



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

January 2, 2019

SENT VIA ELECTRONIC MAIL

The Honorable Louis Pate, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 311, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 301N, Legislative Office Building
Raleigh, NC 27603

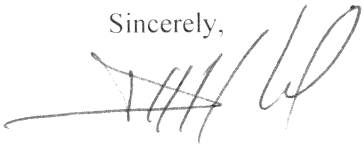
The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

NC General Statute §108A-70.43, as amended by Session Law 2017-57, Section 11H.21, requires the Department of Health and Human Services, NC Medicaid, to submit an annual report on Medicaid Eligibility Determination Timeliness Reporting for the prior fiscal year to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Dave Richard, Deputy Secretary for NC Medicaid, at Dave.Richard@dhhs.nc.gov or 919-855-4100.

Sincerely,


pc Mandy Cohen, MD, MPH
Secretary

cc:	Dave Richard	Marjorie Donaldson	Katherine Restrepo	Theresa Matula
	Rod Davis	Joyce Jones	Susan Perry-Manning	Deborah Landry
	Leah Burns	Matt Gross	Mark Benton	LT McCrimmon
	Lisa Wilks	Erin Matteson	Zack Wortman	reports@ncleg.net
	Steve Owen	Mark Collins	Denise Thomas	Jessica Meed

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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GOVERNOR

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SECRETARY

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SENT VIA ELECTRONIC MAIL

The Honorable Nelson Dollar, Chair
Joint Legislative Oversight Committee on
Medicaid and NC Health Choice
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603

The Honorable Ralph Hise, Chair
Joint Legislative Oversight Committee on
Medicaid and NC Health Choice
North Carolina General Assembly
Room 312, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Medicaid and NC Health Choice
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

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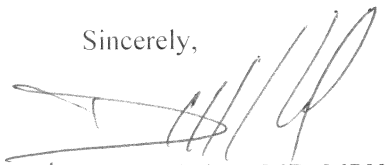
Mr. Mark Trogdon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogdon:

NC General Statute §108A-70.43, as amended by Session Law 2017-57, Section 11H.21, requires the Department of Health and Human Services, NC Medicaid, to submit an annual report on Medicaid Eligibility Determination Timeliness Reporting for the prior fiscal year to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

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Medicaid Eligibility Determination Timeliness

**NC General Statute §108A-70.43, as amended by
Session Law 2017-57, Section 11H.21**



Report to the

**Joint Legislative Oversight Committee on
Medicaid and NC Health Choice**

and

**Joint Legislative Oversight Committee on
Health and Human Services**

and

Fiscal Research Division

By

NC Department of Health and Human Services

January 2, 2019

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I. Introduction

Session Law 2017-57, Section 11H.21. (see **Appendix A**), requires the Department of Health and Human Services (DHHS) report on Medicaid eligibility determination timeliness by county Department of Social Services (DSS) offices to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division by November 1 of each year for the prior fiscal year.

Federal regulations (see **Appendix B**) establish standards for eligibility determination timeliness, the maximum period of time in which applicants are entitled to a determination of eligibility for Medicaid. Under these regulations, applicants who apply for Medicaid based on a disability (known as Medicaid Aid to the Disabled or MAD applicants) must receive a determination within **90 calendar days** of the date of application. All other applicants must receive a determination within **45 calendar days** of the date of application. In North Carolina, eligibility determinations are conducted at each of the 100 county DSS offices.

In April 2016, the North Carolina General Assembly's (NCGA) Program Evaluation Division (PED) released a report stating that in SFYs 2014 and 2015 there was a decline in the timeliness of NC Medicaid eligibility determinations due to challenges related to the North Carolina Families Accessing Services through Technology (NC FAST) system and the implementation of the Affordable Care Act. In January 2017, the Office of the State Auditor (OSA) released a report entitled "North Carolina Medicaid Program Recipient Eligibility Determination," which addressed the accuracy of Medicaid eligibility determinations in a sample of 10 counties. The report included a timeliness component, which revealed a timeliness error rate range from 0.8% to 26% for applications.

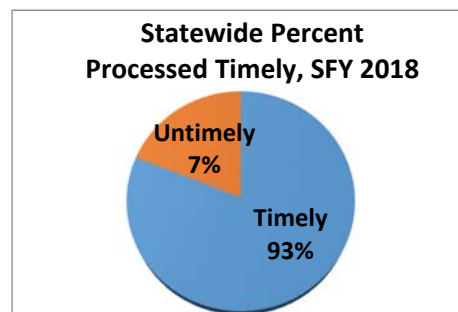
To address timeliness concerns, the NCGA passed legislation (see **Appendix C**) providing DHHS greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility determinations. DHHS noted measurable improvement in county timeliness in SFY 2016, and further improvement has continued through 2017 and SFY 2018.

