

Medicaid and CHIP Eligibility Review Pilot Sampling Plan Template

GENERAL INFORMATION

ADMINISTRATIVE

STATE NAME: Delaware

NAME OF PILOT: Delaware Medicaid and CHIP Eligibility Pilot #1

PILOT SAMPLE PLAN SUBMISSION DATE:
12/20/2013

PILOT FINDINGS DUE DATE:
June 2014 December 2014 June 2015 June 2016

STATE INFORMATION

STATE AGENCY RESPONSIBLE FOR CONDUCTING REVIEW: Department of Health and Social Services; Division of Management Services; Evaluation, Planning and Quality Control

DE Response- The Division of Management Services is separate from the eligibility agencies listed below. We are under the same Department, but answer to separate Division Directors.

STATE CONTACT NAME: Jennifer Harris

STATE CONTACT EMAIL ADDRESS:
Jennifer.Harris@state.de.us

STATE CONTACT PHONE NUMBER: (302) 255-9119

NAME OF STATE AGENCIES THAT MAKE ELIGIBILITY DETERMINATIONS: Division of Social Services and Division of Medicaid and Medical Assistance

SAMPLING

DESCRIBE THE SAMPLING FRAME:

IDENTIFY THE MAGI-BASED CASES THAT THE STATE WILL INCLUDE IN THE SAMPLING FRAME:

MEDICAID ACTIVE MEDICAID NEGATIVE CHIP ACTIVE CHIP NEGATIVE

DESCRIBE HOW THE STATE WILL DEVELOP THE SAMPLING FRAME:

State staff has been unable to meet with programmers for Delaware to begin the process for sample/universe design. The following information has been developed at a high level, without detail, since Delaware is unable at this point to provide details on sampling and universe design.

DE response- the meeting with programming staff occurred on 12/18/13. The meeting was only to give our sampling requirements. A test universe of active cases was sent to QC on 1/6/14 to begin validation. Delaware hopes to have an update on sample design by 1/30/14.

A case will be defined as an individual similar to PERM, if programming allows.

DE response- Programming staff has indicated they should be able to set up the universe with clients as the "cases".

Delaware plans to sample MAGI cases with determinations made in December for the first cycle and MAGI cases with determinations in February for the second cycle. Delaware plans to use the action date of eligibility (for active cases) and the date of action to deny or terminate for the negative reviews. Any actions in the months of December and February would be in the universe. We believe that two universes are possible but it may need to start with four separate frames (MA active, MA Negative, CHIP active and CHIP negative). The two MA frames would be combined into one universe to draw a random sample and the two CHIP frames would be combined into a separate universe to draw a random sample.

Delaware is unsure, under the new MAGI rules, how the MA vs. CHIP universes will be proportionate to each other. As a baseline, Delaware evaluated the universe sizes under our PERM year of FY12. In that year, the CHIP universe was about 4% of the total universe of CHIP and Medicaid cases in Delaware. It is our understanding that CHIP level 1 children will be moving into Medicaid with the change in the FPL, so these numbers may not actually reflect the true CHIP to MA ratio moving forward. At this point, Delaware proposes to sample 5% CHIP cases to 95% Medicaid reviews.

DE response- Delaware programmers ran MAGI cases on 1/7/14 for QC to determine current percentages in MAGI only. Note, Delaware still has non MAGI Medicaid and non- MAGI CHIP cases but a query was run on MAGI cases only. The

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total number of MAGI cases was 3,792. The total MAGI, non-CHIP was 3,334. The total CHIP MAGI was 539. The percentage is 14% of the total cases are CHIP. Delaware will update proposal to include sampling on this basis, rounding to 15%.

The systems used will be our eligibility systems. Most likely the sample will be drawn using a combination of our current system (DCIS 2) and our new system (AWW). AWW is currently the only system that can do MAGI cases with DCIS 2 housing all the databases of information. The system work takes place in AWW but the eligibility staff goes to DCIS 2 for confirmation of all actions (opening, denying and terminating). Delaware will need programmer assistance to determine the best way to get the universe using both systems.

DE Response- The list of topics discussed is copied here for reference:

Sampling timeframes from CMS- QC needs 200 cases minimum from 2 different timeframes:

- October to December
- January to March

Delaware proposal to CMS includes:

- Sample for determinations made from 12/1/13-12/31/13. Sample in January.
- Sample for determinations made from 2/1/14-2/28/14. Sample in March.
- o Active and negative determinations
- o CHIP and Medicaid

Mandatory Exclusions from universe:

- The cases should be Medicaid or CHIP only (no FB allowed since FB information is used to determine MA eligibility).
- Any determination that is not MAGI based

QC proposes to sample with the following criteria:

