NC Department of Health and Human Services

Accuracy Improvement Plan (AIP)

Recipient Eligibility Determination Audit (REDA)

**Cycle 3 Counties, Calendar Year 2021**

Office of Compliance and Program Integrity

June 21, 2022

Today's Talking Points

- **REDA Cycle 3 Standings**
- **Initial Joint Partnership Meeting**
- **AIP Development & Approval**
- **Implementation, Immersion, & Monitoring of AIP**
- **Auditing of Cases & Case Correction Process**
- **Successful Closeout or Extension of AIP**
- **AIP Cycle 1 & 2 Lessons Learned**
- **Individual County AIP Timeline**
- **Internal Control Activities for Compliance**

REDA Cycle 3 Standings
35 Counties CY 2021

https://medicaid.ncdhhs.gov/reports/transformation-reports/legislative-reports
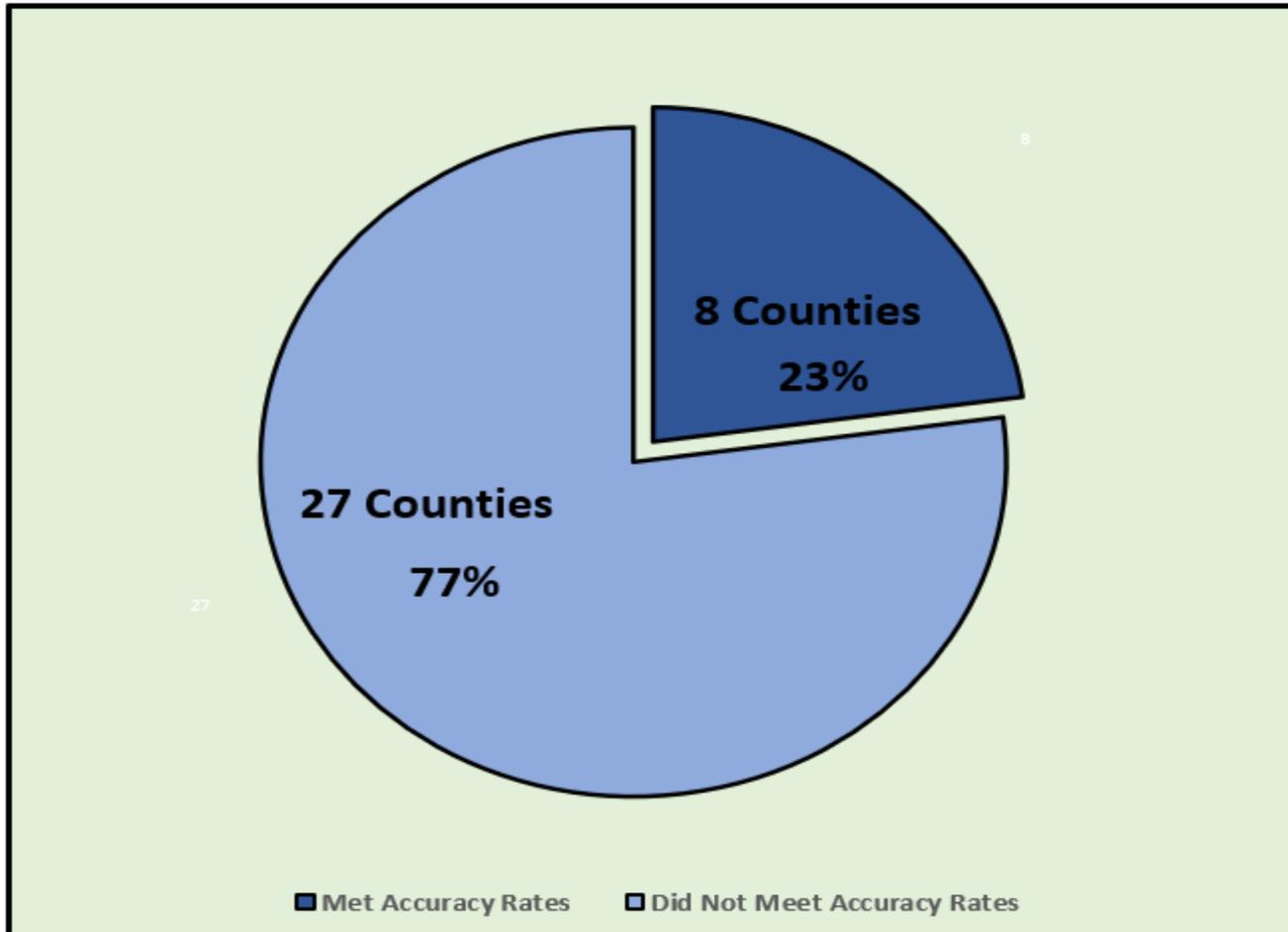
Initial Joint Partnership Meeting