II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2018 based on data from NC FAST.

(1) Annual Statewide Percentage of Applications Processed in Timely Manner

The annual statewide percentage of Medicaid applications processed in a timely manner was 93%. This is an increase from 81% in SFY 2017, a 14.8% improvement.



(2) Statewide Monthly Average Number of Days to Process Applications

The statewide percent of applications processed on time (PPT) increased from 91% at the beginning of the fiscal year to 95% by June 2018.

The statewide monthly average number of days to process all Medicaid applications ranged from 28 to 34 days, with an annual average of 30 days. This is an improvement from the SFY 2017 annual average of 37 days. This has been divided by MAD and Other Medicaid (Other) applications below:

- The statewide monthly average number of days to process MAD applications ranged from 46 to 55 days, with an annual average of 49 days. This is a 15.5% improvement from the SFY 2017 annual average of 58 days.
- The Other applications ranged from 25 to 31 days, with an annual average of 27 days. This is a 8.8% improvement from the SFY 2017 annual average of 34 days.

Statewide Processing Time, SFY 2018						
MONTHYEAR	MAD APT	MAD PPT	OTHER APT	OTHER PPT	TOTAL PPT	TOTAL APT
Jul-17	51	92	26	91	91	31
Aug-17	49	92	25	92	92	29
Sep-17	49	94	26	94	94	30
Oct-17	48	95	27	93	94	30
Nov-17	47	95	25	94	94	28
Dec-17	50	95	27	94	94	29
Jan-18	53	94	31	90	91	34
Feb-18	55	95	28	88	89	32
Mar-18	49	94	27	89	90	31
Apr-18	48	95	26	93	93	30
May-18	48	95	25	94	95	29
Jun-18	46	96	26	95	95	30
SFY 2018 Average	49	94	27	92	93	30

Legend

MAD – Medicaid Aid to the Disabled applicants
 Other – All other applicants
 PPT – Percent Processed Timely
 APT – Average Processing Time (Days)

(3) Annual Percentage of Applications Processed on Time by County

The annual percentage of applications processed on time by county DSS offices ranged from 81 - 98%, with 98 counties meeting overall timeliness standards. This is a significant improvement from SFY 2017, when the annual percentage of applications processed on time by county DSS offices ranged from 62 - 97% and 34 counties met overall timeliness standards. For a complete list of percentages by county for SFY 2018 please see the **Appendix D** column titled Total-PPT (Percent Processed Timely), highlighted in yellow.

(4) Monthly Average Number of Days to Process Applications by County

The monthly average number of days to process applications by county ranged from 13 to 75 days. This is an improvement from SFY 2017, which ranged from 13 to 96 days. For a complete list of averages by county by month please see **Appendix E**.

(5) and (6) Number of Months Each County Met/Failed Timely Processing Standards

All 100 counties met the timeliness processing standards 4 or more months out of the year with 95 counties meeting these requirements 8 or more months. And forty-four (44) counties met the timely processing standards every month. Timeliness for SFY 2018 is vastly improved from SFY 2017, when only three counties met processing standards every month. For a complete list by county please see the **Appendix D** columns titled Months Standard Passed/Failed, highlighted in green and red.

(7) Corrective Actions

Under the new § 108A-70.41 (see **Appendix C**), DHHS was directed to enter into a joint corrective action plan with county DSS offices that fail to meet certain thresholds for timeliness. Per Session Law 2016-94, Section 12H.17(f), this section became effective January 1, 2017.

Since July 2017, DHHS has produced monthly report cards to provide the Average Processing Time (APT) and Percent Processed Timely (PPT) by county for MAD and Other applications, which includes all applications subject to the 45-day processing time. DHHS had developed an initial version of the report card in January, but counties identified concerns with the methodology for calculating certain metrics in the report card. DHHS worked with a group of twelve counties identified by the North Carolina Association of County Directors of Social Services (NCACDSS) to identify issues and validate the results. DHHS is now using the report cards to monitor county compliance each month and determine those counties that need a corrective action plan or other assistance and support. Corrective action plans will be required for any county that fails to meet standards for three consecutive months or for any five months out of a period of twelve consecutive months starting July 2017.

In preparation for implementation and as ongoing support, DHHS worked with county directors and other staff to provide assistance as noted below. The DHHS Operational Support Team (OST) representatives monitor county performance and provide technical assistance for eligibility and business process issues through on-site visits and other methods.

DHHS is currently using the report card reports to monitor the county DSS application timeliness performance each month. Six county DSS offices required a joint corrective action plan and other support due to failing to meet these certain timeliness thresholds.

