

NC Department of Health and Human Services
NC Medicaid

Webinar FAQs
Medicaid and Health Choice Eligibility
Second Party Review Reporting &
Self-Assessment Training

Office of Compliance and Program Integrity December 2020

Can the identified error trends, that were shared in today's webinar, be documented in one location for counties to access?

Error trends for eligibility errors have been added to the PowerPoint presentation and can be found on slides 18 & 20.

One of our county's lead workers have asked, if it is possible to have a DMA-7078 for reviews and another DMA-7078 just for applications? This is how Special Assistance has their second party review forms and our lead workers find having two more efficient.

We will take your suggestion into consideration. Thank You!

Am I understanding correctly, second party reviews should be completed by lead workers?

Supervisors, lead workers, trainers, and QA staff should conduct second party reviews.

Can this be used as a training tool? For example, worker does their own second party review and their supervisor/lead worker reviews the same case to compare?

Caseworkers can conduct peer to peer reviews. Supervisors, lead workers, trainers, and QA staff should conduct second party reviews.

When we initially discover an eligibility error, we cite the error as such. Once corrected and determined that the error no longer affected eligibility, should the error be reported as an internal control or remain an eligibility error? We want to make sure we are citing and reporting our findings correctly.

This appears to be an undetermined eligibility error and should be reported as such regardless of the outcome after case correction. Second party reviews should be used as a tool to identify where the risks are occurring in determining Medicaid eligibility.

Would you consider an incorrect verification in NC FAST a technical error? For example, in NC FAST, residency evidence was managed with verification different than what was in the record.

Yes, this is a technical error. The evidence managed in NC FAST should match the verification in the record.

What are some suggestions to meet the accuracy rate when you have multiple vacancies within Adult Medicaid.

DHB suggest counties to cross train caseworkers within the Medicaid program. Caseworkers determining eligibility for both, F&C and Adult Medicaid, increases the caseworker's capability to meet the unexpected and expected demands of the program. Being duly trained also reduces the risk of an applicant not being evaluated for all Medicaid programs.

Does DHB suggest completing a paper budget outside of NC FAST? Our county is under the impression that a paper budget is not required.

If a county's second party reviews identify income/budgeting errors, the county should implement measures to eliminate these type of errors from recurring. One of these measures may include, the county requiring staff to complete a paper budget to compare to the NC FAST eligibility determination prior to accepting the decision. This will allow the county to ensure the income evidence was managed correctly. The paper budget should be uploaded into NC FAST for internal monitoring purposes. Uploading the paper budget in NC FAST will help the county assess if the measure implemented (paper budget) is being effective in eliminating income/budgeting errors. As a reminder, do not report best practices or implemented measures, such as a paper budget, in your quarterly reporting.

For quarterly reporting, is the expectation to have all training and corrective actions completed prior to submitting the report? For a large county, we wait until all results are in before training. Is this acceptable for OCPI?

Counties should be conducting second party reviews on a monthly basis. Corrective action measures should be implemented immediately for the errors identified. These measures should be clearly listed on the second party tracking spreadsheet. If a county has not completed a corrective action plan for <u>all</u> errors identified, the county should still submit their report timely. The county will not be considered compliant until a complete corrective action plan, with the required verification, is submitted.

Prior to COVID-19, when policy requires a NCF-20020 to be sent and it was not sent, the case would be cited as an undetermined eligibility error. Due to COVID-19, termination of Medicaid is not allowed for most beneficiaries. When the household is redetermined to be over the income for all programs or eligible for a lesser benefit, we were instructed a NCF-20020 should still be sent. When the NCF-20020 is not received or is received with the required verification and the determination remains the same (over income), should the case still be cited as an eligibility error or technical error while these waivers are in place?

Per Medicaid policy, the NCFAST-20020 is required when eligibility cannot be determined or when eligibility results in a lesser benefit/termination. Since the NCF-20020 is required by policy, this issue would need to be captured under the second party review reporting if policy not followed. Even under COVID-19 provisions, if the NCF-20020 is not provided to the beneficiary, it cannot be determined if the beneficiary is potentially eligible for a greater program, the same program or eligible under a different funding source. Therefore, true eligibility is undetermined at the time the action was taken by the worker/agency. The error would be captured as Undetermined on second party review reporting since eligibility cannot be determined, at the original action date, due to failure to follow MAGI Recertification policy.

Forsyth County has a QA plan that identifies what is being covered in today's webinar. The department's supervisors and lead workers have been trained on the expectations. We don't mind sharing our plan with you.

This is great! Thank you for sharing! Counties are encouraged to network with one another.

We would like to network with other counties for program training plans and materials, internal controls and tools implemented, working documents, etc. Is there a resource available to see which counties are willing to network within the Medicaid program?

DHB encourages counties to network with one another. Counties have reached out for assistance and we were able to pair counties together to meet the need. DHB will be creating a contact list for counties that wish to network with one another to strengthen their internal processes. Be on the look out for our email soon!

Please Note:

Questions have been edited for grammar & content

<u>Duplicate questions were omitted</u>