- ## **<u>Required</u>**
  - County DSS Director
  - County DSS Medicaid Leadership
  - Office of Compliance and Program Integrity's (OCPI) AIP Lead & AIP Representative
  - Operational Support Team (OST) Representative

- ## **<u>Optional</u>**
  - County Manager
  - County Commissioner Chair or Designee
  - County DSS Board Chair or Designee
  - Any others determined by DSS Director

Initial Joint Partnership Meeting
Roles & Responsibilities

- **<u>OCPI</u>**
  - Schedule and facilitate meeting
  - Brief presentation on the background of the REDA audit including the County's individual audit results
  - Key reminders

- **<u>County</u>**
  - Present an overview of the County's current corrective action measures implemented and results
  - Submit a draft copy of the agency's accuracy improvement plan (AIP Template)

- **<u>OST</u>**
  - Case correction process
  - Serve as Subject Matter Expert (SME) for Medicaid Policy questions

Stages of the "AIP Plan"

AIP Development

- **<u>County DSS Liaison & AIP Representative Consultations</u>**
  - Assess the risk areas identified in the REDA audit
  - Review measures implemented or will be implemented
  - Review progress and continued challenges
  - Implement/revise measures for <u>SUSTAINABLE</u> results in meeting the federally required accuracy rates of 96.8%

WHO?

WHAT?

HOW?

WHEN?

Approval of AIP

- **<u>A County's AIP MUST Clearly Incorporate and Define:</u>**
  - List of identified errors & the root cause of the errors
  - Responsible staff & their role in the process
  - Dates when new controls were/will be implemented
  - Timeframes to reassess the new controls & progress
  - Internal monitoring plan (2nd party review)
  - Tools the County will use to document their progress
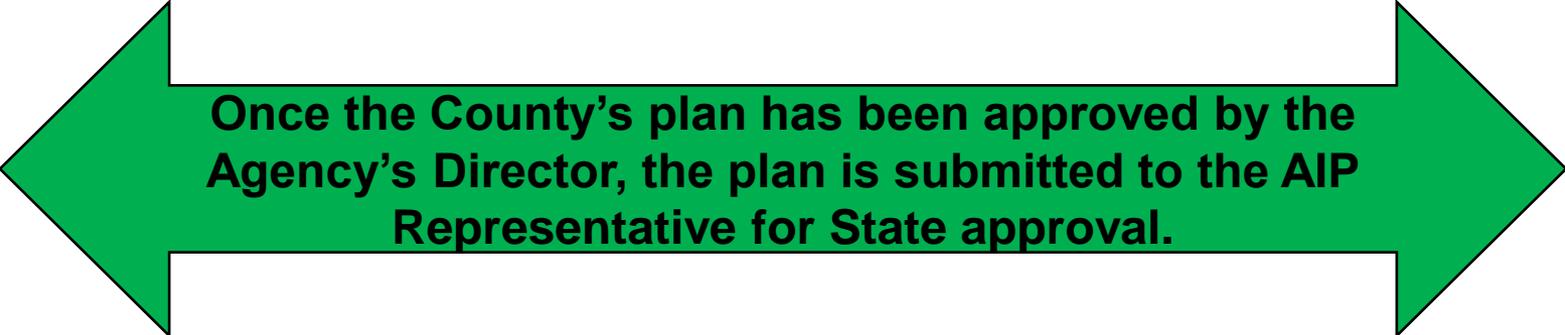
Once the County's plan has been approved by the Agency's Director, the plan is submitted to the AIP Representative for State approval.

