

**Medicaid Eligibility Determination Timeliness**

**Session Law 2017-57, Section 11H.21.**



**Report to the**

**Joint Legislative Oversight Committee on  
Medicaid and NC Health Choice**

**and**

**Joint Legislative Oversight Committee on  
Health and Human Services**

**and**

**Fiscal Research Division**

**By**

**NC Department of Health and Human Services**

**November 1, 2017**

## **Table of Contents**

- I. Introduction
- II. Eligibility Determination Timeliness
  - (1) Statewide Annual Percentage of Applications Timely Processed
  - (2) Statewide Monthly Average Number of Days to Process Applications
  - (3) Annual Percentage of Applications Timely Processed by County
  - (4) Monthly Average Number of Days to Process Applications by County
  - (5) and (6) Number of Months Each County Met/Failed Timely Processing Standards
  - (7) Corrective Actions
  - (8) DHHS Assistance to County DSS Offices
- III. Conclusion
- IV. Appendices
  - Appendix A: Session Law 2017-57, Section 11H.21.
  - Appendix B: 42 CFR. § 435.912 Timely Determination of Eligibility.
  - Appendix C: N.C.G.S. Chapter 108A, Article 2, Part 10
  - Appendix D: Annual Timely Processing by County
  - Appendix E: Average Time to Process by County by Month

## I. Introduction

Session Law 2017-57, Section 11H.21. (see *Appendix A*), requires the Department of Health and Human Services (DHHS) to submit a report on Medicaid eligibility determination timeliness by county Department of Social Services (DSS) offices to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division by November 1 of each year for the prior fiscal year.

Federal regulations (see *Appendix B*) establish standards for eligibility determination timeliness that outline the maximum period of time in which applicants are entitled to a determination of eligibility for Medicaid. Under these regulations, applicants who apply for Medicaid on the basis of a disability (known as Medicaid Aid to the Disabled or MAD applicants) must receive a determination within **90 calendar days** of the date of application. All other applicants must receive a determination within **45 calendar days** of the date of application. In North Carolina, eligibility determinations are conducted at the county level by local DSS offices.

In April 2016, the North Carolina General Assembly's (NCGA) Program Evaluation Division (PED) released a report stating that in SFYs 2014 and 2015 there was a decline in the timeliness of NC Medicaid eligibility determinations due to challenges related to the North Carolina Families Accessing Services through Technology (NC FAST) system and the implementation of the Affordable Care Act. In January 2017, the Office of the State Auditor (OSA) also released a report entitled "North Carolina Medicaid Program Recipient Eligibility Determination," addressing the accuracy of Medicaid eligibility determinations in 10 sample counties. The report included a timeliness component, which revealed a timeliness error rate range from 0.8% to 26% for applications.

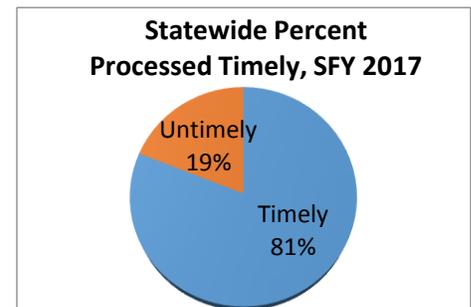
To address timeliness concerns, the NCGA passed legislation (see *Appendix C*) providing DHHS greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility determinations. DHHS noted measurable improvement in county timeliness in SFY 2016 and further improvement has been noted by the end of SFY 2017.

## II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2017 based on data from NC FAST.

### (1) Statewide Annual Percentage of Applications Timely Processed

The statewide percentage of Medicaid applications timely processed was 81%. This is an increase from 78% in SFY 2016, with 3.8% improvement.



**(2) Statewide Monthly Average Number of Days to Process Applications**

The statewide percent processed timely (PPT) for all Medicaid applications increased from 73% at the beginning of the fiscal year to 91% by June 2017.

The statewide monthly average number of days to process all Medicaid applications ranged from 29 to 50 days, with an annual average of 37 days. This is an improvement from the SFY 2016 annual average of 40 days. This has been divided by MAD and Other applications below:

- The statewide monthly average number of days to process MAD applications ranged from 49 to 65 days, with an annual average of 58 days. This is an improvement from the SFY 2016 annual average of 61 days.
- The Other applications ranged from 26 to 48 days, with an annual average of 34 days. This is an improvement from the SFY 2016 annual average of 37 days.

