North Carolina Division of Medical Assistance
Notice of Case Status
Special Review of Denied MPW Applications
_____County Department of Social Services

Enter name and Address of Provider

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TO HOSPITAL: You were originally issued a DMA-5020 on the person named below who had a deductible balance. A Medicaid eligibility policy change has resulted in her authorization for Medicaid under the MPW aid program/category for this time with $0 deductible balance. Please file an adjusted claim for this hospitalization.

1. Name: (First, MI, Last)		
1. Individual ID Number	3. Aid Program/Category - MPW	4. Classification Code - N
5. Medicaid authorization begins on:	Patient payment due hospital: $0	
6. Carolina ACCESS ☐ Yes ☐ No Primary Care Provider is_____ (Name)		
County Director Signature /Designee		Date

Instructions: County Department of Social Services

Upon completion of the review of an MPW denial according to the policy in DMA Administrative Letter No. 03-04, if the pregnant woman is eligible for MPW for a period of time that covers a hospitalization that met a medically needy deductible, complete this form and send it to the hospital, to notify it of the MPW authorization and that there is no deductible balance. The hospital can then file an adjusted claim.