

NC Department of Health and Human Services
NC Medicaid

Webinar FAQs from Medicaid Eligibility Determinations County Audit Plan

Office of Compliance and Program Integrity

February 2019

Where specifically in NC FAST will the reviewer expect the support documentation to be scanned and located?

Please refer to the NC FAST Document Management Overview and Taxonomy Reference Guide located in FAST Help.

Will the potential dollar amount be included in the findings? If not, at which point will the county be made aware of this amount?

Tentatively, overpayment amounts will be shared with counties at the end of each State Fiscal Year (SFY) and at the conclusion of the annual audit.

Is there a plan to add reasonable compatibility training to the learning gateway?

Question has been sent to the Operational Support Team (OST).

What is the turnaround time for the state to respond to a county when they refute an error?

Depending on the error cited, Office of Compliance and Program Integrity (OCPI) may need to inquire with other divisions in the department such as OST, Medicaid Eligibility Services (MES) and NC FAST. The goal is to provide a decision to the county as quickly as possible.

When a case is found to be ineligible and an overpayment is calculated, how many previous months will that overpayment encompass?

Slide 27, "Recoupment Methodology County Overpayment Calculation" defines the methodology and calculation as, "The state will conduct a review of state expenditures paid for the month of initial determined eligibility through the month of case correction/termination to calculate the overpayment." Examples of county overpayment calculations can be found on slides 28 and 29.

Is the ROD one system or through each county's Register of Deed's office?

Counties can access/search Register of Deeds (ROD) electronically on each county's website.

When will the 2019 Application Time Standards chart be released?

Question has been sent to MES.

Are we required to upload sensitive information regarding adoption and foster care cases into NC FAST such as the DSS-5012 and DSS-5013?

Please follow current policies and procedures.

You are noting a DMA-7005CA, but we are getting a DMA-7003.

Counties are required to complete the Case Correction Verification form (DMA-7005CA) within 30 calendar days or less to provide verification of case corrections. The Corrective Action Report form (DMA-7003), which documents the county's corrective action plan, will not be used for cases cited in error for the County Audit.

Will the approval notices ever be automated in NCFAST?

Question has been sent to NC FAST.

If an error is found during the 5 day period, can it be corrected at that time?

Errors should be corrected upon immediate discovery however the errors will be cited.

How will Medicaid Transformation play into this as beneficiaries will not have a PCP they will have a plan?

If a county has an overpayment, state expenditures including capitation charges from the beneficiary's plan will be part of the recoupment.

Am I understanding that counties will have the Single county audit and a State audit?

The Single Audit Compliance is conducted every SFY which requires any agency that receives federal funding conduct a state compliance audit. Each county's county manager selects a local Certified Public Account (CPA) firm to conduct this financial audit. There are two federal audits conducted, the Payment Error Rate Measurement (PERM) is conducted every three years and the Medicaid Eligibility Quality Control (MEQC) is conducted on the off years of PERM. The new County Medicaid Eligibility Determinations Audit was passed under Session Law 2017-57 for the state to conduct annually over a three year period.

You mentioned earlier that there was a total of 200 cases that would be reviewed. However, it was stated that 20 cases would be reviewed. Could you clarify this.

During the county's cycle assignment, twenty cases (10 active and 10 negative) will be reviewed monthly for 10 months totaling 200 cases.

What is OCPI?

Our team of staff is managed by the Office of Compliance and Program Integrity (OCPI)'s Quality Assurance Manager of NC Medicaid. We provide oversight to the Local County DSS in the areas of quality assurance, beneficiary fraud, abuse and waste along with auditing and county compliance.

Can the state make the Time Standards Chart available on or before January 1 of the needed year. These dates are crucial for correct notices and it is better for workers to use the state issued Time Standards chart as opposed to counting days or making their own charts.

Question has been sent to MES.

Counties will be audited 200 cases. Is this based at all on county population, or will this number be modified in respect to county population?

The 200 cases was not based on county population and will not be modified in respect to county population. The County Audit is mandated by Session Law 2017-57.

Will the auditor have full access or inquiry access only to NCFAST?

The auditors will have inquiry access in NC FAST.

Will the auditors have specific timeframes for sending their findings to the counties?

The auditor has within 30 to 45 calendar days to return the case findings. This timeframe starts after the 5 workdays is given to counties upon receiving the list of cases.