- Universe should be set up by individual client (similar to PERM sampling). Each MCI number in universe that has a MAGI based determination from 12/1/13-12/31/13 and again any MAGI based determination from 2/1/14-2/28/14.
- 2 sampling timeframes – not monthly
- 100 cases to be sampled in each sampling timeframe and also 24 oversampled cases in each sampling timeframe.
- Set up similar process to PERM. Jennifer Harris is sent universe sizes, sets random start and intervals, returning to IRM for processing. Dates to be set. Only needs to be done twice for this first round of reviews (pilot #1). Note- QC will have sampling requirements for 3 future pilots but no details provided by CMS at this point.
- Universe should be MAGI categories only, all others should be excluded.
- Universe for negatives should contain the last action to deny. In PERM universe set up, the programming was worked out that the universe only contained the final aid category denied. For example, the system attempts to put clients in every possible aid category behind the scene but denied notice to client is only final category. QC wants only that final category in universe.
- Universe for actives should contain the first action to open (not all updates to determination date). Occasionally the determination date in EDBC is updated but no real changes happen to eligibility. For actives, the determination date should be the date the case first opened in MA or CHIP.
- Determination date definition:
 - o Actives- date client opened in MA or CHIP
 - o Negatives- date closed or denied MA or CHIP
- QC suggests 4 sampling frames combined to 2 for sampling (keep CHIP and MA separate):
 - o Active MA MAGI determinations
 - o Negative MA MAGI determinations
 - o Active CHIP MAGI determinations
 - o Negative CHIP MAGI determinations
 - o The active MA and negative MA would be combined to sample from one universe for Medicaid.
 - o The active CHIP and negative CHIP would be combined to sample from one universe for CHIP.

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- o Jennifer Harris would be sent 2 universes (one containing MA cases and one containing CHIP cases). The universes would have negative and actives in each universes keeping CHIP and MA separate.
- o QC is required to do active and negative reviews in both CHIP and MA cases but of the 200 total required, they don't need to be certain numbers of active vs. negative reviews.

Universe text file needs to contain the following for all frames (same information on the sampling sheet QC receives for sampled cases):

- Client name
- MCI number
- DCIS number
- Aid category
- Original frame number (so QC staff knows that the case is an active or negative review). For example, 4 frames are numbered 1-4 and then frame 5 is combined active and negative Medicaid, if a case came from frame 2 (negative MA), frame 2 would be on the universe file and on sample sheet. Same for CHIP if CHIP is frame 6, the universe and sample sheet would have original frame number. Frame numbers to be decided later.
- Determination Date
- Head of household name
- Team
- Area
- Address
- Phone number

MAGI Aid Categories Needed in Universe (all others should be excluded)

MGI P
MGI R
MGI A
MGI I
MGI C
MGI Y
MGC M
MGC N
MGC H

Cases will be identified by aid category, listing only MAGI aid categories of Medicaid and CHIP. Delaware plans to use a SQL query pull the data. This will be confirmed with programmers.

Delaware's IRM (Information Resource Management) section of Division of Management Services will be responsible for setting up the sampling frames and sampling.

Update- 1/30/14: After discussion with CMS, Delaware is noting that we have not chosen the waiver on flat file cases. Delaware is currently contacting clients on the flat file to do telephone applications to gather necessary data. Therefore, these cases will not be excluded from the universe.

IS THE STATE SAMPLING FROM A SINGLE, COMBINED SAMPLE FRAME OF CASES (MEDICAID ACTIVE, MEDICAID NEGATIVE, CHIP ACTIVE, CHIP NEGATIVE)? YES NO

IF NO, PLEASE DESCRIBE THE SAMPLE FRAME FROM WHICH THE STATE WILL SELECT ITS SAMPLE:

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Delaware plans to sample MAGI cases with determinations made in December for the first cycle and MAGI cases with determinations in February for the second cycle. Delaware plans to use the action date of eligibility (for active cases) and the date of action to deny or terminate for the negative reviews. Any actions in the months of December and February would be in the universe. Delaware believes that two universes are possible but it may need to start with four separate frames (MA active, MA Negative, CHIP active and CHIP negative). The two MA frames would be combined into one universe to draw a random sample and the two CHIP frames would be combined into a separate universe to draw a random sample.

WILL THE SAMPLING FRAME BE STRATIFIED? YES NO

IF YES, EXPLAIN THE STRATIFICATION APPROACH AND IDENTIFY THE STRATA FOR EACH SAMPLE FRAME AS APPLICABLE:

Not applicable

DESCRIBE EXCLUSIONS:

IS THE STATE ABLE TO EXCLUDE ADMINISTRATIVE TRANSFERS (I.E. ELIGIBILITY DETERMINED BY OTHER PROGRAMS SUCH AS SNAP OR TANF) FROM THE SAMPLE FRAME? YES NO

IF YES, EXPLAIN HOW THE STATE BE ABLE TO EXLUDE THE CASE:

State staff has been unable to meet with programmers for Delaware to begin the process for sample/universe design. The following information has been developed at a high level, without detail, since Delaware is unable at this point to provide details on sampling and universe design.

DE Response: Programmers are still working getting Food Benefit (FB) cases excluded.

Delaware was advised by CMS that if FB data is used to determine MA, Delaware must sample MA only cases. Delaware hopes to be able to exclude these cases but are awaiting programmer assistance. Our state plan includes a comment that FB data would be used for MA if a client applied for MA and was already open in FB. Therefore Delaware proposes to exclude any case that has FB. This may severely limit the universe sizes for Delaware as our FB gross income limit is 200%.

