



**charlotte center
for legal advocacy**

justice lives here.

MEDICAID HOW TO APPLY & NEXT STEPS AFTER APPLYING

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AGENDA

- **Introduction to Epass**
 - Application
 - Step-by-step Questions
- **Paper Application**
 - When to use it
 - Things you should know
- **Questions?**





[English](#)

[Español](#)

Welcome to ePASS

- ePASS is a way to apply for Benefits and services in North Carolina.
- New applicants and existing beneficiaries can create an account.
- An enhanced account for Medical Assistance lets you report changes and view case details online. For more information see below.



Looking for information on Medicaid Expansion? Select "Continue" for details and to start the application process.

[Continue](#) ✕

Apply for benefits

Apply for Medical Assistance, Food & Nutrition Services, Energy Assistance or TANF - Work First.



Apply for FNS without an account

Apply for Food & Nutrition Services (FNS) without creating an account.



Apply for Energy Assistance

Apply for Energy Assistance (LIEAP/CIP).



NCID ACCOUNT

Food and Nutrition Services and Medicaid policy allows a representative designated by an applicant to apply for benefits, on behalf of the applicant. You can apply for benefits through ePASS.

To apply for an individual or household, an **NCID account is required**.

If you represent a business or organization who is authorized to apply on behalf of more than one applicant or household at the same time, you must have a Business NCID Account.

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Create an NCID Account

An NCID account is required to log in to ePASS and submit applications. If you or the individual you are assisting does not have an NCID account you will need to create one.

For more information regarding applying for someone else as a representative, or applying for multiple individual households at the same time, please [click here](#).

Please select from the statements below:

When you make a selection, more text will display to help you determine what type of NCID account to create.

- I am applying for myself and/or my family.
- I am assisting someone with applying.
- I am applying on behalf of someone else as a representative.
- I am applying on behalf of multiple individual households as a representative.

[Create NCID Account](#)

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Apply for benefits

Food & Nutrition Services

Benefits can help feed your family with fresh and healthy groceries.

[Learn more](#) 

You will not be discriminated against. To view the USDA nondiscrimination statement for FNS or to file a program complaint of discrimination, [click here](#).

Medical Assistance

Benefits can provide free or low-cost health coverage for low-income people, families and children, pregnant women, the elderly, and people with disabilities.

[Learn more](#) 

Temporary Assistance for Needy Families (TANF - Work First)

Benefits can provide temporary assistance for families with minor children. Recipients may be required to participate in work activities to receive these benefits.

[Learn more](#) 

Apply

Getting started

Medical Assistance family is defined as

- You
- Your spouse
- Your children under 21 including stepchildren
- Any other person on the same federal income tax return (including any children over age 21 who are claimed on a parent's tax return). You don't need to file taxes to get health coverage.

Food and Nutrition household is defined as

- Anyone that you buy, prepare or eat food with.

TANF - Work First household is defined as

- All children in the home under age 18.
- Any adults in the home responsible for their day-to-day care

Who are you applying for? Required

- For myself and/or my family/household
- As a Representative for someone else
- As an Authorized Representative for someone else

Are you applying for Food and Nutrition Services? Required ?

No

Are you applying for TANF - Work First? Required ?

No

Are you applying for Medical Assistance? Required ?

Yes

Help us determine if you may get benefits based on circumstances other than income.

Are you or anyone in this household blind? Required ?

✓ --Please Select--

- No
- Yes

Are you or anyone in this household disabled? Required ?

--Please Select--

Do you or anyone in this household need help with daily living activities? Required ?

--Please Select--

Are you or anyone in this household age 65 or older? Required ?

--Please Select--

Next

What you need to know

Applicants who are found ineligible for full Medicaid or NC Health Choice will be referred to the Federal Health Insurance Marketplace for a determination of eligibility for financial help to enroll in a Qualified Health Plan (QHP).

If you do not use ePASS for more than 30 minutes, your session will time out and you will be relocated to the ePASS Home Page. Any information that you completed will be saved.

Requirements for submitting an application



Information about Social Security Numbers, U.S. Citizenship and Immigration status



Need help?