<b>Statewide Processing Time, SFY 2017</b>						
Month	MAD PPT	MAD APT	OTHER PPT	OTHER APT	TOTAL PPT	TOTAL APT
Jul-16	81	64	72	48	73	50
Aug-16	82	65	76	44	77	46
Sep-16	82	63	76	38	77	42
Oct-16	83	63	77	36	78	41
Nov-16	81	62	80	31	80	36
Dec-16	85	56	82	30	83	33
Jan-17	85	57	79	32	80	36
Feb-17	86	54	76	34	77	36
Mar-17	89	53	83	32	84	34
Apr-17	89	54	84	31	85	34
May-17	90	58	89	27	89	32
Jun-17	92	49	90	26	91	29
<b>SFY 2017 Average</b>	<b>85</b>	<b>58</b>	<b>80</b>	<b>34</b>	<b>81</b>	<b>37</b>

<b>Legend</b>	
MAD	– Medicaid Aid to the Disabled applicants
Other	– All other applicants
PPT	– Percent Processed Timely
APT	– Average Processing Time (Days)

**(3) Annual Percentage of Applications Timely Processed by County**

The annual percentage of applications timely processed by county DSS offices ranged from 62-97%, and 34 counties met overall annual timeliness standards. This is an improvement from SFY 2016, when the annual percentage of applications timely processed by county DSS offices ranged from 41-94%. For a complete list of percentages by county for SFY 2017 please see the *Appendix D* column titled Total-PPT (Percent Processed Timely), highlighted in yellow.

#### **(4) Monthly Average Number of Days to Process Applications by County**

The monthly average number of days to process applications by county ranged from 13 to 96. This is an improvement from SFY 2016, which ranged from 14 to 115. For a complete list of averages by county by month please see *Appendix E*.

#### **(5) and (6) Number of Months Each County Met/Failed Timely Processing Standards**

Three counties (Cherokee, Pasquotank, and Stanly) met the timely processing standards every month. Thirty-one counties met the timely processing standards 6 or more months out of the year. Twelve counties did not meet the timely processing standard any month. This is a 316% improvement from SFY 2016, where thirty-eight counties did not meet the timely processing standards for any month. For a complete list by county please see the *Appendix D* columns titled Months Standard Passed/Failed, highlighted in green and red.

#### **(7) Corrective Actions**

Under the new § 108A-70.41 (see *Appendix C*), DHHS was directed to enter into a joint corrective action plan with county DSS offices that fail to meet certain thresholds for timeliness. Per Session Law 2016-94, Section 12H.17.(f), this section became effective January 1, 2017.

Since July 2017, DHHS has been producing monthly report cards to provide the Average Processing Time (APT) and Percent Processed Timely (PPT) by county for MAD and Other applications, which includes all applications subject to the 45-day processing time. DHHS had developed an initial version of the report card in January, but counties identified concerns with the methodology for calculating certain metrics in the report card. DHHS worked with a group of twelve counties identified by the North Carolina Association of County Directors of Social Services (NCACDSS) to identify issues and validate the results. DHHS is now using the report cards to monitor county compliance each month and determine those counties that need a corrective action plan or other assistance and support. Corrective action plans will be required for any county that fails to meet standards for three consecutive months or for any five months out of a period of twelve consecutive months starting July 2017.

In preparation for implementation and as ongoing support, DHHS worked with county directors and other staff to provide assistance as noted below. The DHHS Operational Support Team (OST)

representatives monitor county performance and provide technical assistance for eligibility and business process issues through on-site visits and other methods.

### **(8) DHHS Assistance to County DSS Offices**

DHHS is committed to assisting county DSS offices in meeting timely processing standards for Medicaid applications. Current efforts to provide support and technical assistance include:

- Collaboration between DHHS/DSS County directors for:
  - Monthly NCACDSS (North Carolina Association of County Directors of Social Services) committee meetings and executive leadership meetings;
  - The annual Social Services Institute, including DHHS delivering workshops related to eligibility policy and NC FAST; and
  - Quarterly regional director meetings, as requested.
  - Specialized workgroups that include County Directors (through NCACDSS), County Staff, DHHS, such as:
    - Application Report Card work group, and
    - County staffing model work group;
- Utilization of a DHHS Operational Support Team (OST) to provide eligibility policy and technical support to the counties, including:
  - On-site visits to provide consultation and monitoring of performance reports;
  - Review of county processes and work flows;
  - Cluster meetings, including meetings held in August 2017, with counties across the state that focused on timeliness and other processing issues as well as other eligibility policy topics.
  - Regularly answering specific eligibility policy questions from counties;
  - Creating webinars and policy training;
  - Leading Lean events for business process improvement, as requested by counties; and
  - Identifying specific OST representatives to support Medicaid program issues, including application timeliness.
- Provision of an Eligibility and Case Maintenance system for all Public Assistance programs, including Medicaid, through NC FAST, which includes:
  - Regular communication on the functionality and processes available through the NC FAST system;
  - Training on system performance and navigation through virtual classroom and courses available on a learning gateway;
  - Basic navigation training, including competency scoring to inform local management for use in staff development;
  - Regular updates on collaboration with county directors and other DHHS leadership staff;
  - A helpdesk for reporting and resolving issues with NC FAST performance or functionality;
  - A helpdesk process for Medicaid applications approaching the due date; and
  - A mechanism to elicit county feedback to aid in prioritization of issue resolution and functionality deployment.