To provide support and during the joint corrective action plan with the county DSS, DHHS:

- Set an initial meeting with the county DSS Director, their designees and appropriate state staff to draft a plan together;
- Scheduled necessary training; and
- Scheduled follow up sessions as needed to ensure plan is on schedule.

(8) DHHS Assistance to County DSS Offices

DHHS is committed to assisting county DSS offices in meeting the processing standards for Medicaid applications. Current efforts to provide support and technical assistance include:

- Collaboration between DHHS and DSS County directors, including:
 - Monthly NCACDSS (North Carolina Association of County Directors of Social Services) committee meetings and executive leadership meetings;
 - The annual Social Services Institute, including DHHS delivering workshops related to eligibility policy and NC FAST;
 - Quarterly regional director meetings, as requested; and
 - Specialized workgroups that include County Directors (through NCACDSS).
- Utilization of a DHHS Operational Support Team (OST) to provide eligibility policy and technical support to the counties, including:
 - On-site visits to provide consultation and monitoring of performance reports;
 - Review of county processes and work flows;
 - Cluster meetings, including meetings held in May and June, 2018, with counties across the State focused on eligibility policy topics.
 - Regularly answering specific eligibility policy questions from counties; Webinars and policy training;
 - Lean events for business process improvement, as requested by counties; and
 - Identifying specific OST representatives to support Medicaid program issues, including application timeliness.
- Provision of an Eligibility and Case Maintenance system for all Public Assistance programs, including Medicaid, through NC FAST, including:
 - Regular communication regarding the functionality and processes available through the NC FAST system;
 - Training on system performance and navigation through virtual classroom and courses available on a learning gateway;
 - Basic navigation training, including competency scoring to inform local management for use in staff development;

- Regular updates on collaboration with county directors and other DHHS leadership staff;
- A helpdesk to report and resolve issues with NC FAST performance or functionality;
- A helpdesk for Medicaid applications approaching the due date; and
- A mechanism to elicit county feedback to aid in prioritization of issue resolution and functionality deployment.

III. Conclusion

DHHS employs staff and processes at varying levels to provide technical and policy support as county departments of social services work to meet State and Federal application processing standards. Primary support and tracking mechanisms include OST on-site and off-site technical and policy support, DHHS monitoring of monthly report cards, DHHS collaboration with NCACDSS, proficiency training and testing modules at NC FAST, and a streamlined Help Desk process. With these efforts, DHHS expects to see the improvement in Medicaid eligibility determination timeliness maintained. DHHS will continue to provide the guidance and support necessary to assist the county departments of social services in their efforts to successfully meet timeliness standards on a continuous basis.

Appendix A: Session Law 2017-57, SECTION 11H.21.

SECTION 11H.21. Part 10 of Article 2 of Chapter 108A of the General Statutes is amended by adding a new section to read:

"§ 108A-70.43. Reporting.

No later than November 1 of each year, the Department of Health and Human Services, Division of Medical Assistance (DHHS), shall submit a report for the prior fiscal year to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division containing the following information:

- (1) The annual statewide percentage of Medicaid applications processed in a timely manner for the fiscal year.
- (2) The statewide average number of days to process Medicaid applications for each month in the fiscal year.
- (3) The annual percentage of Medicaid applications processed in a timely manner by each county department of social services for the fiscal year.
- (4) The average number of days to process Medicaid applications for each month for each county department of social services.
- (5) The number of months during the fiscal year that each county department of social services met the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (6) The number of months during the fiscal year that each county department of social services failed to meet the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (7) A description of all corrective action activities conducted by DHHS and county departments of social services in accordance with G.S. 108A-70.36.
- (8) A description of how the Department plans to assist county departments of social services in meeting timely processing standards for Medicaid applications, for every county in which the performance metrics for processing Medicaid applications in a timely manner do not show significant improvement compared to the previous fiscal year."

Appendix B: 42 CFR § 435.912 Timely Determination of Eligibility.