DE Response: FB date= Food Benefit data

IS THE STATE ABLE TO EXCLUDE ANY CASES NOT MATCHED WITH THE TITLE XIX OR TITLE XXI FEDERAL FUNDS, INCLUDING STATE-ONLY CASES, FROM THE SAMPLE FRAME? YES NO

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

Since Delaware will be sampling MAGI assistance groups only, they are all matched with Title XIX and XXI funds. Delaware plans to give the programmers a list of assistance groups that should be excluded from the universe so that the only groups left will be MAGI groups.

IS THE STATE ABLE TO EXCLUDE ANY DETERMINATIONS THAT ARE NOT MAGI-BASED FROM THE SAMPLE FRAME ? YES NO

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

Delaware, once work begins with programmers, plans to give a list of the MAGI categories and ask them to exclude all other categories. These types of exclusions have been possible in the past, and hope this should not be a problem.

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IS THE STATE ABLE TO EXCLUDE EXPRESSE LANE ELIGIBILITY CASES FROM THE SAMPLE FRAME? YES NO

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

Delaware is not an express lane eligibility state.

IS THE STATE ABLE TO EXCLUDE CASES UNDER ACTIVE FRAUD INVESTIGATION FROM THE SAMPLE FRAME? YES NO

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

See below for explanation.

IF THE STATE ANSWERED NO TO ANY OF THE ABOVE EXLUSIONS, PLEASE EXPLAIN WHY THE CASES CANNOT BE EXCLUDED:

Quality Control staff plans to send the sample case numbers to the Department's Division of Audit and Recovery Management (ARMS). ARMS manages the Departments investigations. QC currently follows this process for MEQC and PERM reviews. ARMS responds to QC via e-mail with any cases found to be under active investigation. If none are found, a response is sent as well.

IS THE STATE PLANNING TO EXCLUDE ANY OTHER TYPES OF CASES IN ADDITION TO THE REQUIRED EXCLUSIONS? YES
NO

IF YES, PLEASE IDENTIFY THE ADDITIONAL EXCLUSIONS AND EXPLAIN WHY THE CASES WILL BE EXCLUDED FROM THE SAMPLE FRAME:

CMS advised Delaware that cases that have FB assistance as well should be excluded. Delaware was advised by CMS that if FB data is used to determine MA, Delaware must sample MA only cases. Delaware hopes to be able to exclude these cases but are awaiting programmer assistance. Our state plan includes a comment that FB data would be used for MA if a client applied for MA and was already open in FB. Therefore Delaware proposes to exclude any case that has FB. This may severely limit the universe sizes for Delaware as our FB gross income limit is 200% of FPL so many of our clients get both FB and MA.

DE Response- The programmers are running a query that has two parts. The first part picks the MAGI cases and the second part check to see if the client is getting another program. The programmers are using eligibility tables. These tables list all the client program information. If the client is open in another program, the client is excluded from the universe. The testing in this area is still occurring. Delaware will update CMS by 1/30/14 of results of testing.

Also, Delaware is NOT a determination state so cases from the FFM will NOT be excluded.

SAMPLE FRAME QUALITY CONTROL

DESCRIBE THE QUALITY CONTROL PROCEDURES THAT WILL BE APPLIED TO ENSURE THE COMPLETENESS/ACCURACY OF THE POPULATION FROM WHICH THE SAMPLE IS DRAWN.

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Delaware will work with system staff to ensure the sample is drawn from a complete and accurate universe. Validation will come from the system staff that the universe is correct based on cross checking of information from other data sources and similar in trend to other months.

DE Response- Delaware continues to work with the programmers to refine the universes. The cross checking is occurring to determine if the client was found ineligible or eligible using MAGI rules, determining if the action took place in the applicable timeframe (testing is going on for 12/2013 actions), and then checking to make sure the client is not receiving other benefits. The cross checking includes eligibility tables in the eligibility systems.

SAMPLE SIZE AND DISTRIBUTION

TOTAL SAMPLE SIZE FOR PILOT STUDY:200

IDENTIFY THE SAMPLE SIZE FOR EACH PROGRAM:

MEDICAID SAMPLE SIZE: 170 (85%)

CHIP SAMPLE SIZE: 30 (15%) (updated 1/13/14)

IF THE STATE IS SAMPLING FROM SEPARATE ACTIVE AND NEGATIVE SAMPLE FRAME, IDENTIFY THE SAMPLE SIZE FOR EACH SAMPLE FRAME:

MEDICAID ACTIVE SAMPLE SIZE:

N/A

MEDICAID NEGATIVE SAMPLE SIZE:

N/A

CHIP ACTIVE SAMPLE SIZE:

N/A

CHIP NEGATIVE SAMPLE SIZE:

N/A

ARE THE SAMPLE SIZES IDENTIFIED BY THE STATE PROPORTIONATE TO THE NUMBER OF DETERMINATIONS MADE FOR EACH PROGRAM? YES NO

IF NO, PLEASE EXPLAIN THE RATIONALE FOR THE DISPROPORTIONATE SAMPLE SIZES:

Not applicable.