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About you

What do we need to know about you?

We will ask you to provide your:

- Name
- Date of birth
- Social Security Number (Optional for individuals not seeking benefits)
- Address (if you have one)
- Contact details

Please Note: We will not share SSNs with the US Citizenship and Immigration Service(USCIS).

Why do we need to know about you?

The information you provide will be used to verify your identity, income, and citizenship status.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting "Back". Then select "Options" to Save & Submit your application.

Next

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Information about you

Your information

You will be designated as the primary contact for this application. [?](#)

First name Required [?](#)

Middle name [?](#)

Last name Required [?](#)

Suffix

Date of birth [?](#)

Your application for benefits

Do you want to apply for Medical Assistance? Required [?](#)

Your home address

Please provide an address if you have one.

Do you have a home/residential address? Required [?](#)

Street 1 Required

Street 2

Apt/Suite

Your home address

Please provide an address if you have one.

Do you have a home/residential address? Required 

Street 1 Required

Street 2

Apt/Suite

City Required

State Required

Your mailing address

Is your mailing address the same as your home address? Required 

- ✓ --Please Select--
- No
- Yes

Your contact information

How do you want us to contact you?

What language do you prefer to speak in?

What language do you prefer to write and read in?

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More about Charlotte, age 24

Ethnicity and race

Your answers are voluntary and will have no effect on your receipt of benefits.

What is Charlotte's ethnicity?

✓ --Please Select--

Hispanic Cuban

Hispanic Mexican American

Hispanic Puerto Rican

Other Hispanic or Latino

Not Hispanic or Latino

Unreported

American Indian/Alaska Native [?](#)

Asian

Ethnicity and race

Your answers are voluntary and will have no effect on your receipt of benefits.

What is Charlotte's ethnicity?

--Please Select--

What is Charlotte's race? Check all that apply. [?](#)

Your answers are voluntary and will have no effect on your receipt of benefits.

American Indian/Alaska Native [?](#)

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

Other

Enumeration requirement:

Social Security Number (SSN)

If you are applying for Medical Assistance you need to provide an SSN if you have one. If you do not have one, you will be able to state the reason below. Providing an SSN of non-applicants who have an SSN is not required but is encouraged as it may allow for faster processing of this application.

People who apply for Food and Nutrition Services are required by the Food and Nutrition Act to provide an SSN for applicants seeking benefits.

If you are applying for TANF - Work First, you need to provide a SSN. If you do not have one, you must provide verification of an application for a SSN.

Does Charlotte have an SSN? [?](#)

What is Charlotte's SSN?

Is Charlotte Advocacy the name that appears on Charlotte's Social Security Card? Required [?](#)

- An immigrant who is not eligible to obtain a social security number or who is eligible only to be issued an SSN for a valid non-work reason may receive Medicaid without providing or applying for an SSN provided that he or she is otherwise eligible.
- No proof of an application for a SSN is required in these cases:
 - Examples: F-1, F-2, B-1, B-2, E-1, E-2. They may have valid status but may not have an SSN.
- An immigrant who is not yet eligible to obtain a SSN or is in the process to obtain it, may be eligible for APTCs and CSRs in the Marketplace.
 - Identity will not be verified online if immigrant doesn't have a SSN.
 - Tips: Create an account and create application without submitting it and call the Marketplace call center to continue with verification of identity.

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Enhance your ePASS account

What is an enhanced ePASS account?

Enhancing your account is a free service. With an enhanced account you can do more than submit applications. For a Medical Assistance Case, you will be able to:

- Report a change
- View notices
- Appeal a decision
- Recertify for benefits

For all cases, you will be able to:

- Upload documents for faster processing
- View office contact details

Why should I enhance my ePASS account?

When you enhance your ePASS account, you will be able to report updates and view case details online rather than making a phone call or physically coming into a DSS County office.

How do I enhance my ePASS account?

When you enhance your ePASS account we send your information to Experian to help us confirm your identity. Experian is a credit bureau that is able to verify the information you give us with their records. We use the information from Experian to ask you questions that only you will know the answer to, so that we make sure you are who you say you are.

