

# **DHB ADMINISTRATIVE LETTER NO: 12-23, MEDICAID PROCEDURES FOR REQUESTING CORRECTIONS – DSS SUPPORT UNIT**

**DATE:** August 16, 2023

**SUBJECT:** Medicaid Procedures for Requesting Corrections –  
DSS Support Unit

**DISTRIBUTION:** County Departments of Social Services  
Medicaid Supervisors  
Medicaid Eligibility Staff

## **I. BACKGROUND**

This Administrative Letter provides reminders and guidance to local agency staff regarding the procedures to request corrections when errors are discovered, or benefit information is incorrect. Eligibility correction requests are to be submitted to the DSS Support Unit for completion. Local agency staff are responsible for ensuring that information regarding an individual's Medicaid eligibility is displayed correctly on the benefit history tab of the applicant/beneficiary's (a/b) person page in NC FAST.

Eligibility information found on the a/b's benefit history is transmitted nightly from NC FAST to NC Tracks. Medicaid providers access NC Tracks to verify Medicaid eligibility and submit claims for payment.

It is important to understand that once the eligibility information is transmitted to NC Tracks, benefits for the current or previous months cannot be reduced or removed by DSS Support in most cases. The information and updated guidance/procedures provided in this administrative letter should be followed by local agency staff to ensure that the a/b receives the benefits which they are eligible for.

## **II. NEW OR UPDATED PROCEDURES**

### **A. New Dedicated Email Address**

1. The DSS Support Unit now has a dedicated email address for local agency staff to utilize when it is necessary to submit same day requests for corrections to an individual's benefit history.

2. The email address is provided to replace the requirement for local agency staff to contact the DSS Support Unit by telephone.
3. Same day corrections refer to corrections to benefit history that occurred on that day. This is to prevent the erroneous information from being transmitted to NC Tracks. It is **imperative** that local agency staff review benefit history and request corrections as appropriate immediately after completing the action on the application or case that resulted in the error on benefit history.

**Example:** An application for long-term care (LTC) Medicaid is received in June. The caseworker approves and authorizes the LTC application at 4:00 PM on Tuesday, August 1. After reviewing the benefit history for the individual, the caseworker discovered that the patient monthly liability (PML) amount is incorrect for the month of application. The PML displayed on the individual's benefit history for June is \$0, however the eligibility check and determination tab (on the LTC product delivery case [PDC]) both indicate the PML should be \$500. After confirming that the \$500 PML is correct, the caseworker submits a DHB-5164 to the supervisor for a same day correction. The supervisor and caseworker work together to ensure that the DHB-5164 is submitted to the DSS Support Unit before 6:30 PM on Tuesday, August 1. After submitting the DHB-5164 in NC FAST, an email is sent to the email address provided below before 6:30 PM.

4. Caseworkers and supervisors should use the following address to alert DSS Support Unit staff that a correction is needed on the same day:  
[Medicaid.DSSCorrections@dhhs.nc.gov](mailto:Medicaid.DSSCorrections@dhhs.nc.gov).
5. All emails must include the following information in the subject line:

**Same day correction – PDC #(include appropriate number)**

6. Do **not** include personally identifiable information in the email. This includes the individual's name, date of birth, Social Security Number, CNDS number, or address. For cases that include multiple individuals, the individual's initials and age should be included to indicate which individual needs corrections. i.e., JD, 25 would indicate Jane Doe, 25-year-old applicant/beneficiary.

## **B. Same Day Corrections**

1. DSS Support Unit staff will continuously monitor the new email address throughout the day.
2. Caseworkers and supervisors who submit a same day correction request and email will receive an automatic response to confirm that the email was received. The response will read:

**Thank you for your email. A member of the DSS Support Unit will review your same day corrections request. If needed, we will contact you for more information or clarification. Otherwise, please check the individual's benefit history page for corrections and/or check the Issues and Proceedings, Claims Corrections tab in NC Fast periodically for approval or denial.**

**All other correction requests will be reviewed and processed. Please check the Issues and Proceedings, Claims Corrections tab in NC Fast periodically for approval or denial.**

**IMPORTANT Reminder - All same day correction requests should be entered into NC FAST along with email notification no later than 6:30pm. Any same day corrections requests not received by 6:30pm risks not being processed.**

3. After submitting a same day corrections request and email, the local agency must review the following information found in NC FAST on the individual's person page:
  - a. Benefit history to confirm the correction has been made.
  - b. Issues and Proceedings page, Claims Corrections tab to confirm if the request was approved or denied by the DSS Support Unit.
4. DSS Support Unit staff will contact the local agency if more information is needed. It is important that the contact information provided on the form is correct.
5. Same day corrections **must** be submitted along with email notification no later than 6:30 PM. Requests submitted after 6:30 PM may not be completed on the same day.