IF YES, PLEASE EXPLAIN HOW THE STATE DETERMINED THE SAMPLE SIZES ARE PROPORTIONATE:

DE Response- Delaware programmers ran MAGI cases on 1/7/14 for QC to determine current percentages in MAGI only. Note, Delaware still has non MAGI Medicaid and non- MAGI CHIP cases but a query was run on MAGI cases only. The total number of MAGI cases was 3,792. The total MAGI, non-CHIP was 3,334. The total CHIP MAGI was 539. The percentage is 14% of the total cases are CHIP. Delaware has updated proposal to include sampling on this basis, rounding to 15%.

IF THE STATE IS SAMPLING FROM SEPARATE ACTIVE AND NEGATIVE SAMPLE FRAME , DESCRIBE HOW THE STATE DETERMINED THE SAMPLE SIZE FOR EACH SAMPLE FRAME:

Not applicable

SAMPLE METHODOLOGY

IDENTIFY THE METHOD FOR DRAWING THE SAMPLE (E.G., SIMPLE RANDOM SAMPLE, SKIP FACTOR) AND PROVIDE A DESCRIPTION OF HOW THE STATE WILL IMPLEMENT THE SELECTED METHODOLOGY:

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Delaware will be using individual clients as the “case”. Delaware will utilize random sampling where every individual in the universe has an equal chance of being selected in the sample. A total universe size will be determined at the time the universe is created. From the universe, a random start and interval number will be determined depending on that universe size. The random start number will be selected by a Microsoft Access SQL Random (Rand) function. To ensure that the correct numbers of cases are selected, the universe will be divided by the total number of desired cases to determine the sampling interval. The selection procedure starts by applying the calculated sampling parameters to the monthly universe, with the first individual selected by using a predetermined random start number; which is a number less than or equal to the calculated sampling interval.

Delaware will be completing 200 reviews total. Delaware is proposing oversampling 24 cases in each cycle (48 total). The oversampled cases will be selected after the initial cases are sampled. A new random start will be set and the interval will be determined based on the universe without the originally sampled cases. The cases selected in the first run will be removed from the universe and the remaining 24 cases will be selected from a universe without the originally sampled cases. This way QC will ensure that the oversampled cases are clearly identified separately from the originally sampled reviews.

The oversampled cases will only be used if some of the original 100 in each cycle are sampled incorrectly. Delaware is requesting to oversample by 24 in each cycle given that the timeframe for testing the universe will be short. Also, since Delaware will be working between two systems, this will be a new process unlike sampling for PERM or MEQC that increases the likelihood of universe issues.

Updated 1/13/14: This process will be separate for MA and CHIP. Delaware will sample in January for December actions. Delaware will again sample in March for February actions. In each sample, the universe of MA and the universe of CHIP will be evaluated separately to determine the random start and interval. For December, Delaware will sample 85 MA cases and 15 CHIP Cases. Delaware will then oversample 12 MA cases and 12 CHIP cases. Delaware is proposing the oversampled do not need to be proportional. Delaware feels it is a risk to oversample by any less. The same process will be repeated in 3/2014, sampling for 2/2014 actions.

SAMPLE TIMEFRAME

DESCRIBE THE STATE’S TIMEFRAMES FOR SAMPLING (I.E. MONTHLY, QUARTERLY):

Delaware proposes to sample twice: for actions taken in December and for actions taken in February. Delaware is unsure when sampling will begin. At this point, we plan to sample twice for two separate review months.

TOTAL SAMPLE SIZE OCTOBER – DECEMBER 2013:124

TOTAL SAMPLE SIZE JANUARY – MARCH 2014:124

DOES STATE HAVE CMS-APPROVED MITIGATION PLAN? YES NO

IF YES, DESCRIBE THE IMPLICATIONS OF THE MITIGATION PLAN ON THE SAMPLE TIMEFRAME:

NA

REVIEW

CASE REVIEW

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GENERALLY, DESCRIBE THE STATE'S REVIEW PROCESS:

Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

Financial/Technical Eligibility- This section of the review will use the case file information which will include self-attested information that does not require verification as well as self-attested information the agency verified by either electronic sources or client contact. The review will follow elements of eligibility including: Income (earned and unearned), residency, age, Social Security Number, citizenship, immigration status, household composition, pregnancy, and Medicare. All these elements factor into a financial/technical eligibility for Medicaid/CHIP and the correct Medicaid/CHIP category. The reviewer will use case file information and when missing, will attempt to verify the information following Delaware's MAGI-Based Verification Plan.

Verification Requirement- This section of the review will cover the same elements above and determine the correctness of the agency action with the re-use of information from the application (regardless of the source). This section will also determine if the state verification plan for the elements above was followed. If self-attestation is accepted without additional verification, the review will determine if the agency acted correctly or required verification. This review will also determine if the agency acted correctly by attempting to use appropriate electronic sources to verify the elements prior to client contact on elements that accept self-attested information with post eligibility verification.