Enhancing your account does not impact your credit score and you will not incur any charges related to this credit inquiry.

What do I need to do to enhance my account?

You need to answer questions based on your credit profile. You also need to have the ability to receive a security code in the form of a text message or an email.

Begin enhancing your account

Do you agree to allow your information to be sent to Experian to enhance your account? Required 

✓ --Please Select--

No

Yes

For more information about enhanced accounts, you can visit the [enhanced account FAQ page](#).

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Enhance your ePASS account

If you decide not to enhance your account, you will not have access to features, such as viewing notices online, that make it easier and faster to access your ePASS account.

Are you sure you want to continue your application without enhancing your account? Required

No

Yes

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Household

What do we need to know about your household?

We will ask whether there are any other members of your household and details about each of them.

You will need your household member's:

- Name(s)
- Date(s) of birth
- Social Security Number(s), if they are applying for benefits
- Their relationships to you and each other

Please Note: We will not share SSNs with the US Citizenship and Immigration Service(USCIS).

Why do we need to know about your household?

This information is important in order to be sure that everyone in your household is getting the benefits that they might be eligible for.

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Who should you include in your application?

It's important to add the people in your household so we can check if they might be eligible for benefits.

Who should I include on my Food and Nutrition Services application? ∨

Who should I include on my Medical Assistance application? ∧

If you or anyone in your household is applying for Medical Assistance, you should include the following individuals:

- Your spouse
- Your children under 21 who live with you
- Anyone you include on your federal tax return, even if they don't live with you
- Anyone else under 21 who you take care of and lives with you
- Any family members who live with you even if they are temporarily absent
- Anyone else living with you such as siblings or parents who are not included on your application for Medical Assistance

MAGI Households

Medicaid vs. Marketplace

- For Marketplace, HH size = Tax filing unit
- For MAGI Medicaid, HH size = Tax filing unit BUT...
EXCEPTIONS:
 - If no one files taxes (“non-filer”), HH is parents plus minor children
 - Special cases treated as a “non-filers”
 - Tax dependent who is not a child or spouse
 - Child claimed as tax dependent by non-custodial parent
 - Child living with both parents who are unmarried
 - Spouses living together are in same HH, regardless of filing status
 - A pregnant woman is counted as 2 people (or 3, if twins)



Household member information

First name Required 

Baby


Middle Name 

Last name Required 

Advocacy

Suffix

--Please Select-- 

Date of birth Required 

For example: MM/DD/YYYY

01/01/2022

Sex/Gender Required 

✓ --Please Select--
Female
Male


Suffix

--Please Select-- 

Date of birth Required 

For example: MM/DD/YYYY

01/01/2022

Sex/Gender Required 

Female 

Household member benefits

Does this household member want to apply for Medical Assistance? Required 


✓ --Please Select--
No
Yes


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More about Baby, age 2

Your household so far

 **Charlotte**
Age 24

 **Baby**
Age 2

Please tell us more about Baby, age 2.

Ethnicity and race

Your answers are voluntary and will have no effect on your receipt of benefits.

What is Baby's ethnicity?

- ✓ --Please Select--
- Hispanic Cuban
- Hispanic Mexican American
- Hispanic Puerto Rican
- Other Hispanic or Latino
- Not Hispanic or Latino

People who apply for Food and Nutrition Services are required by the Food and Nutrition Act to provide an SSN for applicants seeking benefits.

If you are applying for TANF - Work First, you need to provide a SSN. If you do not have one, you must provide verification of an application for a SSN.

Does Baby have an SSN?

Yes

What is Baby's SSN?

234567890

Is Baby Advocacy the name that appears on your Social Security card? Required


- ✓ --Please Select--
- No
- Yes

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Additional household members


Your household so far

 Charlotte
Age 24

 Baby
Age 2

You added the people above to your application. Take a look and decide whether you need to add more people.

Remember, it's important to add the people in your household so we can check if they might be eligible for benefits.

Who should I include on my Food and Nutrition Services application? 

