

**NC Medicaid
NC MEDICAID-3136 I
INTERNAL QUALITY IMPROVEMENT PROGRAM ATTESTATION FORM**

INSTRUCTIONS

These instructions offer guidance for completing the Internal Quality Improvement Program Attestation Form and should be read in its entirety before completing the form. This form should ONLY be used by Providers to attest to their compliance with Clinical Coverage Policy 3L Section 7.7 Internal Quality Improvement Program. Completed Attestation Forms should be submitted electronically to NC Medicaid via Medicaid.PCSQualityImprovement@dhhs.nc.gov.

In accordance to Clinical Coverage Policy 3L Section 7.7 Internal Quality Improvement Program, Providers serving beneficiaries receiving PCS are required to complete and adhere to an organizational Quality Improvement Plan or set of quality improvement policies and procedures.

The NC Medicaid PCS program committee requires that Providers attest to items a. through d. of the Internal Quality Improvement Section of PCs Policy 3L and submit the form to NC Medicaid for recordkeeping.

PROVIDER TYPE

Attesting Providers must indicate on the form which of the general Provider cohort designations fit their organization.

SUBMITTER INFORMATION

Attestation forms cannot be processed if they are missing any of the information listed below:

- National Provider Identifier #
- Provider Name
- Provider/Requestor Address (including city, state, and zip)
- County
- Contact Phone Number
- Contact Fax Number (if applicable)
- Contact Email

INTERNAL QUALITY IMPROVEMENT REQUIREMENTS

Attesting Providers must review each requirement before initialing each item individually in the area provided.

SUBMISSION REQUIREMENTS

The NC Medicaid-3136 Internal Quality Improvement Program Attestation form must be completed, signed, and dated on or before December 31st for each calendar year.

Example: Attestation forms for 2015 are due to NC Medicaid on or before December 31st, 2015.

Attestation forms should not be submitted prior to the completion of requirements which include continuous quality improvement programs and activities conducted at least quarterly.

Complete the NC Medicaid-3136 and submit by email, or U.S. mail as noted below.

Email: Medicaid.PCSQualityImprovement@dhhs.nc.gov

Mail to: Personal Care Services
NC Medicaid
2501 Mail Service Center
Raleigh, NC 27699-2501

Do not submit materials directly to Medicaid Staff.