### **III. PROCEDURES**

#### **A. Forms and Processes - Overview**

When submitting the requests to the DSS Support Team, the following forms are to be used. Please review the information below to determine the appropriate form, when submitting a request for correction assistance to the DSS Support Unit. It is important to ensure that each form is properly completed with all relevant information, to avoid delays in making corrections and/or to avoid incorrect authorizations. Review instructions included on each form for how to complete and for which situations a form may be used.

1. [DHB-8020, Medicaid Eligibility Corrections Form](#): This form should be utilized for the following types of corrections requests:
  - a. Remove eligibility (please see instructions below – **same day corrections request** is required).
  - b. Community alternatives program (CAP) code corrections.
  - c. Program overlay requests.
  - d. Residential or administrative county corrections.
  - e. PACE provider updates or corrections.
  - f. Deductible updates or corrections.
  - g. Living arrangement code corrections.
  - h. Managed care exempt code corrections.
  
2. [DHB-5164, Change to PML Request Memo](#): This form is used when corrections are needed for patient monthly liability (PML) amounts for long-term care (LTC) beneficiaries and program of all-inclusive care for the elderly (PACE) beneficiaries. **Note:** when submitting the DHB-5164, the [DHB-5016, Notification of Eligibility for Medicaid/Amount and Effective Date of Patient's Liability](#), which supports the PML correction requested, must be submitted with the DHB-5164.
  
3. [DHB-5170, Request for Claims Override](#): This form is to be utilized when a Medicaid provider is unable to submit claims due to the claim for reimbursement with service dates that are over 12 months in the past. There are limited reasons for requesting a claims override:
  - a. Social Security/SSI disability approval after a Medicaid disability denial.
  - b. County or state hearing decision in favor of the a/b.
  - c. Court order in favor of the a/b.
  - d. County administrative error.
  - e. Application opened/reopened due to discouragement.
  - f. County DSS learned of approval of an SSI/SDX application.

## **B. Guidance Applicable for All Submissions to the DSS Support Unit**

1. Read and follow all instructions specific to the form being submitted.
2. Use the most recent/current form located in the forms library for [NC DHHS](#).
3. Refer to the NC FAST Job Aid: DHB Queue for Claims for instructions when submitting a request to the DSS Support Unit.
4. Prior to submitting a request to DSS Support, caseworkers and supervisors must:
  - a. Review ALL relevant policy sections to ensure that policy has been applied appropriately.
  - b. Review relevant NC FAST Job Aids to ensure that the case was processed following the appropriate NC FAST instructions and that all mandatory evidence has been applied to the case.
  - c. Review the eligibility check for accuracy **before** authorizing and activating the PDC.
5. Requests that are incomplete or submitted on the incorrect/outdated form will be denied.
6. The DSS Support Unit is **not** able to make corrections to future benefit segments.
7. All requests for corrections must include the product delivery case (PDC) number that has a determination supporting the request.
8. The form must include the reason the request is needed.

**Example:** The a/b is deceased. Caseworker recalculated the medically needy deductible amount which resulted in an earlier eligibility date. Please update the a/b's benefit history.

9. Documentation should be included in NC FAST regarding the action(s) that resulted in the need for the corrections request.

**Example:** caseworker authorized and activated PDC #987654321, LTC for J. Doe. The determinations on the PDC show a PML amount of \$1500 beginning 8/1. Upon review of benefit history for J. Doe, the PML displaying for 8/1 is \$0. DHB-5164, DHB-5016, and email for same day correction submitted.

### C. Same Day Corrections

1. Eligibility and benefit information is transmitted from NC FAST to NC Tracks nightly.
2. When the eligibility and benefit information has been received by and posted by NC Tracks, the DSS Support Unit will **not** be able to remove or change the benefit history in most situations.
3. It is imperative that caseworkers review the benefit history for each beneficiary **immediately** upon case activation.
4. When the eligibility information displayed on the individual's benefit history does not align with the expected/approved eligibility, the corrections request **must** be submitted on the **same day** the error/discrepancy is processed in NC FAST.

**Example:** caseworker approves an application for LTC Medicaid with a PML of \$500 per month. Upon approval and case activation, the caseworker discovers that there was an error when entering evidence which resulted in the a/b being assigned a PML of \$300 per month. The caseworker **MUST** contact the DSS Support Unit on the day the case was activated to request that the erroneous amount be updated, but only after ensuring all relevant evidence has been corrected/updated.