Joint State/Local Agency Accuracy Improvement Plan
Local County Department of Social Services
Date AIP Submitted to AIP Representative:

REQUIREMENT: Accurate processing of Medicaid applications/redeterminations to meet the State standards.

ACCURACY STANDARDS

- Only eligible applicants are approved for Medicaid benefits 96.8% of the time.
- Eligible applicants are not denied/terminated 96.8% of the time.

Note: The eligibility determination process is free of technical errors that do not change the outcome of the eligibility determination 90% of the time.

STATE POINT OF CONTACT	COUNTY POINT OF CONTACT
Name:	Name:
E-mail address:	E-mail address:
Phone number:	Phone number:

COUNTY METRICS	COUNTY SELF-ASSESMENT
[List programs and months out of compliance and associated accuracy metrics] Approval Actions = 95% Denial/Terminations Actions = 95% Technical Errors = 85%	[Brief summary of county self-assessment that lists reasons for failure to meet accuracy standards] REDA audit identified that the County failed to meet accuracy standards in both active and negative actions. Errors identified in REDA audit have also been identified in the County's internal quality control. County misinterpreted policy: therefore, caseworkers applied policy incorrectly. The error trend and data analysis report were reviewed and considered when developing corrective action plan.

CURRENT INITIATIVES

[Initiatives/improvements currently underway to address accuracy issues; steps already taken in months prior to implementing AIP]

- Lead Workers, since July 2018, conduct 2nd party reviews utilizing the DMA-7078 State 2nd Party Audit Tool. Lead Workers review a combination of Active and Denied/Terminated cases of 10 cases per worker per month.
- Based on analysis of error trends conducted each month, Lead Workers and Supervisors assess the need for refresher training. Based on the analysis, individual worker retention, coaching conducted and/or group training is performed monthly. Coaching memos are given and signed off by supervisor and caseworker. Training agendas and sign in sheets are available for monthly trainings.
- Based on analysis of job performance and staff input, SOP's are evaluated amongst Medicaid leadership at least quarterly or soon if risk appears. Leadership meeting minutes are available.
- County has created an "Accuracy Journal" (running spreadsheet) that identifies roles and responsibilities, timeframes, challenges, desired outcomes, and updates. Accuracy Journal is saved on County shared drive for Director, Program Manager, Supervisor and Lead Worker to access and update.

AIP Template Development

ACTION PLAN

KEY GOAL: Meet the 96.8% accuracy standard rate for eligibility approval and denial/termination.

Strategies & Actions for Improvement

Strategy/Action #1: Failure to evaluate for all Medicaid programs prior to disposition

Desired Outcome (including associated metrics):	Target Dates and Checkpoints (including targeted completion date):	Strategy/Action Owner	Resources Needed	State Actions/Support Required
Meet required accuracy standard of at least 96.8% at application disposition of approvals and denials/terminations

Error identified Failure to evaluate for FPP in the Adult and Family and Children's Medicaid programs | County conducted refresher training and revised new hire training to address evaluation of FPP program.

Evaluation & training conducted in June 2019 when the error was identified in the REDA audit. Error was reduced but continued per REDA findings and 2nd party self-assessment reporting.

An application checklist was implemented in August 2019 which included reminders of FPP evaluation; the checklist was part of the 2nd party self-assessment as mandatory best practice.

Errors significantly reduced but, still present per REDA findings and 2nd party self-assessment reporting | Lead Workers/ Supervisors reviewed applicable manual sections in June 2019.

Lead Worker/ Supervisors conferenced with county's OST representative for clarification of policy in June 2019.

These measures were captured in our quarterly leadership minutes.

Trainings are conducted by Lead Workers/ Supervisors jointly. Surveys given to staff for evaluation of training. Survey feedback is considered for training enhancement/improvement.

Knowledge checks provided to trainees to capture retention of material. Attendees must pass with 90%. If goal not achieved, then one on one policy training. Knowledge check amended and retaken. If failure to achieve 90% after amended recheck; individual would be subject to corrective action.

Knowledge checks included in employee file and captured in annual employee evaluation.

