

1 10A NCAC 23G .0202 is proposed for readoption without substantive changes as follows:

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3 **10A NCAC 23G .0202 CORRECTIVE ACTIONS**

4 (a) Corrections in an applicant's or recipient's case shall be made by the county department of social services when:

- 5 (1) An individual was discouraged from filing an application, as described in 10A NCAC 23C .0101;
6 ~~application; or~~
- 7 (2) An appeal or court decision overturns an earlier adverse decision; ~~or~~
- 8 (3) The certification periods of financially responsible persons need to be adjusted to coincide with the
9 individual's certification period; ~~coincide; or~~
- 10 (4) Information received from any source ~~is verified~~ undergoes verification, as defined in 10A NCAC
11 23A .0102, by the county department of social services and is found to change the amount of the
12 recipient's deductible, patient liability, authorized period, ~~period~~ or otherwise affect the recipient's
13 eligibility status; ~~or~~
- 14 (5) Additional medical bills or ~~verified~~ medical expenses that are verified by the county department of
15 social services establish an earlier Medicaid effective date; ~~or~~
- 16 (6) The agency made an administrative error including; ~~due to:~~
- 17 (A) An eligibility error, as defined by 42 CFR 431.804, which is adopted and incorporated by
18 reference with subsequent changes or amendments and available free of charge at
19 <https://www.ecfr.gov/>, that resulted in assistance being incorrectly ~~Assistance~~ was
20 terminated or ~~denied; denied in error; or~~
- 21 (B) Failure to act ~~properly~~ on information received; or
- 22 (C) Incorrect determination of the authorization period, Medicaid effective date, or erroneous
23 data entry; ~~or~~
- 24 (7) Monitoring ~~of under~~ application ~~processing~~ processing by the Division of Health Benefits
25 (Division), as required by 42 C.F.R. 431, Subpart P, requirements determines shows an application
26 was denied, withdrawn, ~~withdrawn~~ or a person was discouraged from applying for assistance; or
27 assistance without following the requirements in Alexander v. Burton U.S.D.C., File No. C C 74-
28 183 M, Consent Order dismissed effective February 1, 2002.
- 29 (8) The ~~Division Medicaid Eligibility Section~~ determines the county failed to follow federal or state
30 regulations to authorize eligibility or follow requirements in this Chapter.

31 (b) Corrections in an applicant's or recipient's case shall be made by the Division ~~of Medical Assistance~~ when:

- 32 (1) Information is received from county departments of social services, medical providers, the public,
33 clients, or Division ~~of Medical Assistance~~ staff showing that a terminated case has errors in the
34 Medicaid eligibility segments, Medicare Buy-In effective date, eligible household ~~case~~ members,
35 Community Alternatives Program (CAP) ~~CAP~~ ~~or HMO~~ indicators and effective dates, ~~dates~~ or other
36 data that is causing valid claims to be denied; ~~or~~
- 37 (2) The county department of social services fails ~~refuses~~ to take required corrective actions; or

1 (3) An audit report from State auditors or the Division ~~hired by the county departments of social services~~
2 shows verified errors in the Medicaid eligibility history. ~~history or recipient identification number.~~

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4 *History Note: Authority G.S. 108A-54; 108A-54.1B; 42 C.F.R. 431.246; 42 C.F.R. 431, Subpart P; 42 C.F.R.*
5 *435.903; 435.904; ~~Alexander v. Bruton, U.S.D.C., File No. C C 74 183 M, Consent Order~~*
6 *~~dismissed effective February 1, 2002;~~*
7 *Eff. June 1, 1990;*
8 *Temporary Amendment Eff. March 1, 2003;*
9 *Amended Eff. August 1, 2004;*
10 *Transferred from 10A NCAC 21A .0602 Eff. May 1, 2012; ~~2012~~.*
11 *Readopted Eff. May 1, 2019.*