CHAPTER 3

REVIEW PROCESS

Section Page

Medicaid Eligibility Overview 7200 7-3-3

Definitions of Key Terms 7203 7-3-4

Medicaid Eligibility Quality Control (MEQC) Review 7206 7-3-8

Scope of MEQC System 7209 7-3-9

MEQC Operation 7212 7-3-9

MEQC State and Regional Cycles 7212.1 7-3-9

Role of Reviewer 7215 7-3-10

Independence of MEQC Review 7218 7-3-10

Documentation of Reviews 7221 7-3-11

Approach to MEQC 7224 7-3-11

Cases To Be Reviewed 7227 7-3-12

Cases Which Are Not Reviewed 7230 7-3-12

Cash Assistance Eligibility Determinations 7233 7-3-14

Review of AFDC Cash Cases/Individuals 7236 7-3-14

Review of AFDC-Related and SSI-Related Cases 7237 7-3-14

Review of SSI Cash Cases Under §1903(u)

   of the Act Enacted by TEFRA 1982 7239 7-3-15

Review of SSI Cash Cases in SSI-Criteria and

209(b) States 7242 7-3-15

Review of Aged, Blind and Disabled Cases in

209(b) States and United States Territories 7245 7-3-16

Case Record Review 7248 7-3-16

Field Investigation 7251 7-3-16

In-Person Interview 7254 7-3-17

Collateral Contacts 7257 7-3-18

Worksheet for Integrated AFDC, Adult, Food Stamp, and

Medicaid Eligibility Quality Control Reviews

(Facesheet) 7260 7-3-19

Elements of Eligibility and Payment Determination

(Integrated QC Worksheet) 7263 7-3-19

Mandatory Use of IEVS Information 7264 7-3-19

Computer Matching Errors 7264.1 7-3-19

Hold Harmless Provision of Immigration Reform and

Control Act (IRCA) 7265 7-3-20

Systematic Alien Verification of Entitlement (SAVE)

Documentation 7265.1 7-3-21

Documentation 7266 7-3-21

Verification Standards 7269 7-3-21

Basic Program Requirements (100) 7269.1 7-3-23

Resources (200) 7269.2 7-3-29

Income (300) 7269.3 7-3-33

Other Medicaid Coverage Requirements (400) 7269.4 7-3-50

Computations of Financial Eligibility (500) 7269.5 7-3-52

Verification Guide 7272 7-3-54

Instructions for Integrated Review Schedule (IRS) -

Form HCFA 301 7275 7-3-104.1

Administrative Period 7278 7-3-104.1

Rev. 49 7-3-1

REVIEW PROCESS

Section Page

Classification of Errors 7300 7-3-105

Eligibility Errors 7303 7-3-106

Reporting of Eligibility Errors 7306 7-3-106

Technical Errors 7309 7-3-107

Hierarchy of MEQC Errors 7310 7-3-108

Eligible With Ineligible Services 7312 7-3-108

Erroneous Payment Computation 7315 7-3-111

Dollar Amount of Case Eligibility Errors 7316 7-3-112

Computation of Liability Errors 7318 7-3-113

Review Month Income Projected Forward Throughout

Spenddown Period 7319 7-3-115

Identification of Claims for Services 7321 7-3-115

Rounding to Nearest Dollar 7324 7-3-115

Determining Final Misspent Dollar Amounts of

Cases Containing Initial Eligibility Errors 7327 7-3-115

Determining Final Misspent Dollar Amounts of

Cases Containing Initial Liability Understated

Errors 7330 7-3-116

Determining Final Misspent Dollar Amounts of

Institutional Cases 7333 7-3-133

Identifying the Primary Eligibility and

Liability Errors 7336 7-3-135

Definition of Misspent Dollar Amounts for Cases

Containing Final Eligibility or Liability Errors 7339 7-3-136

Completing the Unduplicated Dollar Error Amount

Worksheet (Optional) 7342 7-3-137

Computation of Error Amounts for Cases Involving

Beneficiaries Dually Eligible for QMB and Non-QMB

Coverage Group 7343 7-3-139

Coding of QMB/Non-QMB Cases on Integrated Review

Schedule (IRS) 7343.1 7-3-139

Dually Certified Cases - Ineligibility for One

Coverage Group Due to Excess Resources 7343.2 7-3-140

Ineligibility for Both Coverage Groups Due to

Excess Resources 7343.3 7-3-140

Understated Liability for Non-QMB Group 7343.4 7-3-141

Examples of Error Computations for Qualified

Medicare Beneficiary Coverage 7343.5 7-3-142

Federal Monitoring 7350 7-3-155

Record Maintenance 7355 7-3-156

7-3-2 Rev. 49