REDA FAQs

Initially it was stated not to add SSI children on cases, but it was just stated to add them so that the HH is computed correctly. Please clarify.

Please refer to Medicaid Policy and NC FAST Job Aides. HH members should be input in NC FAST to allow NC FAST to run the rules to determine appropriate HH/Family Size and correct eligibility determination.

Can we get the information from the State on how to calculate the last day for a timely notice? It is hard to calculate when there are State holidays. Is there a schedule (calendar) of 8110 cut-offs each month? We know FNS still gets a time standards chart that includes their adverse action dates. Does Medicaid have something similar?

We will forward this request to Medicaid Eligibility Services.

Do we update evidence for things that have no change since the last review/application if there are no changes to the information?

Please refer to Medicaid Policy and NC FAST Job Aides when managing evidence in NC FAST.
If Counties are not supposed to touch cases currently in the audit process, what should the County do if a change is received/required while the State has the case? Will this be a “ding” against the County for not reacting appropriately?

Please refer to Medicaid Policy on how to react to changes. As far as changes/corrections for cases pulled in the REDA audit, corrections for the Action Date under review should not be made until the County receives the DMA-7002CA Case Findings Report. If an error is discovered by the County within the 5 workday upload period, please do not react to the error. Once the auditor has reviewed the case, the DMA-7002CA will be emailed to the County along with the DMA-7001CA (Concurrence/Rebuttal form) and DMA-7005CA (Case Correction Verification form). Upon receipt of the case findings from the auditor, the County should immediately initiate case corrections.

Would it be a technical error if the worker does not use SSA Benefit dates on the SOLQ, Bendex or the Disability Onset Date based on SDX or SOLQ?

Please refer to Medicaid Policy and NC FAST Job Aides when managing evidence in NC FAST.
REDA FAQs

We would like a simple way to verify VA income, all retirement income, and all life insurance. We would like for closed bank accounts to appear in AVS again, as well as add First National Bank, Highland Union Bank & Life Store Bank to AVS. We will forward this request to Medicaid Eligibility Services.

Will we have access to this PowerPoint?
Yes, the Webinar along with the Q&As will be archived on the DHB website for future reference. The Webinar and Q&As will be located under the Counties link and Training section.

If we note an error in a case chosen for audit and are not able to make the correction, who is responsible for that portion of the overpayment?
The County is responsible for overpayments on their eligibility determination actions that result in months of ineligibility or erroneous benefits/claims.
What is the timeframe for a response from the auditor when a county rebuts the error finding? Will the 20 days to make corrections start once the response is received?

OCPI/QA will provide the Rebuttal Response to the County as quickly as possible. Please keep in mind with some cases, QA may need to consult with OST, MES, and/or NC FAST. The 20 calendar days begins on the date of the DMA-7002CA Case Findings Report. The DMA-7005CA Case Correction Verification will display the 20-calendar day deadline.

Will the liaison form be sent to the Director?

Yes, the County Liaison Form will be emailed to the DSS Director on Friday morning, December 6, 2019 and is due back to QA by Friday, December 13, 2019.

We were told by OST there was no need to reverify a Life Insurance Policy if the policy was under $10,000.

Please refer to Medicaid Policy and NC FAST Job Aides regarding appropriate verification of Resources and managing Resource evidence in NC FAST.
REDA FAQs

For large counties, can we have more than 2 liaisons to ensure that information is reacted to timely?

Yes, please include the preferred contacts on the County Liaison Form being emailed on Friday, December 6, 2019. If unable to indicate all contacts on the liaison form, please include the additional staff in the body of your email when responding to QA.

Will all 20 cases be given to the County at one time or will it be sporadic throughout the month?

Each month, the County will receive a Case Request Letter from the auditor that will list all 20 cases that will be reviewed for that month. All 20 cases will be indicated on the Case Request Letter and provided to the County at one time, generally on the 4th workday of the month.

Will all cases be returned at one time after they have been reviewed by the QA auditor?

No, case findings will be provided to the County as each case has been reviewed. Auditors will initiate active cases before reviewing negative cases. The DMA-7002CA Case Findings Report will be provided as each case audit is completed.
REDA FAQs

Just to confirm, if an approved client is determined to be ineligible in a redetermination and the County corrects the case BEFORE the client receives benefits erroneously, the County will still receive an error, but they could potentially have no payback. Is this correct?

Each case may vary depending on case details. However, it is possible that a case will be cited in error and not result in an associated overpayment. Eligibility reviews will be conducted on a case-by-case basis, with overpayment considerations evaluated on the back-end of the audit process.

During the audit period, what months are being looked at?

Current eligibility is being reviewed. The eligibility action date will be in the month prior to the audit review month. Example: Case being reviewed in February 2020 will be for actions taken in January 2020.

Note: Duplicate questions asked during the webinar were omitted