- (a) For purposes of this section—
 - (1) “Timeliness standards” refer to the maximum period of time in which every applicant is entitled to a determination of eligibility, subject to the exceptions in paragraph (e) of this section.
 - (2) “Performance standards” are overall standards for determining eligibility in an efficient and timely manner across a pool of applicants, and include standards for accuracy and consumer satisfaction, but do not include standards for an individual applicant's determination of eligibility.
- (b) Consistent with guidance issued by the Secretary, the agency must establish in its State plan timeliness and performance standards for, promptly and without undue delay—
 - (1) Determining eligibility for Medicaid for individuals who submit applications to the single State agency or its designee.
 - (2) Determining potential eligibility for, and transferring individuals' electronic accounts to, other insurance affordability programs pursuant to §435.1200(e) of this part.
 - (3) Determining eligibility for Medicaid for individuals whose accounts are transferred from other insurance affordability programs, including at initial application as well as at a regularly-scheduled renewal or due to a change in circumstances.
- (c)
 - (1) The timeliness and performance standards adopted by the agency under paragraph (b) of this section must cover the period from the date of application or transfer from another insurance affordability program to the date the agency notifies the applicant of its decision or the date the agency transfers the individual to another insurance affordability program in accordance with §435.1200(e) of this part, and must comply with the requirements of paragraph (c)(2) of this section, subject to additional guidance issued by the Secretary to promote accountability and consistency of high quality consumer experience among States and between insurance affordability programs.
 - (2) Timeliness and performance standards included in the State plan must account for—
 - (i) The capabilities and cost of generally available systems and technologies;
 - (ii) The general availability of electronic data matching and ease of connections to electronic sources of authoritative information to determine and verify eligibility;
 - (iii) The demonstrated performance and timeliness experience of State Medicaid, CHIP and other insurance affordability programs, as reflected in data reported to the Secretary or otherwise available; and
 - (iv) The needs of applicants, including applicant preferences for mode of application (such as through an internet Web site, telephone, mail, in-person, or other commonly available electronic means), as well as the relative complexity of adjudicating the eligibility determination based on household, income or other relevant information.
 - (3) Except as provided in paragraph (e) of this section, the determination of eligibility for any applicant may not exceed—
 - (i) Ninety days for applicants who apply for Medicaid on the basis of disability; and
 - (ii) Forty-five days for all other applicants.
- (d) The agency must inform applicants of the timeliness standards adopted in accordance with this section.
- (e) The agency must determine eligibility within the standards except in unusual circumstances, for example—
 - (1) When the agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
 - (2) When there is an administrative or other emergency beyond the agency's control.
- (f) The agency must document the reasons for delay in the applicant's case record.
- (g) The agency must not use the time standards—
 - (1) As a waiting period before determining eligibility; or
 - (2) As a reason for denying eligibility (because it has not determined eligibility within the time standards).

Appendix C: N.C.G.S. Chapter 108A, Article 2, Part 10

Chapter 108A. Social Services. Article 2. Programs of Public Assistance Part 10. Medicaid Eligibility Decision Processing Timeliness.

§ 108A-70.36. Applicability.

If a federally recognized Native American tribe within the State has assumed responsibility for the Medicaid program pursuant to G.S. 108A-25(e), then this Part applies to the tribe in the same manner as it applies to county departments of social services. (2016-94, s. 12H.17(b).)

§ 108A-70.37. Timely decision standards.

The county department of social services shall render a decision on an individual's application for Medicaid within 45 calendar days from the date of application, except for applications in which a disability determination has already been made or is needed. For those applications, the county department of social services shall render a decision on an individual's eligibility within 90 calendar days from the date of application. (2016-94, s. 12H.17(b).)

§ 108A-70.38. Timely processing standards.

(a) The Department shall require counties to comply with timely processing standards. The timely processing standards are the average processing time standards and the percentage processed timely standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40. The Department shall monitor county department of social services' compliance with these standards in accordance with this Part.

(b) For purposes of this Part, processing time is the number of days between the date of application and the date of disposition of the application, except in cases where an eligibility determination is dependent upon receipt of information related to one or more of the following:

- (1) Medical expenses sufficient to meet a deductible.
- (2) The applicant's need for institutionalization.
- (3) The applicant's plan of care for the home- and community-based waivers.
- (4) The disability decision made by the Disability Determination Services Section of the Division of Vocational Rehabilitation of the Department.
- (5) Medical records needed to determine emergency dates for nonqualified aliens.
- (6) The applicant's application or other information from the federally facilitated marketplace.
- (7) The applicant's application or other information in connection with an application for a Low-Income Subsidy for Medicare prescription drug coverage.

In these cases, processing time shall exclude the number of days between the date when the county determines all eligibility criteria other than the criteria in subdivisions (1) through (7) of this subsection and the date when the county receives the information related to the criteria in subdivisions (1) through (7) of this subsection.

(c) Processing times for the following types of cases shall be excluded from the calculation of the average processing time and percent processed timely:

- (1) Newborns who are automatically enrolled based on their mother's eligibility.
- (2) Applications for individuals who are presumptively eligible for Medicaid.
- (3) Active cases in which an individual who is eligible for one program is transferred to another program, regardless of whether the transfer occurs between allowable or nonallowable program categories.
- (4) Cases in which an individual transfers from an open case to another case, including establishing a new administrative case for the individual.
- (5) Actions to post eligibility to a terminated or denied case within one year of the termination or denial.
- (6) Cases that are reopened because they were terminated in error or because reopening of the terminated case is allowed by policy.
- (7) Cases in which the eligibility decision was appealed and the decision was reversed or remanded.