Source/Channel of Application-This section of the review will determine how the client applied for Medicaid/CHIP. The sources will be determined using the agency case file information. The sources will be in-person or online, per CMS guidance. In person applications include paper applications mailed or walked into the agency as well as telephone applications. Online applications will be broken into ASSIST applications (State system) and FFM applications (Federal system).

Negative Reviews (Medicaid and CHIP): The review process will be similar to PERM and MEQC. The review will be separated into three sections: **Validity of Action, Validity of Notice, and FFM Notification.**

Validity of Action-The reviewer will determine the date of the action to deny/terminate Medicaid/CHIP coverage. The reviewer will determine the correctness of this action on the date sampled based on case file information. The reviewer will summarize the action, noting applicable standards for the type of denial/termination. There will be technical denials/terminations for failure to return information after self-attested information was used to determine eligibility but client verification was necessary. There will also be financial denials/terminations. The reviewers will use the MAGI-Based Verification Plan and state policy to determine correctness of actions.

Validity of Notice-The reviewer will determine if the correct notice was issued to the client based on policy guidance. The reviewers will use the eligibility systems and case file information to make this determination.

FFM Notification- The reviewers will determine if the denial/termination reason required the case to be sent to the FFM and then determine if the case was appropriately sent to the FFM. The reviewers will use the eligibility system and case file information to make this determination. SQC has verified which denials/terminations must go to FFM and only those will be verified.

In all reviews, the reviewers will use the following systems: eligibility systems (DCIS 2 and AWW), document imaging system (DIS), MMIS, Department of Labor (DOL), and possibly DECSS (child support system). The primary systems that will be used are DCIS 2, AWW and DIS.

The reviewer will be reviewing case worker action on the determination of eligibility. The case worker actions involved in the review will be the opening, denial or termination of the MAGI Medicaid/CHIP. The reviewer will also review the case

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worker action with request of information and adherence to the state approved verification plan. The reviewers will be using a standardized worksheet to guide the reviews (still in development).

SPECIFY HOW ERRORS WILL BE IDENTIFIED AND CLASSIFIED.

Active Reviews (Medicaid and CHIP): The errors will be identified by element and will be classified in the section of the review.

DE Response- The review will follow elements of eligibility including: Income (earned and unearned), residency, age, Social Security Number, citizenship, immigration status, household composition, pregnancy, and Medicare. For actives, Delaware will be categorizing the errors by a financial/technical error and /or verification error (a case could have both). For negatives, the classification will be in validity of action, validity of notice and FFM notification (a case could have an error in all three areas).

Actives- Each error will be tied to one of the elements listed above. For example, a case could be technically ineligible for MA due to immigration status. The error would be listed under immigration status. The reviewer will also evaluate the verification requirements for each element listed above. If policy is not followed, an administrative error in the particular element will be listed.

Negatives- The errors will be classified by the same elements listed above. As stated below, errors are cases where the action was invalid as the client was eligible for MA or CHIP. Notice errors don't need to be classified and will be reported as just an error in the failure to send correct notice. The FFM notification administrative errors will not be classified by element.

We are still finalizing error classification and coding. We can provide lists of coding or updated classification once our worksheet for review staff has been completed.

Financial/technical errors- These errors will be payment errors since errors in these elements will cause the client to be found ineligible for Medicaid/CHIP. For example, a case where the income was data entered incorrectly and the client was not eligible for Medicaid would be identified as having an error in the income element and be classified as a payment error. If a client is found not eligible in the category sampled, but eligible in another category, the reviewer will code this as a variance and not a payment error. The variances will be tracked for corrective action but not included in payment error totals.

Verification Requirement- Errors in this section will not be considered payment errors if the case is otherwise error free in the financial/technical section. Cases will have a separately identified error section for reviews in this area. These will be considered administrative errors. They will be total and identified based on the Medicaid and CHIP Eligibility Review Pilot Guidance issued October 2013.

Statistics will be captured determine errors based on the type of application.

Negative Reviews (Medicaid and CHIP): The errors will be identified by the sections below.

Validity of Action- The errors in this section will be findings that the client was eligible for Medicaid/CHIP and the action to terminate/deny was invalid. The case will be classified as having an error if the agency acted incorrectly in denying or terminating the case since the client was eligible for Medicaid/CHIP.

Administrative errors will also be reported to the agency. These areas will be on cases where the agency did not follow

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the state verification plan in requesting information or verifying an element of eligibility. These cases will not be considered to be in error.

Validity of Notice- The errors in this section will be findings that the appropriate notice was not sent.

FFM Notification- The reviewers will determine if the denial/termination reason required the case to be sent to the FFM and then determine if the case was appropriately sent to the FFM. The reviewers will use the eligibility system and case file information to make this determination. SQC has verified which denials/terminations must go to FFM and only those will be verified. SQC will note an administrative error in this area if the case was not referred to FFM when applicable.

DESCRIBE ROBUSTNESS OF REVIEW COMPLETED AND WHAT CASEWORKER ACTIONS WILL BE REVIEWED:

The reviewers will be using case file information including electronic verifications to determine all of the reviews. The QC staff is trained to evaluate all information in making review determinations. All case worker actions will be reviewed including the opening/denying/terminating of cases, the validity of requests for information as well as case file documentation. Client and/or third party contact will not be made unless verification or clarification is needed.