5. When a same day correction is required, the caseworker and supervisor must take the following steps:
  - a. Complete the appropriate corrections request form. Ensure the form has all required information, including an explanation for the request and a supervisor signature when applicable.
  - b. Upload the request in NC FAST. Refer to the NC FAST Job Aid: DHB Queue for Claims.
  - c. Email the DSS Support Unit at [Medicaid.DSSCorrections@dhhs.nc.gov](mailto:Medicaid.DSSCorrections@dhhs.nc.gov). (The email replaces the previous guidance/requirement to call the DSS Support Unit.)
  - d. The request and email **must** be submitted no later than 6:30 PM on the day the error was keyed.

### D. DHB-8020

1. When requesting eligibility removal due to an error discovered after the case activation, caseworkers and supervisors **must** follow the instructions in III.C. above to have eligibility removed.

2. All DHB-8020 requests should include:
  - a. Date of DHB-8020 submission.
  - b. Beneficiary name and CNDS number.
  - c. County information, including name, email, and phone number to contact if more information is needed by the DSS Support Unit.
  - d. A **complete and clear** explanation for the change.
  - e. Supporting documentation and/or forms as applicable. (PDC number, additional forms such as the DHB-2193 CAP Memorandum, Help Desk response if a ticket was submitted, etc.)
3. If the case includes multiple a/bs and corrections are needed for more than one a/b, a separate DHB-8020 must be submitted on the individual a/b's person page for each a/b.

**Example:** PDC includes three children. Each child has an incorrect county displaying on the benefit history page in NC FAST. The caseworker must generate three separate DHB-8020 forms and upload each to the appropriate child's person page in NC FAST.
4. If the needed change is for eligibility in future months/segments, the county should be able to manage the case and evidence in NC FAST to correct the future eligibility. If assistance is needed with corrections to **future segments**, contact the NC FAST Help Desk.

#### **E. DHB-5164**

1. Thorough review of [MA-2270, Long Term Care Need and Budgeting, V.C.10](#), is suggested **prior** to submitting a DHB-5164 for PML correction.
2. When completing the DHB-5164, ensure that the following is included:
  - a. Beneficiary name and CNDS number.
  - b. County information, including name, email, and phone number to contact if more information is needed by the DSS Support Unit.
  - c. Specific dates and amounts for the requested PML correction.
  - d. The actions/corrections being requested: Add/remove PML, combine segments, and/or change living arrangement code.
  - e. Specific explanation for the requested changes and why they are needed.

- f. **Supervisor signature** is required. The signature indicates that the supervisor is confirming that they have reviewed the case and the requested correction, the relevant policy has been followed, and the supervisor is approving the request for correction.
3. When an error or discrepancy related to the PML amount is discovered:
    - a. A DHB-5016 with a PML amount that does not match the PML displayed on the benefit history, should not be sent to the facility. They must match, **prior** to sending the DHB-5016 to the facility to avoid any provider claim issues.
    - b. If the PML is understated on the benefit history, it is **imperative** that the local agency contact the DSS Support Unit on the **same day** by email (see above) **after** making the necessary corrections to the case to obtain the correct PML (if necessary). The DSS Support Unit is not authorized to increase the PML for the current or prior months if the request is received after the date of PDC activation.
    - c. If the PML is overstated on the benefit history, review policy found in MA-2270.V.C.10.c. to determine if the overstated amount can be offset by utilizing unmet medical needs (UMN) for one or two future months. If not, the local agency must contact the DSS Support Unit and submit a DHB-5164. Refer to II.H.1.f. for detailed instructions.

#### **F. DHB-5016**

1. Caseworkers should generate the DHB-5016 in NC FAST in most cases. If the PML amount expected based on the caseworker's calculations does not match the PML amount displayed on the individual's benefit history, the DHB-5016 should **not** be mailed until the discrepancy has been resolved.
2. When attaching the DHB-5016 to the DHB-5164 for PML corrections, the DHB-5016 amount must match the requested PML amount.

#### **G. DHB-5170**

The DHB-5170 is used in limited situations when a Medicaid provider is unable to submit or be reimbursed for claims for services on dates older than 12 months. Follow policy in [MA-2395, Corrective Action and Responsibility for Errors.](#)

#### **H. Reminders:**

1. Unmet medical needs (UMN) reminders:



- a. When an a/b or their representative report a change to the a/b's UMN amount, the change is effective no earlier than the month **after** the month the change was reported.
- b. If the change in UMN results in an **increased** PML, timely notice requirements must be followed.
- c. If the change in UMN results in a decreased PML, adequate notice applies.
- d. It is important to note that failure to complete the change for the UMN prior to the second to the last day of the month before the change is effective will result in a delay in the effective date of the change.

**Example:** The caseworker updates the evidence and generates the appropriate notice which results in a lower PML effective August 1; however, the caseworker does not accept the "on hold" decision until July 31. The PML change will not be effective until September 1. The caseworker must follow the steps in II.H.1.f., below to ensure the a/b is reimbursed for the overstated amount.

