STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
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February 22, 1999

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialist/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 99-08

MEDI-CAL ELIGIBILITY QUALITY CONTROL SUMMARY REPORT

The Program Review Section of the Medi-Cal Eligibility Branch conducts Medi-Cal Eligibility Quality Control (MEQC) case reviews throughout the State of California. The MEQC cases are randomly selected on a monthly basis from the MEDS universe of all Medi-Cal Assistance Only (MAO) cases in California for the review month. The number of MEQC cases for each county varies in accordance with its proportion of the statewide MAO beneficiary universe.

To date, the Program Review Section normally sends correspondence to a county only if a citeable error is found in a case or if there is a Procedural Error and/or Pertinent Information which need to be reported to the county. Several counties have requested more complete single source documentation summarizing MEQC findings. In response to these requests, for a regular summation report regarding the review results of all MEQC cases, the Program Review Section has developed a comprehensive report format (see enclosure). The report will include the following:

- **Total number of MEQC cases reviewed** - the number of MAO cases selected for MEQC review for the base period, either October through March review months or April through September review months.

- **Number of Dropped or Unable to Complete case reviews** - cases which are not subject to review or cases where the beneficiaries could not be located to complete the review process.

- **Number of completed case reviews with No Error** - case reviews in which no error of any sort was found.

- **Number of completed case reviews with a Citeable Error** - cases in which the MEQC reviewer found a citeable error in the review month.

- **Type and the share-of-cost error found by the MEQC analyst for each case with a citeable error - the types of citeable errors include:**

  Total Case Ineligibility or Ineligible Person(s)
  Eligible with Ineligible Services
  Understated Share of Cost
  Overstated Share of Cost

- **Number of cases with Procedural Errors or Pertinent Information only -** cases with either a procedural error such as an overdue redetermination or pertinent information concerning unreported liquid resources which do not adversely impact the MAO eligibility of the case.

Enclosed are the following:

- Format of the Medi-Cal Eligibility Quality Control Summary Report
- The Eligibility Error Analysis reports

These reports will be sent at six month intervals, January and July of each calendar year, approximately three months after the last review month in the base period. This time lag is necessary as the MEQC case reviews for any particular review month are chosen at least two months after the review month. The Program Review Section anticipates sending the first Medi-Cal Eligibility Quality Control Summary Report in July 1999. This report will summarize review results for the MEQC cases during the October 1998 through March 1999 review month base period.

We anticipate that the MEQC Summary reports will provide more complete MEQC information for county Medi-Cal program managers. These reports can be used to provide recognition for continuing excellence by Medi-Cal program staff. We hope that these reports will enhance communication and facilitate review of our case reviews We look forward to your comments and suggestions.

If you have any questions, please contact John Lim of my staff at (415) 904-9700.

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosures

ENCLOSURE I
MEDI-CAL ELIGIBILITY QUALITY CONTROL
SUMMARY REPORT

County Welfare Director

Dear :

As part of the ongoing federally mandated Medi-Cal Eligibility Quality Control (MEQC) for the State of California, the Program Review Section of the Department of Health Services reviews a random sample of Medi-Cal Assistance Only cases in each of the 58 counties. Through a case record review, contact with the beneficiary where appropriate, and third party verifications, MEQC evaluates the accuracy of the county's actions in each case chosen for MEQC review. This report summarizes the results of the MEQC case reviews in your county for the six month base period of 1998 through 1999.

MEQC Sample Number Review Findings

1.
2.
3.
4.
5.
6.
7.
8.

Congratulations on your participation in the State of California's successful performance which was better than the federal standard. The work of your county Medi-Cal program staff on the cases noted in this letter has contributed to the MEQC statewide dollar error rate of per cent, which is below the federal tolerance rate of three per cent, for the most recent base period which the federal Health Care Financing Administration has reported to us, 1998 through 1999.

Sincerely,

ENCLOSURE II
MEDI-CAL ELIGIBILITY
ERROR ANALYSIS REPORTS

STATE OF CALIFORNIA
Department of Health Services
Program Review Section
Eligibility Error Analysis
MEDICAID ASSISTANCE ONLY
Report Date:

STATEWIDE SUMMARY FOR PERIOD:		NUMBER	PERCENTAGE
TOTAL CASES SAMPLED			
CASES DROPPED			
Moved out of state since review month			
Unwilling to give information			
Unable to locate			
Listed in error			
Other			
NUMBER OF CASES COMPLETED			
Competed cases with no error			
Cases with errors			
(04) Ineligible			
(12) Ineligible with ineligible services			
Eligible with:			
(05) Ineligible members			
(08) Ineligible services			
(13) Ineligible members/ineligible services			
(02) Liability understated only			
(03) Liability overstated only			
Liability overstated error with:			
(07) Ineligible members			
(11) Ineligible services			
(15) Ineligible members/ineligible services			
State assumed errors			
Cases with errors excluding liability Overstated only and state assumed			
TOTAL DOLLARS PAID TO COMPLETED CASES			

Cases with errors represent the initial case eligibility status.

STATE OF CALIFORNIA
Department of Health Services
Program Review Section
Eligibility Error Analysis for _____
MEDICAID ASSISTANCE ONLY
Report Date:

PERIOD:		NUMBER	PERCENTAGE
TOTAL CASES SAMPLED			
CASES DROPPED			
Moved out of state since review month			
Unwilling to give information			
Unable to locate			
Listed in error			
Other			
NUMBER OF CASES COMPLETED			
Competed cases with no error			
Cases with errors			
(04) Ineligible			
(12) Ineligible with ineligible services			
Eligible with:			
(05) Ineligible members			
(08) Ineligible services			
(13) Ineligible members/ineligible services			
(02) Liability understated only			
(03) Liability overstated only			
Liability overstated error with:			
(07) Ineligible members			
(11) Ineligible services			
(15) Ineligible members/ineligible services			
State assumed errors			
Cases with errors excluding liability Overstated only and state assumed			
TOTAL DOLLARS PAID TO COMPLETED CASES			

Cases with errors represent the initial case eligibility status.