

Change in PML Request Memo

MANDATORY - All requests MUST be reviewed and signed by a supervisor.
DHB 5016 MUST be attached with appropriate notice or request will be returned.

Same Day PML Correction:

Email DSS Support at Medicaid.DSSCorrections@dhhs.nc.gov and Submit Form in NC Fast, No later than 6:30pm

FROM: _____, IMC _____ COUNTY DSS

CONTACT #: _____ IMC EMAIL: _____

SUBMISSION DATE: _____ RE: BENEFICIARY NAME: _____

CNDS: _____ **PDC THAT SUPPORTS REQUEST:** _____
(REQUIRED)

FROM AND THRU DATES FOR PML CORRECTION: _____

PML AMOUNT NEEDED: _____ INCORRECT PML AMOUNT IN NCFAS: _____
ex. N/A (No PML) or \$0.00 amount

FACILITY NAME: _____

PLEASE CHECK ALL THAT APPLY:

ADD THE WORDS **(Patient Monthly Liability In Benefit History)**

REMOVE THE WORDS **(Patient Monthly Liability In Benefit History)**

COMBINE SEGMENTS: IF SO, WHICH SEGMENTS (DATES): _____

CHANGE LIVING ARRANGEMENT ... **FROM CODE:** _____ **TO CODE:** _____ **(no dates)**

PART I: Please indicate the policy reason the PML has been changed.

- Client deceased in month of change and the PML revised for deduction of unmet medical needs.(MA-2270, IX.C.2.a.)
- The a/b went home and must be re-budgeted the month of discharge to allow a deduction for maintenance of the home. (MA-2270, IX.C.2.a.)
- The a/b went home unexpectedly within six months of admission and must be re-budgeted for prior months as well as month of discharge. (MA-2270, IX.C.2.a., and V.D.3.)

NOTE: If the PML must be "split" between two or more facilities, but the total amount has not changed, DHB does not need to be notified. Refer to MA-2270, IX.D. for procedures to split a liability.

PART II: Approval to Correct an Understated/Overstated PML, per the following policy guidelines in MA-2270, V.C.10.c. which state:

c. If the county causes an error, delay, or fails to complete change within 30 days and it results in:

- (1) An understated PML (PML should have been higher) -- Do not increase PML for past months. Document in the record the reason for the error and take no further action.
- (2) An overstated PML (PML should have been lower) -- Do not decrease PML for past months:
 - (a) If the beneficiary was able to pay the overstated PML, deduct as an unmet medical need the difference owed back to the beneficiary from a future month(s) liability, OR
 - (b) If the beneficiary was unable to pay the overstated PML and **the outstanding balance owed to the nursing facility cannot be cleared out by adjusting PML for two months**, request prior approval through Medicaid DSS Support Unit to change the overstated PML(s) using DHB-5164. Any adjustment amount may be charged to the county.

Be specific, **describe the reason** for the necessary change and attach documentation **including DHB-5016** and the appropriate notice:

Reviewed by Supervisor (print name): _____

Supervisor Signature: _____ Date: _____