

Management Evaluation Review Program

Department of Health Care Policy and Financing

Release Date: February 2021

Supersedes Release Date: N/A

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I. Management Evaluation Review Program: Background and Purpose

Background

Medicaid is the nation’s public health insurance program for people with low income. In Colorado, Medicaid is known as Health First Colorado (Colorado’s Medicaid Program) or the Medical Assistance Program. Health First Colorado covers around 1 in 4 Coloradans, including many with complex and costly needs for care. Nationally, the program is the principal source of long-term care coverage for Americans. The vast majority of Health First Colorado enrollees lack access to other affordable health insurance, and the program covers a broad array of health services and limits enrollee out-of-pocket costs. Health First Colorado finances significant personal health care spending in Colorado’s counties, providing significant financing for hospitals, community health centers, physicians, nursing homes, and jobs in the health care sector. The impact by county of Health First Colorado can be viewed in our [County Fact Sheets](#).

As the federally-designated single state agency for the administration of Health First Colorado, the Department of Health Care Policy and Financing (HCPF) has a statutory responsibility to conduct oversight activities of all County Departments of Human/Social Services and Eligibility Sites. The Management Evaluation (ME) Review Program was created to enhance the Department’s oversight statewide and represents our renewed commitment to supporting Eligibility Sites in achieving program objectives and the best outcomes for Health First Colorado applicants and members. The ME Review Program will help mitigate risk to the state and federal Medical Assistance funding from federal compliance and quality reviews, as well as helping to ensure an appropriate experience for applicants and members by evaluating all Counties and Eligibility Sites over a three year cycle. The ME Review Program was developed in consultation with Counties and Eligibility Sites statewide, leveraging existing practices from the Colorado Department of Human Services.

The ME Review Program replaces components of the Medical Eligibility Quality Improvement Plan (MEQIP). The program will apply to both Counties and Eligibility Sites. We believe this evaluation is critical to both the success and sustainability of the Medical Assistance Program. In that spirit, it is essential that we assess Counties and Eligibility Sites to improve transparency, monitor progress toward program goals and identify potential best practices and lessons learned. Integrating these insights will help the Department fulfill its mission to improve access and outcomes for those we serve while being sound stewards of financial resources.



Purpose

The Management Evaluation (ME) Review Program exists to streamline oversight and compliance and ensure the proper administration of the Medical Assistance Program. The ME Review Program will help mitigate risk to the state and federal Medical Assistance funding from federal compliance and quality reviews.

Overview

The ME Review Program provides the Department with a consistent framework of oversight across different HCPF program areas, such as administration, eligibility, program integrity and more. The ME Review Program uses process questionnaires and compliance surveys to provide technical assistance in addressing opportunities for Counties and Eligibility Sites to improve.

II. ME Review Process

Management Evaluation Review Process



The ME Review Program begins with a joint risk assessment, which analyzes operational, financial, compliance and performance-oriented risk factors, applied to all Counties and Eligibility Sites and monitored regularly. These factors will be used to assign risk scores to each County and Eligibility Site. The Sites with the highest risk factors will be selected to participate in the ME Review Program.

Once Counties and Eligibility Sites are selected to participate in the ME Review Program, the Department will notify the County or Eligibility Site Director. This notification will also include a request to schedule an Intake Session. During the Intake Session, the ME Review

Program team will meet with County or Site staff to provide an overview of the ME Review Program, provide the documents that need to be completed ahead of a Site Visit and schedule the entrance/exit conferences and module sessions with the appropriate County or Site staff that will occur during the Site Visit. The Intake Session will generally occur three to four weeks prior to the Site Visit to allow Eligibility Sites the opportunity to complete the required pre-work .

The entrance conference will consist of introductions of County or Site and HCPF staff, a tour, and a review of the Site Visit’s agenda. Once the entrance interview has been completed, the ME Review team will review each module with appropriate County or Site staff. The compliance surveys will be used by the ME Review Team to help assess whether the County or Site is following certain federal/state regulations, rules and guidance. While the process questionnaires will provide the ME Review team with a better understanding of different business processes and circumstances for the Site, some modules will also involve a discussion of performance data, quality assurance findings or other data sets that will be reviewed during the ME Review.

ME Review Checklist

Compliance Survey

- Answers will consist of “in compliance” or “not in compliance.”
- A “not in compliance” score may trigger an Improvement Action Plan (IAP) or a Corrective Action Plan (CAP).

Process Questionnaire

- The questionnaire may cite statutes or guidance but may not be recorded as a compliance item.
- The questions are intended to assess the Site's understanding of certain rules, processes, and procedures.
- Findings may trigger an Improvement Action Plan (IAP) but not a Corrective Action Plan (CAP).

Once the review is complete, the ME Review team and County or Site staff will conduct the exit conference. During the exit conference, the ME Review team will present findings in a preliminary report and County or Site staff will be able to ask questions or present concerns. The preliminary report will include compliance opportunities and recommendations for process improvements. Both teams will sign the preliminary report before ending the Site Visit.