Who should I include on my Medical Assistance application? 

If you or anyone in your household is applying for Medical Assistance, you should include the following individuals:

- Your spouse
- Your children under 21 who live with you
- Anyone you include on your federal tax return, even if they don't live with you
- Anyone else under 21 who you take care of and lives with you
- Any family members that live with you even if they are temporarily absent

Household member information

First name Required 


Grandma

Middle Name 

Last name Required 

Advocacy

Suffix

--Please Select-- 

Date of birth Required 

For example: MM/DD/YYYY

01/01/1970 


Step 3 of 10 · Household


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Additional household members

Your household so far

 Charlotte
Age 24

 Baby
Age 2

 Grandma
Age 54

You added the people above to your application. Take a look and decide whether you need to add more people.

Remember, it's important to add the people in your household so we can check if they might be eligible for benefits.

Who should I include on my Food and Nutrition Services application?



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Relationships for Charlotte, age 24

Charlotte (24) is the _____ of Baby (2). Please select the relationship. Required

Charlotte (24) is the _____ of Grandma (54). Please select the relationship. Required

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Relationships for Charlotte, age 24

Charlotte (24) is the _____ of Baby (2). Please select the relationship. Required

Charlotte (24) is the _____ of Grandma (54). Please select the relationship. Required

- ✓ --Please Select--
- Aunt
- Child
- Cousin
- Foster Child
- Foster Parent
- Grandchild**
- Grandparent
- Great Aunt
- Great Grandchild



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Tax filer information

You must select all household members who are expected to file taxes this year. Most adults who receive any sort of income are expected to file taxes.

- For married couples filing together, select both filers
- For individuals who will be listed as dependents on your tax return, do not select them unless they are also required to file their own tax return

Based on the conditions above, who in the household expects to file taxes next year? [?](#)

- Charlotte Advocacy, age 24
- Baby Advocacy, age 2
- Grandma Advocacy, age 54

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Tax dependent information

Who, if anyone, expects to claim Baby, age 2 as a dependent on their tax return? Required

Someone inside the household

Who is expected to claim Baby, age 2 on their tax return? Required

- Charlotte, age 24

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Medicaid MAGI Household Rules

Source: CBPP, Reference Guide: Medicaid Household Rules

If an Individual Is a:		
Tax Filer Not Claimed as a Dependent	Tax Dependent	Non-Filer / Non-Dependent
<p>Individual's household is:</p> <ul style="list-style-type: none"> • Tax filer plus: <ul style="list-style-type: none"> → Spouse → All persons whom tax filer expects to claim as a dependent 	<p>Individual's household is:</p> <ul style="list-style-type: none"> • Household of the tax filer claiming individual as a dependent <p>EXCEPTIONS (apply the rules for non-filers)</p> <ul style="list-style-type: none"> • Tax dependents not a child of the taxpayer • Individuals under 19¹ living with both parents not expected to file a joint return • Individuals under 19¹ claimed as tax dependent by non-custodial parents 	<p>For individuals age 19 and above, household is:</p> <ul style="list-style-type: none"> • Individual plus: <ul style="list-style-type: none"> → Spouse (if living with individual) → Children under age 19¹ (if living with the individual) <p>For individuals under age 19¹, household is:</p> <ul style="list-style-type: none"> • Individual plus: <ul style="list-style-type: none"> → Siblings under 19¹ → Parents (including step-parents) → Children living with individual^{3,4}

¹ States can extend the age limit to include individuals under 21 who are full-time students

Notes:

- For married couples filing jointly, each spouse is considered a tax filer.
- Married couples living together are always in each other's household regardless of how they file.
- When determining the household of a pregnant woman, she is counted as herself plus the number of children she is expecting. When determining the household for individuals whose household includes a pregnant woman (but are not pregnant themselves), states can count the pregnant woman as 1, 2, or 1 plus the number of children she is expecting.
- MAGI household and income rules do not apply to seniors eligible for Medicaid or people eligible for Medicaid due to a disability.

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Where do you live?

