

Questions from Quarterly EQA Overviews

Updated December 2025

Use this document to track questions and comments that could not be answered or otherwise addressed during the quarterly overviews.

October 30, 2025 Quarterly Overview	
Question 1: When running work number for CDHS verification and client has declared that they work at the employer that populated from running the CDHS can we add a duplicate “client statement” entry for HCPF?	Answer: Yes, a duplicate entry is appropriate, but only after the client confirms the employment. The FDSH Equifax Interface Action Guide states that the “Work Number information should only be confirmed when the client has previously reported the employment or after you have contacted the client to confirm their employment” (Page 3). It also notes that the “Work Number paychecks will only be used for CDHS programs, so you must still gather the client’s income statement for MA” (Page 3) Interface Overview and Use Cases
Question 2: I think Family Planning should be an OPT IN instead of an OPT out, to align with the formatting of the other options	Answer: We will forward this to the User IPT group.
Question 3: On income, I’ve been told, if a client lets say gives us 6 months of income or even more, is the rule that all income provided should be entered regardless if it is needed?	Answer: Yes. HCPF Policy confirmed that everything should be entered, even if more information is provided than is necessary to complete the eligibility determination. Any information a member submits - whether to a county or eligibility site - must be documented and entered into the case record. This is still required even if the information provided has nothing to do with the eligibility process. This requirement aligns with HCPF Policy expectations for complete and accurate case documentation, supports audit readiness, and ensures consistent eligibility determinations across all sites. Proper documentation of member-provided information is essential for compliance, transparency, and continuity of case management.

<p>Question 4: FAMILY PLANNING OPT IN/OUT DATE: ONLINE HELP GUIDANCE IS NOT FOLLOWING THIS PROCESS- CBMS IS NOT AUTO POPULATING THE APPLICATION DATE. AM I READING THE BELOW GUIDANCE FROM ONLINE HELP CORRECTLY?</p> <p>These instructions are in CBMS Knowledge - Case Individual Program Requested (DC0003N) under Family Planning Services Opt In/Out Date:</p> <p><i>For MA and Presumptive Eligibility (PE) during Case Clearance, CBMS will system-populate the Application Date for Family Planning Services Opt In/Out Date if a value (Yes/No) is selected for Applying for Family Planning Services on the Household Members page (or a value is selected for Does anyone want to apply for Family Planning Benefits? on the Telephonic Application Household Members page).</i></p>	<p>Answer: Agree that according to these instructions, if Yes/No is selected for Applying for Family Planning Services on the Household Members page, the system will auto-populate the date on this page - but only if Yes/No was selected. If it's blank the date won't populate nor is it required to. If this happens specifically when you select Yes/No, we recommend submitting a HDT.</p>
<p>Question 5: A question to be looked at later if possible please : Buy-In premiums , if they are missed and client's are re-applying over are realizing the fact that they can re-apply over and over and keep skipping payments and denied and know there are no consequences for not paying / or penalties</p>	<p>Answer: Per Policy, they are aware of this issue and it will be addressed in a future project.</p>