

Case Accuracy Review Selection Process Revenue Maximization Unit

Overview

Case accuracy reviews are an essential tool used to ensure all mandated case accuracy standards are met. Full reviews from initial determination through review month in each Medicaid Class of Assistance are necessary so that not only error prone areas but all areas will be looked at for accuracy. The CASE ACCURACY REVIEW (CAR) form and instructions have been developed to review all OFI programs (excluding ABD) for case accuracy. The new case accuracy review form will enable supervisors and others to identify strengths and error prone areas. Automation of the Case Accuracy Review Form will enable supervisors and others to monitor the strengths and training needs of not only the state, but also individual counties and workers.

The following guidelines are established for case accuracy reviews:

- First level reviews will be completed **monthly** for all programs: FS, Family Medicaid, TANF, TANF/FS, Child Care and Children in Placement Medicaid in all counties/regions.
- First level reviews for all programs must be completed prior to finalization if at all possible.
- Field Program Specialists will perform second level reviews during regional visits.

Random Sampling Methods Overview

The number of reviews completed must be random and will be based on the following:

- A minimum of 5 cases per Medicaid Eligibility Specialist (MES) with a maximum of 35 cases per supervisor for all COA's to be reviewed each month.
- The state office will calculate percentages twice a year and notify each region of the minimum number of cases to be reviewed per month.
- Regions are also encouraged to read cases in error prone areas such as earned income and unearned income cases.
- If additional cases need to be read, supervisors should select samples from active and closed cases within the review month.

Sampling Method by Program

Medicaid:

- Deficiencies are now possible in Family Medicaid
- If additional reviews are to be pulled, supervisors should select samples from recently closed cases, using the case manager's monthly work cards or cases identified through other methods
- At least quarterly, cases from all Medicaid COAs must be reviewed

First Level Reviews

The number of reviews can be adjusted to accommodate the demographics of a region's caseload. Any adjustments would need to be approved by the OFI Operations Manager and the Medicaid Unit Manager

Note: It is beneficial for regions to complete first level reviews prior to finalization if at all possible. Errors discovered prior to finalization and errors discovered after the action has processed will be reported to the state office each month. However, regions will be given credit for cases corrected prior to finalization in the adjusted accuracy rate.

Second Level Reviews:

Second level reviews are required for all counties allocated second level administrative positions and/or Economic Support Administrator positions. This review is required to ensure first level reviews are completed in accordance with all program policy and CAR procedures.

The sample size for second level reviews will be 40% of the total cases read per supervisor and/or region. Cases will be selected from all first level reviews completed in the previous month.

Program Specialists will complete second level reviews during scheduled region visits. They will read 40% of the total number of reviewed cases in a selected month. Program Specialists will review randomly selected second level reviews to ensure correctness and verify all required corrections were completed in a timely manner.

Document Completion:

The CAR form is designed to improve the process of case reading for multiple programs. Completion of a form for each case reviewed is mandatory. The original review form will be maintained in the case record and the summary sheet will be filed with the supervisor's monthly CAR file for reporting purposes.

In addition, the reviewer will document each case reviewed on the program specific narrative (SUCCESS-NARR screen) with the following information:

- The date the review was completed
- The findings, noted as correct, error or deficiencies
- If the case is incorrect, the error/deficiency must be documented with correction(s) needed and the due date for correction(s) to be made

It is vital regions track noted errors and deficiencies to insure all required corrections are completed. A reasonable timeframe for completion of necessary corrections is to be established and adhered to for all programs. As part of scheduled region visits, Program Specialists should read a random sample of case reviews in which corrections were required to ensure all corrections were accurately completed.

Definitions

Where appropriate the following definitions will be used:

- Accuracy Rate
$$\frac{\# \text{Cases Initially Correct} + \# \text{Cases Initially Deficient}}{\# \text{Cases Read}}$$
- Adjusted Accuracy Rate
$$\frac{\# \text{Cases Initially Correct} + \# \text{Cases Initially Deficient} + \# \text{Errors Corrected Prior to Finalization}}{\# \text{Cases Read}}$$

- **Correct Case**
Medicaid eligibility, COA, funding source and reimbursability are correctly determined and thoroughly documented in case record and at all appropriate screens in SUCCESS.
- **Deficient Case**
Initial determination, review item or notice of change insufficiently addressed in case record and/or SUCCESS documentation and there is no error in the eligibility and reimbursability determination.
- **Error Case**
 - Incorrect eligibility/COA and/or reimbursability determination – OR-
 - Eligible for and not receiving benefits –OR-
 - Incorrect AFDC Relatedness criteria determination: financial need, deprivation, specified relative, living with/removal from, age –OR-
 - Ineligible for but receiving benefits- OR-
 - Denial or closure of a case that was actual eligible

Reporting

Reports of accuracy findings are due by the fifteenth of the month following the review month. Regions must report all case reviews completed, including errors discovered prior to finalization.

- Reports are due by the 15th of each month; if the 15th falls on a weekend or a holiday, the report is due the following work day. Revisions are not possible after the deadline.
- One report per region should be submitted in a single e-mail as attachments with the region number in the subject line.

Request for Reduction

The minimum number of case accuracy reviews for all programs is required to be completed each month unless a reduction request is submitted and approved by the OFI Operations Manager and Medicaid Unit Manager. Because of the direct impact of accuracy reviews on the accuracy rate, a complete waiver of all reviews will not be granted. Before modifying the number of first level reviews, the Program Specialist will work with region staff to develop alternate review methods. All avenues of completing case reviews including assistance from other regions and completion of peer reviews within the region must be exhausted prior to requesting a reduction.

No reduction will be approved for a prior month. The request must be approved by the Regional Manager prior to submission to the State Office. A copy of the approved request must be maintained on file in the region. ***Note:** For E&R purposes if the form is not included with the case accuracy review log, the region will be considered non-compliant in case accuracy reviews.* If a reduction is not requested, the region will be held accountable for completing the mandated number of reviews.

Regional Case Accuracy Review Plan

A case accuracy review plan will be developed by each region. The plan will be approved by the RevMax Unit Manager. The first plan is due to the RevMax Unit Manager prior to implementation of the new CAR process. The case accuracy review plan will include the following:

1. The total number of case accuracy reviews with a percentage breakdown of each Class of Assistance being reviewed.
2. A process for reading records when there are supervisor/worker vacancies or supervisors/workers out on extended leave.
3. This plan should not utilize Field Program Specialists as a first option in completion of case reviews.

In summary, the case accuracy review is an important tool for supervisors to use to monitor not only the quality of work being done but also the building of stronger families. The full record in conjunction with SUCCESS reviews will ensure supervisors are looking at the quality of the case and compliance with Title IV-E statutory and regulatory provisions and application of Medicaid policy.

Effective Dates for Implementation of CAR Revisions

These instructions are effective with the review month of July 2007 case actions. Results from the July 2007 review month will be due by August 15.