### **III. Conclusion**

As noted above, DHHS is employing staff and processes at varying levels to provide technical and policy support as county departments of social services work to meet State and Federal application processing standards and provide timely assistance to the eligible citizens of North Carolina. Primary support and tracking mechanisms include: OST on-site and off-site technical and policy support, DHHS monitoring of monthly report cards, DHHS collaboration with NCACDSS, proficiency training and testing modules at NC FAST, and a streamlined Help Desk process. With these efforts, DHHS expects to see continued improvement in Medicaid eligibility determination timeliness by the end of SFY 2018. Additional improvement has already been noted in the current SFY, as 70 counties met the application processing thresholds in July 2017 and 81 counties met the application processing thresholds in August 2017.

**Appendix A: Session Law 2017-57, SECTION 11H.21.**

**SECTION 11H.21.** Part 10 of Article 2 of Chapter 108A of the General Statutes is amended by adding a new section to read:

**"§ 108A-70.43. Reporting.**

No later than November 1 of each year, the Department of Health and Human Services, Division of Medical Assistance (DHHS), shall submit a report for the prior fiscal year to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division containing the following information:

- (1) The annual statewide percentage of Medicaid applications processed in a timely manner for the fiscal year.
- (2) The statewide average number of days to process Medicaid applications for each month in the fiscal year.
- (3) The annual percentage of Medicaid applications processed in a timely manner by each county department of social services for the fiscal year.
- (4) The average number of days to process Medicaid applications for each month for each county department of social services.
- (5) The number of months during the fiscal year that each county department of social services met the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (6) The number of months during the fiscal year that each county department of social services failed to meet the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (7) A description of all corrective action activities conducted by DHHS and county departments of social services in accordance with G.S. 108A-70.36.
- (8) A description of how the Department plans to assist county departments of social services in meeting timely processing standards for Medicaid applications, for every county in which the performance metrics for processing Medicaid applications in a timely manner do not show significant improvement compared to the previous fiscal year."

## **Appendix B: 42 CFR § 435.912 Timely Determination of Eligibility.**

- (a) For purposes of this section—
  - (1) “Timeliness standards” refer to the maximum period of time in which every applicant is entitled to a determination of eligibility, subject to the exceptions in paragraph (e) of this section.
  - (2) “Performance standards” are overall standards for determining eligibility in an efficient and timely manner across a pool of applicants, and include standards for accuracy and consumer satisfaction, but do not include standards for an individual applicant's determination of eligibility.
- (b) Consistent with guidance issued by the Secretary, the agency must establish in its State plan timeliness and performance standards for, promptly and without undue delay—
  - (1) Determining eligibility for Medicaid for individuals who submit applications to the single State agency or its designee.
  - (2) Determining potential eligibility for, and transferring individuals' electronic accounts to, other insurance affordability programs pursuant to §435.1200(e) of this part.
  - (3) Determining eligibility for Medicaid for individuals whose accounts are transferred from other insurance affordability programs, including at initial application as well as at a regularly-scheduled renewal or due to a change in circumstances.
- (c) (1) The timeliness and performance standards adopted by the agency under paragraph (b) of this section must cover the period from the date of application or transfer from another insurance affordability program to the date the agency notifies the applicant of its decision or the date the agency transfers the individual to another insurance affordability program in accordance with §435.1200(e) of this part, and must comply with the requirements of paragraph (c)(2) of this section, subject to additional guidance issued by the Secretary to promote accountability and consistency of high quality consumer experience among States and between insurance affordability programs.
  - (2) Timeliness and performance standards included in the State plan must account for—
    - (i) The capabilities and cost of generally available systems and technologies;
    - (ii) The general availability of electronic data matching and ease of connections to electronic sources of authoritative information to determine and verify eligibility;
    - (iii) The demonstrated performance and timeliness experience of State Medicaid, CHIP and other insurance affordability programs, as reflected in data reported to the Secretary or otherwise available; and
    - (iv) The needs of applicants, including applicant preferences for mode of application (such as through an internet Web site, telephone, mail, in-person, or other commonly available electronic means), as well as the relative complexity of adjudicating the eligibility determination based on household, income or other relevant information.
  - (3) Except as provided in paragraph (e) of this section, the determination of eligibility for any applicant may not exceed—
    - (i) Ninety days for applicants who apply for Medicaid on the basis of disability; and
    - (ii) Forty-five days for all other applicants.
- (d) The agency must inform applicants of the timeliness standards adopted in accordance with this section.
- (e) The agency must determine eligibility within the standards except in unusual circumstances, for example—
  - (1) When the agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
  - (2) When there is an administrative or other emergency beyond the agency's control.
- (f) The agency must document the reasons for delay in the applicant's case record.
- (g) The agency must not use the time standards—
  - (1) As a waiting period before determining eligibility; or
  - (2) As a reason for denying eligibility (because it has not determined eligibility within the time standards).