(d) The Department may, in its discretion, exclude days, other than those required by subsection (b) of this section, from the calculation of processing time under this section if the Department determines that the delay was caused by circumstances outside the control of county departments of social services. The Department also may, in its discretion, exclude types of cases, other than those described in subsection (c) of this section, from the calculation of processing time. When the Department exercises its discretion pursuant to this subsection, the Department's determination regarding circumstances outside the control of county departments of social services and the Department's decision to exclude types of cases shall be applied uniformly to all county departments of social services. (2016-94, s. 12H.17(b).)

§ 108A-70.39. Average processing time standards.

(a) Average processing time is calculated by finding the processing time for each case that received a disposition during a given month and finding the average of those processing times.

(b) The standard for average processing time is 90 days for cases in which the individual has applied for the Medicaid Aid to the Disabled category (M-AD) and 45 days for all other cases. (2016-94, s. 12H.17(b).)

§ 108A-70.40. Percentage processed timely standards.

(a) Percentage processed timely is the percentage of cases that received a timely disposition in a given month. The percentage processed timely is calculated by expressing the number of cases during a given month with a processing time equal to or less than the standard set in G.S. 108A-70.37 as a percentage of the total cases receiving a disposition during that month. When the deadline for meeting the timely decision standard in G.S. 108A-70.37 falls on a weekend or holiday, an application that receives a disposition on the first workday following the deadline shall be considered timely for purposes of calculating the percentage processed timely.

(b) The Department is authorized to adopt rules to establish a percentage standard for each county department of social services that will be the percentage processed timely standard for that county department of social services. Until the Department adopts rules establishing percentage standards for each county, the percentage processed timely standards are those established in 10A NCAC 23C .0203 as of April 2016. (2016-94, s. 12H.17(b).)

§ 108A-70.41. Corrective action.

(a) If for any three consecutive months or for any five months out of a period of 12 consecutive months a county department of social services fails to meet either the average processing time standard or the percentage processed timely standard or both standards, the Department and the county department of social services shall enter into a joint corrective action plan to improve the timely processing of applications.

(b) A joint corrective action plan entered into pursuant to this section shall specifically identify the following components:

- (1) The duration of the joint corrective action plan, not to exceed 12 months. If a county department of social services shows measurable progress in meeting the performance requirements in the joint corrective action plan, then the duration of the joint corrective action plan may be extended by six months, but in no case shall a joint corrective action plan exceed 18 months.
- (2) A plan for improving timely processing of applications that specifically describes the actions to be taken by the county department of social services and the Department.
- (3) The performance requirements for the county department of social services that constitute successful completion of the joint corrective action plan.
- (4) Acknowledgement that failure to successfully complete the joint corrective action plan will result in temporary assumption of Medicaid eligibility administration by the Department, in accordance with G.S. 108A-70.42. (2016-94, s. 12H.17(b).)

§ 108A-70.42. Temporary assumption of Medicaid eligibility administration.

(a) If a county department of social services fails to successfully complete its joint corrective action plan, the Department shall give the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) at least 90 days' notice that the Department intends to temporarily assume Medicaid eligibility administration, in accordance with subsection (b) of this section. The notice shall include the following information:

- (1) The date on which the Department intends to temporarily assume administration of Medicaid eligibility decisions.
- (2) The performance requirements in the joint corrective action plan that the county department of social services failed to meet.
- (3) Notice of the county department of social services' right to appeal the decision to the Office of Administrative Hearings, pursuant to Article 3 of Chapter 150B of the General Statutes.

(b) Notwithstanding any provision of law to the contrary, if a county department of social services fails to successfully complete its joint corrective action plan, the Department shall temporarily assume Medicaid eligibility administration for the county upon giving notice as required by subsection (a) of this

section. During a period of temporary assumption of Medicaid eligibility administration, the following shall occur:

