7233 REVIEW PROCESS 11-93

7233. CASH ASSISTANCE ELIGIBILITY DETERMINATIONS

If a case is selected in the MAO stratum, do not use cash assistance coverage codes if possible. In some cases, such as AFDC under $10 cases not sampled by AFDC, AFDC supplemental payments, or SSI cases in SSI-criteria States, it may be necessary to use cash assistance codes. If the case is not eligible under any other MAO coverage code and you believe it is eligible for cash assistance, you may include the apparent cash assistance eligibility information in the notification of Medicaid ineligibility to the State agency.

7236. REVIEW OF AFDC CASH CASES/INDIVIDUALS

All cases with an AFDC-QC finding of no payment error/amount correct, code 1 in element 7 on the IRS, are also automatically found eligible for Medicaid. No further eligibility review is required.

For cases found ineligible by AFDC-QC and for overpaid error cases caused by ineligible individuals, perform a complete review to determine Medicaid eligibility. This includes an AFDC case file review, telephone contacts, and a field investigation, if necessary, to verify elements of eligibility.

If a Medicaid eligibility decision on an ineligible AFDC-QC case cannot be reached, concur with the AFDC finding of ineligible unless the sole cause of AFDC ineligibility is a technical error for MEQC. (See §7309.) In those instances, code the case eligible as an AFDC cash case or individual.

Effective with the October 1990 review month, conduct reviews of any ineligible individual(s) in AFDC overpayment cases to determine if Medicaid eligibility exists under another coverage code. Code the amount of claims paid for any/all individuals not found Medicaid eligible under any other coverage code as claims paid in error.

Other AFDC cash cases/individuals which AFDC-QC finds ineligible but which MEQC finds eligible for AFDC cash require AFDC-QC concurrence prior to MEQC's recording of such findings. However, if MEQC can substantiate eligibility under another coverage, no such concurrence from AFDC-QC is necessary.

Medicaid beneficiaries made eligible for AFDC in the review month, but not subject to AFDC-QC sampling, must be included in the MEQC sample. Review these cases for Medicaid eligibility using any appropriate coverage code requirements.

7237. REVIEW OF AFDC-RELATED AND SSI-RELATED CASES

As indicated in §7209, MEQC reviews MAO cases in which Medicaid eligibility is based on criteria other than receipt of AFDC or SSI cash assistance. These cases are related either to the AFDC or SSI program and, as such, MEQC must review these cases against appropriate AFDC or SSI policies. The SSA Program Operations Manual System (POMS) contains detailed SSI policy. All MEQC reviewers have access to the POMS chapters dealing with financial aspects of eligibility. MEQC reviewers also may find it necessary to consult AFDC references to answer questions that arise on AFDC-related reviews. Necessary references in AFDC are generally the State's AFDC plan and implementing policy manuals. Consult with your Medicaid eligibility policy expert for technical assistance.

7-3-14 Rev. 49

09-92 REVIEW PROCESS 7242

7239. REVIEW OF SSI CASH CASES UNDER §1903(u) OF THE ACT ENACTED BY TEFRA 1982

42 CFR 431.814, which implements the MEQC provisions of §1903(u) of the Act, states that in §1634 States the SSI stratum is not to be included in the calculation of the payment error rate. Therefore, do not review or sample the SSI stratum in §1634 States.

In §1634 States, since QMB eligibility is determined based on information provided only by SSA, do not sample or review SSI/QMB cases.

7242. REVIEW OF SSI CASH CASES IN SSI-CRITERIA AND 209(b) STATES

SSI-criteria States base Medicaid eligibility on receipt of SSI cash assistance payments, but the beneficiary must make a separate application for Medicaid. Title XIX of the Act provides that all individuals to whom SSI benefits are being paid and who meet State residency, assignment/cooperation for third party liability (TPL) benefits, and transfer of resource (TOR) requirements are eligible for Medicaid in SSI criteria States. The MEQC administrative period (see §7278) applies to the termination of receipt of SSI benefits and to State residency and is, therefore, applicable to these cases. The only exception to these review procedures involves the death of the beneficiary. If the State learns that the beneficiary died prior to the administrative period, the case is ineligible for Medicaid even if an SSI check was sent to the deceased beneficiary in the review month.