Improvement Action Plan (IAP) and Corrective Action Plan (CAP) Process

- Sites will have a 30-day Cure Period to address compliance opportunities before a CAP or IAP can be implemented.
- If compliance opportunities are found, the Site will complete and submit an IAP or CAP form using Google Forms provided by the Department. The Department will review them to determine whether to approve or deny the submitted plan.



- IAPs and CAPs will ask the Eligibility Site to provide an outline of the tasks needed to address the compliance opportunities, and the timeline for completion.
- After the IAP or CAP has been approved, the Department will monitor the Site's implementation and progress.
- The IAP or CAP will be closed once the Site has achieved compliance. Ongoing monitoring will occur to assess whether the compliance issue reoccurs once the IAP or CAP is closed.
- Further guidance on the notification process and Improvement Action and Corrective Action Plans, refer to HCPF Operational Memo [OM 21-005](#).

The last stage of the ME Review Program is the final report once any compliance findings are finalized. The final report will be signed by both parties and filed electronically by HCPF.

III. ME Review Modules

The ME Program consists of 12 separate modules, each including a Compliance Survey, a Process Questionnaire or both. An overview of each of the ME Review modules is outlined below.

Leadership

This module explores the County or Site's program management and business processes.

Eligibility Determination

This module explores the Site's processes, report utilization, and staff training pertaining to eligibility determination.

Ongoing Case Maintenance

This module examines the processes and procedures necessary to manage ongoing caseloads in a timely and accurate manner.

Hearings and Appeals

This module covers requirements for hearings and dispute resolution conferences.

Quality Assurance

This module is an evaluation of Site Quality Assurance processes, and includes case review findings, staff training, information sharing and accuracy, and procedural tools and forms.

Performance Measures

This module examines the performance dashboard for the Site through a series of questions designed to identify potential process and resource challenges in order to support Sites in consistently meeting performance benchmarks.

Program Integrity

This module explores the program fraud investigation process, including investigator and staff training, written policy and benchmarks, mandatory reporting, and overpayments.

Communications

This module examines what feedback Sites receive regarding member correspondence and what steps are taken to address questions and/or complaints.

Member Experience

This module examines call center processes, including call center metrics and Site approach to managing average call times.

Security/Mailroom

This module examines the procedures for front desk and mail handling, including sorting, date-stamping, distribution, and processing returned mail.

Financial

This module explores accounting policies and internal controls as they pertain to state and federal financial requirements.

Confidentiality

This module explores the policies and practices related to the protection of member information and other protected data.

Individual Rights

This module explores the policies and practices surrounding non-discrimination and accessibility.

Training

This module explores County and Eligibility Site staff training, including how training is developed, tracked, and implemented.

IV. Using this Guide

To help further your familiarity with the modules of the ME Review Program, we have included appendices outlining each of the modules for reference only. Once selected to participate in the program, the Department will provide you with Online Forms desk aid that will include links to the electronic versions of the forms that will be used to collect your response before your site visit.

The Scheduling and Time Commitment Desk Aid will help the County or Eligibility Site schedule the modules by documenting which staff will participate in different module sessions and the time commitment. The Document Request Desk Aid will help the County or Eligibility Site navigate the different document requests spread throughout the ME Review modules, which will be submitted through the links to the online forms. The Online Forms Desk Aid includes links to the electronic versions of the Google forms that will be used to collect your responses before your site visit.

Resources

- Appendix: Modules
- Available handouts/other documents:
 - [Virtual ME Review Desk Aid](#), which includes:
 - Scheduling and Time Commitment Desk Aid
 - Document Request Desk Aid
 - Google Form How-to
 - Adobe Sign How-to
 - Online Forms Desk Aid (will be emailed after Intake Session)
- Management Evaluation Memo
- Improvement Action Plan/Corrective Action Plan Memo
- Questions to HCPF_MEReview@state.co.us

V. Appendix

Appendix A

Leadership Module

HCPF Management Evaluation Leadership Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

Reports

1. What Cognos reports do you utilize to manage new applications and ensure timeliness and accuracy, and how are they integrated into your workflow?
2. Please provide any other County or Site-created reports used by leadership.
3. What recent changes have been made that you think affected timeliness and/or accuracy (for better or worse)? (Ex. business process, Colorado Business Management System [CBMS], leadership, staff, etc.)
4. What is your business process and workflow for applications, redeterminations, and case changes?

Ongoing Case Maintenance

1. What is your business process surrounding case comments?
 - Do you use a case comment template? If so, please provide it.
 - How are staff trained to use case comments?
 - How are staff addressed if they do not use case comments?
2. What is your business process surrounding electronic interfaces?
 - Where are results saved or stored?
 - How are the results documented in case comments?



3. What business process does your Eligibility Site follow for rescinding a case after a case is denied or terminated? [435.916.\(a\)\(2\)\(3\)\(C\)](#)
4. How do staff use the Asset Verification Program (AVP)? (Citation: [Agency Letter HCPF 17-010 AVP Implementation](#))

Administration

1. How do you maintain workload when you have position vacancies?
2. Have you experienced staff turnover in the past 12 to 18 months?
 - If so, does your organization conduct exit interviews with those staff?
 - If so, how is feedback from departing staff used?
3. What is one thing HCPF could change that would make a positive difference for staff or for applicants and members?

