

**Georgia Department of Human Services
Medicaid Review Response**

MEQC PERM CMS Pilot Other (check one)

Review Response Rebuttal (check one)

[Please note that all rebuttals must be routed through the Region Medicaid FPS]

To:

CC: Lisa Irby

Ginger Henry

From:

County:

Position:

Date:

Name of Member Reviewed:

Sample Month:

Review #:

DCH reviewer:

1. Specific action taken:

2. Explanation for Error:

3. Action taken to prevent reoccurrence: