

1 10A NCAC 23G .0204 is proposed for readoption with substantive changes as follows:

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3 **10A NCAC 23G .0204 RESPONSIBILITY FOR ERRORS**

4 (a) The Division of ~~Health Benefits (Division) Medical Assistance~~ shall be financially responsible for costs resulting
5 from the erroneous issuance of benefits and Medicaid claims payments when:

6 (1) Policy guidance ~~interpretations~~ given by the Division of ~~Medical Assistance~~ or its agents is ~~are~~
7 erroneous and the Division determines that is the sole cause of any erroneous benefits or payments;

8 ~~or~~

9 ~~(2) Information Services operations staff fail to manually remove Medicaid ID cards from outgoing~~
10 ~~mail subsequent to the county DSS's timely authorization of a termination or reduction in benefits;~~

11 ~~or~~

12 ~~(2)(3)~~ A systems failure at the State state computer center occurs on the last cutoff date of the month
13 preventing the county DSS from data entering case terminations or adverse actions; or

14 ~~(3)(4)~~ Any other failure or error the Division determines is attributable solely to the State state occurs.

15 (b) The county department of social services shall be financially responsible for costs resulting from the erroneous
16 issuance of benefits and Medicaid claims payments when it:

17 (1) Authorizes retroactive eligibility outside the dates permitted by regulations or Rule .0203 of this
18 Section; ~~or~~

19 (2) Fails to send required notices of patient liability or deductible balance to medical providers; ~~or~~

20 (3) Fails to end-date special coverage indicators such as Community Alternatives Program (CAP) ~~CAP~~;
21 ~~or HMO~~ in the State state eligibility information system; ~~or~~

22 (4) Enters an authorization date in the eligibility system that is earlier than the effective ~~determined~~ date
23 of eligibility; ~~or~~

24 (5) Fails to determine the availability of or fails to ~~data~~ enter data on third-party resource information
25 in the State state eligibility information system; ~~or~~

26 (6) Terminates a case or individual after the Medicaid ID card has been issued; ~~or~~

27 ~~(7) Issues a county typed Medicaid ID card that has erroneous dates of eligibility; or~~

28 ~~(7)(8)~~ Fails to initiate application for Medicare Part B coverage for recipients who are eligible, but refuse
29 or are unable to apply for themselves; or

30 ~~(8)(9)~~ Takes any other action that requires payment of Medicaid claims for an ineligible individual, for
31 ineligible dates, dates or in for an amount that includes a recipient's liability and for which the State
32 ~~state~~ cannot claim federal participation.

33 (c) The amounts to be charged back to the county department of social services for erroneous payments of claims
34 shall be the State state and federal shares of the erroneous payment, not to exceed the lesser of the amount of actual
35 error or claims payment.

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37 *History Note: Authority G.S. 108A-25.1A; 108A-54; 108A-54.1B; 42 C.F.R. 433.32; 42 C.F.R. 435.903; 435.904;*

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Transferred from 10A NCAC 21A .0604 Eff. May 1, 2012; ~~2012~~.

Readopted Eff. May 1, 2019.