



North Carolina Department of Health and Human Services
Division of Medical Assistance

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craigian L. Gray, MD, MBA, JD, Director

September 17, 2010

RE: 2010 NC Health Choice Denial CARR

Dear County Director of Social Services:

The purpose of this letter is to notify counties that DMA Quality Assurance will be conducting the 2010 Special NC Health Choice Denial Corrective Action Record Review (CARR) Project during September and October, 2010.

During the sampling period, we will conduct targeted corrective action desk reviews of applications for children that were denied Medicaid and NC Health Choice. The corrective action reviews will focus on the evaluation of documentation and verification of application denials.

Results of the corrective action reviews of the denied applications will be sent to the county via Zixmail. Within 30 calendar days of notification of the QC findings, the county is required to complete the DMA-7006, Corrective Action Report and submit the DMA-7006 to the Medicaid Program Representative (MPR). The MPR will follow up with the county to ensure that appropriate corrective action has been implemented. The MPR will submit the county's corrective action plan and the details of the MPR's follow up with the county to DMA-Quality Assurance within 75 calendar days of the date shown on the DMA-7006.

If you have any questions regarding this information, please contact Jeryl Z. Anderson in DMA Quality Assurance at 919-647-8000 or via email at Jeryl.Anderson@dhhs.nc.gov.

Sincerely,

Craigian L. Gray, MD, MBA, JD

CLG/slb
Attachment



**DEPARTMENT OF SOCIAL SERVICES
CARR CORRECTIVE ACTION REPORT**

Instructions for Section 1: County dss should complete and submit to MPR via Zixmail by _____ . (For Zixmail document exchange instructions refer to http://www.ncdhhs.gov/dma/dcdss/2009/120709_ZixMail.pdf.)

Section 1:

County DSS Response Description and Implementation of Corrective Action Plan

County DSS Staff Completing DMA-7006: _____
Name Title

Date Completed: _____

**DEPARTMENT OF SOCIAL SERVICES CORRECTIVE ACTION REPORT
MEDICAID PROGRAM REPRESENTATIVE FOLLOW-UP**

MPR returns Sections 1 and 2 via Zixmail to _____ .

County Name:	Date of QC CARR Summary Findings Letter:
---------------------	---

Section 2: To be completed by MPR

Description of Corrective Action Plan

MPR:

Date of Contact: