



Webinar FAQs from “*Accurate Self Reporting*”

**Presented by Office of Compliance & Program Integrity
(OCPI)**

August 2018

Accurate Self Reporting FAQs

There was a statement made that paper budgets are not required per policy, so therefore would not be cited as an error if they are not in the record. However, there are instances in which we have been instructed to key a Forced Eligibility case. We have been told in the past that we must have a manual budget on file for these. Would this be an exception to that statement? And, if so- if there was no manual budget, would it fall under internal control or eligibility?

NC FAST does not run eligibility rules for Forced Eligibility cases therefore a manual budget is required. If a manual budget is absent from the record and the case remains eligible an internal control error would be cited.

Are inquiries being reviewed for Second Party by the state, or in the Federal Audits?

At this time inquiries are being conducted by the application monitoring. The Office of Compliance and Program Integrity (OCPI) will eventually assume this responsibility.

If we approve (or deny) an application and then realize that the determination is incorrect, and are able to correct it prior to the issuance of benefits and within the application processing time frame- would that be an eligibility error from a state/federal viewpoint?

The question has many elements. If eligibility was activated in error, the County must notify the claims department in Eligibility Services the same day to request the removal before benefits show in NCTracks. An error would not be cited in this situation.

Is Asset Verification System (AVS) required for Adult only or Family and Children's as well?

AVS is required for Adult Medicaid cases only.

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If there is a system issue that causes an incorrect eligibility or an internal control error (i.e. evidence is appropriately entered on a Modified Adjusted Gross Income (MAGI) case, but the incorrect determination is generated once the application is approved), what category would that fall into? How is that currently being differentiated when reviewing state and county error rates?

System errors are not included in the calculation of error rates.

The DMA 7078 does not seem to be applicable to North Carolina Foster Care (IV-E) cases? Is that true?

Counties are encouraged to send feedback and suggestions regarding the DMA 7078 to their quality assurance (QA) analyst. All suggestions and feedback will be taken into consideration.

The application DMA 5120 is not even on the form.

Counties are encouraged to send feedback and suggestions regarding the DMA 7078 to their QA analyst. All suggestions and feedback will be taken into consideration.

The Centers for Medicare and Medicaid Services (CMS) standard of 3.2 percent was mentioned but a 10 percent error rate was also mentioned. Can you please clarify which standard we should be attempting to meet?

There are two standards. The 3.2 percent is the CMS regulation for ineligible cases (including denials and terminations). The 10 percent is a North Carolina mandate for internal control errors - counties did not follow policy or procedure however the individual remained eligible.

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The DMA 7078 second party form does not break down these errors. It only states Y, N or N/A on form. Will the form be altered to list this on the individual reviews?

Counties are encouraged to send feedback and suggestions regarding the DMA 7078 to their QA analyst. All suggestions and feedback will be taken into consideration.

Single Auditors ask us for a manual budget in Medicaid because the screens in NC FAST do not clearly show what they need. Are we to understand that we can advise them of the instruction in the webinar and our cases will not be called in error?

OCPI has met with the local certified public account (CPA) firms and shared manual budgets are not a requirement and therefore the firm should not cite the case for this particular reason. Manual budgets are needed for Forced Eligibility cases.

Are notices considered eligibility errors or internal control errors for the purpose of second party reviews?

Notice errors are considered internal control errors.

Would sending the wrong notice, for example 5003 vs 8110, be considered an internal control error?

Yes, anytime a notice is absent from the record or an incorrect notice is sent an internal control error is cited. Also, an internal control error is cited anytime the notice includes inaccurate information. Counties should reference policy when sending and completing notices.

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How are individual county's eligibility error rates being reported? Is there a report that we can review to see where our County stands now.....so that we can know if we have improved individually overtime?

The error rates for Medicaid and North Carolina Health Choice (NCHC) are calculated separately and automatically on the County's quarterly tracking spreadsheet. Counties will receive their Medicaid and NCHC error rates for state fiscal year (SFY) 2018 by the end of this month (August 2018).

If a case was cited for not running AVS by approval but was ran later determining the client remaining eligible would this still be reported as an ineligible error?

Yes, an eligibility error would be cited if policy states AVS must be ran on a particular case. You must look at the information that was available at the time the case was disposed. AVS is a mandate for Adult Medicaid cases.

Will we use the old or new spreadsheet for July through September data submitted in October?

We hope to have the revised second party review spreadsheet to Counties shortly for the reporting due in October for July, August and September findings.

Did you say to NOT send a copy of the DMA 7078 with our quarterly report? We were told to submit them.

Yes, please do not send copies of the DMA 7078. Some Counties have included an individual conference section on the form as part of their corrective action plan (CAP). In this instance, the DMA 7078 can be forwarded with the quarterly spreadsheet.

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Can you repeat which types of cases or caseworkers whose cases should not be included in the quarterly report?

A good representation of MAGI and Non-MAGI cases must be included quarterly. This includes Family and Children Medicaid (including deductible cases), NCHC, Adult Medicaid and Long Term Care (LTC) cases. Cases processed from caseworkers in 100 percent quality control (QC) should not be included. Meaning, a case that is second partied before activation should not be included in the sample.

If we have questions about the DMA 7078 itself, who do we contact?

Counties are encouraged to send feedback and suggestions regarding the DMA 7078 to their QA analyst. All suggestions and feedback will be taken into consideration.

Please encourage Directors to send staff to the Social Services Institute (SSI).