Program Integrity

1. How do you safeguard against internal fraud?

Communications

1. **County or Eligibility Site-created Member Correspondence**
 - Do you create any type of correspondence that is used for members?
 - If so, please list individually, and provide some context for why, how, when or under what circumstances they are used.
 - If so, please tell us your development process.
 - How are you ensuring they comply with [Colorado Revised Statute 25.5-4.212](#) (otherwise known as [SB 17-121](#))?
 - Please provide a copy of all County or Site created documents for Department review.



Leadership Compliance Survey

Check the appropriate box to the left of each question.

“IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)

Rule Citation/ Subsection	Question #	IC	NIC	N/A
10 CCR 2505-10 8.100.3.0	Eligibility Sites are to administer the Medical Assistance Program in such a manner that no person will, on the basis of race, color, sex, age, religion, political belief, national origin, or handicap, be excluded from participation, be denied any aid, care, services, or other benefits of, or be otherwise subjected to discrimination in such program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCPF Operational Memo 19-039	Is the Medical Assistance Span Error Report reviewed daily? Are data entry errors resolved based on the error type? Are State Help Desk tickets created if the errors cannot be resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Appendix B

Eligibility Determination Module

HCPF Management Evaluation Eligibility Determination Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. What is your process for working the Public Assistance Reporting Information System [PARIS], SVES Interface Prisoner Match Report - All Counties, and Death Match reports?
2. How do you ensure your data entry triggers automated interfaces? (ex. Department of Motor Vehicles [DMV], Colorado Department of Labor and Employment [CDLE])
3. How do you ensure that Eligibility Site staff use electronic interfaces for verification? (ex. Systematic Alien Verification of Entitlements [SAVE], Asset Verification Program [AVP])
4. Do you use AVP prior to requesting verification from the member? (Citation: [Agency Letter HCPF 17-010 AVP Implementation](#))
5. What is your process for entering income for seasonal workers?
6. What is your process for entering self-employment income? (ex. Ledger, allowable business expenses, etc.)
7. Do you have access to SAVE (Systematic Alien Verification for Entitlements)?
8. What is your process for verifying Non-Citizens in SAVE?
 - How is SAVE information documented and filed?



9. What resources do you have regarding self-attestation, and what can be verified by self-attestation? (ex. Residency, Household size, Age, Pregnancy, Date of birth, Income)
10. How often are internal MA Site audits conducted? [MA Site specific]
11. Long Term Services and Supports (LTSS): What does your relationship with your Single Entry Point (SEP) or Community Centered Board (CCB) look like? Do you have communications challenges?
12. LTSS: What do your regular processes with the SEP and CCB look like? Are there breakdowns in processes often? What escalation procedures do you have in place to address the eligibility of these high-needs members?
13. LTSS: Do you have nursing facilities that you regularly work with? What does your relationship with those facilities look like?
14. LTSS: What do your regular processes with the nursing facilities look like? Are there breakdowns in processes often? What escalation procedures do you have in place to address the eligibility of these high-needs members?
15. Medicaid Buy-In: Is your staff trained on handling and managing applications and redeterminations?
16. What is your process for utilizing the COLA (Cost of Living Adjustments) Report? ([HCPF OM 20-101](#))
 - How are exceptions created?
17. How do you process COLA records in CBMS?
18. What are the reasons a case might be on the COLA exception report?
19. Are staff required to take the Staff Development Center (SDC) COLA web-based training?

20. Are staff aware of the COLA desk aid that offers assistance with processing and updating cases with a COLA exception?

<p align="center">Eligibility Determination Compliance Survey Check the appropriate box to the left of each question. “IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)</p>				
Rule Citation/ Subsection	Question #	IC	NIC	NA
§435.910	Social Security numbers have been verified and documented in the case file.			
10 CCR 2505-10 8.1.100.1	The application date, which is defined as the date the application is received and date stamped by the Eligibility Site or the date the application was received and date stamped by an Application Assistance Site or Presumptive Eligibility Site, is secured as soon as the applicant expresses interest in applying for assistance. In the absence of a date stamp, the application date is the date that the application was signed by the client.			
10 CCR 2505-10 8.100.3.A(3)	Only one application is needed to apply for Medical and Financial Assistance. The Eligibility Site cannot require a specific or additional type of application from the applicant.			
10 2505-10 8.100.3.A(6)(7) , 42 CFR 435.907(a) , and 42 CFR 435.908(b) .	Applications are accepted from applicants, an adult in the applicant’s household or family, an authorized representative, or someone who is acting responsibly for an applicant who is a minor or incapacitated.			
10 CCR 2505-10 8.100.3.A(7)	When no person associated with the applicant is available to assist in the application process, the Eligibility Site provides assistance and documents the situation in the case record.			
42 CFR 435.907(a)(1)	Applications and required documentation for eligibility are accepted via website, telephone, mail, in person, and through other commonly available electronic means.			
10 CCR 2505-10 8.100.3.A(5) ; and 42 CFR 435.907(f)	Initial applications are signed by the applicant under penalty of perjury. Signatures are accepted electronically, telephonically recorded, or handwritten.			