## **Appendix C: N.C.G.S. Chapter 108A, Article 2, Part 10**

Chapter 108A. Social Services.  
Article 2. Programs of Public Assistance  
Part 10. Medicaid Eligibility Decision Processing Timeliness.

### **§ 108A-70.36. Applicability.**

If a federally recognized Native American tribe within the State has assumed responsibility for the Medicaid program pursuant to G.S. 108A-25(e), then this Part applies to the tribe in the same manner as it applies to county departments of social services. (2016-94, s. 12H.17(b).)

### **§ 108A-70.37. Timely decision standards.**

The county department of social services shall render a decision on an individual's application for Medicaid within 45 calendar days from the date of application, except for applications in which a disability determination has already been made or is needed. For those applications, the county department of social services shall render a decision on an individual's eligibility within 90 calendar days from the date of application. (2016-94, s. 12H.17(b).)

### **§ 108A-70.38. Timely processing standards.**

(a) The Department shall require counties to comply with timely processing standards. The timely processing standards are the average processing time standards and the percentage processed timely standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40. The Department shall monitor county department of social services' compliance with these standards in accordance with this Part.

(b) For purposes of this Part, processing time is the number of days between the date of application and the date of disposition of the application, except in cases where an eligibility determination is dependent upon receipt of information related to one or more of the following:

- (1) Medical expenses sufficient to meet a deductible.
- (2) The applicant's need for institutionalization.
- (3) The applicant's plan of care for the home- and community-based waivers.
- (4) The disability decision made by the Disability Determination Services Section of the Division of Vocational Rehabilitation of the Department.
- (5) Medical records needed to determine emergency dates for nonqualified aliens.
- (6) The applicant's application or other information from the federally facilitated marketplace.
- (7) The applicant's application or other information in connection with an application for a Low Income Subsidy for Medicare prescription drug coverage.

In these cases, processing time shall exclude the number of days between the date when the county determines all eligibility criteria other than the criteria in subdivisions (1) through (7) of this subsection and the date when the county receives the information related to the criteria in subdivisions (1) through (7) of this subsection.

(c) Processing times for the following types of cases shall be excluded from the calculation of the average processing time and percent processed timely:

- (1) Newborns who are automatically enrolled based on their mother's eligibility.
- (2) Applications for individuals who are presumptively eligible for Medicaid.
- (3) Active cases in which an individual who is eligible for one program is transferred to another program, regardless of whether the transfer occurs between allowable or nonallowable program categories.
- (4) Cases in which an individual transfers from an open case to another case, including establishing a new administrative case for the individual.
- (5) Actions to post eligibility to a terminated or denied case within one year of the termination or denial.
- (6) Cases that are reopened because they were terminated in error or because reopening of the terminated case is allowed by policy.
- (7) Cases in which the eligibility decision was appealed and the decision was reversed or remanded.

(d) The Department may, in its discretion, exclude days, other than those required by subsection (b) of this section, from the calculation of processing time under this section if the Department determines that the delay was caused by circumstances outside the control of county departments of social services. The Department also may, in its discretion, exclude types of cases, other than those described in subsection (c) of this section, from the calculation of processing time. When the Department exercises its discretion pursuant to this subsection, the Department's determination regarding circumstances outside the control of county departments of social services and the Department's decision to exclude types of cases shall be applied uniformly to all county departments of social services. (2016-94, s. 12H.17(b).)

**§ 108A-70.39. Average processing time standards.**

(a) Average processing time is calculated by finding the processing time for each case that received a disposition during a given month and finding the average of those processing times.