Determine Medicaid eligibility by verifying receipt of an SSI check for the review month, State residency, TPL and TOR requirements. However, if an SSI check was not issued for the review month or the check was withheld not solely due to SSI recoupment procedures and the administrative period does not apply, review all elements of eligibility to determine if the beneficiary meets the eligibility conditions of any other coverage code. If the beneficiary is not eligible under any other coverage code, the case is ineligible. If the beneficiary meets all conditions of eligibility for any other coverage group except for excess income in States which cover the medically needy, code a liability understated error in the appropriate dollar amount. If the beneficary meets all conditions of eligibility for any other coverage group, the case is eligible.

For SSI/QMB beneficiaries in SSI-criteria States, the MEQC review encompasses the review of eligibility for Medicaid as described above for the SSI recipient and also encompasses a full determination of categorical and financial eligibility for QMB coverage.

In 209(b) States, the SSI cash assistance recipient is not automatically eligible for Medicaid because some eligibility criteria are more restrictive than SSI. Review 209(b) cases according to the State plan for the aged, blind, and disabled, completing all elements of eligibility. In 209(b) States, conduct a full determination of categorical and financial eligibility for QMB coverage for SSI/QMB beneficiaries. Not all 209(b) States may use their more restrictive eligibility criteria in determining QMB eligibility. If not, the reviewer must use SSI income and resource methodologies and the income and resource standards specified in the statute. Refer to your State plan for more specific information on QMB review methodology.

Rev. 46 7-3-15

7245 REVIEW PROCESS 09-92

7245. REVIEW OF AGED, BLIND AND DISABLED CASES IN 209(b) STATES AND UNITED STATES TERRITORIES

The jurisdictions of Guam, Puerto Rico, Virgin Islands, and American Samoa do not have an SSI program. They may offer financial aid under titles I, X, XIV, or XVI (Aged, Blind and Disabled) of the Act. Eligibility for Medicaid for the adult categories is based on categorical relationship to these titles of the Act rather than on SSI. Similarly, States which have elected the option under §209(b) may not utilize all SSI eligibility criteria.

These U.S. territories and 209(b) States must, therefore, pull a sample from all cases that are aged, blind, or disabled. Review these cases based upon the State plan for eligibility of the aged, blind, and disabled.

7248. CASE RECORD REVIEW

The definition of case record is located in §7203. The case record contains the eligibility certification and information for the beneficiary(ies) and all related documentation. It also assists the reviewer in planning and focusing the field investigation by providing some recorded information which does not need reverification during the field investigation. The case record review includes analyzing the case record of the eligibility unit and completing the case record section of the worksheets.

Analyze the case record to become familiar with the case circumstances, to identify the information related to the Medicaid eligibility coverage classification under which the beneficiary may qualify, and to note gaps or deficiencies in information. Identify all information required to be requested under the IEVS. (See §7264.) Where documents or statements are contained in the record, identify those which may be used as verification. Examples of such documents or statements are official documents or reports, certified or reproduced copies of official documents or reports, and full recording by a person who has obtained information directly from public or other records. For recorded material to be accepted as verification, it must contain specific information such as volume and page references to public records. Record this information on the worksheet.

Make every effort to locate and analyze the beneficiary's case record. However, if the case record cannot be located or does not contain copies of supporting documentation, complete the review through the beneficiary interview and collateral contacts. Obtain all the necessary information and analyze these documents and verifications (see §7269) in terms of the case situation as of the review month. If the agency can demonstrate that an application for Medicaid was made and the elements of eligibility can be verified to be correct, the case may be coded as eligible. For example, if a beneficiary's name appears on the eligibility file as of the review month, it is evidence of application.

A separate application is not required for QMB coverage.

For eligible cases in the AFDC-QC stratum for which the MEQC reviewer does not review the case record, include Form HCFA 301 (IRS) in the State MEQC file. For ineligible cases, include the above material plus MEQC worksheets.

7251. FIELD INVESTIGATION

Once the case record review is completed, conduct a field investigation to document and verify all elements affecting eligibility and payment status during the review month. Pursue the field investigation to the point where

7-3-16 Rev. 46

04-94 REVIEW PROCESS 7254

conclusive findings on eligibility and beneficiary liability can be made according to appropriate Medicaid eligibility requirements. The full field investigation includes an in-person interview with the beneficiary or someone acting on his/her behalf, obtaining and using all IEVS data, contact with collateral sources of information, correspondence, review of documents, telephone conversations, and accurate recording of all activities pertinent to the review. Attempt to complete the full field review on all MAO sample cases. Some may be dropped due to circumstances explained in §7230. Report relevant information in column 3 of the MEQC worksheets (Form HCFA 316). Attach copies of verifications, e.g., bank and Department of Motor Vehicle (DMV) statements, to the review package, where possible.

