County Medical Services Program Guide (CMSPG) Letter #13

March 12, 2012

Subject	**COUNTY MEDICAL SERVICES (CMS) AND LOW INCOME HEALTH PROGRAM (LIHP) QUALITY ASSURANCE (QA) PROCESS**
Effective Date	Upon receipt.
Reference	County Policy
Purpose	The purpose of this letter is to provide staff with the revised Quality Assurance (QA) requirements and procedures for County Medical Services (CMS) and the Low Income Health Program (LIHP).
Background	CMS QA reviews are conducted by QA workers and LIHP QA reviews are conducted by Health Care Policy Administration (HCPA) staff. The primary purpose of the QA review is to evaluate worker accuracy, detect error trends and training needs.

Specific areas of review include, but not limited to:
1) Income treatment and budget computation;
2) Correct determination of Medi-Cal linkage factors;
3) Correct determination of financial and non-financial eligibility factors such as residency and alien status, etc.; and
4) Acceptable and adequate verification and documentation.

Change	CMS and LIHP QA reviews will be conducted by QA staff. The revised County QA activities, corrective action response on CMS/LIHP error citations and challenge procedures are contained in the attached program material.
Required Action	The appropriate HHSA office must review all QA error citations for necessary corrective action and report back to QA along with any necessary documentation supporting the corrective action.
ACCESS Impact	No impact.

CMS IT System	No impact.

Quality Assurance Impact	As stated in this letter.

Summary of Changes

The table below shows the changes made to the CMSPG.

Section	Change
Article 10	Reflects the revised QA process

Manager Approval

[signature: for J. Bowman]

Janya Bowman, Assistant Deputy Director
Health Care Policy Administration
Strategic Planning and Operational Support Division

JP

Article 10 Section 1 Quality Assurance (QA)

10.01.01 Policy

10.01.01A General

This section provides information regarding the QA requirements and procedures.

CMSPG LTR 13 (03/12)

10.01.01B Policy

QA reviews are only conducted as desk reviews. The primary purpose of the review is to evaluate worker accuracy, detect error trends and training needs.

CMSPG LTR 13 (03/12)

10.01.01C Review Sample Timeframe

Cases are selected for review by QA workers from a random sample of the total case population on a monthly basis.

CMSPG LTR 13 (03/12)

10.01.01D Specific Review Areas

Specific areas of review include, but not limited to:
1) Application processing timeframes;
2) Income treatment and budget computation;
3) Correct determination of Medi-Cal linkage factors;
4) Correct determination of financial and non-financial eligibility factors such as property, residency and alien status, etc.; and
5) Acceptable and adequate verification and documentation.

Article 10 Section 2 Case Sample Selection

10.02.01 Case Sample Selection

10.02.01A
General

The sample month is defined as any granting action taken in the month regardless of the application date. The sample is drawn from approved applications listed in the CMS IT System.

CMSPG LTR 13 (03/12)

10.02.01B
Case
Selection

Case selection shall be determined based on eligibility setting:

A. HCA and FRC CMS/LIHP POD Case Reviews
    QA will review 2 cases per worker each month. If they are combo workers, QA will review one case for each program (ex: 1 LIHP and 1 CMS).

B. FRC LIHP Case Reviews
    QA will review 5% of all LIHP cases that are dispositioned at FRCs each month.

CMSPG LTR 13 (03/12)

Article 10 Section 3 Case Review Process

10.03.01 Case Review Process

10.03.01A General

QA has access to view the entire case electronically, therefore paper case folders are no longer requested for review.

CMSPG LTR 13 (03/12)

10.03.01B Conducting the Review

The QA worker records all case review data in the Rushmore Case Review System and completes the Print Case Review form. The Print Case Review form contains pertinent data cited in the desk review.

CMSPG LTR 13 (03/12)

10.03.01C Review Findings

Benefit/Eligibility Error
All benefit/eligibility errors are to be reviewed by the QA supervisor. Upon completion of the QA supervisor review, the Print Case Review form shall be sent to the appropriate CAS for review and corrective action.

Procedural Error
Procedural errors are to be reviewed by the QA supervisor. Upon completion of the QA supervisor review, the Print Case Review form is sent to the appropriate CAS for review and corrective action.

No Error
No errors cases are to be reviewed by the QA supervisor. Upon completion of the QA supervisor review, the QA worker records in the Rushmore Case Review System that case had no errors. QA provides the CAS with a complete list of all no error cases reviewed.

CMSPG LTR 13 (03/12)

Article 10 Section 4 Results and Required Responses

10.04.01 Results and Required Responses

10.04.01A General

The appropriate HHSA office must review all QA error citations, make all necessary corrective actions, and respond to QA providing any necessary documentation along with response.

CMSPG LTR 13 (03/12)

10.04.01B Corrective Action

The worker must take the necessary actions to correct all Benefit/Eligibility and Procedural errors cited. Corrective actions must be taken by the response due date noted on the Print Case Review form.

The worker will **not** change a certified case to a denied case when QA discovers that eligibility was certified erroneously. Certification periods shall be terminated as outlined in the appropriate program material for the designated program.

CMSPG LTR 13 (03/12)

10.04.01C Due Date Extension

Extensions will be considered if the request is received prior to the response due date noted on the Print Case Review form. The CAS must contact the QA Supervisor to request an extension.

CMSPG LTR 13 (03/12)

10.04.01D Required Response

The appropriate HHSA office shall provide the QA response by the designated due date. The QA response should include supporting documentation to indicate the error has been corrected.

Article 10 Section 5 Challenge Procedure

10.05.01 Challenge Procedure

10.05.01A General

Challenges to a QA citation will be considered only when QA receives the challenge by the response due date noted on the Print Case Review form. Challenges received by QA after the response due date are returned to the appropriate CAS with no action taken by QA.

CMSPG LTR 13 (03/12)

10.05.01B Citation Challenges

When a citation is challenged, the following information must be provided in the "Comments/Disagree" section of the Print Case Review form:
- Specific error citation being challenged;
- Reason for the disagreement;
- Case documentation supporting position; and
- Relevant CMSPG citations.

The Print Case Review form and the "Correction/Challenge Route Slip" are sent to QA. The QA Supervisor will re-evaluate the error citation and respond to the challenge within 12 business days.

If the CAS disagrees with the response to the challenge within 12 business days, the CAS will consult with the Corrective Action Coordinator to reach a joint agreement on the challenge.

CMSPG LTR 13 (03/12)

Article 10 Section 6 Report of Findings

10.06.01 Report of Findings

10.06.01A General

A statistical report of findings for each review month will be made available to management by QA. This report is to be used by management to identify error trends and training needs. The manager and CAS have access to the report of findings and are responsible for monitoring various QA reports stored in the Rushmore Case Review System.

CMSPG LTR 13 (03/12)

10.06.01B Report of Findings

The report contains the following information:
1) Error Listing by Unit identifies the number and type of errors listed by worker.
2) Summary of Error Elements identify the number of errors cited in each program area.
3) Causal Factor Summary identifies the program area where an error occurred and the probable cause of the error.

CMSPG LTR 13 (03/12)