Print Form

Division of Medical Assistance

Medicaid Eligibility Corrections Form

Claims Analysis Unit
2501 Mail Service Center, Raleigh NC 27699
Phone 919-855-4045
Fax 919-715-0844

Date:	Beneficiary/Recipient Name:
County:	Beneficiary/Recipient ID/CNDS:
Requestor Name:	Date Error Keyed:
Requestor Email:	List Supporting Documents:
Requestor Contact Number:	

TYPE OF CORRECTION: CHECK ONE OF THE BOXES BELOW AND EXPLAIN. BE SPECIFIC.

NO OTHER REQUESTS WILL BE CONSIDERED

☐PACE Provider ☐CAP Code ☐County Code

☐Overlay Programs ☐Deductible ☐Living Arrangement

☐Exempt Code

Please explain the reason for the request:_____

_____

_____

_____

_____

State Internal Use Only:

☐ **DENIED: REASON BELOW** ☐ **APPROVED**

Claims Have Paid	
Conflicts with Policy	
Unfavorable To The Beneficiary	
No Supporting Documents	
Other	

Comment(s):_____

_____

_____

_____

_____

_____

HCC CAP Unit ONLY
CAP Eligibility Period:
(Circle the correct code): CAP Indicator Code: CI CS ID SD IN CM
Date and Signature of CAP Consultant:

Claims Analyst: _____

Date: _____

DMA-8020
7/2016

Instructions:

Counties are advised to reference Job Aids and consult with their County Liaison ***before*** submitting request to ensure all mandatory evidence has been applied to the case. ***You must be very specific in your request (ie: exact dates, reason for request, etc.) and attach any documentation necessary to assist the Claims Unit in their efforts to properly process your request.***

The DMA Claims Analysis Unit is responsible for following:

The following requests are to be submitted on a **DMA-5164** form only:

- **Patient Monthly Liability (PML)**: The DMA-5164 is for certain changes in PML amounts. **Submitted forms not within policy outlined in MA2270, Long term care will be denied and returned. Also, as advised in the Dear County Director Letter dated 11/10/2015, please attach a copy of the DMA-5016 with the DMA-5164. Any submitted DMA-5164 without an explanation and a copy of the DMA-5016 will be returned to the county to be resubmitted correctly.**

The following requests are to be submitted on a **DMA-8020** form only:

- **PACE**: Updates for the PACE provider, exempt code and/or living arrangement. The DSS must correct the ongoing month(s) *prior* to submitting a request or request will be denied and returned.

- **Community Alternatives Program (CAP) codes**: The DSS must correct the ongoing month(s) *prior* to submitting the request or request will be denied and returned. If the recipient is SA, please include all necessary documents for the approved CAP program.
  - *NOTE: If the special coverage code is "blank, CC, CI, CM, or C2, on the Benefit History, it can be overlaid by the county with the correct coverage, or if no CAP coverage has been displayed for previous months, including retro, the caseworker can key the coverage from the CAP begin date (per NCFast Business Team).*

- **Program Overlay**: Submit the form when it is determined the beneficiary is eligible for ***an equal or greater benefit*** in the retro months and meets all policy guidelines. The DSS must correct the ongoing month(s) *prior* to sending request or request will be denied and returned.

- **Wrong County**: Submit the form when the case is authorized in the wrong county. The DSS must correct the ongoing month(s) *prior* to sending request or request will be denied and returned.

- **Deductible**: DMA only removes a deductible. The DSS is able to decrease. The DSS must correct the ongoing month(s) *prior* to sending request or request will be denied and returned.

- **Remove Eligibility**: **Must call the Claims Analysis Unit *immediately*** and **must send** form for documenting purposes. **Claims can only remove eligibility *the day it is keyed into NC FAST*.**

- **Living Arrangement**: The DSS must correct the ongoing month(s) *prior* to sending request or request will be denied and returned.

- **Exempt Code**: The DSS must correct the ongoing month(s) *prior* to sending request or request will be denied and returned.