

North Carolina Department of Health and Human Services Division of Medical Assistance

Pat McCrory Governor Richard O. Brajer Secretary

Dave Richard Deputy Secretary for Medical Assistance

November 20, 2015

SUBJECT: Patient Monthly Liability Corrections

Dear County Director of Social Services:

The purpose of this letter is to clarify the process for submitting requests for "Patient Monthly Liability" (PML) amounts that need correction due to various reasons.

Currently, caseworkers are required to manually issue a DMA-5016, Notification of Eligibility for Medicaid/Amount and Effective Date of Patient's Liability for all long term care and PACE cases. The completed DMA-5016 must be sent at the time the case is authorized (activated), as well as when a change decision is completed that impacts the PML. This requirement will continue until the DMA-5016 can be automated in NC FAST.

In certain situations, the PML must be corrected or updated. The reasons for updates are listed in MA-2270.V.C.10, Long Term Care Need and Budgeting. In addition, an adjustment may be needed due to a system issue.

When requesting a PML be updated in NCFAST by Claims Analysis, the DMA-5164, Change in PML request Memo, should indicate the amount the applicant/beneficiary was notified to pay with a short explanation of why the change is necessary. All DMA-5164 requests must include a copy of the DMA-5016 sent to the provider. This will ensure requests are processed timely and accurately. If a DMA-5164 is submitted without the explanation and copy of the DMA-5016, it will be returned to the county for resubmission with the required information.

If you have any questions, please contact the DMA Call Center at 1-888-245-0179.

Sincerely,

Dave Richard