Will there be an expedited process with the Help Desk when correction requires help desk ticket? Question has been sent to NC FAST.

Will the state set mandated case load sizes for all counties as part of this process?

Question has been sent to MES.

Cases on hold only show under the worker's NC FAST access. Will NC FAST ever produce a report for supervisors to review what is on hold? This will assist for when caseworkers are on leave and

Question has been sent to NC FAST.

also vacant caseloads.

Can you also include the DCDL reference again when you send out the webinar information? The reference you gave earlier could not be located.

The links are included on slide 37.

Can you tell me if the DMA-5075 is still required for F&C MAGI reviews?

The DMA-5075 is no longer required for Medicaid reviews.

Will you update the auditors on policy regarding SSI?

The auditors will follow policy outlined in the state eligibility manuals.

Will counties get common errors found as they review counties?

OCPI will consider a quarterly terminal message identifying state error trends.

Could you please review capitation payments?

"Capitation payments are defined, periodic, per-patient payments (usually monthly) for each individual enrolled in a capitated insurance plan. For example, a provider could be paid per-month, per-patient, despite how many times the patient comes in for treatment or how many services needed."

With P12 on hold, will there be a list sent with designated places to put the information in NC FAST? Please see NC FAST weekly communication dated February 1, 2019.

Will this affect the quarterly QAs we do already?

The County Audit will not effect the corrective action plan for Medicaid Eligibility 2nd Party Reviewing.

There is updated income policy in the IEM that has not yet been updated in MA 2250 (for example, child support income base period). Are we to keep using IEM for income policy until all income changes in IEM have been revised in 2250?

Question has been sent to MES.

Do we continue to use the IEM or do we use all the income policy from the regular manual? Question has been sent to MES.

Will there be a time SSI terminated, will they put and end date on the person page?

Question has been sent to NC FAST.

We have been told that counties have 5 days to rebut an error and 30 days to make corrections if needed. Does the contractor have a time expectation for determining if a case has an error and sending the 7002 and 7001 to the county? This will also affect the overpayment period.

Yes, the contractor has timeframes.

Are these tips and reminders going to be included in the power point when it is posted?

The webinar has been recorded and posted to the Division of Health Benefits (DHB) website.

What is day one of the 5 days to upload information? Is it the day the cases are received or the day after they are received?

Day one starts the day the county receives the list.

Are they working on perfecting the SSI term and SSI Alert report?

Question has been sent to NC FAST.

Just for the sake of clarity, it was just stated that Adult cases should not have much attached into NC Fast unless it's something such as a life insurance policy that cannot be gathered electronically, however I was under the impression that how residency was verified, verification of real property (or lack thereof), etc were to be attached as well. Is the ascertain that only eligibility related items are required to be attached into NC Fast?

All verifications used to determine eligibility should be uploaded into NC FAST within 5 workdays of the county receiving the list of cases.

Will the audits be completed at the beginning of each month so we can correct and meet 8110 deadline?

Audits will be conducted throughout the month.

Just for verification, all policy in the Integrated Eligibility Manual has been moved back to the old Adult & Family & Children MA manual?

Question has been sent to MES.

Are we going to get updated guidance on where to put case documentation in NC FAST? The last guidance was rescinded and we never received an update. If the auditors are going to be accessing remotely, it will be important for counties to be on the same page.

Question has been sent to MES. The County Liaison form requires counties to indicate the individual county's documentation procedure in NC FAST.

Can we get this power point after the presentation?

The PowerPoint presentation has been posted to the DHB website.

Is the ROD available through NC FAST?

ROD is not available in NC FAST but through the individual county's website.

Will we receive a list of cases for each month before they begin auditing or only if they do not find something in NCFAST?

The list is sent monthly before the audit begins.

What is the second tool to use during 2nd parties?

OCPI has provided two tools to assist counties when conducting case reviews. The tools are the 2nd Party Review Worksheet (DMA 7078) and the Eligibility Review Document (auditor's tool). The links to these tools have been added to the presentation and can be found on slide 37, "Additional Resource Links to Reference."

Can we receive a copy of the combined tool (contractor's tool)?

After receiving guidance from the Office of State Auditor, the link for the QA Audit Tool (contractor's tool) for Active and Negative Reviews can be found on the DHB website at https://medicaid.ncdhhs.gov/training.

Note: Duplicate questions asked during the webinar were omitted