

**MEDICAID ELIGIBILITY QUALITY CONTROL (MEQC)
SUMMARY INFORMATION FOR FEDERAL FY _____**

STATE: _____

A. MEQC – General Program Information

1. Identify whether, during the year, the MEQC program in your state operated as:
 - (a) a traditional program that reviews a random sample of Medicaid cases and computes an annual payment error rate;
 - (b) a pilot program that conducts focused reviews or special studies; or
 - (c) a waiver program, that is, the MEQC program is part of the state's section 1115 research and demonstration project.
2. If your MEQC program operates as a traditional program, state your payment error rate for the most recently completed October-March 6-month period. (The error rate for the most recently completed April – September 6-month period is due July 31 following the review period.)
3. Indicate the number of staff in full time equivalent (FTE) committed to the MEQC program.

B. MEQC Pilot/Waiver Activities for the Year

If your state MEQC program operates under either a pilot or as part of a section 1115 waiver, briefly describe the study or studies conducted during the year. Frame the discussion as follows:

1. Purpose of the pilot/waiver. Summarize the purpose of the review, the findings and the goals directly achieved by the review findings.
2. Scope of the review. Address factors such as whether the study was multi-faceted or focused on one program area and specify the area(s) targeted for review, such as eligibility. State whether the review was conducted statewide or geographically targeted to certain counties/areas.
3. Method of review. Describe how the review was conducted. For example, by reviewing Medicaid cases (include sample size, whether reviews were of all aspects of eligibility or targeted areas such as income, whether in-person interviews were conducted) and/or other methods, such as recipient surveys (by mail, in-person or telephone), review of computer systems to detect weaknesses that result in erroneous payments or other errors, interviewing caseworkers. Include costs associated with the study such as travel, training, printing costs for new forms.
4. Results of review. Detail the results of the review, including the conclusive findings of error causes and actions taken to forward the findings to the appropriate state personnel.

Acknowledge that individual case corrections took place but also include a narrative on administrative actions taken to prevent or reduce the incidence of the errors.

C. MEQC Traditional Program Activities for the Year

If your state conducts a traditional MEQC program, summarize the review findings (include sample size) and administrative actions taken to prevent or reduce the incidence of the errors.

D. Negative Case Action Program – All States

Describe whether your state conducts regular reviews of denied and terminated Medicaid cases (negative case actions) or an alternative system. Include case sample size and summary findings of reviews as well as administrative actions taken to prevent or reduce the incidence of the errors.

Prepared by: _____

Date: _____

Organization: _____

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PRA Disclosure Statement

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