

CHANGE NOTICE FOR MANUAL NO. 05-11, RECIPIENT FRAUD AND ABUSE POLICY AND PROCEDURES

DATE: FEBRUARY 25, 2011

Manual: Family and Children's Medicaid
Change No: 05-11
To: County Directors of Social Services
Program Integrity Supervisors and Staff
Medicaid Supervisors and Caseworkers
Effective: March 1, 2011

I. BACKGROUND

In July 1, 2010, the Division of Medical Assistance eliminated the monthly fee or premium to the State Employee Health Plan (SEHP) for every child enrolled in the NC Health Choice (NCHC) program. As a result of this change, overpayments for NCHC will be based on actual medical services paid during the period of ineligibility instead of the monthly premium amount.

This change notice updates the process of determining overpayments for North Carolina Health Choice, as well other minor changes to section, MA-3535, Recipient Fraud and Abuse Policy and Procedures, of the Family and Children's Medicaid Manual.

II. CONTENT OF CHANGE

MA-3535, Recipient Fraud and Abuse Policy and Procedures, is revised to include:

- A. Changing the name of the DMA-7063 to the Medicaid/NCHC Recipient Profile throughout.**
- B. Adding to VI.B., the requirement to enter a pending referral into EPICS for referrals within 7 days of the date of the referral for Quality Assurance referrals.**
- C. Changes have been made to the example in the Calculating the Overpayment policy in VIII.B.3.c.**
- D. Instructions and examples have been added to IX, on how to determine overpayments for NC Health Choice occurring prior to July 1, 2010 and those occurring on or after July 1, 2010.**

- E. The requirement to send a request to the DMA Recipient Investigations Coordinator to release tax intercepts, make key changes to the debtor detail screen and the appeal indicator field has been added to XI.B., XIII.D.5., and XVI.E and F.**
- F. The address and phone number change for the Office of Administrative Hearings (OAH) in XVI.E.1.b.(2).**
- G. Updates to the income, reserve, and, Medicare tables.**

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective with all fraud referrals received on or after March 1, 2011.

IV. MAINTENANCE OF MANUAL

- A. Remove: MA-3535, Recipient Fraud and Abuse Policy and Procedures, pages 13-16, 21-28, 31-52, 55-56, 65-76, Attachments 2a and 3.**
- B. Insert: [MA-3535](#), Recipient Fraud and Abuse Policy and Procedures, pages 13-16, 21-28, 31-52, 55-56, 65-76, [Attachments 2a](#) and [3](#), effective 03/01/11.**

If you have any questions about this policy, please contact your county's Medicaid Program Representative or the Quality Assurance Section's Recipient Investigations Unit at 919-647-8000.

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Director

(This material was researched and written by Angela Saddler, Recipient Investigations Coordinator, Quality Assurance Section)