

CHANGE NOTICE FOR MANUAL NO. 06-21, BENEFICIARY FRAUD AND ABUSE POLICY AND PROCEDURES

DATE: FEBRUARY 12, 2021

Manual: Aged, Blind, and Disabled Medicaid
Change No: 06-21
To: County Directors of Social Services
Program Integrity Supervisors and Staff
Medicaid Supervisors and Caseworkers

I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has revised and updated the Medicaid policy section, MA-2900, Beneficiary and Abuse Policies and Procedures. This change notice includes general language/terminology revisions, policy amendments and updates to Program Integrity forms.

II. POLICY UPDATES

A. General language/terminology throughout MA-2900 has been revised to replace/add:

1. Recipient to beneficiary.
2. References to County Department of Social Services/local DSS with local agency/agency.
3. Division of Medical Assistance to Division of Health Benefits (DHB).
4. References to legacy EIS and EPICS terminology with NC FAST terminology.
5. OVS included to all references for Online Verification System (OLV).
6. Division of Medical Assistance Program Integrity Coordinator with DHB Program Integrity Beneficiary Fraud Consultant.
7. Office of Compliance and Program Integrity telephone and fax numbers.
8. Family Planning Waiver with Family Planning Program.
9. References for all PI forms from DMA to DHB.
10. PI report references from FRD to EPI.

B. The following sections of MA-2900, have been amended:

1. **II.C.**, corrects the NC Administrative Code to 10A NCAC 22F.0706.
2. **III.D.1.**, adds the reference 108A-25 to Statutes Governing Confidentiality.
3. **III.D.3**, corrects the federal reference for Section 1137(5)(A), 435.940ff.
4. **V.A.1., V.A.3., and V.A.4.g.**, adds to policy the various application types.
5. **V.A.2.**, adds the fraud prevention requirement to examine the case history and documentation prior to conducting a review.
6. **VI.D.2, VII., and XIV.**, defines date of discovery for referrals, sets a time requirement for completion of investigations and claim establishments to within 180 days from the date of discovery. For court case claims, 30 days from the court disposition.
7. **VI.E.1.**, adds SCUBI, The Work Number and Asset Verification System (AVS) to computer matches.
8. **VII.B., and VII.C.**, adds requirements to place all investigative documentation and evidence on the Investigative Case (IC) in NC FAST.
9. **VIII.B.4.**, updates example for excess income.
10. **VIII.D.1.e**, adds when a case with a transfer of assets that occurred on or after November 1, 2007, should be referred to Program Integrity.
11. **VIII.D.10.b.**, updates example for case with a transfer of assets that occurred on or after November 1, 2007.
12. **VIII.E.**, adds policy on when to establish a Special Assistance Medicaid overpayment. Also adds note that the Special Assistance cash payment is not a Medicaid benefit.
13. **IX.F.1.**, adds requirement for the DHB-7058 (Investigative Summary) to be attached to the NC FAST IC for unsubstantiated cases or the NC FAST Product Liability Case (PLC) for substantiated cases.
14. **X.**, adds requirement for the manual DHB-7059 (Notice of Change in Overpayment for Medical Assistance) to be attached to the NC FAST PLC.
15. **XI.**, adds policy for voluntary repayment agreement negotiations to be repaid in full within 36-60 months. Also, adds hardship clarification.
16. **XV.E.3.b.**, updates valid statuses for the NC Debt Setoff/Intercept screen.
17. **XVI.A.**, clarifies the purpose of the beneficiary profile.
18. **XVI. B.1.c.**, updates policy to include when and where beneficiary profiles requested for fraud cases are available in NCTRACKS.
19. **XVI.D.1.c.**, adds reference to the Payment Summary page of profile and what is listed on the page.

20. **XVI.D.2.a.**, updates policy to reflect NCTRACKS retains claims history for 10 years from the date of payment for most claims.
21. **XVI.D.3.**, updates policy to reflect claims information included on the beneficiary profile.
22. **XVI.F.**, updates the Claim Page Header Descriptions, Claim Types, Claim Status and Medicaid Service Codes. Also, adds examples for Provider Summary Information, Payment Summary, and Date of Service Summary.
23. **XVI.F.6.**, adds Cross Reference ID Summary and example.
24. **XVII.**, corrects the federal citation for Social Security Act 1137, 435.940ff.

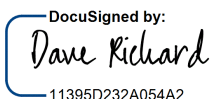
C. Program Integrity forms have been updated as follows:

1. All forms are interactive.
2. Replaces terminology for EIS or EPICS with NC FAST terminology.
3. Replaces recipient with beneficiary.
4. Changes references for County Department of Social Services to local agency/agency.
5. Makes all PI forms begin with DHB instead of DMA.
6. **DHB-7059** (Notice of Change in Medicaid Overpayment), includes additional reasons for a change in the overpayment amount and/or period.
7. **DHB-7063** (Medicaid/ NCHC Beneficiary Profile Request), provides current contact information for DHB OCPI.
8. **DHB-7097**(Beneficiary Request and Authorization to Disclose Health Information), adds Beneficiary to the title of form.
9. **DHB-7098** (Local Agency Request and Authorization to Disclose Health Information), adds Local Agency to the title of form.

III. EFFECTIVE DATE AND IMPLEMENTATION

This change is effective upon receipt.

If you have questions regarding this policy, please contact the Beneficiary Fraud staff with the OCPI Quality Assurance Section at Medicaid.PI.Questions@dhhs.nc.gov.

DocuSigned by:

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Dave Richard
Deputy Secretary, NC Medicaid