



# NOTIFICATION OF QUALITY ASSURANCE/QUALITY CONTROL FINDINGS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE - QA/QC

SFN 502 (11-2016)

County	Review Number	Case Number	Review Month
Case Name			Review Completion Date
Child/Individual ID (applicable to CCAP and HCC only)			Re-Review Date
Child/Individual Name (applicable to CCAP and HCC only)			Review Findings Notification Date
Reviewer Name			
Program		Sample Type	
Type of Review <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Denied <input type="checkbox"/> Claim <input type="checkbox"/> Zero Benefit			
Health Care Coverage Type (applicable to HCC only) <input type="checkbox"/> ACA <input type="checkbox"/> Non ACA <input type="checkbox"/> Healthy Steps (CHIP)		Most Recent Action <input type="checkbox"/> Application <input type="checkbox"/> Review <input type="checkbox"/> Reported Change	
<b>Review Findings:</b> <input type="checkbox"/> Correct Findings <input type="checkbox"/> Error Findings			
<b>Error Type:</b> <input type="checkbox"/> Improper Payment <input type="checkbox"/> Overpayment - Amount: \$ <input type="text"/> <input type="checkbox"/> Underpayment - Amount: \$ <input type="text"/> <input type="checkbox"/> Due to Insufficient/Missing Documentation			
<input type="checkbox"/> Administrative Error <input type="checkbox"/> Calculation of Earned Income <input type="checkbox"/> Calculation of Unearned Income <input type="checkbox"/> Timeliness <input type="checkbox"/> Allowable Deductions / Expenses <input type="checkbox"/> Notice Requirements <input type="checkbox"/> Other			
<input type="checkbox"/> Insufficient / Missing Documentation			
<input type="checkbox"/> Eligibility Error <input type="checkbox"/> Ineligible <input type="checkbox"/> Overstated Client Share - Amount: \$ <input type="text"/> <input type="checkbox"/> Understated Client Share - Amount: \$ <input type="text"/>			
<input type="checkbox"/> Invalid Claim Establishment			
<input type="checkbox"/> Invalid Negative <input type="checkbox"/> Closing <input type="checkbox"/> Denial <input type="checkbox"/> Notice Requirements <input type="checkbox"/> Timeliness			

**Response Requirements:**

No response required by County Agency.

Pursuant to 448-01-55-10-15, county agency response is required in 20 days.

Date Response Due

Manual Reference(s)

Summary of Review Findings

QA/QC Administrator/Designee Signature

Date

Program Administrator/Director Signature (applicable to Health Care Coverage only)

Date

**County Response**

Agree       Disagree

If agree, provide details of corrective action.

If disagree, provide details of the case to support the challenge of the QA / QC error, along with manual references to support the decision.

County Representative Signature

Date

<b>QA/QC Response (2nd iteration, if applicable)</b> <input type="checkbox"/> Agree with County <input type="checkbox"/> Disagree with County	
Reasons(s)	
Manual Reference(s)	
QA/QC Administrator/Designee Signature	Date
Program Administrator/Director Signature (applicable to Health Care Coverage only)	Date

<b>County Response (2nd iteration, if applicable)</b> <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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If agree, provide details of corrective action.  
If disagree, provide details of the case to support the challenge of the QA / QC error, along with manual references to support the decision.

County Representative Signature	Date

<b>QA/QC Response (3rd iteration, if applicable)</b> <input type="checkbox"/> Agree with County <input type="checkbox"/> Disagree with County	
Reasons(s)	
Manual Reference(s)	
QA/QC Administrator/Designee Signature	Date
Program Administrator/Director Signature (applicable to Health Care Coverage only)	Date

<b>County Response (3rd iteration, if applicable)</b> <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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If agree, provide details of corrective action.  
If disagree, provide details of the case to support the challenge of the QA / QC error, along with manual references to support the decision.

County Representative Signature	Date