- (1) The Department shall administer the Medicaid eligibility function in the county. Administration by the Department may include direct operation by the Department, including supervision of county Medicaid eligibility workers, or contracts for operation to the extent permitted by federal law and regulations.
 - (2) The county department of social services is divested of Medicaid administration authority.
 - (3) The Department shall direct and oversee the expenditure of all funding for the administration of Medicaid eligibility in the county.
 - (4) The county shall continue to pay the nonfederal share of the cost of Medicaid eligibility administration and shall not withdraw funds previously obligated or appropriated for Medicaid eligibility administration.
 - (5) The county shall pay the nonfederal share of additional costs incurred to ensure compliance with the timely processing standards required by this Part.
 - (6) The Department shall work with the county department of social services to develop a plan for the county department of social services to resume Medicaid eligibility administration and perform Medicaid eligibility determinations in a timely manner.
 - (7) The Department shall inform the county board of commissioners, the county manager, the county director of social services, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) of key activities and any ongoing concerns during the temporary assumption of Medicaid eligibility administration.
- (c) Upon the Department's determination that Medicaid eligibility determinations can be performed in a timely manner based on the standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40 by the county department of social services, the Department shall notify the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) that temporary assumption of Medicaid eligibility administration will be terminated and the effective date of termination. Upon termination, the county department of social services resumes its full authority to administer Medicaid eligibility determinations. (2016-94, s. 12H.17(b).)

Appendix D: Annual Timely Processing by County

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2018								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Alamance	96	46	96	27	96	30	11	1
Alexander	94	37	95	18	94	22	11	1
Alleghany	96	53	96	23	96	27	11	1
Anson	93	51	93	21	93	26	12	0
Ashe	97	49	93	34	94	36	11	1
Avery	98	54	90	22	91	28	10	2
Beaufort	97	55	95	22	95	29	11	1
Bertie	95	49	93	30	93	35	10	2
Bladen	91	56	90	29	90	35	9	3
Brunswick	98	48	95	24	95	28	12	0
Buncombe	94	50	94	29	94	33	12	0
Burke	97	52	96	23	96	29	12	0
Cabarrus	95	52	92	30	93	33	11	1
Caldwell	96	54	95	23	95	28	12	0
Camden	92	49	93	25	93	28	9	3
Carteret	97	39	97	23	97	25	12	0
Caswell	97	33	97	16	97	19	12	0
Catawba	98	38	96	21	96	23	12	0
Chatham	96	41	93	24	94	26	12	0
Cherokee	98	38	96	24	97	26	12	0
Chowan	94	47	94	28	94	32	11	1
Clay	97	34	97	22	97	22	11	1
Cleveland	97	34	94	19	95	22	12	0
Columbus	93	51	93	24	93	30	10	2
Craven	96	37	92	26	93	27	10	2
Cumberland	92	48	95	23	94	26	9	3
Currituck	98	55	97	34	97	37	12	0
Dare	97	44	97	21	97	25	12	0
Davidson	96	44	96	22	96	25	12	0
Davie	92	49	95	27	95	29	10	2
Duplin	95	49	95	23	95	27	11	1
Durham	93	60	93	30	93	34	12	0
Edgecombe	97	36	94	26	95	28	12	0
Forsyth	94	44	94	20	94	24	9	3
Franklin	95	59	95	34	95	37	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2018								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Gaston	98	42	97	24	97	27	12	0
Gates	90	44	93	20	92	23	10	2
Graham	99	28	91	22	92	23	10	2
Granville	86	61	86	38	86	42	5	7
Greene	90	42	94	20	93	25	9	3
Guilford	95	47	95	22	95	26	12	0
Halifax	95	54	93	28	93	34	10	2
Harnett	96	52	94	25	94	29	11	1
Haywood	97	42	95	25	95	29	12	0
Henderson	96	45	91	27	91	29	9	3
Hertford	98	32	94	26	95	27	12	0
Hoke	94	46	93	26	93	28	10	2
Hyde	88	48	95	21	94	25	8	4
Iredell	94	53	93	30	93	32	12	0
Jackson	94	48	92	25	92	28	11	1
Johnston	96	41	97	23	97	26	12	0
Jones	97	34	90	27	91	29	9	3
Lee	96	49	97	25	97	29	12	0
Lenoir	95	31	92	20	93	23	10	2
Lincoln	99	54	97	24	97	31	12	0
Macon	97	51	96	23	96	26	11	1
Madison	95	50	94	27	94	31	11	1
Martin	94	52	87	29	89	34	9	3
McDowell	96	39	93	22	94	25	12	0
Mecklenburg	86	70	81	35	81	39	4	8
Mitchell	99	26	96	23	96	23	12	0
Montgomery	99	40	94	27	95	30	10	2
Moore	86	57	91	27	90	32	4	8
Nash	96	47	95	26	95	29	12	0
New Hanover	96	44	95	25	95	27	11	1
Northampton	94	61	90	31	91	36	9	3
Onslow	95	39	92	27	93	28	10	2
Orange	97	59	96	29	96	33	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2018								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Pamlico	88	60	86	32	86	38	7	5
Pasquotank	97	63	94	31	94	37	12	0
Pender	94	65	93	32	93	36	11	1
Perquimans	95	45	93	25	93	28	11	1
Person	93	56	90	33	91	37	10	2
Pitt	93	52	93	26	93	31	11	1
Polk	93	46	87	28	88	31	9	3
Randolph	97	44	96	26	96	28	12	0
Richmond	94	43	93	20	94	23	12	0
Robeson	94	45	95	21	95	25	12	0
Rockingham	98	53	95	26	95	31	12	0
Rowan	95	49	93	29	93	31	11	1
Rutherford	97	31	96	26	96	27	12	0
Sampson	93	50	96	26	95	30	10	2
Scotland	94	40	94	23	94	27	9	3
Stanly	96	40	95	22	95	24	12	0
Stokes	97	40	98	25	98	27	12	0
Surry	96	44	95	24	95	27	11	1
Swain	95	65	94	29	95	35	12	0
Transylvania	96	39	96	20	96	24	12	0
Tyrrell	100	48	98	23	98	26	12	0
Union	91	44	86	27	86	28	5	7
Vance	95	56	92	28	93	36	9	3
Wake	91	61	92	30	92	33	12	0
Warren	97	38	89	28	90	29	9	3
Washington	98	33	95	19	95	21	12	0
Watauga	93	61	92	34	92	38	9	3
Wayne	94	42	95	15	95	20	12	0
Wilkes	97	59	95	23	96	29	11	1
Wilson	98	35	96	23	96	26	11	1
Yadkin	98	48	96	28	97	30	12	0
Yancey	98	33	92	26	94	28	11	1

