North Carolina Department of Health and Human Services
Division of Medical Assistance
2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

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

January 13, 2010

Dear County Director of Social Services:

RE: MQC Pilot FY2010

The Division has received approval from the Centers for Medicare and Medicaid Services to conduct the specialized Medicaid Quality Control Pilot project for the active and negative samples during the FY 2010 sampling period. All 100 counties will be sampled during the pilot.

During the sampling period, we will conduct targeted corrective action desk reviews of active Aged, Blind and Disabled (ABD) cases and Medical Assistance to Families with Dependent Children (MAF) cases. The targeted corrective action reviews will focus on the evaluation of documentation and verification of income and resources. In addition to the active sample, a random sample of negative actions will be reviewed to determine if Medicaid or NC Health Choice coverage was properly evaluated when assistance was terminated or denied. The negative sample universe will include application denials and case terminations for all Medicaid, NC Health Choice, Special Assistance and Work First cases.

Results of the reviews of the cases will be shared with the counties. When deficiencies or errors are found in the cases, the county will be required to submit corrective action to DMA Quality Assurance and the MPR within 60 calendar days of notification of the QC findings. The MPR will follow up with the county within the 60-day period to ensure that corrective action has been implemented. The county and the MPR will submit a description of the corrective action taken to DMA Quality Assurance via Zixmail on the DMA-7003, Corrective Action Report for the negative cases and on the DMA-7005, Corrective Action Report for the active cases. Copies of these forms are attached.

If you have any questions regarding this information, please contact Jeryl Anderson in DMA Quality Assurance at 919-647-8000 or via email at Jeryl.Anderson@dhhs.nc.gov.

Sincerely,

Craigan L. Gray, MD, MBA, JD

Attachments

North Carolina Division of Medical Assistance – Quality Assurance

DEPARTMENT OF SOCIAL SERVICES

CORRECTIVE ACTION REPORT

County:	Date:
Case Name:	EIS Case ID #:
QC Review Month:	QC Review #:

County's Response
(Please complete all information)

Error Corrected: ☐ Yes If checked, describe action taken.
☐ No If checked, explain reason no correction was made.

Corrective Action Taken: ☐ Yes If checked, describe action taken.
☐ No If checked, explain reason no correction was made.

Name: Title: Date:

ZixMail Response to: at @dhhs.nc.gov
, MPR at

DESCRIPTION OF CORRECTIVE ACTION PLAN FOLLOWUP
(To Be Completed by MPR):

MPR: **Date of Contact with DSS:**

DEPARTMENT OF SOCIAL SERVICES
CORRECTIVE ACTION REPORT

Complete and return by: .
Zixmail to: @dhhs.nc.gov

QC Review #	EIS ID #	Case Name	Problem Corrected? Check Yes or No	Action Taken *If No is checked, explain why no action taken* *If Yes is checked, describe action taken*
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	

Name : Title: Date:

Note: A copy must be submitted via Zixmail to your Medicaid Program Representative.

DEPARTMENT OF SOCIAL SEVICES CORRECTIVE ACTION REPORT
MEDICAID PROGRAM REPRESENTATIVE FOLLOW-UP

Complete and return via Zixmail by .
Zixmail to: @dhhs.nc.gov in DMA Quality Assurance

County Name:	**Date of QC Summary Findings Letter:**

Description of Corrective Action Plan *To be Completed by MPR*

MPR: **Date of Contact:**