10 CCR 2505-10 8.100.3.A(8)	If the applicant is unable to sign their application, someone acting responsibly on their behalf (e.g. parent, legally appointed guardian) can sign under penalty of perjury.			
42 CFR 435.905(a)	Information on eligibility requirements, available Medicaid services, and the rights and responsibilities of applicants and beneficiaries is available to applicants, and others who request it, orally (as appropriate), electronically, and physically.			
10 CCR 2505-10 8.100.3.A(9) ; 42 CFR 435.905 (for MAGI-based determination)	Application interviews and visits to Eligibility Sites are not required. Correspondence occurs by mail, email, or telephone.			
10 CCR 2505-10 8.080.1 ; 42 CFR 431.17	Physical and electronic individual case record(s) are maintained and stored for an MEQC or PERM reviewer to evaluate Medicaid eligibility determinations.			
10 CCR 2505-1 8.080.5	County departments of social/human services and Department-designated Eligibility Sites shall make electronic or physical records available for on-site reviews as requested.			
HCPF Agency Letter 04-0003	What is the eligibility process for individuals applying for Medicaid under CICP? Regarding Medicaid eligibility, all eligibility criteria must be assessed regardless of the time involved.			
HCPF Agency Letter 05-007	Determination of emergency Medicaid benefits for undocumented immigrants.			
HCPF Agency Letter 05-006	When an approved disability trust is no longer eligible for Medicaid, the Site must notify HCPF using the Disability Trust Closure Form.			
HCPF Agency Letter 06-008 ; 10 CCR 2505-10 8.100	If a Medicaid applicant or recipient establishes or is the beneficiary of a trust, the Eligibility Site must submit a copy of the trust to HCPF.			
HCPF Agency Letter 11-007 ; 10 CCR 2505-10 8.715	The Breast and Cervical Cancer and Prevention Treatment Act of 2000 provides full Medicaid coverage for women who are diagnosed with breast or cervical cancer (or a precancerous condition) at Women's Wellness Connection screening clinics. Are Site staff familiar with the eligibility criteria for BCCP, and for WWC contractor and County responsibilities?			



HCPF Agency Letter 11-015 ; 10 CCR 2505-10 8.100.3.E ; 10 CCR 2505-10 8.100.5.C(4)	Retroactive coverage is allowed within the SSI category of Medicaid. Is Site staff aware of the procedure for determining eligibility for retroactive coverage within this category?				
HCPF Agency Letter 14-006 ; HCPF Policy Memo 18-003	An inmate who is admitted as an inpatient in a hospital for at least 24 hours or more outside the correctional facility may be Medicaid eligible. Is Site staff aware of the eligibility criteria for inmates to receive Medicaid coverage? [DHS and MA]				
10 CCR 2505-10 8.100.3.D.7.a-e and 10 CCR 2505-10 8.100.3.D.8	Eligibility Sites at which an individual is able to apply for Medical Assistance benefits shall also provide the applicant the opportunity to register to vote. Please provide a copy of your voter registration process along with the process for how these registrations are stored.				



Appendix C

Ongoing Case Maintenance Module

HCPF Management Evaluation Ongoing Case Maintenance Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. Tell us what information you put in case comments:
 - How detailed are your notes?
 - Do you use a template?
 - At what point in your process do you enter case comments?
2. What reports are you working to manage ongoing caseload and ensure timeliness and accuracy? (Note: Cognos reports)
3. What is your business process for working the Medical Assistance Eligibility Span Error Report (med span report)?
4. How do you ensure reported changes are entered into CBMS within 15 calendar days of receipt of the reported change? [HCPF OM 20-068](#)
5. How do you track verifications from the time they are requested to the time they are received?
6. What is your process surrounding rescinding closed cases to ensure minimal impact on timeliness? What is your internal process for rescinding a case vs. initiating a new application?
7. What is the process for working verifications from the Program and Eligibility Application Kit (PEAK), prior to re-requesting from the applicant or member?

Ongoing Case Maintenance Compliance Survey

Check the appropriate box to the left of each question.

“IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)

Rule Citation/ Subsection	Question #	IC	NIC	N/A
HCPF Operational Memo 19-039	Action is required on the “Medical Assistance Eligibility Span Error Report” and other related reports. These reports include all Medical Assistance Eligibility Spans that could not be processed due to an error[.] Are these reports run daily and errors resolved in a timely manner?			



Appendix D

Hearings and Appeals Module

HCPF Management Evaluation Hearing and Appeals Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. Describe your business process when you receive a request for a dispute resolution conference (also referred to as an informal meeting, or county conference).
2. How do you maintain records of the dispute resolution conference?
3. What is your business process when you receive notice of a state fair hearing, (also referred to as a formal hearing, formal appeal ?
 - When the Site gets a notice of a state fair hearing how long does it take to send to the Office of Administrative Courts?
4. How are verbal appeals handled?
5. How do you ensure a full case file is made available to an applicant/recipient, for their appeal?
6. What is the process for compiling and sending the hearing packet for a state fair hearing?
 - What documents do you include?
7. If you receive notice of a state fair hearing, how do you ensure that suitable arrangements are made, including privacy, interpreter, and enough room for all attendees and witnesses?
8. Describe the process and tools you use to track corrective actions (based on final decisions) in the dispute resolution conference and state fair hearings.