5535 ALBEMARLE RD, CHARLOTTE, NC, 28212, Mecklenburg County

Does everyone in your household live with Charlotte, age 24 at the address above? Required

✓ --Please Select--

No

Yes

Is everyone in your household a resident of North Carolina? Required [?](#)

--Please Select--

Is anyone in your household, who is a North Carolina resident, temporarily absent from the state? [?](#)

--Please Select--

Is everyone in your household who is seeking benefits a U.S. citizen or U.S. national? Required [?](#)

--Please Select--

Does everyone in your household live with Charlotte, age 24 at the address above? Required

Yes

Is everyone in your household a resident of North Carolina? Required [?](#)

Yes

Is anyone in your household, who is a North Carolina resident, temporarily absent from the state? [?](#)

No

Is everyone in your household who is seeking benefits a U.S. citizen or U.S. national? Required [?](#)

Yes

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Household summary

You added the following people to your application. Take a look to make sure the information is correct. Also decide if you need to add, remove or make changes to the information.

 Review carefully because you will not be able to add any more household members after this point.

About primary applicant

Member name	Sex/Gender	Date of birth	Social Security Number	Change
Charlotte Advocacy	Female	1/1/2000	***-**-6789	
	Address	Mailing address (if applicable)		
	5535 ALBEMARLE RD, CHARLOTTE, NC, 28212, Mecklenburg County			

Household members

Member name	Sex/Gender	Date of birth	Social Security Number	Change	Remove
Baby Advocacy	Female	1/1/2022	***-**-7890		
	Address	Mailing address (if applicable)			
	5535 ALBEMARLE RD, CHARLOTTE, NC, 28212, Mecklenburg County				
Member name	Sex/Gender	Date of birth	Social Security Number	Change	Remove
Grandma Advocacy	Female	1/1/1970	***-**-5678		
	Address	Mailing address (if applicable)			
	5535 ALBEMARLE RD, CHARLOTTE, NC, 28212, Mecklenburg County				

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Income and money

What do we need to know about your income and money?

We will ask for information about income and money for everyone in your household. Depending on your income level, we may need to know about both your current and expected income. You may need:

- The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

Why do we need to know about your income and money?

Income information helps us see what benefits you or your household might be eligible for.

Why do we need to know about your income and money?

Income information helps us see what benefits you or your household might be eligible for.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting "Back". Then select "Options" to Save and Submit your application.

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Whose Income Counts?

- Income deeming is when the income of an ineligible spouse or parent(s) is counted towards the applicant's income for determining eligibility.

- If Medicaid Individual or Medicaid Couple are applying, only count their income.
 - No income deeming from ineligible spouse or parent(s) in HH
- Income is “deemed” (or counted) when:
- Spouse-to-spouse if living together and not enrolled in CAP/DA or PACE (Medicaid Individual with an Ineligible Spouse)
- Parent-to-child if child is under 18 and lives in the home (Medicaid Child)



Three generation household

- Charlotte claims her minor daughter, Baby, and mother, Grandma (54), as tax dependents.
- Charlotte earns \$1,250/biweekly but has \$10/biweekly in 401(k) payroll deferrals. Grandma receives \$100/biweekly from a pension.

	Medicaid HH size	%age of FPL	Eligibility
Charlotte	3	129%	Expansion (MXP) eligible
Baby	3	129%	MIC eligible
Grandma	1	18%	Expansion (MXP) eligible

Medicaid Household Example

- Charlotte and Baby's household size is 3 based on the tax household. Only Charlotte's income counts because Grandma is a tax dependent.
- Even though Grandma is a tax dependent, her household is different because she meets one of the exceptions (she is a tax dependent of someone other than a spouse or parent). Her household size is one under the non-filer rule and only her income is counted.

Information about income & money

Does anyone in the household receive income? Required

Income is money from a job, self-employment, and benefits such as retirement.

Yes

Please select the household members who receive income. Required

Charlotte, age 24

Baby, age 2

Grandma, age 54

Does anyone in the household have any educational scholarships? Required

Educational scholarship is a grant or payment made to support a student's education. (as by a college or foundation)

No

Next

Income information

Answer the questions for the types of income and money the household receives.