Legend

MAD – Medicaid Aid to the Disabled applicants

Other – All other applicants

PPT – Percent Processed Timely

APT – Average Processing Time (Days)

Appendix E: Average Time to Process Applications by County by Month

	Average Processing Time (Days), SFY 2018											
COUNTY	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Alamance	33	34	32	30	27	30	35	27	25	27	29	29
Alexander	28	32	27	18	21	17	22	17	17	20	19	19
Alleghany	28	20	15	21	22	23	34	33	34	27	31	38
Anson	29	23	19	19	29	31	32	27	27	27	28	27
Ashe	36	34	35	40	34	34	41	34	36	36	34	40
Avery	31	19	29	23	21	30	31	31	26	21	38	33
Beaufort	28	28	30	25	29	33	31	28	25	27	29	31
Bertie	40	31	33	34	32	28	64	36	31	30	28	32
Bladen	43	37	36	38	40	36	37	30	32	29	31	28
Brunswick	29	28	25	24	29	26	33	29	29	27	25	24
Buncombe	34	34	32	34	31	31	36	34	31	33	32	31
Burke	30	30	25	31	32	31	32	29	25	26	22	25
Cabarrus	34	30	32	33	32	33	37	35	31	33	32	32
Caldwell	28	26	24	27	25	28	33	30	31	30	29	25
Camden	17	27	26	25	19	25	35	31	35	33	21	38
Carteret	29	27	27	25	23	25	29	26	21	23	21	25
Caswell	20	20	18	21	17	16	21	17	16	19	20	24
Catawba	24	19	24	24	18	23	28	26	23	23	22	24
Chatham	23	23	25	27	27	25	33	25	23	28	29	24
Cherokee	18	21	24	26	25	24	31	28	26	27	27	32
Chowan	32	25	31	30	32	36	38	29	37	32	29	30
Clay	25	20	24	17	24	23	30	20	20	20	17	26
Cleveland	23	21	20	21	20	22	27	23	22	21	23	23
Columbus	30	30	32	28	35	29	30	31	32	29	25	28
Craven	30	32	35	29	25	26	28	26	28	24	27	22
Cumberland	26	26	25	24	24	25	29	28	28	28	28	27
Currituck	32	40	37	37	34	37	40	37	34	38	33	35
Dare	32	27	22	25	16	18	30	27	21	27	23	26
Davidson	25	23	25	26	23	25	31	32	24	26	22	22
Davie	30	24	27	29	21	25	35	33	31	33	36	30
Duplin	33	24	24	24	24	32	32	27	25	31	28	26
Durham	31	30	32	33	34	35	40	34	32	36	34	35
Edgecombe	25	27	29	30	24	27	27	28	27	29	30	29
Forsyth	32	27	31	27	18	21	27	22	21	21	18	20
Franklin	40	36	38	37	38	36	43	42	34	36	34	37