As soon as OCPI gets the agenda, we will definitely advocate with the directors due to overpayment requirements.

Could you please clarify what would be considered a third party liability (TPL) error ?

An example of a TPL error, would be when an individual has private health insurance and the evidence was not entered into NC FAST.

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Going back one. If ineligible in one program, but eligible in another, how will the State assess any payments?

This webinar does not cover county overpayments. Please be on the lookout in the near future for a webinar focusing on overpayments.

Please give clarification on notices. At the beginning you stated notices were an eligibility error, but in the last notice sample, it was not. Please clarify.

Notice errors are considered internal control errors.

If it's determined a case should be Medicaid for Infants and Children (MIC) but authorized for Medicaid Aid to Families with Dependent Children (MAF), would this be an ineligible case?

If the individual was not eligible for MAF and was eligible for MIC (not NCHC) this would be an internal control error because both are funded from the same source, Title XIX.

If the worker fails to run the Online Verification System (OVS), is this an internal control?

It would depend if additional electronic verification such as Online Verification (OLV) was used and included in the case record. If not, then this would be cited as an undetermined eligibility error.

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In the beginning of the webinar, a Register of Deeds (ROD) portal and TPL verification portal were mentioned. Can you give us more information about these or a link for them?

The TPL insurance information for individuals who have NCHC or Breast and Cervical Cancer Medicaid (BCCM) can be found in the Client Service Data Warehouse tool at: <http://csdwportal.dhhs.state.nc.us/csdwlogin/>. ROD is usually located on the county's website such as:
[http://www.co.surry.nc.us/departments/\(k_through_z\)/register_of_deeds/record_search.php](http://www.co.surry.nc.us/departments/(k_through_z)/register_of_deeds/record_search.php).

If we have a client that is illegal alien, we can't run AVS as there is no social security number.

As long as policy was followed correctly an error would not be cited.

Who are the errors reported too?

Quarterly reporting is reported to the County's assigned QA analyst. If a County does not currently have an assigned QA analyst, Counties are to forward their reporting to Jonelle Berky Marable at jonelle.marable@dhhs.nc.gov

Our Single County Audit firm was just here in June and required to see paper budgets and compared them to automated budgets in NC FAST.

OCPI has met with the local CPA firms and shared manual budgets are not a requirement and therefore the firm cannot cite the case for this particular reason.

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You stated that the paper budget is not required, however at audit, they requested to see the paper budget.

OCPI has met with the local CPA firms and shared manual budgets are not a requirement and therefore the firm cannot cite the case for this particular reason.

When running AVS, our county runs ongoing and retroactive on the ongoing application. We do not run AVS on the retroactive application. Is this considered an internal control error?

If the AVS requirement is being met appropriately regardless of which application AVS was ran on this would not be cited as an error. We suggest clearly documenting where the AVS hit can be found. This is helpful to anyone reviewing the record including Auditors.

Our Auditor required us to locate residency verification on selected cases even when they had been continued eligibility off of an application.

Please send the question including the Product Delivery Case (PDC)/Insurance Affordability Case (IAC) number to your County's QA analyst so the question can be fully addressed.

We are currently duplicating the information on the DMA 7078 and that seems superfluous considering we also maintain a file of all DMA 7078s for all records monitored.

If you are asking about what to input on the Reporting Spreadsheet/Log, the tool is currently undergoing revisions to simplify reporting findings/errors.

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If a client fails to report TPL insurance terminates for a LTC case and deduction was given upon finding insurance terminated and deduction was given, would this be counted as an error?

If county did not know the TPL had terminated (based on all agency records during recertification), the QA would not cite as a finding and documentation would be key to when it was discovered. No, based on the reason provided. If however the TPL termination was known in the agency and worker did not address during recertification, yes, it would be an understated liability error and to be reported on the spreadsheet.

What does our internal second party review log need to include to meet requirements for monitors?

Policy or procedures listed in the Medicaid/NCHC policy where the staff did not follow but did not change the eligibility results. They would be too numbersome. We provided a few examples during the presentation.

Are we going to get a copy of this webinar?

The webinar and PowerPoint will be made available shortly on the North Carolina Medicaid website at <https://medicaid.ncdhhs.gov/training>. Frequently asked questions (FAQs) will be included.

Will the question & answers be post anywhere?

The webinar and PowerPoint will be made available shortly on the North Carolina Medicaid website at <https://medicaid.ncdhhs.gov/training>. FAQs will be included.

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Do we have an updated contact for AVS, to request that banks not currently reporting?

Per Administrative Letter 03-14 dated March 13, 2014:

Section III. F. Questions Regarding AVS

The County Department of Social Services (DSS) should designate an individual to contact their NCFAST AVS liaison who will contact AVS' contractor, Accuity, with questions regarding requests. When contacting Accuity, the contact person will need the Request Identification, as it will allow a Customer Support Specialist to immediately identify and access the request in question. The Customer Support Center can be reached at 855-807-9822.

Accuity customer services questions and concerns that might require a contact with Accuity include the following:

1. Questions about Financial Institutions, or
2. Questions about a request submitted by North Carolina Medicaid or
3. Questions about a response provided by Accuity on behalf of a Financial Institution, or
4. Questions about an overdue Follow-Up Status.

Please note: It is imperative that the County DSS contact Accuity directly and not contact a Financial Institution directly. The services provided by Accuity are intended to provide a single point of contact for caseworkers and the Financial Institutions streamlining the transfer of information and providing needed answers to questions.