Lead Workers provide quality control for staff not assigned to their unit. Lead Workers conference with Supervisors monthly on error trends identified for their staff. Summary sheet is provided and signed by LW and Supervisor and a copy is forwarded to PM. | MA-3265 MA-3200 MA-3410 MA-3270 MA-2300 MA-2352

2nd Party Webinar

OST cluster meetings

Learning Gateway

NCFAST Help

Began networking with neighboring County on new hire training materials – This County successfully achieved both accuracy standards in the REDA audit 2019. | Reach out to assigned OST as needed for clarification of policy

Request training from OST as needed

Request Networking contact list from OCPI if needed

Notify State of any concerns with NC Fast technology – not properly working, etc. |

AIP Template Development

Implementation, Immersion, & Monitoring

- **<u>Implementation</u>**
  - County incorporates measures outlined in the AIP defined by the root cause analysis

- **<u>Immersion</u>**
  - County immerses in the AIP's measures to allow adequate time to correct and prevent future errors

- **<u>Monitoring</u>**
  - County reassesses the AIP measures, within the stated timeframes, to ensure the objectives are or will be met

When the AIP appears to not be on track to meet the objectives, revisions to the plan should be immediate AND a revised AIP Template submitted to the AIP Representative for review.

Date of AIP Review: _____
Reviewed By: _____
Next Projected Review of AIP: _____

AIP PROGRESS REVIEW AND UPDATES
Section to be completed by authorized reviewer _____ (frequency) and findings reviewed by _____ (Director).

SUMMARY (key findings of review):	KEY STEPS PRIOR TO NEXT REVIEW:

TARGETED IMPROVEMENT UPDATES
Complete 1 row for each targeted improvement identified in the original AIP

STRATEGY/ACTION #1 [List associated action]:

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
TARGET GOAL: STATUS AT LAST REVIEW: CURRENT:	☐ Achieved ☐ In Progress – On Schedule ☐ In Progress – Behind ☐ Not Started	☐ Remove from AIP ☐ Revise/Re-evaluate goal ☐ Continue to Implement ☐ Continue to Monitor	

STRATEGY/ACTION #2 [List associated action]:

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
TARGET GOAL: STATUS AT LAST REVIEW: CURRENT:	☐ Achieved ☐ In Progress – On Schedule ☐ In Progress – Behind ☐ Not Started	☐ Remove from AIP ☐ Revise/Re-evaluate goal ☐ Continue to Implement ☐ Continue to Monitor	

STRATEGY/ACTION #3 [List associated action]:

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
TARGET GOAL: STATUS AT LAST REVIEW: CURRENT:	☐ Achieved ☐ In Progress – On Schedule ☐ In Progress – Behind ☐ Not Started	☐ Remove from AIP ☐ Revise/Re-evaluate goal ☐ Continue to Implement ☐ Continue to Monitor	

AIP Template Reassessment & Revisions

QUESTIONS

AIP Case Auditing

Case Auditing
Begins After AIP Immersion Period

- ## *Similar* Procedures as REDA Audit

  - **7000 AIP forms**

  - **Auditing of prior month's actions**

  - **Five Cases per month per applicable action (Active and/or Negative)**

  - **Three workdays to upload supporting documentation to NC FAST**

  - **Three workdays to concur or rebut error finding**

  - **Ten calendar days for case corrections**

  - **Medicaid Overpayments are applicable during the AIP**

  - **Full Eligibility Review**

Successful Completion or Extension of AIP

- **<u>Completion of AIP</u>**
  - **County meets the 96.8% accuracy rate(s) for THREE consecutive months**
  - **County able to sustain the accuracy rates without a State monitored AIP (not including 100% QA check)**

- **<u>Extension of AIP</u>**
  - **County does not meet the 96.8% accuracy rate(s) for THREE consecutive months**
  - **AIP will continue until the 96.8% accuracy rate is achieved for THREE consecutive months**

Let's look at some examples

Completion Example

- ## Completion of AIP

  - **County meets the 96.8% active and negative accuracy rates in October 2022, November 2022, and December 2022**

  - **Appears the County will sustain the accuracy rates with the measures implemented and frequent reassessment of the Medicaid program**

  - **County's AIP is considered successfully completed and an official letter of completion is issued to the County DSS Director and County Administration**

Extension Example

- **Extension of AIP**

  - **County meets the 96.8% active accuracy rate in October 2022, November 2022, and December 2022**