(b) The standard for average processing time is 90 days for cases in which the individual has applied for the Medicaid Aid to the Disabled category (M-AD) and 45 days for all other cases. (2016-94, s. 12H.17(b).)

**§ 108A-70.40. Percentage processed timely standards.**

(a) Percentage processed timely is the percentage of cases that received a timely disposition in a given month. The percentage processed timely is calculated by expressing the number of cases during a given month with a processing time equal to or less than the standard set in G.S. 108A-70.37 as a percentage of the total cases receiving a disposition during that month. When the deadline for meeting the timely decision standard in G.S. 108A-70.37 falls on a weekend or holiday, an application that receives a disposition on the first workday following the deadline shall be considered timely for purposes of calculating the percentage processed timely.

(b) The Department is authorized to adopt rules to establish a percentage standard for each county department of social services that will be the percentage processed timely standard for that county department of social services. Until the Department adopts rules establishing percentage standards for each county, the percentage processed timely standards are those established in 10A NCAC 23C .0203 as of April 2016. (2016-94, s. 12H.17(b).)

**§ 108A-70.41. Corrective action.**

(a) If for any three consecutive months or for any five months out of a period of 12 consecutive months a county department of social services fails to meet either the average processing time standard or the percentage processed timely standard or both standards, the Department and the county department of social services shall enter into a joint corrective action plan to improve the timely processing of applications.

(b) A joint corrective action plan entered into pursuant to this section shall specifically identify the following components:

- (1) The duration of the joint corrective action plan, not to exceed 12 months. If a county department of social services shows measurable progress in meeting the performance requirements in the joint corrective action plan, then the duration of the joint corrective action plan may be extended by six months, but in no case shall a joint corrective action plan exceed 18 months.
- (2) A plan for improving timely processing of applications that specifically describes the actions to be taken by the county department of social services and the Department.
- (3) The performance requirements for the county department of social services that constitute successful completion of the joint corrective action plan.
- (4) Acknowledgement that failure to successfully complete the joint corrective action plan will result in temporary assumption of Medicaid eligibility administration by the Department, in accordance with G.S. 108A-70.42. (2016-94, s. 12H.17(b).)

**§ 108A-70.42. Temporary assumption of Medicaid eligibility administration.**

(a) If a county department of social services fails to successfully complete its joint corrective action plan, the Department shall give the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) at least 90 days' notice that the Department intends to temporarily assume Medicaid eligibility administration, in accordance with subsection (b) of this section. The notice shall include the following information:

- (1) The date on which the Department intends to temporarily assume administration of Medicaid eligibility decisions.
- (2) The performance requirements in the joint corrective action plan that the county department of social services failed to meet.
- (3) Notice of the county department of social services' right to appeal the decision to the Office of Administrative Hearings, pursuant to Article 3 of Chapter 150B of the General Statutes.

(b) Notwithstanding any provision of law to the contrary, if a county department of social services fails to successfully complete its joint corrective action plan, the Department shall temporarily assume Medicaid eligibility administration for the county upon giving notice as required by subsection (a) of this

section. During a period of temporary assumption of Medicaid eligibility administration, the following shall occur:

- (1) The Department shall administer the Medicaid eligibility function in the county. Administration by the Department may include direct operation by the Department, including supervision of county Medicaid eligibility workers, or contracts for operation to the extent permitted by federal law and regulations.
- (2) The county department of social services is divested of Medicaid administration authority.
- (3) The Department shall direct and oversee the expenditure of all funding for the administration of Medicaid eligibility in the county.
- (4) The county shall continue to pay the nonfederal share of the cost of Medicaid eligibility administration and shall not withdraw funds previously obligated or appropriated for Medicaid eligibility administration.
- (5) The county shall pay the nonfederal share of additional costs incurred to ensure compliance with the timely processing standards required by this Part.
- (6) The Department shall work with the county department of social services to develop a plan for the county department of social services to resume Medicaid eligibility administration and perform Medicaid eligibility determinations in a timely manner.
- (7) The Department shall inform the county board of commissioners, the county manager, the county director of social services, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) of key activities and any ongoing concerns during the temporary assumption of Medicaid eligibility administration.

(c) Upon the Department's determination that Medicaid eligibility determinations can be performed in a timely manner based on the standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40 by the county department of social services, the Department shall notify the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) that temporary assumption of Medicaid eligibility administration will be terminated and the effective date of termination. Upon termination, the county department of social services resumes its full authority to administer Medicaid eligibility determinations. (2016-94, s. 12H.17(b).)

## Appendix D: Annual Timely Processing by County

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2017								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Alamance	79	71	84	30	84	35	0	12
Alexander	90	43	86	28	87	31	7	5
Alleghany	95	51	92	24	92	28	8	4
Anson	90	55	89	26	89	32	8	4
Ashe	95	50	90	34	91	37	11	1
Avery	87	58	80	28	81	34	4	8
Beaufort	86	61	88	28	87	36	5	7
Bertie	88	72	84	35	85	46	3	9
Bladen	86	66	84	34	84	41	4	8
Brunswick	94	54	92	30	92	34	7	5
Buncombe	91	57	90	30	90	34	4	8
Burke	85	54	87	28	86	32	4	8
Cabarrus	90	58	86	33	87	36	3	9
Caldwell	86	62	86	27	86	32	3	9
Camden	96	44	92	26	93	28	8	4
Carteret	91	52	93	25	92	29	7	5
Caswell	87	50	89	24	89	28	7	5
Catawba	94	48	90	26	91	30	5	7
Chatham	89	51	86	32	86	34	4	8
Cherokee	96	48	97	24	97	29	12	0
Chowan	95	48	92	32	93	36	9	3
Clay	94	37	94	23	94	24	9	3
Cleveland	94	40	88	25	89	27	4	8
Columbus	86	59	84	32	84	38	0	12
Craven	92	47	90	30	91	33	4	8
Cumberland	70	69	82	27	80	33	0	12
Currituck	94	63	90	36	91	39	9	3
Dare	91	59	83	32	84	35	5	7
Davidson	89	56	89	28	89	33	4	8
Davie	82	47	80	33	80	35	4	8
Duplin	85	60	89	27	89	34	2	10
Durham	77	73	79	36	78	40	3	9
Edgecombe	93	43	82	34	84	36	4	8
Forsyth	84	58	76	36	77	38	2	10
Franklin	94	63	90	29	91	35	11	1

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2017								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Gaston	91	55	83	31	84	36	4	8
Gates	88	44	88	37	88	38	5	7
Graham	96	41	86	34	87	35	6	6
Granville	73	77	86	39	84	45	1	11
Greene	80	68	86	28	85	37	7	5
Guilford	86	57	82	30	82	34	3	9
Halifax	88	56	83	31	84	36	4	8
Harnett	78	60	83	29	82	33	1	11
Haywood	90	45	91	27	91	30	5	7
Henderson	88	52	87	31	87	34	2	10
Hertford	96	43	83	34	86	35	5	7
Hoke	82	58	59	50	62	51	0	12
Hyde	78	71	81	40	80	46	3	9
Iredell	85	62	85	36	85	38	2	10
Jackson	86	59	88	34	87	37	5	7
Johnston	94	41	92	29	93	31	11	1
Jones	76	74	80	31	80	36	3	9
Lee	90	52	89	28	89	32	8	4
Lenoir	92	39	86	25	87	28	1	11
Lincoln	90	60	89	28	89	36	7	5
Macon	86	68	86	31	86	36	6	6
Madison	88	59	79	32	81	37	2	10
Martin	83	59	84	31	83	36	2	10
McDowell	92	52	86	25	88	30	8	4
Mecklenburg	75	71	71	41	71	43	0	12
Mitchell	92	46	81	38	82	40	3	9
Montgomery	84	56	88	27	87	32	5	7
Moore	77	66	77	37	77	41	0	12
Nash	89	69	85	29	85	35	1	11
New Hanover	89	53	83	28	84	31	0	12
Northampton	87	62	77	38	79	45	4	8
Onslow	88	53	78	35	80	38	1	11
Orange	83	64	84	36	84	39	4	8

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2017								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Pamlico	79	65	81	33	80	40	4	8
Pasquotank	95	60	91	30	92	35	12	0
Pender	83	70	88	35	87	40	6	6
Perquimans	98	46	89	28	91	32	8	4
Person	85	55	83	32	83	37	4	8
Pitt	84	62	81	33	81	38	3	9
Polk	83	62	75	33	76	38	1	11
Randolph	89	57	86	30	86	34	4	8
Richmond	85	53	78	30	79	34	1	11
Robeson	86	52	83	30	84	35	2	10
Rockingham	90	56	89	29	89	34	6	6
Rowan	86	58	74	39	76	93	0	12
Rutherford	94	40	92	30	92	31	7	5
Sampson	91	61	87	29	87	34	5	7
Scotland	80	61	78	34	79	39	0	12
Stanly	92	41	91	23	91	26	12	0
Stokes	94	48	87	34	88	36	8	4
Surry	88	50	85	31	85	34	0	12
Swain	72	64	76	30	75	35	0	12
Transylvania	84	56	86	27	85	33	5	7
Tyrrell	89	60	95	32	94	37	9	3
Union	83	53	79	30	79	33	0	12
Vance	88	53	78	35	80	40	3	9
Wake	78	69	64	50	65	51	1	11
Warren	80	68	77	29	78	37	2	10
Washington	85	58	85	36	85	40	2	10
Watauga	77	66	76	37	76	40	2	10
Wayne	82	57	89	32	88	30	4	8
Wilkes	91	62	90	31	90	36	6	6
Wilson	84	57	84	34	84	39	1	11
Yadkin	91	60	91	32	91	36	9	3
Yancey	92	45	78	35	81	37	3	9

