



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DAVE RICHARD
DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

December 6, 2017

SUBJECT: Patient Monthly Liability and Medicaid Eligibility Corrections Forms

Dear County Director of Social Services:

The purpose of this letter is to notify county staff that the DMA-5164 and DMA-8020 have been revised. Effective December 11, 2017, all DMA-5164 and DMA-8020 forms **must be reviewed by a supervisor and must have the supervisor's signature.**

When requesting a PML correction to be updated in NC FAST by Claims Analysis Unit, caseworker must review Job Aids and consult with supervisors *before* submitting request to ensure all mandatory evidence has been applied to the case. The DMA-5164 form must indicate the amount the applicant/beneficiary was notified to pay with a specific explanation of why the change is necessary. All DMA-5164 requests must be accompanied by a copy of the DMA-5016 that was sent to the provider and copy of the appropriate notice that was sent to the recipient. This will ensure requests are processed timely and accurately.

When submitting a correction on DMA-8020 form, caseworker must review Job Aids and consult with supervisors *before* submitting request to ensure all mandatory evidence has been applied to the case. Be specific in your request (IE: exact dates, reason for request, etc.) and attach any documentation necessary to assist the Claims Analysis Unit to properly process your request. All needed changes must show in the ongoing benefit history.

Any DMA-5164 or DMA-8020 submitted without a valid explanation, copy of the DMA-5016, copy of the appropriate notice that was sent to the recipient or has not been reviewed and signed by the supervisor will be returned to the county to be resubmitted correctly.

If you have any questions, please contact the Medicaid Contact Center at 1-888-245-0179, option #3 for the Claims Analysis Unit.

Sincerely,


Dave Richard

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