9. What is the timeline for entering corrective action related to the I dispute resolution conference?
10. What is the timeline for entering corrective action related to state fair hearings?
11. Upon resolution of a dispute, what is your process for communicating with the Eligibility Appeals Coordinator (at HCPF) if a member is receiving continued benefits due to a state fair hearing?
12. If the Site is not in agreement with the Initial Decision, what is the process for filing an exception?
13. If the Site is not in agreement with the Final Agency Decision, what is the process for filing a reconsideration?
14. If a dispute is resolved prior to the formal state fair hearing, what is your process for notifying the Office of Administrative Courts (OAC)?



Hearing and Appeals Compliance Survey
Check the appropriate box to the left of each question.
“IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)

Rule Citation/ Subsection	Question #	IC	NIC	N/A
	Dispute Resolution Conferences			
10 CCR 2505-10 8.057.3.F(2)	Within 10 calendar days of receipt of a request for dispute conference: <ul style="list-style-type: none"> The request reviewed? Notifications sent in writing with date, time, and location for conference? 			
10 CCR 2505-10 8.057.3.F(3); 10 CCR 2505-10 8.057.3.F(4)	Within 25 calendar days of receipt: <ul style="list-style-type: none"> Conference is held by phone or in person? Or, another time is mutually agreed upon? Is the applicant/recipient given the choice to have the dispute conference held in person or by phone? 			
42 CFR 431.233(a)	Records: <ul style="list-style-type: none"> Are records of the conference maintained? Are records made available for review when needed in an Administrative Court hearing? 			
10 CCR 2505-10 8.057.3.F(5); 10 CCR 2505-10 8.057.3.F(6)	Findings: <ul style="list-style-type: none"> Is notification of conference findings sent within 3 business days of the decision, and sent via U.S. Mail? Is the applicant/recipient informed of the dismissal process, when disputes are resolved and an appeal has already been filled? 			
10 CCR 2505-10 8.057.14.A	Does the Site or Disability Determination Agency give the applicant/recipient the opportunity for an informal conference, where the applicant/recipient may provide new or additional information relevant to the applicant or recipient’s claim of disability or blindness?			
	State Fair Hearings			
10 CCR 2505-10 8.057.4 D	If an applicant/recipient verbally requests a hearing, does the Eligibility Site appeals designee ensure the request is made in writing?			



10 CCR 2505-10 8.057.4.C	<p>Does the Site ensure that the applicant/recipient (or their authorized representative) is given access to the complete case file and any other documents pertinent to the hearing?</p>				
10 CCR 2505-10 8.057.7.C, G	<p>When the Office of Administrative Court notifies an Eligibility Site of a hearing, does the Site make suitable arrangements for the hearing, ensuring the hearing is private, unless the applicant/recipient requests otherwise?</p>				
10 CCR 2505-10 8.057.7.H	<p>Does the Eligibility Site arrange for a qualified interpreter to be present at the hearing, if needed by the applicant/recipient?</p>				
42 CFR 431.243	<p>Is the Site present in Administrative Court hearings involving issues of eligibility?</p>				
10 CCR 2505-10 8.057.12.A	<p>When the Final Agency Decision is favorable to the applicant/recipient, does the Site take corrective action (retroactive to date of adverse finding) within 3 working days after the effective date of the Final Agency Decision? (This might need to be in coordination with the Eligibility Appeals Coordinator if making the correction is outside of standard processes)</p>				



Appendix E

Quality Assurance (QA) Module

HCPF Management Evaluation Quality Assurance Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

County Quality Assurance

1. Does the Eligibility Site have a documented quality assurance (QA) program for Medical Assistance (MA)? If so, please provide it.
2. How many cases are reviewed internally each month?
3. How many per worker? (Please provide your Case Review Log)
4. How are cases selected for review?
5. How are QA findings documented and shared with the individual responsible for those findings?
6. What role do supervisors play in addressing and preventing those errors with the specific individual?
7. What are Eligibility Site processes concerning the request of case files and timeliness requirements?
8. Does HCPF have access to the Eligibility Site's internal electronic document management system?
9. What is the Eligibility Site's process for case file requests?



State (HCPF) Quality Assurance

1. How are HCPF QA findings documented and shared with all individuals responsible for Medical Assistance?
2. How does the Eligibility Site ensure QA findings are communicated with individuals and addressed systemically?
3. What role do supervisors play in addressing and preventing those systemic errors?
4. How are results communicated with staff?
5. How are State QA error trends compiled?
6. If so, who has access to these trends?
7. How is this information shared with directors, supervisors and front-line staff?
8. What tools/resources are available to Eligibility staff when trying to make QA corrections?
9. Who is responsible for State QA corrections?
10. In the event that a member requests the State review an action on their case unrelated to an appeal, what is your process for escalating a case to the State, from receipt to resolution?

Quality Assurance Training

1. Do you currently have a process for collecting and tracking QA data?
2. How is information and trends from the case reviews used? (Please provide a trend analysis.)
3. If case analysis reveals repeated mistakes, particularly same or similar mistakes, what steps do you take?
4. How do you leverage SDC training to address repeat QA findings (root causes, IAPs and CAPs, staff issues, etc)?



