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Department of Health Benefits Medicaid Eligibility
Corrections Form
Medicaid.DSSCorrections@dhhs.nc.gov

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➢ Please reference **"DHB Queue for Claims"** Job Aid when uploading request in NC FAST.
➢ Counties are advised to reference Job Aids and consult with supervisors *before* submitting a request to ensure all mandatory evidence has been applied to the case.
➢ Incomplete forms will be denied and if benefits in error have populated in NC Tracks, request will be denied.
➢ Please **Only** submit 1 beneficiary per 8020 and upload the request on the person page of the person that needs the correction in Issues and Proceedings. (No Case Head)
➢ All **Patient Monthly Liability (PML)** change requests need to be submitted on the **DMA-5164 form** with an attached **5016.**
➢ Requests should be in line with the policy guidelines.
➢ DSS should be able to correct future benefits prior to submitting a request; **THIS UNIT CANNOT CORRECT FUTURE BENEFITS.**
➢ PDC is required for all requests to support the change in Benefit History, along with any supporting documentation, or request will be DENIED.
➢ DSS should be able to Overlay a lesser benefit with a greater benefit…….(ex. MAFD to MAFC)

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

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Date:	Only 1 Beneficiary/Recipient Name:
County:	Only 1 Recipient ID/CNDS #:
Requestor Name:	Date Error Keyed:
Requestor Email:	***Information Needed for All Requests to be Reviewed (but not Limited to)*** ***Example:*** ***Dates for Correction: 00/00/0000 – 00/00/0000*** ***Directive: Change Living Arrangement from 10 to 52*** ***Brief Reason: Client entered a Special Assistance Facility*** ***PDC: 000000000***
Requestor Contact Number:	

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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)

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Same Day Correction/Remove Eligibility: If benefits have changed from what is showing in NC Tracks **TODAY** or if Eligibility was keyed in error **TODAY**. **The request must be received NO later than 6:30pm on the date the error was keyed**. **With notification by email, listed above**. **Note:** If the benefits are not showing in NC Tracks, the complete benefit segment(s) will be removed.
Community Alternatives Program (CAP) codes: Attach DHB 2193 CAP MEMORANDUM Form.
Program Overlay: (ex: MICN to MAFC). Please give the classification along with the program.
Wrong County: County correction must be initiated by the county sending the request and give a valid reason for correction. Requests should not be over 3 months, including the current month.
PACE: Update PACE **PROVIDER NPI** in Benefit History. "Use 5164 with 5016 if PML Needs to be Corrected, with PACE enrollment/dis-enrollment form."
Deductible: Update Deductible Amount in Benefit History. Increasing a Deductible is not in favor of the beneficiary. Please review policy.
Living Arrangement: Update Living Arrangement. For PACE LA, please attach PACE enrollment/dis-enrollment form.
Exempt Code: Update Carolina Access PCP Managed Care Exemption. "This unit cannot update PHP Managed Care."

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

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

Denied   Approved

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DHB DSS Support Corrections Unit Comments:
_____
_____
_____
_____

Processed by DHB DSS Support Corrections Analyst: _____   Date: _____

DHB-8020
Revised 8/2023