The reviewer will start by determining if the action reviewed is an active or negative action. The reviewer will research the case in DCIS 2 and AWW (Delaware's new eligibility system) to determine the action date and applicable timeframes. Delaware is in the process of developing a workbook for Pilot #1. The workbook will guide the reviewers through all the necessary elements of eligibility and then the verification portion of the review. The channel of the application will also be captured in the document. The reviewers will have space to document the errors or circumstances of the review. Also, error codes will be provided so that statistics can be generated surrounding each element and any errors associated.

DE Response- Delaware is still finalizing. Once completed, Delaware will provide a list of error codes.

Delaware plans to train review staff in February on the new process as well as the new MAGI methodology. All staff were trained on use of the new system in November of 2013. Procedural training packets, worksheets and applicable guides will be distributed to assist in the reviews.

EXPLAIN STEPS TAKEN BY REVIEWERS TO DETERMINE ERRORS:

Active Reviews (Medicaid and CHIP): Reviewers will follow a procedural guide for reviews to determine errors. The guide will be developed to ensure all reviewers are completing reviews in the same manner as well as all reviewers are determining the same errors. The steps taken will include a review of all case file information and verifications requested. The reviewer will determine if the case is eligible for Medicaid/CHIP category as well as if the agency followed correct verification procedures for each element. The reviewers will complete a worksheet for each review to guide the review process.

Negative Reviews (Medicaid and CHIP): Reviewers will follow a procedural guide for reviews to determine errors. The guide will be developed to ensure all reviewers are completing reviews in the same manner as well as all reviewers are determining the same errors. The steps taken will include a review of all case file information and verifications requested. The reviewer will determine if the case action was appropriate as well as if the agency followed correct verification procedures. The reviewers will complete a worksheet for each review to guide the review process.

CASE REVIEW QUALITY CONTROL

DESCRIBE THE QUALITY CONTROL PROCEDURES FOR ENSURING ACCURACY OF THE REVIEW DECISION:

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All cases will have as second party review by a supervisor. Delaware plans to also share findings with the eligibility agencies. For active cases, all payment errors and administrative errors will be sent to the agency for evaluation. For negative reviews, all validity of action errors, notice errors and failure to transfer cases to the FFM errors will be reported to the agency for evaluation.

DE Response-The second party review will involve a full review of the workbook used by the reviewer as well as all documents related to the case including system screen prints, case comments, verifications provided by clients, etc. The supervisor will be validating that each section of the review was completed appropriately.

PAYMENT REVIEW

DESCRIBE THE STATE'S PAYMENT REVIEW METHODOLOGY:

Delaware is proposing the sample for actions taken in December and February. Delaware is proposing to capture claims for cases found to have payment errors (client was not eligible for any MAGI MA or CHIP category).

For December actions, these clients will not have MAGI claims in December as their earliest effective MAGI date will be 1/1/14. Therefore we are proposing to capture January 2014 claims for the December active payment errors.

For February actions, we are proposing to capture payments for March 2014.

In PERM and MEQC payment reviews, a set period of months is determined for claim collection to allow for claims to be submitted. Delaware proposes to capture the claims in March (for the December reviews-looking at January claims).

Delaware proposes to capture the claims for the second sampling in May (for the February reviews-looking at March claims paid up to the May).

For example:

- December actions= January claims (services from 1/1/14-1/31/14). Any claim paid from 1/1/14-2/28/14 paid for services in January will be reviewed in **March** on payment error cases.
- February actions= March claims (services from 3/1/14-3/31/14). Any claim paid from 3/1/14-4/30/14 paid for March service date will be reviewed in **May** on payment error cases.

Delaware Quality Control staff be responsible for checking claims in the MMIS system for payment reviews.

The only cases with claims checked will be the cases found to have a payment errors during the review process.

Delaware plans to classify errors as stated above.

DE Response- QC staff have access to both CHIP and MA claims data.

TEST CASE INFORMATION

INCLUDE ANY INFORMATION THE STATE WOULD LIKE CMS TO KNOW REGARDING THE TEST CASES, INCLUDING ANY AVAILABLE ESTIMATES OF WHEN THE STATE EXPECTS TO RUN THE TEST CASES:

Delaware is unsure when the test cases will run. Once CMS issues further guidance on the test case scenarios, Delaware will work with programming staff to determine timeframes for running test cases.

RESULTS

FOR EACH FIELD BELOW SPECIFY HOW THE PROPOSED PILOT WILL ENABLE THE STATE TO REPORT ON EACH MEASURE

WAS THE DECISION ABOUT PROGRAM ELIGIBILITY CORRECT?

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Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

To determine if the decision about program eligibility was correct, the reviews will determine this in the financial/technical eligibility portion of the review as described below:

Financial/Technical Eligibility- This section of the review will use the case file information which will include self-attested information that does not require verification as well as self-attested information the agency verified by either electronic sources or client contact. The review will follow elements of eligibility including: Income (earned and unearned), residency, age, Social Security Number, citizenship, immigration status, household composition, pregnancy, and Medicare. All these elements factor into a financial/technical eligibility for Medicaid/CHIP. The reviewer will use case file information and when missing, will attempt to verify the information following Delaware's MAGI-Based Verification Plan.

