
AUTOMATED DMA - 5016

EIS 1063 - AUTOMATED DMA - 5016
REVISED 04/01/06 - CHANGE NO. 04-06

I. GENERAL INFORMATION

EIS automatically prints the DMA-5016 and mails it to the facility when the following actions process in EIS for individuals in long term care facilities:

- Enter or change PML amount
- Change case address
- Enter or change Facility Code
- SSA COLA mass change

EIS cannot print the DMA-5016 when the PML amount for the facility is not in EIS. Complete a manual DMA-5016 in the following situations:

1. Split liabilities-Enter the full PML amount and the code for either facility on the DB/PML screen. Send a manual DMA-5016 marked "CORRECTED" to both facilities.
2. When a case has a deductible balance (DB) and a PML for the same month-Send a manual DMA-5016 to the facility. Do not enter a PML for that month in EIS.

When the DMA Claims Analysis Unit makes a file correction that requires a DMA-5016, EIS automatically sends the DMA-5016 to the appropriate facility.

II. DETERMINING THE FACILITY CODE

A facility code is **required** when posting a PML amount on the DB/PML screen. A facility code is **not required** on the DSS-8125. Enter the facility code on the DSS-8125 when you want the DMA-5016 mailed to a facility other than the case address.

A facility code is **required** on the DSS-8125 for Special Assistance cases.

Follow the instructions below to display facility codes.

A. EIS Inquiry Menu Selection

1. From the EIS Inquiry Menu or any screen in EIS with KEY and SELECTION fields, enter **FI** in the SELECTION field and one of the following in the KEY field:
 - a. **Facility Name**-(Enter up to 10 characters.) All facilities whose names have the same first ten characters display alphabetically.

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II. A. 1. (CONT'D)

b. **Facility Type**-The types are:

"PSY" - Private Psychiatric Hospital
"SMH" - State Mental Hospital
"HOS" - Regular Hospital
"HSP" - Hospice
"IMR" - ICF-MR
"NSG" - Nursing Home
"DOM" - Domiciliary Care (These codes are for
Special Assistance only.) Do not use
"DOM" codes for long term care.

All facilities of the specified type display
alphabetically.

c. **County number**-(00 - 99 and "OS" for out-of-
state). This is the county where the facility
is located. All facilities in the specified
county display alphabetically.

d. **Facility Code**-The specified facility's data
displays.

Press ENTER. The Facility Inquiry Screen displays.

2. **Facility Inquiry Screen**

Based on the KEY entered, an alphabetical list of
facility information displays. In order to locate a
particular facility, you may need to scroll forward or
backward. Press PF8 to scroll forward. Press PF7 to
scroll backward. Press PF3 to return to the EIS
Inquiry Menu.

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II. A. 3. (CONT'D)

The following is a sample of this screen:

EJA979-2	ELIGIBILITY INFORMATION SYSTEM		DATE: 01/12/06
	FACILITY INQUIRY/UPDATE SCREEN		TIME: 16:01:17
FACILITY CODE:	XXX	FAC TYPE/DESC:	NSG NURSING HOME
LICENSE NO:	XXXXX	PROVIDER NO:	XXXXXXX
OPEN DATE:	01/01/47	EFF DATE:	01/01/96
CLOSED DATE:		EXP DATE:	12/31/96
FACILITY NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
FACILITY ADDR1:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
FACILITY ADDR2:			
FACILITY CITY:	XXXXXXXXXXXXXXXXXX	STATE:	XX ZIP: XXXXX
FACILITY COUNTY:	XX		
FACILITY PHONE:	XXXXXXXXXXXXXX		
SITE ADDR:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
SITE CITY:	XXXXXXXXXXXXXXXXXX	STATE:	XX ZIP: XXXXX
ADDRESS TYPE:	M	SCU ALZHEIMERS:	N SA ELIGIBLE: N
MED. CERTIFIED:	Y	CIVIL RIGHTS AGREE:	N
SELECTION:	KEY:	PF3-CANCEL	
MSG:	INQUIRY COMPLETE		

a. **Facility Code** - Alpha-numeric and system generated. The facility code is only used by EIS to generate the DMA-5016. It is not used by the facility for billing or by the Division of Facility Services(DFS). Enter this code on the DSS-8125 or DB/PML screen. The DMA-5016 is mailed to the facility whose code is entered.