**Legend**  
MAD – Medicaid Aid to the Disabled applicants  
Other – All other applicants  
PPT – Percent Processed Timely  
APT – Average Processing Time (Days)

**Appendix E: Average Time to Process Applications by County by Month**

COUNTY	Average Processing Time (Days), SFY 2017											
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Alamance	51	38	37	32	34	32	34	28	34	31	32	34
Alexander	42	24	41	47	30	23	33	25	25	31	25	31
Alleghany	22	32	52	26	25	24	26	26	28	23	24	27
Anson	54	29	36	29	49	30	32	29	23	24	21	29
Ashe	36	44	43	45	35	36	34	35	32	38	36	34
Avery	54	24	37	31	38	24	30	40	42	29	31	30
Beaufort	49	44	44	44	36	33	33	29	24	24	36	29
Bertie	47	49	64	46	44	39	42	40	44	41	49	43
Bladen	40	29	44	51	37	29	39	41	48	45	51	39
Brunswick	33	44	35	37	30	29	32	35	38	33	31	29
Buncombe	38	40	37	41	31	27	35	32	33	34	34	34
Burke	33	33	35	41	35	28	32	32	33	30	30	29
Cabarrus	54	40	40	40	31	31	34	35	35	33	32	29
Caldwell	42	34	39	35	30	27	35	35	26	27	30	26
Camden	36	27	30	28	25	37	21	24	36	28	26	20
Carteret	32	40	30	34	31	25	26	28	29	25	25	27
Caswell	31	36	36	29	29	27	27	27	26	24	24	25
Catawba	33	34	37	33	32	29	29	28	24	23	25	24
Chatham	41	38	41	45	36	29	30	30	33	30	30	29
Cherokee	28	35	32	28	24	33	31	26	23	29	26	25
Chowan	41	52	34	37	33	36	35	38	34	35	32	25
Clay	25	35	27	21	24	24	28	16	27	15	23	23
Cleveland	32	28	34	31	30	25	26	27	24	25	26	23
Columbus	41	47	41	42	41	38	36	34	34	33	33	35
Craven	38	35	39	46	30	28	31	33	30	31	28	29
Cumberland	42	35	33	38	30	29	31	31	32	34	30	27
Currituck	39	45	53	40	36	34	39	33	40	36	39	32
Dare	45	55	49	30	24	28	35	33	38	40	29	33
Davidson	43	38	40	37	36	28	31	30	30	26	27	24
Davie	50	46	46	40	27	32	29	28	27	29	26	27
Duplin	31	31	38	37	37	35	35	32	34	34	28	25
Durham	70	43	43	44	36	35	38	37	37	32	31	31
Edgecombe	56	40	34	53	42	35	32	32	29	29	28	23
Forsyth	73	51	49	43	41	35	34	33	27	28	26	28
Franklin	41	35	36	33	32	29	32	35	35	35	37	36

