

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

100.05 QUALITY CONTROL

A Medicaid Eligibility Quality Control (MEQC) review on a random sample basis is required by federal regulations on all non-SSI Medicaid actions handled by the regional offices. On a monthly basis, cases are selected for review from the MMIS Recipient file using an approved sampling method. The sampled cases are assigned to a Medicaid Investigator who will:

- Request that the regional office mail the case to his/her attention at the state office;
- Review the case record, make copies of pertinent material, record information on MEQC forms;
- Return the case to the appropriate regional office within 2 weeks after it is received;
- Conduct a field investigation as defined by MEQC policy;
- Complete the review and make an eligibility decision based on MEQC findings and federal and state policy.

The MEQC supervisor then reviews the investigator's findings and notifies the regional office of the review outcome. A copy of the MEQC memorandum is also issued to the Bureau Director, Deputy, over the regional office and the Deputy Administrator for Enrollment.

Regional Office Responsibilities

The Medicaid Regional Office will:

- Mail the case record to the appropriate Medicaid Investigator upon receipt of a MEQC request;
- Review the case record upon receipt of notice of MEQC findings to determine if there is agreement with the finding;
- When there is a disagreement with the finding, send a memorandum immediately stating the reason for the disagreement and providing any relevant information to the Bureau Director, Deputy, who will review and forward the disagreement to the Bureau of Enrollment. Appropriate policy staff will complete a final review before the disagreement is provided to the MEQC supervisor for re-consideration.

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100.05.01 MEQC DISAGREEMENT RESOLUTION PROCESS

The request for reconsideration must be received from the regional office within a 2-week period based on the mailing date of the MEQC findings to the regional office. As indicated, staff in the Bureau of Enrollment will review the information and if the disagreement is appropriate, will forward it to the MEQC supervisor requesting reconsideration. MEQC will:

- Review the regional office’s reconsideration request 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 regional office;
- Make final MEQC findings to CMS within the timeframe and manner required in federal regulations.

NOTE: The finding will not be reconsidered if the request for reconsideration is received more than 2 weeks from the mailing date of the original finding to the regional office.

100.05.02 FAILURE TO COOPERATE WITH MEQC

If the recipient fails to cooperate with Medicaid Quality Control and the investigator is unable to obtain information needed to complete the review, it will be referred back to the regional office for a redetermination. As part of the redetermination process, the information needed by Quality Control will be requested. If the information is not provided, coverage will be terminated because the agency is unable to determine eligibility.

100.05.03 CORRECTIVE ACTION

A corrective action committee at the Division of Medicaid is responsible for reviewing the overall MEQC findings after the review data has been compiled. If the state error rate exceeds federal tolerance, a corrective action plan must be implemented. The Bureau of Enrollment is responsible for identifying major error trends and planning, developing and evaluating the short and long-term responsibilities, tasks, and goals of the corrective action plan. Implementation of the plan involves staff at the state and regional levels working together to eliminate or reduce errors and misspent dollars identified through the MEQC process.