	Average Processing Time (Days), SFY 2018											
COUNTY	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Gaston	30	26	25	26	27	30	32	30	26	24	23	24
Gates	20	23	24	24	23	18	35	27	17	15	27	20
Graham	21	24	26	27	29	19	22	21	19	25	18	24
Granville	34	37	45	37	36	38	47	49	49	46	42	43
Greene	24	41	21	21	31	21	30	18	19	19	25	17
Guilford	24	25	25	26	23	25	32	27	24	24	25	26
Halifax	32	30	33	36	33	29	33	40	32	33	39	34
Harnett	29	29	26	31	26	29	37	27	27	28	27	26
Haywood	21	34	29	29	27	28	29	32	29	28	28	30
Henderson	32	30	34	29	29	31	33	31	21	26	25	25
Hertford	24	29	30	27	25	28	36	26	27	22	25	22
Hoke	37	38	30	22	24	25	32	28	26	24	34	26
Hyde	32	23	35	17	19	20	31	23	22	20	29	39
Iredell	34	31	32	33	30	33	38	34	31	32	31	30
Jackson	36	29	29	29	27	29	28	28	27	27	25	27
Johnston	27	26	25	25	22	27	32	25	23	25	26	24
Jones	32	34	23	20	20	24	31	26	31	42	26	23
Lee	26	25	27	29	29	29	32	30	29	28	35	32
Lenoir	23	21	20	23	22	22	23	28	22	19	21	22
Lincoln	29	26	31	29	28	32	34	36	35	32	30	31
Macon	27	26	25	30	23	24	29	27	26	25	23	27
Madison	33	36	31	34	29	32	36	29	24	28	32	29
Martin	44	35	41	35	32	35	38	30	24	32	27	25
McDowell	26	24	25	25	24	21	26	30	22	23	29	27
Mecklenburg	31	32	34	34	34	40	42	50	47	39	36	38
Mitchell	30	19	19	23	22	26	25	27	24	23	20	22
Montgomery	31	30	27	29	29	30	32	33	24	29	30	26
Moore	35	40	37	34	30	27	35	34	29	29	22	29
Nash	34	28	28	29	28	29	35	30	26	27	31	26
New Hanover	27	29	28	27	25	27	31	26	24	28	29	30
Northampton	36	36	39	38	28	31	41	35	46	32	34	35
Onslow	27	29	29	28	26	28	32	28	26	29	28	31
Orange	34	30	36	38	32	33	38	35	35	29	33	27

	Average Processing Time (Days), SFY 2018											
COUNTY	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Pamlico	75	38	43	29	32	34	55	30	29	38	27	28
Pasquotank	37	30	33	34	33	35	44	40	34	38	42	46
Pender	40	37	44	33	30	32	40	40	33	34	38	38
Perquimans	34	19	25	32	29	27	37	32	28	29	18	28
Person	42	38	38	44	42	34	41	36	31	34	33	33
Pitt	32	30	30	29	26	30	35	30	30	31	32	32
Polk	31	30	26	38	33	24	37	35	32	32	28	26
Randolph	28	25	26	30	28	27	32	28	26	32	29	28
Richmond	27	24	23	25	22	26	31	25	21	23	21	20
Robeson	26	27	27	29	27	23	26	22	23	27	24	25
Rockingham	35	31	34	30	28	30	38	33	28	30	29	31
Rowan	32	30	27	30	27	31	32	33	31	33	34	37
Rutherford	25	24	27	26	25	28	29	29	24	30	27	28
Sampson	27	29	32	30	32	34	36	27	27	29	27	27
Scotland	25	26	32	44	23	25	26	25	28	20	23	21
Stanly	22	26	27	24	19	28	31	26	21	22	25	21
Stokes	29	28	29	30	22	28	30	27	24	27	25	30
Surry	32	28	32	26	29	26	29	26	26	25	24	25
Swain	34	31	31	33	34	40	37	31	32	39	37	41
Transylvania	22	28	21	22	21	20	25	26	25	25	25	25
Tyrrell	25	22	43	29	28	19	25	31	18	17	28	33
Union	28	24	27	25	23	27	34	36	35	29	26	27
Vance	33	33	41	33	37	33	40	47	39	33	31	29
Wake	36	33	34	35	34	32	35	31	31	31	32	32
Warren	29	24	35	28	27	26	32	36	35	29	31	25
Washington	24	28	22	17	13	24	24	19	19	24	25	25
Watauga	36	32	42	46	38	31	40	42	42	39	32	38
Wayne	19	19	17	17	18	20	23	20	18	21	26	21
Wilkes	32	28	27	30	26	26	31	30	29	32	30	29
Wilson	33	28	27	24	21	24	28	23	21	23	24	25
Yadkin	28	27	36	29	33	32	33	28	23	28	34	33
Yancey	32	28	26	28	26	22	28	32	38	25	24	22