7254. IN-PERSON INTERVIEW

Make an in-person contact for all reviews, except in circumstances specified in subsection D.

A. Location of Interview.--Generally, hold the interview in the home or institution. Personal interviews may be held elsewhere in cases involving life threatening or dangerous situations or at a beneficiary's request. Provide beneficiaries with advance notice on what is needed to establish eligibility, especially when the interview is not held in the home.

Do not structure or direct the interview in such a manner as to preclude a beneficiary's active participation. Make clear to beneficiaries the purpose of the interview and cover relevant topics in a manner which permits the beneficiary to discuss each topic fully.

B. Structure of Interview.--Focus the interview on:

o Establishing identity and categorical relationship of all members of the medical assistance group as required; and

o Discussion of each relevant element of eligibility to:

- Obtain statements, review whatever documentary evidence is available from the beneficiaries, and/or secure leads to appropriate evidence; and

- Ensure that all significant aspects of eligibility have been thoroughly explored and ascertain whether there have been changes in the situation in relation to elements of eligibility which are relevant to the review month.

C. Procedures for Interview.--Conduct in-person interviews as follows:

1. Review unverified elements and information gaps as identified through comparison of case record findings with the information required by the Verification Guide and Verification Requirements by Element. Record notes for the interview on the Integrated QC Worksheets.

2. Schedule an interview with the beneficiary or individual acting on his/her behalf. Explain the purpose of the interview and information requirements.

3. Conduct an interview according to information needs defined. Obtain consent for collateral contacts and authorization for release of medical or financial information.

Rev. 51 7-3-17

7254 (Cont.) REVIEW PROCESS 04-94

4. Complete column 3 of the worksheets to document any verification of elements occurring during the personal interview.

5. Note elements which require further investigation through collateral contacts.

D. Other Elements of Interview.--There are instances when it may not be appropriate or possible to personally interview a beneficiary. When the only beneficiary is a child, conduct the personal interview with the parent or caretaker of the child. If the beneficiary is physically unable to participate in an interview, conduct the interview with a relative or representative. If there are two parents of an AFDC categorically related beneficiary, it may not be necessary to interview both if one parent can provide necessary information about the Medicaid assistance group. It may not be necessary to interview both members of an SSI categorically related couple. When a beneficiary has moved or otherwise can not be located, make every effort to complete the review using collateral contacts. If the appropriate elements of eligibility cannot be verified, drop the case.

In-person home visits are not required for cases involving transitional medical assistance WHEN the required information/documentation can be obtained from the local agency case record and by collateral contacts. If the required documentation is not available, conduct a home visit as appropriate. Similarly, home visits are not required to verify the eligibility of all groups of pregnant women or infants under age 1 who are deemed eligible for 1 year from birth (coverage code 35), unless the necessary verifications are not available from the case record or collateral contacts.

In addition, an in-person interview is not required for certain beneficiaries in nursing homes or other medical facilities. Modify or eliminate the interview when the beneficiary's health or recovery will be negatively affected or the beneficiary is not able to provide accurate or useful information. In these cases, rely on collateral sources of information such as relatives and representatives of the institution.

Further, when a beneficiary dies in or after the review month, an in-person interview is not required with the family. You may contact the relatives by telephone and/or mail to secure the appropriate eligibility information.

Before eliminating an in-person home visit for any reason other than those discussed, consult with your supervisor.

7257. COLLATERAL CONTACTS

Discuss the need for additional information and make every effort to enlist the beneficiary's cooperation and participation in the identification and selection of the best sources of information. For institutionalized beneficiaries, contact with administrative personnel of the institution is desirable.

If possible, obtain the beneficiary's or his/her representative's consent for contacting collateral sources for information essential to determining eligibility. If the beneficiary or representative refuses to give consent for collateral contacts, contact collateral sources to the extent possible to arrive at an eligibility decision. Even if the beneficiary requests that his/her eligibility be terminated, continue the investigation to the fullest extent. In such instances, advise the beneficiary that you are pursuing the review and make all possible collateral contacts.