Appendix F

Performance Measures Module HCPF Management Evaluation Performance Measures Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. Timeliness - Applications (Average of 6 months of Data)
 - What is the process to track and route 45 day applications and 90 day applications (non-disability vs. disability apps)?
 - What are the issues with disability determinations, and how do they contribute to timeliness?
 - What are the biggest challenges you have with meeting timeliness?
 - Knowledge, training, resources, staffing, system issues, PEAK, etc.
 - What challenges have you encountered that are out of your control? How do you handle them?
 - What processes have you implemented to improve timeliness percentages?
2. Timeliness - Redeterminations (Average of 6 months of Data)
 - How are redeterminations tracked and routed? Is there a specific team that works on Redetermination, Recertification and Renewal (RRRs)?
 - What are the biggest challenges you have with meeting timeliness?
 - What processes have you implemented, or will implement, to improve timeliness percentage?
3. Backlog - Applications (Average of 6 months of Data)
 - What do you think is contributing to applications backlog?
 - Knowledge, training, resources, staffing, system issues, PEAK, etc.?
 - What processes have you implemented, or will implement, to improve your backlog numbers?
4. Backlog - Redeterminations (Average of 6 months of Data)
 - What do you think is contributing to redeterminations backlog?
 - Knowledge, training, resources, staffing, system issues, PEAK, etc.?
 - What processes have you implemented, or will implement, to improve your backlog numbers?

Appendix G

Program Integrity Module HCPF Management Evaluation Program Integrity Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. Describe the makeup of your investigation unit (including number of employees and their titles). If you do not have an investigation unit, explain who would investigate a fraud referral.
2. Do your fraud investigators have access to CBMS? Is it read only access? What changes in CBMS are fraud investigators allowed to make?
3. Is there a separation between fraud investigators and eligibility technicians? If not, how do you ensure each case has this separation?
4. Do you have written policies outlining the process of an investigation from start to finish? If so, please provide them.
5. How many investigations are currently open or pending?
6. Briefly describe the investigation process Include the following:
 - Referral
 - Investigation
 - Closing
7. Are you aware that a member cannot be terminated for failing to cooperate with an investigation?



8. What is the procedure if a member refuses to cooperate with an investigation?
9. What plans have been developed/put in place to safeguard against internal fraud?

Training

1. Are investigators required to attend any program training? What training have they attended in the past?
2. Do you have any required quotas or benchmarks for your investigators? If so, explain.
3. Are investigators made aware of mandatory reporting obligations? If so, how?

Overpayments

1. Are you aware that Medicaid overpayments cannot be established if it is the fault of the agency? (i.e. PEAK error, HCPF error, County error)
2. What is the process for determining which cases result in an overpayment and which are referred to the County District Attorney for criminal prosecution?
3. Does someone other than the investigator assigned to the case review overpayments and/or referrals to the district attorney? If so, who?
4. List all recovery methods that you utilize to collect overpayments from members (ex. promissory notes/payment plans, referrals to collection agencies, wage garnishments, liens, etc.)



Program Integrity/Fraud Compliance Survey

Check the appropriate box to the left of each question.

“IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)

Rule Citation/ Subsection	Question #	IC	NIC	N/A
HCPF Agency Letter 19-002; CRS 25-5-1-118	Counties are to provide the state with the Annual Activities Report for Client Fraud Investigations. The report is due even if no activity occurred during the year. In order to provide the report to the legislature as required by the law, the form entitled Annual Activities Report should be used to report County fraud investigations and recovery activity to the Department electronically. This form is to be submitted by all counties annually; a report is due even if no activity occurred in the year. The report is due to the Department on July 31st of each year.			



Appendix H

Communications Module

HCPF Management Evaluation Member Correspondence Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

These questions will be covered during the Site Visit, so please gather the data in advance.

1. On average, approximately how many members reach out to your team with questions about the following each month:
 - Notice of Action (NOA) correspondences? _____
 - Verification Checklist (VCL) letters? _____
 - Income Eligibility and Verification System (IEVS) correspondences? _____
 - Redetermination, Recertification and Renewal (RRR) forms? _____
 - Other correspondence from the Department? Please give as much detail as possible about what the correspondence is about.

2. When members ask for help with a letter they have received, what do they need? Check all that apply:

They need help clarifying the document's meaning. The letter is confusing/they are having trouble reading or understanding certain terms, paragraphs or portions of the document.

They need help fixing information in the correspondence.

- The letter contains inaccurate information (this is different from a document containing outdated information).
- The letter contains outdated information (information was accurate at some point but is not now).

They need help resolving the issue presented in the document. The document wording and message made sense, but they don't know what to do next. Either the next steps were not included, or the member is otherwise unclear on what to do to resolve the issue.

__They need help clarifying the message because they've received multiple communications that seemingly contradict each other.