What type of income does Charlotte have? Required ?

Job

What is the name of Charlotte's employer? ?

How many hours does Charlotte work per week on average? Required ?

25

How much income does Charlotte receive before taxes? Required

\$ 1,250

How often does Charlotte receive this income? Required ?

Every Two Weeks

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More information about income & money

Income information

Answer the questions for the types of income and money the household receives.

What type of income does Grandma have? Required 

Pension



How much income does Grandma receive before taxes? Required

\$ 100

How often does Grandma receive this income? Required 

Every Two Weeks



When did Grandma start receiving this income? Required 

For example: MM/DD/YYYY

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Deductions from income for Charlotte, age 24

You will have the option to add more deductions from income after this one.

Income deduction information

What type of deductions does Charlotte have? Required

What is the amount of Charlotte's deduction? Required

When did Charlotte's deduction start? Required

Income deduction information

What type of deductions does Charlotte have? Required

What is the amount of Charlotte's deduction? Required

When did Charlotte's deduction start? Required

For example: MM/DD/YYYY

If Charlotte's deduction has ended, when did it end?

For example: MM/DD/YYYY

How often does Charlotte pay/receive this deduction? Required

Income deduction information

What type of deductions does Charlotte have? Required

✓ --Please Select--

Adoption assistance

Alimony paid

Certain business expenses of reservists, performing artists, and fee-basis government officials

Deductible part of self-employment tax

Domestic production activities deduction

Education assistance

Educator expenses

Elective 401(k) contributions

Group legal services coverage

Group term life insurance

Health savings account deduction

IRA Deductions

Medical and child care reimbursements

Medical and dental insurance

Penalty on early withdrawal of savings

Rent or Royalties

Self-employed SEP, SIMPLE, and qualified plans

Self-employed health insurance deduction

Short and long-term disability insurance

Student Loan Interest

Transportation expenses

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Additional household information

What else do we need to know about your household?

We might ask you for more information about:

- Disability
- Pregnancy
- Foster Care
- Adoption
- Medical needs
- Penalties and violations
- Programs and organizations
- Health insurance

If you answer yes to any of these questions, we will ask you to provide more information.

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Additional information for household members

Has anyone in your household stopped working in the last 30 days?

✓ --Please Select--

No

Yes

Pregnancy, Foster Care and adoption

Is anyone in your household pregnant?

--Please Select--



Are there any household members within the ages of 18 - 26 who were in foster care in North Carolina on their 18th birthday?

--Please Select--



Pregnancy, Foster Care and adoption

Is anyone in your household pregnant?

Are there any household members within the ages of 18 - 26 who were in foster care in North Carolina on their 18th birthday?

No
Yes

Does any child in your household receive an adoption payment?

Medical needs

Is anyone in your household currently enrolled in Medicaid outside of North Carolina?

Medical needs

Is anyone in your household currently enrolled in Medicaid outside of North Carolina?

✓ --Please Select--
No
Yes

Is anyone in your household currently enrolled in Medicare?

--Please Select--


Does anyone in your household currently have private health insurance or military health insurance such as CHAMPVA or TRICARE?

--Please Select--

Is anyone in your household eligible for health insurance through their job but they are not enrolled?

--Please Select--

Does anyone in your household have any of the following:

- Unpaid medical expenses incurred in the last 24 months?
- Made a payment on a medical expense within the last 24 months? 
- Monthly medical expenses?

--Please Select--

Medical Needs

- Is anyone in your household currently enrolled in Medicaid outside of North Carolina?
 - An applicant cannot be enrolled in Medicaid in another state. They must contact their previous state and request immediate termination. Many states cannot terminate until the end of the month in which the member requested termination.
- Is anyone in your household currently enrolled in Medicare?
 - You cannot be eligible for Expansion Medicaid if you are enrolled in Medicare regardless of your age. This question also relates to assessing eligibility for Medicare Savings Programs or MQB, which pays Medicare Part B Premiums for applicants under 135% FPL.
- Does anyone in your household have private health insurance or military health insurance?
 - This question is mostly historical because previously children income-eligible for CHIP would not be eligible if they were covered by private health insurance. CHIP was expanded to full Medicaid on April 1, 2023. Medicaid does not prohibit having private health insurance, but Medicaid will always be a secondary payor to a private health plan.