7-3-18 Rev. 51

04-94 REVIEW PROCESS 7264.1

Although space on the worksheets is limited, record all important facts. If space on the form is insufficient for any item, continue the entry on the back or on a full size separate sheet of paper. The recording covers both the method used for verification and the information obtained. Also, complete the recording in a manner which is both legible and easily understood. When acronyms are used, spell out the words at least once in each review. Use cross references sparingly and only where appropriate.

7260. WORKSHEET FOR INTEGRATED AFDC, ADULT, FOOD STAMP, AND MEDICAID ELIGIBILITY QUALITY CONTROL REVIEWS (FACESHEET)

The documentation requirements for individual MEQC reviews include a facesheet for identification and control information.

Instructions for completing each section of the facesheet are referenced in the Integrated Manual for AFDC, Adult, Food Stamp, and Medicaid Eligibility Quality Control Reviews.

7263. ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (INTEGRATED QC WORKSHEET)

Instructions for completion of the Integrated QC Worksheet for AFDC, Adult, Food Stamp, and Medicaid eligibility are located in the Integrated Manual for AFDC, Adult, Food Stamp, and Medicaid Eligibility Quality Control Reviews.

Record the specifics of the review on the worksheet. Information on the worksheets substantiates the eligibility review findings. Record concisely but sufficiently to establish the facts upon which each relevant decision was based.

7264. MANDATORY USE OF IEVS INFORMATION

The information required to be requested and verified under IEVS is valuable in establishing Medicaid eligibility and the correctness of liability determinations. Use of IEVS information is mandatory in fulfilling the primary documentation/verification requirements for §§7269.2 (Resources) and 7269.3 (Income).

For all Medicaid cases, identify all information which has been requested to verify income and eligibility, e.g., wage information maintained by the State Wage and Unemployment Insurance Benefit Files, unearned income information obtained from the Internal Revenue Service, and other income and wage data from the SSA. Verify that all required information requests were made and responses received. If verification of all requests has not been made or if all requests identified are no longer current, request the missing or outdated information from the appropriate agency.

7264.1 Computer Matching Errors.--Do not cite MEQC errors in cases in which the State eligibility worker made an incorrect eligibility determination based on current but inaccurate information received from any primary source Federal agency using automated computer matching. A primary source agency is one which is the originator of the information. For example, SSA is the primary source of information concerning SSI benefits and RSDI benefits.

Information received from the Internal Revenue Service is limited to unearned income (e.g., interest paid on savings). This information is only a lead to resources and is not considered a primary source of information. Therefore,

Rev. 51 7-3-19

7265 REVIEW PROCESS 04-94

inaccurate data received from the Internal Revenue Service do not fall within the scope of erroneous eligibility determinations being considered. Similarly, information received from the BENDEX for which the SSA is not the primary source (i.e., wage data from the Beneficiary Earnings Exchange Record System) is not considered primary data.

If the primary source Federal agency provided erroneous information, HCFA excludes the error if the State agency documents that the data remain current as of the review month (e.g., there was no change in the amount of payment since the eligibility determination) and the information had been requested correctly (e.g., correct case information was input properly).

The documentation provided by States must indicate that the match was timely as of the review month. The State agency records must document the date the information was received (e.g., the run date), and that the correct case information was input properly. If the State agency does not have this information documented in the case record, HCFA does not exclude the error.

7265. HOLD HARMLESS PROVISION OF IMMIGRATION REFORM AND CONTROL ACT (IRCA)

Section 121(a)(1) of IRCA provides that a State be held harmless in certain circumstances for purposes of compliance, disallowance, or other regulatory penalty on eligibility errors based on citizenship or immigration status. To hold the State harmless for MEQC errors under this provision, code a technical error if an error in Citizenship and Alienage (element 130) is caused solely by:

o Certification of eligibility based on erroneous information provided by Immigration and Naturalization Service (INS) if the State provided accurate alien identification for verification;

o Continuation of eligibility provided for a reasonable period, as defined by the State, for a beneficiary to obtain documentation of immigration status; or

o Continued certification of eligibility pending verification of documentation from INS of immigration status submitted timely to INS by the agency.

Document that the case record contains a declaration signed by the beneficiary that (s)he is in legitimate immigration status and that the agency has met the appropriate criteria for certifying or continuing eligibility.

IRCA also provided that the State be held harmless when a case was under appeal due to citizenship/alienage requirements. See §7230 for MEQC instructions regarding cases under appeal.

7-3-20 Rev. 51