not provide a social security number for the child(ren). (F & C 3255)	15	81

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IX. TERMINATION CODES (CONT'D)

You did not provide the necessary information to determine your eligibility. (F & C 3255)	20	72
We are unable to locate you. (F & C 3255)	21	63
The only eligible child(ren) has reached age 19. (F & C 3255)	22	77
There are no eligible children living with you. (F & C 3255)	23	82
You have not paid the annual NC Health Choice enrollment fee. (F & C 3255)	24	71
You asked that NC Health Choice be stopped. (F & C 3255)	29	55
The child(ren) is deceased. (F & C 3255)	N/A	52
The child(ren) was found eligible for Medicaid. (F & C 3255)	N/A	54
The child no longer lives with you because of placement in Foster Care or an adoptive home. (F & C 3255)	N/A	57
There was a change in law or agency policy of which you were previously notified. (F & C 3255)	N/A	58
You have failed to provide documentation of citizenship and/or identity (Individual(s) previously received benefits while trying to resolve citizenship code "97"). (F & C 3331)	2R	6R
The child(ren) are being terminated because Premium Payment(s) were not received by deadline given. ENTERED BY DMA STAFF ONLY. (F & C 3255)	N/A	6P

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IX. TERMINATION CODES (CONT'D)

SYSTEM GENERATED

REASON	TIMELY	ADEQUATE
(System Generated). You did not provide the necessary information to determine your eligibility. (F & C 3255)	N/A	80
System Generated - The child(ren)are being terminated from Optional Extended Coverage because you have exceeded your 12 month certification period. (F & C 3255)	N/A	85
System Generated - Children aged 0-5 were moved from NCHC to Expanded Medicaid (MIC-1) effective January 1, 2006. See DMA Administrative Letter 15-05 for a sample of the notice.	N/A	9H