  - **County meets the 96.8% negative accuracy rate in October 2022 and November 2022 but does not meet the accuracy rate in December 2022**

  - **The County's AIP continues for <u>negative actions only</u>, starting with January 2023 as the first month of the next possible three consecutive months**

QUESTIONS

AIP Cycle 1 & 2 Lessons Learned

AIP Cycle 1 & 2
Lessons Learned

- **Input from all levels of Medicaid staff**

- **Rely on the data – it's available**

- **Drill down to the root cause (isolate it!)**

- **Monitor best practices & internal controls**

- **Keep county administration in the "KNOW"**

- **100% quality check will NOT sustain results**

- **Supervisors to manage staff, not be absorbed in casework**

- **Need help? ASK!**

AIP Timeline
Cycle 3 Counties

Group A Counties

GROUP A
Brunswick
Camden
Columbus
Craven
Graham
Greene
Johnston
Jones
Lincoln
Macon
Mitchell
Pender
Richmond
Stanly
Surry

GROUP A TIMELINE	
July 2022	**Joint Partnership Meeting**
July 2022	**AIP Developed & Jointly Approved**
Through Sept 2022	**County Immersed in AIP**
October 2022	**Auditing begins for Sept actions**
December 2022	**Possible Successful Completion**

Group B Counties

GROUP B
Beaufort
Carteret
Chowan
Cleveland
Duplin
Hyde
New Hanover
Northampton
Pitt
Robeson
Stokes
Wayne

GROUP B TIMELINE	
August 2022	Joint Partnership Meeting
August 2022	AIP Developed & Jointly Approved
Through Jan 2023	County Immersed in AIP
January 2023	Auditing begins for December actions
March 2023	Possible Successful Completion

QUESTIONS

The Importance of
INTERNAL CONTROL ACTIVITIES
for Compliance and Success

Purpose of Internal Control Activities

Achieves Effective & Efficient Operations → **Minimizes & Controls Risks** → **Identifies Defects**

Improves Medicaid Accuracy Standards

Internal Control Activity Example

DETECT

Identify the Risk

Quality Control

Internal Second Party Reviews (DHB-7078)

Targeted Reviews

Staff Engagement/Feedback at ALL Levels

Stakeholder Surveys

Audit Results

REDA Error Trend & Data Analysis Report

CORRECT

Prioritize the Risk

Education

Effective New Hire Training & Mentorship

Learning Gateway/Fast Help Job Aids

County Facilitated Refresher Trainings

Training Surveys (Feedback is Important)

Program Newsletter

Networking with Counties

PREVENT

Eliminate the Risk

Implement Measures

Communicate Requirements to Staff

Working Documents

Eligibility Checklists

Deadline Calendar

Uploading Document Standard

Quality Assurance for Effectiveness

Reassess within Determined Timeframe

OBJECTIVES MET

Monitoring of Internal Controls

Favorable Outcomes

Achieved Required Accuracy Standards

Benefits Approved & Denied/Terminated Correctly

Elimination of Overpayments

Equitable Distribution of Work

Employee Engagement/Feedback

Increase in Employee Morale

Program & Individual Accountability

DETECTING	CORRECTING
PREVENTING	ELIMINATING

Next Steps

- **<u>Joint Partnership Meeting</u>**
  - **Group A Counties – July 2022**
  - **Group B Counties – August 2022**

- **<u>Monthly Meetings with County DSS & AIP Representative</u>**
  - **Begin After Joint Partnership Meeting**
  - **Implementation, Immersion, & Monitoring of AIP**

QUESTIONS

Contacts

Betty Dumas-Beasley
Associate Director, Member Compliance
betty.j.beasley@dhhs.nc.gov

Jonelle Berky Marable
AIP Lead, Audit Resolution Consultant
jonelle.marable@dhhs.nc.gov

AIP Representatives and Analysts

Bridget Brewington
bridget.brewington@dhhs.nc.gov

Pam Cooper
pamela.cooper@dhhs.nc.gov

Sandra Callis
sandra.callis@dhhs.nc.gov

Susan Castle
susan.castle@dhhs.nc.gov

Autumn Johnson
autumn.m.johnson@dhhs.nc.gov