NOTE: Ensure you enter the correct facility code. Do not confuse an alpha character with a numeric character, for example, the letter O instead of the number 0.

- b. **License No.** - Assigned by the Division of Facility Services (DFS) when a facility is licensed.
- c. **Provider No.** - The facility's Medicaid provider number.
- d. **Open Date** - Date the facility was licensed by DFS.
- e. **Eff Date** - Effective date of the last license renewal completed by DFS.
- f. **Exp Date** - Date the facility's license is due for renewal.

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II. A. 3. (CONT'D)

- g. **Closed Date** - If the facility is closed, this is the date the facility closed. If the facility is open, this space is blank. When a facility is closed, you may only enter the facility code on the DSS-8125 or DB/PML screen for a month when the facility was open.
- h. **Address Type** - There are two addresses listed on the screen.

Address Type-"M"-EIS mails the DMA-5016 to the facility's mailing address.

Address Type-"S"-EIS mails the DMA-5016 to the facility's site address. The site address is the physical location of the facility according to DFS's system. The facility may choose to have the DMA-5016 sent to their site address.
- i. **Cert Indicator** - "Y" indicates a facility is Medicaid certified. "N" indicates the facility is not Medicaid certified.
- j. **SCU Alzheimers** - "Y" indicates a facility contains Special Care Unit Alzheimer beds. "N" indicates the facility does not contain Special Care Unit Alzheimer beds.
- k. **SA Eligible** - "Y" indicates the facility is SA eligible. "N" indicates the facility is not SA eligible. This field can only be "Y" when the Facility Type is DOM.
- l. **Civil Rights Agree** - Applicable to Special Assistance only. A "Y" indicates a Civil Rights Agreement has been signed. The domiciliary facility is not displayed for county viewing until the agreement has been signed and updated with a "Y".

Press PF3 to return to the previous screen.

B. CROSS REFERENCE TABLE IN X/PTR

- 1. The "**DHREJ FACILITY TABLE**" in NCXPTR is a cross reference to the facility table in EIS. This list is useful when you may not have the exact name of the facility. It lists the provider name as well as the name of the facility as it appears on the facility's license.

Display the report. Enter F (Space) and any part of the name or address of the facility to the right of "COMMAND". Press ENTER. XPTR searches for the first entry that includes the specified data. If this is not the facility for which you are searching, press PF5 to repeat the search command.

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II. B. 1. (CONT'D)

EXAMPLE: You know the facility as Granville County Group Home, but cannot locate it in the Facility Table in EIS. In NCXPTR, display the "DHREJ FACILITY TABLE". To the right of the COMMAND line, enter F (space) 'Granville'. Press ENTER. Data for Charles Rollins Road Facility-Henderson displays as the facility name. The provider name is Granville County Group Home.

```
DHREJ FACILITY TABLE      96/04/12 01:09:45  PAGES: 1/609
COMMAND ==> f 'granville'          SCROLL ==> FULL
-----1-----2-----3-----4-----5-----6-----7-----8
      DEPARTMENT OF HUMAN RESOURCES          PAGE: 001
      DMA / DSS
      CROSS REFERENCE FACILITY-TABLE

FACILITY CODE: 98G              FACILITY TYPE: DOM
FACILITY NAME:   A & B FAMILY CARE
FACILITY ADDRESS1: 603 N. BEAUMONT AVENUE
FACILITY ADDRESS2:
FACILITY CITY:   BURLINGTON          STATE: NC  ZIP: 27215

SITE ADDRESS:   603 N. BEAUMONT AVENUE
SITE CITY:      BURLINGTON          STATE: NC  ZIP:

PROVIDER NAME:
```

Enter the find command. Press ENTER.

The following screen displays:

```
DHREJ FACILITY TABLE      96/04/12 01:09:45  PAGES: 106/609
COMMAND ==>                  SCROLL ==> CSR
-----1-----2-----3-----4-----5-----6-----7-----8

FACILITY CODE: D16              FACILITY TYPE: IMR
FACILITY NAME:   CHARLES ROLLINS ROAD FACILITY-HENDERSON
FACILITY ADDRESS1: 125 CHARLES ROLLINS ROAD
FACILITY ADDRESS2:
FACILITY CITY:   HENDERSON          STATE: NC  ZIP: 27536

SITE ADDRESS:   125 CHARLES ROLLINS ROAD
SITE CITY:      HENDERSON          STATE: NC  ZIP: 27536

PROVIDER NAME:   GRANVILLE COUNTY GROUP HOME

FACILITY CODE: 17C              FACILITY TYPE: DOM
FACILITY NAME:   CHARLOTTE FAMILY CARE HOME
FACILITY ADDRESS1: 1235 E. BARDEN ROAD
FACILITY ADDRESS2:
FACILITY CITY:   CHARLOTTE          STATE: NC  ZIP: 28226
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II. B. 1. (CONT'D)

NOTE: THE PROVIDER NAME IS THE LAST LINE OF INFORMATION DISPLAYED FOR A FACILITY. PRESS PF7 TO VIEW OTHER DATA FOR THE FACILITY. IN THIS EXAMPLE, THE DATA FOR GRANVILLE COUNTY GROUP HOME IS SHADED.

2. "DHREJ FACILITY TABLE-ADMIN" is for DMA and state DSS use only.

C. Facility not found

1. If you do not find a LTC facility in the table in EIS nor in NCXPTR and the facility is a Medicaid provider, contact EIS staff at DMA. Refer to [EIS 1200](#) for the telephone number. It is helpful to have the facility's Medicaid Provider number when you call.
2. If you do not find a domiciliary care facility in the table in EIS nor in NCXPTR and the facility is an adult care home, contact **the Division of Aging and Adult Services at (919) 733-3818**. It is helpful to have the facility's license number when you call.

III. FACILITY CODE VALIDATION

EIS validates the facility code when a DSS-8125 or the DB/PML screen is entered.

If the code is valid, the facility name displays at the bottom of the DSS-8125 or DB/PML screen. Ensure that the facility name displayed is the facility that should receive the DMA-5016 for that particular month.

If the code is not valid, the error message "INVALID FACILITY CODE" displays. Recheck the code in the facility table.

NOTE: Facility codes with a facility type "DOM" are only valid for Special Assistance.

IV. SAMPLE AUTOMATED DMA-5016

The automated DMA-5016 is printed on an 8 1/2" by 11" sheet. EIS prints and mails DMA-5016's daily. EIS issues a consolidated DMA-5016 when different PML amounts for different months for the same facility are processed on the same day, either on the DSS-8125 or the DB/PML screen.

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IV. (CONT'D)

Below is a sample of the automated DMA-5016 form.

P.O. Box 2429 FAYETTEVILLE NC 28302			
DMA-5016		NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE CUMBERLAND COUNTY DEPARTMENT OF SOCIAL SERVICES	
NOTIFICATION OF AMOUNT AND EFFECTIVE DATE OF MEDICAID PATIENT'S LIABILITY			
			BRIAN CENTER PO BOX 1096 BREVARD NC 28712
PATIENT'S NAME:	JOHN R SMITH		
CASE ID:	89649179		
MEDICAID ID:	9000467218L		
DISTRICT:	001		
WORKER:	MTM		
DATE PRINTED:	04/01/96		
	FROM	TO	AMOUNT
PML FOR MONTH(S) OF CHANGE:	12/95	01/96	0125.00
	02/96	02/96	0145.00
	03/96	03/96	0135.00
PML UNTIL FURTHER NOTICE:	04/96		0150.00

V. **PML REGISTER**

NCXPTR contains a cumulative list of all automated DMA-5016's issued by EIS. The report name is "DHREJA PML REGISTER" and is updated nightly. The list is sorted by EIS Individual ID. Within the Individual ID, the DMA-5016's are listed in print date order. This report does not consolidate cross referenced ID's. The DMA-5016's sent for each individual ID are listed under that ID number.

Refer to [EIS 1061](#) for instructions for NCXPTR. Display the report.

Use the page command to move forward through the report. To the right of the COMMAND line, enter P (space) XXXX. (XXXX is the page number you wish to view.) Press ENTER. The requested page displays. Use this command to move through the report until you are near but before the data you wish to view.

From the COMMAND line, enter F (space) 'XXXXXXXXXX' (XXXXXXXXXX is the EIS Individual ID number you wish to view). Due to system limitations, XPTR searches a maximum of 200 pages for a find request of this type. Press "PF5" to repeat the find command until the requested data displays.

EIS retains a record of each DMA-5016 forever. You do not receive a paper copy of the automated DMA-5016 or the PML Register.