__They need to receive the correspondence in another language or need help with translation of the correspondence

__They believe they have received the correspondence in error.

__The Department contact information listed in the correspondence was missing, confusing or inaccurate.

__Other, please specify:

3. In your opinion as the Department is writing and developing member correspondence, what steps can the Department take to make the member experience better and reduce the number of correspondence related questions that come to your office?
4. In your opinion as you think about the questions that come in as a result of NOAs, which words, phrases or portions of that correspondence are members having trouble understanding or bringing to your attention most often?
5. In your opinion as you think about the questions that come in as a result of RRR letters, which words, phrases or portions of these letters are members having trouble understanding or bringing to your attention most often?
6. In your opinion as you think about the questions that come in as a result of IEVS letters, which words, phrases or portions of those communications are members having trouble understanding or bringing to your attention most often?
7. In your opinion as you think about the questions that come in as a result of VCL letters, which words, phrases or portions of this document are members having trouble understanding or bringing to your attention most often?
8. For other correspondence not listed above, please specify which correspondence type and any words, portions or phrases found in those specific documents that members are highlighting as confusing or problematic in their requests for assistance:

9. Describe any changes in the frequency or nature of member correspondence questions in the past year:

10. What are your greatest challenges in answering member correspondence related questions, and do you have any ideas on resources you feel would be helpful with these challenges?

11. How would you like to engage with the Department on the correspondence process and with correspondence questions and feedback?

County or Eligibility Site-created Member Correspondence:

1. Do you create any type of correspondence that is used for members?
 - If so, please list individually, and provide some context for why, how, when or under what circumstances they are used.
 - If so, please tell us your development process.
 - How are you ensuring they comply with [Colorado Revised Statute 25.5-4.212](#) (otherwise known as [SB 17-121](#))?
 - Please provide a copy of all County or Site-created documents for Department review.

Appendix I

Member Experience Module

HCPF Management Evaluation Call Center Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. What is the process for ensuring that all customer calls and emails are returned within one business day?

2. What is your process for answering phone calls and returning voicemails? Where is this process documented?

Call Center Metrics

1. How many call center agents do you have? What type of calls do they handle?
2. How long does it take to return member calls and emails?
3. Please provide reports from your call center system on the below metrics:
 - Calls Received: For an average month, how many calls does your County call center receive?
 - Average Speed to Answer (ASA): What is your County's average speed to answer (ASA) for all Medical Assistance calls based on the previous month?
 - Average Abandonment Rate: What is your County's average abandonment rate for all Medical Assistance calls based on the previous month?
 - One Call Resolution: What percentage of calls are resolved in one call?
 - Daily Call Demand: What is the average number of calls received per day?
 - Daily Calls Handled: What is the average number of calls handled per day?



Appendix J

Security/Mailroom Module

HCPF Management Evaluation Security/Mailroom Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. Does your Eligibility Site have a dedicated mailroom?
2. Does your Eligibility Site have a dedicated fax machine for receiving documents from applicants or members?
3. What is the process for sorting and date stamping mail received through the U.S. Postal Service?
 - What is the date stamp policy for mail received late in the business day or outside of business hours?
4. What is the process for sorting and date stamping faxes?
 - What is the date stamp policy for faxes received late in the business day or outside of business hours?
5. If multiple offices exist, how are mail and faxes received/sent to other offices?
 - What is the date stamp policy for mail and faxes that are being sent to other offices?
6. Does your Eligibility Site have a dedicated dropbox for eligibility?
 - Is it secure and easily accessible?
 - Who empties drop-boxes?
 - How often?
 - How do you ensure that documents placed in the drop box are not lost and re-requested from the applicant or member?
7. What is the process for date stamping and sorting dropbox mail?
8. Is all mail received logged and tracked? How?
9. Describe how U.S. Postal Service and dropbox mail are routed to the correct person/team after it has been date stamped.



- How often?
- How is it assigned?
 - On average, how long does it take to get assigned to the correct person/team?
- How do you monitor the timely and accurate processing of U.S. Postal Service and dropbox mail?



Appendix K

Financial Module

Financial Compliance Survey <i>Check the appropriate box to the left of each question.</i> “IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)				
Rule Citation/ Subsection	Question #	IC	NIC	N/A
2 CFR 200.511	Does the County have an unqualified Single Audit for the most recently-ended year if one was required? (Y/N)			
45 CFR 75	Does the County have appropriate documentation of expenditures as allowable for reimbursement under the Federal Award? (Y/N)			
45 CFR 75.405: 45 CFR 75.416;	Does the County have document allocation procedures for any shared costs?			
CRS 26-1-122-(3)(c)	Does the County submit for reimbursement only allowable administrative costs for State and Federal match?			
10 CCR 2505-5	Does the County have a series of Accounting Internal Control Procedures that address: <ul style="list-style-type: none"> ● Approval/Verification of Vendor Invoices ● Conflict of Interest Policy ● Policy regarding segregation of duties 			



