

**Department of Health Benefits  
Medicaid Eligibility Corrections Form  
Phone 919-813-5580 Fax 919-224-1070**

- Please reference “DHB Queue for Claims” Job Aid to upload request in NC FAST.
- Counties are advised to reference Job Aids and consult with supervisors **before** submitting request to ensure all mandatory evidence has been applied to the case.
- Incomplete forms will be denied.
- All **Patient Monthly Liability (PML)** change requests need to be submitted on a **DMA-5164** with an attached **5016**.
- Requests should be in line with policy guidelines.
- DSS should be able to correct future benefits prior to submitting a request; **THIS UNIT CANNOT CORRECT FUTURE BENEFITS.**
- **Please give the PDC that supports each request and attach any Supporting Documentation.**
- DSS should be able to Overlay a lesser benefit with a greater benefit.....(ex. MAFD to MAFC)

-----**NO OTHER REQUESTS WILL BE CONSIDERED**-----

Date:	Beneficiary/Recipient Name:
County:	Beneficiary/Recipient ID/CNDS:
Requestor Name:	Date Error Keyed:
Requestor Email:	<b>Information Needed for Request to be Reviewed (but not Limited to) for example:</b> <i>Dates for Correction: 00/00/0000 – 00/00/0000                  Directive: Change Living Arrangement from 50 to 10                  Brief Reason for request: Client left SNF to home</i>
Requestor Contact Number:	

Check the Type of Request and Give Directive with Brief and Clear Explanation for change in the area provided: (See example above to complete request)

<b>Remove Eligibility:</b> Check the box if eligibility was originally keyed as an error in <b>NC FAST TODAY</b> . <b>DSS MUST CALL THE DSS SUPPORT UNIT at 919-813-5580</b> and submit the DMA-8020 form <b>IMMEDIATELY the same day</b> . <b>The request must be received NO later than 4:30pm on the date the error was keyed.</b>
<b>Community Alternatives Program (CAP) codes:</b> Update Cap Code in Benefit History. Please attach DHB 2193 CAP MEMORANDUM Form.
<b>Program Overlay:</b> Overlay for <b>an equal OR greater benefit</b> and meets all policy guidelines (ex: MPW to MAFC).
<b>Wrong County:</b> Update (residential/admin) in Benefit History. <b>Note:</b> County correction must be initiated by the county sending the request.
<b>PACE:</b> Update PACE Provider in Benefit History.
<b>Deductible:</b> Update Deductible Amount in Benefit History.
<b>Living Arrangement:</b> Update Living Arrangement.
<b>Exempt Code:</b> Update Managed Care PCP Exemption.

\*Print Supervisor's name: \_\_\_\_\_ \*Supervisor's E-mail: \_\_\_\_\_  
 \*Supervisor's Telephone #: \_\_\_\_\_

-----**STATE INTERNAL USE ONLY**-----

**Denied**

**Approved**

Comments:

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Processed by: \_\_\_\_\_ Date: \_\_\_\_\_