Medical Needs

- Is anyone in your household eligible for health insurance through their job but they are not enrolled?
 - This is a Marketplace question. If an applicant is ineligible for Medicaid, their application is transferred back to the FFM with this information included.
- Does anyone in your household have any of the following: unpaid medical expenses incurred in the last 24 months; made a payment on a medical expense in the last 24 months; and/or monthly medical expenses?
 - This question relates to Medically Needy Medicaid. If an applicant is over the income limits, they may be eligible for Medicaid with a deductible and medical expenses within the last 24 months can count towards meeting the deductible. This is different than retroactive Medicaid.
- Has any household member had an inpatient hospital stay this month?
 - Inpatient stays can affect the living arrangement (private living arrangement or long-term care) applied to determine eligibility. An inpatient stay can also be relevant to medical expenses for Medically Needy Medicaid.



Prior medical expenses

What are prior medical expenses?

Prior medical expenses include medical bills that you or someone in your household incurred or are responsible for, whether paid or unpaid, in the last three calendar months (meaning the last three full months before this one).

What do I need to know about prior months



If you are submitting this application on a weekend, State/Federal holiday, or after 5 pm, your application will be submitted on the next business day. Please be aware that Medical Assistance for Retroactive months may be affected when applications are submitted in different months than they are started. The Retroactive months will be the three calendar months prior to the month that you submit your application.

Why are we asking about prior medical expenses?

If you or someone in your household had medical bills in the last three months, you may be eligible to receive Medicaid coverage for that time period to help pay for those bills. To check if you can get benefits for that time period, you may need to provide:

- Income information for anyone in your household for the past three months.
- Residency information for anyone in your household for the past three months.
- Household information for the past three months (such as who was in the household).

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Prior medical expenses

Does anyone in the household need help paying for medical bills for services received during the last three months? [?](#)

For example, if today's date is March 15, the last three months would include December, January and February.

✓ --Please Select--

No

Yes

Next

MA-2300 - An Individual may be eligible for Medicaid ongoing and/or retroactive. Except for NCHC and MQB-Q, eligibility may be authorized 1, 2, or 3 months prior to the month of application. The applicant can make an application for retroactive coverage only, ongoing coverage only or retroactive and ongoing coverage.

E. For an applicant to receive retroactive Medicaid, there must have been a medical need in the retroactive period.

Summary

Below is a summary of the information you have given us about your household. Please review to make sure that it is correct before continuing.

If a piece of information is incorrect, you can update it here. You can click 'Add', 'Change', or 'Remove' next to the piece of information you want to update.

About primary applicant ^

Household Member
Charlotte Advocacy

Sex/Gender
Female

Date of birth
1/1/2000

[Change](#)

Social Security Number
***-**-6789

Address
5535 ALBEMARLE RD, CHARLOTTE, NC,
28212, Mecklenburg County

Mailing address (if applicable)
--

Final steps

You may need to provide additional documentation so we can verify what you entered on your application.

If documentation is needed, you will receive a request from a Department of Social Services representative.

If you have an enhanced ePASS account, you can provide this documentation online.

We will alert you on your dashboard of documentation to provide after you submit your application.

If you do not have an enhanced ePASS account, you will have the chance to enhance your ePASS account after you submit your application.

You can also mail any required documentation to your county Department of Social Services.

Please include the application reference number you will be given when you submit your application.

Click next to continue

North Carolina residency declaration

To receive North Carolina Medicaid, you must be a resident of North Carolina. North Carolina requires a form of verification to determine you are a North Carolina resident. We attempted to verify state residency using electronic sources and/or agency records, but we were not able to.

If asked to verify North Carolina residency, are you able to provide any of the following items to verify residency?