	<b>Average Processing Time (Days), SFY 2017</b>											
<b>COUNTY</b>	<b>Jul-16</b>	<b>Aug-16</b>	<b>Sep-16</b>	<b>Oct-16</b>	<b>Nov-16</b>	<b>Dec-16</b>	<b>Jan-17</b>	<b>Feb-17</b>	<b>Mar-17</b>	<b>Apr-17</b>	<b>May-17</b>	<b>Jun-17</b>
Gaston	41	41	41	39	38	32	36	33	31	31	31	27
Gates	26	37	25	31	18	25	43	40	50	57	95	13
Graham	51	44	29	36	58	34	37	34	34	22	21	25
Granville	51	52	47	48	46	39	42	41	52	38	40	41
Greene	47	49	54	48	40	29	28	28	24	31	34	28
Guilford	42	40	36	35	32	32	36	35	34	29	30	26
Halifax	42	46	37	35	36	39	38	37	33	24	35	33
Harnett	36	46	31	28	31	29	33	32	32	38	34	28
Haywood	40	34	28	31	33	25	29	27	30	37	28	26
Henderson	37	38	44	35	31	32	34	28	31	33	32	30
Hertford	60	41	26	41	38	32	35	30	27	55	26	24
Hoke	57	73	56	67	52	64	53	34	54	25	40	38
Hyde	38	65	39	58	64	21	46	43	28	25	96	32
Iredell	50	46	46	44	35	34	37	35	34	33	31	32
Jackson	48	51	38	44	35	35	33	35	30	33	36	31
Johnston	45	37	33	36	25	28	28	28	28	27	30	29
Jones	29	24	35	54	34	20	34	41	36	43	15	61
Lee	39	45	40	39	34	26	29	28	28	29	25	28
Lenoir	33	32	29	33	32	26	27	29	25	21	28	25
Lincoln	43	46	36	41	31	30	32	34	37	31	32	30
Macon	34	38	47	43	37	40	40	30	32	30	26	28
Madison	44	34	33	29	32	48	33	44	28	38	40	43
Martin	44	39	42	38	41	30	36	30	32	39	32	30
McDowell	42	30	35	41	30	31	31	25	24	24	28	21
Mecklenburg	60	44	42	42	40	38	40	43	47	51	37	31
Mitchell	56	42	60	38	35	24	37	31	35	29	52	23
Montgomery	24	30	33	31	34	34	33	29	33	28	44	22
Moore	46	40	46	43	39	38	43	50	41	38	35	36
Nash	49	38	39	31	33	28	33	24	27	30	29	33
New Hanover	44	36	37	33	27	26	30	28	27	31	29	27
Northampton	59	49	42	48	39	44	52	37	34	36	47	32
Onslow	57	46	43	37	35	37	33	34	33	30	42	30
Orange	57	53	47	39	34	30	35	39	39	33	37	33

	<b>Average Processing Time (Days), SFY 2017</b>											
<b>COUNTY</b>	<b>Jul-16</b>	<b>Aug-16</b>	<b>Sep-16</b>	<b>Oct-16</b>	<b>Nov-16</b>	<b>Dec-16</b>	<b>Jan-17</b>	<b>Feb-17</b>	<b>Mar-17</b>	<b>Apr-17</b>	<b>May-17</b>	<b>Jun-17</b>
Pamlico	34	39	33	34	39	43	36	28	66	42	42	35
Pasquotank	39	41	32	37	33	34	46	33	34	29	27	36
Pender	57	39	50	45	37	33	35	37	39	37	38	40
Perquimans	26	42	49	47	26	27	29	29	32	32	25	22
Person	63	36	36	27	31	34	41	32	35	32	39	40
Pitt	52	44	41	44	40	35	33	33	31	31	32	28
Polk	40	69	54	37	41	26	24	32	32	32	31	28
Randolph	52	41	41	39	32	30	34	27	28	27	29	28
Richmond	35	39	32	34	33	34	31	30	37	29	42	33
Robeson	57	37	41	39	42	32	29	30	30	27	28	26
Rockingham	33	34	37	46	32	36	37	30	30	29	34	32
Rowan	61	50	51	47	39	36	36	35	36	35	39	32
Rutherford	36	36	34	35	35	29	29	29	26	28	31	27
Sampson	40	35	43	37	32	30	36	33	32	27	31	29
Scotland	33	49	49	39	36	37	42	39	40	42	34	26
Stanly	32	27	26	29	21	24	31	21	26	23	23	28
Stokes	48	39	37	39	37	34	30	30	37	36	35	29
Surry	41	34	40	46	30	30	32	32	31	31	33	29
Swain	33	32	38	46	42	31	33	32	33	34	30	34
Transylvania	36	38	52	36	27	24	27	29	34	29	32	31
Tyrrell	31	81	22	62	40	20	31	29	29	35	31	47
Union	32	26	34	37	28	27	33	37	39	40	29	26
Vance	45	44	50	48	39	34	35	37	34	29	44	34
Wake	71	95	56	48	46	44	47	54	36	33	33	33
Warren	38	27	39	39	48	39	43	28	37	40	38	32
Washington	74	43	42	30	39	43	36	50	29	30	40	26
Watauga	77	37	48	38	25	31	38	41	40	38	39	39
Wayne	34	34	45	41	29	22	29	26	25	22	25	22
Wilkes	42	42	46	40	37	33	34	30	33	30	37	31
Wilson	47	42	42	49	41	34	36	32	33	34	36	34
Yadkin	34	43	33	64	30	32	30	32	35	36	29	29
Yancey	31	34	47	47	39	42	37	33	37	29	24	28