- e. Changes must be reacted to within 30 calendar days. If necessary, use an additional UMN deduction to ensure that the a/b is reimbursed for any overstated PML amount that occurs during the process of verifying and completing the change.

**Example:** a/b reports that they now have a dental policy, that will be effective June 1. The a/b reported this to the caseworker on May 25 but did not provide verification. The caseworker requested verification which was provided on June 2. The UMN verified is \$100 per month. Because the change could not be verified and completed prior to the second to the last day of May, the PML for June does not reflect the \$100 UMN. The caseworker should follow the steps in III.H.1.f. below.

- f. When a PML cannot be reduced for the correct month for any reason, including county error, the following steps should be followed to ensure that the a/b is reimbursed for the overstated PML amount.

- (1) Determine the overstated amount of the PML.

**Example:**

- PML for August = \$1000
- UMN provided July 30, for August 1, and ongoing = \$200 per month.
- Change completed August 15, effective September 1, reduced PML = \$800.

- Overstated PML calculation for August = \$1000 - \$800 = \$200.

(2) Compare the overstated amount to the ongoing PML amount.

**Example (continued from above):**

- Ongoing PML amount: \$800
- Overstated PML amount: \$200

(3) If the overstated amount is:

(a) Equal to or less than the amount of one or two months PML(s), continue with step (4) below.

- Overstated amount: \$1000
- Monthly PML: \$500 x two months = \$1000
- Continue to step (4) **Do not submit the DHB-5164 to the DSS Support Unit.**

(b) Greater than the amount of the PML for two months, submit the DHB-5164 with a detailed explanation of why the PML for one or more current/past months should be reduced by the DSS Support Unit.

- Overstated amount: \$1500
- Monthly PML: \$500 x two months = \$1000
- Submit the DHB-5164 to the DSS Support Unit.

(4) Enter UMN evidence to reduce the PML for one, or when necessary, two months.

**Example (continued from above):**

- Additional UMN evidence for September = \$200.

(5) Ensure that the one-time UMN expense evidence is end dated appropriately in NC FAST.

**Example (continued from above):**

- One-time UMN expense evidence start date: September 1.
- One-time UMN expense evidence end date: September 30.

(6) Follow adequate notice procedures for the month(s) that the PML is reduced.

**Example (continued from above):**

- Adequate DSS-8110 notice is generated in NC FAST.
- The DSS-8110 must notify the a/b of the PML amount for September.
- Verify the PML amount on the DSS-8110 is correct prior to mailing the notice.
  - Original amount: \$1000
  - Subtract the ongoing UMN: \$200
  - Subtract the one-time UMN: \$200
  - September PML amount: \$600

- (7) Follow timely notice procedures for the month after the month that the one-time deduction ends.

**Example (continued from above):**

- Timely DSS-8110 notice is generated in NC FAST.
- The DSS-8110 must notify the a/b of the PML for October and ongoing.
- Verify the PML amount on the DSS-8110 is correct prior to mailing the notice.
  - September PML amount: \$600
  - Add the amount of the one-time UMN that ended September 30: \$200
  - October and ongoing PML: \$800

2. Reserve reduction reminders:
- a. When an a/b reduces their reserve/resources during the application process, caseworkers must follow guidance found in **NC FAST Job Aid: Reserve Reduction** to ensure that the reduction is applied correctly.
  - b. It is **imperative** that the caseworker marks the application for “Reduce Resources” **before** the application is approved.
  - c. If the caseworker fails to mark the application appropriately, benefits will be issued erroneously for dates prior to the reduction in resources. To prevent erroneous issuance of benefits, the county **must** follow the procedures in II.C. above to have the erroneous segment removed the **same day** the application is approved.
  - d. The DSS Support Unit **cannot** remove benefits after the segment has been posted in NC Tracks.

3. Living Arrangement reminders
  - a. When the a/b enters a hospital prior to moving to a LTC facility, the caseworker **must** enter living arrangement evidence to reflect the hospital stay.
  - b. It is important to enter the evidence with all relevant information, including the Medicaid reimbursement rate for hospital.
  - c. Failure to enter the relevant information may result in PML errors.


NC FAST has advised that failing to enter the Medicaid reimbursement rate on the hospital living arrangement may result in the first month's PML being calculated incorrectly, using spenddown deduction calculations. This will result in an overstated PML being posted to the individual's benefit history.

- d. Follow instructions found on NC FAST Job Aid: Long Term Care Budgeting/PML.

#### IV. IMPLEMENTATION

Procedures in this DHB Administrative Letter are effective upon receipt.

If you have any questions regarding this information, please contact your [Medicaid Operational Support Team representative](#).

DocuSigned by:  
  
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Jay Ludlam  
Deputy Secretary, NC Medicaid