

Medical Assistance Quality Assurance (MAQA) Shared Service

Background

The Medical Assistance Quality Assurance (MAQA) Shared Service would be for Medicaid programs only.

The intent of MAQA is to aggregate county QA functions into one team that then uses HCPF's existing Eligibility Quality Assurance (EQA) process and system to produce a statistically significant statewide sample size for QA. MAQA will conduct approximately 12,000 case reviews per year.

This data is then used for standard oversight purposes.

MAQA Shared Service statistics:

- \$3.4mil in annual funding starting FY 2028-29 and ongoing
- 33 FTE
 - 20 case reviewers
 - 10 supervisors, trainers and quality liaisons
 - 3 Administration/Managers

Scope and Model

The intent of MAQA is to gain a statistically significant sample size of Medical Assistance cases to catch errors before the federal Payment Error Rate Measurement Program (PERM) review does.

PERM determines federal disallowance; for every 0.1% error rate above 3%, Colorado must pay back approximately \$9.3 million in State General Funds (based on current budget).

- Duplication of case reviews across MA/SNAP, etc.
 - Existing state QA processes do not look for conflicting guidance, nor do county QA processes inform where conflicting guidance occurs. MAQA would continue existing processes.
- Existing county QA structures
 - Counties would no longer be required to conduct MA case reviews, and would no longer be reimbursed for those activities
 - County QA would focus on responding to findings from MAQA, rather than conducting reviews themselves
 - Counties can subcontract with MAQA to have QA reviewers retained, but the MAQA scope would be statewide

Process, Workflows and Timelines

How will QA cases be selected, assigned, and tracked?

- MAQA will use HCPF's existing EQA process - there will be no change in how cases are selected or tracked. HCPF's Onspring database will continue to be the source system where reviews are entered and tracked.
- **NEW!** Onspring will be modified to create a county portal for county quality staff to access real-time case review information.

What will the turnaround times (SLAs) be for QA reviews and feedback to counties?

- Turnaround times will mirror HCPF's existing EQA process; see [HCPF IM 25-026](#) and EQA Process Guide for timelines.

How will case files be shared (EDMS only, other systems, standard formats)? Will EDMS use be required, and what happens in counties that don't use it today?

- MAQA will be fully implemented by July 2028; by this time, the Unified County System (UCS) will be available and will be mandated for all counties to use.

What does the workflow look like for counties—what will they still be expected to submit, respond to, or correct?

- Workflow would mirror existing EQA processes; counties would still need to submit the same documentation and respond to findings as current process specifies.

MAQA Findings

How will QA findings be used—for punitive measures (PIPs, sanctions) or primarily for training and process improvement?

- MAQA findings will be used in two ways:
 - Training and process improvement through MAQA's Quality Liaisons, in partnership with the SDD
 - MAP performance measure on accuracy that will lead to Management Decision Letters and Corrective Action Plans

What is the rebuttal or dispute process if counties disagree with QA findings?

- Rebuttals would now be routed to MAQA to review and concur/disagree; however, HCPF would review those results to determine if the State agrees or disagrees with the response from MAQA, and can overrule that response

How quickly will QA feedback be turned into front-line training, tools, and policy clarification for eligibility staff?

- Since MAQA will utilize HCPF's existing EQA process, those timelines are already published. However, with the addition of Quality Liaisons from the Shared Service, HCPF will expect a more proactive, timely approach to sharing results from case reviews and overall data on accuracy.

Will there be analytics and dashboards to show trends (by county, region, error type) so counties can target their own improvement efforts?

- Yes! HCPF's new county portal from Onspring will allow for real-time access of accuracy information, including dashboards and trending over time, both for individual counties and statewide

Funding, Staffing and Alignment

How will the costs of centralized QA be allocated to counties?

- There are no costs to the counties for the MAQA Shared Service; the service is fully funded by state and federal dollars only - there is no county share involved.

What happens to existing county QA staff and roles—will allocations change?

- Existing county QA staff roles will look different going forward, but each county can choose its own path:
 - Counties can subcontract with MAQA to keep their staff that do case reviews, but the scope of work would open up to reviews for all counties
 - Counties can keep QA staff to focus on the work that results from MAQA reviews - managing case review results and implementing improvements from MAQA data
 - Counties can repurpose staff for other duties, including eligibility determination
- NOTE: there is no reduction in HCPF's county administration appropriation to pay for Shared Services

What work will existing state QA staff continue to do once this shared service is stood up?

- HCPF's EQA team will transition to conducting case reviews on MAQA - ensuring that the Shared Service's case review results align with what HCPF produces, similar to an “audit the auditor” model.

How will this MAQA effort align with PERM, ME review work, and any cross-program QA efforts (SNAP, TANF, CCAP) so we're not building parallel systems?

- HCPF's EQA process is already aligned with PERM, and quality processes are reviewed during an ME Review. HCPF will work with CDHS programs to develop synergies across review processes where those opportunities exist.

Risks and Mitigations: MAQA

Goal = avoid PERM disallowances by ensuring the determination of eligibility is accurate; to do so, MAQA allows for a statistically significant sample size of approximately 12k reviews annually to proactively identify errors.

HCPF's new county portal for accuracy will allow for real-time access by counties of error rate and case review information.

Operational Flow/Considerations

- MAQA would work directly with counties to conduct case reviews
- Quality Liaisons at MAQA will ensure points-of-contact and support on error data
- County access to the Onspring database, where case review information lives, assists counties in taking proactive measures to address findings
- Strong SLAs, performance transparency, available dashboards

Risk	Mitigation
MAQA conducting case reviews differently than State	EQA to shift to "audit the auditor" to ensure MAQA results match the State
MAQA not aligned with PERM	Ensure EQA process used by MAQA aligns with most recent PERM guidance for reviews
Counties not having access to real-time data on error rates, trends and case review data	Implement Onspring county portal for accuracy to grant real-time access to accuracy information
Errors that are found in other programs (SNAP, etc.) impacting Medical Assistance (and vice versa)	Create partnership between MAQA and SNAP proxy reviews to identify trends across programs
Unified County System (UCS) implementation delays that prevent MAQA from accessing case files	MAQA to request case files directly from counties until UCS is ready
MAQA process (based on existing EQA process) does not get information to counties timely to take action	With counties, proactively identify process improvements to EQA process to implement prior to MAQA implementation





Questions?



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