

H. SUBMISSION OF REQUIRED DOCUMENTS

Annual Plans, Budgets, Site Visit, Form, COCR form, and other documents pertaining to the Health Check Program should be submitted to the State Health Check Consultant responsible for the Network and mailed to the address listed below.

Division of Medical Assistance (DMA) – Managed Care
Health Check Program Consultant
2501 Mail Service Center – Unit 16
Raleigh, NC 27699-2501
FAX: (919) 715-5235