

DMA **ABD**

CHANGE NOTICE FOR MANUAL NO. 16-08

DATE: JUNE 23, 2008

Manual: Aged, Blind, and Disabled Medicaid
Change No: 16-08
To: County Directors of Social Services
Program Integrity Supervisors and Staff
Medicaid Supervisors and Caseworkers
Effective: July 1, 2008

I. BACKGROUND

The Aged Blind Disabled Medicaid Manual Change Notice 02-03, issued July 19, 2002 updated section MA-2900 Recipient Fraud and Abuse Policies and Procedures. Since 2002, many policy changes have occurred and affected the Fraud and Abuse section.

II. CONTENT OF CHANGE

A. The instructions on how to request Medicaid Recipient Profiles have been updated.

1. Instructions to request regular Medicaid Recipient Profiles and Profiles for Transfer of Assets overpayments have been updated. Instructions to request Profiles for Family Planning Waiver claims have been added.
2. Instructions have been added on how to handle calls from persons such as attorneys or law enforcement officers requesting Medicaid Recipient Profiles.
3. The DMA-7097, Recipient Request and Authorization to Disclose Health Information form, has been developed to allow requests for profiles from recipients or their authorized representative. The DMA-7098, Recipient Request and Authorization to Disclose Health Information form, has been developed for social workers to request profiles needed in the investigation of abuse cases.
4. A reference was added regarding XPTR report FRD 470, Medicaid Profile Follow-Up Case Management Report. This report identifies claims for which a follow-up profile must be requested.
5. Recipient Medicaid Profile Claim status codes U, 1, 4, and 5 have been added to the Claim Status table. These codes indicate whether claims containing these codes are counted in the total claim amount.

B. Clarification has been added to MA-2900 VIII. Calculating Overpayments.

1. A clarification has been added to state that changes in income must be reported within 10 calendar days of the receipt of the changed income.

2. The example on how to compute an overpayment due to unreported income has been updated.
 3. Policy on overpayments due to transfer of assets has been updated. Two examples have been added to illustrate how to compute transfer of assets overpayments occurring before and after 11/01/07.
 4. A clarification has been added to state that the cash portion of a Special Assistance overpayment is not entered in EPICS.
- C. Section MA-2900 X. Notices has been streamlined and combined with Section MA-2900 XI. Appeals.
- D. Income, Reserve and Medicare tables have been updated to include amounts for the last 10 years.
- E. Reference to the North Carolina Education Lottery has been added to the NC Debt Setoff section.
- G. North Carolina Administrative Codes have been updated in MA-2900 II. Legal Responsibility and References.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy clarification is effective July 1, 2008.

IV. MAINTENANCE OF MANUAL

- A. Remove: MA-2900, Fraud and Abuse Policy and Procedures, Table of Contents, pages 1-87, and Attachments 2a , 2b , 2c , 2d , 3, 5, and 6.**
- B. Insert: [MA-2900](#), Fraud and Abuse Policy and Procedures, [Table of Contents](#), pages 1-90, and [Attachments 2a](#), [2b](#), [3](#), [5](#), and [6](#).**

If you have questions about this policy, please contact your county's Medicaid Program Representative or the Quality Assurance Section at (919) 647-8000.

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Acting Director

(This material was researched and written by Dora Boissy, Recipient Investigations Coordinator, Quality Assurance Section)