Negative Reviews (Medicaid and CHIP): The errors will be identified by the sections below.

Validity of Action- The errors in this section will be findings that the client was eligible for Medicaid/CHIP and the action to terminate/deny was invalid. The case will be classified as having an error if the agency acted incorrectly in denying or terminating the case since the client was eligible for Medicaid/CHIP.

DE Response- Active cases that were not eligible will be cited as financial or technical errors in the appropriate element where the error was made.

Administrative errors will also be reported to the agency. These areas will be on cases where the agency did not follow the state verification plan in requesting information or verifying an element of eligibility. These cases will not be considered to be in error.

Delaware plans to address this section of reporting with actives and negatives.

WAS THE DECISION ABOUT ELIGIBILITY GROUP CORRECT?

Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

DE Response- DE will not cite active errors for cases in the wrong category. A variance will be noted to notify the eligibility agency but not cited as an error if otherwise eligible in another category.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

To determine if the decision about eligibility group was correct, the reviews will determine this in the financial/technical eligibility portion of the review as described below:

Financial/Technical Eligibility- This section of the review will use the case file information which will include self-attested information that does not require verification as well as self-attested information the agency verified by either electronic sources or client contact. The review will follow elements of eligibility including: Income (earned and unearned), residency, age, Social Security Number, citizenship, immigration status, household composition, pregnancy, and

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Medicare. All these elements factor into a financial/technical eligibility for Medicaid/CHIP. The reviewer will use case file information and when missing, will attempt to verify the information following Delaware's MAGI-Based Verification Plan.

Delaware plans to provide results in this area about actives only.

IF THE DECISION HAS BEEN FINALIZED AND DENIED, WAS THE CASE TRANSFERRED TO THE SBM/FFM APPROPRIATELY?

Negative Reviews (Medicaid and CHIP): The review process will be similar to PERM and MEQC. The review will be separated into three sections: **Validity of Action, Validity of Notice, and FFM Notification.**

To determine if the case was transferred to the FFM appropriately, the reviews will determine this in the FFM Notification portion of the review as described below:

FFM Notification- The reviewers will determine if the denial/termination reason required the case to be sent to the FFM and then determine if the case was appropriately sent to the FFM. The reviewers will use the eligibility system and case file information to make this determination

Delaware plans to provide results in this area about negatives only.

IF THE DECISION HAS BEEN FINALIZED AND DENIED, HAVE APPROPRIATE FINAL NOTICES BEEN SENT?

Negative Reviews (Medicaid and CHIP): The review process will be similar to PERM and MEQC. The review will be separated into three sections: **Validity of Action, Validity of Notice, and FFM Notification.**

To determine if the appropriate final notices have been sent, the reviews will determine this in the Validity of Notice portion of the review as described below:

Validity of Notice-The reviewer will determine if the correct notice was issued to the client based on policy guidance. The reviewers will use the eligibility system and case file information to make this determination.

Delaware plans to provide results in this area about negatives only.

IF THE APPLICATION WAS TRANSFERRED FROM A SBM/FFM, WERE APPROPRIATE STEPS TAKEN TO ENSURE REUSE OF INFORMATION?

Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

To determine if appropriate steps were taken to ensure reuse of information, the reviews will determine this in the Verification Requirement portion of the review as described below:

Verification Requirement- This section of the review will cover the same elements above and determine the correctness of the agency action with the re-use of information from the application (regardless of the source). This section will also determine if the state verification plan for the elements above was followed. If self- attestation is accepted without additional verification, the review will determine if the agency acted correctly or required verification. This review will also determine if the agency acted correctly by attempting to use appropriate electronic sources to verify the elements prior to client contact on elements that accept self-attested information with post eligibility verification.

Delaware plans to provide results in this area about actives only.

WERE THE APPROPRIATE ATTESTATIONS OR VERIFICATIONS MADE FOR DATA COLLECTED IN THE APPLICATION AS IDENTIFIED IN THE STATE'S VERIFICATION PLAN BEFORE DISPOSITION?

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Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

To determine if appropriate attestations or verifications made for data collected in the application as identified in the state's verification plan before disposition was correct, the reviews will determine this in the Verification Requirement portion of the review as described below:

Verification Requirement- This section of the review will cover the same elements above and determine the correctness of the agency action with the re-use of information from the application (regardless of the source). This section will also determine if the state verification plan for the elements above was followed. If self- attestation is accepted without additional verification, the review will determine if the agency acted correctly or required verification. This review will also determine if the agency acted correctly by attempting to use appropriate electronic sources to verify the elements prior to client contact on elements that accept self-attested information with post eligibility verification.

Delaware plans to provide results in this area about actives only.

IF ADDITIONAL INFORMATION WAS SOUGHT FROM THE APPLICANT OR BENEFICIAIRY, WAS SUCH INFORMATION PROPERLY REQUESTED BASED ON ATTESTATION AND VERIFICATIONS, OR EXISTING DATA, AND UTILIZED PROPERLY IN THE ELIGIBILITY DETERMINATION?

Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

To determine if additional information was sought from the applicant or beneficiary, such as information properly requested based on attestation and verifications, or existing data was used properly, the reviews will determine this in the Verification Requirement portion of the review as described below:

Verification Requirement- This section of the review will cover the same elements above and determine the correctness of the agency action with the re-use of information from the application (regardless of the source). This section will also determine if the state verification plan for the elements above was followed. If self- attestation is accepted without additional verification, the review will determine if the agency acted correctly or required verification. This review will also determine if the agency acted correctly by attempting to use appropriate electronic sources to verify the elements prior to client contact on elements that accept self-attested information with post eligibility verification.

Delaware plans to provide results in this area about actives only.

BASED ON THE INFORMATION SUPPLIED, ATTESTED AND VERIFIED, WAS THE HOUSEHOLD COMPOSITION AND INCOME LEVEL FOR THE APPLICANT PROPERLY ESTABLISHED?

Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

To determine if the household composition and income level, based on information supplied, attested and verified was correct, the reviews will determine this in the financial/technical eligibility portion of the review as described

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below:

Financial/Technical Eligibility- This section of the review will use the case file information which will include self-attested information that does not require verification as well as self-attested information the agency verified by either electronic sources or client contact. The review will follow elements of eligibility including: Income (earned and unearned), residency, age, Social Security Number, citizenship, immigration status, household composition, pregnancy, and Medicare. All these elements factor into a financial/technical eligibility for Medicaid/CHIP. The reviewer will use case file information and when missing, will attempt to verify the information following Delaware's MAGI-Based Verification Plan.

Delaware plans to provide results in this area about actives only.

BASED ON THE INFORMATION SUPPLIED, ATTESTED, AND VERIFIED, WAS THE CITIZENSHIP AND IMMIGRATION STATUS FOR THE APPLICANT PROPERLY ESTABLISHED?

Active Reviews (Medicaid and CHIP): The review process will be similar to a PERM review. The reviewer will first determine the date the EW opened the Medicaid/CHIP. The review will continue to cover the post eligibility verification process.

The case review will be separated into three sections: **Financial/Technical eligibility for Medicaid/CHIP category, Verification Requirements and Source/channel of application.**

To determine the citizenship and immigration status for the applicant was properly established based on the information supplied, attested, verified, the reviews will determine this in the financial/technical eligibility portion of the review as described below:

Financial/Technical Eligibility- This section of the review will use the case file information which will include self-attested information that does not require verification as well as self-attested information the agency verified by either electronic sources or client contact. The review will follow elements of eligibility including: Income (earned and unearned), residency, age, Social Security Number, citizenship, immigration status, household composition, pregnancy, and Medicare. All these elements factor into a financial/technical eligibility for Medicaid/CHIP. The reviewer will use case file information and when missing, will attempt to verify the information following Delaware's MAGI-Based Verification Plan.

Delaware plans to provide results in this area about actives only.

ANALYSIS BY POINT OF APPLICATION/TYPE OF APPLICATION/CHANNEL

QC will be recording the point of application during the course of the review on all applications. If for some reason the type cannot be determine, the case will be recorded as unknown channel.

Quality Control will analyze the errors and group them by application channel. These two areas will be in person (including mail-in and walk-in as well as telephone and then on-line applications including ASSIST or FFM). Cases where the channel of application is undetermined will be separately reported.

Delaware plans to provide results in this area about actives only.

OTHER FACTORS

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None

TEST CASE RESULTS

DESCRIBE HOW THE STATE WILL REPORT ON THE RESULTS OF THE TEST CASES:

Delaware will work with programming staff to run test cases under the guidelines from CMS. At this point, CMS has not issued guidance on how to report or test the cases. Delaware has not developed a process or report on the results of the test cases. Delaware will develop a process and report once CMS issues more detailed guidance on the test cases.

Note- It may be difficult to produce results in the timeframe allowed by CMS. Guidance states that Delaware would need to run the cases, note discrepancies in the expected results and fix any discrepancies prior to final reporting in 6/2014. The programming staff and staff responsible for the oversight of the new eligibility system is not under QC direction therefore it may be difficult to fix issues with the test cases in the timeframe.

ADDITIONAL COMMENTS

PROVIDE ANY ADDITIONAL COMMENTS, AS NEEDED, REGARDING THE STATE'S PILOT STUDY:

Delaware is attempting to hire a contractor to assist state staff with the reviews. The contractor would be hired hopefully by 4/1/14 and assist in the completion of the second cycle of reviews (sampled in March for February actions). State staff will complete the first cycle of reviews (sampled in January for December actions).

Delaware will make all attempts to remain timely with reporting requirements but limits with staffing, programmer time and potential sampling issues may cause delays.

DE Response- Jennifer Harris will notify CMS of any delays during the project by e-mail. We can set up a call to discuss issues as necessary during the project. We have staffing issues at this point and are concerned that the newness of the reviews combined with staffing issues may cause delays.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.