- Valid North Carolina Driver's License.
- Identification card issued by the North Carolina Division of Motor Vehicles (DMV).
- Current North Carolina voter registration card.
- Document from the US Department of Veteran's Affairs, US Military or US Dept of Homeland Security, verifying your residence in North Carolina.
- Current lease, rent, or mortgage agreement or payment receipt showing your name and North Carolina address.
- Current utility bill in your name or spouse's name and North Carolina address.
- Current North Carolina motor vehicle registration in your name or spouse's name and North Carolina address.
- Document showing that you or your spouse is employed in North Carolina or have a job commitment. (Documents from a North Carolina Employer, US Military, US Dept of Veteran's Affairs, US Dept of Homeland Security or a North Carolina School)
- Document showing that you have registered with a public or private employment service in North Carolina.
- Tax records showing a current North Carolina address.
- Document showing that your children are enrolled in a public or private school or childcare facility located in North Carolina.
- Official North Carolina school records signed by school officials. or diplomas issued by North Carolina schools (including secondary schools).

< Save & Exit

Sign & Submit

Please read the information below. Check the boxes to show your agreement.

You must also enter your name as an electronic signature. An electronic signature is required to complete the process and to submit your application to the Department of Social Services.

I know that the information on this application is needed to determine eligibility for help paying for health coverage and/or Medicaid/NCHC and Social Security Numbers will be checked against electronic databases, Internal Revenue (IRS), Social Security, Department of Homeland Security, consumer reporting agencies, financial institutions and/or other government agencies, and the local office to determine if the information is correct. If any of the information is incorrect, assistance may be denied, and I may be subject to criminal prosecution for knowingly providing incorrect information. I agree to report to the local office any changes in income, assets, or living arrangements as required.

By checking this box, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.

I have read and understand the [Medicaid Notice of Privacy Practices \(en Español\)](#).

I have read and understand the [Medicaid Transportation Rights/Responsibilities \(en Español\)](#). If I require assistance with transportation for medical purposes, I will contact the Department of Social Services.

PAPER APPLICATION



How To Apply for NC Medicaid

[Versión en español](#)

Review the [eligibility guidelines](#). If you are not sure if you are eligible, we suggest you apply anyway.

There are many ways to apply. You can apply online, by phone, email, mail, fax, or in person. See below for more details.

You can apply at any time of the year. It can take up to 45 calendar days (or up to 90 calendar days for disability applications) for your local Department of Social Services (DSS) to make a decision on your application. It can take longer if your application is missing information.

Do not wait — apply now. You may be eligible for Medicaid health care coverage for the last 3 months of medical bills starting from the date you apply.

[About NC Medicaid](#)

[Eligibility](#)

[How To Apply](#)

[Copays](#)

[North Carolina Expands Medicaid](#)



Application for Health Coverage & Help Paying Costs



Use this application to see what coverage choices you qualify for

- **Affordable private health insurance plans that offer comprehensive coverage to help you stay well**
- A new tax credit that can immediately help pay your premiums for health coverage
- Free or low-cost insurance from Medicaid or North Carolina Health Choice (NCHC)
- You may qualify for a free or low-cost program even if you earn as much as \$94,000 a year (for a family of four)



Who can use this application?

- Use this application to apply for anyone in your family
- Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
- If you're single, you may be able to use a short form:
www.ncdhhs.gov/dma/medicaid/applications.htm
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
- If someone is helping you fill out this application, you may need to complete Appendix C.



Apply faster online

- **Apply faster online at <https://epass.nc.gov>**



What you may need to apply

- **Social Security Numbers (or document numbers for any legal immigrants who need insurance)**
- Employers and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family
- Proof of Identify
- Proof of NC Residence



Why do we ask for this information

We ask about your income and other information to let you know what coverage you qualify for, and if you can get any help paying for it. We'll keep all the information you provide private and secure, as required by law. To view the Privacy Act Statement, go to www.ncdhhs.gov/dma/medicaid/rights.htm

You can complete an application at your local DSS. Or you can fill out a [printable application](#) (DMA-5200) ahead of time. If you are a single adult without health care coverage from your employer, use the [“short form” application](#) (DMA-5201).





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