Appendix L

Confidentiality Module

Confidentiality Compliance Survey <i>Check the appropriate box to the left of each question.</i> “IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)				
Rule Citation/ Subsection	Question #	IC	NIC	N/A
HCPF Agency Letter 03-008(1)	Protected health information (PHI) is used only for proper, administrative purposes (e.g. enrollment, eligibility determination), and usage does not violate the privacy rule.			
HCPF Agency Letter 03-008(2)	PHI is disclosed only in permitted contexts and when it does not violate the privacy rule.			
HCPF Agency Letter 03-008(10)	In accordance with the privacy rule, only the minimum amount of PHI is requested, used, and disclosed to complete necessary duties.			
HCPF Agency Letter 03-008(3)	A written set of policies and procedures concerning privacy and safeguarding PHI from intentional or unintentional use are in place.			
HCPF Agency Letter 03-008(4)	Improper use or disclosure of PHI is reported, in writing, to the Department within 5 business days.			
HCPF Agency Letter 03-008(13)	Suspected or actual breaches in security, or unauthorized use or disclosure, are reported to the Department within 2 business days.			
HCPF Agency Letter 03-008(5) and (12)	There are signed agreements with subcontractors (or agents) on privacy and security.			
HCPF Agency Letter 03-008(8) and (12)	PHI and disclosure information is collected and maintained for, at least, the past 6 years. This also applies to subcontractors and agents.			
HCPF Agency Letter 03-008(16)	All relevant medical and financial documentation is properly destroyed upon the completion of County action.			



	Data and Information Requests			
HCPF Agency Letter 03-008(6)	Upon request, the County Department of Social/Human Services will make PHI available to the Department within 10 business days. The County Department does not provide clients with access to PHI.			
HCPF Agency Letter 03-008(7)	Within 10 business days, the County Department of Social/Human Services makes a client’s PHI available for an amendment by the Department. Client requests for PHI amendments are forwarded to the Department within 5 business days.			
HCPF Agency Letter 03-008(9)	Upon receiving a request from the Department of Health and Human Services for record access, the County Department notifies the Department and provides the Department with a copy of the requested PHI. The Department may also request the County Department to supply their policies and documents on PHI use and disclosure.			
HCPF Agency Letter 03-008(14)	Facilities, documents, and policies related to PHI use and disclosure are made available for review by the Department within 10 business days of receiving a request.			
HCPF Agency Letter 03-006; 45 CFR 160; 45 CFR 162; 45 CFR 164	Medicaid Notice of Privacy Practices mailed out to members. Notice of Privacy Practices posted in a prominent location where it is reasonable to expect individuals seeking services to read the Notice.			



Appendix M

Individual Rights Module

Individual Rights Compliance Survey <i>Check the appropriate box to the left of each question.</i> “IC = In Compliance”, “NIC=Not in Compliance”, “NA” (not applicable)				
Rule Citation/ Subsection	Question #	IC	NIC	N/A
10 CCR 2506 4.902.31 ; SOP ADA-001 ; 45 CFR 92.10.1	There is a standard process and common understanding of what service is used for language translation services and staff is aware of how and when to use the services.			
10 CCR 2505-10 8.100.3.0(4)	When a discrimination complaint is filed against an Eligibility Site, the County Director investigates and takes necessary corrective action. If there is no cause for corrective action, then an explanation is provided to the complainant. Individuals may also direct their complaint to the Department.			
45 CFR 84.7(a) and 45 CFR 92.7(a)	At least one employee is designated to coordinate nondiscrimination compliance efforts.			
45 CFR 84.7(b) and 45 CFR 92.7(b)	A procedure, with due process standards, is in place for addressing discrimination grievances.			
10 CCR 2505-10 8.100.3.0 ; See also 3 CCR 708-1	Eligibility Sites are to administer the Medical Assistance Program in such a manner that no person will, on the basis of race, color, sex, age, religion, political belief, national origin, or handicap, be excluded from participation, be denied any aid, care, services, or other benefits of, or be otherwise subjected to discrimination in such program.			
HCPF Auxiliary Aids and Services for Individuals with Disabilities ; SOP ADA-001	The processes for obtaining auxiliary aids and services, and language assistant services are posted, and taglines in the top 15 languages in Colorado accompany these postings.			



Appendix N

Training Module

HCPF Management Evaluation

Training Process Questionnaire

Name:

Date Completed:

Title:

County/Site Name:

1. What is the process for tracking staff training? How frequently is this evaluated?
 - (Monthly , Quarterly , Annually)
2. Where do Eligibility staff go to locate policy and operational resources to properly execute federal and state requirements? (ex. State rule, State memos and procedures, including CBMS data entry procedures)
3. How do you ensure your staff is completing ongoing CBMS Build Trainings for Medical Assistance? If all staff do not attend, how do you ensure information is shared with all staff who need it to work within CBMS accurately?
4. When a Regional Training Representative from the SDC schedules training, who participates? How would you describe those interactions? How do you leverage your Regional Training Representative to address training needs?
5. What training is the County/ES developing and delivering outside of SDC-approved training? Who develops training, and why?
 - How is the success of the training measured?
6. Has the County/ES worked with the SDC to make sure County or Site-developed training materials are accurate?
7. How many trainings does your SDC-certified Medical Assistance Trainer conduct every month? How are training topics chosen, and who has input to those topics?
8. What resources do Eligibility Site staff have to guide them through understanding and processing an Additional Information Resource Packet (AIRP), Change Report Form (CRF), or RRR? (ex. training, desk guides, etc.)

9. What is your new hire onboarding process after they have completed Building Foundations with the SDC? (ex. County process training, staff orientation, peer mentorship, etc.)

