
IMPROPER MEDICAID BENEFITS & QUALITY CONTROL

QUALITY CONTROL

- A. INTRODUCTION** A Medicaid Eligibility Quality Control (MEQC) review on a random sample basis is required by federal regulations on all Non-SSI aged, blind, and disabled actions handled by the Medicaid Eligibility Division, Regional Office. To carry out this function, it will be necessary that staff follow the procedures set out below.
- B. MEQC PROCEDURES** MEQC reviews are accomplished by MEQC Management Staff, Medicaid Investigators with Quality Control and Medicaid Regional Office staff.
- 1. MEQC Management Responsibilities** The MEQC Management Staff will:
- Submit MEQC Sampling Plan information to the HCFA Regional and Central Offices for approval as required by federal regulations.
 - On a monthly basis, identify the cases to be reviewed by using a HCFA approved scientific random sampling method of the aged, blind, disabled Medicaid only cases in the MMIS Recipient file.
 - Assign the sampled cases to the appropriate Medicaid Investigator who will conduct the field audit on the cases.
 - Review the Medicaid Investigator's MEQC findings and clear with the Medicaid Investigator as necessary.
 - Notify the Medicaid Regional Office of the MEQC findings with a copy of this notification to the Medicaid Eligibility Division.
 - Submit the appropriate MEQC findings to the HCFA Regional and Central Offices in the time and manner as required by federal guidelines.

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2. **Medicaid Investigator Responsibilities**
- The Medicaid Investigator of the MEQC Unit will:
- Instruct the Medicaid Regional Office to mail the case record to his/her attention in the State Medicaid office.
 - Analyze the case record, make copies of pertinent material, record information on the MEQC work forms.
 - Return the case record to the appropriate Regional Office no later than two weeks after it is received.
 - Conduct a field investigation in accordance with the MEQC policy.
 - Complete the review with decisions based on MEQC findings and federal and state policy.
3. **Medicaid Regional Office Responsibilities**
- The Medicaid Regional Office will:
- Immediately upon receipt of a request for a case record from MEQC, mail the case record to the appropriate Medicaid Investigator.
 - Upon receipt of the notice of MEQC findings, review the report and determine if agreement exists.
 - If the Regional Office disagrees with the MEQC findings, a memorandum should be sent immediately to the Medicaid Eligibility Division stating the reason for the disagreement and providing any relevant documentation. The disagreement will be resolved as described below.

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**4. Disagreement
Resolution
With MEQC
Findings**

When the Medicaid Eligibility Division receives a reconsideration request from a Regional Office within the two week period from mailing of the MEQC findings to the Regional Office, staff in the Medicaid Eligibility Division will review the information provided by the Regional Office and forward to the MEQC Unit for reconsideration.

The MEQC Unit will:

- Review the Regional Office reconsideration request and accompanying documentation and make a final decision on the review.
- Make corrections on the MEQC worksheets if necessary.
- Provide a written notice of the decision to the Medicaid Regional Office.
- Report final MEQC findings to the HCFA Regional and Central Offices in a time and manner as required by federal regulations.

NOTE: A reconsideration cannot be made on a MEQC finding if the request for the reconsideration is received more than two weeks after the mailing of the MEQC notice to the Medicaid Regional Office.