

# CHANGE NOTICE FOR MANUAL NO. 18-11, ALIEN EMERGENCY SERVICE REVIEWS AND PREGNANCY HOME UPDATES

**DATE: OCTOBER 26, 2011**

**Manual:** Family and Children's Medicaid  
**Change No:** 18-11  
**To:** County Directors of Social Services  
**Effective:** UPON RECEIPT

## **I. BACKGROUND**

### **A. Pregnancy Medical Home (PMH)**

If a pregnant Medicaid recipient's aid program category covers pregnancy, she is eligible to participate in the PMH program. The PMH program covers all categories of eligibility, not only Medicaid for Pregnant Women (MPW). The county should explain the benefits of using a PMH. The caseworker should only link a pregnant Medicaid recipient participating in the PMH program to a PMH provider that is also the recipient's Primary Care Provider (PCP).

### **B. Alien Emergency Service Reviews**

Effective October 1, 2011, MAXIMUS is the new contractor for all alien emergency service reviews. MAXIMUS can receive the reviews either by mail, fax, or CD/ DVD. Please send all reviews using the [DMA-5135](#), Date(s) of Emergency Services Requested For An Alien, as the cover letter to:

#### **MAXIMUS**

Attn: Michele M. Kraynik RN, Esq.  
Project Director, State Appeals  
50 Square Drive, Suite 120  
Victor, NY 14564  
Fax number: 585-869-3355.

MAXIMUS has set up a dedicated fax line for North Carolina reviews. The fax line is directly linked to their computers using ACTIVEFAX. There is no limit as to how many pages can be received by fax. Procedures for electronic submission are being researched and developed.

## **II. CONTENT OF CHANGE**

- A. [MA-3205](#) VI.-Conducting a Face to Face Interview removed reference to Blue Cross/Blue Shield for NC Health Choice children.**
  
- B. [MA-3205](#) VI. B. Conducting a Face to Face Interview, [MA-3240](#) I, Pregnant Woman Coverage and [MA-3420](#), Re-Enrollment VII.F. explains that a pregnant Medicaid recipient should be encouraged to use a PMH. The word “choose” has been replaced with “use”. Do not link to the PMH unless it is also the PCP.**
  
- C. [MA-3330](#) X.D. Alien Requirements has been changed to include the name, address and contact information for MAXIMUS. MAXIMUS can receive more than 50 pages of fax, so that reference has been removed from policy and forms.**

## **III. EFFECTIVE DATE AND IMPLEMENTATION**

This policy is effective upon receipt.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

Craigian L. Gray, MD. MBA. JD.  
Director

(This material was researched and written by Susan Castle, Policy Consultant, Medicaid Eligibility Unit.)